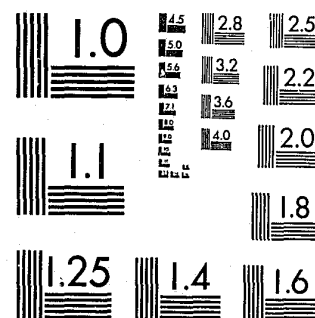


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CRISIS INTERVENTION: A MANUAL FOR CHILD PROTECTIVE WORKERS



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CRISIS INTERVENTION:

A MANUAL FOR CHILD PROTECTIVE WORKERS

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PREFACE

This manual presents principles and techniques of crisis intervention in cases where child abuse or neglect may be occurring. It is directed primarily toward child protective personnel, that is: practitioners in public and private agencies which provide services to protect children and to develop or restore more adaptive functioning in these families. While its primary focus is on dealing with parents while conducting home visits to assess a child's safety, many of the techniques discussed are applicable in other situations, such as emergency room treatment or police involvement in the case of injury or arrest of a parent or abandonment. Others who might have use for the manual include those who work in crisis intervention involving child care difficulties, such as mental health practitioners, law enforcement officers, public health professionals, school personnel, and volunteer workers in crisis centers.

In a sense, every situation which involves suspected child abuse or neglect might be seen as a crisis. However, "crisis intervention" refers to those incidents which can be characterized as critical turning points in the life of the family and the child, times in which the outcome of the moment will make a decisive difference. "Crisis events," then, present a unique opportunity for change in the lives of the parents and children involved. The concentrated effort involved in effective crisis intervention may actually result in a greater change in the life of the family in a shorter period of time than might be the case in less stressful situations.

This manual is written as a supplement to the manual *Child Protective Services: A Guide for Workers*. It is designed to assist workers in developing the skills necessary to provide positive assistance to families in crises.

The manual first gives an overview of crisis intervention including the goals of crisis intervention, characteristics of crises, varieties of crisis events, the impact of crisis events on those experiencing them, and points to remember regarding interviewing techniques in crisis situations. Chapter II discusses the assessment of persons in crises and their problems. Chapter III outlines suggestions for providing initial support and assistance to families in crisis and for linking the crisis intervention to the provision of future assistance.

OVERVIEW OF CRISIS INTERVENTION

Crises by their very nature provide a major opportunity for change. A crisis offers those involved an opportunity to become aware of the need for significant personal change. This change may be rational (e.g., "That's it! I'm taking the children and leaving for our own safety.") or personal (e.g., "Something in me makes me lose control and I am going to face up to it before I end up killing my child.") The intervenor's role is to make possible this stark, painful confrontation with the need for dramatic change, and this can be accomplished when the intervenor uses the crisis as a doorway to change. In some crises where clients resist, this may not be possible; in these situations the intervenor must always give first priority to protection for the child.

In general, CPS workers have the ability to help people in crisis to see their potential for developing coping skills and increased competence in situations which may arise in the future. A crisis need not be seen only as a threat; it can have constructive results if it challenges those involved to mobilize their energies and resources in order to adjust and deal effectively with their problems. In this way, crisis intervention can provide a needed opportunity for major changes to take place.

GOALS OF CRISIS INTERVENTION

Because crises produce distress and heightened emotional states, it is essential that people intervening in family crises deal effectively with the emotions of the people involved. Their vulnerability and uncertainty about the outcome of the crisis can make them very suggestable and open to being helped, but ineffectiveness on the intervenor's part may cause them to become defensive and uncooperative and to reject the intervenor's suggestions. In such cases, the consequences of their acting without outside advice or assistance could exacerbate rather than alleviate the crisis.

Within this context, the primary goals of crisis intervention are:

- To ensure the safety of the child(ren).
- To terminate the crisis experience for those affected, and to do so in a way

that will reduce painful or dysfunctional emotional responses and provide them with an opportunity to make these significant personal changes.

- To help the people involved to regain or develop their abilities to handle this situation or a future situation effectively on their own.

Thus, crisis intervention can be a first step in the development of new patterns of living which become a permanent part of a person's life style. The crisis event can become an opportunity for the worker to help replace the parent's abusive or neglectful behavior patterns with ones which are more appropriate and satisfying to the parent and more beneficial to the child.

CHARACTERISTICS OF CRISIS

Nearly every crisis event can be characterized by several different features. In general, these include:

- The unanticipated or unusual nature of the event.
- Unfamiliar feelings of vulnerability and helplessness.
- Involvement of several persons.
- Involvement of a series or chain of events.
- Linkages to previous problems.

The Unanticipated or Unusual Nature of the Crisis Event

A crisis can be characterized as an unanticipated, unusual event which produces psychological stress and requires an immediate, original solution. Abusive and neglectful actions may result from an acute crisis, such as extreme upset over the loss of a job, or they may occur in a context of chronic stress and frequent crises.

Regardless of the circumstances precipitating the crisis, however, the unusual nature of the event will affect the ability of the person(s) in crisis to react. Natural responses and solutions which would be effective in other situations simply do not yield the same results as they would under more normally-occurring circumstances. When typical problem-solving strategies fail to resolve the crisis, novel solutions must be worked out under pressure, and the stress of having to act quickly under uncertain conditions can be severe.

Unfamiliar Feelings of Vulnerability and Helplessness

A second characteristic of a crisis is that its unfamiliarity causes feelings of vulnerability and helplessness. It is this feature which can provide the key to effective crisis intervention. Most people in a crisis are open to help which offers them some protection, security, or support at the right time and in the right place. Providing helpful services to families in crisis often will mean that a maximum amount of response can be obtained and significant steps taken toward improved family functioning. Furthermore, effective intervention at the crisis point can produce results within a relatively short period of time.

Involvement of Several People

Another characteristic of crises is that they usually involve several people who may have different perspectives on what happened and may desire entirely different outcomes. For example, a crisis of family violence may involve a mother who is frightened and wants to protect herself and her children, a father who considers severe physical punishment as the only way to make a child behave, a child whose primary concern is to have his father stop beating him, and a younger child who is afraid her father will turn on her as well as her brother.

Often, persons outside the family also become involved. A neighbor, teacher, nurse or relative may report to CPS out of concern for the child's safety or well-being. In most instances, the CPS worker or the police officer who investigates the report will also be seen by the family as part of the crisis situation.

Involvement of a Series or Chain of Events

Chaining, or the involvement of several events in sequence or series, is another characteristic of crises. In the example above, the mother may move with her children to her mother's

house. Her mother's husband (her stepfather), may not want the children around, so that she will have to look for a job and a place to live while contemplating filing for a divorce. In the meantime, she may receive reports from the day care center that the boy has become a discipline problem. Another example of chaining which could occur in cases of child rearing difficulties is that parents may have trouble controlling their children, become frustrated in dealing with them and need a break, but they may be unable to find anyone willing to babysit because the children have a reputation in the neighborhood for being uncontrollable. By not getting away from the children temporarily, the parents' anger and frustration may build, so that dealings with the children become even more unbearable. In still other cases one parent may leave the home after a fight; the other parent may feel trapped at home with the children, and an abusive act may result.

Linkages to Previous Problems

Crises may have the effect of bringing up old problems which are somehow linked to the present one. For example, a mother's annoyance about her husband's frequent drinking problems may become intolerable when she sees him beating their child, and she may decide she will not put up with it any longer. These linkages point to two important considerations in crisis intervention:

- The crisis situation may present an opportunity to address several problems at once.
- The handling of the crisis event is only the first step in helping the family work through the crisis and the related family disequilibrium.

Effective crisis intervention, then, will require follow-up to ensure that gains made in the crisis situation are not lost in the light of other problems. The worker should be aware of the need to provide assistance in the resolution of several problems at the same time, both in the crisis situation and in the follow-up.

ELEMENTS OF CRISIS EVENTS*

There is no typical child care crisis. To understand how a child care crisis can arise, it is useful to think in terms of three basic elements:

- Personal characteristics
- Situations
- Timing.

While these categories are not mutually exclusive, they present a way to approach the combination of factors and events which make each crisis unique.

Personal Characteristics

People in similar kinds of situations will respond differently because of their own personal characteristics. A variety of characteristics can influence a person's behavior toward others, and may also influence the way in which others act toward him or her. For example:

- physical factors such as age, gender, race, physical attractiveness, height and weight, and manner of dress can have an effect on the way people perceive others and are perceived by them
- behavioral characteristics such as friendliness, manner of speech, intelligence, activity level and temperament can powerfully influence the type of interactions people have
- personal beliefs and attitudes toward child development, child rearing practices, discipline, and parent-child roles will affect the parent-child interaction patterns to a great extent.

*For a general discussion of forces affecting parent-child interactions, see Chapter V, "Assessment and Planning," in *Child Protective Services: A Guide for Workers* (NCCAN).

For example, premature and colicky infants often run a higher risk of physical abuse than normal infants due to their frequent crying and general crankiness. For some parents, this occurrence makes it difficult for them to establish a rewarding relationship with the child. In contrast, some parents who tried to conceive for years before the wife became pregnant may not be bothered by frequent crying. Finally, temporary personal conditions, such as physical illness or injury or mood states, can also contribute to the way people behave.

In terms of crisis situations, one of the most important personal factors relates to the individual's fundamental coping skills. The question to be answered here is, "How does this person normally cope with life's stresses?" Some families in crisis may evidence a basic ability to cope but may be temporarily overwhelmed by a crisis situation. Others may experience child maltreatment crisis as part of a general inability to cope with stress. Exhibit I, following this page, displays some of the indicators which may become apparent in seeking to assess fundamental coping skills.

Parents Having Fundamental Coping Skills Who Are Temporarily Overwhelmed

Some people who come to the attention of child protection authorities are generally capable of handling their lives well but are temporarily overwhelmed by an event or combination of events. Thus, child abuse or neglect may be linked in time to a relatively recent period of stress. Examples of maltreatment in such a context include parents with a history of adequate child care who seem to lose interest in a child after their spouse's death or desertion, or a single parent who has many crises to deal with simultaneously or in close succession, feels he or she cannot continue to cope, and must put the children in temporary foster care.

People with fundamental coping abilities normally have adequate environmental support such as regular employment, adequate income, emotional support from friends and relatives, and average problem-solving abilities. Such people are likely to want to resolve the crisis situation immediately and restore balance and order in their lives in whatever way seems most appropriate. They probably will welcome offers of help from intervenors once an initial rapport is established. When the immediate crisis has passed and some of their distress has subsided, they are likely to be cooperative and to regain the ability to solve problems for themselves.

EXHIBIT I INDICATORS OF COPING STYLES

PARENTS FUNDAMENTALLY ABLE TO COPE BUT TEMPORARILY OVERWHELMED	PARENTS WITH CONTINUAL AND SERIOUS CHILD REARING DIFFICULTIES
<ul style="list-style-type: none"> • History of adequate child care • Major crisis or series of crises • Regular employment • Adequate income • Emotional support from friends or relatives • Average problem-solving abilities • Likely to be cooperative with child protective personnel and to welcome offers of help • Likely to regain ability to solve problems themselves when crisis has passed 	<ul style="list-style-type: none"> • Constantly in stressful situation • Limited educational/vocational opportunities and skills • Poverty • Extreme social isolation • Ill health • Physical handicap • Over-crowded or run-down housing • Economic exploitation • Social, racial or cultural discrimination

Parents Having Chronic Coping Difficulties

Many child protective service clients in crisis do not have the fundamental coping skills just described. When experienced simultaneously or in sequence, difficulties such as poverty, ill health, physical handicap, over-crowded or run-down housing, limited educational/vocational opportunities and skills, economic exploitation, and social, racial, or cultural discrimination may contribute to the breakdown of any coping skills which the family may have. In addition, the parental caretakers may experience extreme social isolation. They may be estranged from their extended families and neighbors and may not have access to the external resources other people take for granted in coping effectively with crisis events. In cases where relatives or friends are available, they may not know how to be helpful or may have too many of their own problems to be able to offer much support.

Thus, people with chronic coping difficulties tend to be constantly in stressful situations and must cope with several major problems which occur simultaneously, e.g., unemployment, inability to pay bills, problems with the landlord, marital disharmony, and neighborhood complaints about their children or the appearance of the yard.

A parent who has borderline abilities to cope with the demands of living may be pushed over the edge by a major crisis, such as severe illness of a family member, or by a relatively less significant event, such as breakdown of a washing machine, if it happens after a prolonged period of stress in which several things have gone wrong. Rather than serving as a source of support, the spouse may be equally overwhelmed and unable to cope, or may even be seen as part of the problem. Abusive incidents may be precipitated as a result of severe arguments between parents, particularly if one spouse leaves the house in anger, leaving an equally angry and frustrated spouse at home with the children.

Although many people live under chronically stressful conditions and never have major child rearing difficulties, others may appear calm on the surface while internally experiencing chronic stress and major difficulties with child rearing. Many of the families who require crisis intervention have multiple problems which have interacted to produce the crisis. Like a rubber band that has been stretched over and over again, these families experience the presenting crisis as the last in a long series of stressful situations. In such cases, the presenting problems must be broken down into separate components before effective solutions can be found. If a crisis is not dealt with adequately, it almost invariably will become much more distressing and is likely to initiate other crises as a result.

Situations

Situations which may contribute to child maltreatment crises are many and varied. Simply being tired from a rough day, upset over a quarrel with their spouse or concerned about financial matters may create enough stress in a parent to precipitate child maltreatment. In general, the kinds of situations which may generate these crises can be characterized into at least four types:

- family situations, such as physical attacks on a spouse, marital separation, desertion or abandonment
- economic interactions, such as loss of employment, loss or theft of cash or checks, termination of public assistance checks, missed support payments, repossession of cars or furniture, evictions, terminations of water, electricity or heating service
- community situations, such as arrest of a family member, trouble in school, social isolation, disagreements with neighbors
- situations related to human events and development, such as marriage, childbirth, entrance of children into school, adolescence, departure of grown children from the home, menopause, retirement, and death.

Sometimes the fact that abuse or neglect in a family has been reported and is being investigated can be a crisis in itself.

Timing

This category refers to the manner in which personal and situational characteristics combine to influence a particular situation. All of us are likely to be influenced more strongly by events that occur at one time than we would be if the same event occurred at another time. For example, at most times, hearing the telephone ring is a welcome or at least neutral event. But if the telephone rings while we are busy doing something in the kitchen or enjoying a conversation with a neighbor, it can be an annoying interruption; or if the telephone rings in the middle of

the night, it could be infuriating or could make us afraid that there is some family emergency. In other words, the timing of certain occurrences can be crucial in determining our responses to them.

Timing is also a key factor in child care crises. A father who comes home with a headache after a fight with his boss may not be as tolerant of hearing his children squabbling as he would be after a good day at work. Similarly, a mother may find her five-year old son's baby talk cute until she receives a note from his kindergarten teacher that this same behavior is disruptive to his education or to other children.

PSYCHOLOGICAL EFFECTS OF CRISIS

While personality, specific situational characteristics and timing of critical events make each crisis situation unique, there are some common factors which have implications for intervention and treatment effectiveness. In order to form a workable relationship with the parents when responding to a child abuse or neglect report, or when dealing with parents in any other child rearing crisis situation, these factors must be anticipated.

In general, crisis events tend to produce problems in terms of intellectual, emotional, and social levels of functioning in the following ways.

Disorganized Thinking

People in crisis may overlook or ignore important details and distinctions in what they see happening in the environment, and may have trouble relating ideas, events, and actions to each other in logical fashion. The individual may jump from one idea to another in conversation so that communication is confusing and hard to follow and they may fail to notice or may have forgotten exactly what happened, who did what to whom with what, for example. Important details may be overlooked in interpreting events; fears and wishes may be confused with reality, and a general feeling of confusion predominates. Some people in crisis may develop one track minds, repeating the same words, ideas, and behaviors even when they have not been previously successful in coping with the crisis event or its impact. In other words, they may cling to statements or behaviors which have been successful in the past even though these statements or behaviors are dysfunctional in the current situation. In sum, the person may

not know what to think about the problem or how to evaluate reality, and thus be unable to formulate and evaluate possible outcomes of crises or potential solutions for alleviating them.

Lack of Effective Functioning

As a result of their disorganized thought processes, people in crisis tend to become very involved in insignificant activities in order to relieve the tension arising from their fears and inability to cope. Focusing on relatively insignificant activities, in turn, will reduce the ability of the person in crisis to be effective in more significant areas. At the peak of crisis, then, the individuals may need help in redirecting their thinking toward more important activities. Until they are able to think clearly, it is unlikely that any productive steps will be taken toward resolving the crisis situation.

Hostility and Emotional Distance

Some people in crisis are so upset over their loss of control that they are hostile toward everyone in their social environment, frequently focusing their hostility on the person intervening in the crisis. They may resent their need for help or be angry about being vulnerable because someone has made a child abuse or neglect report. In this situation, the issue becomes not how to eliminate conflict, but how to make it productive, or at least how to prevent it from being destructive. Effective conflict management can convert this type of attack into a focusing of energies on the problems precipitating the crisis. Another possible reaction is extreme emotional distance and passivity, with the person seeming not to be emotionally involved in the situation or concerned with its outcome.

Impulsivity

Although some people are immobilized in crisis situations and seem to have no idea what to do, others are quite impulsive and may take immediate action in response to the crisis situation without considering the consequences of that action. Their failure to evaluate the appropriateness of their responses may provoke further crises, and make an already complex situation even more difficult to resolve.

Dependence

Depending on the professional at a time of crisis is a natural reaction and may be a necessary phase before an individual can resume independence. Regardless of the parents' background or personal

resources, in order to protect the children and move the parental caretakers toward regaining control it is often necessary for the intervenor to do for them what most other people could do for themselves, or what the caretakers could do for themselves before they were in crisis.

In the crisis intervention stage, the intervenor's power or authority can have a stabilizing impact on those experiencing a crisis. Such families often want an objective, skillful, benign authority to arbitrate a constructive outcome to the crisis.

Because the crisis situation presents new, unanticipated problems, it may require a completely new and undeveloped set of coping strategies. People thus are at a loss about how to begin to solve their problems and the offer of help from a concerned, competent intervenor seems the answer to all difficulties. Since they feel that someone else is available to handle the situation people in crisis may give up attempts to act in their own behalf, even regarding normal, everyday events. The need to have someone else in charge makes people in crisis particularly susceptible to influence from others and thus makes them vulnerable. Because of their need to resolve the situation, they may not be able to discriminate between what is beneficial for them and what may be harmful, or, in the absence of a competent person to intervene, who they should listen to.

EFFECTIVE CRISIS INTERVENTION TECHNIQUES

Many of the interviewing techniques associated with CPS investigation and assessment of all child abuse and neglect cases also apply to crisis intervention. The worker should be familiar with these techniques as discussed in the NCCAN User Manual *Child Protective Services: A Guide for Workers*. Among the points to remember when involved in the crisis intervention interview process are the following:

Maintain a neutral, matter-of-fact attitude about the alleged maltreatment.

Be particularly careful to avoid words or body language which convey shock or disapproval in relation to the incident or the actions of the parents.

Be supportive whenever possible.

Use responses such as "Young children can be very stubborn," or "I know it's difficult for you to talk about this," to convey support and understanding.

Provide validating statements and recognize positive intentions.

For example, the statement "You really got your child to the hospital in a hurry" can provide reinforcement for positive action taken by the parent when it occurs.

Keep the focus upon the welfare of the children and the parental caretakers.

For example, avoid talking about why the report was made and concentrate on what can be done about the situation.

Keep attention upon what the parental caretakers themselves reveal and what is directly observable.

Avoid accusation and interpretations made on the basis of information from other sources.

Be reassuring.

Parental caretakers need to be reassured that the worker is approaching the situation with an open mind and is soliciting evidence that will confirm adequate care and treatment of children if that is the case, not just evidence of maltreatment.

The worker may give a description of the procedures usually followed in determining incidence of neglect or abuse if the family shows concern about them. When it is appropriate, assure the parents of their right to legal counsel. If it appears that the family will need continued service, it is important to point out the various options and kinds of resources and help the agency and community can provide, especially services to families and children in their own homes.

Be acutely aware of non-verbal communication and look for signs of hostility, fear and affection among family members.

Careful observations and response styles can yield more information than verbal responses to questions.

If possible, talk to family members separately at first.
Following this, they can be brought together again as a group.

Use open-ended questions.

For example, instead of asking who hit the child, ask how the child's face was bruised.

Recognize and label feelings.

Statements such as "That must have really been confusing and frustrating" will help the parents feel that the intervenor really understands how they feel in the situation.

Restate the parents' answers to make sure they are understood and to give the parent a chance to provide more information.

For example, say "Now let me make sure I understood. You got upset because Peter spilled paint over the floor right after you finished washing it."

Avoid agreeing with or seeming to condone everything, but make it clear that facts and feelings are understood.

Use statements like "That really made you mad" or "That was really upsetting," but avoid such comments as "Anyone would have done that," or "No wonder you got so mad."

Do not take verbal abuse personally.

Parents are in a stressful situation, and their hostility is focused on the intervenor's role, not on the person in that role.

Convey a desire to alleviate the stress and help change the situation.

Express confidence in the parent's ability to act responsibly, but make it clear that you are prepared to take charge of the situation to the extent necessary.

II

ASSESSMENT OF PERSONS IN CRISIS AND THEIR PROBLEMS

The need for effective crisis intervention can arise in several different ways. Although this discussion will focus on how to handle contacts with parents in their homes, child care crisis intervention also may be required in a variety of other situations. The same basic principles and steps can be followed in hospitals where abused or neglected children are brought for treatment, through telephone hotlines where persons in crisis may call for assistance, in situations involving police investigations of complaints where children have run away or where parents are missing from the home, and in any other circumstance where workers may encounter families in stress.

It is important to remember that the terms "crisis" and "emergency" are not necessarily synonymous. While most "emergencies" are, in fact, crisis situations, many crises arise from such common occurrences as parent-school confrontations, family or economic stress situations, or even the mere fact of a protective service investigation itself.

Regardless of the precipitating circumstances, each crisis intervention should begin with an assessment of the situation and the needs of the persons in crisis.

The assessment process is the primary focus of the intervention. If the worker accomplishes nothing other than this, some initial impressions must be gained regarding the nature and severity of the situation and the potential danger to the child. To the maximum extent possible, this assessment will include the following elements:

- Establishment of the initial contact
- Determination of what happened to precipitate the crisis
- Observation of the conditions or circumstances which exist at the time of the contact
- Assessment of the nature of probable subsequent events

- Identification of the psychological state of the persons involved and clarification of feelings
- Initial decision-making regarding the potential for change or help to take place.

While each of these elements can be discussed separately, the crisis intervention itself need not follow a step-by-step procedure in completing them. For example, observation of the conditions or circumstances which exist at the time of the contact can be done concurrently with interviewing the parents and/or child to determine what precipitated the crisis. Each element does have some individual characteristics, however, as discussed in the paragraphs which follow.

ESTABLISHMENT OF THE INITIAL CONTACT

The worker should realize that the initial contact does have some elements of an adversary relationship. The intervenor may be perceived by the family as an unwelcome authority figure who can get the family in trouble. But some kind of relationship needs to be established in order to elicit the necessary information.

Some abusive parents voluntarily elicit initial involvement from intervenors by making a request for help, either because their spouse is maltreating a child or because they are afraid they themselves might injure or continue to otherwise harm a child or children. In other cases, crisis intervention is the result of reports from concerned relatives, neighbors, friends, or professionals, and the parents are involuntarily involved. However, in both sets of circumstances, the parents are likely to be on the defensive because they think they are perceived as "bad" parents. They fear punishment, are unsure of what powers the intervenor has, and are naturally suspicious of the intervenor's motives.

Key points to remember in the interview process were highlighted at the end of Chapter I. Exhibit II, following this page, summarizes some of the important dynamics involved in the initial contact. It is important to note, however, that the suggestions outlined here are only viable under certain circumstances and there may not always be time to accomplish everything suggested. Some emergencies may require immediate and decisive actions, particularly when the child has been physically injured.

EXHIBIT II
MAKING THE INITIAL CONTACT

A. The Situation

1. Elements of an adversary relationship do exist.
2. Parents are uncertain of the role, function or authority of the worker.
3. Parents fear being perceived as "bad parents" or being punished for their behavior.

B. Probable Reactions of Parents

1. Hostility, defensiveness, avoidance or denial.
 - Refusing entry
 - Expressing lack of time to talk
 - Constantly needing to check on something
 - Diverting the conversation
2. Compliance, contrition, over-cooperation.
 - Agreeing to everything said by worker
 - Wanting to say what the worker wants to hear
 - Expressing frustration, futility, helplessness

C. The Communication

1. Information to give the parents.
 - Identity of worker by name and function
 - The nature of the complaint

EXHIBIT II (cont.)

- Source of complaint, either (a) name of agency or organization, or (b) "someone who is concerned about you and your family"
 - The purpose of the visit--to help the family
 - Information regarding non-confidentiality
2. The approach to the parents.
 - Avoid demanding "facts" or explanations
 - Be friendly, pleasant and patient
 - Legitimize feelings of parents
 - Try to see situation from parents' point of view

Once the parents have expressed their feelings and reactions to the situation, the intervenor can begin to get the necessary information. In general, questions should be supportive and neutral so that parents can respond as comfortably as possible under the circumstances.

There is nearly always a discrepancy between the parents' descriptions of how the family is living and their actual lifestyle, including the way in which crisis events occurred. Parents may fail to provide an accurate picture of the family circumstances, but this is less an attempt to deliberately lie than a genuinely fearful response to potential discovery, blame and punishment. In many cases, the parents will not agree on the way crises occurred and may present widely conflicting interpretations. When this happens, intervenors must use their best judgment of what the actual situation is. Making an accurate judgment can be facilitated by evaluating the emotional state of each parent, trying to ascertain the nature of their relationship with each other, and evaluating their interactions with their children. For example, if a father seems to be an extremely powerful authority figure in the family and the other family members seem to be afraid of him, the intervenor should consider the possibility that his story is not accurate but that others are afraid to contradict him by providing accurate information. For this reason, family members should be interviewed separately so that the entire picture can be pieced together.

A general guideline in crisis intervention is to pay close attention to the way people behave and to trust behavioral indicators when they contradict a person's verbal reports. For example, even when a client says he or she has finished, an intervenor may sense that the person still has something to say by noting nervous gestures such as fiddling with hair or small objects, tapping feet, looking around frequently, and sighing. In contrast, a person may seem extremely withdrawn and quiet and be able to offer information only with great difficulty. In such cases, the intervenor may simply say something like, "I get the feeling there might be something else you'd like to say," or "It seems as if you're not really sure that's the way it happened." or "I'm not sure I understand. Could you tell me again what happened?"

DETERMINING WHAT HAPPENED TO PRECIPITATE THE CRISIS

Once the worker has established the initial relationship, the assessment process begins. It is important at this point to keep the focus of the discussion on the crisis itself, helping the

family to gain a grasp of the situation. The first question to be answered is: what is the specific factor or circumstance which actually precipitated the crisis? What kind of a crisis is this, including personal, situational, timing, and coping factors (see Chapter I)? How severe is the situation, particularly in terms of the perception of the parent? Who are the persons involved? Among the questions which may be helpful in gathering this information are:

- Something has happened which has really upset you. Can you tell me about it?
- You seem really concerned about your safety (or about your child). What happened to make you feel that way?

If the parent was the person who actually initiated the request for help, simply asking them why they called or came for assistance may be the most effective approach. The key at this point is to keep returning to the problem, not to any proposed solutions or to factors which may be related. The first and most important question is what actually precipitated the crisis. Other factors should be related to this event.

OBSERVING THE CONDITIONS OR CIRCUMSTANCES WHICH EXIST

In the process of describing the crisis event, parents are likely to display a wide variety of feelings, thoughts, behaviors, and other signs of stress which have a direct bearing on their ability to cope with the crisis. Thinking is likely to be disorganized, capacity for effective decision-making may be reduced or non-existent, and feelings of vulnerability or helplessness may be expressed (see Chapter I). By focusing on the feelings of the parent, the worker can gather a great deal of useful information. Such questions as "How do you feel right now?" or "Can you tell me what's happening now?" can elicit these feelings and provide parents with an opportunity to sort out their feelings and reactions to the crisis situation.

At the same time as the worker is listening to feelings and responding to them, it is possible to observe the family circumstances. Where are the children? What is their general appearance? What is the general environment in the house? These should be noted and recorded, preferably after the interview, as factual observations in the worker's report or record.

ASSESSING THE NATURE OF PROBABLE SUBSEQUENT EVENTS

It will be necessary to make some determination regarding what is likely to occur after this initial contact. In circumstances where parents appear to be extremely anxious or overwrought or show immediate signs indicating almost total lack of coping ability (see Chapter I), this determination may actually be necessary at the beginning of the interview. Whether at the beginning or following the process of understanding the background of the crisis, the worker must assess the parents' basic coping skills. How deep, abiding and on-going is the stress the parent feels? What is the possibility that subsequent actions taken by the parent will be impulsive or irrational? How capable is the parent of maintaining a minimal level of effective functioning after this contact?

One way to begin getting at this question is to ask the parent to describe what has actually happened in the time since the precipitating event, even if that event occurred some time prior to the contact. If the crisis event occurred some time prior to the contact with the worker, the pattern for future events can be somewhat determined in the context of what has actually occurred since the crisis. The worker can ask:

- How did you feel after (the crisis event) happened?
- What have you done since that time?

If the crisis is reflective of previous crises, asking what the parent did about similar situations in the past, coupled with inquiries as to how they might do things differently this time, can provide valuable information.

As with all other elements of the assessment, the key point of focus is on the crisis event and on helping the parent to understand the feelings, reactions and capabilities surrounding the crisis.

IDENTIFYING THE PSYCHOLOGICAL STATE OF THE PERSONS INVOLVED AND CLARIFYING FEELINGS

Throughout the interview, an important point to remember is the need to help the parents understand and deal with their feelings surrounding the situation. Many of the questions suggested in other areas will help clarify feelings and will assist the worker

in assessing the emotional situation. Feelings of vulnerability and helplessness are likely, as are hostility or over-compliance. Where there is evidence of dependence, these feelings can be used by the worker to begin to build confidence.

Crises associated with child maltreatment frequently occur in situations where the family is isolated from external support systems. Providing the assurance that the worker cares for them and their family and that some positive actions can take place with the help of the worker will begin to alleviate this isolation and move the parents toward a capacity to help themselves. Parents who are disoriented in their thinking can benefit by the worker assuming a kind of surrogate parent role, helping to guide their thinking as they consider alternatives and seek solutions to the problems which affect them.

Perhaps the most critical question at this point is how vulnerable the family is to further stress. In determining the answer to this question, the worker can move toward an assessment of the potential for short-term and long-term changes.

MAKING INITIAL DECISIONS REGARDING THE POTENTIAL FOR CHANGE

The final element of the assessment process is the assessment of the situation at the moment and the determination of an initial movement to reduce the crisis and increase effective family functioning. Questions to be answered at this point include:

- How pervasive is the general disequilibrium created by the crisis situation or causing that situation? Is it likely to continue or worsen immediately following this intervention?
- What clues exist that the situation can be changed for the better?
- What steps can the parents be expected to take in overcoming the crisis and restoring equilibrium?
- What steps must the worker take immediately (before leaving the home) and thereafter?

In some instances, a brief initial interview will reveal a crisis of such proportions that the child must be removed from the home. While this decision should be avoided, if possible, (thus avoiding the trauma of separation) the protection of the child is the primary goal at this point. Should separation be necessary, the intervenor must seek means of providing support and assistance to parents and child(ren). This process is discussed briefly in Chapter III.

To the maximum extent possible, the parent(s) should be encouraged to participate in the decision regarding the next steps. What can the parent see as possible alternative courses of action which can be taken immediately? How do they plan to make changes in the situation? In effect, the most pressing question might be simply how they plan to make it through the night without further crises.

Once this information has been gathered, the worker can take steps to effect change in the family as a part of this intervention and in the future.

III

PROVIDING SUPPORT AND ASSISTANCE

The therapeutic process of providing direct support and assistance to persons in crisis actually begins during the assessment step. In bringing individuals in crisis to a point where they can understand and respond to their environment, the worker will take a major step in the helping process. The same patience, concern, support and encouragement which will be effective in assessment forms the bridge between the worker and the parent which will have positive therapeutic effects.

USING THE CRISIS TO INITIATE CHANGE

In addition to the general establishment of the supportive relationship, there are at least three specific types of help which can be given in the crisis situation which will enhance the change process.

- 1) In response to the disorganized thinking and the feelings of guilt, fear, or anger expressed by the parent, the worker can help the individual become aware of the feelings in such a way as to reduce the tension and increase the ability to manage those feelings.
- 2) Impulsivity and the feelings of vulnerability and helplessness can be addressed by helping the individuals to explore their coping mechanisms and to identify alternatives for coping with crises.
- 3) The isolation, dependence, and complexity of the several related problems can be addressed through assisting the individual in assessing and using additional supportive resources.

In providing one or more of these forms of assistance, the worker will assist the parent to make significant changes in behavior which can have long-term benefits for the entire family.

Understanding and Managing Feelings and Disorganized Thinking Processes

The process of understanding and managing feelings has been discussed briefly in terms of the assessment process. The worker can facilitate change by continuing to help the parent sort through the maze of feelings and disorientation created by or associated with the crisis. As events in the situation are defined and described, questions such as "what bothered you about that particular thing?" can help the individual associate feelings with events and begin to understand their reactions. When strong feelings about an event are evidenced through the behavior or words of the parent, asking "what do you think bothered you most about that?" can help isolate the specific pieces of the problem--pieces which will be more manageable separately than as part of a larger problem. In essence, the very ability to understand and sort through events and feelings will give the parent a sense that perhaps the problems can be managed if taken one at a time.

Exploring Coping Mechanisms

The basic coping styles of persons in crisis were discussed in Chapter I. Even chronic coping problems often can be overcome, however, when the individual can begin to explore alternative methods for addressing problems. Sometimes simply encouraging the person to think about other alternatives can provide breakthroughs in the change process. The worker can facilitate this either by asking a simple question such as "what else could you have done in that situation?", or by offering suggestions in terms of "what do you think might have happened if you had tried to do ____?" In offering suggestions, however, it is important to pose alternatives which seem reasonable in the light of the way that the individuals have described the situation and explained their own decisions in the process.

Finding and Using Additional Resources

The most tangible means of offering help in time of crisis is to enable the individual to actually assess and use resources. If homemakers or parent-aides are available, these can be contacted and introduced in terms of specific actions needed--caring for the children so the mother can take a much needed break, helping with a housekeeping situation which has appeared to get out of hand, or simply being available to talk on a 24-hour basis whenever the parent needs to spout off at someone.

Providing practical and tangible assistance on a short-term basis can not only be an asset in relieving the pressure of the crisis; it can also help the parent learn to trust the worker as a helping person. Providing transportation to an emergency medical facility, making an appointment with an agency which provides food stamps or other assistance, locating emergency food or shelter, and carefully explaining the step-by-step process which will take place in order for these services to be used are all important elements in the initial change process.

The worker can provide a stabilizing influence on the family by simply being in a position to guide and assist them through the various organizations, agencies, and procedures necessary to provide emergency relief. In providing this tangible assistance, the worker will begin to develop the trusting relationship which is essential if the family is to overcome the dysfunctions associated with the crisis and begin to use alternative patterns of behavior.

REDUCING THE TRAUMA OF SEPARATION IN CASES OF EMERGENCY PLACEMENT

Removing a child from the home is severely traumatic for both children and parents, even when the parents agree it is best for the children's welfare. In fact, emergency placement may well be an induced crisis in its own right. For this reason, all techniques of crisis intervention as a treatment approach can apply in helping families through the separation anxiety of emergency placement situations.

Every effort should be made to involve the parents in the decision regarding emergency placement. In some instances, the parents are unavailable or their unavailability is in fact the reason for considering placement. In most cases, however, the decision for placement will be made in conjunction with a visit to the home.

To the extent possible, the children also should be involved in the decision. Particularly when a situation seems borderline, if a child strongly desires to remain at home, it may be wiser to leave him or her in a familiar situation even though it presents some problems.

The nature and extent of the trauma experienced by the child will be somewhat related to the nature of the separation. Placement with familiar friends or relatives may be less traumatic for the children than might be the case with a foster care placement, but they still need some support in feeling secure in an environment

which is not "home." In situations where a homemaker or foster parent is placed in the home and the parent is removed (either voluntarily or through arrest, for example), the children will have the benefit of familiar surroundings but will need support in overcoming feelings of being abandoned. In many cases, children separated from their parents also experience deep feelings of guilt, believing that if they had just been better the separation would not have been necessary. By providing reassurance to the child that their safety and well-being is the most important concern, the worker can begin to assuage these guilt feelings. When the child is removed from the home, for example, it may be possible to simply suggest that the home has become an "angry place" temporarily, helping the child to accept a "happy place" for a time.

Regardless of how this type of separation occurs, however, both parents and children will need support and assistance in moving through this trauma.

Support For the Parents

Even if the parents agree to the removal, it is upsetting to them to be separated from their children even for a short time. The same crisis intervention techniques which apply to the initial contact with the family must also be applied to the crisis of separation. The most critical point is for the worker to listen to the parents' feelings, to accept the hostility, anger and frustration which are likely to occur, and to help the parent in sorting out and coping with those feelings. In addition to the general techniques discussed previously, the worker can seek to reach agreement with the parents regarding continued parent-child contacts (e.g., visitation) and the development of a plan which can result in the reuniting of the family if possible. If the crisis situation seems likely to last for an extended period, arrangements for other support or therapeutic services for the parents should be made.

Support For the Children

Separation from their parents, even in cases of severe physical abuse, can precipitate another crisis for children because of their fears about an uncertain situation and lack of understanding of what is happening and why. At those times, the intervenor should deal directly with children's fears and, if possible, reassure them that the situation is only temporary and that they will be able to return home as soon as possible.

In cases where temporary placement with relatives or friends is possible, the problems related to the child being in unfamiliar circumstances are substantially reduced. To the extent that the child can be made aware of plans for continued parent-child contact, this can also help reduce the child's anxiety. Other techniques for supporting children in times of separation could include:

- Ensuring that familiar possessions (e.g., clothing, toys, pictures) remain with the children whether or not they remain at home
- Arranging for siblings to remain together
- To the extent possible, including the children in plans related to the duration of the separation and the procedures which will be followed in the future.

REDUCING THE POSSIBILITY OF FUTURE CRISES

Crisis events do occur in the lives of every individual, and it will never be possible to guarantee to the persons in crisis that they will not have to go through the experience again. However, it is possible to reduce both the frequency and the intensity of those future crises. The most critical element in this reduction will be the establishment of a trust relationship between the worker and the individual. Depending on the situation, future crises may be reduced by helping the parent to clarify factors which led up to the crisis and to plan for future change.

Clarifying the Events or Crises Which Preceded the Crisis Event

In many cases, this element of the intervention process will have to wait for subsequent contacts with the family. Parents who evidence a willingness to change at this point, however, may make even greater progress to the extent that they can begin sorting out previous events or crises which led up to the specific crisis which is the occasion for the initial contact.

As discussed in Chapter I, crises often involve a series or chain of events. The worker can help the parent understand the events which actually contributed to the crisis in order to enhance the change process. How does this particular crisis relate to the

family's circumstances which preceded the event? What relationship exists between this situation and the parent's own personal stress both before and during the crisis event? How are the people involved in the current crisis linked to that crisis through previous events? This element is also likely to evoke responses which relate to a number of other problems--often problems which have been unresolved over a period of time preceding the crisis event. In order to be most effective, the worker will need to continually relate this aspect of the interview to the current crisis. This can be done by asking such questions as:

- Can you tell me when you think all of this began?
- Have you had feelings like this fairly often recently? What do you think caused them?
- This was kind of the "straw that broke the camel's back" wasn't it? Maybe you can tell me some of the other things that happened before.

In using these kinds of inquiry, the worker can help the parent put the current crisis into perspective, and begin to identify underlying problems which may require resolution in order to prevent further crises.

Whether or not this clarification can take place as part of the initial contact, it will be essential for the parent to understand what will happen next. The final step in the process, then, will be the development of an initial plan to help the person move toward more positive approaches in the future.

Planning Ahead

Persons in crisis are generally susceptible to accepting help from others, once it has been demonstrated that real, tangible help is available. The worker can facilitate this process through the identification of additional resources in the community which can be called upon for assistance. The participation of the individual in this planning process is critical, since they are likely to follow through on those goals and plans in which they have a vested interest. In completing this planning process, then, the worker can take several actions.

- 1) Reach an agreement with the family as to which steps will be taken next, and in which order. Things can be done through identifying both short-range and long-range goals. Ask questions such as "what do you want to do next?" and "what do you want to change about your life in the near future?" Encourage the person to adopt realistic goals and to identify the specific steps they plan to take in reaching those goals.
- 2) When success occurs, no matter how small, acknowledge this as a worthwhile achievement. As behavior patterns show signs of positive change, these should be reinforced with statements like "that's a real important thing you did," or "that really worked well, didn't it."
- 3) Plan for future interactions and follow-up. If the children have been removed for emergency reasons, identify dates and times for visits and outline plans for what will take place during the visit. A future appointment between the worker (or another, if necessary) should be established, and all of the necessary timing, transportation and logistical aspects of that visit worked out in advance.
- 4) Be sure that the family understands what will happen next. Any protective services which will occur should be explained, and the reasons for the intervention carefully stated. The family has a right to know what the worker thinks and intends to do. Even if the action poses some anxiety for the family, the fact that it is known and understood can help maintain the family's trust in the worker as a helping person.*

*This process is not intended to substitute for the services planning effort which will be necessary. See the manual *Child Protective Services: A Guide for Workers* (NCCAN, 1979).

SUPPORTS FOR THE WORKER

Many discussions of crisis intervention are limited to the factors previously addressed in this manual. It is important to remember, however, that the parents and children are not the only persons involved in the crisis intervention situation. Simply by being involved with the family in time of crisis, workers become a part of the crisis situation and also need support in carrying out their responsibilities.

The basic worker supports needed are discussed at some length in two other manuals: *Child Protective Services: A Guide for Workers*, and *Supervising Child Protective Workers*. Both of these manuals are available through the NCCAN Regional Resource Centers listed in the Appendix.

In terms of the unique characteristics of crisis intervention, however, there are at least two situations in which the worker will need support from supervisors and peers. These are:

- Situations in which a crisis erupts in a family which is a part of a worker's on-going caseload
- Situations involving immediate emergency placement of the child or removal of the parent.

Crises Involving An On-Going Case

In some situations, a crisis can erupt in a family with which a worker has an on-going relationship. The worker may experience feelings of guilt ("I knew this was happening, but I couldn't get them to respond") or anger ("I told my supervisor we should take this to court and she refused") in the crisis and will need the support of the unit and others in working through these feelings. This support is crucial if the worker is to be effective in future crises.

Crises Involving Emergency Placement

Decisions involving family separation are traumatic not only for the family, but also for the worker who makes the decision. A worker forced to make an on-the-spot decision to remove a child from a home may have second thoughts about the decision later. To the extent that workers have acted in good faith in these situations, they will need support in viewing their actions as "the best I could do

at the time" and in taking whatever steps are necessary to ensure the continued progress of the family.

Provided with the necessary supports, the effective worker can often turn the apparent disaster of a crisis into a positive step forward for families in stress.

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APPENDIX

REGIONAL CHILD ABUSE AND NEGLECT RESOURCE CENTERS

Region I Child Abuse and Neglect
Resource Center
Judge Baker Guidance Center
295 Longwood Avenue
Boston, Massachusetts 02115

617-232-8390
(CT, ME, MA, RI, VT, NH)

Region II Child Abuse and Neglect
Resource Center
College of Human Ecology
Cornell University
MVR Hall
Ithaca, New York 14853

607-256-7794
(NJ, NY, PR, VI)

Region III Child Abuse and Neglect
Resource Center
Howard University Institute for
Urban Affairs and Research
2935 Upton Street, N.W.
Washington, D.C. 20008

202-686-6770
(DC, DE, MD, PA, VA, WV)

Region IV Child Abuse and Neglect
Resource Center
Regional Institute for Social
Welfare Research
P.O. Box 152
Athens, Georgia 30601

404-542-7814
(AL, FL, GA, KY, MS, NC, SC, TN)

REGIONAL CHILD ABUSE AND NEGLECT RESOURCE CENTERS (Cont'd)

Region V Child Abuse and Neglect
Resource Center
Graduate School of Social Work
University of Wisconsin-Milwaukee
Milwaukee, Wisconsin 53201

414-963-4184
(IL, IN, MI, MN, OH, WI)

Region VI Child Abuse and Neglect
Resource Center
Graduate School of Social Work
University of Texas at Austin
Austin, Texas 78712

512-471-4067
(AR, LA, NM, OK, TX)

Region VII Child Abuse and Neglect
Resource Center
Institute of Child Behavior and
Development
University of Iowa, Oakdale Campus
Oakdale, Iowa 52319

319-353-4825
(IA, KS, MO, NE)

Region VIII Child Abuse and Neglect
Resource Center
National Center for the Prevention
and Treatment of Child Abuse and
Neglect
1205 Oneida Street
Denver, Colorado 80220

303-321-3963
(CO, MT, ND, SD, UT, WY)

REGIONAL CHILD ABUSE AND NEGLECT RESOURCE CENTERS (Cont'd)

Region IX Child Abuse and Neglect
Resource Center
Department of Special Education
California State University
5151 State University Drive
Los Angeles, California 90032

213-224-3283
(AZ, CA, HI, NV, Guam, Trust Terr.)

Region X Child Abuse and Neglect
Resource Center
Western Federation for Human Service
157 Yesler Way, #208
Seattle, Washington 98104

206-624-5480
(AK, ID, OR, WA)

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