

HFA State Systems Scoop- April 2006

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Q & A Corner:

Differential Response Systems for Child Protective Services and HFA

In the past few months, Healthy Families America (HFA) has been receiving inquiries about how to handle situations where Child Protective Services (CPS) mandates families to participate in HFA. This inquiry is an outgrowth of the development of Differential Response Systems that have developed in states to handle child abuse and neglect cases. Many of the dilemmas we hear from HFA sites include: “we are getting court ordered cases that conflict with the intent of HFA being voluntary”; “courts are ordering families, indicated for child abuse and neglect, to participate in HFA but they don’t even qualify for our services”; and “we get public dollars for HFA or are housed in a social services agency so feel obligated to comply, but the families don’t fit. It is a Catch 22.”

What does all of this mean? What is differential response for Child Protective Services? How are HFA sites dealing with these situations? This article represents preliminary investigation into this issue and the intent is to begin a dialogue between the home visiting field and community agencies with whom they partner to help families succeed.

What do Differential Response Systems mean and why are they necessary?

We have heard the cries that, “CPS is broken...it is ineffective and either does too little too late, stigmatizes families or doesn’t consistently provide services to the families that have founded cases of abuse and neglect.” Over the past ten years, reform efforts have begun to look at how to improve the work of protecting children. It became clear that CPS agencies needed to increase their flexibility in responding to families with different needs. Based on this need, Differential Response Systems look different in each state. Differential response systems represent the various levels of involvement the state has with a particular family. Differential response includes: families with the most serious cases and at the highest risk who are subject to a mandatory CPS investigation, and lower risk families with less serious cases who would receive a voluntary family assessment and a service-oriented response utilizing community services via. The American Public Human Services Association [APHSA] presents a more complex differential response schema in its model CPS system guidelines that illustrates the range of possible responses to families (1999, p.18).

Possible Responses to Families			
Types of cases	High risk	Moderate	Low risk
Responses suggested	Intensive Family Preservation Services, Child Removal, Court-Ordered Services, Foster Care, Adoption, Criminal Prosecution	Appropriate formal services coordinated through family support/safety plans and community support agencies	Early Intervention, family support center, formal/informal services, parent education, housing assistance, community neighborhood advocacy
Persons Responsible	CPS/ Law Enforcement	CPS/ Community partners	Community partners

The APHSA report cited that *“the CPS agency must shift from viewing itself as the provider of all child protective services, and instead begin to catalyze, organize, and, in a variety of ways, provide leadership to the development of community partnerships for child protection and neighborhood-based systems of service delivery that achieve the result of child safety”* (1997, p.6).

Reviewed literature reveals that there is at least some aspect of CPS practice or policy undergoing change in almost all of the states. In some states, changes are occurring statewide, limited to a specific or several localities or at a number of demonstration sites. These initiatives include:

- Introduction of family assessment or differential response systems;
- Creation or support of community-centered service delivery systems;
- Clearer delineation of the relationship between CPS and law enforcement;
- Increased collaboration between CPS agencies and alcohol and other drug (AOD) agencies; and,
- Development of collaboration between CPS agencies and domestic violence (DV) agencies.

The pendulum is swinging from communities assigning all suspected child abuse and neglect to CPS to child protection working via collaborative agreements with community agencies that can provide a continuum of services for families struggling with maltreatment and other stressors.

There is a parallel process between protective services’ differential response and HFA. One of the key goals of developing a HFA site in a community is to partner with a variety of agencies that can provide additional services as needed. A home visitor alone cannot meet all of the needs of an overburdened family. When necessary, having other professionals and peer support services at hand can make the difference that spells success for a family. Referrals for health, mental health, domestic violence, substance abuse and parent education services are often utilized as a family works to reduce their risk factors, build their resiliency, heal and grow.

Mary Lee Allen, Director of Child Welfare and Mental Health at Children’s Defense Fund, states “it is critically important that if we are serious about protecting children we must get help to

children and families early. We must build our community's capacity to support families before they get to CPS. Healthy Families America must be part of this community network." (phone conversation 3/24/06).

CPS systems and HFA have a shared commitment and goal that children will grow up safe. We are working to accomplish similar goals by utilizing community services from different ends of the continuum. How can we help each other without compromising the key tenets of HFA, especially that of voluntary participation?

HFA sites with public funding who are being asked to take mandated families, via direct response systems, are tackling this problem in a variety of ways:

- Educating CPS and courts on the research basis for HFA's tenet of voluntary services for families, and the need to *encourage*, not require a family to enter HFA. Mandated families receive mixed messages from CPS authorities and are often resistant to services. If this understanding of the HFA model cannot be accomplished and the integrity of their program is being jeopardized, a number of sites have found it necessary to decline CPS/public funding.
- Many times courts will mandate a family that does not qualify for HFA services. In these cases the site will try and refer the parent to a better suited program. The courts cannot force a site to accept families and cannot force the family to accept a service they do not qualify for. One site told us, "if they do qualify, but do not want services, we still do not take them, because HFA is built on a model of voluntary participation. Sometimes we spend time on the phone with the parent to help them plan for a service that they feel comfortable with and that meets their needs, even if that is not Healthy Families."
- An HFA site in Virginia spoke of the range of services they have developed to accommodate both the varied needs of families and the community agencies that serve them. With Differential Response, CPS will often refer a family that has had a family assessment and is "indicated" for maltreatment, but not "founded". If this family does not fit the eligibility requirements for HFA, they are offered a place in a voluntary program called "Back to Basics". This program involves home visiting and is very similar to HFA. If they accept these services the families are coded differently in our database to prevent the HFA evaluation from being skewed. If these families refuse services it is their problem to resolve with the court. This "Back to Basics" program is funded with the city's *intervention* funds.

There are clearly options available to HFA programs and state systems to help work with their CPS to implement differential response systems while maintaining the integrity of the HFA program model. We ask that you send us a brief description of a strategy you may be using that is not on this short list. We will revisit this in the next issue of SCOOP.

References: National Study of Child Protective Services Systems and Reform Efforts- Literature Review; Prepared by: Walter R. McDonald & Associates, Inc.; March 2001 <http://aspe.hhs.gov/hsp/protective01/index.htm>. VCPN (Virginia Child Protective Newsletter); Innovative Responses to Child Protection; Summer, 1997; Volume 51.

Special Focus: April is Child Abuse Prevention Month!

Supporting Families, Preventing Abuse: The U.S. Department of Health and Human Services' Children's Bureau, Office on Child Abuse and Neglect (OCAN) its National Clearinghouse on Child Abuse and Neglect Information, and the FRIENDS National Resource Center are pleased to announce the launch of the 2006 Prevention Month website at <http://nccanch.acf.hhs.gov/topics/prevention/index.cfm>. The website features 'What Works to Promote Safe Children and Healthy Families', a database containing information on promising practices and innovative approaches to promote safe and healthy families. The website also contains the *2006 Community Resource Packet*. This updated packet, in both English and Spanish, contains practical information on how individuals, organizations, and communities can support and strengthen families. A corresponding poster is included in each packet. The Community Resource Packet and poster can be downloaded or ordered in the English language at:

http://nccanch.acf.hhs.gov/topics/prevention/toc_eng.cfm and in the Spanish language at: http://nccanch.acf.hhs.gov/topics/prevention/toc_sp.cfm The bulletin, *Making an Economic Case for Prevention*, may be of assistance to you. Packets and posters can also be ordered by contacting the National Clearinghouse on Child Abuse and Neglect Information at 1.800.394.3366 or nccanch@caliber.com.

Prevent Child Abuse America News

PCA America's National Conference- Around the Corner!!!

PCA America presents the only national-level conference devoted to the prevention of child abuse and neglect, to be held May 21-24, 2006, in San Diego. The conference theme – **America's Families: We All Play a Supporting Role** – will be brought to life by our nationally renowned keynote speakers as well as 90+ workshops on a wide range of topics. Attracting participants from the fields of child abuse prevention, home visitation, child development, family support, violence prevention and more, this conference promises to be an outstanding opportunity to learn the latest prevention strategies to strengthen your Healthy Families program, energize your staff, and support the families that your program serves.

Featured speakers and topics include: Yvette McGee Brown, President of the Center for Child and Family Advocacy at Columbus Children's Center; Dr. Richard Krugman, Dean of the Colorado University School of Medicine, Dr. Harvey Karp and The Happiest Baby on the Block; research-practice collaborations; advocacy around the Education Begins at Home bill; and diversified funding streams. **In addition, the 2006 State Leaders Meeting will be held on Monday May 22, 2006 from 2-5:30 and is open for all HFA state leaders.** For complete information about the conference educational sessions and schedule, please visit our website – www.preventchildabuse.org – or call Ann Johnson (312-334-6845) or Rebecca Loden (312-334-6809).

Register before March 31st to receive the early bird rate of \$310 per person; the regular registration rate of \$375 will apply for registrations received between April 1st and May 5th.

The conference hotel – Town & Country Resort – is offering a very special room rate of \$129/night if booked before April 20th (800.772.8527). **Don't delay!**

HFA Credentialing Update

The staff of the national and regional offices of HFA are embarked on a comprehensive review of the credentialing system with the goal of streamlining the process in order to facilitate information exchange, reduce duplication of paperwork and optimize the work required to prepare for the process. A series of recommendations around such issues as changes to the self-assessment tool, the skills of peer reviewers and the operations of the credentialing panel have been formalized and discussed with the credentialing panel. Based on the panel's feedback, revisions will be made and we endeavor to present to the network a streamlined self-assessment tool and process by July 1, 2006. A preview of the recommendations and an opportunity for input will be offered at the PCA America National Conference in San Diego at the pre-conference session on "Credentialing Tips" to be held on May 20, 2006 from 1:00pm-5:00pm. This issue will also be up for discussion at the HFA State Leaders Meeting on May 22, 2006 from 2pm-5:30pm. We look forward to seeing you there and sharing some of this exciting progress! This advancement is on top of an active credentialing year- There are currently 414 HFA programs with 296 sites currently credentialed and 133 in the midst of the process.

HFA Training Update

On May 20th, a pre-conference Advanced Training for HFA Certified Trainers will provide an opportunity for four states to present their distance learning efforts to the trainers attending.

Kansas will demonstrate how Core has been adapted to on-line and face-to-face sessions; Florida will share their on-line wrap-around training, testing and administrative tracking; Indiana will share their CD-ROM wrap-around training and Arizona (Regional Office) will share their on-line Orientation training. Each will share what role a state trainer plays in supporting on-line training. An additional session will offer an orientation on Motivational Interviewing. Interest in these two topics was identified through a survey of trainers conducted earlier this year.

"What Makes Supervision Work: Recommendations From the Home Visiting Field" is a new publication developed by the Home Visiting Forum's Training Committee members, one of the three working groups of the Forum. The Forum consisted of members of the six leading National home visiting organizations in the United States and included Healthy Families America, Early Head Start, Parents as Teachers, HIPPI, Parent-Child Home Program, and the OLDS program (National Center for Children, Families and Communities). Focus groups were conducted with supervisors from these programs with questions focused on supervisor needs and home visitor needs. This publication can be downloaded through the following link:

http://www.healthyfamiliesamerica.org/network_resources/is_staff_supervision.shtml. Hard copies of this publication will also be available at the San Diego conference in the Exhibit Hall.

PCA America Advocacy Update- Congressional Briefings in the Works to Showcase the Education Begins at Home Act (EBAH)

PCA America is one of several cosponsoring organizations planning two Washington, DC congressional briefings to highlight the Education Begins at Home Act (EBAH) and garner additional support for the bills. The briefings are intended to educate a sizeable audience of House and Senate staff about the home visit field – what it is and isn't, the variety of ways it benefits children and families, and what the research says about home visiting as a service delivery approach. Program sites and client families are being recruited to speak at the briefings. Congressional staff from EBAH lead sponsors will be present to answer questions about the legislation from their colleagues.

A briefing has been scheduled for April 6th on the Senate side; a second briefing will take place the following morning in a House office building. For more information, please contact Jane Ascroft or Bridget Gavaghan at PCA America.

The Education Begins at Home Act (S 503 and HR 3628)

As reported in previous issues of the *Prevention Advocate*, EBAH would extend to a broad range of families the opportunity to benefit from Healthy Families America and other quality home visitation programs. The legislation would provide \$500 million over three years to help states establish or expand quality home visitation programs. Of the \$500 million authorized, \$400 million would be provided to states on a formula basis to expand and enhance home visiting programs, while the remaining \$100 million would be divided between two competitive grants to reach military families and families with English Language Learners.

The growing list of cosponsors follows. Please visit [PCA America's website](#) for information on how you can ask your members of Congress to support EBAH.

HR 3628 Cosponsors (as of 3/17/06)

Rep. Barrow (D-GA-12)**
Rep. Bonner (R-AL-1)
Rep. Boswell (D-IA-3)
Rep. Clay (D-MO-1)
Rep. Davis (D-IL-7)*
Rep. DeLauro (D-CT-3)
Rep. Doggett (D-TX-25)
Rep. Edwards (D-TX-17)
Rep. Grijalva (D-AZ-7)*
Rep. Inslee (D-WA-1)
Rep. Kuhl (R-NY-29)*
Rep. LaHood (R-IL-18)
Rep. Larson (D-CT-1)
Rep. Lewis (D-GA-5)
Rep. McCotter (R-MI-11)
Rep. McDermott (D-WA-7)
Rep. McHugh (R-NY-23)
Rep. McNulty (D-NY-21)

S 503 Cosponsors (as of 3/17/06)

Sen. Bond (R-MO)
Sen. Cantwell (D-WA)
Sen. Clinton (D-NY)*
Sen. Collins (R-ME)
Sen. DeWine (R-OH)*
Sen. Durbin (D-IL)
Sen. Kerry (D-MA)
Sen. Landrieu (D-LA)
Sen. Lautenberg (D-NJ)
Sen. Rockefeller (D-WV)
Sen. Smith (R-OR)
Sen. Snowe (R-ME)
Sen. Talent (R-MO)

Rep. Michaud (D-ME-2)
Rep. Moore (D-KS-3)
Rep. Moore (D-WI-4)
Rep. Moran (D-VA-8)
Rep. Osborne (R-NE-3)*
Rep. Platts (R-PA-19)*
Rep. Price (D-NC-4)
Rep. Renzi (R-AZ-1)
Rep. Souder (R-IN-3)*

*Sits on HELP or Education Reform

** Sits on Education and the Workforce full committee

Research from the Field

Congratulations to Healthy Families New York: A “Proven Program”!

RAND's Promising Practices Network (PPN), has designated the New York Healthy Families program a "Proven Program," indicating the program has demonstrated effectiveness using extremely rigorous scientific standards as determined by anonymous peer reviewers:

<http://www.promisingpractices.net/> Healthy Families New York joins the Nurse Family Partnership as the only home visitation programs that have received PPN's proven program designation. This news is important not only for New York, but also for HFA providers across the country. Due to the significance of this research, RAND is featuring the program on the home page of PPN and in next week's e-mail newsletter. The PPN site gets over 7,000 unique visitors a month, and around 2,700 individuals subscribe to the newsletter. See HFNY's evaluation report here: http://www.healthyfamiliesamerica.org/downloads/eval_hfny_2005.pdf

John’s Hopkins Study on Healthy Families Alaska

A recent study by John’s Hopkins of Healthy Families Alaska has concluded and did not show a reduction in official rates of child abuse and neglect, however, there were several areas of significant differences between the control group and the HFA group:

1. Reduction in poor quality environments
2. Reduction in maternal parenting stress
3. Although both groups of children scored low, children enrolled in the program scored significantly higher than the control group on cognitive development (as measured by the Bayley Scales of Infant Development).
4. Mothers’ perceived their child’s behavior as more positive (less child problematic behaviors, measured by the Child Behavior Checklist)
5. Impacts on self-reported child abuse: Mothers enrolled in Healthy Families Alaska reported significantly less use of psychological aggression ($p < .05$) and mild physical assault ($p < .05$) than control moms; however, there was no group difference on severe physical discipline or neglect on this self-report measure (utilizing the Conflict Tactics Scale.)
6. Mothers enrolled in Healthy Families Alaska scored significantly higher on self-efficacy at the two-year assessment ("maternal self-ratings of competence and effectiveness in the parenting role").

Perhaps most important in understanding the evaluation results of Healthy Families Alaska programs is the tremendously high rate of maternal depression (52% in the treatment group, 61% in controls at enrollment), substance use (48% of moms at enrollment in both treatment and control groups) and domestic violence (45% of treatment group, 52% of control families (not a significant group difference)). As a comparison, studies of the Elmira, New York Nurse Family Partnership by Dr. David Olds' found no impact on child maltreatment outcomes.¹ The field knows from experience that all three risk factors impede families' progress in home visiting services, as well as increase the likelihood of child maltreatment.

Healthy Families Alaska's rates of domestic violence, substance abuse and maternal depression are much higher than found on average in HFA programs nationally, based on estimates of prevalence of each problem by program managers for depression (35%), domestic violence (24%), and substance abuse (23%) in the 2003 HFA site survey.

The full study can be viewed at the following location:

http://hss.state.ak.us/ocs/Publications/JohnsHopkins_HealthyFamilies.pdf>

Program Evaluation: A Synthesis of Lessons Learned by Child Neglect Demonstration Projects

In 1996 and 1997, the Children's Bureau funded 10 demonstration projects to address the prevention, intervention, and treatment needs of neglected children and their families. These projects implemented and evaluated a wide variety of service strategies with large numbers of high-risk children and families. Throughout the course of their 5-year projects, grantees faced a number of common challenges in combining service delivery with a rigorous program evaluation methodology. Despite these challenges, several of the programs conducted very thorough evaluations, and they all reported positive outcomes.

See the report: <http://nccanch.acf.hhs.gov/pubs/focus/evaldemo/evaldemo.pdf>

The RAND Corporation recently released a research brief entitled, **Early Childhood Intervention: Program Results, Future Promises**, detailing the most effective practices and features of early intervention programs, based on an in-depth literature review and analysis. The study states that well-designed programs for disadvantaged children age 4 and younger can produce economic benefits ranging from \$1.26 to \$17 for each \$1 spent on the programs. To access the research brief see: <http://www.rand.org/index.html>

Individuals with Children More Likely to Suffer from Depression

Parenthood is not associated with enhanced mental health, and, in fact, is more likely to be associated with symptoms of depression, according to recently published sociological research. The research finds that parents of all types report more symptoms of depression than non-parents. In addition, the research confirms that certain types of parenthood are associated with more depression than others.

<http://cdwire.net/cgibin/pub9990170780862.cgi?itemid=9990213459165&action=view&categoryid=9980170780911&page=1&placeonpage=29&totaldisplayed=50>

¹ John Eckenrode, PhD; Barbara Ganzel, MS; Charles R. Henderson, Jr, MA; Elliott Smith, PhD; David L. Olds, PhD; Jane Powers, PhD; Robert Cole, PhD; Harriett Kitzman, RN, PhD; Kimberly Sidora, MPH Preventing Child Abuse and Neglect With a Program of Nurse Home Visitation: The Limiting Effects of Domestic Violence. JAMA (2000);284:1385-1391.

Vitamin D Supplementation During Pregnancy Could Reduce Osteoporosis In Children

Vitamin D supplementation of pregnant women could lead to long lasting reduction in osteoporotic fractures in their children, according to a study published in the Lancet of January 6, 2006. The study shows that children whose mothers were lacking in vitamin D during pregnancy grow up to have weaker bones.

<http://cdwire.net/cgibin/pub9990170780862.cgi?itemid=9990214202171&action=view&categoryid=9960170780911&page=1&placeonpage=45&totaldisplayed=50>

Exposure to Pollutants Linked to Adverse Birth Outcomes, Study

Pregnant women who live in the vicinity of high levels of air pollution are more likely to have children with low birth weight (LBW), and reduced fetal growth. Specifically exposure to air pollutants, including ozone, carbon monoxide, particulate matter with an aerodynamic diameter nitrogen dioxide, and sulfur dioxide, are associated with adverse pregnancy outcomes.

<http://cdwire.net/cgibin/pub9990170780862.cgi?itemid=9990214005757&action=view&page=1&placeonpage=1&totaldisplayed=1&categoryid=9960170780911>

Pacifier Use Lessens the Likelihood of SIDS

Using a pacifier during sleep can reduce a baby's risk of sudden infant death syndrome (SIDS) by 90 percent, a study by Kaiser Permanente has found. No one knows exactly why it helps. But it may be that the pacifier's bulky handle creates an air pocket that prevents infants from suffocating in heavy blankets or soft bedding.

<http://cdwire.net/cgibin/pub9990170781215.cgi?itemid=9990214000823&action=view&page=1&placeonpage=1&totaldisplayed=1&categoryid=9990170781251>

Public Policy and Funding Resources

Department of Health and Human Services- Adolescent Family Life Care Demonstration Project Grant

Under the Title XX statute, the primary purpose of care programs is to establish innovative, comprehensive, and integrated approaches to the delivery of care services for pregnant adolescents and adolescent parents under 19 years of age at program entry, with primary emphasis on unmarried adolescents who are 17 years old or younger. Care services should promote the healthy involvement of the adolescents' children, extended family members, fathers of their children, husbands, and/or male partners with whom they are in a long-term relationship. For more information see: <http://www.grants.gov/search/search.do?mode=VIEW&oppId=8683>

Report on Pathways to Early School Success: Helping the Most Vulnerable Infants, Toddlers and Their Families from the National Center for Children in Poverty – January, 2006. Science tells us that all low-income babies, toddlers, and families benefit from child development and family support programs like Early Head Start. But there is also a group of babies, toddlers, and parents who face so many risks that even these programs alone may not be enough. This issue brief highlights 10 program and community strategies that can help these most vulnerable families and promote early school success even in the face of multiple demographic, economic, and parental barriers like depression and trauma that impact young

children. It is based on a meeting that brought together policymakers, researchers, practitioners, and advocates to explore the challenges and opportunities for focusing more attention on these families while at the same time working to expand access to supportive programs for all families with very young children. http://nccp.org/media/pew06e_text.pdf

National Center for Infant and Early Childhood Health Policy- The Center is a collaborative project between the health, child care and early education, mental health, parenting education and family support sectors and supports federal, state and local early childhood efforts. Housed at UCLA, the Center assists Maternal and Child Health agencies as they play an important role in the development of comprehensive, integrated early childhood service systems. Read more here: <http://capwiz.com/zerotothree/utr/1/EJNXFKFCDQ/NKHLFKFCEE/588549576>

ZERO TO THREE Policy Brief Explains How State Lawmakers Can Promote Early Childhood Social and Emotional Development- *Helping Young Children Succeed*, a joint research and policy report developed by ZERO TO THREE and the National Conference of State Legislatures, describes how state policymakers can support the healthy social-emotional development of young children from birth to age five. The brief defines early childhood social-emotional development, describes what can happen when children face emotional and behavioral problems, and outlines what actions can be taken at the state level to support healthy social-emotional development in babies and young children. The full text of *Helping Young Children Succeed* is available at www.zerotothree.org/policy/

Committee for Economic Development Working Group Series

Earlier this year the Committee for Economic Development began a working group discussion series focused on the invest-in-kids agenda. CED launched the series with the first paper to be written about the child development economic sector. The paper, “Quantifying the Early Childhood Economy,” was produced by a Wisconsin economic development consulting firm and gives insight into economic indicators that drive the field of early childhood.

See: <http://capwiz.com/zerotothree/utr/1/IDYGFQEYBM/LCPRFQEYGE/659981731> for more information about “Quantifying the Early Childhood Economy” and CED's working group discussions.

Programmatic Resources

Web-Based Curriculum Launched to Help Health Professionals Identify and Treat Women with Perinatal Depression

The Perinatal Depression Web-base curriculum is designed to help health professionals learn how to identify, treat, or refer women with perinatal depression. The curriculum was produced by the Virginia Department of Health in collaboration with the University of Virginia Office of Continuing Medical Education, with support from the Health Resources and Services Administration. The curriculum provides health professionals with knowledge and skills that can help them (1) alleviate depression among pregnant women and new mothers, (2) understand the important role they play in the lives of women and their families, and (3) learn that depression can be successfully treated.

Health professionals can earn continuing education credit for completing the free curriculum. The Web site is available at <http://www.perinataldepression.org>.

New Book Helps Caregivers Who Work With the Youngest Victims of Trauma- In recent years, therapists, educators, and researchers have learned a great deal about children and trauma. Findings suggest that recovery often depends on early childhood professionals who understand children and trauma and have the skills to help children and support families. *Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma*, a new book by Kathleen Fitzgerald Rice and Betsy McAlister Groves, is a guide for early childhood professionals who care for children in a variety of early care and education settings. The authors define trauma and help readers recognize its effects on young children. They also offer tips, resources, and proven intervention strategies for working with traumatized children and their families and for managing stress. *Hope and Healing* can be ordered by calling, toll free, (800) 899-4301 from 9am-5pm Eastern Time. It is also available online at www.zerotothree.org/bookstore/

Conferences

Prevent Child Abuse America presents the only national-level conference devoted to the prevention of child abuse and neglect, to be held May 21-24, 2006, in San Diego. The conference theme – America's Families: We All Play a Supporting Role – will be brought to life by our nationally renowned keynote speakers as well as 90+ workshops on a wide range of topics. Attracting participants from the fields of child abuse prevention, home visitation, child development, family support, violence prevention and more, this conference promises to be an outstanding opportunity to learn the latest prevention strategies to strengthen your Healthy Families program, energize your staff, and support the families that your program serves. For complete information about the conference educational sessions and schedule, please visit our website – www.preventchildabuse.org – or call Ann Johnson (312-334-6845) or Rebecca Loden (312-334-6809).

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The 25th National CASA Annual Conference Children: They're Everybody's Business, National CASA Association, April 1–4, San Diego, CA
www.casenet.org/conference/index.htm

The 24th Annual Protecting Our Children Conference Advocacy and Action: Building Alliances in Indian Child Welfare, National Indian Child Welfare Association
April 2–5, San Diego, CA www.nicwa.org/services/conferences/protecting/index.asp

APSAC 14th Annual Colloquium, The American Professional Society on the Abuse of Children, June 21–24, Nashville, TN <http://apsac.fmhi.usf.edu>