

Judicial Trauma Institute

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Judicial Panel on Developing a Trauma-Informed Court

Resources from Judge Carole Clark

Table of Contents

1. Structure & Characteristics of Judge Clark's Trauma Informed Court
2. Trauma Informed Court Outline by Judge Clark
3. Judge Clark's Family Service Plan General Rules
4. Judge Clark's Family Service Plan Phase 1
5. Judge Clark's Family Service Plan Phase 2
6. Judge Clark's Family Service Plan Phase 3
7. Charitable Fund Grant Recommendation Form
8. "Report links childhood trauma to adult illness" from The Dallas Morning News
9. Suggested Resources



Structure & Characteristics of Judge Carole Clark's Trauma-Informed Court

BASED ON SMITH COUNTY, TX

PHASES OF PROCESSING	COURTROOM (JUDGE/LAWYERS)	CASE MANAGEMENT (CPS)	ASSESSMENT/THERAPY
Family Group Conference prior to First Hearing		Family Group Conference	
PHASE I: Address the Safety Risk - Get Clean and Safe (-3 months)	TMC Designation Status Hearings (every 30-60 days)	Create initial IEP Supervised Home Visits (1 hour - 1 per week) Foster Parents as Coaches	Drug Assessment Inpatient/Outpatient Treatment AA/NA
PHASE II: Address the Trauma and Parenting Issues (-6 months)	Status Hearings (every 30-60 days)	Create Informed IEP based on Psych Assessment Supervised Home Visits (1 hour - 2 per week) Continued screening for drugs Foster Parents as Coaches	Psych Assessment/EMDR/Therapy Group Therapy (Circle of Security (CoS)/TBRI) AA/NA
PHASE III: Monitored Return (-3 months)	Status Hearings (every 30-60 days) Graduation/Reunification	Unsupervised Home Visits (weekends/overnights) Continued screening for drugs Foster Parents as Coaches	In-Home Coaching/Therapy (CoS/TBRI) during Home Visits AA/NA

Trust-Based Relational Intervention® (TBRI®) is an evidence-based, holistic model for children with histories of trauma. TBRI uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors.

Characteristics of a Trauma-Informed Culture

1. *Everyone* is trained in (TBRI): Judges, Lawyers, CASAs, Sheriffs, CPS & CPA Case Workers, Supervisors, Foster Parents, Biological Parents, Therapists, Psychologists - TBRI is the language and practice of a pervasive trauma-informed culture.
2. The *judge* creates the system by setting standards, getting the right people “on the bus”, and requiring adequate training; the judge embodies the system by his/her TBRI-informed talk with everyone in the courtroom (e.g., “What TBRI strategies have you been using?” “I am really proud of your progress!”) and by her/his understanding of the TBRI principles and strategies.
3. A trauma-informed culture/court recognizes that the parents have many of the same needs as the children, and the parents are likely to relapse unless those needs are met: the entire process is driven by assessment/therapy/coaching.
4. A trauma-informed culture is *advocacy-based*, not adversary-based; this applies to the legal team as well as everyone else.
5. A trauma-informed culture is designed for *success*, not failure; the goal is to rebuild and reunify families, not tear them apart.
6. A trauma-informed culture is based on trust: None of this will work without the trust of all the parties in the system.

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TRAUMA INFORMED COURT

What is A Trauma-Informed Approach?

A system that uniquely identifies, treats and heals the traumatic experiences of each parent and child in the system. A realization that past trauma, whether physical, emotional or sexual, is driven by past life experiences.

The overriding goal of trauma informed practices is family reunification. Each part of the system must have the healing of trauma as a goal and the proper tools to bring about healing. Without successful healing, there is no long term resolution of the issues which required the State action and ensures the probability of generationally repeating the cycle.

Anyone in the audience who has thought about or wished there was a better system which produced better results? In 2007, Judge Clark met Dr. Karyn Purvis, then director of the TCU Institute of Child Development, now known as the Karyn Purvis Institute of Child Development. Dr. Purvis taught Judge Clark and her team about her trauma informed approach, Trust Based Relational Intervention. It is a holistic, attachment-based, and trauma-informed intervention designed to meet the complex needs of vulnerable children and families.

It is important to realize that a trauma informed approach differs from the current approach in a CPS case. It is based on research and is client centered. The underlying therapies are different.

Over the years, the parts of the system were put in place to create what you saw in the movie. I understand that each community is different and the system put in place here may look different but the components are the same. These components are as follows:

1. Assessments to identify the trauma.
2. Assessments to Identify treatment
3. Phase plans to implement the treatment plan

The sequence of the process is akin to a medical model. Define the trauma, identify the treatment, implement the “prescription” and monitor compliance. Ultimately, it is the patient or client's decision to implement the treatments prescribed. Use of trauma informed treatments is no different.

PURPOSE

1. Better outcomes for children and families .
2. Fewer generational families.

CHANGES in SEQUENCE of SERVICES

The “old” service plans prepared by CPS were not helpful. They provide no order of services and are not respectful of brain science. As a result, following these service plans are not conducive to better outcomes or prevention of generational history.

Many meetings with CPS management were necessary to institute PHASE PLANS OF SERVICE. There are three phases of service. The client must do the services in the correct order to achieve true benefit. For example, a psychological evaluation does not provide a valid result unless the client has been drug free for at least 90 days. Further, lack of sobriety for 90 days impairs a client's ability to learn from parenting classes and other types of learning.

By understanding what the proper order of treatments must be, all involved in the system know what the client should be doing and checking compliance. The phase plans of service are approved by the Judge pursuant to the Family Code requirements for plans of service.

CPS continues to prepare the “old” service plans and keeps them in their computer files. This form of service plan is required by federal regulations.

PHASE PLANS

1. **PHASE ONE--address safety issues**

a. Most cases are drug related cases. In these cases, the Drug Assessor is the “gatekeeper.” The drug assessment is to determine the client’s “prescription.” It is performed by a trauma informed clinical social worker. The test is 3 parts:

- (1) SASSI--computer generated
- (2) ACE’s--Adult Childhood Experiences Survey
- (3) Interview--emphasis on trauma

b. Recommendations are made based on categorization of severity of drug abuse. Dr. Douglas B. Marlowe is an expert in the drug court field. Below is his matrix which has been used in the drug court world for years. We took the model and inserted it into the assessments portion of our program. Every person who presents to the court with a drug issue receives an assessment and treatment recommendations.

Risk & Needs Matrix

	High Risk	Low Risk
High Needs (dependent)	Accountability, Treatment & Habilitation	Treatment & Habilitation
Low Needs (abuse)	Accountability & Habilitation	Diversion & Secondary Prevention

- Targeting Participants for Adult Drug Courts Douglas B. Marlowe, J.D., Ph.D. National Association of Drug Court Professionals.

c. Parent receives supervised visitation with children

2. PHASE 2--Address parenting issues

- a. The clients continue recovery work for drug issues if indicated in assessment. Mental health is addressed with psychological evaluations and counselling.
- b. Trauma is addressed in individual counselling and trauma group.
- c. Employment and housing are obtained.
- d. Parent receives unsupervised visitation with children

3. Phase 3--Monitored Return

- a. Continue recovery work if indicated.
- b. Maintain housing and employment
- c. In-home care with trauma informed counsellor--children and parents are reunited and the parenting skills learned are implemented. These are new skills for the parents and the children and assistance is critical.

Phase plans demonstrate their usefulness in several ways:

1. The services are performed by the parents in the order required by brain science. First, their brain begins to heal and they can begin to think rationally. Second, the parent is educated about trauma and how they and their children are affected. They are given trauma informed services to heal their trauma and teach them to be safe parents.
2. The parents learn at the beginning of the case what is required and why. If they chose to not do the services, then the "team" begins to seriously look at "Plan B." If the parent can't or won't do phase one, then all involved need a quick resolution.
3. Addicts are manipulators. In the old system, they often would do the services in the order they chose. Consequently, the services may or may not be meaningful. We call it "checking the boxes." These services are not designed to heal the parents trauma so the addiction can be healed. They can "white knuckle" it long enough to get their children and repeat the entire process again.

4. Phase plans are short and concise. Everyone understands what the client is to do and how long they have to do it.
5. Phase plans can be modified as circumstances change with Input from the team.
6. Phase plans are clear enough that in the event a case must go to trial, there is no question about what was required and what was done.

FINANCING

1. Drug Court grant—The court receives a yearly Governor’s Grant. Part of that grant is used to pay for assessments for every CPS client whose children are removed for drug related issues.
2. The grant also pays for “trauma group.” This group is led by the same social worker who does the assessments. It is based on trauma informed principles.
3. Private grant funding—A local private foundation is interested in trauma training of “team members” and in-home care for reunited families. Yearly, funds are made available to a 501c(3) established to allow for funding from private foundations.
4. CPS funding—when funding is low in grants, CPS has been ordered to pay for services. The Department of Justice met with the “team.” They told us that parents in CPS are generally believed to be disabled because they have one or many disabilities, i.e. substance abuse, ADD, ADHD, etc. As a result, any service required by a court to assist a parent in reunification services must be paid for by the court and not the client.
5. Scholarships—TCU and other providers offer scholarships for their trainings.

CHALLENGES

1. Personnel—finding providers that are professionally of the same mind.
2. Keeping all members of the team adequately trained—turnover of staff is always a concern—awareness that not all people in the CPS system are able to do trauma informed work because of their own untreated trauma history
3. Money--often new providers and programs are not on the States' contracting system so guidance in the system is helpful.
4. Grant funding is always “iffy”

State funding is normally provided by contracts which is often inadequate to obtain the type of resources required.

5. Change is not easy. To become trauma informed requires a different mindset by all involved. Change to a belief system that values all parents and children, expectations for success, appreciates children's need to be with their parents.

SUMMARY

The trauma informed approach is the first method I've seen in all my years that actually tries to diagnose the reasons why the parents are the way they are and treat the dysfunction. Based on a medical model, it diagnoses and treats with evidence based and researched methods.

It works. Five year recidivism rates for Smith county are half that of counties of comparable size.

GENERAL RULES AND REQUIREMENTS

1. **VISITS WITH CHILD(REN)**: The caseworker shall provide each parent with a written visitation schedule. Each parent shall attend every scheduled visit with his/her child(ren) and shall not be more than 15 minutes late for any scheduled visit.
2. **VISITATION RULES**: Each parent will review and sign the rules of visitation agreement provided by the Department. Each parent shall abide by the rules of visitation during each visit with his/her child(ren).
3. **ADDRESS/PHONE NUMBER**: Each parent shall ensure that, at all times, his/her caseworker has a current address and phone number by which he/she may be located and/or contacted.
4. **NO NEW CRIMINAL OFFENSES**: Each parent shall not commit any new criminal offenses which constitute a Class B Misdemeanor or greater.
5. **PROBATION/PAROLE REQUIREMENTS (if applicable)**: If there is any active probation/parole during the suit, a parent shall: 1) follow all of the rules/regulations associated with his/her parole/probation 2) immediately provide his/her caseworker with the probation/parole officer's contact information and 3) sign any and all necessary releases so that the Department and the probation/parole officer may share information.
6. **RANDOM DRUG TESTING**: Each parent shall submit to drug testing (urinalysis, hair follicle, oral swab, etc.) as requested by the Department within one (1) hour of said request being communicated to him/her. Unless otherwise directed, the parent shall immediately present, with proper picture identification, for drug testing at the Drug and Alcohol Testing Compliance Services (D.A.T.C.S.) located at 4807 Old Jacksonville Highway, Tyler, TX 75701 (903) 534-3893.
7. **DEMONSTRATE SOBRIETY**: Each parent shall demonstrate, through drug testing and otherwise, during his/her case that he/she remains free from any and all illegal substances, prescription medications for which he/she does not currently have a valid prescription and/or *any other* mood altering substances such as alcohol, K2, etc.

Please follow the recommendations of a medical professional regarding any detox needs.

8. **NO ASSOCIATION WITH KNOWN CRIMINALS**: Each parent shall not associate with known criminals and shall not go to locations wherein criminal activity or drug use is (or may be) occurring. "*Known criminal*" is defined as a person the parent (or a

reasonable person) has reason to believe that said person has engaged in (or is currently engaging in) activities which would constitute the commission of a felony, assault and/or drug related criminal offense.

9. **CHILD SUPPORT**: Each parent shall pay child support as ordered by the Court for the subject child(ren) during his/her case.
10. **RESIDING WITH OTHER PERSONS DURING CASE**: Each parent shall not reside with any other person at a personal residence during his/her case until background checks have been run and such is approved by the Court in advance. Additionally, each parent shall not reside with any person who is not fully complying with any and all services being offered by the Department to said person.
11. **HOME VISITS**: Each parent shall allow his/her caseworker to enter his/her place of residence to complete announced and/or unannounced home visits during his/her case.
12. **NO SUPERVISION OF CHILDREN DURING PHASE 1**: No parent shall be permitted to supervise any child under the age of 18.
13. **ATTEND COURT HEARINGS/MEETINGS**: Each parent shall attend all Court hearings and meetings held by the Department for which said parent has received at least three (3) days' notice.
14. **COURT ORDERS**: Each parent shall abide by all court orders during the case.
15. **HONESTY**: Each parent shall be honest, at all times, with the Court, the caseworker and all service providers.

*****CAUSE NUMBER*****

FAMILY PLAN OF SERVICE FOR
PHASE 1 OF 3

(Supervised visits with child(ren) while working on safety related concerns.)

1. Immediately provide your caseworker with the child(ren)'s birth certificate(s) and social security card(s).
2. Immediately schedule and participate in a meeting with your caseworker to provide information regarding your child(ren), genetic and family history, and other information needed by the Department to best provide for your child(ren) during this case.
3. Abide by the 'General Rules and Requirements' attached to this Plan.

Infant Massage

*****If a child is 6 months or younger at the time of removal, include this task*****

4. Immediately contact your caseworker to schedule a viewing of the "Baby, Baby, Oh Baby" infant massage video; Begin infant massage on *****name of child***** at your scheduled visits.

Incarcerated parent

*****Create a phase 1 plan as if they are not incarcerated, but also include this task*****

5. While incarcerated, you shall maintain at least monthly contact with your caseworker through letters; immediately contact your caseworker upon your release. You shall immediately complete and return an Intensive Intake packet and a Child Caregiver Resource form once you receive the documents from your case worker.

Chemical Dependency Screening

for parents with any positive drug screen during the case and/or a significant substance abuse related history that, if not properly addressed, creates a safety concern*

6. Participate in a Chemical Dependency Screening with Brenda McBride on _____, at 8:30 a.m. at the Smith County Courthouse located at 100 N. Broadway, Tyler, TX 75702; Wait in the hallway that leads to the 321st courtroom.

Please note that, if you are not on time and/or you fail to show up for this appointment, and/or if you fail to cooperate with drug testing as requested by the Department, the Court will be notified and you may be ordered to pay the \$400.00 cost for a full chemical dependency evaluation.

7. Immediately contact your caseworker to schedule a chemical dependency screening with Brenda McBride; Follow all recommendations therein.

8. Immediately schedule, attend and participate in a full chemical dependency evaluation with Brenda McBride at your own expense.

Please carefully follow these instructions to pay for and schedule this full evaluation:

- Contact ETMC Behavioral Health Center at 903-266-2200 and request Brenda McBride's voicemail.
- On the voicemail, state your name, phone number and that you are requesting to schedule your court-ordered evaluation.
- Ms. McBride will call you to set up a time and place to meet to collect the cash only payment and will provide you with the date and time for your appointment.
- If you do not meet or supply payment as arranged prior to your scheduled appointment, you will be considered as non-compliant and your appointment will be cancelled.
- The evaluation, once scheduled, will occur in a meeting room just outside of the 321st courtroom of the Smith County Courthouse, which is located at 100 N. Broadway, Tyler, TX 75702.

Color System

The general rules cover drug testing already, but if the color system is specifically ordered, add this task

9. "Color System" - you must call 903-590-1648 each weekday between 7:30 a.m. and 8:00 a.m.; listen to the message to hear the color chosen each day and leave your name as a message to verify that you called as required. If the color _____ is called, submit to drug testing within one hour at The Drug and Alcohol Testing Compliance Services (D.A.T.C.S.) located at 4807 Old Jacksonville Highway, Tyler, TX 75701 (903) 534-3893.

SASSI Recommendations

immediately amend plan to include one of the following, as applicable

10. Immediately present for an intake appointment at an approved detox facility to determine if detoxification is deemed necessary prior to inpatient treatment. If detox is recommended, successfully complete detox and follow all recommendations therein.
11. Following successful completion of detox, or if the need for detox has been evaluated and deemed unnecessary, immediately present for an intake appointment at an approved inpatient/residential drug treatment program. Attend, appropriately engage in and successfully complete an approved residential/inpatient drug treatment program that is a MINIMUM of _____ days. Comply with all discharge recommendations.

12. Immediately attend, appropriately engage in, and successfully complete an approved residential/inpatient drug treatment program that is a MINIMUM of _____ days, and comply with all discharge recommendations.
13. Immediately attend, appropriately engage in, and successfully complete an approved outpatient drug treatment program and comply with all discharge recommendations.
14. Attend a minimum of _____ drug education counseling sessions with Dawn McClain, LPC, LCDC, located at 1820 Shiloh Road, Suite 1502, TX (903) 534-1323 to address substance use/abuse related concerns; Follow all additional recommendations of said therapist.

AA/NA Meetings Attendance

*****usually required in phase 2, but occasionally in phase 1*****

15. Participate in _____ N.A./A.A. (or other 12 step type program approved by the Court) meetings per week for _____ months.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with your sponsor while you work the steps in said program.

16. Participate in 90 consecutive N.A./A.A. (or other 12 step type program approved by the Court) meetings in 90 days.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with your sponsor while you work the steps in said program.

ALANON

*****parents involved with someone who has a substance abuse/use issue that created a safety concern*****

17. Participate in: _____ AL-ANON meetings per week for _____ months.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

Psychological Evaluations/Psychiatric consultations/Andrews Center

*****Psych evals: ONLY add this in phase 1 if his/her mental health is a cause for safety concerns (otherwise, this is phase 2 risk related task)*****

*****Psychiatric Consults – only if recommended in a psych eval. Parent can, instead, consult with an appropriate medical professional regarding the needs for medication.*****

18. Schedule and participate in a Psychological Evaluation with Dr. Donald Winsted located at 103 A Woodbine Place, Longview, TX (903) 238-9050; Follow all recommendations listed in said evaluation; contact said office by ___X date___ to schedule an appointment.
19. Schedule and participate in a Psychiatric Consultation with Child and Family Guidance Center located at 8915 Harry Hines Boulevard, Dallas, TX (214) 351-3490 and follow all recommendations therein; Contact said office _____x date _____ to schedule an appointment.
20. Demonstrate compliance in meeting your mental health needs through the Andrews Center resources and services located at 2323 W Front St, Tyler, TX 75702 (903) 597-1351. Sign a release of information for the Department to be able to obtain mental health records (including therapy notes, mental health evaluations, and medication evaluations/reviews) and consult with medical professionals who are treating your condition(s).

Counseling

*****This is usually a phase 2 task and not included in phase 1, but can be included here as a safety related service for mental health issues, significant trauma and/or anger issues IF the parent has demonstrated sobriety for at least 90 days).*****

21. Participate in individual counseling sessions with Dawn McClain, LPC, LCDC located at 1820 Shiloh Road, Suite 1502, TX (903) 534-1323, until successfully discharged, to address _____LIST SPECIFIC GOALS OF THERAPY_____; Contact said therapist by _____x date_____ to schedule an appointment.
22. Participate in individual counseling sessions with Georgia Beard, LPC, and her associates, located at 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030, until successfully discharged, to address _____LIST SPECIFIC GOALS OF THERAPY_____; Contact said therapist by _____x date_____ to schedule an appointment.
23. Participate in individual counseling with Laurie Ann Frank, LPC, located at 1121 E Southeast Loop 323, Tyler, TX (903) 581-0933 to address _____LIST SPECIFIC GOALS OF THERAPY_____; follow all recommendations of said therapist_____; Contact said therapist by _____x date_____ to schedule an appointment.
24. Participate in individual counseling sessions with Dr. Donald Winsted (or one of his associates) located at 103 A Woodbine Place, Longview, TX (903) 238-9050, until successfully discharged, to address _____LIST SPECIFIC GOALS

OF THERAPY _____; Contact said therapist by _____x date_____ to schedule an appointment.

25. Participate in individual counseling with Dr. Locke Curfman located at _____, Longview, TX (903) _____ to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date_____ to schedule an appointment.
26. Participate in individual counseling with Dr, Julieanne Davis (903) 675-7710 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date_____ to schedule an appointment.
27. Participate in individual counseling with Aurora Valdovinos, LMFT, located at 812 John Street, Jacksonville, TX 75766 (903) 617-8585 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date_____ to schedule an appointment.
28. Participate in individual counseling with Sherry Marasse, LPC, located at 120 W. 5th, Tyler, TX 75702 (903) 920-8112 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date_____ to schedule an appointment.

Brain Gym

parent must have demonstrated sobriety for at least 30 days; obtain supervisor approval before adding this task

29. Participate in 'brain gym' therapy with Mary Ann Girard at the Children's Advocacy located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880 until successfully discharged.

Anger Management/BIP

*if anger issues/domestic violence issues exist at the time of plan creation***

30. Attend and successfully complete Anger Management Classes and/or the Batterer's Intervention and Prevention Program at the East Texas Crisis Center. Contact the East Texas Crisis Center at 903-509-2526 by _____x date_____ to schedule attendance in these classes.
31. Attend and successfully complete Anger Management Classes at the Children's Advocacy Center located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880. Please call the Children's Advocacy Center by _____x date _____ to schedule attendance in these classes.

CODA Meetings

for parents whose involvement in an unhealthy relationship poses a safety concern

32. Participate in: _____ CODA meetings per week for _____ months.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

Bonding Screening/Circle of Security with Georgia Beard

***bonding screening: after 90 days of demonstrated sobriety AND lack of bonding rises to the level of a safety concern. ***

***circle of security is a phase 2 task typically, but can be added if bonding is a safety concern AND the parent has demonstrated sobriety for at least 90 days. ***

33. Participate in a Bonding Screening with Georgia Beard, LPC, 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030; Call by _____ x date _____ to schedule an appointment.

34. Participate in and successfully complete Circle of Security Classes with Georgia Beard, LPC, 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030.

Medical Needs

if not tending to such poses a safety concern

62. Demonstrate compliance in meeting your own medical needs. Sign a release of information for the Department to be able to obtain medical records (including pharmacy records to verify medication compliance) and consult with medical professionals who are treating your conditions.

Phase Meeting w/ Teresa Sanchez

ONLY include after SASSI, IF parent is required to complete outpatient/inpatient treatment

63. Upon completing all services in this plan, contact your caseworker to schedule attendance at a Phase 1 completion meeting with Teresa Sanchez.

64. Receive permission from the Court to graduate from Phase 1 and move to Phase 2.

Your caseworker is: _____(903) _____

The permanency goal in this case is: reunification with (a) parent(s).

THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.

DATE

PARENT'S SIGNATURE

CASEWORKER'S SIGNATURE

*****CAUSE NUMBER*****

FAMILY PLAN OF SERVICE FOR
PHASE 2 OF 3

(Unsupervised visits with child(ren) while continuing to work on risk related concerns.)

1. Abide by the 'General Rules and Requirements' attached to this Plan.
2. Obtain and/or maintain stable housing that is free of safety hazards. The home shall be equipped with all working utilities and shall be consistently maintained for the rest of the case to demonstrate ability to provide the child with a safe, stable place to live; Provide a copy of the lease (if you have one) to your caseworker.
3. Obtain and/or maintain stable, legal employment to demonstrate your ability to consistently meet the financial needs of the child(ren); Provide the caseworker with a copy of any and all paystubs (or written verification of payment) on a monthly basis.
4. Provide the caseworker with a written budget that that demonstrates specifically how the financial needs of the child(ren) will be met if/when the child(ren) are placed home.
5. Provide the worker with a written transportation plan that identifies how the child(ren) will be safely transported when/if placed home.
6. Participate in and successfully complete Circle of Security Classes with Georgia Beard, LPC, 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030.

Infant Massage

Include if there is a child 6 months or younger in case at the time of plan creation.

7. Continue infant massage on ***name of child*** at your scheduled visits.

Color System

* not typically required in phase 2. Drug testing is already covered by the general rules.*

8. "Color System" - you must call 903-590-1648 each weekday between 7:30 a.m. and 8:00 a.m.; listen to the message to hear the color chosen each day and leave your name as a message to verify that you called as required. If the color _____ is called, submit to drug testing within one hour at The Drug and Alcohol Testing Compliance Services (D.A.T.C.S.) located at 4807 Old Jacksonville Hwy, Tyler, TX 75701 (903) 534-3893.

Meeting Attendance

If parent was ordered to complete outpatient and/or in patient in SASSI, he/she must complete 90/90. If he/she has already completed 90/90 during said treatment, the meetings must be 3 meetings a week.

9. Participate in 90 consecutive N.A./A.A. (or other 12 step type program approved by the Court) meetings in 90 days.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with that sponsor while you work the steps.

10. Participate in 3 N.A./A.A. (or other 12 step type program approved by the Court) meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with that sponsor while you work the steps.

ALANON

*****Add for parents involved with someone who has a substance abuse/use issue*****

11. Participate in: _____ AL-ANON meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

CODA Meetings

*****for parents whose involvement in an unhealthy relationship is posing a safety concern*****

12. Participate in: _____ CODA meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

Psychological Evaluations/Psychiatric Consultations/Andrews Center/Counseling

Amend phase plan to include psych recs after you receive report – counseling and COS should already be in this plan; will probably only need to amend if a psychiatric consult is recommended.

13. Schedule and participate in a Psychological Evaluation with Dr. Donald Winsted located at 103 A Woodbine Place, Longview, TX (903) 238-9050; Follow all recommendations listed in said evaluation; contact said office by ___X date___ to schedule an appointment.
14. Schedule and participate in a Psychiatric Consultation with Child and Family Guidance Center located at 8915 Harry Hines Boulevard, Dallas, TX (214) 351-3490 and follow all recommendations therein; Contact said office _____ x date _____ to schedule an appointment.
15. Demonstrate continued compliance in meeting your mental health needs through the Andrews Center resources and services located at 2323 W Front St, Tyler, TX 75702 (903) 597-1351. Sign a release of information for the Department to be able to obtain mental health records (including therapy notes, mental health evaluations, and medication evaluations/reviews) and consult with medical professionals who are treating your condition(s).

Counseling

This should almost always be included in phase to 2 to address trauma history – don't wait for psychological evaluation to come back.

16. Participate in individual counseling sessions with Dawn McClain, LPC, LCDC located at 1820 Shiloh Road, Suite 1502, TX (903) 534-1323, until successfully discharged, to address _____LIST SPECIFIC GOALS OF THERAPY_____ ; Contact said therapist by _____x date_____ to schedule an appointment.
17. Participate in individual counseling sessions with Georgia Beard, LPC, and her associates, located at 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030, until successfully discharged, to address _____LIST SPECIFIC GOALS OF THERAPY_____ ; Contact said therapist by _____x date_____ to schedule an appointment.
18. Participate in individual counseling with Laurie Ann Frank, LPC, located at 1121 E Southeast Loop 323, Tyler, TX (903) 581-0933 to address _____LIST SPECIFIC GOALS OF THERAPY_____ ; follow all recommendations of said therapist_____ ; Contact said therapist by _____x date_____ to schedule an appointment.
19. Participate in individual counseling sessions with Dr. Donald Winsted (or one of his associates) located at 103 A Woodbine Place, Longview, TX (903) 238-9050, until

successfully discharged, to address _____ LIST SPECIFIC GOALS OF THERAPY _____; Contact said therapist by _____x date _____ to schedule an appointment.

20. Participate in individual counseling with Dr. Locke Curfman located at _____, Longview, TX (903) _____ to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.
21. Participate in individual counseling with Dr, Julieanne Davis (903) 675-7710 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.
22. Participate in individual counseling with Aurora Valdovinos, LMFT, located at 812 John Street, Jacksonville, TX 75766 (903) 617-8585 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.
23. Participate in individual counseling with Sherry Marasse, LPC, located at 120 W. 5th, Tyler, TX 75702 (903) 920-8112 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.

Couples Counseling/Family Counseling

28. Participate in conjoint (couples) counseling with _____ and/or family counseling with _____ located at _____ (903) _____ until successfully discharged. Follow all recommendations from said therapist.

Brain Gym

obtain supervisor approval before adding this task

29. Participate in 'brain gym' therapy with Mary Ann Girard at the Children's Advocacy located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880 until successfully discharged.

Medical Needs

if not tending to such posed a safety concern at the time of removal

57. Continue to demonstrate compliance in meeting your own medical needs. Sign a release of information for the Department to be able to obtain medical records (including pharmacy records to verify medication compliance) and consult with medical professionals who are treating your conditions.

Phase Meeting w/ Teresa Sanchez

ONLY IF parent had outpatient/inpatient treatment ordered in his/her phase 1 plan

58. Upon completing all services in this plan, contact your caseworker to schedule your attendance at a Phase 2 completion meeting with Teresa Sanchez.

59. Request permission from the Court to graduate from Phase 2 and move to Phase 3.

Your caseworker is: _____ (903) 533-_____

The permanency goal in this case is: reunification with (a) parent(s).

THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.

DATE

PARENT'S SIGNATURE

CASEWORKER'S SIGNATURE

*****CAUSE NUMBER*****

FAMILY PLAN OF SERVICE FOR
PHASE 3 OF 3

(Monitored return with child(ren) while working to achieve stability for the child(ren).)

1. Abide by the 'General Rules and Requirements' attached to this Plan.
2. Maintain stable, legal employment to demonstrate ability to consistently meet the financial needs of the child(ren); Provide the caseworker with a copy of any and all paystubs (or written verification of payment) on a monthly basis.
3. Maintain stable housing that is free of safety hazards. The home shall be equipped with all working utilities and shall be consistently maintained for the rest of the case to demonstrate ability to provide the child with a safe, stable place to live.
4. Demonstrate your ability to utilize the written transportation plan you provided to your caseworker.
5. Ensure that the child(ren) are not left in the care of anyone until that person has been cleared and approved by your caseworker. If a babysitter is needed, inform your caseworker several days in advance so background checks can be run prior to said person providing care for the child(ren). This requirement includes any plan to leave the child(ren) in the care of a family member or friend.
6. Ensure that the child(ren) receive necessary follow-up medical and/or dental attention. Inform the worker of any appointments for the child(ren) within 7 days and provide written documentation of said appointments within 30 days of each appointment.
7. Ensure that your child(ren) attend(s) school in your local district every day unless there is an excuse (as set forth by said school district) for your child(ren)'s nonattendance on a particular day.

In home parenting education/support/Family (or child's individual) Counseling

28. Participate in parenting training with Jennifer Gregory (903) _____ until successfully discharged. The worker will arrange for this training to begin; participate in said service until successfully discharged.
29. Participate in the Family Solutions program with Methodists, as arranged by your caseworker, until successfully discharged from said program.
30. Continue to participate in family counseling sessions (or ensure that the children continue counseling) with _____ located at _____ (903) _____, until successfully

discharged, to address _____ LIST SPECIFIC GOALS OF THERAPY_____.

Infant Massage

Children 6 months or younger

31. Continue infant massage on ***name of child*** during the monitored return.

Meeting Attendance

Following 90/90, 3 meetings per week is required.

32. Participate in 3 N.A./A.A. (or other 12 step type program approved by the Court) meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to your caseworker each month.

Obtain a sponsor and maintain regular contact with your sponsor while you work the steps.

CODA Meetings

***as a continuing support for parents whose involvement in an unhealthy relationship created a safety concern ***

33. Participate in: _____ CODA meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

ALANON

as a continuing support for parents whose involvement with a person who has had a substance use/abuse issue created a safety concern

34. Participate in: _____ AL-ANON meetings per week.

Have a sign in sheet (provided by the caseworker) signed by an authorized person at each meeting attended. Present your sign in sheets to the Court at scheduled hearings.

Counseling/Mental Health

unless successfully discharged from counseling during phase 2

35. Demonstrate continued compliance in meeting your mental health needs through the Andrews Center resources and services located at 2323 W Front St, Tyler, TX 75702 (903) 597-1351. Sign a release of information for the Department to be able to obtain mental health records (including therapy notes, mental health evaluations, and medication

evaluations/reviews) and consult with medical professionals who are treating your condition(s).

36. Continue to participate in individual counseling sessions with Dawn McClain, LPC, LCDC located at 1820 Shiloh Road, Suite 1502, TX (903) 534-1323, until successfully discharged, to address _____ LIST SPECIFIC GOALS OF THERAPY _____; Contact said therapist by _____x date _____ to schedule an appointment.
37. Continue to participate in individual counseling sessions with Georgia Beard, LPC, and her associates, located at 13359 Highway 155 South, Tyler, TX 75703 (903) 266-1030, until successfully discharged, to address _____ LIST SPECIFIC GOALS OF THERAPY _____; Contact said therapist by _____x date _____ to schedule an appointment.
38. Continue to participate in individual counseling with Laurie Ann Frank, LPC, located at 1121 E Southeast Loop 323, Tyler, TX (903) 581-0933 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.
39. Continue to participate in individual counseling sessions with Dr. Donald Winsted (or one of his associates) located at 103 A Woodbine Place, Longview, TX (903) 238-9050, until successfully discharged, to address _____ LIST SPECIFIC GOALS OF THERAPY _____; Contact said therapist by _____x date _____ to schedule an appointment.
40. Continue to participate in individual counseling with Dr. Locke Curfman located at _____, Longview, TX (903) _____ to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.
41. Continue to participate in individual counseling with Dr, Julieanne Davis (903) 675-7710 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.
42. Continue to participate in individual counseling with Aurora Valdovinos, LMFT, located at 812 John Street, Jacksonville, TX 75766 (903) 617-8585 to address _____ LIST SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____x date _____ to schedule an appointment.
43. Continue to participate in individual counseling with Sherry Marasse, LPC, located at 120 W. 5th, Tyler, TX 75702 (903) 920-8112 to address _____ LIST

SPECIFIC GOALS OF THERAPY _____; follow all recommendations of said therapist _____; Contact said therapist by _____ x date _____ to schedule an appointment.

Brain Gym

obtain supervisor approval before adding this task

44. Participate in 'brain gym' therapy with Mary Ann Girard at the Children's Advocacy located at 2210 Frankston Hwy, Tyler, TX 75701 (903) 533-1880 until successfully discharged.

Medical Needs

*if medical needs being met was originally part of the Department's safety concerns***

62. Continue to demonstrate compliance in meeting your own medical needs. Sign a release of information for the Department to be able to obtain medical records (including pharmacy records to verify medication compliance) and consult with medical professionals who are treating your conditions.

Your caseworker is: _____ (903) _____

The permanency goal in this case is: reunification with (a) parent(s).

TO THE PARENT: THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.

DATE

PARENT'S SIGNATURE

CASEWORKER'S SIGNATURE



EAST TEXAS COMMUNITIES FOUNDATION

Simplified Charitable Giving

Charitable Fund Grant Recommendation Form

CHARITABLE FUND NAME: _____

GRANTEE ORGANIZATION INFORMATION

ORGANIZATION NAME _____

GRANTEE CONTACT PERSON _____

CONTACT'S EMAIL ADDRESS _____

ORGANIZATION ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

RECOMMENDED GRANT AMOUNT

GRANT AMOUNT \$ _____ dollars

CHARITABLE PURPOSE

PURPOSE OF GRANT:

ACKNOWLEDGMENT OPTIONS AND SPECIAL INSTRUCTIONS

PLEASE ISSUE THE GRANT (SELECT ALL THAT APPLY):

IN THE NAME OF THE CHARITABLE FUND

(The fund name will be used if no other selection is made.)

ANONYMOUSLY

IN MEMORY OF _____

IN HONOR OF _____

TO SUPPORT THE MISSION AND MINISTRY OF _____

SPECIAL HANDLING INSTRUCTIONS:

SIGNATURE OF FUND ADVISOR(S)

I certify that this grant shall not satisfy a written pledge or legal obligation of mine or any other person and that any benefit or privilege (such as gifts or tickets to events) to me or any other person resulting from this grant shall be declined.

SIGNATURE OF ADVISOR

PHONE NUMBER

DATE

SIGNATURE OF ADVISOR

PHONE NUMBER

DATE

SIGNATURE OF ADVISOR

PHONE NUMBER

DATE

Please send form to: ETCF at 315 N. Broadway Avenue, Suite 210 • Tyler, Texas 75702 or fax 903-533-0258 or email mlsmith@etcf.org

CENTERS FOR DISEASE CONTROL AND PREVENTION

Report links childhood trauma to adult illness

The more stressful early life is, the more health issues are likely later

By MIKE STOBBE
The Associated Press

NEW YORK — U.S. health officials estimate that millions of cases of heart disease and other illnesses are linked to abuse and other physical and psychological harm suffered early in life.

In a report released Tuesday, the Centers for Disease Control and Prevention tried to estimate the impact of harmful childhood experiences on health in adulthood.

Health officials acknowledged the study does not prove that these experiences directly cause certain illnesses. And they were not able to rule out other possible factors, such as the stress caused by financial family problems.

But the link is strong, and is

bolstered by many other studies, said Jim Mercy, who oversees the CDC's violence-prevention programs.

"There's a lot of evidence connecting these things," and it's become clear that the more harmful incidents a child suffers, the more likely their health suffers later, he said.

For at least two decades, researchers have been looking at how suffering or witnessing traumatic events as a child affects the likelihood of physical injury or illness later in life.

Researchers say such stressful experiences can affect how the body develops, and can also put a child on a path to smoking, drug use and other unhealthy behaviors.

The topic has been getting more attention in recent years from public health officials. California's new surgeon general has made childhood trauma and "toxic stress" a priority.

The findings are based on

questionnaires of about 144,000 adults conducted in 2015, 2016 or 2017. The surveys asked people about health problems. They also asked about childhood experiences with divorce, abuse, domestic violence or drug abuse in the home, or a relative's mental illness.

The survey did not assess how severe the experiences were, and it's not clear if some types of incidents are more harmful than others.

But CDC officials are recommending programs to try to stop such incidents or lessen their impact. They mentioned mentoring programs, parent education and paid family leave.

The CDC found that preventing such events could potentially reduce the number of adults with weight problems by 2%, with coronary heart disease by 13% and with depression by 44%.

Strongly Suggested Resources

1. “All Rise” the documentary—available at <https://allriseforchildren.com/>
2. *The Body Keeps the Score*—book by Dr. Bessel Van Der Kolk
3. *The Connected Child*—book by Dr. Karyn Purvis and Dr. David Cross