Janet Vogelsang, LISW_CP, BCD
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BIO

Jan Vogelsang, LISW-CP, BCD, is a licensed clinical social worker who has practiced clinical social work for forty-six years. She graduated from the University of South Carolina in 1980 with a Master of Social Work degree, and from Pepperdine University in 1977 with an undergraduate degree in Psychology.

Jan began her professional work in South Central Los Angeles where she was first thrust into the courtroom to advocate for abused and neglected children and gang members. During that same period, she helped start a program for adolescent boys who were selling themselves for sex in Hollywood. In 1984 she returned to her home in Greenville, South Carolina where she continued to conduct biopsychosocial assessments and to testify in court in various kinds of cases related to her clients. After becoming a partner in Behavioral Consultants, a private practice in Greenville where she diagnosed and treated mental, emotional and behavioral disorders, she was approached by mitigation investigator Scharlett Holdman and asked to testify in a death penalty case in Greenville. From that experience launched a long story-telling career in mitigation that has now spanned thirty-eight years.

Jan has now been qualified as an expert witness in fourteen states and she has consulted or testified across the death belt states and in Federal cases including Zacarias Moussaoui, Dzhokhar Tsarnaev, Amad Salad, and Eric Rudolph. Her work at gathering the story has taken her to Russia, Chechnya, Dagestan, Kyrgyzstan, Kazakhstan, Morocco, France, Puerto Rico and Turkiye.

Jan still conducts biopsychosocial assessments in order to shape mitigation stories. She tells those stories in the penalty phase of capital trials and in other types of cases including Miller and RICO cases. She is the author of The Witness Stand: A Guide for Clinical Social Workers in the Classroom. She resides with her husband Grant Hursey in Greenville.

QUALIFYING QUESTIONS WITH ANSWERS

-NAME

Janet Vogelsang

-WHERE DO YOU WORK?

I have a private practice in Greenville, South Carolina.

-WHAT DOES YOUR PRIVATE PRACTICE ENTAIL?

The diagnosis and treatment of mental, emotional and behavioral disorders, family background histories both in my private practice and for the courts, and giving educational presentations in the field of clinical social work.

-HOW LONG HAVE YOU PRACTICED CLINICAL SOCIAL WORK?

Forty-six years

-WHAT DEGREES DO YOU HOLD?

I have a masters degree in social work from the University of South Carolina College of Social Work and an undergraduate degree in psychology from Pepperdine University.

-WHAT IS A CLINICAL SOCIAL WORKER?

Clinical social work is a mental health profession and a clinical social worker is educated, trained, supervised, and credentialed to diagnose and treat mental disorders. They must be licensed by their state in order to practice. National board certification is optional. They provide approximately 60% of the mental health treatment in the United States. Clinical social workers can be found in private practice, mental health centers, psychiatric hospitals, business and the military. They are also trained to conduct the biopsychosocial assessment and focus on mental health education.

-ARE YOU LICENSED AND BOARD CERTIFIED?
Yes

-WHAT ARE YOUR LICENSES AND BOARD CERTIFICATION?

I am licensed by the South Carolina Board of Social Work Examiners and board certified by the American Board of Examiners in Clinical Social Work.

-ARE YOU PUBLISHED?

Yes. Professional social workers have been testifying in court since the late 1800's and of course much has changed since that time. I have written a book that is a professional guide for clinical social workers, describing the basics of how to testify in court. It is not specific to one type of case, but a general description of what they can expect when called upon to testify.

-HAVE YOU HELD ANY APPOINTMENTS?

I was appointed to the Crime Victims Advisory Board by the governor of South Carolina and I served for about eight years.

-WHAT IS THE CRIME VICTIMS ADVISORY BOARD?

It is a state board in South Carolina that was created to address the needs of crime victims. It included proposing legislation to assist crime victims and granting compensation to crime victims for expenses such as medical costs, lost wages, counseling, and burial expenses. I served on a panel with a judge from Sumter and a police chief from Charleston and our job was to grant compensation to crime victims.

-AND YOU ARE LICENSED TO DIAGNOSE AND TREAT MENTAL DISORDERS?

Yes

-AND DOES THE BIOPSYCHOSOCIAL ASSESSMENT ALLOW YOU TO FACTOR IN AND COMMENT ON DIAGNOSES BY OTHER PROFESSIONALS.

Yes it does. We work in a multidisciplinary approach to mental health disorders so we read each other's reports, discuss diagnoses together.

-WERE YOU ASKED TO DIAGNOSE ANYONE IN THIS CASE?

No

-COULD YOU DESCRIBE YOUR WORK EXPERIENCE?

After completing my internships at Greenville Area Mental Health Center, William Hall Institute, and the Salisbury Veterans Administration Hospital, my first job was as a masters level caseworker at the Los Angeles Department of Public Social Services. In that capacity, I evaluated families in a number of areas such as physical and sexual child abuse and neglect, emotional abuse, the need for termination of parental rights, and reuniting families. I also helped initiate a program for adolescent males who were sexually abused and prostituting in Hollywood. I was required to testify in court as to my findings in many types of cases.

When I returned to South Carolina, I was the maternal child care supervisor and emergency room social worker at Baptist Medical Center in Columbia, South Carolina. Upon my return to Greenville, South Carolina which is my home, I was director of the domestic violence program for Family Services Greenville, a United Way agency. In both of these settings, I conducted biopsychosocial assessments and testified in court.

In 1986, I went into private practice with Behavioral Consultants, Inc., and became a partner in that practice. Behavioral Consultants was a group of clinical social workers who brought in psychiatrists, psychologists and other mental health professionals to provide a multidisciplinary approach to mental health treatment. The practice consisted of diagnosis, treatment, consultation for testing and medication, and the provision of resources. I continued to conduct biopsychosocial assessments and to testify both in family and criminal courts.

In 1992, I got some additional training under Dr. Edna Copeland, and was certified in neurological impairments that affect learning and behavior and began a solo practice. I continue in that practice today and also continue to conduct the biopsychosocial assessment both in my private practice and for various types of court cases.

-WHAT PROFESSIONAL ORGANIZATIONS DO YOU BELONG TO?

I am past president of the South Carolina Chapter of the National Association of Social Workers, and past president of the South Carolina Clinical Social Work Association. I am a member of the American Board of Examiners in Clinical Social Work.

-HAVE YOU RECEIVED ANY AWARDS OR RECOGNITIONS FOR YOUR WORK IN THE FIELD?

SC Social Worker of the Year 2002
SCSCSW Outstanding Leadership in the Advancement of the Social Work Profession 2002
SC House Resolution for leadership of the SC Chapter of NASW
SC Senate Motion in recognition for leadership in the field of social work
University of South Carolina College of Social Work Alumnus of the Year
Thirteenth Circuit Solicitors Office Recognition of Services

-YOU STATED THAT YOU CONDUCT BIOPSYCHOSOCIAL ASSESSMENTS IN YOUR PRIVATE PRACTICE AND FOR THE COURTS. WHAT IS A BIOPSYCHOSOCIAL ASSESSMENT?

It is a clinical social work method of gathering extensive information on an individual from

clinical interviews, documents, visits to the homes and community, consultation with other professionals, review of research, and creation of visual aids. In court it is used to assist in the disposition of a case. In my private practice it is used to diagnose, plan treatment and provide resources.

-LET'S BREAK THAT LONG WORD DOWN. WHAT DOES THE "BIO" PART MEAN?

We are trained to consider medical, biological, genetic and other information from doctors, nurses, hospitals, etc. It does not mean we are qualified to give medical opinions but to consult with medical professionals, read their records and factor that information into our assessment for consideration.

-AND WHAT DOES THE "PSYCHO" PART MEAN?

We factor into our assessments information from psychological testing and assessments and are trained to do so. It does not mean that we are acting as psychologists but using that information as another source.

-AND FINALLY, WHAT IS THE "SOCIAL" PART?

The social part has to do with the environment, things such as education, socio-economic conditions, culture, gender, employment and how the individual functions within those areas.

-WHAT IS THE PURPOSE OF CONDUCTING THIS ASSESSMENT?

It is not the purpose of the assessment to make excuses for human behavior, but to try and shed light or arrive at some understanding of how based on personal and family history, an individual was at risk to end up in their current circumstances.

-MS VOGELSANG, WHY DO YOU REVIEW RECORDS AND DOCUMENTS?

Most of the records are contemporaneous and when created when they weren't relevant to any court case. They offer many sources of information other than that obtained in personal interviews.

-AND WHY DO YOU VISIT THE HOMES AND COMMUNITIES WHERE THE PERSON YOU ARE ASSESSING LIVES?

The community is the last resort for a child whose home is failing to provide for his needs. If a community contains adequate resources, programs, and services, these can go a long way to help a child developmentally and to compensate for losses at home. Also the community can help a child build the resilience they need that they may not be getting at home.

-WHY DO YOU REVIEW RESEARCH AND LITERATURE?

This assessment mandates as many sources of information as possible so that you are not relying just on the person being assessed. A review of current research and literature and studies helps to establish a theoretical basis for findings and helps to remove bias by examining the findings in other cases with similar conditions.

-WHY DO YOU GO BACK IN THIS HISTORY TO THE PRIOR GENERATIONS?

When doctors look at medical histories, they want to know who in the family across the generations has had heart disease, strokes, or any other pattern of illnesses or diseases that can be passed to other family members. In mental health, we know there are patterns of mental, emotional and behavioral impairments that can also be passed along and sometimes those have a medical basis as well. So we are trained to look at those patterns and to examine their significance as it relate to current circumstances.

-WHY DOES THE BACKGROUND AND CHILDHOOD HISTORY OF PARENTS MATTER?

Parents are usually primary caretakers and play a unique role in the development of a child. Their own development, their life experiences, their ability to parent effectively, can be critical in the ability of a child to become a healthy, productive, safe human being.

-WHY DO YOU CREATE VISUAL AIDS?

The assessment contains a tremendous amount of information and if a clinical social work expert were to bring in every piece of paper, every interview, every photograph, every piece of research to go over in court, we would be here for weeks. Visual aids are a way of condensing the information to demonstrate the most significant findings. They are based on the interviews, the documents, the consultations, and the clinical observations.

-DO PSYCHIATRISTS AND PSYCHOLOGISTS RELY ON CLINICAL SOCIAL WORKERS TO PROVIDE THEM WITH THIS TYPE OF INFORMATION TO USE IN THEIR OWN ASSESSMENTS?

Yes and I as I explained earlier, we are all trained to work in a multi-disciplinary approach and to consider the information each of us brings to the evaluation.

-HAVE YOU BEEN QUALIFIED IN STATE AND FEDERAL COURTS TO DO THIS HISTORY AND GIVE YOUR OPINIONS?

Yes

-IN WHICH STATES?

South Carolina, Georgia, Florida, Virginia, North Carolina, Alabama, Mississippi, Texas, California, Alaska, Louisiana, Missouri and Tennessee.

-WHAT OTHER TYPES OF CASES HAVE YOU TESTIFIED IN?

In family court, divorce, custody, adoptions, child abuse, and neglect, termination of parental rights, and other types of child protection cases, I have also testified in Miller hearings and RICO hearings. In criminal court, non-capital murder, domestic violence, sexual assault.

-ARE CLINICAL SOCIAL WORKERS TRAINED TO ASSESS BOTH VICTIMS AND OFFENDERS?

Yes

-WHY DO THEY DO BOTH?

It is part of the history of the profession of social work to work with both victims and offenders.

DO YOU EVER TURN THESE CASES DOWN?

Yes

WHY?

They are time consuming and must be conducted over an appropriate period of time. If attorneys call me two weeks or even two months before their trial, I cannot accept. Also, there are times when I cannot draw conclusions or opinions from what I have learned.

-WERE YOU ASKED TO CONDUCT A BACKGROUND HISTORY ON DEFENDANT AND HIS FAMILY?

Yes

Your honor, I would ask that Ms. Vogelsang be qualified as a clinical social worker with expertise in conducting biopsychosocial assessments and giving her opinions based on her findings.

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July 15, 2026

Affidavit of Janet Vogelsang, LISW-CP, BCD

I am a licensed clinical social worker and psychotherapist in Greenville, South Carolina. I am licensed and board certified by the following institutions:

The South Carolina Board of Social Work Examiners (License number 102)
The American Board of Examiners in Clinical Social Work; former board member (Certification number 018014)

I received my B.A. degree in Psychology from Pepperdine University in 1977, and my Masters in Social Work from the University of South Carolina in 1980. I completed professional social work internships at the Greenville Area Mental Health Center in Greenville, South Carolina, and the Veteran's Administration Hospital Mental Health Clinic in Salisbury, North Carolina from 1978-1980. I served a summer internship at William Hall Institute in 1979.

I have served as state president of the following professional social work organizations: the South Carolina Society of Clinical Social Workers and the National Association of Social Workers. I have served on the board of the American Board of Examiners in Clinical Social Work.

I have received recognition for leadership in the profession of Social Work from the following:

-The South Carolina Senate
-The South Carolina House of Representatives
-The South Carolina Chapter of the National Association of Social Workers (Social Worker of the Year, 2002)
-The South Carolina Society for Clinical Social Workers (2002)
-The University of South Carolina, College of Social Work, Alumnus of the Year, 2002

I have been appointed by the Office of the Governor of South Carolina to the South Carolina Crime Victims Advisory Board where I served from 1988-1996. I was appointed to the Editorial Board of the Journal of Forensic Social Work in 2010.

I have a private practice in Greenville, South Carolina where I diagnose and treat mental, emotional, behavioral and cognitive disorders and conduct biopsychosocial assessments both for my private practice and for various types legal cases.

I am often asked to explain my findings to the court and I have testified as an expert witness on numerous occasions in family court and in criminal courts in various states. In a capital case, a biopsychosocial assessment is conducted from a clinical social work perspective in order to determine if there are mitigating factors in the defendant's life that might shed light on the life situations that placed the defendant at risk to end up in his current circumstances. These factors may be social, emotional, medical, or intellectual. The assessment includes a review of all documents obtained by the legal team and that relate to the defendant's life (family, school, medical, social services, juvenile, military, criminal, etc.).

Interviews are conducted with persons significant in the defendant's life and other experts are consulted in order to consider as many factors as possible. This assessment differs from a psychiatric evaluation or psychological assessment in that it typically requires at least between one and two hundred hours depending on the life circumstances and location of the defendant and family, and is comprehensive in such a manner that would go far beyond the scope of psychiatric or psychological treatment. It is routine for doctors to request and rely upon the biopsychosocial history from trained professional social workers.

The assessment typically includes:

-At least two sources for all facts uncovered from clinical interviews with family members, neighbors, friends, teachers, coworkers and any other significant figures who had contact with the defendant (as many as can be located by a mitigation investigator).

-A review of records (including but not limited to medical, school, dental, social services, military, court documents, police records, etc).

-Poverty and deprivation (re: defendant and family) and assessment of the availability of food, money, shelter, mental health care, medical care, special education, social supports, nurturance, attachment, stigmatization, impact of unmet needs on development.

-Exploration of all areas of competence, personal and social strengths, e.g. whatever defendant does well.

-Explore all major losses (e.g. relationships, changing home/neighborhoods, schools, divorce, deaths, accidents, suicides, and responses to loss (coping skills).

-Exploration of all traumas, extraordinary stressors (e.g. victimization, serious illnesses, exposure to disaster, community violence, parental mental illness or substance abuse) and how client typically responds to above.

-Topics to be covered in assessment:

-Prenatal and birth history of all family members (We do not grow up in a vacuum and are significantly shaped by the family system.)
Residential history-community and its institutions, cultural make-up
Early child development
School age development
Adolescent development
Adult history

Topics to cover in the social history:

-Entire family composition/changes from birth through present noting all deaths, broken relationships, family dynamics, client's role in the family

-Significant social network compositions: changes from birth through present noting all deaths, broken relationships, positive and negative aspects of networks

-Residential history noting all transitions: characteristics of the neighborhood; institutional placements, characteristics of the institutions

-Early child development: prenatal, (e.g. mother's physical and emotional status during pregnancy), perinatal, infancy, preschool. (Note all developmental milestones, delays, deviations from normalcy; include physical, intellectual, biopsychosocial.)

-School age development: physical, intellectual, biopsychosocial characteristics; academic achievement relative to potential; social adjustment at home, school, community

-Adolescent development: physical, intellectual, biopsychosocial characteristics; academic achievement relative to potential; social adjustment at home, school, community, workplace; sexual development and activity, alcohol/drug use.

-Adult history: educational attainment, work history, religious practices, relational history (e.g. marriage, children), sexual functioning, recreational interest, health/mental health status, and personality characteristics

-Broader ecosystem issues, such as subcultural issues, social norms of the community in which the defendant lived, public policy issues that directly affected defendant's life.

-Genograms, charts and other visual aids to assist in explaining defendant's behavior

Biopsychosocial assessments typically require two hundred hours depending on the nature of the case and distance that must be traveled for interviews. My fees are $175.00 per hour and fall within the standard range for conducting the assessment in capital cases. Extraneous expenses (accommodations, transportation, food, etc.) are also submitted for reimbursement. I am usually contacted eight months to one year before trial.

While the activities of the testifying clinical social work expert may look similar to those of the mitigation investigator, the roles are differentiated by the professional clinical social work application of the biopsychosocial impact of an individual's background and history after it has been gathered by a mitigation investigator who is a member of the legal team. The clinical social work expert is licensed and board certified to diagnose mental health disorders. She testifies and offers opinions based on education, experience and expertise in clinical social work and mental health, as to how the life history and its impact relates to the defendant's current circumstances. The clinical social work opinion may include diagnosis if requested.

Janet Vogelsang, MSW, BCD

SWORN BEFORE ME

ON THIS DAY

MY COMMISSION EXPIRES

THE BIOPSYCHOSOCIAL ASSESSMENT

Emphasizes the importance of a systemic, holistic view of the individual and an integration of the social, psychological and sociocultural factors on human development and functioning.

Biological: includes information about medical diseases and diagnoses, genetic disorders, history of illnesses and injuries and achievement of developmental milestones.

Psychological: includes information about a person's mental status, thoughts, experience of neuropsychiatric symptoms (e.g. depression, anxiety) over the life course and history of trauma or abuse.

Social: examines the social and cultural factors that affect the client and includes information about family and peer relationships, culture, socio-economic status, neighborhoods and employment history.

The biopsychosocial history is developed through three sources of data: interviews, records and direct observation.

Interviews: multiple interviews are conducted with the person/client who is the focus of the history and with other informants who knew the client at varying points throughout the life course. Such informants can include family members, teachers, employers, neighbors, and medical providers.

Records: a thorough assessment includes a review of recorded facts about a life. Such records describe and establish dates for life milestones & critical events and provide important information about such. Important life history records include but are not limited too: health & medical records, employment & education records, court records, military records, financial records and family records.

Direct Observation: observations of client, informants and the environments in which the client currently lives or has lived are critical to development of nuanced and thorough biopsychosocial assessment.

FIRST STEPS WHEN RETAINING A CLINICAL SOCIAL WORK STORYTELLER

- HOLD A TEAM TELEPHONE CONSULT 8 MONTHS TO 1 YEAR OUT FROM TRIAL OR HEARING DATE
- GET THE COURT ORDER, LETTER OF AGREEMENT OR CONTRACT APPROVED AND SIGNED BY THE EXPERT
- SEND DOCUMENTS FOR THE EXPERT TO READ AND SCHEDULE A DATE FOR DISCUSSION
- MAKE SURE EXPERT HAS ACCESS TO MITIGATION INVESTIGATOR AND THAT THEY WORK TOGETHER
- AFTER RECORDS ARE REVIEWED, SCHEDULE CLINICAL INTERVIEWS WITH FAMILY AND NON-FAMILY
- SCHEDULE CLINICAL INTERVIEWS WITH THE DEFENDANT (AT LEAST THREE INTERVIEWS)
- VISITS TO THE COMMUNITIES WHERE DEFENDANT LIVED AS A CHILD WHILE ON INTERVIEWS
- SHARE RESEARCH AND ARTICLES GERMANE TO THEMES ESTABLISHED DURING INVESTIGATION
- SHARE RESEARCH INTO THE HISTORY OF COMMUNITIES VISITED
- INTRODUCE EXPERT TO OTHER EXPERTS OR PROFESSIONALS FOR CONSULTATION

- CREATE TIMELINES, VISUAL AIDS FOR TESTIMONY
- DISCUSS EXPERT'S CONCLUSIONS, DISCUSS, AND PREP FOR TRIAL

THEMES OF INTEREST FOR THE CLINICAL SOCIAL WORK STORYTELLER

-Physical, Sexual, Emotional Abuse

-Neglect, Physical and Emotional

-Intellectual Disabilities

-Mental Illness

-Physical Illnesses

-Head Trauma and other neurological impairments

-Betrayal Trauma

-Post Traumatic Stress Disorder

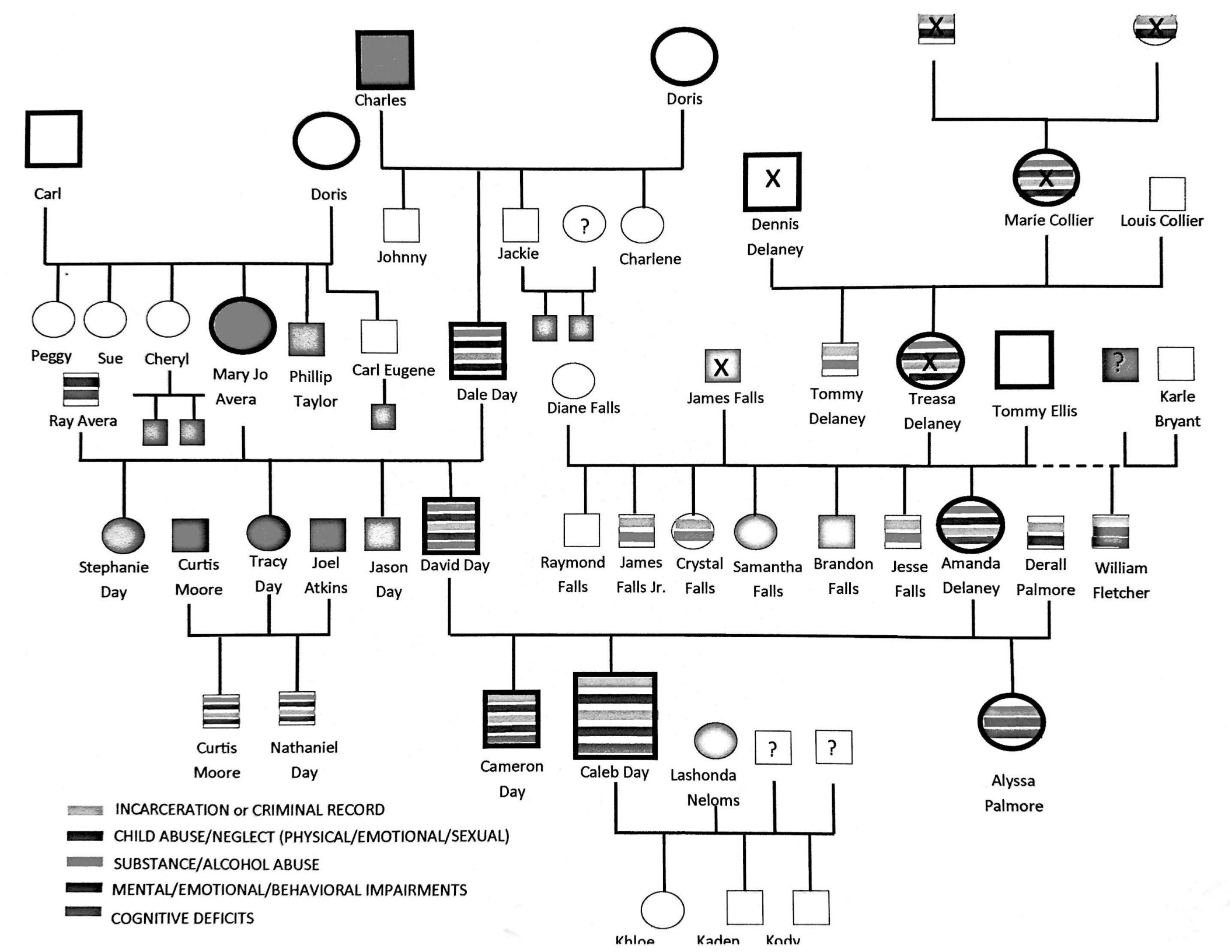
-Poverty and Deprivation, Food Insufficiency

-Domestic Violence

-Community Violence

-Family History of Slavery

-Residential History


Charles
Doris
Carl
Doris
Johnny
Jackie
?
Charlene
Dennis Delaney
X
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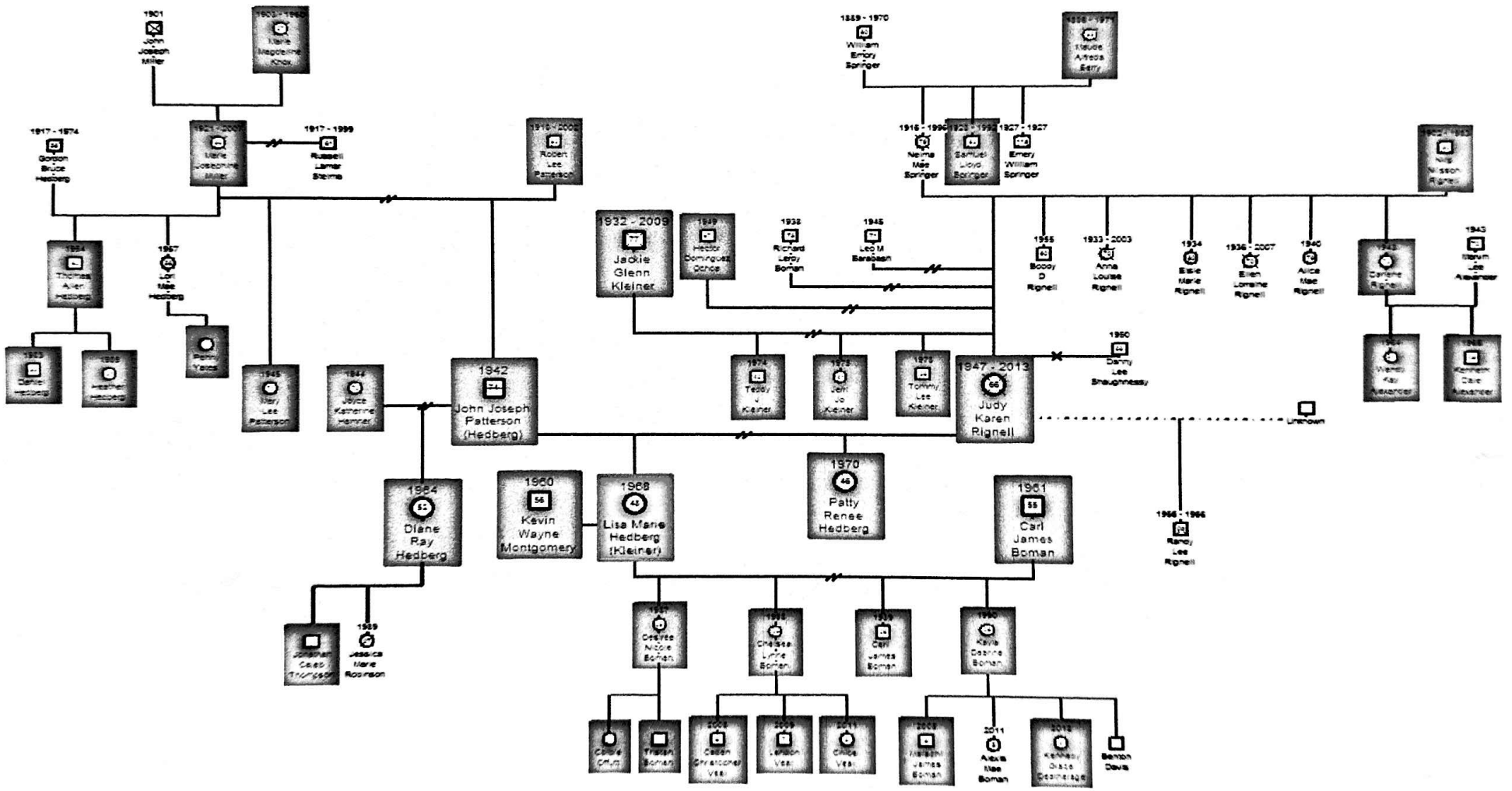
Marie Collier
Louis Collier
Peggy
Sue
Cheryl
Mary Jo Avera
Phillip Taylor
Carl Eugene
Dale Day
Diane Falls
James Falls
Tommy Delaney
Treasa Delaney
Tommy Ellis
?
Karle Bryant
Ray Avera
Stephanie Day
Curtis Moore
Tracy Day
Joel Atkins
Jason Day
David Day
Raymond Falls
James Falls Jr.
Crystal Falls
Samantha Falls
Brandon Falls
Jesse Falls
Amanda Delaney
Derall Palmore
William Fletcher
Curtis Moore
Nathaniel Day
Cameron Day
Caleb Day
Lashonda Neloms
?
?
Alyssa Palmore
Khloe
Kaden
Kody
INCARCERATION or CRIMINAL RECORD
CHILD ABUSE/NEGLECT (PHYSICAL/EMOTIONAL/SEXUAL)
SUBSTANCE/ALCOHOL ABUSE
MENTAL/EMOTIONAL/BEHAVIORAL IMPAIRMENTS
COGNITIVE DEFICITS

Family Pattern of Mental, Emotional, and Behavioral Dysregulation



THE DEVELOPMENT OF RESILIENCE IN CHILDHOOD

-Unconditional physical and emotional love and verbal affection

-Using soothing words to calm and comfort and teach a child to calm himself

-Enforcing rules without belittling, harming or rejecting

-Modeling behavior that communicates confidence, optimism and results

-Praise for accomplishments

-Encourage to be independent

-Label feelings and help child to recognize feelings

-Use language that helps a child face adversity

-Preparation for adverse situations

-Teach how to problem-solve and to reconcile

-Provide comfort and encouragement in stressful situations

-Provide a stable environment

-Help to manage feelings and impulses

HOMES THAT FAIL TO PRODUCE RESILIENT CHILDREN

-LACK OF GUIDANCE AND MENTAL HEALTH INTERVENTION

-DIVORCE AND SEPARATION

-MULTIPLE MOVES

-ABUSE

-ABANDONMENT

-HOMELESSNESS

-DISABLED FAMILY MEMBER

-IMMIGRANT STATUS

-LACK OF ROLE MODELS

-GROWS UP WITNESSING VIOLENCE

-LACK OF CONSISTENT CARE-GIVING

-INABILITY TO TRUST

-WORRY ABOUT VIOLENCE IN THE HOME

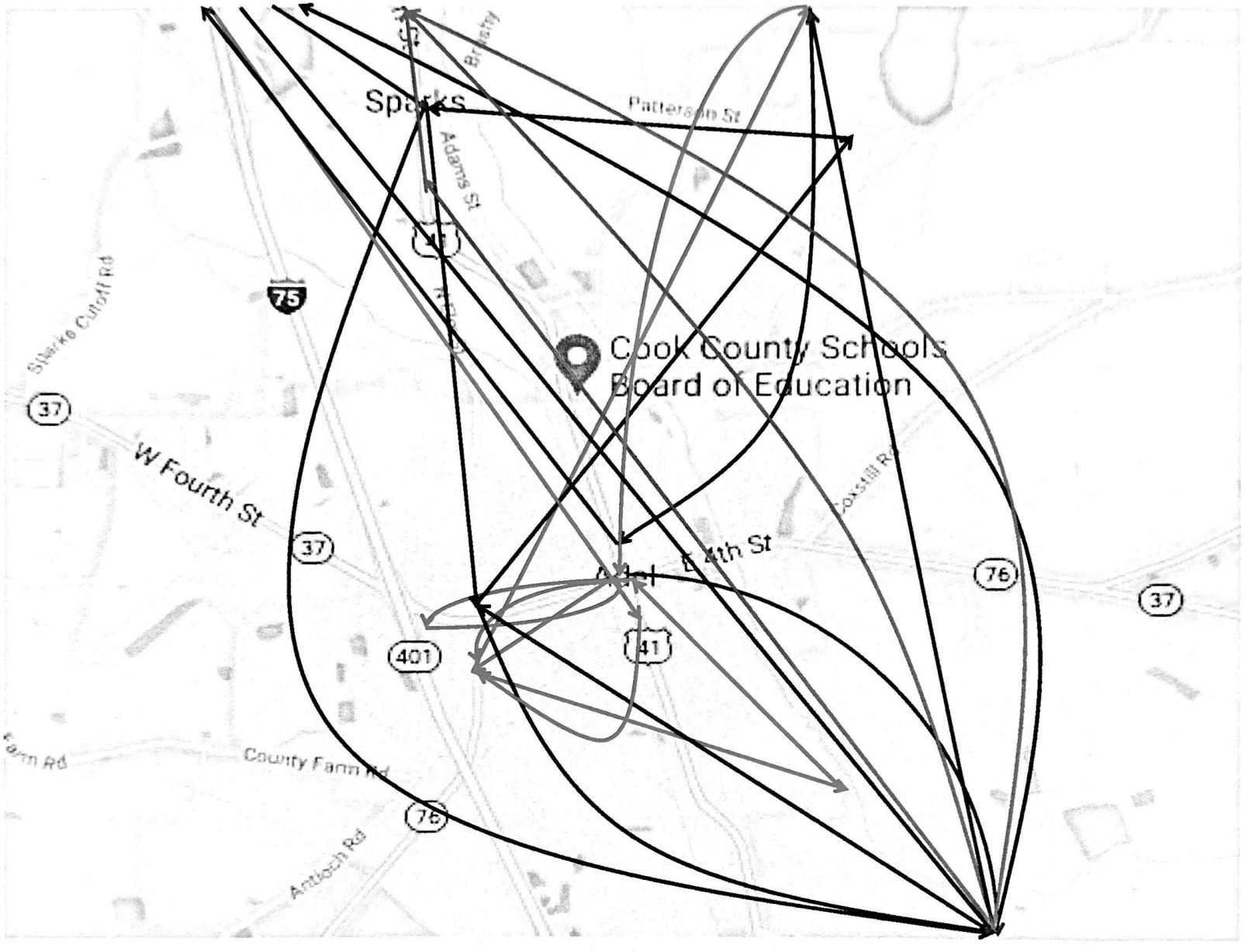
-IMPAIRED COGNITIVE FUNCTIONING

-INABILITY TO DEAL WITH AGGRESSIVE FEELINGS

-REPRESSION OF FEELINGS

-SENSE OF HELPLESSNESS

-POOR PROBLEM-SOLVING SKILLS



Age 0-1– Red

Age 1-2– Blue

Age 3-4– Green

Age 4-5– Gray

Age 5-6 Burnt Orange

Age 6-7– Light Purple

Accumulation of Risk Factors

- Born to mother who was educably mentally retarded
- Father who was borderline intellectual functioning
- Father in and out of first five years of life
- Father beat mother
- Violent home environment with mother and father
- Witnessed father hold gun to mother's head
- Father and mother drank and used drugs
- Parents expose Adrian to violent bar life
- Given over to father's violent family
- Father's family abused substances
- Father spent time in prison
- Unstable and neglectful home life with grandparents
- Grandmother stabs grandfather and leaves him to die
- Grandfather hit grandmother in the eye
- Witnessed stabbing of cousin
- Hit in head with cue ball during family bar fight
- Lived with other violent family members
- Family members who were mentally ill in and out of home
- Multiple family members arrested for assault and substance abuse
- Adrian repeats two grades and is placed in another
- Adrian turns 17 in the 9th grade
- As a minor, lives with older adult in a sexual relationship
- No one with the skills to intervene on his behalf
- No adults with the skills to help him through developmental stages
- No one to teach resilience
- Biological family had mental, emotional, and behavioral impairments
- Becomes involved with alcohol and drugs
- Diagnosed with PTSD
- Father is shot and killed; Adrian arrives while body still on lawn
- No follow-up intervention following prison

KEY TO VISUALS FOR VOGELSANG PRESENTATION

VISUAL #1 QUALIFYING QUESTIONS FOR CLINICAL SOCIAL WORKER

VISUAL #2 VOGELSANG AFFIDAVIT

VISUAL #3 BIOPSYCHOSOCIAL ASSESSMENT

VISUAL #4 STEPS FOR CHOOSING STORYTELLER

VISUAL #5 TYPICAL THEMES FOR GOOD STORYTELLING

VISUAL #6 FAMILY TREE

VISUAL#7 FAMILY TREE

VISUAL #8 RESILIENCE

VISUAL #9 RESILIENCE

VISUAL #10 MAP

VISUAL #11 ACCUMULATION OF RISK