Acknowledgments

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CASA of the Pikes Peak Region, Colorado Springs, CO  
CASA Jefferson, Harvey, LA  
CASA, Inc. of Nashville/Davidson County, Nashville, TN  
Clayton County CASA, Jonesboro, GA  
PARACHUTE: Butler County Court Appointed Special Advocates, Hamilton, OH  
IV Judicial District CASA -- Family Advocates, Boise, ID  
CASA of Forsyth County, Inc., Cumming, GA  
Phelps-Harlan County CASA, Holdrege, NE  
CASA of Atlantic and Cape May Counties, Inc., Somers Point, NJ

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Welcome to Training

Welcome to the Flex—Learning Edition of the National CASA Volunteer Training Curriculum. This training is designed to provide you the opportunity to acquire the skills, knowledge and attitudes needed to be a CASA volunteer—an advocate for children who find themselves involved in the court system through no fault of their own. The children with whom you will work are victims of child abuse and neglect, and many of them are in foster care. They need a “voice in court” in order to find a safe, permanent home as quickly as possible—whether that means returning to a parent or being adopted. As a GAL (Guardian ad litem) volunteer, you will provide that voice, sharing with the court both the child’s wishes and your recommendations about what is in the child’s best interest. It is important work that requires the commitment of your time, your energy and your heart.

The purpose of this training is to develop volunteers who are competent, reasonably autonomous and able to exercise good judgment as CASA volunteers. It is designed to model values important to CASA volunteer work, including autonomy, responsibility, self-awareness, respect for differences, critical thinking and collaboration.

Understanding Flex—Learning

This version of the National CASA Association Volunteer Training Curriculum is a “blended” approach to training that combines (or blends) in—person and online delivery of information. The blended format of this curriculum is designed to provide both flexibility and focus. You will complete approximately half of the training at a time and place of your choosing. The other half of training occurs at focused, in—person sessions. Although the self—guided online components are done outside of the formal classroom, they are not optional.

The training occurs in five sessions. Each session contains a self—guided online component that you complete on your own and an in—person component that you attend with your training group. The online portion includes interactive activities, videos and discussion forums and is intended to take approximately 15 hours in total. However, different people work at different rates, so the actual time may vary. Some sessions will take you longer than other sessions.

The content—heavy online segments introduce you to the information and skills you will use as a CASA volunteer. The in—person sessions use case studies to allow you to apply the material you’ve learned during the online components.

The general sequence and flow for the training appears in the diagram on the next page.
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<td>Adverse Childhood Experiences&lt;br&gt;Impact of Trauma on Children&lt;br&gt;The Brown Case</td>
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<td><strong>Session 5</strong>&lt;br&gt;(page 159)</td>
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<td><strong>APPENDIX</strong>&lt;br&gt;(page 174)</td>
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# Session 1 Online Learning Getting Started—The Bleux Case

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<tr>
<td>Bleux OCS Case File</td>
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</tr>
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</table>
Session Overview
This session introduces you to information about child welfare and the role of the CASA volunteer.

Objectives
By the end of this session, you will be able to...

- Explain the origins of child welfare law in the United States
- Identify several significant laws that will impact your advocacy
- Articulate what constitutes child abuse and neglect
- Explain what is meant by “best interest” and “minimum sufficient level of care”
- Describe a child’s journey through the child welfare system
- Identify attitudes, values and skills that will help you perform your CASA volunteer work
- Begin to consider how to ask the right questions to evaluate what’s in a child’s best interest
Session 1 Online Learning

The Role of the CASA Volunteer

Activity 1.1: Introducing CASA

Follow the link below to watch an introductory video from National CASA.

- [https://www.youtube.com/watch?v=nUykHHtLIHo](https://www.youtube.com/watch?v=nUykHHtLIHo)

Activity 1.2: Testifying to the Impact of CASA Volunteers

**Part 1:** Throughout the course of this training, you will be introduced to content related to child welfare and then asked to apply what you’ve learned in a practice setting so that you have a better understanding of when and how this content will be useful to you as you prepare to take your first case. The first practice case you will work on during training involves the Bleux family. Please turn to the initial case file for the Bleux family [*located in the session 1 appendix*] and read the information provided. You will return to this case during the in-person portion of session 1, so it’s important that you are familiar with these materials.

**Part 2:** Click on the link below to watch *Making a Lifelong Difference*, a video that gives a broad overview of the difference that a CASA volunteer can make in a child’s life. As you watch the video, think about the various elements you read in the Bleux case file.

- [https://www.youtube.com/watch?v=LFGCmqShvac](https://www.youtube.com/watch?v=LFGCmqShvac)
**Part 3:** After watching the video, consider how you might go about making a difference if you were assigned as the CASA volunteer for the Bleux case. Write your thoughts in the space below. Be prepared to share one thought from this exercise during our in-person session.
**Activity 1.3: The CASA Volunteer Role in Action**

Follow the link below to watch “John’s Story” from *Powerful Voices: Stories by Foster Youth*. As you watch the video, be mindful that this series was a collaboration between National CASA and the Center for Digital Storytelling. These stories are the creation of the storytellers. National CASA cannot edit or censor how the youth describe their relationships to their CASA volunteers. In some cases, these stories may include descriptions of actions by the volunteer that are prohibited in our particular program. Each state has different rules about interacting with children. For example, in Alaska, we are permitted to transport youths in our own vehicles, whereas in some other states, this would be a violation of program policy.

- [https://www.youtube.com/watch?v=S0VJnltE-6o&feature=youtu.be](https://www.youtube.com/watch?v=S0VJnltE-6o&feature=youtu.be)

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**Attitudes, Values & Skills that Guide the work**

**Activity 1.4: Attitudes and Skills That Enhance the Work**

Read about the following attributes that will help you in your role as a CASA volunteer.

**PROFESSIONALISM**

*Ethics, accountability, confidentiality, resourcefulness, critical thinking and good judgment*

These skills/abilities can enhance your credibility and earn the respect of parties in a case. Professionalism and assertiveness can help you gain necessary information.

**INTERPERSONAL COMPETENCE**

*Open-mindedness, respect, collaboration, self-awareness and assertiveness*

These attitudes will help you be more successful in working with other people, particularly in gathering accurate information and making accurate interpretations of situations. As a CASA volunteer, you are expected to demonstrate respect and open-mindedness in your interactions with all parties to the case. Gathering information from children requires skills and attitudes different from those required when working with adults. Children may be frightened or healing from trauma. They are different emotionally and developmentally from adults and also from other children. Your listening and observation skills will help you gather a full picture of a child’s situation.

**CULTURAL COMPETENCE**

*Respect, flexibility, knowledge, self-awareness and empathy*

What you do not understand may lead to inaccurate interpretations. Understanding your own culture and the differences between cultures will allow you to best serve children and their families. Your life experience (culture, era, geography, race, education, sexual orientation, socioeconomic status, family dynamics, etc.) has led you to develop a particular perspective. Your unique perspective always influences how you interpret what
you observe. The more aware you become of your personal perspective, the better able you will be to understand that others have different perspectives. In observing children and families, it is important to understand that your perspective on families and parenting is likely to be different from those with whom you are working. (You will explore cultural competence in greater depth throughout this training).

Adapted from materials from CASAs for Children, Inc., Portland, Oregon.

Exploring Personal Values
Exploring the meaning and place of values in your work on behalf of children can assist you in seeing the range of values that people hold and the variety of reasons people have for their beliefs. It also increases your understanding that people can hold values very different from yours and be equally thoughtful and caring in their reasoning. Even when individuals appear to have similar values, they may actually have very different perspectives and reasons for having them.

Your work as a CASA volunteer cannot be free of values. You model your own and your community's values every day through your actions (and inaction). Almost all interactions transmit values in some way—for instance, through how you dress, move, relate to others and communicate. As a CASA volunteer, you need to examine how values may affect your interactions with the children and families with whom you work. You need to acknowledge the plurality of values in your community and demonstrate respect for this diversity.

There are essentially two types of values: those that are universal and those that are not. Universal values are shared by an overwhelming majority of the community. Laws are often related to these values, but they are not the same things.
Activity 1.5: An Introduction to Child Welfare Laws

Part 1: Follow the link below for an introduction to the historical context of the treatment of children and the first documented case of child abuse in the United States.

- https://www.youtube.com/watch?v=PUHNbyPmd_4&feature=youtube
History of the CASA Volunteer Role

Guardian Ad Litem

The term “ad litem” means “for the suit” or “for the court case.” It is an old concept—in Anglo Saxon times, at common law, the king appointed a guardian ad litem to speak on behalf of a child or incompetent person.

As part of their general powers, judges today have the discretion to appoint a guardian ad litem (GAL) in all types of court matters. Some states require that the guardian ad litem be an attorney; others [like Alaska] do not.

In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) mandated the appointment of a guardian ad litem in child abuse and neglect cases; it was no longer up to the judge’s discretion.

Volunteer Guardians Ad Litem / Court Appointed Special Advocates (CASAs)

Judge David Soukup (Juvenile Court, King County, Seattle, Washington) was dissatisfied with the same case plans and same recommendations for child after child; he believed more individualized attention would produce better outcomes. Judge Soukup solicited ideas for system improvement from court staff. Out of these ideas evolved the idea for community volunteers to act as child advocates.

The Volunteer Guardian ad Litem Program began in King County in 1977. The guardian ad litem did not have to be an attorney. The program recruited volunteers from the community and provided training and support. Similar programs were developed in other states/localities as judges spread word of the concept.

Part 2: Follow the link below for an introduction to the Indian Child Welfare Act.

- https://www.youtube.com/watch?v=VJCqeauLvY8

Part 3: Read the following History of the CASA Volunteer Role and the National CASA Mission.
National CASA

The National Court Appointed Special Advocate Association (National CASA) was created in 1982 to support volunteer child advocate programs and increase the number of volunteer child advocates nationwide.

Hallmarks of a CASA volunteer program include:

- Advocacy for abused and neglected children in court
- Volunteers who are recruited, screened, trained, supervised and supported
- Adherence to national standards

Programs go by many names—CASA, GAL, ProKids, Voices for Children, Child Advocates—but all have this in common: volunteers who advocate for abused and neglected children in the court system.

National CASA Mission

The National CASA Association, together with its state and local members, supports and promotes court-appointed volunteer advocacy for abused and neglected children so that they can thrive in safe, permanent homes.

National CASA standards describe the major criteria the CASA volunteer must meet. The following statements describe the CASA volunteer:

- An individual who has been screened and trained by the CASA program and appointed by the court to advocate for children who come into the court system primarily as a result of alleged abuse or neglect
- An individual who respects the child’s inherent right to grow up with dignity in a safe environment that meets the child’s best interests.
- An individual who assures that the child’s best interests are represented in the court at every stage of the case.
The Facts About Child Abuse and Neglect

Child abuse and neglect are significant public health problems in the United States: In 2017, an estimated 1,720 children died from abuse and neglect. About 674,000 children were identified as victims of child abuse or neglect by child protective service agencies.

www.cdc.gov/features/healthychildren/index.html


- 951 CASA and Guardian ad Litem programs recruited, trained and supported needed volunteers.

- 74,918 CASA volunteers helped change children’s lives.

- 238,527 Abused and neglected children had a caring CASA volunteer speaking up for their best interest.

http://nc.casaforchildren.org/apps/annualreport2013/index.html#by-the-numbers

It is not the CASA volunteer’s role to determine whether or not certain actions constitute child abuse or neglect; the court will decide this. It is, however, necessary for CASA volunteers to be able to recognize signs of abuse and neglect in order to advocate for a safe home for a child. The following information will assist you in identifying potential signs of abuse or neglect.

What Constitutes Abuse and Neglect?

Child abuse can be seen as part of a continuum of behaviors. At the low end of the continuum are behaviors you might consider poor parenting or disrespectful behavior; at the high end are behaviors that lead directly or indirectly to the death of a child.
Recognizing Abuse and Neglect

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| **Physical Abuse** | Intentionally harming a child, use of excessive force, reckless endangerment. | • Unexplained bruises, welts, and scars  
• Injuries in various stages of healing  
• Bite marks  
• Unexplained burns  
• Fractures  
• Injuries not fitting explanation  
• Internal damage or head injury |
| | In 2009, about 18% of the victims of child maltreatment were victims of physical abuse. | |
| **Sexual Abuse** | Engaging a child in any activity for an adult’s own sexual gratification. | • Age—-inappropriate sexual knowledge  
• Sexual acting out  
• Child disclosure of abuse  
• Excessive masturbation  
• Physical injury to genital area  
• Pregnancy or STD at a young age  
• Torn, stained, or bloody underclothing  
• Depression, distress, or trauma  
• Extreme fear |
| | In 2009, about 9.5% of the victims of child maltreatment were victims of sexual abuse. | |
| **Emotional Abuse** | The systematic diminishment of a child. It is designed to reduce a child’s self-concept to the point where the child feels unworthy of respect, friendship, love and protection, the natural birthrights of all children. | • Habit disorders (thumb sucking, biting, rocking, enuresis) Conduct disorders (withdrawal or antisocial behavior)  
• Behavior extremes  
• Lags in emotional or intellectual development  
• Low self-esteem  
• Depression, suicide attempts |
<p>| | In 2009, about 7.6% of the victims of child maltreatment were victims of emotional abuse. | |</p>
<table>
<thead>
<tr>
<th>Neglect</th>
<th>Description</th>
<th>Indicators</th>
</tr>
</thead>
</table>
|         | Failure of a person responsible for a child’s welfare to provide necessary food, care, clothing, shelter or medical attention. Can also be failure to act when such failure interferes with a child’s health and safety. | **Physical Signs:**  
- Malnourishment  
- Missed immunizations  
- Lack of dental care  
- Lack of supervision  
- Consistent dirtiness  
- Constant tiredness/listlessness  

**Material Signs:**  
- Insufficient/improper clothing, filthy living conditions  
- Inadequate shelter  
- Insufficient food/poor nutrition |

In 2009, about 80% of the victims of child maltreatment were victims of neglect.


### The “Best Interest” Principle—What It Means

- A safe home
- A permanent home
- As quickly as possible

Parents typically decide what is best for their children and then provide it for them to the extent that they can. They are the children’s best advocates. The child protection system intervenes in families’ lives when parents cannot or will not protect, promote and provide for their children’s basic needs. A GAL or CASA volunteer becomes the advocate when the parents cannot—or will not—fulfill this role.

Judges use the “best interest of the child” standard when making their decisions in child abuse and neglect cases. Child welfare and juvenile court practitioners and scholars have debated the meaning of “best interest of the child” for years. Books have been written on the subject. However, there is still no concise legal definition for this standard. In cases where the Indian Child Welfare Act (ICWA) applies, the law presumes that it is always in the best interest of an Indian child to have the tribe determine what is best for the child’s future.
The Best Interest Principle: What National CASA Says

The GAL or CASA volunteer is guided by the “best interest” principle when advocating for a child. This means that the volunteer knows the child well enough to identify the child’s needs. The volunteer makes fact-based recommendations to the court about appropriate resources to meet those needs and informs the court of the child’s wishes, whether or not those wishes are, in the opinion of the GAL or CASA volunteer, in the child’s best interests.

¹This curriculum uses the terms “Indian child” and “Indian custodian” in accordance with the legal definitions set out in the Indian Child Welfare Act.
Minimum Sufficient Level of Care
Removing a child from his or her home because of abuse and/or neglect is a drastic remedy. Because removal is so traumatic for the child, both the law and good practice require that agencies keep the child in the home when it is possible to do so and still keep the child safe. Children should be removed only when parents cannot meet the “minimum sufficient level of care.” This standard describes what must be in place for the child to remain in his or her home. The same standard is also used to determine whether or not parents have made sufficient progress so that a child can be safely returned to the family home. The minimum sufficient level of care is determined by a number of factors, each of which must be looked at specifically in relation to the case at hand. Factors to consider include:

The Child's Needs
Is the parent providing for the following needs at a basic level?

- Physical (food, clothing, shelter, medical care, safety, protection)
- Emotional (attachment between parent and child)
- Developmental (education, special help for children with disabilities)

Social Standards
Is the parent's behavior within or outside commonly accepted child-rearing practices in our society?

Here are some examples: In terms of discipline, whipping a child with a belt was generally thought to be appropriate during the first half of the twentieth century but is now widely considered to be abusive. Contemporary families frequently use a short “time out” as a punishment for young children. In terms of school attendance, it is a widely held expectation that parents send all children to school (or home-school them) until they reach the age limit at which attendance is no longer compulsory. Social standards also apply in medical care, where immunizations and regular medical/dental care are the standard.

Community Standards
Does the parent’s behavior fall within reasonable limits, given the specific community in which the family resides?

Here are some examples: The age at which a child can be safely left alone varies significantly from urban to suburban rural communities. The age at which a child is deemed old enough to care for other children is largely determined by cultural and community norms. Even something as simple as sending a 9-year-old child to the store might fall within or outside those standards, depending on neighborhood safety, the distance and traffic patterns, the weather, the child’s clothing, the time of day or night, the ability of the child and the necessity of the purchase.
Communities can be geographical or cultural. An example of a nongeographical community is a Native American tribe in which members live in a variety of locales but still share a common child-rearing standard. According to the Indian Child Welfare Act, the minimum sufficient level of care standard must reflect the community standards of the tribe of the Indian Child.

**Part 2:** Follow the link below to learn about the child welfare system through the eyes of a child caught up in the system.


**Part 3:** In the space below, write one word or phrase to describe how you feel after taking this short tour of the child welfare system.
Alaska Child in Need of Aid Court Process

1. Child in Need of Aid Petition Filed
2. Temporary Custody Hearing (48 hours after petition filed)
3. Adjudication Hearing (Within 120 days after temporary custody)
4. Disposition Hearing (As soon as practicable after adjudication)
5. Permanency Hearing (Within 12 months of child’s removal from the home)
   - Return Home
   - Termination of Parental Rights
   - Adoption Hearing
   - Legal Guardianship Hearing
   - Another Planned Permanent Living Arrangement
Congratulations! You’ve just completed the first online component of the training. When you come together in person, you will have an opportunity to begin putting faces with the names of your fellow participants. You will also have a chance to ask the facilitator any outstanding questions you may have as you conclude this first online component.
Session 1 In-Person Training

Getting Started In-Person

Activity 1.8: Introductions (30 minutes)

Part 1: In the large group introduce yourself to your fellow participants by sharing your name and your answers to the following questions.

- One reason you want to become a CASA volunteer
- One thing that stood out for you during the independent portion of Session 1
- One thing you are most excited about as you begin training
- One concern you have about volunteering

Part 2: Take a couple of minutes and write down on a post-it one interesting thing about yourself. Throughout the training the group will try to guess who wrote each “fascinating factoid”!

Activity 1.9: Group Agreements (20 minutes)

Part 1: Create a list of group agreements that sets the tone for how the group will agree to work together including items such as confidentiality and respect.

Part 2: Listen as the facilitator introduces the Parking Lot. The facilitator will be handing out “Alphabet Soup/Program Jargon”. Take a few minutes to look this over and ask any questions you may have.
Activity 1.10: Seeing the Whole Child (10 minutes)

In order to recognize child abuse or neglect, it’s important to look at all aspects of a child’s life and identify what makes for a happy, well-adjusted child. On the flipchart at the front of the room, you will see a circle divided into four quadrants. These quadrants represent four aspects of a child’s life: the intellectual, the spiritual, the physical and the emotional. In the large group, brainstorm ideas of what makes for a happy child in each of these areas of life. When you think about a child’s needs, make sure to always consider a child’s sense of time.

Activity 1.11: Asking the Right Questions (40 minutes)

Part 1: Looking back at your work from activity 1.2, who would like to share one thought you had about how you might go about making a difference if you were assigned as the CASA volunteer for the Bleux case?

Part 2: Listen as the facilitator briefly recaps the key facts in the Bleux case. Write down questions you want to answer in order to determine what is in Deshawn Bleux’s best interest. What information do you need in order to make recommendations?

Part 3: In small groups, share with each other the questions you generated. Then together make a list of questions you want to answer in order of priority. You may want to refer to the assessment handout to help with your list. What information is most important to gather first?
Activity 1.12: Pop Quiz! Who gets a prize? (5 minutes)

1. Name 4 essential duties of a CASA volunteer.
2. Name 3 items listed in the CASA Volunteer Code of Conduct.
3. True or False: A CASA volunteer is expected to attend all court hearings and meetings related to the case?
4. What is the minimum amount of contact expected to occur between a CASA volunteer and child?
5. What does the term ad litem mean?
6. True or False: The Child Abuse Prevention and Treatment Act mandates the appointment of a guardian ad litem in all child abuse and neglect cases?
7. Which judge was responsible for developing the Volunteer Guardian ad Litem Program?
8. True or False: It is the CASA volunteer’s role to determine whether or not certain actions constitute child abuse or neglect?
9. What does Minimum Sufficient Level of Care refer to?

Wrap up: 5 minutes

The facilitator will confirm date and time of next in person training.
Fill out the session 1 Training Evaluation and give it to the facilitator before you leave.
Be sure to complete the online work for Session 2 by the deadline the facilitator specifies.
SESSION 1 APPENDIX

- BLEUX FAMILY – INITIAL CASE FILE
BLEUX FAMILY
INITIAL
CASE FILE
OCS Case File

<table>
<thead>
<tr>
<th>Last Name of Case:</th>
<th>Bleux</th>
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<tbody>
<tr>
<td>Legal Number(s):</td>
<td>12-0-97542-4</td>
</tr>
<tr>
<td>Child(ren)’s Name</td>
<td>DOB</td>
</tr>
<tr>
<td>Deshawn Bleux</td>
<td>March 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Caretaker(s)</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Padron and</td>
<td>8904 Cleveland Ave NW</td>
<td>555-2272</td>
</tr>
<tr>
<td>Lawrence Cary</td>
<td></td>
<td></td>
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<table>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Samuel Bluestein</td>
<td>555-7622</td>
</tr>
<tr>
<td>Father</td>
<td>Jacob Bell</td>
<td>555-6704</td>
</tr>
<tr>
<td>OCS</td>
<td>Meghan Fowler</td>
<td>555-9300 ext. 38</td>
</tr>
</tbody>
</table>

Case History
10 days ago: OCS received a referral from hospital regarding a 2-month-old child who appeared to show symptoms of shaken baby syndrome. Child, Deshawn Bleux, was admitted to hospital by father, Miles Bleux. In speaking with this social worker (SW), father said he took child to hospital when he could not be woken up for his regular 10 p.m. feeding. SW spoke with Dr. Maronian, who said child suffered a concussion and will be kept overnight for observation.

8 days ago: Child remains in the hospital with an injury more severe than previously thought; due to child’s young age, doctors have said they would like a few additional days of tests and observations before releasing him. Child will be placed in foster home pending OCS investigation. Criminal charges are also pending against parents, but because various people have various versions of the story, police have not determined who, if anyone, should be charged. SW attempted to speak with each parent (mother, Toni Bleux; father, Miles Bleux) during today’s Family Team Planning Conference (see attached MOU) but they refused to be interviewed on the advice of counsel.

6 days ago: Dr. Maronian has cleared Deshawn to be released from hospital. Child placed in foster care. SW spoke with father, Miles Bleux, who denies shaking the child but would not comment further on the case. Father told SW that he works as a dishwasher in a local restaurant. He said that he worked as a chef in his father’s restaurant “back home” (in Baton Rouge, LA) but has not been able to find employment as a chef since moving here. When asked if he felt his employment situation is a stressor on his family, he replied, “Of course it is, but I have to do what I have to do.”
5 days ago: SW spoke with mother. She has refused to say anything other than she was not home at the time of the incident. Mother attends the nursing program at the community college; she works during the day and attends classes at night.

<table>
<thead>
<tr>
<th>CASA History: Case Initially Assigned to:</th>
<th>You and your team</th>
<th>Date assigned:</th>
<th>Date terminated:</th>
<th>Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current CASA volunteer</td>
<td>You and your team</td>
<td>Date assigned:</td>
<td>Today</td>
<td></td>
</tr>
<tr>
<td>Initial OCS Social Worker:</td>
<td>Jane Morgan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current OCS Social Worker</td>
<td>Jane Morgan</td>
<td></td>
<td></td>
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</tbody>
</table>

**Court Ordered Services:**

**For the Child:**
- No court orders at present

**For the Father:**
- No court orders at present

**For the Mother:**
- No court orders at present
In the matter of:
Deshawn Lee Bleux  Age: 2 months

MEMORANDUM OF UNDERSTANDING –

The PURPOSE of the Family Team Planning Conference and the Memorandum of Understanding is to expedite the court process for children by sharing information and making recommendations regarding the following issues: placement, visitation, services, paternity and child support.

I. ATTENDANCE
Present at this conference were the following parties: Kerry Rowan, Family Court Case Coordinator; Jane Morgan, OCS IA Worker; Kim Rytter, OCS Supervisor; Antoinette Bleux, mother of the child; Samuel Bluestein, Attorney for the mother; Miles Bleux, father of the child; Jacob Bell, Attorney for the father; Sandi Freeman, County Health Clinic Coordinator; Ramona Haskins, CASA Supervisor; Sabine Lee, Maternal Aunt; Adrienne Nikos, OCS Intern

II. RIGHTS: For purposes of this Memorandum of Understanding, all defenses that could be made by all parties are preserved. In order to protect the rights of all parties, this Memorandum of Understanding does NOT serve to waive any standard objection by law.

III. ATTORNEYS have been temporarily appointed to represent the parents in this matter. At the first court hearing, the court will determine whether the parents qualify for court-appointed lawyers. If they do not qualify, the temporarily appointed attorneys will be released.

IV. PARENTS: Inquiries have been made as to the identity and location of any missing parent.
   • The mother, (age: 18), did attend the child planning conference.
     The mother has been served the juvenile petition at the child planning conference.
     The mother stated that the address on the petition is the correct address.
     The mother can be reached at 555-1790, cell number.
   • The father, (age: 20), did attend the child planning conference.
     The father was served the juvenile petition at his home.
     The father stated that the address on the petition is the correct address.
     The father can be reached at 555-3865, cell number.
     According to the father, his name is on the child’s birth certificate.
     According to the parents, they are married.

V. HISTORY:
   • OCS said that the agency received a report. The report alleged that the child had been physically abused. The child was admitted to County Hospital and was diagnosed with a subdural hematoma, bleeding on the brain and retinal hemorrhaging. A child medical exam was completed and indicated that the child had been injured by means other than accidental. Detective John Hollowell of the City Police Department is in charge of a criminal investigation.
• OCS stated that both parents had access to the child during the time when the injuries occurred and that in order to ensure the safety of the child the agency has filed a petition for custody of the child.
• OCS reported that the child is still in hospital with a proposed release date within the week.
• CASA volunteer for the child will be [Your Name]; he/she can be reached at XXX-XXXX.
• According to the caseworker, the county medical examiner stated that the injuries could have occurred anytime on last Thursday.

VI. PLACEMENT: Inquiries have been made as to whether a relative of the child is willing and able to provide proper care and supervision of the child in a safe home and whether placement with such a relative could be in the child’s best interest:
• The child is currently placed in County Hospital.
• OCS stated that the child is doing well.
• The agency is considering other family members for placement of the child.

VII. SERVICES FOR THE PARENTS

Services for the mother of the child:
• OCS recommends that the mother attend parenting education and anger management and that she have a mental health assessment and follow all recommendations, attend medical education concerning shaken baby syndrome, and attend visitation.
• The mother stated that she is willing to comply with services but that she does not see herself as being in need of all of them.

Services for the father of the child:
• OCS recommends that the father attend parenting education and anger management and that he have a mental health assessment and follow all recommendations, attend medical education concerning shaken baby syndrome and attend visitation.
• The father stated that he is willing to comply with services.

VIII. SERVICES FOR THE CHILD

Medical Background
• The child was born at County Hospital.
• The child’s doctor is Early Years Peds in city.
• The child has no diagnosed medical conditions.
• According to the parents, the child has no known affiliation with a recognized Native American group.
Recommendations

- OCS recommends that the child participate in the Children’s Health and Development Program and continue to receive all medical and developmental services. The mother requested that if needed she would like the physical therapist to come to the home. The mother requested that the child be maintained on the formula he is accustomed to.

IX. VISITATION

- All visits are to be supervised at this time.
- Visitation would be twice weekly, at the agency at a minimum of 45 minutes. The parents may visit together if they choose. Any family placement will be informed of the agency’s policies for visitation. The aunt may also visit with the child.

X. AUTHORITY: The parties agree that OCS shall be granted authority to arrange, provide and/or consent to any medical treatment, psychiatric treatment, psychological service, educational needs or any other remedial evaluations required by the child, including a physical examination to be conducted as mandatory by licensure requirements; and OCS has the authority to request and be provided with any medical, mental health and educational records pertaining to the child.

XI. FUTURE COURT DATES

- The next court hearing in this case will be **2:00 p.m. on next Tuesday** in Courtroom B of the County Courthouse. The purpose of that hearing will be to determine the need for continued nonsecure custody.
- The matter will be adjudicated at be **2:00 p.m. on three weeks from Tuesday** in Courtroom B of the County Courthouse. If allegations are founded, disposition hearing will immediately follow.
FAMILY TEAM PLANNING CONFERENCE SIGN-IN & CONFIDENTIALITY AGREEMENT

I understand that juveniles will be discussed in the Family Team Planning Conference. Through their signatures, the undersigned acknowledge and agree that the privacy of children and their families should be strictly maintained.

Deshawn Lee Bleux
Juvenile(s) Name(s) ________________________________ Date __________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Address</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kerry Rowan</td>
<td>FC</td>
<td>3rd Flr CCH</td>
<td>555-4567</td>
</tr>
<tr>
<td>2. Sandi Freeman</td>
<td>CHCC</td>
<td>200 Brookdale</td>
<td>555-6789</td>
</tr>
<tr>
<td>3. [Your Name] CASA</td>
<td>5th floor CCH</td>
<td>555-3770</td>
<td>555-3770</td>
</tr>
<tr>
<td>4. Ramona Haskins CASA</td>
<td>5th floor CCH</td>
<td>555-3770</td>
<td>555-3770</td>
</tr>
<tr>
<td>5. Sabine Lee</td>
<td>330 Hawkins</td>
<td>555-9752</td>
<td>555-9752</td>
</tr>
<tr>
<td>6. Antoinette Bleux</td>
<td>330 Hawkins</td>
<td>555-1790</td>
<td>555-1790</td>
</tr>
<tr>
<td>7. Sam Bluestein</td>
<td>1260 Main St., ste 200</td>
<td>555-7622</td>
<td>555-7622</td>
</tr>
<tr>
<td>8. Jane Morgan OCS</td>
<td>200 Brookdale</td>
<td>555-7262</td>
<td>555-7262</td>
</tr>
<tr>
<td>9. Miles Bleux</td>
<td>740 Center, apt 204</td>
<td>555-3865</td>
<td>555-3865</td>
</tr>
<tr>
<td>10. Jacob Bell</td>
<td>7525 Broad</td>
<td>555-6704</td>
<td>555-6704</td>
</tr>
<tr>
<td>11. Adrienne Nikos OCS</td>
<td>200 Brookdale</td>
<td>555-7579</td>
<td>555-7579</td>
</tr>
<tr>
<td>12. Kim Rytter OCS</td>
<td>200 Brookdale</td>
<td>555-7260</td>
<td>555-7260</td>
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Through their signatures, the undersigned acknowledge that this Memorandum of Understanding has been read to them, accurately reflects what occurred during the Family Team Planning Conference, and they have received a copy of the Memorandum of Understanding.

<table>
<thead>
<tr>
<th>Date</th>
<th>File Number/Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother</strong></td>
<td></td>
</tr>
<tr>
<td>Antoinette Bleux</td>
<td>Mother’s Attorney Sam Bluestein</td>
</tr>
<tr>
<td><strong>Father</strong></td>
<td></td>
</tr>
<tr>
<td>Miles Bleux</td>
<td>Father’s Attorney Jacob Bell</td>
</tr>
<tr>
<td><strong>CASA Volunteer</strong></td>
<td></td>
</tr>
<tr>
<td>[Your Name]</td>
<td>GAL</td>
</tr>
<tr>
<td></td>
<td>Ramona Haskins</td>
</tr>
<tr>
<td><strong>OCS Caseworker</strong></td>
<td></td>
</tr>
<tr>
<td>Jane Morgan</td>
<td>OCS Supervisor</td>
</tr>
<tr>
<td></td>
<td>Kim Rytter</td>
</tr>
<tr>
<td><strong>AAG – OCS’s Attorney</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friends &amp; Relatives</td>
</tr>
<tr>
<td></td>
<td>Sabine Lee (maternal aunt)</td>
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<tr>
<td><strong>Others</strong></td>
<td></td>
</tr>
<tr>
<td>Adrienne Nikos</td>
<td>(OCS intern)</td>
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</table>
INCIDENT REPORT SUPPLEMENT – CITY POLICE  PG 1 of 2

1. OFFENSE
Child Battery

2. CLASSIFICATION
Simple

3. DATE/TIME OF REPORT
Thursday 01:10 hrs

4. VICTIM (LAST, FIRST, M)
Bleux Deshawn Lee

5. ADDRESS
740 Center St., Apt. 204

Synopsis: The following report contains information concerning child battery. Hospital Emergency Room reported possible child battery due to shaken baby syndrome.

Victim Info: Deshawn Lee Bleux B/M/2 months
740 Center St., apt. 204

Suspect Info: Miles Bleux, father of victim
(same address)

Investigation Notes: We were dispatched to the hospital on a child battery call. Emergency room physician Dr. Saul Maronian informed us that the victim was brought to the hospital by his parents. Victim was unconscious with shallow breathing. Upon examination, retinal hemorrhages were found, indicating possible shaken baby syndrome. Victim was taken for whole body CT scan and MRI which revealed minor swelling of the brain and a subdural hematoma but no other injury and no signs of previous injury. Oxygen therapy has been started. Infant expected to be hospitalized for 1 or 2 days. OCS called.

Dr. Maronian informed us that while victim was being scanned, mother became very upset. When he gave parents the diagnosis, mother screamed, “You bastard, how could you!” and began punching father. Father repeated, “I didn’t do anything,” while fending off mother. Dr. Maronian observed that mother is physically smaller, and although father appeared angry, he merely tried to block her blows. Hospital security separated them.

Hospital will provide photographs and scans of victim’s injuries.

We next spoke with mother, Antoinette Lee Bleux, 18, same address as victim and suspect. It appeared that Mrs. Bleux had been crying. Mrs. Bleux informed us that she was out partying with friends and returned home at approx. 21:30 and went straight to bed. She reports baby was sleeping in crib at that time; that husband later woke her in a panic because baby would not wake up. They brought the baby in and have since learned that he is stable and not in grave danger. She admitted to hitting her husband and screaming at him in the emergency room. “I just lost it. I’m sorry I acted like that.” Mother expressed strong need to see child. Nurse escorted mother to infant’s bedside for a short visit. Antoinette Bleux released to her sister—they left the hospital together.

We next spoke with father (suspect), Miles Bleux, in hospital security holding room. He informed us that he did not hurt his child, but he could not explain the injuries. He then
1. OFFENSE
Child Battery

2. CLASSIFICATION
Simple

3. DATE/TIME OF REPORT
Thursday 01:10 hrs

4. VICTIM (LAST, FIRST, M)
Bleux Deshawn Lee

5. ADDRESS
740 Center St., Apt. 204

**Investigation Notes cont.:** informed us that two days previously his wife fell down their front steps while holding the infant, releasing him before she hit the ground so that he experienced only a short fall. Mr. Bleux suggested that infant may have been injured in this fall, though infant showed no symptoms at the time. He informed us that he was hosting a poker game earlier this evening, that the game broke up at 22:00 hrs and after his friends left, he attempted to wake child for a feeding. When child would not wake, he and wife rushed the child to hospital, which is only three blocks from home.

On further questioning, Miles Bleux informed us that he and his wife have been “having problems” since the end of the pregnancy, that “she’s been kind of crazy with the hormones,” and the couple sometimes fights but he doesn’t lose control. “She does, as anyone in the emergency room can tell you.” The suspect was not taken into custody at this time because there was no witness who could say what happened. Deshawn was released into the custody of OCS.

(End of notes)
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**Session Overview**

This session introduces a strengths-based approach to working with families. You’ll learn about risk factors for child abuse and neglect and consider how stress, mental illness and poverty affect families. You’ll begin to apply some of your new knowledge and skills in your first case simulation.

**Objectives**

By the end of this session, you will be able to...

- Identify the strengths and resources of a family
- Explain how times of crisis and stress affect families and children
- Identify risk factors associated with child abuse and neglect
- Describe how mental illness impacts families and children
- Explain why poverty is a risk factor for children
- Describe why the MSL standard is in the best interest of children
- Describe the importance of attachment in children
- Describe how separation and loss affect children
- Define the CASA Role and the parameters of the volunteer-child relationship
- Describe your local child welfare situation, court process and participants in a case
- Name the basic elements of effective communication
- Identify various nonverbal and verbal strategies for communicating with children
Family Strengths

Activity 2.1: Family Strengths and Weaknesses

Take a few moments to think about your own family. Write a sentence or two describing one strength and a sentence or two describing one weakness of your family (either your family of origin or your current family).
Activity 2.2: Identifying Family Strengths

Look at the illustration below of a family home. Use the space that follows the illustration to note 12 to 15 positive aspects of the household pictured. Be prepared to share with the class during our next in-person session.
Family strengths observed in the photo:

1. 
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15. 
Activity 2.3: Resources vs. Deficits

You know the question about whether the glass is half full or half empty? In your CASA volunteer work with families, you can ask yourself a similar question, focusing on the positive or the negative. If you look at a family through a “resource lens,” you focus on identifying the strengths. If you look through a “deficit lens,” you focus on the problems. All families have strengths and weaknesses.

Part 1: Read the information that follows about the differences between using a resource lens and using a deficit lens when working with families.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Deficits</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I look through a RESOURCE lens I am likely to...</td>
<td>When I look through a DEFICITS lens I am likely to...</td>
</tr>
<tr>
<td>Look for positive aspects</td>
<td>Look for negative aspects</td>
</tr>
<tr>
<td>Empower families</td>
<td>Take control or rescue</td>
</tr>
<tr>
<td>Create options</td>
<td>Give ultimatums or advice</td>
</tr>
<tr>
<td>Listen</td>
<td>Tell</td>
</tr>
<tr>
<td>Focus on strengths</td>
<td>Focus on problems</td>
</tr>
<tr>
<td>Put the responsibility on the family</td>
<td>See the family as incapable</td>
</tr>
<tr>
<td>Acknowledge progress</td>
<td>Wait for the finished product</td>
</tr>
<tr>
<td>See the family as expert</td>
<td>See service providers as experts</td>
</tr>
<tr>
<td>See the family invested in change</td>
<td>Impose change or limits</td>
</tr>
<tr>
<td>Help identify resources</td>
<td>Expect inaction or failure</td>
</tr>
<tr>
<td>Avoid labeling</td>
<td>Label</td>
</tr>
<tr>
<td>Inspire with hope</td>
<td>Deflate the families hope</td>
</tr>
</tbody>
</table>

Your ability to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case. Using a strengths-based approach means acknowledging the resources that exist within a family (including extended family) and tapping into them. For instance, you may identify a relative who can provide a temporary or permanent home for a child, you may help a parent reconnect with a past support system or you may identify healthy adults who in the past were important to a child or family. Using a resource lens creates more options for resolution, and it empowers and supports children and families.
Following are a few questions you can ask when using a resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have the family members completed?
- Does the family have extended family or non-relative kin who could be a resource?
- How are family members coping with their present circumstances?

**Part 2:** In the space below, write your answers to the following questions:

- What might be some benefits of using a strengths-based approach in your work as a CASA volunteer?
- What might be some of the drawbacks of using a strengths-based approach?

---

**Stress in Families**

Just as all families have strengths, at some point all families encounter change, stress and perhaps even crisis—the family moves, a parent is laid off, childcare arrangements fall through, a new stepfamily comes into being, the car breaks down, a child becomes ill, the rent goes up and on it goes. The families you will encounter in your work as a CASA volunteer are, by definition, under stress and are likely to be in crisis—if for no other reason than that the state is now involved in determining whether their child remains in their care and custody. Some families cope well and adapt effectively to stress and crisis; others do not and become overwhelmed. Families that are not able to cope well are often isolated from resources, face a variety of challenges and are stressed by numerous problems that compound one another. These families may develop patterns that lead to and then perpetuate abuse and neglect.
Activity 2.4: Stress Level Assessment

Part 1: Use the Holmes-Rahe Life Stress Inventory (Session 2 appendix) to calculate your personal stress level. Then, take the test again to assess the stress level of the Bleux family, using the knowledge you have from the initial case file.

Activity 2.4: Stress Level Assessment

Part 2: In the space below, write your answers to the following questions:

- How many additional points would you assign to having your child removed from your home by the child welfare system?
- How might stress affect a family's interactions with CASA volunteers and other child welfare professionals?
- How might understanding the stress level of a family affect your recommendations?
Conditions That May Lead to Abuse & Neglect

There is rarely a single cause of child abuse or neglect. Risk factors for child abuse and neglect include child-related factors, parent/caretaker-related factors, social-situational factors, family factors and triggering situations. These factors frequently coexist.

CHILD RELATED FACTORS

- **Chronological age of child:** 50% of abused children are younger than 3 years old; 90% of children who die from abuse are younger than 1 year old; firstborn children are most vulnerable.
- **Mismatch** between child’s temperament or behavior and parent’s temperament or expectations
Physical or mental disabilities
Attachment problems or separation from parent during critical periods or reduced positive interaction between parent and child
Premature birth or illness at birth can lead to financial stress, inability to bond and parental feelings of guilt, failure or inadequacy.
Unwanted child or child who reminds parent of absent partner or spouse

PARENT/CARETAKER-RELATED FACTORS
Low self-esteem: Neglectful parents often neglect themselves and see themselves as worthless people.
Abuse as a child: Parents may repeat their own childhood experience if no intervention occurred in their case and no new or adaptive skills were learned.
Depression may be related to brain chemistry and/or a result of having major problems and limited emotional resources to deal with them. Abusive and neglectful parents are often seen and considered by themselves and others to be terribly depressed people.
Impulsiveness: Abusive parents often have a marked inability to channel anger or sexual feelings.
Substance abuse: Drug and/or alcohol use serve as a temporary relief from insurmountable problems but, in fact, creates new and bigger problems.
Character disorder or psychiatric illness
Isolation: Abusive and neglectful families may tend to avoid community contact and have few family ties to provide support. Distance from, or disintegration of, an extended family that traditionally played a significant role in child rearing may increase isolation.
Sense of entitlement: Some people believe it’s acceptable to use violence to ensure a child’s or partner’s compliance.
Mental retardation or borderline mental functioning

SOCIAL-SITUATIONAL FACTORS
Structural / economic factors: The stress of poverty, unemployment, restricted mobility and poor housing can be instrumental in a parent’s ability to adequately care for a child. The child needs to be protected from separation from his/her family solely because of stressed economic conditions. Middle- and upper income parents may experience job or financial stress as well—abuse is not limited to families in poverty.
Values and norms concerning violence and force, including domestic violence; acceptability of corporal punishment and of family violence
Devaluation of children and other dependents
Overdrawn values of honor, with intolerance of perceived disrespect
- **Unacceptable child-rearing practices** (e.g., putting hot peppers in child’s mouth, depriving child of water, confining child to room for days or taping mouth with duct tape for “back talk”)

- **Institutional manifestations of inequalities and prejudice** in law, healthcare, education, the welfare system, sports, entertainment, etc.

**FAMILY FACTORS**

- **Domestic violence**: Children may be injured while trying to intervene to protect a battered parent or while in the arms or proximity of a parent being assaulted. Domestic violence can indicate one parent’s inability to protect the child from another’s abuse because the parent is also being abused.

- **Stepparent, or blended, families are at greater risk**: There is some indication that adult partners who are not the parents of the child are more likely to maltreat. Changes in family structure can also create stress in the family.

- **Single parents are highly represented in abuse and neglect cases**: Economic status is typically lower in single-parent families, and the single parent is at a disadvantage in trying to perform the functions of two parents.

- **Adolescent parents are at high risk because their own developmental growth has been disrupted**: They may be ill-prepared to respond to the needs of the child because their own needs have not been met.

- **Punishment-centered child-rearing** styles have greater risk of promoting abuse.

- **Scapegoating** of a particular child will tend to give the family permission to see that child as the “bad” one.

- **Adoptions**: Children adopted late in childhood, children who have special needs, children with a temperamental mismatch or children not given a culturally responsible placement

**TRIGGERING SITUATIONS**

Any of the factors above can contribute to a situation in which an abusive event occurs. There has been no systematic study of what happens to trigger abusive events. Some instances are acute, happen very quickly and end suddenly. Other cases are of long duration. Examples of possible triggering situations include:

- A baby will not stop crying.
- A parent is frustrated with toilet training.
- An alcoholic is fired from a job.
A parent, after being beaten by her partner, cannot make contact with his/her own family.

☐ A parent is served an eviction notice.

☐ A prescription drug used to control mental illness is stopped.

☐ Law enforcement is called to the home in a domestic violence situation. Whether by the victim or a neighbor.

☐ A parent who was disrespected in the adult world later takes it out on the child.

**Activity 2.7: Risk Scenario**

**Part 1:** Read the scenario below and identify the risk factors present in the situation.

**Dot and Stan**

First grade teacher Susan Williams called the child protection agency hotline to report a concern about two of her students, Dot and Stan Grant, 6-year-old twins. They live with their mother, Arlene, and her boyfriend, Tom. Ms. Williams is concerned that the twins are in the middle of fights between Arlene and Tom. There were bruises on Dot’s face, which she said happened when Tom accidentally hit her when he was trying to hit her mom.

A caseworker talked with the children separately at school and both children said that their mom and her boyfriend drank beer and smoked “little white cigarettes that they put green stuff in.” They also reported that the cigarettes “smelled funny.” Both children told the caseworker that their mom and Tom fight and that he hits their mom. Both children have observed these fights, and from their descriptions it seems the fights occur quite often, especially when Arlene and Tom are partying. Both Dot and Stan said they were afraid of Tom.

When interviewed by the caseworker, Arlene admitted that Tom drank beer but said he didn’t do drugs anymore. She denied that she drank or did drugs herself. She told the caseworker that sometimes they fought, “but who doesn’t?” She said that Tom didn’t hurt her and had never hit her. She was surprised that the case worker could have gotten information that was so wrong. She didn’t want the caseworker to talk with Tom. When the caseworker explained that interviewing Tom was necessary, Arlene had a nervous expression on her face.

Tom was visibly displeased when the caseworker arrived to talk with him. He told her that it was none of her business what he did in his home. He said he was good to Arlene’s children and bought them what they needed. Even though he and Arlene did fight sometimes, he said,
he would never hit her. Tom denied using drugs but told the caseworker that he would drink a beer whenever he wanted.

Further interviews were conducted with the teacher, the maternal grandmother, a neighbor and a friend of the mother. All but the friend were concerned about these children and told the caseworker that the twins were often in the middle of fights and there was “partying” going on at the home all the time.

Drafted by Angie Pittman, Family Permanency Supervisor, DSS, Buncombe County, North Carolina

**Part 2:** In the space below, name as many of the risk factors present in the scenario as you can.
Mental Illness in Families

The Facts
- According to the National Institute of Mental Health (www.nimh.nih.gov), an estimated one in five adults in the United States suffers from a diagnosable mental disorder in any given year.
- The vast majority of people with a mental illness are not dangerous.
- Mental illness is treatable with various combinations of therapy and drugs.

Definition
Definitions of mental illness have changed over time, across cultures and across national—and even state—boundaries. Mental illness is diagnosed based on the nature and severity of an individual’s symptoms. If a person meets the diagnostic criteria as set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM), he/she may be diagnosed with a particular disorder such as depression, anxiety, post-traumatic stress disorder, schizophrenia, alcohol dependence and so on. The term “dual diagnosis” indicates that an individual has both a psychiatric disorder and a substance abuse problem.

Causes
No single model or perspective accounts for all instances of mental illness. Some disorders have a predominately biological or neurological basis; others seem to be related to life experiences, trauma or difficulties in communication. The most helpful stance for you to take in your CASA volunteer work is to accept that mental illness affects the whole person—mentally, physically, psychologically, socially, emotionally and spiritually.

Activity 2.8: Understanding Mental Illness

Read the following information about mental illness. Then write one new idea or question you have about mental illness and how it may impact a case and/or your advocacy for a child.
Impact on Children and Families
The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may result from misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in US culture. It may also result from a lack of access to treatment. There may not be treatment available in a person’s community, or the person may not be able to pay for it.

Untreated mental illness can lead to isolation and despair for individuals and families. Some parents may be so incapacitated by anxiety or depression that they are unable to care for their children. Or some may have hallucinations or delusions, which make them a danger to themselves or their children. It is critical for you as a CASA volunteer to focus less on a parent’s diagnosis and more on his/her ability to provide a safe home for the child. The degree to which a parent’s functioning is impaired will vary from mild to severe. It is important to note that with medication and/or therapy most people with mental illness can function normally.

To understand the impact of mental illness in a particular family, it is critical that you also examine a parent’s level of functioning. A person’s level of functioning can be affected by many factors, and not all are related to mental illness. It is important to distinguish between mental illness and other kinds of limitations. For example, many adults have limited intellectual abilities or specific learning disabilities. These limitations range in severity. By looking at the parents’ level of functioning in addition to mental illness, you can make recommendations that address the likelihood that the parents can remedy the problems that initiated their involvement with the child protective services system.

Treatment
Availability of mental health treatment varies, and its effectiveness depends on a variety of factors. A well-designed treatment plan takes individual differences into account. Healers and practices from a person’s cultural tradition (e.g., the use of prayer or meditation) can be included with other, more “Western,” approaches, which might include specialized inpatient treatment (e.g., for substance abuse), medication, individual and/or group counseling, self-help groups (e.g., Alcoholics Anonymous, Overeaters Anonymous, and other 12-step programs) and education or training (e.g., parenting classes or anger management training).

What a CASA Volunteer Can Do
It is not your task to diagnose mental illness. However, it is important to be aware of warning signs or indicators that may affect the health or safety of the child so that you can alert the OCS caseworker about your concerns. How will you know mental illness when you see it? Your internal cues are your best initial indicators.
Following are some indicators that may point to the need for professional assessment:

- **Social Withdrawal**
  - Characterized by “sitting and doing nothing”; friendlessness (including abnormal self-centeredness or preoccupation with self); dropping out of activities; decline in academic, vocational or athletic performance

- **Depression**
  - Includes loss of interest in once pleasurable activities; expressions of hopelessness or apathy; excessive fatigue and sleepiness, or inability to sleep; changes in appetite and motivation; pessimism; thinking or talking about suicide; a growing inability to cope with problems and daily activities

- **Thought Disorders**
  - Evidenced by confused thinking; strange or grandiose ideas; an inability to concentrate or cope with minor problems; irrational statements; peculiar use of words; excessive fears or suspicions

- **Expression of Feelings Disproportionate to Circumstances**
  - May include indifference even in important situations; inability to cry or excessive crying; inability to express joy; inappropriate laughter; anger and hostility out of proportion to the precipitating event

- **Behavior Changes**
  - Such as hyperactivity, inactivity or alternating between the two; deterioration in personal hygiene; noticeable and rapid weight loss; changes in personality; drug or alcohol abuse; forgetfulness and loss of valuable possessions; bizarre behavior (such as skipping, staring or strange posturing); increased absenteeism from work/school

As part of the assessment, it is important to determine if domestic violence and/or substance abuse are contributing or causal factors. This is a task for professionals.

*In your capacity as a CASA volunteer:*

- You can recommend a mental health assessment of a parent or child.
- You may request consultations with a parent’s or a child’s mental health care providers. Although the parent’s mental health providers are ethically and legally required to maintain their client’s confidentiality, they may be willing—with their client’s permission—to talk with you about their perspective on the situation and any concerns you have. Your CASA volunteer supervisor will be able to answer your questions about gaining access to this confidential information.
- When you encounter resistance to a label, diagnosis or treatment, you can become aware of ethnic and cultural considerations. The standards for research and definitions of health, illness and treatment have historically derived from a white, middle-class perspective.
- In Alaska, Alaska 2-1-1 is a tool for finding resources available in your community.
  - [http://alaska211.org/](http://alaska211.org/)
Socioeconomic status, or class, is a major factor that greatly defines how people live in the world. According to the Children’s Defense Fund, at the end of 2017 more than 13.2 million US children lived in poverty. There are many myths and stereotypes associated with being poor. To separate myths from reality, it is important to look at what we do know about children and poverty in the United States.

**Key Facts About American Children**

1 IN 2 . . .
- Will live in a single-parent family at some point in childhood
- Never completes a single year of college

1 IN 3 . . .
- Is born to unmarried parents
- Will be poor at some point during childhood
- Is behind a year or more in school

1 IN 4 . . .
- Lives with only one parent
- Lives in a family where no parent has full-time, year-round employment

1 IN 5 . . .
- Is born poor
- Is born to a mother who did not graduate from high school
- Children under age 3 is poor now

1 IN 6 . . .
- Is poor now
- Is born to a mother who did not receive prenatal care in the first three months of pregnancy

1 IN 7 . . .
- Never graduates from high school
- Children eligible for federal childcare assistance through the Child Care and Development Block Grant receive it
1 IN 8 . . .
¬ Does not have health insurance
¬ Has an employed person in the family but is still poor
¬ Lives in a family receiving food stamps

1 IN 9 . . .
¬ Is born to a teenage mother

1 IN 12 . . .
¬ Has a disability

1 IN 13 . . .
¬ Was born with low birth weight
¬ Will be arrested at least once before age 17


Myths About Poverty
¬ The poor bring their circumstances on themselves.
¬ If people have jobs, they cannot be poor.
¬ Most poor people are minorities and illegal aliens.
¬ You are not poor if you can afford a television.
¬ Poor people are lazy and do not want to work.
¬ Poor people prefer to live on welfare.
¬ Poor people are poor because they have too many children.
¬ Poverty is the result of poor budgeting.
Activity 2.9: Budgeting

Fill out this form as if you were the head of household for a family of four living at the 2019 poverty line. Your annual budget is $32,190, which comes out to approximately $2,682 per month. How would you make it work?

<table>
<thead>
<tr>
<th>Item</th>
<th>Monthly Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (Mortgage or Rent Payment)</td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Vehicle Payment / Gas / Maintenance</td>
<td></td>
</tr>
<tr>
<td>Groceries / Dining Out</td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td></td>
</tr>
<tr>
<td>Childcare</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
Activity 2.10: Poverty in Our Community

As part of your role as a CASA volunteer, you will do research both online and in person to find answers and solve problems related to a case. Using either the internet or more traditional in-person methods, use resources in your community to find answers to the following questions about poverty and public assistance.

1. What is the minimum wage in my state?

2. Is Temporary Assistance for Needy Families (TANF) the most common term for welfare assistance in my state? If not, what is the more common term?

3. What are the poverty guidelines for a family of four in my state?

4. Are there limits on public assistance for families in my state?
Why Are Poor Children More Likely to Be in the System?
The majority of children you will encounter as a CASA volunteer will be living at or below the poverty level. Developing a better understanding of the realities of poverty will assist you in being a better advocate. *Keep in mind, knowing people’s socioeconomic status—like knowing their race, ethnicity or other group membership—does not necessarily mean you can predict their attitudes or behavior.* However, knowing their socioeconomic status does help you better understand their life experience, specifically some of the hardships they face.

While abuse and neglect occur in families at all socioeconomic levels, poor children are more likely to come to the attention of the child protection system. This happens for a variety of reasons. One reason is that middle- and upper-income families have access to many more resources within their families than poor people do. Even though family crisis, including abuse, happens at all income levels, it is poor people who often *have to* turn to the system for support. For people living in poverty, initial contact with “the system” is usually for reasons other than abuse. The contact may be about accessing medical care, food stamps, housing, etc. Once this contact is initiated, these families are communicating with many “mandated reporters,” increasing the likelihood that issues of child maltreatment and neglect will be investigated.

Poverty causes great stress in families. Because of this stress, poverty itself is a major risk factor of abuse, which increases the likelihood of both immediate and lasting negative effects on children. However, poverty is not a causal agent of abuse. Most poor parents do not abuse their children.

Children living in families in poverty are more likely:

- To have difficulty in school
- To become teen parents
- As adults, to earn less and be unemployed more

Poverty in the first years of life can have critical consequences. Research in brain development shows the importance of the first years of life for a person’s overall emotional and intellectual well-being. Poor children face a greater risk of impaired brain development due to their increased exposure to a number of other risk factors. These risk factors include:
- Inadequate nutrition
- Parental substance abuse
- Maternal depression
- Exposure to environmental toxins (because of where they are forced to live)
- Low-quality daycare

Children who live in poverty are far more likely to have both reports of abuse and substantiated incidents of abuse in their lives. While poverty is not the causal agent of the abuse, it is a risk factor.
Part 2: Follow the link below to learn about children in persistent poverty, and then read the following information.


In the space below, post your responses to at least two of the following questions:

- What effect might living in poverty have on access to education, healthcare and daycare?
- What effect might current poverty have on the likelihood of future poverty?
- Is poverty viewed differently in different communities, geographic regions, neighborhoods and/or religions? Why or why not?
- Are the experiences of poor families of color distinct from those of poor white families? What about Native American families? Why are race and income level interconnected issues?
- Is it a safety concern if the family you’re working with does not have a refrigerator? What if they do not have food in the cupboard? What if their apartment unit has holes in the floor? What if the family lives in a car?
Children served by CASA programs come to the court’s attention because their parents or caretakers are not meeting their most basic needs—for food, clothing, shelter or security. Usually, parents are their children’s advocates—a CASA volunteer is needed only when the parents or caregivers cannot fulfill that advocacy role. To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children’s safety, it does have consequences. In later activities, you will look more closely at the effects of disturbing children’s attachments to their primary caretakers.

### Activity 2.12: Children’s Needs

**Part 1:** Follow the link below to watch a video on Maslow’s Hierarchy of Needs, then read the information below.

- [https://www.youtube.com/watch?v=O-4ithG_07Q](https://www.youtube.com/watch?v=O-4ithG_07Q)

### Maslow’s Hierarchy of Needs

Maslow’s first two categories—for food, clothing and shelter and for protection and security—are self-explanatory. The third level, primary relationships, refers to people’s need to experience love and a feeling of belonging. People need to give and receive affection and belong to a group or to a society. Sound primary relationships make it possible for people’s need for esteem—the fourth of Maslow’s categories of need—to arise. Self-esteem and esteem from others allow people to feel self-confident and self-worthy. Without such respect in their lives, people feel inferior and worthless. When the need for esteem is met, the need for self-actualization surfaces. Maslow called this level “community and wholeness.” At this level, people strive to realize their potential and exercise their talents to the fullest. Maslow noted that most people do not reach self-actualization because they never fully satisfy their needs for love and esteem.
What Is Attachment?
Attachment is an emotional and psychological connection between two people that endures through space and time. In child development, attachment refers to a strong, enduring bond of trust that develops between a child and the person(s) he/she interacts with most frequently. Attachment develops intensely throughout the first three years of life. After age 3, children can still learn how to attach; however, this learning is more difficult. The child’s negative experiences with bonding will strongly influence the child’s response to caregivers and other individuals throughout the child’s lifetime.

Children who are learning to attach will be influenced by three specific factors:

1. The child’s genetic predisposition: Some children have a naturally “sunny” or easy personality that draws adults to them. In rare circumstances, children may have a condition that would make it difficult for them to form attachments, such as autism spectrum disorders or other disorders.

Part 2: In the space below, write your responses to the following questions:

- Which level of Maslow’s categories do you believe fall into the minimum sufficient level of care? Why?
- How might the issues covered earlier in this session—mental illness and poverty—affect a parent’s ability to meet children’s needs in these categories?
2. The conditions under which the child is cared for: Children whose needs are regularly met have an easier time trusting their world.
3. The child’s parents or caretakers: Some adults have a nurturing or outgoing disposition and can establish relationships easily with adults and children. Substance abuse or mental health problems can interfere with the adult’s ability to attach to a child. Interruption or loss of a caretaking relationship can affect a child’s attachment.

When a baby cries, the caretaker responds by picking up the child. The caretaker continues to stroke, talk to and hold the baby during feeding or diaper changing. After several days of this routine the child learns that to get needs met, all he/she has to do is cry. The caretaker responds and immediately begins to soothe the infant, resulting in an increased sense of trust and security. This cycle of consistently meeting a child’s needs creates a secure attachment between the infant and caretaker. It is referred to as the “attachment cycle” or the “trust cycle.”

Healthy attachments are based on the nature of the relationship between the child and the caretaker. They are not based on genetic ties to or the gender or culture of the caretaker. Attachment behaviors may look different in different cultures. Keep this in mind as you work with children and families as a CASA volunteer.
Learn More!

If you’d like to learn more about attachment theory in children, watch this short video:
- [https://www.youtube.com/watch?v=kwxjfuPlArY](https://www.youtube.com/watch?v=kwxjfuPlArY)

Part 2: Read the following scenario about a child named Jamaal.

Jamaal’s Situation
When Jamaal was born, he and his mother tested positive for cocaine. The Office of Children’s Services (OCS) assumed care of Jamaal and placed him in a foster home. Jamaal’s mother eventually dropped out of contact with OCS, and his father was never identified. Both parents’ rights were terminated, and the permanency plan for Jamaal became adoption.

Jamaal’s first placement after the hospital was a foster family who hoped to adopt. A developmental specialist who visited Jamaal several times noted that he was receiving excellent care and that the foster parents were able to soothe and comfort Jamaal when he was upset. The specialist noted that Jamaal seemed to derive particular benefit from the attention he received as the only child in the home.

By the time Jamaal was free for adoption, he had been in the foster home for nine months. Due to paperwork demands and a busy court docket, the adoption finalization hearing was scheduled for three months out. In the meantime, a neighbor of the foster parents phoned OCS with allegations that Jamaal was being neglected in the home. While the case was investigated, OCS removed Jamaal and placed him in a temporary foster home.

When Jamaal had been in the temporary home for the maximum two weeks allowed, OCS placed him in another foster home. The new foster parents had an 8-year-old daughter and twin 6-year-old foster sons. Due to a miscommunication, the new foster family believed that Jamaal, who was by that time a year old, was free for adoption. They quickly fell in love with Jamaal and expressed interest in adopting him. They initially had concerns about Jamaal’s development. They noted that he tended to stare around the room blankly and would not respond to attempts at social interaction or caregiving. They observed him to be apathetic and emotionally disinterested. None of these problems had been present when Jamaal lived in the first foster home. Despite these problems, the new
foster parents were committed to providing him with the best care. After several weeks, Jamaal began to respond more playfully and affectionately with the new family.

The allegations against the first foster parents were found to be unfounded, and the foster parents maintained their commitment to adopting Jamaal. However, OCS took the position that Jamaal was doing well in the new home and should not be moved again. The matter was discussed at a series of meetings and hearings in which the first foster parents begged for Jamaal’s return, pointing out that he’d spent the first nine months of his life in their home and had thrived there, and that he had displayed signs of adjustment problems in the new foster home. Several months passed, during which Jamaal continued to grow closer to his new foster parents, seeking comfort from them when hurt or scared and even learning to call them “Mama” and “Dada.” Jamaal had not seen his former foster family during the removal period. At the next court hearing, the CASA volunteer was called on to give a recommendation regarding which family should be allowed to adopt Jamaal. The decision would be difficult, as one family was certain to be heartbroken, and Jamaal’s well-being hung in the balance.

**Part 3:** Come up with one reason Jamaal should return to the first foster family and one reason he should remain with the current foster family. Write your reasons in the space below.
Activity 2.14: The Separation Experience

Part 1: In order to better understand the separation experience of the 850 children in the United States who are removed each day from their families and put in foster care, take a few moments to do the visualization that follows.

Imagine you are a 4-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when you are bad, whether you have enough food at home, how much your daddy drinks and how often he hits your mommy. You are pretty sure you are going to be in a lot of trouble because the lady said she had to tell your parents that she talked to you. You can barely eat your dinner and your mom is already mad about that. Your dad is drinking another beer, which usually is a bad sign.

There is a knock on the door and that same lady is standing there with a policeman. Now you know you are really in big trouble. She tells your mom and dad that she is taking you away with her. Will they put you in jail? She sits near you at the table and tells you not to worry. She asks your mom or dad to get some clothes together. She asks if there is any special toy or blanket that might help you sleep better. You just can’t imagine what it will be like to sleep in jail with all of those mean people that were there with your dad the last time he went.

But the lady doesn’t take you to jail. The policeman and the lady take you to a big house in another part of the town. They are chatting and laughing on the way. You can tell they are trying to be nice, but you are really scared. The lady walks you to the door and another lady opens it up. She has a big smile on her face and takes your bag of stuff and says, “Come right in.” Behind her is a man. He is smiling, too. There are a bunch of other kids who are all looking at you. The new lady says, “Welcome. This is your new home. We are so glad to have you.” She keeps smiling and seems really nice, but there must be some mistake. You didn’t ask for a new home, you already have a mom and dad, you don’t have brothers and sisters, this isn’t your room and what is this food that they are giving you? You realize that this is all your fault and that your mom and dad must be really mad now. You wonder if you’ll ever see them again.
As a CASA volunteer, there are a number of things you can do to help children who are experiencing difficulty with the separation from their parents. Children in the foster care system are damaged every time they are moved from one place to another. Each placement increases the likelihood of irreversible damage to their emotional and psychological health. However, because a child’s safety has to be the primary consideration, sometimes he/she must be moved for protection. A CASA volunteer is generally not assigned to the case until the child has been removed from the home. Once you are appointed, you can advocate that the child not experience multiple placements.

Part 2: In the space below, write a few sentences about the feelings you experienced as you imagined yourself as a 4-year-old child being removed from your home. Then answer the following question:

- How might knowing about attachment and separation impact your recommendations for visitation and services?

Part 3: Removed
Watch this short film of a child being removed from their home from a child’s perspective. Keep in mind that not all removals look like this, but they may feel like this to the child.
https://www.youtube.com/watch?v=IoEQUwdAjE0
What a CASA Volunteer Can Do
- Advocate for additional therapeutic services or trauma-based therapy
- Advocate for the continuation in schools and activities
- Explain to the child when he/she might see his/her parents (but don’t make promises!)
- Take a strong stand against court hearing continuances and unnecessary placement changes
- Advocate for a maximum amount of visitation with parents (when appropriate) and siblings
- Advocate for permanency so the predictability and security of a primary attachment is restored

Communication Skills

Activity 2.15: Communicating as a CASA Volunteer

Part 1: read the following information about communication skills.

The Basics of Communication
Communication is a two-way street. It is defined as an interchange or an exchange of thoughts and ideas. Often the message a person intends to send is not the message that is received. What is said can be interpreted differently depending on the nonverbal cues that accompany the words. Communication experts suggest that words and their dictionary meanings are only one-third of any speaker’s message.

Communication has three components:

1. **Verbal**: The verbal component refers to the actual words spoken, the elements we traditionally think of as language and refer to as “communication.”
2. **Nonverbal**: The nonverbal component refers to gestures, body movements, tone of voice and other unspoken means of conveying a message. The nonverbal code can be easily misread.
3. **Feelings**: This component refers to the feelings that are experienced in the course of an interaction. While the verbal and nonverbal components can be directly observed, the feelings component is not easy to observe.

Ideally, these three components match—that is, there is no conflict between what people say, what they convey through body language and what they feel. Sometimes, however, people send mixed messages.
Whenever there is a discrepancy between the verbal, the nonverbal and the feelings components of a message, the receiver of the message will tend to believe the nonverbal. Given all the variables involved, it is easy to see why misunderstandings occur between people.

As a CASA volunteer, you will communicate with children, their families, caseworkers and others involved in a case. It is important that you understand how to convey your message consistently using all three components of communication—verbal, nonverbal and feelings.

It is also essential that you learn to observe whether people’s verbal and nonverbal messages match or are congruent. It is important to “hear” the silent messages. Listening for meaning requires three sets of ears—one set for receiving the message that is spoken, one for receiving the message that is conveyed silently and one for receiving the feelings of the sender.

Adapted from “Learning to Listen to Trainees,” Ron Zemke, and “Learn to Read Nonverbal Trainee Messages,” Charles R. McConnell.

Communicating with Children
Knowledge about communication is important to the specific ways you will gather information from children. Some children can talk about their situations and their wishes, but other children do not have verbal and developmental skills sufficient to express their needs and wishes.

Because the verbal skills of children vary, fact-based observations about a child are a vital part of your investigation and court report as a CASA volunteer.

Because it is impossible to observe everything a child does, it is important to think about what specific information you want to know about the child while trying to keep your mind open to unexpected information. Reading over the following questions several times before you begin observing a child will help you remember what to look for.

1. What is the specific situation in which the child is operating?
What other activities are going on? What are the general expectations of the group at the moment and what is the general atmosphere of the room—calm, noisy, boisterous, quiet?

2. What is the child’s approach to materials and activities?
Is the child slow in getting started or does he/she plunge right in? Does the child use materials in the usual way or does he/she use them in different ways, exploring them for the possibilities they offer?

3. How interested is the child in what he/she is doing?
Does the child seem intent on what he/she is doing or does the child seem more interested in what others are doing? How long is his/her concentration span? How often does he/she shift activities?
4. How much energy does the child use?
Does the child work at a fairly even pace or does he/she work in spurts of activity?
Does the child use a great deal of energy in manipulating the materials, in body movements, or in talking?

5. What are the child’s body movements like?
Does the child’s body seem tense or relaxed? Are movements jerky, uncertain or poorly coordinated?

6. What does the child say?
Does the child talk, sing, hum or use nonsense words while he/she works? Does the child use sentences or single words? Does the child communicate with others using words or gestures?

7. What is the child’s affect (visual emotions)?
What are the child’s facial expressions like? Does he/she appear frustrated? Happy?

8. How does the child get along with other children?
Does the child play alone, with only certain children or with a variety of children? Is the child willing or unwilling to share toys? Does the child always initiate or always follow along with group ideas?

Part 2: Follow the links below to view sample videos of a volunteer visiting a 4-year-old child and a 10-year-old child. Take notes about what you observe the volunteer doing well. Are there some things that you would have done differently?

- [http://nc.casaforchildren.org/files/secure/training/interviewskills/interviewskills_4year.html](http://nc.casaforchildren.org/files/secure/training/interviewskills/interviewskills_4year.html)
Activity 2.17: Welcome (5 minutes)

As you enter the room, write on the flipchart one thing you learned from the Session 2 online portion that you think you will use in your work as a CASA volunteer.

Activity 2.18: Family Strengths (5 minutes)

Choose a partner and review the list of family strengths you identified during activity 2.2 in your online work. How easy or difficult was it for you to generate this list?
Activity 2.19: Parameters of the Volunteer-Child Relationship (35 minutes)

Part 1: Read the following

Establishing a relationship with the child for whom you’re advocating is one of the most important things you do as a CASA volunteer. The ideal relationship is one that maximizes your ability to advocate successfully for the child. The following guidelines describe the parameters for your relationship and contacts with the child:

As a CASA volunteer, you have direct and sufficient contact with a child to carry out an independent and valid investigation of the child’s circumstances, including the child’s needs and wishes, so as to be able to make sound, thorough and objective recommendations in the child’s best interest. This contact should occur in person to provide you with firsthand knowledge of the child and his/her unique personality, abilities and needs. While social contact is permitted with the child to develop trust and a meaningful relationship, you function as an objective advocate for the child and not as the child’s attorney, caseworker, counselor, mentor or parental figure. You do not provide direct services to the child, such as supervising visitation; however, it is appropriate for you to observe visitation. Under no circumstances shall you take the child into your home, provide shelter for the child or take the child on an overnight outing. These specific tasks and restrictions are part of what distinguishes the role of a GAL or CASA volunteer from that of a more traditional mentorship role.

Activity 2.19

Part 2: Volunteer-Child Relationship Dilemmas

The facilitator will provide GAL/ CASA Volunteer-Child Relationship cards. In small groups, select a card and read the dilemma. Brainstorm possible solutions in your small groups. Share your suggestions with the larger group.
Activity 2.20: Introducing the Case Study Process (10 minutes)

In today’s session and in Sessions 3, 4 and 5, you will be applying the knowledge you’ve learned during the online components to a series of true-to-life case study simulations. To get started, the facilitator will divide you into small groups. Within each group, you will need to assign roles to various members (if there are fewer than four people in a group, some people may need to take on more than one role; if there are more than four people, not everyone will have an assigned role). The group roles include:

- Runner: the member of the group assigned to retrieve document packets from the facilitator
- Scribe: the individual who writes up recommendations to the court
- Controller: the person charged with keeping the group on track and monitoring the time remaining for the activity
- Questioner: the group member charged with asking certain questions and making sure each document that’s read gets discussed by the group before moving to the next one

Activity 2.21: The Greene Case (60 minutes)

Part 1: Your group will receive a hard copy of the initial case file for the Greene case. Take several minutes to begin digesting the information in the case file. Then send your Runner to the facilitator to request an additional document (this will either be an interview transcript from a key player you might interview as the CASA volunteer or another important document you’d find during a case). You may continue to request additional interviews and documents one at a time over the course of 35 minutes in order to complete your investigation of the case at this stage. As you gather this information, your group should be formulating recommendations regarding:

1. Services for the child
2. Services for the parent
3. Placement of the child

After 35 minutes, your Scribe should legibly write your group’s recommendations on the flipchart. A large group debrief will follow.

Part 2: Take a few minutes to view other groups’ recommendations, and then briefly discuss the debrief questions that the facilitator distributes. In the large group, discuss these questions and any others that arose during the activity.
Activity 2.22: Seeing the Strengths in the Greene Family (15 minutes)

With a partner, read through the entries on the Strengths in Families Worksheet, which the facilitator will provide. As you read, consider the strengths of the Greene Family.

In the large group, discuss the following questions:

- Which of the strengths listed are present in the Greene Family?
- If you don’t know whether or not a particular strength exists in this family, how might you gather information to find out?
- How would looking only at strengths or only at deficits affect your recommendations for this family?
Activity 2.24: Introducing Yourself as a CASA Volunteer (20 minutes)

Part 1: One of the first tests of your communication skills as a CASA volunteer will occur when you introduce yourself and describe your role. Here is one example of what you might say to introduce yourself to a family:

Hello, I’m a Court Appointed Special Advocate (or guardian ad litem). I’m a volunteer appointed by a judge to gather information by interviewing the child and surrounding adults. I will provide objective written reports to the court about the child’s best interests.

Write what you would say to introduce yourself to the following people:

Marky Green

Roy Greene

Marky’s teacher
**Part 2:** Divide into trios, and using what you wrote, take turns introducing yourself as a CASA volunteer. One member of the trio acts as the CASA volunteer; another member plays the role of Roy Greene, Marky Greene or Marky’s teacher; the third member is the observer. Rotate roles until each member of your group has a chance to perform an introduction.

As the speaker, think about what you would like to convey and how best to convey it. Consider tone of voice, posture, language, etc. As the listener, try to reflect back what you hear. If necessary, ask the speaker to clarify his/her point.

After each turn, take a minute to share feedback. Those in the role of the CASA volunteer should go first, sharing what they liked about the introduction, then what they would change the next time. The other two members of the trio should then share what went well and offer suggestions for improvement. Pay attention to nonverbal communication!

In the large group, share any questions you have.

Adapted from an activity contributed by Norma Laughton, NC GAL District Administrator.
Activity 2.25: Pop Quiz! Who gets a prize?! (5 minutes)

1. Looking for positive aspects of a family, avoiding labeling and acknowledging progress are all examples of using what kind of lens?
2. Name three life events that may contribute to a relatively high risk of a stress-induced break-down.
3. Name three risk factors for child abuse and neglect.
4. Name one action you can take if you suspect that a parent or child may be experiencing a mental illness.
5. What is the most common form of welfare assistance in Alaska?
6. True or false: poverty is the cause of abuse for many children in foster care.
7. Which category of Maslow’s Hierarchy of Needs correlates with our definition of the minimum sufficient level of care?
8. Name one of the three specific factors that influences a child’s ability to learn to attach to their caregivers.
9. Name one significant difference between the roles of mentors and volunteer advocates.

Wrap up: (5 minutes)

- Fill out the session 2 Training Evaluation and give it to the facilitator before you leave.
- Be sure to complete the online work for Session 3 by the deadline the facilitator specifies.
- Discuss Session 2 Appendix Documents if they have not already been discussed.
- Confirm next training date and time.
SESSION 2 APPENDIX

- HOLMES-RAHE LIFE STRESS INVENTORY
HOLMES-RAHE STRESS INVENTORY
The Holmes-Rahe Life Stress Inventory
The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

<table>
<thead>
<tr>
<th>LIFE EVENT</th>
<th>MEAN VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>2. Divorce</td>
<td>75</td>
</tr>
<tr>
<td>3. Marital Separation from mate</td>
<td>65</td>
</tr>
<tr>
<td>4. Detention in jail or other institution</td>
<td>63</td>
</tr>
<tr>
<td>5. Death of a close family member</td>
<td>63</td>
</tr>
<tr>
<td>6. Major personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>7. Marriage</td>
<td>50</td>
</tr>
<tr>
<td>8. Being fired at work</td>
<td>47</td>
</tr>
<tr>
<td>9. Marital reconciliation with mate</td>
<td>45</td>
</tr>
<tr>
<td>10. Retirement from work</td>
<td>45</td>
</tr>
<tr>
<td>11. Major change in the health or behavior of a family member</td>
<td>44</td>
</tr>
<tr>
<td>12. Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>13. Sexual Difficulties</td>
<td>39</td>
</tr>
<tr>
<td>14. Gaining a new family member (i.e. birth, adoption, older adult moving in, etc.)</td>
<td>39</td>
</tr>
<tr>
<td>15. Major business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>16. Major change in financial state (i.e. a lot worse or better off than usual)</td>
<td>38</td>
</tr>
<tr>
<td>17. Death of a close friend</td>
<td>37</td>
</tr>
<tr>
<td>18. Changing to a different line of work</td>
<td>36</td>
</tr>
<tr>
<td>19. Major change in the number of arguments w/spouse (i.e. either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)</td>
<td>35</td>
</tr>
<tr>
<td>20. Taking on a mortgage (for home, business, etc. . .)</td>
<td>31</td>
</tr>
<tr>
<td>21. Foreclosure on a mortgage or loan</td>
<td>30</td>
</tr>
<tr>
<td>22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)</td>
<td>29</td>
</tr>
<tr>
<td>23. Son or daughter leaving home (marriage, attending college, joined mil.)</td>
<td>29</td>
</tr>
<tr>
<td>24. In-law troubles</td>
<td>29</td>
</tr>
<tr>
<td>25. Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>26. Spouse beginning or ceasing work outside the home</td>
<td>26</td>
</tr>
<tr>
<td>27. Beginning or ceasing formal schooling</td>
<td>26</td>
</tr>
<tr>
<td>28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)</td>
<td>25</td>
</tr>
<tr>
<td>29. Revision of personal habits (dress manners, associations, quitting smoking)</td>
<td>24</td>
</tr>
<tr>
<td>30. Troubles with the boss</td>
<td>23</td>
</tr>
<tr>
<td>31. Major changes in working hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>32. Changes in residence</td>
<td>20</td>
</tr>
<tr>
<td>33. Changing to a new school</td>
<td>20</td>
</tr>
<tr>
<td>34. Major change in usual type and/or amount of recreation</td>
<td>19</td>
</tr>
<tr>
<td>35. Major change in church activity (i.e. . . . a lot more or less than usual)</td>
<td>19</td>
</tr>
<tr>
<td>36. Major change in social activities (clubs, movies, visiting, etc.)</td>
<td>18</td>
</tr>
<tr>
<td>37. Taking on a loan (car, tv, freezer, etc.)</td>
<td>17</td>
</tr>
<tr>
<td>38. Major change in sleeping habits (a lot more or a lot less than usual)</td>
<td>16</td>
</tr>
<tr>
<td>39. Major change in number of family get-togethers (”)</td>
<td>15</td>
</tr>
<tr>
<td>40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)</td>
<td>15</td>
</tr>
<tr>
<td>41. Vacation</td>
<td>13</td>
</tr>
<tr>
<td>42. Major holidays</td>
<td>12</td>
</tr>
<tr>
<td>43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc.)</td>
<td>11</td>
</tr>
</tbody>
</table>

Now, add up all the points you have to find your score

TOTAL

150 pts or less means a relatively low amount of life change and a low susceptibility to stress-induced health breakdown. 150 to 300 pts implies about a 50% chance of a major health breakdown in the next 2 years. 300 pts or more raises the odds to about 80%, according to the Holmes-Rahe statistical prediction model.
# Session 3: Cultural Competence & Disproportionality—The Lavender Case

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**Session Overview**
This session explores the importance of cultural competence in the CASA volunteer role. You’ll also learn about issues related to domestic violence and substance abuse. You’ll continue to apply your new knowledge and skills in two case simulations.

**Objectives**
- By the end of this session, you will be able to...
- Recognize that there are many facets of diversity and develop a working vocabulary related to diversity issues
- Explain how diversity and cultural competence among CASA volunteers benefit children and families
- Describe how becoming culturally competent can help you avoid stereotyping
- Identify community resources that will increase your understanding and appreciation of other cultures
- Determine the steps you can take to increase your cultural competency skills and demonstrate the high value you place on culturally competent child advocacy
- Explore your identity and your culture’s effects on your values, attitudes and behaviors
- Explore some of the root causes of the disproportionate representation of children of color in foster care and the disparate outcomes that children of color experience in foster care
- Identify reasons that people abuse substances and how substance abuse can affect children and their families
- Identify some of the markers of domestic violence and describe how it affects children and families
- Examine how your personal values and biases about mental illness, domestic violence and substance abuse can affect your objectivity regarding the best interest of the child
- Describe some strategies for writing an effective court report
- Explain how your personal values may affect your work as a CASA volunteer
As a general term “diversity” refers to difference or variety. In the context of CASA volunteer work, “diversity” refers to differences or variety in people’s identities or experiences: ethnicity, race, national origin, language, gender, religion, ability, sexual orientation, socioeconomic class and so on. The term “cultural competence” refers to the ability to work effectively with people from a broad range of backgrounds, experiences and viewpoints.

The United States is becoming increasingly multicultural. According to the 2010 US Census, approximately 36.3% of the population currently belongs to a racial or ethnic minority group. The Census Bureau projects that by the year 2100, non-Hispanic whites will make up only 40% of the US population. As you work through the activities in this session, keep in mind the particular cultural groups with whom you will work as a CASA volunteer. Keep in mind that “culture” is not limited to race and ethnicity.

Understanding issues related to diversity and culturally competent child advocacy is critical to your work as a CASA volunteer. It can enhance your ability to see things from new and different perspectives and to respond to each child’s unique needs. Developing cultural competence is a lifelong process.

**Activity 3.1: The Value of Diversity**

**Part 1:** Read the National CASA vision and guiding principles that follow and circle the principle that you think is the most important.

**National CASA’s Vision**

The National Court Appointed Special Advocate Association “stands up” for abused and neglected children. Building on our legacy of quality advocacy, we acknowledge the need to understand, respect, and celebrate diversity including race, gender, religion, national origin, ethnicity, sexual orientation, socioeconomic status and the presence of a sensory, mental or physical disability. We also value diversity of viewpoints, life experiences, talents and ideas.

A diverse CASA network helps us to better understand and promote the wellbeing of the children we serve. Embracing diversity makes us better advocates by providing fresh ideas and perspectives for problem solving in our multicultural world, enabling us to respond to each child’s unique needs.
Guiding Principles for Achieving a Diverse CASA Network

1. Ethnic and cultural background influences an individual’s attitudes, beliefs, values and behaviors.
2. Each family’s characteristics reflect adaptations to its primary culture and the majority culture, the family’s unique environment and the composite of the people and needs within it.
3. A child can be best served by a CASA volunteer who is culturally competent and who has personal experience and work experience in the child’s own culture(s).
4. To understand a child, a person should understand cultural differences and the impact they have on family dynamics.
5. No cultural group is homogenous; within every group there is great diversity.
6. Families have similarities yet are all unique.
7. In order to be culturally sensitive to another person or group, it is necessary to evaluate how each person’s culture impacts his/her behavior.
8. As a person learns about the characteristic traits of another cultural group, he/she should remember to view each person as an individual.
9. Most people like to feel that they have compassion for others and that there are new things they can learn.
10. Value judgments should not be made about another person’s culture.
11. It is in the best interest of children to have volunteers who reflect the characteristics (i.e., ethnicity, national origin, race, gender, religion, sexual orientation, physical ability and socioeconomic status) of the population served.

Part 2: In the space below, post two or three sentences about the guiding principle you circled in your manual. Briefly explain why you think that principle is most important. Be prepared to share your thoughts with a classmate during our next in-person session.
Activity 3.2: Exploring Culture and Perceptions

Part 1: As a foundation for expanding your understanding of other cultures, it is important to be thoroughly acquainted with your own. Cultural competence begins with understanding and appreciating your own identity. You are a “culturally rich” individual with your own blend of culture, ethnicity, race, gender, class, sexual orientation, age, religion or spirituality, geographic location and physical and mental abilities.

For each of the categories from the list below, think about your culture and life experiences, and how you would describe yourself, your family of origin or your current family situation to someone you know pretty well. After you have some thoughts in mind for each of the categories, think about the following questions:

- Are there categories that you would have been uncomfortable sharing in front of the large group during the in-person training session?
- What contributes to your feelings of safety when you are asked to disclose personal information?

Race
Family Form (single parent, married with no children, etc.)
Ethnicity (cultural description or country of origin)
Gender
Geographic Identity (rural, urban; in the US, eastern, Midwestern, etc.)
Age
Sexual Orientation
Religion or Spirituality
Language
Disabilities
Socioeconomic Status (low-income, working-class, middle-class, wealthy)
Part 2: Now imagine that you are either Toni or Miles Bleux, and you are describing yourself to someone who has power over your life—for instance, the caseworker, the judge or an attorney. In the space below, answer the following questions:

1. How do you think the caseworker or others might perceive you and what would be the implications?
2. When you describe yourself to this person, what might you leave out or try to make fit what you think might be more acceptable to them? Why?
3. If you often had to do this, what do you think would happen to these parts of yourself?
Stereotyping vs. Cultural Competence

Stereotypes based on appearances can impact how a volunteer approaches and builds relationships with families and children. Stereotypes are rigid and inflexible. Stereotypes hold even when a person is presented with evidence contrary to the stereotype. Stereotypes are harmful because they limit people’s potential, perpetuate myths and are gross generalizations about a particular group.

For instance, a person might believe that people who wear large, baggy clothes shoplift. Because some teenagers wear large, baggy jackets, this person may assume that teenagers shoplift. Such stereotypes can adversely affect a volunteer’s interactions with children and others in the community. Even stereotypes that include “positive” elements (e.g., “they” are quite industrious) can be harmful because the stereotypes are rigid, limiting and generalized.

Unlike stereotyping, cultural competence can be compared to making an educated hypothesis. An educated hypothesis contains what you understand about cultural norms and the social, political and historical experiences of the children and families with whom you work. You might hypothesize, for example, that a Jewish family is not available for a meeting on Yom Kippur, or that they would not want to eat pork. However, you recognize and allow for individual differences in the expression and experience of a culture; for instance, some Jewish people eat pork and still are closely tied to their Jewish faith or heritage. Another example might be that some African American families celebrate Kwanzaa, while others do not.

As an advocate, you need to examine your biases and recognize that they are based on your own life and do not usually reflect what is true for the stereotyped groups. Everyone has certain biases. Everyone stereotypes from time to time. Developing cultural competence is an ongoing process of recognizing and overcoming these biases by thinking flexibly and finding sources of information about those who are different from you.
Part 2: Think about a time when you felt categorized because of the way you identify yourself. How did you feel? How might a foster child feel? In the space below, jot down your thoughts. You will not share these thoughts with anyone; be as honest with yourself as possible.

Activity 3.4: Sorting People

Part 1: Follow the link below to access a pbs.org exercise called “Sorting People: Can You Tell Somebody’s Race by Looking at Them?” Follow the instructions to complete the activity.

- [http://www.pbs.org/race/002_SortingPeople/002_00-home.htm](http://www.pbs.org/race/002_SortingPeople/002_00-home.htm)
Part 2: In the space below, share your answers to the following questions based on the sorting activity:

1. How did you do?
2. What surprised you about the exercise?
3. Think about the two cases you've worked on so far. Did you observe any stereotyping in the Bleux case? What about in the Greene case?

Activity 3.5: Understanding Families Through Culture

Part 1: Think back to your childhood. When you had the flu, what did your family generally advise you to do in order to feel better? In the space below, share your answer.
The Cultural Sensitivity Lens
Another essential tool to use when looking at families is the cultural sensitivity lens. Strengths don't look the same in every family. Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parenting techniques and values may be based on cultural norms and/or accepted community standards.

In the context of the CASA volunteer role, cultural competence is the ability to work effectively with people from a variety of backgrounds. It entails being aware and respectful of the cultural norms, values, traditions and parenting styles of those with whom you work. Striving to be culturally competent means cultivating an open mind and new skills and meeting people where they are, rather than making them conform to your standards.

Each child and each family is made up of a combination of cultural, familial and personal traits. In working with families, you need to learn about an individual's or family's culture. When in doubt, ask the people you are working with. It might feel awkward at first, but learning how to ask questions respectfully is a vital skill to develop as you grow in cultural competence. Once people understand that you sincerely want to learn and be respectful, they are usually very generous with their help.

It’s important to understand that child-rearing practices vary across cultures. For instance, the following mainstream US child-rearing practices may be viewed as harmful to children by people from other countries: isolating children in beds or rooms of their own at night, making children wait for food when they are hungry, requiring children to wear painful braces on their teeth, forcing young children to sit in a classroom all day or allowing infants to “cry it out.”

Conversely, practices that are culturally acceptable elsewhere may be misunderstood in the United States. One example is the Southeast Asian practice of “coin rubbing,” a traditional curing method in which heated metal coins are pressed on a child's body. This practice is believed to reduce fevers, chills and headaches. Because it generally leaves red streaks or bruises, it can easily be misdiagnosed as child abuse by those who don’t understand the intention behind this cultural practice.

Additionally, in the United States the ideal of the nuclear family still dominates. However, in many communities extended family members take on a greater role in child rearing, and family may include members of a faith community or others who are not blood relatives.
People in different cultures and socioeconomic classes may use different skills and resources to deal with stress and problems. Material goods are one kind of resource, but some individuals and cultures prize other resources above material wealth. For example:

- **Mental ability** allows a person to access and use information.
- **Emotional resources** provide support and strength in difficult times.
- **Spiritual resources** give purpose and meaning to people’s lives.
- **Good health and physical mobility** allow for self-sufficiency.
- **Cultural heritage** provides context, values and morals for living in the world.
- **Informal support systems** provide a safety net (e.g., money in tight times, care for a sick child, job advice).
- **Healthy relationships** nurture and support.
- **Role models** provide appropriate examples of and practical advice on achieving success.

Part 2: Think about your answer from Part 1. Now look at your childhood cure through a cultural lens. Do you think your childhood cure is considered normal behavior according to mainstream US culture?

Activity 3.6: Disproportionality and Disparate Outcomes

Part 1: Read the information that follows about disproportionality in the child welfare system. Then read the information the facilitator provided about disproportionality in your local area.

Disproportionality in the Child Welfare System

Disproportionality is the experience of overrepresentation or underrepresentation of various groups in different social, political or economic institutions. For example, women in the United States are overrepresented as single heads of household, and African Americans and Latinos are overrepresented in the US prison population.

☐ There is no difference between races in the likelihood that a parent will abuse or neglect a child, but there is a great difference between races in the likelihood that a child will be removed from home and placed in foster care. Compared to white children, African American children are four times more likely to be placed in care, American Indian and Native Alaskan children are three times more likely, and Hispanic children are twice as likely.

Casey Family Programs, [www.casey.org](http://www.casey.org).
The following are the races and ethnicities of the estimated 437,465 children in foster care on September 30, 2016:

44% were White.
23% were Black or African-American.
21% were Hispanic (of any race).
9% were other races or multiracial.
2% were unknown or unable to be determined.

*Other races or multiracial* includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, and two or more races.


The following are the races and ethnicities of the estimated 269,690 children who entered foster care during FY 2017:

47% were White.
21% were Black or African-American.
20% were Hispanic.
10% were other races or multiracial.
2% were unknown or unable to be determined.

From FY 2007 to FY 2017, the percentages of Black or African-American children entering foster care as well as for those whose race or ethnicity was unknown or unable to be determined decreased, while the percentages of White children and children of other races or multiracial children entering foster care increased. The percentage of Hispanic children remained the same.

Children in foster care by race and Hispanic Origin in the United States.

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<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Hispanic or Latina</td>
<td>Number</td>
<td>96,404</td>
<td>92,437</td>
<td>88,581</td>
<td>84,727</td>
<td>83,637</td>
<td>84,182</td>
<td>86,982</td>
<td>90,299</td>
<td>91,101</td>
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<tr>
<td></td>
<td></td>
<td>Percent</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
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<td>22%</td>
<td>21%</td>
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</tr>
<tr>
<td></td>
<td>Non-Hispanic American Indian</td>
<td>Number</td>
<td>9,229</td>
<td>8,836</td>
<td>8,491</td>
<td>7,839</td>
<td>8,007</td>
<td>8,266</td>
<td>8,661</td>
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<td>492,618</td>
<td>459,828</td>
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</table>

The Annie E. Casey Foundation, Kids Count Data Center

Children of color experience a higher number of placements than white children, and they are less likely to be reunified with their birth families.


Disproportionality in Alaska
Review the following information to gain some insight into current child welfare disproportionality in Alaska:

- [http://www.iser.uaa.alaska.edu/Publications/2014_12-TrendsInAgeGenderAndEthnicityAmongFosterChildrenInAlaska.pdf](http://www.iser.uaa.alaska.edu/Publications/2014_12-TrendsInAgeGenderAndEthnicityAmongFosterChildrenInAlaska.pdf)
Alaska children in Foster Care by Race/Ethnicity

- Alaska Native or American Indian: 43% (1,207 children)
- Asian or Native Hawaiian: 3% (82 children)
- Black: 2% (64 children)
- Hispanic or Latino: 5% (153 children)
- Multiple Race Groups: 17% (491 children)
- White: 29% (823 children)

Kids Count Data Center
Part 2: In the space below, answer the following questions.

1. What did you notice about the percentage of Alaska Native children in out of home (OOH) care in Alaska?
2. What about the percentage of Alaska Native children who are placed with non-native home providers?
3. Write your thoughts about how stereotyping or bias may result in disproportionality in the child welfare system.
Cultural Competence: A Glossary
Developing a working vocabulary related to issues of diversity can help you communicate more effectively with other people and examine what more you have to learn.

Ableism: Discrimination or prejudice based on a limitation, difference or impairment in physical, mental or sensory capacity or ability

Ageism: Discrimination or prejudice based on age, particularly aimed at the elderly

Bias: A personal judgment, especially one that is unreasoned or unfair

Biracial: Of two races; usually describing a person having parents of different races

Classism: Discrimination or prejudice based on socioeconomic status

Cultural Dominance: The pervasiveness of one set of traditions, norms, customs, literature, art and institutions, to the exclusion of all others

Cultural Competence: The ability to work effectively with people from a variety of cultures, ethnicities, races, religions, classes, sexual orientations and genders

Cultural Group: A group of people who consciously or unconsciously share identifiable values, norms, symbols and some ways of living that are repeated and transmitted from one generation to another

Cultural Sensitivity: An awareness of the nuances of one’s own and other cultures

Culturally Appropriate: Demonstrating both sensitivity to cultural differences and similarities and effectiveness in communicating a message within and across cultures

Culture: The shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people who are unified by race, ethnicity, language, nationality, sexual orientation and/or religion

Disability: A limitation, difference or impairment in a person’s physical, mental or sensory capacity or ability. Many communities prefer the term “differently-abled” over “disabled.”

Discrimination: An act of prejudice or a manner of treating individuals differently due to their appearance, status or membership in a particular group

Disproportionality: Overrepresentation or underrepresentation of various groups in different social, political or economic institutions
**Dominant Group/Culture:** The “mainstream” culture in a society, consisting of the people who hold the power and influence

**Ethnicity:** The classification of a group of people who share common characteristics, such as language, race, tribe or national origin

**Ethnocentrism:** The attitude that one’s own cultural group is superior

**Gender:** A social or cultural category generally assigned based on a person’s biological sex

**Gender Identity:** A person’s sense of being masculine, feminine or some combination thereof

**Heterosexism:** An ideological system that denies, denigrates and stigmatizes any non-heterosexual form of behavior, identity or relationship

**Homophobia:** Fear of, aversion to, or discrimination against homosexuality, homosexuals or same-sex relationships

**Institutional Racism:** Biased policies and practices within an organization or system that disadvantage people of a certain race or ethnicity

**Language:** The form or pattern of communication—spoken, written or signed— used by residents or descendants of a particular nation or geographic area or by any body of people. Language can be formal or informal and includes dialect, idiomatic speech and slang.

**Minority:** The smaller in number of at least two groups; can imply a lesser status or influence and can be seen as an antonym for the words “majority” and “dominant”

**Multicultural:** Designed for or pertaining to two or more distinct cultures

**Multiracial:** Describing a person, community, organization, etc., composed of many races

**National Origin:** The country or region where a person was born

**Person of Color:** Usually used to define a person who is not a descendant of people from European countries. Individuals can choose whether or not to self-identify as a person of color.

**Prejudice:** Over-generalized, oversimplified or exaggerated beliefs associated with a category or group of people, which are not changed even in the face of contrary evidence

**Race:** A socially defined population characterized by distinguishable physical characteristics, usually skin color
**Racism:** The belief that some racial groups are inherently superior or inferior to others; discrimination, prejudice or a system of advantage and/or oppression based on race.

**Sexism:** Discrimination or prejudice based on gender or gender identity.

**Sexual Orientation:** Describes the gender(s) of people to whom a person feels romantically and/or sexually attracted:

- **Heterosexual:** Attracted to the other gender
- **Homosexual:** Attracted to the same gender (i.e., gay or lesbian)
- **Bisexual:** Attracted to either gender

**Socioeconomic Status:** Individuals’ economic class (e.g., poor, working-class, middle-class, wealthy) or position in society based on their financial situation or background.

**Stereotype:** A highly simplified conception or belief about a person, place or thing, based on limited information.

**Transgender:** Describes a person whose gender identity differs from his/her assigned gender and/or biological sex.

**Transsexual:** A person whose gender identity differs from his/her assigned gender and/or biological sex. Many transsexuals alter their biological sex through hormones and/or surgery.

**Values:** What a person believes to be important and accepts as an integral part of who he/she is.

**Xenophobia:** A fear of all that is foreign, or a fear of people believed to be “foreigners”
10 Benefits of Practicing Culturally Competent Child Advocacy

1. Ensures that case issues are viewed from the cultural perspective of the child and/or family:
   - Takes into account cultural norms, practices, traditions, intrafamilial relationships, roles, kinship ties and other culturally appropriate values
   - Advocates for demonstrated sensitivity to this cultural perspective on the part of caseworkers, service providers, caregivers or others involved with the child and family

2. Ensures that the child’s long-term needs are viewed from a culturally appropriate perspective:
   - Takes into account the child’s need to develop and maintain a positive self-image and cultural heritage
   - Takes into account the child’s need to positively identify and interact with others from his/her cultural background

3. Prevents cultural practices from being mistaken for child maltreatment or family dysfunction

4. Assists with identifying when parents are truly not complying with a court order and when the problem is culturally inappropriate or non-inclusive service delivery

5. Contributes to more accurate assessment of the child’s welfare, family system, available support systems, placement needs, service needs and delivery

6. Decreases cross-cultural communication clashes and opportunities for misunderstandings

7. Allows the family to utilize culturally appropriate solutions in problem solving

8. Encourages participation of family members in seeking assistance or support

9. Recognizes, appreciates and incorporates cultural differences in ways that promote cooperation

10. Allows all participants to be heard objectively

Adapted from a document created by CASA for Children, Inc., Portland, Oregon.
13 Tips on How to Become More Culturally Competent

1. Learn about your culture and values, focusing on how they inform your attitudes, behavior and verbal and nonverbal communication.

2. Don’t think that “good” and “right” values exist in your own culture exclusively; acknowledge that the beliefs and practices of other cultures are just as valid.

3. Question your cultural assumptions: Check their reality, rather than immediately acting on them.

4. Accept cultures different from your own and understand that those differences can be learned.

5. Learn to contrast other cultures and values with your own.

6. Learn to assess whether differences of opinion are based on style (communication, learning or conflict) or substance (issue).

7. Practice the communication loop; don’t rely on your perceptions.

8. Examine the circle in which you live and play (this reflects your choice of peers). Expand your circle to experience other cultures, values and beliefs.

9. Continue to read and learn about other cultures. Do your homework: Know something about another culture group prior to approaching them.
   • Follow appropriate protocol: Know and demonstrate respectful behavior based on the values of the group.
   • Use collaborative networks—church (spiritual), community or other natural support groups of that culture.
   • Practice respect.

10. Understand that any change or new learning experience can be challenging, unsettling and tiresome; give yourself a break and allow for mistakes.

11. Remember the reciprocal nature of relationships—give something back.

12. See multiculturalism as an exciting, fulfilling and resourceful way to live.

13. Have fun and keep your sense of humor!

Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.
Activity 3.7: Leslie’s Story—Putting a Face on Domestic Violence

Part 1: Click on the link below to watch Leslie Morgan Steiner’s story, “Why Domestic Violence Victims Don’t Leave.”

- [https://www.ted.com/talks/leslie_morgan_steiner_why_domestic_violence_victims_don_t_leave](https://www.ted.com/talks/leslie_morgan_steiner_why_domestic_violence_victims_don_t_leave)

Part 2: Read the information that follows about domestic violence and how it impacts the work of CASA volunteers.

Domestic Violence—The Problem

[Nearly 1 in 5 women and About 1 in 7 men report having experienced severe physical violence from an intimate partner in their lifetime.](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html)

[About 1 in 5 women and 1 in 12 men have experienced contact sexual violence by an intimate partner.](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html)

[10% of women and 2% of men report having been stalked by an intimate partner.](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html)

### Lifetime and 12-Month Prevalence of Contact Sexual Violence, Physical Violence, and/or Stalking by an Intimate Partner, by Race/Ethnicity — U.S. Men, NISVS 2010-2012 Average Annual Estimates

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<th>12 Month</th>
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<td>95% CI</td>
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<td>Hispanic</td>
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<td>(26.9, 33.3)</td>
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<td>Black</td>
<td>40.1</td>
<td>(36.5, 43.8)</td>
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<td>30.3</td>
<td>(29.2, 31.4)</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>13.7</td>
<td>(8.8, 18.8)</td>
</tr>
<tr>
<td>American Indian / Alaska Native</td>
<td>40.5</td>
<td>(31.5, 50.1)</td>
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<tr>
<td>Multiracial</td>
<td>42.3</td>
<td>(36.4, 48.3)</td>
</tr>
</tbody>
</table>

**Abbreviation: CI = confidence interval**

*Contact sexual violence by an intimate partner includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact perpetrated by an intimate partner.

*Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.

*Percent of Hispanic ethnicity can be of any race or combination of races.

*Rounded to the nearest thousand.

*Estimate is not reported; relative standard error > 30% or cell size < 20.

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### Lifetime Prevalence of Contact Sexual Violence, Physical Violence, and/or Stalking Victimization by an Intimate Partner, by State of Residence and Quartile — U.S. Women, NISVS 2010-2012 Average Annual Estimates

*Note:* Endpoints between adjacent quartiles that differed by >0.1 (gaps) were "bridged" by extending the initial endpoints to the midpoint in each gap (Centers for Disease Control and Prevention, 2014b).

*Contact sexual violence by an intimate partner includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact perpetrated by an intimate partner.*
Only approximately one-quarter of all physical assaults, one-fifth of all rapes, and one-half of all stalking perpetuated against females by intimate partners are reported to the police.


Approximately 5 million children are exposed to domestic violence every year. Children exposed are more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.

National Network to End Domestic Violence

There are 16,800 homicides and 2.2 million (medically treated) injuries due to intimate partner violence annually, which costs $37 billion.


Nationally, 50% of batterers who abuse their intimate partners also abuse their children.

Center for Violence Free Relationships
As a CASA volunteer, it is important for you to be aware of the possibility that domestic violence exists in the families you encounter. If you suspect domestic violence is occurring, make sure the victim has several opportunities to talk to you alone. The partner who has been battered is often terrified of revealing the truth for fear of further violence. Observe body language carefully. Look for typical characteristics:

- A conspiracy of silence prevails.
- The batterer often seems more truthful, confident and persuasive than the victim.
- The victim may seem angry and frustrated.
- There is often no police or medical record of the violence.
- There is a recurring cycle of family tension, followed by the batterer’s explosion, followed by a period of calm (often filled with apologies and promises) that then begins to build back to tension.

Domestic violence is about control and domination. When a battered partner leaves the family home (or the batterer is forced to leave), the batterer feels a loss of control formerly exerted. This makes the batterer even more likely to be violent. This increased level of danger makes many victims reluctant to leave, even when the consequence of staying may be the placement of children in foster care.

**Definition**

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks and economic coercion, that adults or adolescents use to control their current or former intimate partners (e.g., spouses, girlfriends/boyfriends, lovers, etc.). Domestic violence ranges from threats of violence to hitting to severe beating, rape and even murder. Victims and perpetrators are from all age, racial, socioeconomic, sexual orientation, educational, occupational, geographic and religious groups. Abuse by men against women is by far the most common form, but domestic violence does occur in same-sex relationships, and some women do abuse men.

**Causes**

Domestic violence stems from one person’s need to dominate and control another. Domestic violence is not caused by illness, genetics, gender, alcohol or other drugs, anger, stress, the victim’s behavior or relationship problems. However, such factors may play a role in the complex web of factors that result in domestic violence.

Domestic violence is learned behavior; it is a choice.

- It is learned through observation, experience and reinforcement (perpetrators perceive that it works).
- It is learned in the family, in society and in the media.
**Legal System Response**

The legal system can respond to domestic violence as a violation of criminal and/or civil law. If the violence has risen to the level of assault, it can be prosecuted criminally. While definitions and procedures differ from one state to another, physical assault is illegal in all states. Law enforcement can press charges in criminal court with the victim as a witness. Victims may also secure a restraining/protective order and, in rare instances, may bring a civil lawsuit.

Whether a case proceeds in civil court or criminal court is dependent on a number of factors, many of which are beyond the victim’s control. Availability and willingness of court personnel to act in domestic violence cases vary widely. Unless judges and attorneys, including prosecutors, have been educated about the dynamics of domestic violence, protective laws are inconsistently enforced. The repeated pattern of the abused spouse bringing charges and subsequently dropping them often discourages law enforcement personnel from giving these cases their immediate attention. Thus the victim is re-victimized.

The other setting in which the legal system and domestic violence may intersect is a court hearing regarding allegations of child abuse and/or neglect. As a CASA volunteer, you should be aware that a determination of domestic violence within the child’s home will significantly influence placement decisions and what is expected of the non-abusing parent to retain/regain custody. The standard risk assessment conducted by child welfare agencies to evaluate whether a child needs to be removed from his/her home generally includes domestic violence as a factor that negatively relates to the child’s safety at home. A child found to be living in a violent home is more likely to be removed. A child abuse or neglect case also may be substantiated against the battered parent for “failure to protect” the child because the victim did not leave the batterer, even if the victim lacked the resources to do so or it was not safe to do so.

**Barriers to Leaving a Violent Relationship**

For people who have not experienced domestic violence, it is hard to understand why the victim stays—or returns again and again to reenter the cycle of violence.

The primary reason given by victims for staying with their abusers is fear of continued violence and the lack of real options to be safe with their children. *This fear of violence is real; domestic violence usually escalates when victims leave their relationships.* In addition to fear, the lack of shelter, protection and support creates barriers to leaving. Other barriers include lack of employment and legal assistance, immobilization by psychological or physical trauma, cultural/religious/family values, hope or belief in the perpetrator’s promises to change and the message from others (police, friends, family, counselors, etc.) that the violence is the victim’s fault and that she could stop the abuse by simply complying with her abuser’s demands. Leaving a violent relationship is often a process that takes place over time, as the victim can access resources she needs. The victim may leave temporarily many times before making a final separation.

Adapted from Domestic Violence: A National Curriculum for Children’s Protective Services, Anne Ganley and Susan Schechter, Family Violence Prevention Fund, 1996.
**Impact on Children**

Lenore Walker, author of *The Battered Woman*, describes the world of children who grow up in violent homes:

*Children who live in battering relationships experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the psychological scars they bear from watching their fathers beat their mothers. They learn to become part of a dishonest conspiracy of silence. They learn to lie to prevent inappropriate behavior, and they learn to suspend fulfillment of their needs rather than risk another confrontation. They expend a lot of energy avoiding problems. They live in a world of make-believe.*

Children in families where there is domestic violence are at great risk of becoming victims of abuse themselves. Studies indicate this group is 15 times more likely to experience child abuse than children in nonviolent homes are. Over half of children in families where the mother is battered are also abused. In some cases, children may try to intervene and protect their mothers, getting caught in the middle of the violence. In most cases, however, children are also targets of the violence. At least 75% of children whose mothers are battered witness the violence. In some cases, the batterer deliberately arranges for the child to witness it. The effect on children’s development can be just as severe for those who witness abuse as for those who are abused. Witnessing violence at home is even more harmful than witnessing a fight or shooting in a violent neighborhood. It has the most negative impact when the victim or perpetrator is the child’s parent or caregiver.

*Statistics from “Children: The Forgotten Victims of Domestic Violence,”
Janet Chiancone, ABA Child Law Practice Journal, July 1997.*
The Equality Wheel...
Healthy relationships are based on the belief that two people in a relationship are partners with equal rights to have their needs met and equal responsibility for the success of the partnership. In this equality belief system, violence is not an option because it violates the rights of one partner and jeopardizes the success of the relationship. The dignity of both partners is built up in a relationship based on equality.

The Power & Control Wheel...
Abusive relationships are based on the mistaken belief that one person has the right to control another. When the actions described in the spokes of this wheel don’t work, the person in power moves on to actual physical and sexual violence. The relationship is based on the exercise of power to gain and maintain control. The dignity of both partners is stripped away.
What Can a CASA Volunteer Do?

Be both knowledgeable and concerned about domestic violence.
Children from violent homes are at a higher risk for abuse than other children. According to *A Nation’s Shame*, a report compiled by the US Advisory Board on Child Abuse and Neglect, “Domestic violence is the single, major precursor to child abuse and neglect fatalities in the US.”

Take into account the history and severity of family violence when making any recommendation for placement of a child.
Many professionals in the field of domestic violence believe that you cannot protect the child unless you also protect the primary nurturer/ victim (usually the mother). As part of that perspective, they advocate for placement of the child with the mother regardless of other factors, saying that to do otherwise further victimizes the mother at the hands of the system.

Determine the best interest of the child.
It may be that, with proper safeguards in place, the victim can make a safe home for the child while the threat from the batterer is reduced by absence, treatment and/or legal penalties. It is also possible that the victim has shortcomings that prevent her from caring for her family at even a minimally sufficient level. You should assess the situation with a clear understanding of domestic violence dynamics, but in the end, you must make a recommendation based solely on the best interest of the child.

Seek resources for children from violent homes.
Children need:

- Positive role models and supportive environments that will help them develop social skills and address feelings about the violence in a constructive manner
- Help adopting alternative, nonviolent ways to address and resolve conflict (through specialized counseling programs, therapy, domestic violence victim support groups, youth mediation training and relationships with supportive mentors)

Recommend help for parents.

- Try to ensure that domestic violence victims are treated fairly by the legal system and not further blamed in child abuse/neglect proceedings.
- Advocate in your community for things like housing, emergency shelters, legal procedures and court advocates that increase the safety of mothers and children and support the autonomy of the adult victim.
- Encourage parenting classes for battered parents focused on empowering them to become more effective parents and teaching them how to help children cope with the consequences of witnessing domestic violence.
- Advocate for treatment programs for batterers followed by parenting classes focused on how to parent in a non-coercive, nonintrusive manner.
• Be alert to any signs that domestic violence has recurred or even that contact between the batterer and the victim is ongoing if that might compromise the child’s safety. The foremost issue is the safety of the child.

Activity 3.7: Leslie’s Story—Putting a Face on Domestic Violence

Part 3: In the space below, write your responses to the following questions:

1. What was going through your mind as you listened to Leslie’s story?
2. Did reading the material in Part 2 change how you thought about Leslie’s story? How so?
3. How do you think hearing Leslie’s story and reading the information about domestic violence might influence your volunteer advocacy?
The Impact of Substance Abuse on Children and Families

Activity 3.8: Understanding Substance Abuse

Part 1: Think of friends, family members or colleagues who currently or in the past may have abused one or more substances. As you think of these people, make two lists:

- What are their strengths? Why do you like them?
- How does/did their substance abuse impact their lives?

<table>
<thead>
<tr>
<th>Strengths/ Reasons I like this person</th>
<th>How substance abuse impacts this person’s life...</th>
</tr>
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Substance Abuse—The Problem
- In 1999, 85% of states named substance abuse as one of the top two problems (the other was poverty) challenging families reported to child welfare agencies for child maltreatment.
- More than half of children in foster care have parents with substance abuse problems.
- In 80% of substance-abuse-related cases, the child’s entry into foster care was the result of severe neglect.


Definitions
Psychoactive substances, whether legal (for instance, alcohol) or illegal, impact and alter moods, emotions, thought processes and behavior. These substances are classified as stimulants, depressants, opioids and morphine derivatives, cannabinoids, dissociative anesthetics or hallucinogens based on the effects they have on the people who take them.

Substance abuse occurs when a person displays behavior harmful to self or others as a result of using the substance. This can happen with only one instance of use, but it generally builds over time, eventually leading to addiction. Addiction, also called chemical dependency, involves the following:

- Loss of control over the use of the substance
- Continued use despite adverse consequences
- Development of increasing tolerance to the substance
- Withdrawal symptoms when the drug use is reduced or stopped

Causes
There are different theories about how abuse/addiction starts and what causes substance abuse/dependency. According to the American Society of Addiction Medicine, substance-related disorders are biopsychosocial, meaning they are caused by a
combination of biological, psychological and social factors.

It is important to remember that people suffering from abuse/addiction are not choosing to be in the situation they are in. Try to see those who are addicted as separate from their disease. In other words, they should be seen as “sick and trying to get well,” not as “bad people who need to improve themselves.” This will help you remember to be compassionate and nonjudgmental in your approach.

**Treatment**

The field of addiction treatment recognizes an individual’s entire life situation. Treatment should be tailored to the needs of the individual and guided by an individualized treatment plan based on a comprehensive assessment of the affected person, as well as his/her family. Treatment can include a range of services depending on the severity of the addiction, from a basic referral to 12-step programs to outpatient counseling, intensive outpatient/day-treatment programs and inpatient/residential programs.

Treatment programs use a number of methods, including assessment; individual, group and family counseling; educational sessions; aftercare/continuing-care services; and referral to 12-step or Rational Recovery support groups. Recovery is a process—and relapse is part of the disease of addiction.

The process of recovery includes holding substance abusers accountable for what they do while using. While it is important to act in an empathetic manner toward people with addictions, they must be held accountable for their actions. For example, a mother who is successfully participating in treatment may have to deal with her children being temporarily taken from her because of how poorly she cared for them when using. In most cases, successful recovery efforts can be rewarded.

**Impact on Children**

Children whose parents abuse drugs and alcohol are almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who are not substance abusers. Substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect cases since the mid-1980s.

National Center on Addiction and Substance Abuse at Columbia University, *No Safe Haven*.

It is helpful to remember that children of parents with abuse/addiction problems still love their parents, even though the parents may have abused or neglected them. However, the volunteer must always consider the impact that substance abuse has on children.
Activity 3.9: Substance Abuse and Parenting

Follow the link below to view a video on the impact of parental substance abuse on children. As you watch the video, take notes in the space below and reflect on the effects of substance abuse on the families you might work with as a CASA volunteer.

- https://www.youtube.com/watch?v=hN7VSDyBgBM
Activity 3.10: What the Child Experiences—Michelle’s Story

Part 1: Follow the link below to watch “Michelle’s Story” from Powerful Voices: Stories by Foster Youth.

- https://www.youtube.com/watch?v=L16LNFGEnE4&feature=youtu.be

As you watch the video, think about the following questions, then write your answers in the space below:

1. What role did Michelle’s family play in her life?
2. How can you as a CASA volunteer help children maintain family connections?
Activity 3.11: Finding a Balance

Consider the following situation:

One-year-old Amber has been in foster care since shortly after her birth. She tested positive for two illegal substances at birth and showed signs of withdrawal. Vanessa, her mother, has been in recovery for six months. She has had one known relapse but has had negative drug screens and good reports for the past two months. Everyone involved in the case agrees that she is not yet ready to have Amber live with her. She started a new job two weeks ago and does not yet have stable housing.

Part 1: In the space below, list two reasons to terminate Vanessa’s parental rights so Amber can be adopted by her foster parents. Next, list two reasons to give Vanessa more time to show she can parent Amber. As an added challenge, limit each response to one or two sentences.

Part 2: Click on the link below to review a checklist of questions to consider in the decision of whether or not to terminate parental rights.

**Activity 3.12: What Challenges You?**

**Part 1:** Which of the situations on this list would you find the hardest to work with? Put a checkmark next to the three you’d find hardest. What are your “hot buttons”?

- A parent who spends most of her money on drugs
- A parent who believes his wife/partner deserves the beatings he gives her
- A parent who lies to you
- A parent who lives in a deplorably dirty home with human/animal waste and no water
- A parent who fondles his 4-year-old child
- A parent who used drugs during her pregnancy
- A parent who refuses to take the medication that controls his mood swings
- A parent who left his children in the car in a parking lot while he went drinking at bars until closing time
- A parent who won’t leave the man who physically abuses her in front of her children
- A parent who is so depressed she doesn’t get out of bed for weeks at a time
Part 2: After you have made your choices, respond to the following questions:

1. Which situations did you pick as your top three and why?
2. How might your values, thoughts and feelings about these situations impact your effectiveness as a CASA volunteer?
Welcome

Activity 3.13: Welcome (5 minutes)

As you enter the room, write on the flipchart one thing you learned from the Session 3 online portion that you think you will use in your work as a CASA volunteer.

Developing Cultural Competence

Activity 3.14: The Iceberg Concept of Culture (5 minutes)

Listen as the facilitator discusses the differences between surface level, observable aspects of culture and those that are deeper or less immediately observable.
**Activity 3.15: Let’s Solve a Puzzle (15 minutes)**

In small groups, try to complete the following puzzle exercises led by the facilitator. Then debrief in your large group.

---

**Activity 3.16: Defining Culture and Cultural Competence (15 minutes)**

**Part 1:** Listen as the facilitator reviews Alaska CASA’s working definitions of culture and cultural competence.

**Part 2:** Review the Defining Cultural Competence handout that the facilitator distributes. As you go through the handout, star the areas where you feel you demonstrate strong cultural competence and circle the areas where you feel you could use more work. In pairs, discuss some of the areas you starred and circled.

---

**Activity 3.17: Stereotyping Vs. Cultural Competence (10 minutes)**

Turn back to activity 3.3 from your independent online work. Review the written material discussing the difference between stereotyping and cultural competence. Participate in a group dialogue guided by the facilitator.
Activity 3.18: Recognizing Your Values (30 minutes)

Part 1: Complete the Values Statement Exercise handout that the facilitator distributes. Do not put your name on the sheet. This is an anonymous/confidential activity. After completing this form, give it to the facilitator, who will redistribute all the forms as part of an activity to clarify values and build empathy.

When you receive a completed Values Statement Exercise, do not identify whether you received your form or someone else’s. Spend a moment noticing if the answers in front of you are similar to or different from yours.

Part 2: Around the room are posted signs representing four possible responses to the values statements: strongly disagree, disagree, agree and strongly agree. As the facilitator reads each statement, go to the sign that represents the answer on the sheet you have been given. With others in the group at your sign, think of the three most rational or respectful reasons a person might hold this belief. It may be especially difficult to come up with respectful reasons a person might hold a belief that is very different from your own, but remember that someone else in the room holds this belief. Show respect. This activity is an opportunity to walk in someone else’s shoes and perhaps gain insight into why people have beliefs that differ from yours.

As a group, share your three best reasons with the large group using the following format: “I believe [read the statement] because [give your three best reasons].” After going through all 14 statements, share any remaining concerns or questions in the large group.

Activity 3.19: Disproportionality (20 minutes)

Look back at activity 3.6 from your independent online work. In the large group, participate in a discussion about how culturally competent child advocacy can address certain aspects of disproportionality in the child welfare system.
Learning with Case Studies

Activity 3.20: The Lavender Case (60 minutes)

**Part 1:** Your group will receive a hard copy of the initial case file for the Lavender case. Take several minutes to begin digesting the information in this case file. Then send your Runner to the facilitator to request an additional document (either an interview transcript from a key player you’d like to speak with or another important document you’d find during a case). You may continue to request additional interviews and documents one at a time over the course of 35 minutes in order to complete your investigation of the case at this stage. After 35 minutes, your Scribe should legibly write on the flipchart your group’s recommendations to the court regarding services for the child, services for the parent and placement decisions. A large group debrief will follow.

**Part 2:** Take a few minutes to view other groups’ recommendations, and then briefly discuss the debrief questions that the facilitator distributes. In the large group, discuss these questions and any others that arose during the activity.

Wrap up: (5 minutes)
Fill out the session 3 Training Evaluation.
Review date and time of next session.
Be sure to complete the online work for Session 4 before the next session.
# Session 4: Achieving Permanence—The Brown Case

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Session Overview
This session addresses issues related to resilience and permanence, children’s educational needs, the unique issues in advocating for older youth and the challenges faced by LGBTQ youth in the system. You’ll also continue to explore cultural competency and child welfare law.

Objectives
By the end of this session, you will be able to...
- Describe the concept of resilience and identify protective factors
- Describe what is meant by concurrent planning
- Explain why expediency in establishing permanence is especially important for older youth
- Describe the importance of involving older youth in the permanency planning process (in an age-appropriate way)
- Identify educational challenges faced by children in the child welfare system
- Explain some of the issues faced by LGBTQ youth in the child welfare system
- Describe one federal law related to education and youth aging out of the system
- Identify strategies for writing effective recommendations in a volunteer court report
- Identify age-appropriate behavior for children from birth through adolescence
Resilience

Not all children subjected to lives of severe adversity go on to suffer problems. While abuse and neglect certainly increase the likelihood of developing problems, some children don’t experience problems, or do to only a minor degree. This is resilience. In short, resiliency theory suggests that certain children (and adults) have qualities of personality, family, relationships, outlooks and skills that allow them to rise above enormous hardship. Resilient people are those who escape the ravages of poverty, abuse, unhappy homes, parental loss, disability or many of the other risk factors known to set many people on a course of life anguish. Numerous studies of resilient people have identified the presence of the same protective factors—aspects of their personalities, their families, their significant relationships or their experiences—that help them succeed.

Activity 4.1: Understanding Resilience

Follow the links below to hear information about adverse childhood experiences (ACEs), resilience and protective factors.

- How childhood trauma and adverse experiences affect health across a lifetime:
  - https://acestoohigh.com/2016/04/05/five-minute-video-primer-about-adverse-childhood-experiences-study/

- Resilience and protective factors
  - https://www.youtube.com/watch?v=cqO7YoMsccU
  - https://www.youtube.com/watch?v=-pnHFmdz-ig
Activity 4.2: Protective Factors

Part 1: Read through the following list of risk factors and protective factors. Which protective factors do you think you might be able to encourage / help develop as the CASA volunteer on a case? Write down your response in the space below.
### Risk Factors

**Early Development**
- Premature birth or complications
- Fetal drug/alcohol effects
- “Difficult” temperament
- Long-term absence of caregiver in infancy
- Poor infant attachment to mother
- Shy temperament
- Siblings within two years of child
- Developmental delays

**Childhood Disorders**
- Repeated aggression
- Delinquency
- Substance abuse
- Chronic medical disorder
- Behavioral or emotional problem
- Neurological impairment
- Low IQ (less than 80)

**Family Stress**
- Family on public assistance or in poverty
- Separation/divorce/single parent
- Large family, five or more children
- Frequent family moves

**Parental Disorders**
- Parent(s) with substance abuse problem
- Parent(s) with mental disorder(s)
- Parent(s) with criminality

**Experiential**
- Witness to extreme conflict, violence
- Removal of child from home
- Substantiated neglect
- Physical abuse
- Sexual abuse
- Negative relationship with parent(s)

**Social Drift**
- Academic failure or dropout
- Negative peer group
- Teen pregnancy, if female

### Protective Factors

**Early Development**
- “Easy” temperament
- Positive attachment to mother
- Firstborn child
- Independence as a toddler

**Family**
- Child lives at home
- Parent(s) consistently employed
- Parent(s) with high school education or better
- Other adult or older children help with childcare
- Regular involvement in religious activities
- Regular rules, routines, chores in home
- Family discipline with discussion and fairness
- Positive relationship with parent(s)
- Perception of parental warmth
- Parental knowledge of child’s activities

**Child Competencies**
- Reasoning and problem-solving skills
- Good student
- Good reader
- Child perception of competencies
- Extracurricular activities or hobbies
- IQ higher than 100

**Child Social Skills**
- Gets along with other children
- Gets along with adults
- “Likable” child
- Sense of humor
- Empathy

**Extrafamilial Social Support**
- Adult mentor outside family
- Support for child at school
- Support for child at church, mosque, synagogue
- Support for child from faith, spirituality
- Support for child from peers
- Adult support and supervision in community

**Outlooks & Attitudes**
- Internal locus of control as teen
- Positive and realistic expectations of future
- Plans for future
- Independent minded, if female teen

Adapted from materials by Marci White, Methodist Home for Children, Raleigh, North Carolina, 1999.
Permanence

Activity 4.3: Permanence—Becca’s Story

Part 1: Click on the link below to watch Becca’s Story from Facing Foster Care in Alaska’s Digital Story collection. Then read the following information about permanence.

- https://www.youtube.com/watch?v=GhcoKwWhDl8

Permanence
All children need a “parent,” a primary attachment figure who will care for them through life’s ups and downs, protect them and guide them now and into adulthood. In our culture, typically the parents are a father and mother, but one or more other caring adults who are willing to commit unconditionally to the child can also meet the child’s need for permanence.

One of your primary goals as a CASA volunteer is to advocate for a safe, permanent home as soon as possible, honoring the child’s culture and sense of time. While there is never a guarantee of permanence, having such intentions can ensure that you are working toward a plan that supports permanence.

At a very basic level, permanence is most probable when the legal parent is also the emotional parent as well as the parenting figure present in the child’s life.

There are two possible “permanent” resolutions:

1. Return to parent
2. Adoption by a relative or nonrelative

A third option, while not truly “permanent,” is sometimes considered an appropriate choice when the other two are not available to a child. It is the next best thing:

3. Placement and custody or guardianship with relatives

It is important to know that some Native Americans have a different perspective regarding adoption, and certain tribes do not approve of adoption. This creates a special situation when considering the permanent options for an Indian child. In some cases, placement with an Indian custodian can truly be considered permanent.
Part 2: In the space below, identify two ways that a CASA volunteer could have advocated for Becca.
Concurrent Planning
Given the two possible permanent resolutions to a case—return to parent and adoption by a relative or nonrelative—your role is to encourage what is called “concurrent planning,” which means working on two plans at the same time from the very beginning of a case: one to return the child home and another to find an alternative permanent placement. Traditionally, case management in child welfare has consisted of efforts to reunite children with their parent(s), and if those efforts failed, a second plan would be pursued. This created a process that kept many children in foster care for too many years.

Concurrent planning was developed as an alternative that moves a case more quickly through the system with better results. The concurrent planning approach is family-centered, with parents involved in decision making from the start. Throughout the case, parents are regularly given direct, culturally sensitive feedback about their progress. From the start of the case, while providing services to the parents, the caseworker explores kinship options, the applicability of the Indian Child Welfare Act and possible foster/adoptive situations for the child.

Activity 4.4: Concurrent Planning

Part 1: Read the information that follows about concurrent planning.
### Permanent Resolutions: Questions to Consider

There are only two truly permanent resolutions: return to parents and adoption. These resolutions are most possible when the following questions can be answered and the underlying issues they suggest have been dealt with.

<table>
<thead>
<tr>
<th>Return to Parents</th>
<th>Adoption</th>
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<tr>
<td>Have issues that brought the child into care been addressed by the agency?</td>
<td>Are we ready to proceed with a termination of parental rights (TPR) case?</td>
</tr>
<tr>
<td>Have the parents made the changes that the child protection agency requested?</td>
<td>Do legal grounds exist?</td>
</tr>
<tr>
<td>Has the child protection agency caseworker observed and documented a reduction of risk?</td>
<td>Have we also considered the best interest issues that must be presented to the judge?</td>
</tr>
<tr>
<td>What have the visits we observed told us about the parents’ ability to care for the child?</td>
<td>How long will the court process take?</td>
</tr>
<tr>
<td>Have we considered recommending a trial placement as a way to observe actual changes in childcare?</td>
<td>Have the parents been asked to release the child for adoption?</td>
</tr>
<tr>
<td>Have new issues that relate to risk been observed and addressed?</td>
<td>Is the child already living with caretakers who are willing and able to adopt?</td>
</tr>
<tr>
<td>Has the child protection agency changed the rules or “raised the bar” in reference to expectations that are not related to risk?</td>
<td>Are there relatives who are available to adopt?</td>
</tr>
<tr>
<td>Would the child protection agency remove this child today?</td>
<td>How soon can the child be placed?</td>
</tr>
<tr>
<td>Is this a multi-problem family that is likely to relapse?</td>
<td>Who can help the child through the placement process?</td>
</tr>
<tr>
<td>What services can be put in place to prevent relapse?</td>
<td>Have we assessed and evaluated the child’s particular needs and strengths?</td>
</tr>
<tr>
<td>Have the legal and/or biological fathers been identified?</td>
<td>What is the child’s relationship with his/her siblings?</td>
</tr>
<tr>
<td>Have we recognized the child’s grief and need to reconnect to the family of origin?</td>
<td>Should the child be placed with siblings? Can the child be placed with siblings?</td>
</tr>
<tr>
<td></td>
<td>Have we identified a placement option that will be able to meet the child’s needs?</td>
</tr>
<tr>
<td></td>
<td>Have the child’s ethnic and cultural needs been considered and addressed?</td>
</tr>
<tr>
<td></td>
<td>Are we holding up the child’s placement waiting for a specific type of family?</td>
</tr>
<tr>
<td></td>
<td>Are the child’s needs so severe that finding appropriate parents is unlikely?</td>
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<td></td>
<td>Is the child able to accept “parenting”?</td>
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**Placement with Relative or Kin: Questions to Consider**

Living with someone the child already knows and feels safe with can mitigate the child’s feelings of loss, which are part of any placement. The use of a relative or kin placement should be evaluated from the beginning of agency involvement. The following questions should serve as guidance in considering both the pitfalls and benefits involved with kin and relative placements:

- Have the relatives/kin been carefully evaluated?
- Is there a written home study?
- What are the parents’ thoughts and wishes in reference to this relative?
- What will be the ongoing relationship with the parents?
- Will the parents create problems with the placement or compromise the child's safety?
- Will the relative be able to protect the child from hostile or inappropriate parental behavior?
- Will the relative be able to be positive about the parent to the child?
- Will there be an “unofficial” return to the biological parents?
- Will this relative support the present service plan?
- If the plan changes, will the relative support the change?
- How will visitation be accomplished?
- Are the relatives able to understand and cooperate with agency expectations?
- Have the relatives of both parents been considered, regardless of the removal home?
- Is placement with relatives a way we can protect the child’s roots in his/her community?
- Will placement with a particular relative mean that the child must leave the community?
- Will placement with a particular relative mean that the child will lose other important relative or kinship ties?
- Will a relative placement mean that the child will have to endure another move?
- What losses will the child experience if another move is required?
- Have we considered sibling attachments, as well as any “toxic” sibling issues?
- Is this potential caretaker related to all the siblings?
- Is this relative able and willing to take all the siblings?
- Will placement with the siblings be positive for this child?
- Will this placement support the child’s ethnic and cultural identity?
- Is this seen as permanent by the potential caretakers?
- Would this relative consider adoption?
- Are there the same issues in the extended family that existed with the parents?
- What pre-placement relationship existed?
- Does the child have any attachment to these relatives?
- Have the child’s wishes been considered?
Despite the advocacy efforts of CASA volunteers and the hard work by caseworkers, many children remain in foster care and a family is not found for them. These children live in foster homes or group homes—or move from placement to placement during their time in care.

Long-term foster care becomes the plan for older or difficult children for whom there is no identified family. Sometimes these children are actually placed in a family setting but their caregivers do not want to adopt them. In any case, when the plan is permanent foster care, what the child protection system is actually doing is planning for these children to belong to no one. Clearly this is unacceptable. When faced with this as the “only” alternative, it is our obligation to insist that this not be the end of the planning process, but rather the beginning of a new dialogue around how to make permanence a reality, even for the most difficult child. Begin this dialogue with these questions:

- What other options have been explored?
- Does the child need specialized care? Is it possible for him/her to have a legal and emotional attachment with a person with whom he/she does not live?
- Is there a significant role model or mentor involved with this child? What barriers exist to this person becoming the legal parent?
- What are the barriers to the caregiver adopting? How can these barriers be removed?
- Have all adoption subsidies, other financial resources, and continuing services been explored and offered?
- Who have been the child’s support and attachments in the past? Can any of them be involved now?
- Who are the child’s attachments and support in the present? What is their current involvement?
- What family or kin connections are available—especially with siblings?
- Can parents or other kin be involved anew in this stage of the child’s life?
- What does the child want?
- What resources and persons will be available when this child is an adult?
- Who will be this child’s family for the rest of his/her life?

Materials created by Jane Malpass, consultant, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice. Used with permission.
Part 2: In the space below, write a few sentences about how you will use this information about permanence and concurrent planning in your role as a CASA volunteer.

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**Educational Advocacy**

**Activity 4.5: Educational Challenges for Children in Care**

**Part 1:** Think about your current job or one you had in the past. What was the first day like? Was there a learning curve? When you were growing up, did you ever have to move from one school to another? What was that like? Write your answers in the space below. You will not be asked to share your responses.
Part 2: Read the following information about educational challenges for children in the child welfare system.

Education Challenges for Children
Chaos in a child’s life often results in the neglect of educational concerns. Parents or caregivers may not be available to help with homework, attend school conferences or make referrals for evaluation when concerns arise. Children entering foster care often have school issues. Addressing these issues can allow a more positive experience for a child who hasn’t known the rewards of success in school.

Teachers who see the child every day have a wealth of knowledge about the child’s behavior, attitude, likes and dislikes, and about the best ways to communicate with that child. As you inquire about a child’s progress in school, you may discover that your child has special educational needs and should be referred for an evaluation. In some areas, an abundance of resources may be available for special-needs children; in other areas, you may have to advocate for the creation of needed resources.

Children from racial, ethnic or cultural backgrounds different from the majority culture may also have special needs based on discriminatory practices in the educational system. For instance, children may face racist or homophobic taunts, teachers who believe they can’t learn and testing that is racially/culturally biased. It is important to realistically assess the school difficulties of any child and determine what role the educational system, as well as the child’s particular school setting, may be playing in creating or sustaining those problems.

Activity 4.6: Educational Needs
Review the three Educational Advocacy Documents [located in the session 4 appendix].

- Meeting with the Teacher
- Education Checklist
- School District Information
Beyond Alphabet Soup: Some Key Acronyms in Education Advocacy

Below are some terms that are used often in educational settings. You need not memorize them, but be aware that they might be included in a child’s school records. You can use the information below as reference material.

**FAPE: Free, Appropriate Public Education**
This is part of the IDEA (Individuals with Disabilities Education Act) requirement, in which “appropriate” means “providing meaningful educational progress.” A student with disabilities has the right to receive special education and related services that will meet his or her individual learning needs, at no cost to the parents.

**FBA: Functional Behavioral Assessment**
An assessment process for gathering information regarding a child’s behavior, its context and consequences, variables, the student’s strengths and the expression and intent of the behavior for use in developing behavioral interventions. An FBA is performed when a child is having behavioral challenges in school.

**IEP: Individualized Education Plan**
This is a written educational plan of special education for students from age 3 to 21 who are eligible under IDEA and state laws. The IEP is tailored to each child’s needs and identifies goals and objectives, necessary accommodations and related services.
The IEP is developed by a team of people, including but not limited to foster parents, parents, guardians, special education and regular education teachers, therapists, psychologists and the child, when appropriate. Sometimes the CASA volunteer will participate in these IEP meetings. An educational surrogate may be appointed if the family is not available, but even with a surrogate assigned to the child, the parents still have a right to involvement. Knowledge of the child’s schooling is one way for parents to stay connected to a child’s progress even when the child is in out-of-home placement.

**IFSP: Individualized Family Service Plan**
This is a written developmental plan of early intervention services for children from birth to age 3 and their families who are eligible under IDEA and state laws. The plan must involve and include the family of the child involved.

**LRE: Least Restrictive Environment**
This refers to the services identified in an IEP, which must be provided in the least restrictive environment for the child or youth involved. It is part of the IDEA requirement that children with disabilities shall be educated to the maximum extent possible with their non-disabled peers.
Advocating for Older Youth

**Activity 4.7: Comparing Advocacy Across Age Ranges**

In the space below, write a few sentences in response to the following question:

- How do you think your role as a CASA volunteer working with an older youth may differ from your role working with a child age 10 or younger?
Activity 4.8: Advocating for Older Youth
Consider the situation of an older youth at risk of aging out of the foster care system without achieving permanency and without receiving help navigating through the systems indicated below. In the space provided, list what issues the youth might face.

Education

______________________________________________

______________________________________________

______________________________________________

Living Situation

______________________________________________

______________________________________________

______________________________________________

Mental Health

______________________________________________

______________________________________________

______________________________________________

Employment

______________________________________________

______________________________________________

______________________________________________

Finances

______________________________________________

______________________________________________

______________________________________________
Cultural Competence—Issues Facing LGBTQ Youth

The child in the case study at your next in-person session identifies as lesbian. There are a disproportionate number of LGBTQ (lesbian, gay, bisexual, transgender, questioning/queer) youth in foster care, so it is important to explore some of the issues that these youth face in the child welfare system.

Activity 4.9: Walking a Mile in Someone Else’s Shoes

Part 1: Think back to when you were a child or teenager. Did your peers ever make fun of you for any part of who you were? If so, how did you feel or respond? Did you make fun of anyone else? How did they respond? Write your responses in the space below.
Part 2: Click on the link below to watch Slades’s Story from Facing Foster Care in Alaska’s Digital Story collection.

- https://www.youtube.com/watch?v=Y_GwrXREegY

Part 3: In the space below, write your responses to the following questions:

- How do you think a youth’s sexual orientation affects his or her identity?
- What obstacles might LGBTQ youth encounter in foster care that would hinder their ability to maintain their identity?
- Do you think these obstacles are unique to LGBTQ youth? If so, why? If not, how are these issues transferable to youth in other situations?
LGBTQ Glossary

The following are terms and expressions that you may find useful when working with youth or family members who identify as LGBTQ:

**Ally:** A person who is not LGBTQ but shows support for LGBTQ people and promotes equality in a variety of ways.

**Androgynous:** Identifying and/or presenting as neither distinguishably masculine nor feminine.

**Asexual:** The lack of a sexual attraction or desire for other people.

**Biphobia:** Prejudice, fear or hatred directed toward bisexual people.

**Bisexual:** A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.

**Cisgender:** A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

**Closeted:** Describes an LGBTQ person who has not disclosed their sexual orientation or gender identity.

**Coming out:** The process in which a person first acknowledges, accepts and appreciates their sexual orientation or gender identity and begins to share that with others.

**Femme:** A term some individuals use to describe their feminine gender identity or expression.

**Gay:** A person who is emotionally, romantically or sexually attracted to members of the same gender.

**Gender dysphoria:** Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), the term - which replaces Gender Identity Disorder - "is intended to better characterize the experiences of affected children, adolescents, and adults."

**Gender-expansive:** Conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.

**Gender expression:** External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

**Gender-fluid:** According to the Oxford English Dictionary, a person who does not identify with a single
fixed gender; of or relating to a person having or expressing a fluid or unfixed gender identity.

**Gender identity:** One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

**Gender non-conforming:** A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

**Genderqueer:** Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

**Gender transition:** The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

**Homophobia:** The fear and hatred of or discomfort with people who are attracted to members of the same sex.

**Heterosexual:** A person who is primarily or exclusively attracted to people of a different sex romantically, affectionately and sexually. Sometimes referred to as straight.

**In the closet:** Keeping one’s sexual orientation or gender identity secret.

**Intersex:** An umbrella term used to describe a wide range of natural bodily variations. In some cases, these traits are visible at birth, and in others, they are not apparent until puberty. Some chromosomal variations of this type may not be physically apparent at all.

**Lesbian:** A woman who is emotionally, romantically or sexually attracted to other women.

**LGBTQ:** An acronym for “lesbian, gay, bisexual, transgender and queer.”

**Living openly:** A state in which LGBTQ people are comfortably out about their sexual orientation or gender identity – where and when it feels appropriate to them.

**Non-binary:** An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do.
**Outing:** Exposing someone’s lesbian, gay, bisexual or transgender identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety or religious or family situations.

**Pansexual:** Describes someone who has the potential for emotional, romantic or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree.

**Queer:** A term people often use to express fluid identities and orientations. Often used interchangeably with "LGBTQ."

**Questioning:** A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

**Same-gender loving:** A term some prefer to use instead of lesbian, gay or bisexual to express attraction to and love of people of the same gender.

**Sex assigned at birth:** The sex (male or female) given to a child at birth, most often based on the child's external anatomy. This is also referred to as "assigned sex at birth."

**Sexual orientation:** An inherent or immutable enduring emotional, romantic or sexual attraction to other people.

**Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

**Transsexual:** A more specific term that describes people who have physically altered their bodies through hormones and/or surgery to change their sex from the sex they were assigned at birth.

**Transition:** The time period when a transgender person starts living as the gender with which they identify. Often includes a change in style of dress, selection of a new name, a switch in pronoun use and possibly hormone therapy and/or surgery.

**Transphobia:** The fear and hatred of, or discomfort with, transgender people.
Activity 4.10: Foster Youth and Bullying

Youth can bully others, they can be bullied, or they may witness bullying. When youth are involved in bullying, they often play more than one role. It is important to understand the multiple roles kids play in order to effectively prevent and respond to bullying. Follow the link below to further investigate the topic of bullying and to gain a better understanding of how to properly advocate for youth who bully others, are bullied, or witness bullying.

- www.stopbullying.gov
Activity 4.11: Laws Related to Older Youth and Education

Choose one of the laws described in the next pages and write a three- or four sentence summary of how that law relates to the information you’ve learned so far in this session. In formulating your post, you may choose to use only the information provided in this manual or you may choose to do additional research on your own. Be prepared to share your summary with the group. Write your summary in the space below.
Fostering Connections to Success and Increasing Adoptions Act, P.L. 110-351
The Fostering Connections to Success Act is a significant and far-reaching law enacted in 2008 that is designed to improve outcomes for youth in care, particularly improving outcomes for older youth. The legislation is a series of building blocks, based upon evidence-based practices, with each component having demonstrated positive outcomes. There is a focus on connections to family, to siblings and to other adults to foster successful transitions to adulthood.

Key provisions of this legislation include:

- State agencies are required to provide notice to relatives within 30 days of the child’s removal from their home and explain the options for the relative’s participation in the child’s care, either as a placement or opportunities for engagement in the child’s case. This can be the beginning of establishing a permanent connection for the child with the extended family, perhaps even as a permanent placement option.

- In addition to maintaining the child’s connection with family, the legislation maintains the child’s connection with his/her siblings. Interviews of youth have consistently revealed that the greatest loss they experienced when removed from their home is the loss of their connection with their siblings, and too often they are never able to re-connect with them. With this law in place, state agencies must make reasonable efforts to place sibling groups together in foster, family or adoptive placements, if in the children’s best interests. If placement together is not feasible, the agency needs to assure continuing contact among siblings, at least once a month.

- A new, specific transition plan must be developed at least 90 days prior to the youth’s transition out of foster care (at age 18 or older). This is over and above the plan that should normally begin around the age of 16. The new plan should be personalized and detailed, developed with the caseworker and other appropriate representatives. The plan should be as detailed as the youth directs, and include specifics on housing, health insurance, education, opportunities for mentors and continuing support services, workforce supports and employment services.

- Educational stability for children in care is underscored by requiring that the child’s case plan includes provisions to ensure the child’s educational stability while in foster care. State agencies must ensure that the child remains in the school of origin, unless not in the child’s best interest. The child’s placement should take into account the appropriateness of the educational setting and proximity of the school in which the child is enrolled at the time of placement. If the school of origin is not in the child’s best interest, then the agency must provide immediate enrollment in a new school and provide all educational records.

- There are a number of other elements of this law, particularly those that apply to children in care that are IV-E eligible (ask your volunteer supervisor if this applies to your case). Some states already provide such opportunities, but many more are currently examining
the feasibility of implementing the opportunities that the Fostering Connections to Success Act offers because it holds the promise of federal reimbursement for state efforts.

For children in care who are IV-E eligible (varies from state from state; nationally about 50% of children in care):

- States may choose to extend support for youth in care to age 19, 20 or 21, and receive federal assistance to provide such support, and the extension of Medicaid. Youth must be enrolled or participating in an eligible program.

- States also have the option of receiving federal assistance to provide payments to qualified grandparents and other kin who are willing to become legal guardians, and who meet state requirements for placement.

Once state budgets allow sufficient resources to cover the match requirement, it is anticipated that states will expand these provisions to all children in care, and not exclusively to IV-E eligible children as the federal law allows.

**Key Impact of the Fostering Connections to Success Act on CASA Advocacy**
Search and notification of relatives does not end after 30 days; birth relatives need to understand multiple ways they can be involved beyond solely as a placement option (examples include attending school events, transportation, holidays). When appropriate, volunteers should keep family engaged and informed.

**Carl Perkins Vocational Education Act**
This law requires integrated academic and vocational education that ensures full and equal access for special populations, including special services that might be needed to succeed.

**Every Student Succeeds Act (ESSA)**
This is the first major overhaul of federal education law in over a decade. For the first time, there are now key protections for students in foster care to promote school stability and success, and required collaboration with child welfare partners.

**Family Educational Rights and Privacy Act (FERPA)**
This federal law protects the privacy of a student’s education records. It also ensures a parent’s right to inspect and review these records and to consent to disclosures of personally identifiable information about themselves and their children.

**Indian Education Act**
This act provides funding to local educational agencies to support special education programs for Indians. It requires Indian tribe or parent involvement in planning, development and operation.
Individuals with Disabilities Education Act (IDEA)
This act ensures that all children with disabilities have access to a free, appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living.

McKinney-Vento Act
This law ensures that homeless children and youth have equal access to the same free, appropriate public education that is provided to other children.

No Child Left Behind Act
Passed in 2001, this law ensures that all children and youth have a fair, equal and significant opportunity to obtain a high-quality education and reach proficiency on challenging state academic achievement standards and state academic assessments. In addition, this act requires that all schools be safe and drug free. Every Child Succeeds Act (ESSA) replaced No Child Left Behind Act in December 2015. See ESSA (above).

School-to-Work Opportunities Act
This law provides funds to states for planning grants and for state sub-grants to local partnerships to give all students the chance to complete a career major. It assures equal access to the full range of program components for all students, including youth in out-of-home care.
Session 4 In-Person Training

Welcome

Activity 4.13: Welcome (15 minutes)

Part 1: On a separate sheet of paper, write the one concept you think has been most important to you over the course of this training. You may have more than one “most” important concept, but choose one concept for the purposes of this activity.

Part 2: When the facilitator asks you to switch, pass your paper to someone else in the class. At the same time, you should receive someone else’s paper. Read what the other person has written as the most important concept, and take a moment to think about why someone might consider that concept vital for a CASA volunteer. Briefly write your ideas below the initial concept. The facilitator may ask you to switch papers several more times and reflect and write your thoughts on several people’s papers. At the end of the activity, return the paper to the original writer.

Part 3: In a large group, share the concept you consider most important.

Adverse Childhood Experiences

Activity 4.14 – Adverse Childhood Experiences (ACE)

Part 1: Listen as the facilitator explains ACE using Session 4 power point.
Part 2: Fill out ACE questionnaire handout. You will not be asked to share your score.
**How Trauma Affects Child Development**

Many children with complex trauma histories suffer a variety of traumatic events, such as physical and sexual abuse, witnessing domestic and community violence, separation from family members, and revictimization by others. Complex trauma can have devastating effects on a child’s physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others. Across the life span, complex trauma is linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders.

Beyond the consequences for the child and family, these problems carry high costs for society. For example, a child who cannot learn may grow up to be an adult who cannot hold a job. A child with chronic physical problems may grow up to be a chronically ill adult. A child who grows up learning to hate herself may become an adult with an eating disorder or substance addiction.

Children whose families and homes do not provide consistent safety, comfort, and protection may develop ways of coping that allow them to survive and function day-to-day. For instance, they may be overly sensitive to the moods of others, always watching to figure out what the adults around them are feeling and how they will behave. They may withhold their own emotions from others, never letting them see when they are afraid, sad, or angry. These kinds of learned adaptations make sense when physical and/or emotional threats are ever-present. As a child grows up and encounters situations and relationships that are safe, these adaptations are no longer helpful, and may in fact be counterproductive and interfere with the capacity to live, love, and be loved.

This information provided by The National Child Traumatic Stress Network.
Activity 4.16 – Revisiting Child Welfare Laws (20 minutes)

In small groups, take turns sharing your summaries from activity 4.11 in your online work.
Learning with Case Studies

Activity 4.17: The Brown Case (85 minutes)

Part 1: Your group will receive a hard copy of the initial case file for the Brown case. Take several minutes to begin digesting the information in this case file. Then send your Runner to the facilitator to request an additional document (either an interview transcript from a key player you’d like to speak with or another important document you’d find during a case). You may continue to request additional interviews and documents one at a time over the course of 35 minutes in order to complete your investigation of the case at this stage. Do not make your recommendations as a group.

Part 2: The facilitator will distribute copies of an assessment checklist and describe each section of the checklist. Working individually, write recommendations to the court regarding services for the child, services for the parent and placement decisions. Refer to the assessment checklist as needed and keep in mind the information you read online about writing effective recommendations.

Part 3: In pairs, evaluate whether each of your recommendations is fact-based and child-focused. Then in the large group, share some of your recommendations and discuss how you might improve them.

Part 4: In the large group, discuss the debrief questions that the facilitator distributes and any others that arose during the activity.

Activity 4.18: Pop Quiz! Who gets a prize?! (5 minutes)

1. Identify 3 risk factors that may impact a child’s health over his or her lifetime.
2. Identify 3 protective factors that may help a child to build resilience.
3. List 3 different ways that a youth you advocate for may achieve permanence.
4. Define concurrent planning.
5. Name three things to find out about your CASA youth when speaking with their teachers.
6. True or False: It is not the CASA volunteer / GAL’s role to advocate for special education testing if we perceive a possible need for special education services. This is the teacher’s job.
7. What is one way that you can advocate for a youth who identifies as LGBTQ?
Wrap Up (5 minutes)

Fill out the Session 4 Training Evaluation and give it to the facilitator before you leave.  
Look at Volunteer Policy Manual before Session 5  
Pictures for ID badges will be taken at the next session  
Review the date of the next in-person training session and remind participants of the deadline to complete the online portion of Session 5
SESSION 4 APPENDIX

- 3 EDUCATIONAL ADVOCACY DOCUMENTS
  - Meeting with the Teacher
  - Education Checklist
  - School District Information
EDUCATIONAL ADVOCACY DOCUMENTS
Meeting with the Teacher

Adapted from Washington State CASA Education Advocacy Project, March 2004

The following are suggested guidelines for meetings with the teacher, with the permission of the principal. Call first to set a meeting time that will be convenient (either by phone or in person).
Bring the Entry of Appearance (EOA), appointing you as the CASA volunteer.
Explain the role of the CASA Volunteer, including how you speak for the child’s best interest in court (this is important to teachers).
Request an opportunity to observe the child in the classroom.

When meeting with the teacher, ask about:

- What is the child’s attendance pattern?
- How are the child’s attitude and behavior in the classroom?
- How are the child’s grades?
- How were the child’s most recent standardized test scores?
- What are the child’s homework completion habits?
- Is the child involved in extracurricular activities? If not, why not (e.g., transportation, home issues, no extracurricular activities available, student refuses, not interested, etc.)?
- Does the child have friends at school?
- Does the child interact appropriately with adults and children at school?
- Are there any behavioral or discipline problems at school? If so, what has been tried to resolve the problems? What does the teacher think would help the child in this regard?
- What does the teacher recommend to help the student with any discrepancies or lags?
- Have any significant individuals in the child’s life participated in school conferences or events (e.g., parents, foster parents, relatives)?
- Are the child’s permission slips getting signed?
- Are the child’s foster parents/biological parents cooperating with school staff?
- Is there anything else the foster parents/biological parents should be doing to help the child succeed in school?
- Has the teacher ever requested the child be evaluated for special services, such as special education, tutoring, or any other ancillary services?
- Does the child seem happy at school?
- Is there anything you, as the CASA Volunteer, can do to help the teacher with this child?

Before concluding the interview, be sure to leave your contact information, and request the teacher contact you if he or she has any concerns about the child’s educational status.
Request regular educational status updates for the child and ask the teacher how that is best accomplished. Emphasize how these updates help you speak to the child’s best interest.
**Education Checklist**

**Enrollment Status**

- Is child enrolled in school?
- Regular or Special Education?
- Name of current school
- How long attending this school?
- Has the child had any school changes as a result of foster care changes?
- If not enrolled, how are education needs being met?
- If any school changes, have grades/credits been transferred, and were any grades or credits lost?

**Transportation**

- How is the child being transported to school?
- Is transportation causing any attendance problems?

**Attendance**

- Is the child regularly attending school?
- How many days missed this school year?
- Have there been any suspensions or expulsions?
- If yes, how many days? What is the reason?

**Performance Level**

- What is the child’s grade level?
- Is this the appropriate grade level the child should be attending? If not, why not?
- What is the child’s grade point average? If below average, what efforts are being made to address this issue?

**Special Education and Related Services**

- Has the child been evaluated for Special Education/Sec. 504 eligibility?
- If assessed as eligible for such services, are services being provided?

**Special Education and Related Services cont.**

- Does the child have an Individualized Education Plan (IEP)?
- Does the child have a Section 504 Plan?
- Does the child have an appointed surrogate pursuant to the Individuals with Disabilities Education Achievement Act (IDEA)?
- Is the IEP or Sec. 504 plan being carried out and/or addressing the child’s special education needs?

**Mental and Physical Health Factors**

- Does the child have any physical issues that impair learning?
- Are there any mental health diagnoses which impact learning (aside from those that may have been discussed under “Special Education and Related Services” above?)

**Enrichment Activities**

- What are some areas in which the child excels?
- Does the child participate in any extra-curricular activities either in the school or the community?
- Are school activities for which the child would be well suited available, but attempts have not been made to engage the child in those?

**Tracking Education Information**

- Does the child have a responsible adult who is tracking important education information for and on behalf of the child? If yes, who is this adult?
-School District Information
Session 5: Wrapping Up—The Redd Case

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Session Overview
During this session, you will participate in an online case study that will closely mirror your experience as a future CASA volunteer and will test what you learned during this training. You will also learn more about your CASA program’s policies and procedures and hear from a current volunteer.

Objectives
By the end of this session, you will be able to...

- Explain what went right and what went wrong in the Redd case
- Understand how to complete a court report
- Identify any of your expectations that were not met in training and address—or make a plan to address—any remaining expectations
- Explain local CASA program office procedures for case assignment, obtaining records, submitting court reports and documenting hours and expenses
- Describe the types of support and resources that will be available to you as a CASA volunteer
Activity 5.1: The Redd Case

You will now have the chance to use all of the information, skills and knowledge you have gained throughout the volunteer training program to complete an online case study. By the end of this activity, you will have:

- Developed a genogram for the family members involved in this case
- Taken case notes based on the information gathered from various interviews you conducted
- Developed a set of recommendations that you believe are in the child’s best interest based on your investigation of the factors involved in this case
- Begun preparing a court report for the case

Part 1: Click on the link below to begin the Redd case. The facilitator will provide login information to access the case study activity. The case will take you approximately two hours to complete.

- [http://nc.casaforchildren.org/_elearn/login-1.asp](http://nc.casaforchildren.org/_elearn/login-1.asp)

You will need Adobe Flash Version 10.0 or above to do the Redd Case.

Part 2: Using the local court report template your facilitator provides, prepare a CASA court report for the Redd case. The facilitator will tell you which sections of the report to focus on, how much time to spend on the report and when it is due.
Navigating the Redd Case – Helpful Hints

The Redd Case allows you to put to use the skills and knowledge you gained during the classroom and online components of your volunteer training. The case is self-paced and will take approximately two (2) hours to three (3) hours to complete. You should review all documents and interview key players before completing your recommendations.

The case will require you to:

- Assemble a genogram/family tree
- Maintain case notes based on the information found in the case files and discovered through the interviews
- Make recommendations that you would be prepared to defend in court based on the information you gather.

The next few pages will offer you some hints to help you with the case.
Your facilitator will sign you up as a student on the National CASA E-learning for Continuing Education website. Once this is done, you will receive an automated email with the link to the site and your password (see sample below). If you have questions about your login information, please contact your facilitator.

Dear: Ann Advocate

This is an invitation from your program supervisor to join National CASA E-learning for Continuing Education. Just follow the link below to get started. The e-learning website offers training on specific issues important to CASA volunteers.

Here is your e-learning sign-in information:

Sign in: anncasaadvocate@gmail.com
Password: CASA

Please follow the link http://nc.casaforchildren.org/_elearn/ and start your e-learning experience.
Sincerely,
The National CASA Association

Clicking on the link will take you to the National CASA E-Learning Website login page. You also will find the link in Activity 5.1 (Part 1) in your course.

Simply type in your email address and the password you were given and click on Sign-In

Note: You will find the technical requirements needed to use this site by clicking on the box beneath the picture.
After signing in, you will be taken to the list of classes available on the E-Learning website. There are three (3) classes on the site. You only need to complete the one labeled “Flex Learning: The Redd Case”; you are not asked to do the other two.
Click on “Flex Learning: The Redd Case” and the Welcome page of the case will open up. Read the instructions and then click on “Begin.”

Welcome

Instructions

This activity serves as a final assessment of the skills and knowledge presented during the classroom and online learning components. The results of your assessment will be based on your decisions/questions. This assessment is self-paced.

You may interview all key players and/or review all documents before submitting your recommendations, or if at any time you feel you have enough information, you may wrap up your interviews and make recommendations. Once you have completed the interviews, it is no longer available to you, so make sure to take good notes.

The assessment will require you to:
- assemble a genogram/family tree
- maintain/submit case notes based on the information you glean in the case file and through interviews
- make recommendations that you would be prepared to defend in court based on the information you gather

Please note the assessment concludes when you complete your recommendations so remember to save your work after each recommendation. There is no virtual court hearing.

Begin
Note the top line. You may freely move back and forth between CPS FILES, INTERVIEWS, NOTEPAD, etc. Use the notepad to record information you learn as you proceed through each stage of the CASE TIMELINE. It also is recommended that you take notes on paper.

**You cannot move backwards on the timeline.** Therefore, make sure you read everything of interest within the SIX WEEKS time frame and take notes before proceeding to the FOUR WEEKS section, etc.
Similarly, once you have completed an interview, you may not return to it. So again, be sure to take notes.

**CAUTION**

DO NOT CLICK the “Move on” button until you are ready to leave a time frame behind permanently.
The last screen will ask for your recommendations in five areas. You may write these as you go, just be sure to click on “Save.” You may go back and make changes later. When you have completed all of your recommendations, all you need to do is click on “Save.” Your Facilitator has access to the module and will be able to see your recommendations, genogram, etc. There is no virtual court hearing.
Activity 5.3: Redd Case Debrief

The Redd case serves as the culminating opportunity for you to independently apply what you’ve learned throughout the course of this training.

Part 1: Having completed the interactive online case study, come together in small groups to talk about your experience. The following questions are designed to assist your small group in structuring conversations around your experiences on the Redd case:

- What were two or three of the top issues that needed to be addressed in the Redd case?
- What were some of the major challenges you faced as you made your way through this case on your own?
- What are some additional questions you might have posed to some of the key players you met? How would these questions have helped your investigation of this case?
- What recommendations did you make for this case? Did anyone in your group have recommendations that you didn’t make? Why do you think different people looking at the same case might make different recommendations?
- Did anything surprise you about this case?
- If you were to go through this case again, what (if anything) might you do differently?

Part 2: In the large group, continue to discuss these questions and address how you applied the skills and knowledge you learned throughout training to the Redd case. Then listen as the facilitator shares information pertinent to working cases in your local area.
Part 3: The facilitator will return your court report for the Redd case with feedback. Take a few moments to review these comments. Then, in the large group, discuss the following questions about court report writing:

- Why is it important to ask the right questions?
- What are some of the key elements of a court report?
- Why is it important to use fact-based statements in a court report?
- What is the difference between concerns/issues and recommendations?
- How do recommendations need to tie back into the body of the report?
Activity 5.5: Parking Lot Review

Review the post-its on the parking lot flipchart that you created during the first session. The facilitator will cross out each issue that the class believes was addressed during the course of this training program. The facilitator will address—or make a plan to address—any remaining issues.

Guest Speakers

Activity 5.6: Guest Speaker—Current Volunteer

Part 1: Listen as a current CASA volunteer describes his/her experiences:

- Receiving a court order or assignment
- Meeting a child
- Assessing a child’s needs
- Building a relationship with OCS caseworkers
- Building a relationship with attorneys
- Following a case as it progresses
- Making recommendations in court (or, generally, how to act/speak up in court)
- How to persevere when times get tough
- How to organize materials
- How not to get too emotionally attached

Activity 5.6: Guest Speaker (45 minutes)

Part 2: Listen as a guest speaker (or speakers) representing another role in a child abuse or neglect case talks about the value of the CASA volunteer in these cases and how you will be able to partner with them over the course of your advocacy.
Support for CASA Volunteers

Activity 5.7: Finding Support

Listen as the facilitator describes the various sources of support you can expect.

As a CASA volunteer, you need support in the work you do. Your work touches many disciplines—child abuse and neglect, criminal justice, child growth and development, family systems, social services and child welfare law. Few people are experts in all these fields. As CASA volunteers, you come from all walks of life and have various work and educational backgrounds. You are effective advocates because you work energetically and creatively to improve the lives of abused and neglected children. You need support and encouragement as you make recommendations to the court about what is in the best interests of the children for whom you advocate.

Program Staff Support
A strong relationship with program staff is vital; they will assign cases, monitor case progress, review reports and records and help solve problems. They can offer resources, answer questions and support you in your work.

In-Service Training
In-service training allows you to take advantage of opportunities for additional learning about the many facets of CASA volunteer work that are introduced in this core training curriculum. National CASA standards require 12 hours per year of in-service training. Local program staff will outline the resources available for in-service training.

Peer Relationships
Within program guidelines, working with other CASA volunteers is an effective way to strategize, problem-solve and get moral support in this work.

Self-Care/Personal Support Networks
Because of the time demands, stress and frustrations that can be part of CASA volunteer work, it is important to have social and emotional support and to take care of yourself so you don’t burn out.

Following is a list of additional resources you can use to continue your education:

- Local, state and national website/newsletter/e-news
- Local resource list
- National CASA website
  - Advocacy library
  - CASA Connection
  - E-learning opportunities
  - Podcasts
• National CASA Facebook page
• Annual National CASA conference

**Review and Next Steps**

**Activity 5.8: Volunteer Policies**

Listen as the facilitator and local program staff review volunteer policies and what to expect as you begin your service as a CASA volunteer.

**Wrap Up**

Complete the Session 5 Training Evaluation
Case Matching Form
Code of Ethics Form
Swearing In Ceremony Details

**Congratulations and thanks for participating in the CASA Pre-service training!**
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