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Welcome to the National CASA Association Facilitator Playbook!

As a CASA/GAL Facilitator for Volunteer Pre-service Training, you play a pivotal role in the CASA/GAL movement: You create the first impression that every CASA/GAL volunteer has of the organization. With your leadership, we will train thousands of volunteers every year. Together we will make our first impression last.

The 2017 Pre-Service Curriculum Revision is more than a set of procedures and instructions. It is designed to instill in volunteers the values shared across the CASA/GAL national network, including critical thinking, self-awareness, respect for all points of view, for the rights and dignity of all children and for effective collaboration with the court and others in the child welfare system.

The National CASA training initiative is intended to disseminate the best practice skills required to promote learning for volunteers, and is a means for all CASA/GAL facilitators to grow as training professionals. This effort by National CASA is a nationwide collaboration, and extends the work of the National Curriculum Development Committee. As CASA/GAL experts with years of service experience, it is the Committee’s collective vision that resulted in the 2017 Pre-Service Curriculum Revision. They have created a curriculum that brings the challenges of the volunteer role to life by applying real-world case histories to learning that will build both values and skills.

We are grateful for the hard work that our volunteers accept when they join us on this journey. Our attention to their pre-service training experience is an expression of our gratitude and helps ensure that each volunteer will develop the competencies and skills needed to successfully advocate for a child.

National CASA is grateful to you for the support that you provide. As a member of the network of CASA/GAL facilitators you are on the front line! Thank you for your work as we, together, help our children secure safe, permanent homes and the opportunity to thrive.

With much gratitude,

Tara Perry
Chief Executive Officer
Acknowledgments

National CASA Association is proud to highlight the extensive collaborative work of the network in order to produce this revised curriculum. Without the individuals and programs listed below, this invaluable tool for the network and, ultimately, the children we serve would not be possible. Specifically, National CASA wishes to thank the following individuals and organizations for their tremendous contribution to this effort:

National CASA Curriculum Development Committee

Calvin Martin, Guardian ad Litem Program, Plataka, FL (co-chair)
Amia Barrows, Virginia Department of Criminal Justice, Richmond, VA (co-chair)
Arbor Buchanan, CASA of Northwest Arkansas, Springdale, AR
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Pilot Programs

A Kid’s Place CASA Program, Greeley, CO
Advocates for Children, Columbus, IN
CASA of Atlantic & Cape May, Somers Point, NJ
CASA of the 5th Judicial District, Cody, WY
CASA of the Bluegrass, Danville, KY
CASA of Westmoreland, Greenburg, PA
Overview

The National CASA Association Volunteer Training Curriculum is designed to give volunteers a solid base of knowledge and skills to begin their volunteer work. The Pre-Service Volunteer Manual will serve as their guide during training and will continue to be an important resource to which they refer throughout their service as CASA/GAL volunteers.

The manual begins with an overview of the CASA/GAL volunteer role, our need for volunteer advocates, and the history of child advocacy in the United States. It then moves into specific skills and knowledge volunteers require in order to work effectively with children and families. As participants are exposed to best practices, state-of-the-art research and specific steps to advocate for a case, they will be engaged in case-based projects. The training provides experiential opportunities to apply this knowledge in case study scenarios. The chapters in this curriculum are designed to be presented in the order in which they appear. To maintain the integrity of the curriculum it is important to ensure the content is presented in its entirety. The material in each chapter builds on knowledge gained in previous chapters, and information and tasks progress from simple to complex.
This curriculum lends itself to facilitation by one person with additional help from other staff members or experienced volunteers, who can assist with logistics and serve as resources for questions. If your program plans to use multiple facilitators for the curriculum, consider assigning one person to be present in the classroom consistently throughout the training. Some programs include presentations by practitioners such as attorneys and social workers as part of the training. Their participation can be supplemental but should not be a replacement for the curriculum provided here. Unless they will be using the curriculum content for their session, we recommend having guest speakers participate in a panel discussion at the end of the training or as part of a future in-service.

Each chapter—including introduction, activities, and closing—is approximately three hours of training. Activity times will vary according to the size of the group, the style of the facilitator, and the duration of discussion. Eight sessions of three and a half hours each should allow enough time to facilitate the training. There is substantial Pre-Work for each chapter that must be completed by the trainees prior to the next session. Trainees should be advised of this during the orientation process so that they can plan their time accordingly.

User Agreement and Uses for the Pre-Service Curriculum Manual

National CASA Association and its many contributors across the network have worked very hard to create a state-of-the-art curriculum. This evidence-informed manual has been created by contributors who are experts in their field, with the sole purpose of training CASA/GAL advocates to provide the best advocacy for the children served. Out of respect for this work, and because of the copyrights and legal protections this manual possesses, use of this manual (in part or in whole) by any person or entity that is not a member in good standing of National CASA is strictly forbidden. Additionally, this manual is only to be used as a pre-service curriculum for potential advocates that have been recruited and screened by CASA/GAL programs in good standing with National CASA.

As facilitators, please express condition of use to any participant undergoing training or accessing this manual. If any violation of this policy is discovered, National CASA is to be notified immediately in order to ensure the integrity of curriculum’s use.
The Volunteer Manual Methodology

This curriculum is based on a set of learning activities designed to stimulate critical thinking and problem-solving skills among participants. Activities present scenarios and challenges learners to consider how they will use it in working a case. Activity instructions appear in boxes and are frequently followed by text or worksheets.

Facilitators will assign Pre-Work at the end of each chapter (and before the first chapter). The Pre-Work is an essential tool, enabling volunteers to explore topics in more depth, as they prepare for the next session. If you run short on time in a chapter, you may want to assign incomplete material as homework.

A list of Supplemental Learning Resources will be provided in a comprehensive document that will be made available online. Organized by topics covered in Chapters 1–8, this list provides facilitators and participants alike with additional information on topics relevant to CASA/GAL volunteer work. Please look over resources available for each chapter in order to direct participants to deeper learning content as issues arise.

Customization

Portions of this curriculum require you to customize key components for your program, state and court processes. The creators of the curriculum tried to make content as general as possible, however, some information—CASA/GAL statutory standing, roles and responsibilities, how cases proceed, court processes, hearing names, etc.—will require your input. There are instructions in the manual and pages designated in the PowerPoint presentations in order to accommodate these local and state differences.

Facilitator Prep

Each chapter in the Facilitator Edition contains Welcome, Housekeeping and Ground Rules containing the basic information for facilitating training as if the chapters are stand-alone and not part of an overall curriculum. This is to accommodate participants who have missed a training, or if the chapters—for any reason—have been scheduled out of order. Facilitation Tips provides an overview of the time required for the chapter, as well as activities and topics
covered. It will also provide helpful ideas for creating the best learning environment possible based on the chapter’s material and guidance on the information necessary to be reviewed prior to beginning the chapter.

The **Supplies Checklist** and **Advanced Prep** sections detail the equipment and materials you will need to bring to the session and alerts you to activities that require you to gather information or create handouts before class. Be sure to read each chapter thoroughly before you facilitate the corresponding session in order to ensure you are properly prepared to facilitate the chapter.

**Facilitator Instructions**

The Facilitator Edition contains the volunteer manual within it, accompanied by the corresponding facilitator pages. The facilitator pages present instructions for facilitating activities that appear on the volunteer pages. Facilitator instructions also provide detailed **Advanced Prep** instructions for activities that require preparation by the facilitator. **All materials for the curriculum can be found at** [www.casaforchildren.org/curriculum](http://www.casaforchildren.org/curriculum).

The facilitator instructions tell you whether each activity is designed to be done in **pairs**, **trios**, **small groups**, or the **large group**. Keep as much of this variety as possible. Ideally, four to six participants are seated at a table where they can easily work together or divide into pairs or trios. Finally, instructions provide a **time estimate** for each activity (times will vary, of course, depending on the size of your training group). Pay attention to time as you go through each chapter. Limit large group sharing as needed in order to save time. Often participants “get it” during pair or small group sharing, eliminating the need for large group discussion.

On behalf of the National CASA staff and members of the Curriculum Development Committee from throughout the network, we cheer you on as you undertake the important task of preparing volunteers to join the CASA/GAL movement! Best wishes for great training!
Navigation for the Facilitator and Learners

Although the written instructions and guidance for facilitators is detailed, it is often important during the session to recognize quickly a piece of content or orient yourself and the participants to your place in the program. To provide this need, the materials use a series of icons and common graphics that give visual cues and reminders about the purpose of activities or the sequence of content. The following images show the most common icons and graphics that are used in the program and a description of how they are used. The PowerPoint slides align with prompts in the Facilitator Manual (FM).

PowerPoint Guidance

1. Chapter Heading / Section Heading
2. Handout is associated with the activity
3. Chapter Section
4. Learning Activity and Activity number
5. Learning Activity Type (discussion or video)
6. Learning Activity Name
7. Identifies Pre-Work Recap unique to Chapter 4
Facilitator Manual Guidance

The content in the blue and grey boxes are facilitator instructions only.

<table>
<thead>
<tr>
<th>Children’s Needs: Activity 2B</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suggested Time:</strong> 20 minutes</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Goal:</strong> To help participants identify a child’s basic needs.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Advanced Prep</strong></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Print a set of Child’s Needs Pages found in the Chapter 2 In-Class Handouts.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>PowerPoint Slide(s):</strong> 8-11</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>Facilitator Instructions</strong></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Part 1:</strong> Divide the room into four groups. Give each group one of the Child’s Needs Pages: Child’s Physical Needs, Child’s Emotional Needs, Child’s Developmental Needs, Child’s Cultural Needs. Explain to participants that in speaking for children in the foster care system, it is imperative they recognize the full range of children’s needs. Ask the groups to think back to the Bleux case and to the child development information they learned in the previous activity. Direct the groups to write a list of Deshawn Bleux’s needs for their assigned category, using everything they have learned so far. For example, regarding physical needs, Deshawn (as well as every child) needs ongoing health screening with a medical provider. Once the groups have completed their lists, invite them to place their completed list on a flipchart at the front of the room. (8 minutes)</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

1 Activity name and number
2 Paperclip: Indicates a handout is associated with the activity
3 Suggested time for the activity
4 Image of first slide in the PPT
5 Associated PPT slide number and instructions
In order to grow and develop optimally, children must have their needs met appropriately. In speaking for children in the foster care system, it is imperative that you recognize the full range of children’s needs.

**Part 1:** The facilitator will divide the class into four groups and give each group a handout representing a category of children’s needs: physical, emotional, developmental or cultural. Working in your group, think back to the Bleux case and to the child development information from the previous activity, and write a list of Deshawn Bleux’s needs for your assigned category on your handout. Once you have completed your list, attach your list to the flipchart at the front of the room.

**What Is “Minimum Sufficient Level of Care” (MSL)?**

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 provide the minimum sufficient level of care. This standard describes what must be in place for the child to remain in the 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.
CASA/GAL Pre-Service Volunteer Training Curriculum

Facilitator Manual

CHAPTER ONE
This project was supported by Award No. 2015-Ch-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Department of Justice.
CHAPTER 1:

Introducing the CASA/GAL Volunteer Role

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This chapter takes approximately 3 hours.

In this chapter, participants learn about their roles and responsibilities as CASA/GAL volunteers and the principles that guide their work. Your goal as a facilitator is to establish the tone for the training and to create a positive learning environment. This includes:

- **Inclusivity**: Participants feel it matters that they are present.
- **Motivation**: Participants identify their motivation for volunteering and attending the training (identify their need for learning).
- **Safety**: Participants feel they can ask questions, share opinions and explore values.
- **Inspiration**: Participants feel inspired about their contribution to child welfare.
- **Burning Questions**: Participants ask pressing questions that free them to be attentive and involved.
- **Ground Rules**: Participants understand the operating norms/expectations for the training.

This is a “big picture” chapter, setting the historical and current context of child protection and describing the CASA/GAL volunteer’s place in the overall system. This session provides an opportunity for participants to feel inspired, knowing they can make a difference in the lives of children.

Read the Developing Competencies for CASA/GAL Volunteer Role section below. This section will help you understand the application and assessment of the levels of learning expected during the course. Use this information to prepare volunteers for their role and to encourage them to continue to enhance their knowledge, skills and attributes.

Address the commitment required in being a CASA/GAL volunteer. Balance inspiration with realistic expectations.

CASA/GAL volunteers need to understand the influence of their own values and experiences on their perspective. Watch for difficulty accepting or tolerating other perspectives.
Facilitation Tips, Cont’d.

Encourage participants to think critically about their role and its parameters.

Encourage interaction so participants begin to establish relationships with each other and with program staff.

Post a flipchart page at the front of the room with the heading “Parking Lot.” Note (or “park”) issues unrelated to Chapter 1 and make a plan to address them later.

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>General (found with your local program) • Name tags • Flipchart and markers • Masking tape • Three-hole punch • Sticky notes</td>
<td>N/A</td>
<td>Gather supplies needed</td>
</tr>
<tr>
<td>Pre-Work Packet (found in the Online Resources except where noted) • Pre-Work Instructions • CASA/GAL volunteer job description <em>(facilitator must create)</em> • Developing Competencies for CASA/GAL Volunteer Work</td>
<td>Pre-Work</td>
<td>At least one week before the Chapter 1 training session, prepare the Pre-Work packet and send to participants. <strong>Note:</strong> You must update the packet with: • Your local CASA/GAL volunteer job description • Your local program and court-system acronyms in the Alphabet Soup glossary</td>
</tr>
</tbody>
</table>
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child Welfare History</td>
<td></td>
<td>Volunteers should complete the Pre-Work prior to the Chapter 1 module and bring it with them to class. Make copies of the Pre-Work, the Volunteer Manual and the Chapter 2 Pre-Work documents for reference and use during and after class.</td>
</tr>
<tr>
<td>• “Alphabet Soup Handout” of acronyms <em>(facilitator must adapt)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bleux Case File</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handout Packet (found in the Online Resources except where noted)</td>
<td>1C 1E 1G</td>
<td>At least one week before the Chapter 1 training session, prepare the Handout packet and print. <strong>Note:</strong> You must update the packet with: Activity 1E: If beneficial, add or substitute your own dilemma scenarios based on your program’s experiences. Also prepare an abbreviated outline of your program’s policies and procedures, reiterating the do’s and don’ts for volunteers.</td>
</tr>
<tr>
<td>• CASA/GAL Volunteer Tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Volunteer-Child Relationship Dilemmas Worksheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Casey Family Programs Child Welfare Chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flipchart Pages (facilitator must create)</td>
<td>1A 1A 1A</td>
<td><strong>Activity 1A:</strong> Create three flipcharts, one each with the headings: “Expectations,” “Parking Lot” and “Group Agreements.”</td>
</tr>
<tr>
<td>• Expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parking Lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Group Agreements</td>
<td></td>
<td></td>
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<tr>
<td>A/V Equipment (found with your local program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Computer, LCD projector, and screen</td>
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<td></td>
</tr>
</tbody>
</table>
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Presentations and Videos (found in the Online Resources)</td>
<td></td>
<td>• <strong>Activity 1B</strong>: Add your program’s mission statement to the Chapter 1 PowerPoint presentation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>Activity 1G</strong>: Customize the Child Welfare Chart in the Chapter 1 PowerPoint presentation to reflect your local hearing names and timelines.</td>
</tr>
<tr>
<td></td>
<td>1B</td>
<td>• Download the video to your computer to play during the session.</td>
</tr>
<tr>
<td>Chapter 2 Pre-Work packet (found in the Online Resources except where</td>
<td>Ch 2 Pre-Work</td>
<td>At least one week before the Chapter 1 training session, prepare the Chapter 2 Pre-Work packet and print for participants. <strong>Note</strong>: You must update the packet with:</td>
</tr>
<tr>
<td>noted)</td>
<td></td>
<td>• A sample court report based on information from the Bleux case using your local court template.</td>
</tr>
<tr>
<td>• How Children Grow and Develop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children’s Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Importance of Attachment in Child Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recognizing Child Abuse and Neglect</td>
<td></td>
<td></td>
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<tr>
<td>• State Definition of Abuse and Mandatory Reporting Laws</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Risk Factors for Child Abuse and Neglect</td>
<td></td>
<td></td>
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<tr>
<td>• Court Report Template</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sample Court Report for Bleux case</td>
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</tbody>
</table>
Competencies for CASA/GAL Volunteers

Competencies are defined as an individual’s demonstrated knowledge, skills or attributes (KSAs) performed to a specific standard. Competencies are observable, behavioral acts that require a combination of KSAs to execute. They are demonstrated in a job context and are influenced by an organization’s culture and work environment. Identifying competencies can help determine what questions to ask during an interview, which topics to cover at training and what performance measures to evaluate annually.

Competencies can be acquired and enhanced over a period of time through classroom training and other educational methods including, but not limited to self-learning and on-the-job training. As competencies are honed, levels can be measured using the Levels of Learning developed by Judith Rycus and described below.

Sequencing Learning Interventions

The acquisition and mastery of new knowledge and skill takes place in a predictable sequence. Training interventions should follow this sequence to develop, present, reinforce and support learning.

Level I: Awareness

Level I provides a broad overview of the problem or need, describes the scope of the information to be learned, and clarifies the proposed objectives or desired ends of the training. This provides trainees with a conceptual framework within which to organize the new information, and “frames” the questions within the context of the volunteer’s role and needs. Presenting and clarifying the rationale for the training creates the motivation to learn.

• Training Methods: In-workshop methods, such as presentations, audio visuals and experiential exercises, or pre-workshop methods, such as questionnaires, pre-reading and quizzes to raise awareness, develop self-awareness, elicit what staff members/foster caregivers already know and identify what they need to learn.

• Best Outcome: Volunteers should be able to identify the nature of the problems the training is designed to address, describe the pertinent issues and state the rationale for their needing to know this to effectively do their jobs. Trainees should also be able to state the goals of the training.
**Level I: Awareness, Cont’d.**

- Competency Language: “Knows the importance of...”, “Understands the importance of...”, “Understands the nature and scope of...” or “Recognizes the importance of...”

**Level II: Knowledge/Understanding**

Level II includes two stages. The first stage, the acquisition of knowledge, provides trainees with comprehensive, factual information about the topic. The second stage, the development of understanding, enables trainees to master the relationships and linkages between the elements of knowledge.

Achieving knowledge means one has acquired, retained and can repeat factual information. To understand, one must be able to fit the elements of knowledge together into a logical framework. One must know the meaning of the concepts, know the relationships between conceptual elements and be able to identify how the concepts support or contradict each other. When one understands, one can generalize the information to other problems or settings and can manipulate the information to solve problems.

Finally, understanding the relationships between elements allows one to predict how these may change in different circumstances. This provides flexibility in application and enables modification of the concepts to assure relevance to a changed situation (that is, can “generalize” to a different environment).

- Training Methods: To achieve understanding, trainees must “work the material,” often through large and small group discussion. Using and manipulating the information increases trainees’ familiarity with the concepts, promotes the identification of linkages between the elements, raises issues not previously considered and enables trainees to integrate the concepts into a flexible and logical framework. Understanding supports retention, since the knowledge is integrated into the trainee’s cognitive system.

- Experiential exercises are used to draw parallels between a trainee’s personal experience and the learning content. This helps trainees develop empathy, experience a “gut level” response or put the worker “in the client’s shoes.” These methods also help to counteract preconceived ideas and resistance.
Level II: Knowledge/Understanding, Cont’d.

- Best Outcome: Trainees will be thoroughly familiar with the elements of the content, and their relationships to each other and to previous knowledge. Trainees should be able to describe how the elements fit together, express logical inconsistencies, cognitively manipulate the information, use the concepts to think through and solve problems and generalize the concepts to new and somewhat different situations.

- Competency Language: “Knows…”, “Understands….”

- Supervisory Support: Discuss insights and knowledge gained during the workshop to reinforce the learning and provide resource materials pertinent to the topic.

Level III: How to Apply Knowledge and Skills to the Job

Level III answers the question, “Now that I understand all this, how does it really apply to my volunteer role? What am I supposed to do with it?” Level III defines and describes, in detail, how particular knowledge and skills are applied on the job. This usually includes clarifying specific volunteer responsibilities, describing the steps in implementing a task and identifying how the knowledge or skill may need to be modified for use on the job, particularly to overcome potential barriers to implementation in the work setting.

- Training methods: group discussion, presentation by the trainer, simulations, case examples, audiovisual aids that demonstrate others applying the concepts to practice and action planning.

- Best Outcome: Trainees should be able to define their job expectations and articulate the kinds of skills they will need to perform to these expectations. Where trainees already have the skills needed to perform the task, learning how they should use them will often be sufficient to promote job behavior change.

- Competency Language: “Knows how to…” , “Knows strategies to…”

- Supervisory Support: Review application of knowledge to specific volunteer responsibilities.
Level IV: Skill Development

Level IV includes the development and refinement of the capacity to perform a task or activity. Skill development proceeds in stages that include: observation, modeling, practice, feedback, repetition, mastery, proficiency and eventually, habituation—doing it without having to think about it. Formal workshop training can generally develop trainees only to a level of modeling and practicing the skill. Further development to achieve mastery and proficiency requires considerable practice and direct feedback.

- Training Methods: demonstration, modeling, experiential exercises, guided practice, feedback and coaching, self-assessment and action planning.
- Best Outcome: Trainees should be able to perform the desired abilities at some level. Proficiency is generally obtained only after on-the-job practice and feedback.
- Competency Language: “Can…..”
- Supervisory Support: Provide opportunities for trainee to shadow experienced volunteers, demonstrate skills for the staff, provide opportunities for volunteers to practice skills by conducting role plays and provide feedback.

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills and Attributes</th>
<th>Minimum Level of Learning at Completion of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>Knows how to define the CASA/GAL role</td>
<td>3</td>
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<tr>
<td></td>
<td>Understands the function of a CASA/GAL report to the court</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the competencies necessary to succeed as a CASA/GAL volunteer</td>
<td>2</td>
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<tr>
<td></td>
<td>Knows how to act within the CASA/GAL volunteer role and can differentiate his/her role from that of others involved in the case</td>
<td>3</td>
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<td></td>
<td>Knows how to find support and resources to assist his/her advocacy</td>
<td>3</td>
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<tr>
<td></td>
<td>Understands how to obtain relevant confidential information</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the importance of partnering with his/her supervisor to develop goals and to discuss issues and assess progress</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Understands the importance of participating in ongoing professional development to strengthen advocacy skills</td>
<td>1</td>
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<tr>
<td>Communication</td>
<td>Knows how to effectively articulate a point of view while advocating for the needs of the child</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Understands the importance of establishing trust and rapport with all parties</td>
<td>1</td>
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<td></td>
<td>Understands the importance of speaking and writing clearly and concisely</td>
<td>1</td>
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<td></td>
<td>Knows how to work collaboratively and manage conflict effectively</td>
<td>3</td>
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<td></td>
<td>Recognizes the importance of treating others with dignity and respect</td>
<td>1</td>
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<tr>
<td></td>
<td>Knows how to be an active listener</td>
<td>3</td>
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<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Minimum Level of Learning at Completion of Training</td>
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</tr>
<tr>
<td>Communication (cont'd)</td>
<td>Understands and respects the perspectives, values and input from others</td>
<td>2</td>
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<tr>
<td></td>
<td>Knows the importance of being forthright, thorough and detail oriented</td>
<td>2</td>
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<tr>
<td></td>
<td>Knows how to utilize basic communication and interviewing skills</td>
<td>3</td>
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<tr>
<td></td>
<td>Knows strategies for interviewing children</td>
<td>3</td>
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<tr>
<td></td>
<td>Understands the elements of a court report</td>
<td>2</td>
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<tr>
<td>Cultural Competence</td>
<td>Understands the extent to which cultural institutions and values may oppress, marginalize or alienate some individuals or groups and create or enhance privilege and power of others</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Understands and demonstrates self-awareness to eliminate the influence of personal biases and values when working with diverse groups</td>
<td>2</td>
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<tr>
<td></td>
<td>Knows strategies and steps to take to increase cultural competency skills and demonstrate culturally competent child advocacy</td>
<td>3</td>
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<tr>
<td></td>
<td>Understands how to recognize and challenge own biases</td>
<td>3</td>
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<tr>
<td></td>
<td>Understands the root causes of disproportionate representation of children of color in the child welfare system and the disparate outcomes children of color experience</td>
<td>2</td>
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<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Minimum Level of Learning at Completion of Training</td>
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<tr>
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<tr>
<td>Cultural Competence (cont'd)</td>
<td>Knows how to be sensitive and responsive to different cultural differences</td>
<td>3</td>
</tr>
<tr>
<td>Sound Judgment</td>
<td>Knows how to set healthy boundaries and respects the boundaries of others</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Knows how to adhere to all policies, ethical guidelines and procedures</td>
<td>3</td>
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<tr>
<td></td>
<td>Recognizes the importance of flexibility in handling case-related changes</td>
<td>1</td>
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<tr>
<td></td>
<td>Understands managing challenges by collaborating based on the best interest of the child</td>
<td>2</td>
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<tr>
<td></td>
<td>Knows how to maintain objectivity and avoid making assumptions</td>
<td>3</td>
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<tr>
<td></td>
<td>Understands the importance of anticipating and recognizing potential problems</td>
<td>1</td>
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<td></td>
<td>Understands making appropriate fact based recommendations to the court</td>
<td>2</td>
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<td></td>
<td>Understands basing decisions on thorough review of the information</td>
<td>2</td>
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<td></td>
<td>Understands evaluating alternative decisions</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the confidentiality requirements of being a CASA/GAL volunteer</td>
<td>2</td>
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<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Minimum Level of Learning at Completion of Training</td>
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<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Sound Judgment (cont'd)</td>
<td>Understands that your personal values and biases about mental illness, domestic violence and substance abuse can affect your objectivity</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Knows how to evaluate what is in a child’s best interest</td>
<td>3</td>
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<tr>
<td>Initiative</td>
<td>Knows how to be self-motivated and work independently</td>
<td>3</td>
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<tr>
<td></td>
<td>Understands the importance of being resourceful and identifying needs as well as services to meet the needs</td>
<td>1</td>
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<td></td>
<td>Recognizes the importance of ensuring all parties are moving expeditiously toward permanency</td>
<td>1</td>
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<td></td>
<td>Knows the importance of persistence in pursuit of information</td>
<td>1</td>
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<td></td>
<td>Understands the need to advocate for access to quality, individualized services</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the need to respectfully challenge the status quo</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Recognizes the importance of creating innovative strategies to resolve issues</td>
<td>1</td>
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<tr>
<td>Foundations of Knowledge</td>
<td>Understands the importance of using a strength-based approach</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Understands concurrent planning</td>
<td>2</td>
</tr>
<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Minimum Level of Learning at Completion of Training</td>
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<tr>
<td>Foundations of Knowledge (cont'd)</td>
<td>Understands advocacy differs dependent on the age of the child</td>
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<tr>
<td></td>
<td>Understands the options for permanence for a child</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands how to identify a child’s basic needs</td>
<td>2</td>
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<td></td>
<td>Understands the cycle of attachment</td>
<td>2</td>
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<td></td>
<td>Understands possible reactions to separation &amp; loss</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands age appropriate behavior and development for children of all ages</td>
<td>2</td>
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<td></td>
<td>Understands how mental illness impacts families</td>
<td>2</td>
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<td></td>
<td>Understands the factors that contribute to a child’s resilience</td>
<td>2</td>
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<td></td>
<td>Understands how poverty can impact families and children</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands strategies to advocate for children and adolescents with mental health disorders</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the ways that substance abuse can affect children &amp; families</td>
<td>2</td>
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<tr>
<td></td>
<td>Knows the importance of being aware of resources in the community that assist with substance abuse</td>
<td>1</td>
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<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Minimum Level of Learning at Completion of Training</td>
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<td>-------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Foundations of Knowledge (cont’d)</td>
<td>Understands how domestic violence affects children &amp; families</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the nature and scope of trauma and how it affects children</td>
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<td></td>
<td>Understands the importance of resilience in overcoming trauma in children</td>
<td>1</td>
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<td></td>
<td>Knows strategies to address educational challenges</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the issues faced by LGBTQ youth in the child welfare system</td>
<td>2</td>
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<td></td>
<td>Understands the risk factors for child abuse and neglect</td>
<td>2</td>
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<tr>
<td></td>
<td>Understands the factors that contribute to child resilience</td>
<td>2</td>
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<tr>
<td></td>
<td>Recognizes the importance of understanding a child’s journey through the child welfare system</td>
<td>1</td>
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<tr>
<td></td>
<td>Understands MSL and its importance when advocating for a child’s best interest</td>
<td>2</td>
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<td></td>
<td>Understands the nature and scope of the roles of others (e.g., caseworkers, attorneys, therapists, etc.)</td>
<td>2</td>
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<td></td>
<td>Knows the importance of the federal laws that impact his/her advocacy</td>
<td>1</td>
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<tr>
<td></td>
<td>Understands what constitutes abuse and neglect</td>
<td>2</td>
</tr>
<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Minimum Level of Learning at Completion of Training</td>
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<tr>
<td>Self Care</td>
<td>Understands the importance of healthy coping strategies to prevent burn out</td>
<td>1</td>
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<td></td>
<td>Understands the importance of being aware of personal limitations</td>
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<td></td>
<td>Understands the importance of setting clear, healthy boundaries and can identify indicators of stress</td>
<td>1</td>
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<td></td>
<td>Understands the importance of maintaining a healthy life style</td>
<td>1</td>
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<td></td>
<td>Understands the importance of knowing when to ask for and accept help</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Understands the importance of maintaining a sense of hope and optimism</td>
<td>1</td>
</tr>
</tbody>
</table>
CHAPTER 1:
Introducing the CASA/GAL Volunteer Role

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» Working a Case ........................................................ 62
» Chapter Wrap-up and Review ................................ 65
» Chapter 2 Pre-Work .................................................. 65
Welcome the group to the training. Have them make nametags and tell them that there will be activities to help you get to know them and them to get to know each other.

• Share “housekeeping” information, such as where to find restrooms, snacks and telephones, and when you think the session break(s) will occur.

• Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.

• Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work since many activities rely on this foundation of knowledge.

• Point out to participants that along with the Volunteer Manual, they should have received a printed copy of the Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make them available in the training room.

• Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills.
Welcome, Housekeeping and Ground Rules, Cont'd.

• Inform the participants that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.

• Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.

• Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).

• You may want to introduce basic names or acronyms that you will be using throughout the training. For instance, the Volunteer Manual sometimes refers to child protection agencies as CPS. Inform them what this acronym stands for and let them know the name and acronym of the child welfare agency in your area, if it is not CPS. Ask them to refer to the “alphabet soup,” a section in the Chapter 1 Pre-Work Handouts listing key acronyms and what they stand for. A copy of the Chapter 1 Pre-Work Handouts will be provided to participants before the session.

• Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.
Pre-Work Recap

Prior to this training session, you should have completed the following:

- Read the “CASA/GAL Volunteer Job Description” provided by the facilitator.
- Read “Developing Competencies for CASA/GAL Volunteer Work” checklist, and mark the areas that are your strengths and the areas that you want to work on.
- Read the “Child Welfare History” handout and write down any questions you have.
- Read the “Alphabet Soup” list of acronyms used by your local CASA/GAL program and court system.
- Read the “Bleux Case File” and write a one-to-two-paragraph case history and a few questions.

- Read the CASA/GAL volunteer job description provided by the facilitator.
- Read the Developing Competencies for CASA/GAL Volunteer Work checklist, and mark the areas that are your strengths and the areas that you want to work on.
- Read the Child Welfare History handout, and write down any questions you have about the material.
- Read the “Alphabet Soup” list of acronyms used by your local CASA/GAL program and court system.
- Read the Bleux Case File. Write a one- or two-paragraph case history, as well as a few questions you have about the case.
Chapter Overview and Competencies

This chapter introduces you to your fellow training participants and provides an overview of information about the CASA/GAL volunteer role and the child welfare system.

## Competency Building in Chapter 1

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills, &amp; Attributes Development in Chapter 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>Knows how to define the CASA/GAL volunteer role</td>
</tr>
<tr>
<td></td>
<td>Understands the function of a CASA/GAL report to the court</td>
</tr>
<tr>
<td></td>
<td>Understands the knowledge, skills and attributes necessary to succeed as a CASA/GAL volunteer</td>
</tr>
<tr>
<td>Foundation of Knowledge</td>
<td>Understands the nature and scope of the roles of others (e.g., caseworkers, attorneys, therapists, etc.)</td>
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<tr>
<td></td>
<td>Understands the nature and scope of the child welfare system</td>
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<td></td>
<td>Knows the importance of the federal laws that impact his/her advocacy</td>
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<td></td>
<td>Understands a child’s journey through the child welfare system</td>
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</tbody>
</table>
### Introductions and Expectations: Activity 1A

**Suggested Time:** 40 minutes

**Goal:** To allow participants to get to know each other and begin to grow comfortable with each other in a group setting, to set the tone for training and to allow participants to share their expectations.

**Advanced Prep**

Label three flipcharts for this activity with the following headings: “Expectations,” “Parking Lot” and “Group Agreements.”

**PowerPoint Slide(s): 7**

**Facilitator Instructions**

**Part 1:** Ask participants to pair with one other person in the room. Doing introductions in pairs first before introducing themselves in front of the large group helps to build safety and confidence. This activity also offers participants an opportunity to practice interviewing skills. Be mindful of the time on this activity—each introduction should take no more than a couple of minutes. (5 minutes)

**Part 2:** In the large group, have the pairs briefly introduce each other. Each person should recap their partner’s name and one word that describes their reason for volunteering. (20 minutes or less depending on the size of your group)

**Part 3:** As participants share their expectations for CASA/GAL volunteer training, record them on a flipchart. Inform participants when they can anticipate their expectations to be met (i.e., in which chapter a topic will be addressed). If any of the participants’ expectations fall outside the parameters of this training, you may want to add these items to the Parking Lot. Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter, and make a plan to address them later. Post the Parking Lot in a prominent spot in the training room. (10 minutes)
Introductions and Expectations: Activity 1A, Cont'd.

Part 4: Create a list of group agreements that set the tone for how participants will agree to work together during training (include items such as confidentiality, respect, etc.). Post these agreements on a flipchart and place them in a prominent spot in the training room. Point out to participants that all training activities appear in the Volunteer Manual. Remind them that they received the “Alphabet Soup” handout listing in the Pre-Work packet. This handout lists key acronyms, and what they stand for, that will be used during training. (5 minutes)

Inform participants that they will be expected to:

- Complete Pre-Work between the training sessions
- Attend all training sessions
- Participate in the activities
- Ask questions
- Take responsibility for their own learning

Inform participants what they can expect from the facilitator during training. The facilitator will:

- Establish an environment conducive to learning
- Keep things moving
- Adjust the activities or timing to better meet the needs of the group
- Be a resource for participants

Five Fun Facts

As an alternate introduction activity, participants may answer a few of the questions below in pairs, then introduce each other in the large group, sharing one fun fact about their partner.

1. Who is one of your heroes?
2. If you could travel anywhere in the world, where would you go?
3. What is one family or cultural custom that you observe?
4. What is the last book you read or movie you watched?
5. What is one random fact about yourself?
Introductions and Expectations: Activity 1A

**Part 1:** In pairs, introduce yourself to your partner. Share the following with each other:

- One reason you want to become a CASA/GAL volunteer
- One thing you’re most excited about as you begin training
- One concern you have about volunteering

**Part 2:** In the large group, introduce your partner to your fellow participants by briefly sharing their name and one word that describes their reason for volunteering.

**Part 3:** Share one or two expectations you have as you begin CASA/GAL volunteer training. The facilitator will record your expectations on a flipchart.

**Part 4:** Create a list of group agreements that set the tone for how you will work together during training. Listen as the facilitator describes what will be expected of you during training and what you can expect of the facilitator.

What to Expect During Training

**As a participant, you are expected to:**

- Complete Pre-Work between the training sessions
- Attend all training sessions
- Participate in the activities
- Ask questions
- Take responsibility for your own learning

**You can expect the facilitator to:**

- Establish an environment conducive to learning
- Keep things moving
- Adjust the activities or timing to better meet the needs of the group
- Be a resource for participants
Exploring the Impact of CASA/GAL Volunteers: Activity 1B

Suggested Time: 15 minutes

Goal: To introduce participants to specific ways they can make a contribution to a child as a CASA/GAL volunteer.

Advanced Prep

Add your program’s mission statement to the Chapter 1 PowerPoint presentation. Download the Make a Lifelong Difference video found in Chapter 1 Online Resources.

PowerPoint Slide(s): 8

Facilitator Instructions

Part 1: Using the Chapter 1 PowerPoint presentation, display the National CASA Mission Statement and your local program’s mission. Emphasize the key aspects of the CASA/GAL volunteer movement: helping children find safety, permanence and the opportunity to thrive. As CASA/GAL volunteers, they will be part of a movement to make life better for children in the child protection services system. (1 minute)

Part 2: Play the video Make a Lifelong Difference, found in the Chapter 1 Online Resources. Featuring individuals who’ve been in the child protective services system, the video shows children talking about what they want to be when they grow up, and adults remembering their past. As participants watch each story, ask them to note ways that the CASA/GAL volunteer made a difference in the life of the person speaking. (6 minutes)

Part 3: In the large group, ask participants to share how CASA/GAL volunteers made a difference in the lives of the individuals featured in the video. Responses might include providing a voice for the children, listening and offering consistency, stability or encouragement. Point out any of these examples that volunteers don’t come up with on their own. Then review the information in the Volunteer Manual about the evidence of effectiveness of CASA/GAL volunteers. (8 minutes)
Part 1: Listen as the facilitator talks about the mission of the CASA/GAL volunteer movement.

*The mission of the National Court Appointed Special Advocate Association, together with its state and local member programs, supports and promotes court-appointed volunteer advocacy so every abused or neglected child in the United States can be safe, have a permanent home and the opportunity to thrive.*

Part 2: Watch Make a Lifelong Difference, a video that gives a broad overview of the difference that a CASA/GAL volunteer can make in a child’s life. As you watch the video, take note of some specific ways the CASA/GAL volunteers made a difference in the lives of the people featured.

Part 3: In the large group, share some of your thoughts on how having a CASA/GAL volunteer made a difference in the lives of the individuals in the video. Then listen as the facilitator presents evidence of the effectiveness of CASA/GAL volunteers.

**Evidence of Effectiveness**

A child with a CASA/GAL volunteer is more likely to find a safe, permanent home:

- More likely to be adopted
- Half as likely to re-enter foster care
- Substantially less likely to spend time in long-term foster care
- More likely to have a plan for permanency, especially children of color

Children with CASA/GAL volunteers get more help while in the system:

- More services ordered for the children

They are also more likely to have a consistent, responsible adult presence:

- Volunteers spend significantly more time with the child than a paid guardian ad litem.
Evidence of Effectiveness, Cont’d.

Children with CASA/GAL volunteers spend less time in foster care and are less likely to be bounced from home to home. CASA/GAL volunteers…

• Improve representation of children
• Reduce the time needed by lawyers
• Are more likely than paid lawyers to file written reports
• Are highly effective in having their recommendations adopted by the court

Children with CASA/GAL volunteers do better in school . . .

• More likely to pass all courses
• More likely to receive quality educational services
• Less likely to have poor conduct in school
• Less likely to be expelled

…and score better on nine protective factors:

• Neighborhood resources
• Interested adults
• Sense of acceptance
• Controls against deviant behavior
• Models of conventional behavior
• Positive attitude towards the future
• Valuing achievement
• Ability to work with others
• Ability to work out conflicts

**The CASA/GAL Volunteer Role in Action: Activity 1C**

**Suggested Time:** 20 minutes

**Goal:** To explore the key responsibilities of the CASA/GAL volunteer role.

**Advanced Prep**

Make copies of the CASA/GAL Volunteer Tasks handout, found in the Chapter 1 Handouts.

**PowerPoint Slide(s):** 10-12

**Facilitator Instructions**

**Part 1:** Read through the CASA/GAL volunteer job description. In the large group, give an overview of the CASA/GAL volunteer job and each of the four components of the CASA/GAL volunteer role, as described in the Volunteer Manual. (5 minutes)

**Part 2:** In the large group, ask participants to share how having a CASA/GAL volunteer could make a difference in the Bleux case. (5 minutes)

**The CASA/GAL Volunteer Role in Action: Activity 1C**

**Part 1:** Listen as the facilitator describes the four key components of the CASA/GAL volunteer role.

**Part 2:** Think back on the Bleux case, which you read before coming to class. Based on what you learned about the four key components of the CASA/GAL volunteer role, how could a volunteer make a difference if assigned to this case?
Key Components of the CASA/GAL Volunteer Role

**Information Gathering**

Carry out an objective examination of the situation including relevant history, environment, relationships and needs of the child.

**Facilitation**

Identify resources and services for the child and facilitate a collaborative relationship between all parties involved in the case, helping to create a situation in which the child’s needs can be met.

**Advocacy**

Speak up for the child by making fact-based recommendations regarding the child’s best interest in a written court report.

**Monitoring**

Keep track of whether the orders of the court and the plans of the child protective services agency are carried out, and report to the court or collaborate with the child protective services agency when any of the parties do not follow those orders and plans.
CASA/GAL Volunteer Tasks

CASA/GAL volunteers are expected to perform the tasks listed below. These tasks constitute what is minimally required to effectively fulfill the role as an advocate for a child in the child welfare system:

- Review/research case information.
- Participate in case staffings, family team meetings, court hearings, school-related meetings, etc.
- Establish rapport and relationships with the child and all other parties in the case.
- Meet with the child regularly (at least once per month, or per your program’s requirements) and monitor his/her placement.
- Assess the child’s physical, mental, behavioral and educational needs.
- Observe parent-child interactions.
- Monitor adherence to court orders to ensure compliance.
- Identify needs and advocate for services (make referrals as needed).
- Stay abreast of the most up-to-date case information.
- Check for accountability in service planning and delivery to ensure for quality.
- Document all activities, accurately taking note of any concerns, progress or lack thereof.
- Identify resources within the child’s family and help build/maintain connections.
- Facilitate communication among parties while maintaining confidentiality.
- Submit required reports and case updates on or before the specified due date.
- Monitor compliance with court timelines to expedite permanency.
- Maintain consistent contact with the CASA/GAL supervisor (at least monthly).
- Complete a minimum of 12 hours of in-service training each year.
- Comply with CASA/GAL policies, procedures and ethical guidelines that promote and protect the CASA/GAL program.
CASA/GAL Volunteer Tasks, Cont’d.

- Remain appointed until the case is closed.
- Maintain monthly contact with caregiver.
- Maintain monthly contact with service providers.
- Maintain documentation required by local CASA/GAL staff.

CASA/GAL Volunteer Tasks: Activity 1D

Developing Competencies for CASA/GAL Volunteer Work

Suggested Time: 20 minutes

Goal: To help participants identify knowledge, skills and attributes that will help them perform CASA/GAL volunteer work.

PowerPoint Slide(s): 13

Facilitator Instructions

The focus of this activity is informing participants about how certain skill sets will assist them in advocating for children (i.e., expediting permanency, creating collaborative partnerships with child welfare professionals, collecting accurate and up-to-date information from various parties and inciting change in the system). Volunteers should be divided into small groups for this exercise.

Each volunteer should share one area of strength and one area they want to develop in the small group. Ask each group to be prepared to report back common areas of strength and common areas that need to be further developed.

Wrap Up: Ask each group to report to the larger group. Discuss how they will be able to enhance the skill they want to develop throughout pre-service and in-service training. Tell participants that they will revisit the competencies checklist during the final chapter to evaluate which areas they’ve strengthened through training and which areas they still want to work on. Let them know that you will partner with them throughout the training process to evaluate their readiness for the CASA/GAL volunteer role and address any areas of concern. (7 minutes)
CASA/GAL Volunteer Tasks: Activity 1D

Developing Competencies for CASA/GAL Volunteer Work

Much of the information explored up to this point has focused on your role or duties as a CASA/GAL volunteer. Fulfilling duties is an important part of being a successful CASA/GAL volunteer, but it is only one part. Your knowledge, skills and personal attributes are also very important.

As part of your Pre-Work, you completed the Competency Checklist. In a small group, share one area of strength and one area you want to develop. Review your group’s areas of strengths and areas that need development, and be ready to report the common areas to the larger group. You will revisit the competencies checklist during the final chapter to evaluate areas you’ve strengthened through training and areas you still want to work on. The facilitator will partner with you throughout the training process to evaluate your readiness and address any areas of concern.
## Developing Competencies for CASA/GAL Volunteer Work Handout

Please review the following competency checklist. As you review each area, note whether it is a current strength or if it is an area that needs further development.

**Volunteer Name:**

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills and Attributes</th>
<th>Current Strength</th>
<th>Competency to Develop</th>
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<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>Knows how to define the CASA/GAL role</td>
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<td></td>
<td>Understands the function of a CASA/GAL report to the court</td>
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<td></td>
<td>Understands the competencies necessary to succeed as a CASA/GAL volunteer</td>
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<td>Knows how to act within the CASA/GAL volunteer role and can differentiate his/her role from that of others involved in the case</td>
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<td>Knows how to find support and resources to assist his/her advocacy</td>
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<td>Understands how to obtain relevant confidential information</td>
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<td>Understands the importance of partnering with his/her supervisor to develop goals and to discuss issues and assess progress</td>
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<td>Understands the importance of participating in ongoing professional development to strengthen advocacy skills</td>
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<td>Competency Category</td>
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<td>Communication</td>
<td>Knows how to effectively articulate a point of view while advocating for the needs of the child</td>
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<td>Understands the importance of establishing trust and rapport with all parties</td>
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<td>Understands the importance of speaking and writing clearly and concisely</td>
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<td>Knows how to work collaboratively and manage conflict effectively</td>
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<td>Recognizes the importance of treating others with dignity and respect</td>
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<td>Knows how to be an active listener</td>
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<td>Understands and respects the perspectives, values and input from others</td>
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<td>Knows the importance of being forthright, thorough and detail oriented</td>
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<td>Knows how to utilize basic communication and interviewing skills</td>
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<td>Knows strategies for interviewing children</td>
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<td></td>
<td>Understands the elements of a court report</td>
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<td>Competency Category</td>
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<td>Cultural Competence</td>
<td>Understands the extent to which cultural institutions and values may oppress, marginalize or alienate some individuals or groups and create or enhance privilege and power of others</td>
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<td>Understands and demonstrates self-awareness to eliminate the influence of personal biases and values when working with diverse groups</td>
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<td>Knows strategies and steps to take to increase cultural competency skills and demonstrate culturally competent child advocacy</td>
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<td>Understands how to recognize and challenge own biases</td>
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<td>Understands the root causes of disproportionate representation of children of color in the child welfare system and the disparate outcomes children of color experience</td>
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<td>Knows how to be sensitive and responsive to different cultural differences</td>
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<td>Competency Category</td>
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<td>Sound Judgment</td>
<td>Knows how to set healthy boundaries and respects the boundaries of others</td>
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<td>Knows how to adhere to all policies, ethical guidelines and procedures</td>
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<td>Recognizes the importance of flexibility in handling case-related changes</td>
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<td>Understands managing challenges by collaborating based on the best interest of the child</td>
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<td>Knows how to maintain objectivity and avoid making assumptions</td>
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<td>Understands the importance of anticipating and recognizing potential problems</td>
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<td>Understands making appropriate fact based recommendations to the court</td>
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<td>Understands basing decisions on thorough review of the information</td>
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<td>Understands evaluating alternative decisions</td>
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<td>Understands the confidentiality requirements of being a CASA/GAL volunteer</td>
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<td>Understands that your personal values and biases about mental illness, domestic violence and substance abuse can affect your objectivity</td>
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<td>Knows how to evaluate what is in a child’s best interest</td>
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<td>Initiative</td>
<td>Knows how to be self-motivated and work independently</td>
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<td>Understands the importance of being resourceful and identifying needs as well as services to meet the needs</td>
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<td>Recognizes the importance of ensuring all parties are moving expeditiously toward permanency</td>
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<td>Knows the importance of persistence in pursuit of information</td>
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<td>Understands the need to advocate for access to quality, individualized services</td>
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<td>Understands the need to respectfully challenge the status quo</td>
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<td>Recognizes the importance of creating innovative strategies to resolve issues</td>
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<td>Foundations of Knowledge</td>
<td>Understands the importance of using a strength-based approach</td>
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<td>Understands concurrent planning</td>
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<td>Understands advocacy differs dependent on the age of the child</td>
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<td>Understands the options for permanence for a child</td>
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<td>Understands how to identify a child’s basic needs</td>
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<td>Understands the cycle of attachment</td>
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<td>Understands possible reactions to separation &amp; loss</td>
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<td>Understands age appropriate behavior and development for children of all ages</td>
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<td>Understands how mental illness impacts families</td>
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<td>Understands the factors that contribute to a child’s resilience</td>
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<td>Understands how poverty can impact families and children</td>
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<td>Understands strategies to advocate for children and adolescents with mental health disorders</td>
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<td>Understands the ways that substance abuse can affect children &amp; families</td>
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<td>Knows the importance of being aware of resources in the community that assist with substance abuse</td>
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<td>Understands how domestic violence affects children &amp; families</td>
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<td>Understands the nature and scope of trauma and how it affects children</td>
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<td>Understands the importance of resilience in overcoming trauma in children</td>
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<td>Knows strategies to address educational challenges</td>
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<td>Understands the issues faced by LGBTQ youth in the child welfare system</td>
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<td>Understands the risk factors for child abuse and neglect</td>
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<td>Competency Category</td>
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<td>Foundations of Knowledge (cont’d)</td>
<td>Understands the factors that contribute to child resilience</td>
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<td>Recognizes the importance of understanding a child’s journey through the child welfare system</td>
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<td>Understands MSL and its importance when advocating for a child’s best interest</td>
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<td>Understands the nature and scope of the roles of others (e.g., caseworkers, attorneys, therapists, etc.)</td>
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<td>Knows the importance of the federal laws that impact his/her advocacy</td>
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<td>Understands what constitutes abuse and neglect</td>
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<td>Self Care</td>
<td>Understands the importance of healthy coping strategies to prevent burn out</td>
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<td>Understands the importance of being aware of personal limitations</td>
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<td>Understands the importance of setting clear, healthy boundaries and can identify indicators of stress</td>
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<td>Understands the importance of maintaining a healthy life style</td>
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<td>Understands the importance of knowing when to ask for and accept help</td>
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<td>Understands the importance of maintaining a sense of hope and optimism</td>
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Parameters for CASA/GAL Volunteer Relationships: Activity 1E

Suggested Time: 30 minutes

Goal: To understand the parameters of the relationship between a volunteer advocate, the child and others involved in a case.

Advanced Prep

Before facilitating this chapter, make copies of the Volunteer-Child Relationship Dilemmas Worksheet, located in the Chapter 1 Handouts. If beneficial, add or substitute your own dilemma scenarios based on your program’s experiences. Also prepare an abbreviated outline of your program’s policies and procedures, reiterating the do’s and don’ts for volunteers (for example, volunteers should not give legal advice; volunteers should not give money or expensive gifts to children or families; volunteers should not give counseling or provide direct services; etc.).

PowerPoint Slide(s): 14

Facilitator Instructions

Read the following statement as a way to introduce the activity:

As a CASA/GAL volunteer, you have direct and sufficient contact with a child to independently gather information about 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 or her unique personality, abilities and needs. While social contact is permitted with the child to develop trust and a meaningful relationship, your role is that of an objective advocate for the child and not 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. Keep in mind that as an advocate, your role is to identify challenges, as well as possible resources and solutions without risking the child’s safety, your credibility as a professional and the integrity of the CASA/GAL program.
Activity 1E, Cont’d.

Briefly review your program’s policies and procedures regarding appropriate volunteer interactions with children and families. Then pass out the Volunteer-Child Relationship Dilemmas Worksheet, one per participant. Instruct participants to work individually, reading each dilemma, identifying the crux of the dilemma and potential consequences, and writing down one possible solution for each dilemma on the worksheet. If you are short on time, you may want to have half the class work on the first four scenarios and the other half work on the remaining scenarios.

Then, in the large group, ask participants to share their possible solutions for each scenario. As you do so, provide guidance with identifying the dilemma as well as the potential consequences for the child, family, the volunteer or the CASA/GAL program overall. Be sure to also point out any specific problems and possible solutions that participants do not cover in the discussion. There are a number of possible solutions for each dilemma, and some will depend on your program’s policies and procedures. If there is a best way to handle each situation in your program or if local rules apply, let participants know what is expected. You may also want to highlight ways to prevent each dilemma, such as by being honest with parties about the limits of the volunteer role.
Volunteer-Child Relationship Dilemmas Worksheet Handout

Dilemma 1

As a CASA/GAL volunteer, you are on your way to your very first visit with a 9-year-old girl named Susan. Right before you leave, you call the paternal grandfather, who is caring for Susan, and find out that she just had some teeth pulled and some other dental work done. He mentioned the dentist prescribed some mild painkillers and antibiotics. He already phoned them in to the pharmacy, but he doesn’t have a car to go get them. Since you pass the pharmacy on the way, he was wondering if you could swing by and pick them up. You think back to training and what you learned about providing transportation. The prescriptions are already paid for. Why not pick up a milkshake too? Susan’s mouth is going to be sore from all the dental work, and this would be a great way to start out your relationship as her volunteer advocate. You know the milkshake may be too much, but . . . What do you do?

Crux of the dilemma

Potential consequences
Dilemma 1, Cont’d.

One possible solution

Dilemma 2

About eight months into a case, you are unable to reach Ms. Jones, the birth mother of the child for whom you’re advocating. Johnny has been back in Ms. Jones’s care for about three weeks. Ms. Jones successfully moved into her own apartment, so she had a separate residence from her on-again, off-again boyfriend. One of the parameters set forth in court was that the boyfriend was never to be at her apartment when Johnny was there, because he had not finished his court-ordered services. You’ve had a great relationship with Ms. Jones, and one day you spot her at a grocery store. You stop to make small talk and then leave the store. As you drive out of the parking lot, you see Ms. Jones getting in a car with her boyfriend. You know that the boyfriend is not supposed to have contact with Johnny, and you’re worried that Ms. Jones has violated the court order. You also know that Ms. Jones usually gets home around 3:30, after getting Johnny from the bus stop. You really want to see her once more before your case goes back to court, and seeing Johnny again would really help you know how he is doing. You think, why not swing by today to see if you can grab a few moments with both of them to check in? That would allow you to provide the most up-to-date information in your report. You know you should call first, but often she hasn’t returned your calls. What do you do?

Crux of the dilemma

Potential consequences
Dilemma 2, Cont’d.

One possible solution

Dilemma 3

You have been advocating for a 15-year-old girl named Jessie for more than a year. She has been moved to a residential placement in the central part of the state, about an hour away. Her father passed away when she was 9 years old, and her mother is currently in jail. She is an only child and has no visitors and no family support system. When you go to visit, you learn that her birthday is next week, and all she wants is to go to Olive Garden for dinner. You think about the best interest of the child and decide she would have no other way of celebrating her birthday. You know you shouldn’t take her, but . . . What do you do?

Crux of the dilemma

Potential consequences

One possible solution

Dilemma 4

You have been advocating for a 16-year-old boy named Kyle for almost a year. You’ve come to know everyone involved in his life pretty well, including his stepmother, Beth, who Kyle looks up to like his own mother. Beth confides in you that she and Kyle’s father have been arguing a lot and sometimes he hits her. She wants to get help, but she doesn’t know what to do. You know the local
Dilemma 4, Cont’d.

domestic violence shelter would offer services, but Beth states that she doesn’t feel comfortable disclosing this information to anyone else. Beth then says that she is worried about Kyle’s father and his lack of anger management, because she has witnessed him “losing it” with Kyle during visitation. Beth is worried that if this information is revealed, Kyle’s father might not be considered as a placement resource. What do you do?

Crux of the dilemma

Potential consequences

One possible solution

Dilemma 5

You have developed a great working relationship with Michele, the birth mother in your case. The case is going well, and there is talk of returning all four of her children home. At this time, the agency’s only concern is that Michele’s budget is very tight; she will have to maintain employment in order to make ends meet. She has an unsteady employment history and has previously disclosed that she is stressed about the idea of having all four children return home at once. One day you are meeting with Michele when she leans in close and says she has a secret. She asks you to “pinky swear” that you won’t tell anyone. You really want to find out what the secret is, but you also don’t want to break Michele’s trust. She leans in to tell you that she is expecting another child and will have to leave her job to prepare for the birth of the new baby. What do you do?
Dilemma 5, Cont’d.

Crux of the dilemma

Potential consequences

One possible solution

Dilemma 6

You have been working with a teenage sibling group for almost a year. Yolanda, the youngest of the four siblings, is at a local youth shelter after running away from her former placement to see her sisters, who are all placed in another county. You are at the shelter for a visit and a team meeting with the shelter staff to discuss Yolanda’s case. During the meeting, Yolanda becomes so upset that she runs out of the shelter and goes to her sister’s foster home nearby. You accompany staff to the foster home in an effort to persuade Yolanda to return voluntarily to the shelter. Yolanda agrees to cooperate with the staff, but upon her return, she confides in you that she is lonely and doesn’t have anyone to talk to. She isn’t allowed to use the phone after a certain hour, and she’d like to have a cell phone to stay in contact with her sisters. She asks you to purchase one for her. What do you do?

Crux of the dilemma

Potential consequences
Dilemma 6, Cont’d.

One possible solution

Dilemma 7

You have recently been appointed to the case of an 8-year-old boy who was recently placed into a group home due to destructive behavior. The social worker advises you that he is in a three-week black-out period, during which he can neither have visitors nor participate in any outside activities. You think this is grossly unfair to the child. You’ve addressed your concerns with the group-home staff, the caseworker and the child’s attorney. You’ve even included it in your court report, to no avail. You tell the social worker how disappointed you are that they aren’t doing their job. The conversation goes nowhere, and you are even more frustrated. You decide to go home to unwind. While searching the Internet, you come across a Facebook page for child advocates. You think to yourself that this would be a great opportunity to voice your frustrations to other like-minded individuals, but you know you can’t provide any information that would compromise confidentiality. What do you do?

Crux of the dilemma

Potential consequence

One possible solution
Child Welfare Laws: Activity 1F

Suggested Time: 10 minutes

Goal: To connect information about child protection laws to foundational concepts in CASA/GAL volunteer work.

For Pre-Work, volunteers read information about the history of child protection laws in the United States listed below. Answer any questions on child protection laws. Lead a discussion about permanency, reasonable efforts and culturally appropriate advocacy. The benefit of this exercise is to understand the history and progression of child welfare laws. Answer any questions about the Child Welfare History Pre-Work reading.

PowerPoint Slide(s): 16

Child Abuse Prevention and Treatment Act (CAPTA): 1974

• Requires that states have reporting laws, that they investigate abuse and neglect reports and that they provide a guardian ad litem for each child
• Are CASA/GAL volunteers mandated reporters in your state?
• Does the guardian ad litem have to be an attorney in your state?

Adoption Assistance and Child Welfare Act: 1980

• Requires that states recruit culturally diverse foster and adoptive families
• Requires that states provide “reasonable efforts” to prevent or eliminate the need for removal of the child from the home or to make it possible for the child to return home
Child Welfare Laws, Cont’d.

Adoption and Safe Families Act (ASFA): 1997

• Emphasizes the temporary nature of foster care and requires that permanency planning begin as soon as a child enters care

Indian Child Welfare Act (ICWA): 1978

• Addresses a pattern of removal of Indian children* from their homes, undermining families and threatening tribal survival and Native American cultures
• Sets up placement preferences for children who have been determined to be Indian children
• Establishes the right of certain entities to appear as parties, including the tribe and the Indian custodian, if one exists

Foster Care Independence Act: 1999

• Allows states to serve and provide resources to youth up to age 21
• Increases federal funding to assist young people transitioning from foster care

Fostering Connections to Success and Increasing Adoptions Act: 2008

• Requires child welfare agencies to work with schools to support the education needs of children in foster care
• Increases federal funding to assist and serve young people transitioning from foster care
• Specifies that independent-living services may be provided to young people at “various ages” and various stages of achieving independence, “including children waiting for adoption or other permanent options”

*This curriculum uses the terms “Indian child/ren” and “Indian custodian” in accordance with the legal definitions set out in the Indian Child Welfare Act.
Cultural Considerations

The Indian Child Welfare Act (ICWA), passed in 1978, recognizes that Indian children* have special rights as members of sovereign nations within the United States. The law was written in response to Congressional hearings in the 1970s that revealed a pattern of public and private removal of Indian children from their homes, undermining their families and threatening tribal survival and Native American cultures. Designed to implement the federal government’s trust responsibility to the nations by protecting and preserving the bond between Indian children and their tribe and culture, ICWA sets up placement preference schemes for children who have been determined to be Indian children and establishes the right of certain entities to appear as parties, including the tribe and the Indian custodian, if one exists.

*This curriculum uses the terms “Indian child/ren” and “Indian custodian” in accordance with the legal definitions set out in the Indian Child Welfare Act.
The Child Welfare System: Activity 1G

Suggested Time: 30 minutes

Goal: To understand how the child welfare and court system work to help children achieve permanency.

Advanced Prep

Customize the Casey Family Programs Child Welfare Chart in the Chapter 1 PowerPoint presentation to reflect your local hearing names and timelines. Print copies of the Child Welfare Chart, located in the Chapter 1 Handouts. Customize the “Alphabet Soup” chart to reflect local terminology.

PowerPoint Slide(s): 17-18

Facilitator Instructions

Part 1: Distribute copies of the Child Welfare Chart and display the chart using the Chapter 1 PowerPoint presentation. Have participants take notes on the chart as you describe the process that a case takes using your state’s ASFA guidelines, including names of hearings and timelines in your local jurisdiction. Point out differences in your jurisdiction with the Casey Chart and include your own. Using the Bleux case as an example, use sample dates to illustrate how long it could take for a child to achieve permanency. Explain the purpose of each hearing and provide examples of what volunteers would do along the way, such as conducting interviews, making observations, obtaining records and submitting court reports. (15 minutes)

Part 2: Have participants take notes in their manuals as you describe the roles of the key players involved in the child welfare system, including the child, CASA/GAL volunteer, parent(s)/caretaker(s), judge, attorneys, tribe, caseworkers, child protection agency and other service professionals. Explain how the volunteer will work with each professional in order to develop a clear picture of the child’s situation and develop recommendations that would protect and promote what is in the child’s best interest. Emphasize how volunteers will use certain skills such as communication and initiative in order to help the child achieve permanency in a timely fashion. (15 minutes)
The Child Welfare System: Activity 1G

Part 1: As the facilitator describes the process that a child welfare case takes in your state, record the names of hearings and timeframes on the Child Welfare Chart handout. The facilitator will explain the purpose of each hearing and provide examples of tasks that CASA/GAL volunteers engage in along the way.

Part 2: Listen as the facilitator describes the roles of those involved in a court case, which are outlined below. As you listen, note in the margin any differences in your jurisdiction and use the space provided to record information relevant to your jurisdiction. If you have questions, share them in the large group.
Who Participates in a Case?

THE CHILD

Why is the child’s case in court?

- A petition has been filed alleging abuse or neglect.

What does the child need during court intervention?

- The child needs the court to order an appropriate intervention and treatment plan so he/she can live in a safe, stable home without ongoing need for intervention from the child protection agency.
- The areas the child needs addressed include: safety/protection, placement if the child is out of the home, family contact, belonging to a family, financial support, a support system, education, mental health and physical health.
- The child needs the court intervention to be focused and timely.
- The child needs services provided that will meet his/her needs.
- Other______________________________________________________
Who Participates in a Case, Cont’d.

CASA/GAL VOLUNTEER

In my area this person is called ______________________

What does the CASA/GAL volunteer do in the case?

• Independently gathers information about the child’s case
• Determines the child’s needs
• Explores family and community resources to meet the child’s needs
• Makes recommendations to the court
• Advocates for the child
• Monitors the case
• Is the voice for what is in the child’s best interest
• Is the voice for the child’s expressed wishes
• Other______________________________________________

What does the CASA/GAL volunteer bring to the case?

• An interest in improving the life of the child through the court process
• Time, energy and focus
• Longevity (he/she often stays on the case from beginning to end)
• An “outside the system” point of view and an independent perspective
• The community’s standard for the care and protection of its children
• Other______________________________________________

When is the CASA/GAL volunteer involved in the case?
Who Participates in a Case, Cont’d.

ATTORNEY FOR THE CASA/GAL PROGRAM OR CHILD

In my jurisdiction, this attorney represents [circle one]:

The child’s wishes  The child’s best interest  The CASA/GAL program

What does the attorney for the program/child do in the case?

• Translates the CASA/GAL volunteer’s research and recommendations into a form that the court can effectively use to address the child’s needs (within the law, within the scope of the volunteer role, fact-based, etc.)

• Provides legal consultation to the CASA/GAL volunteer and program staff regarding the case (if the attorney represents the program rather than the child directly)

• Files legal documents relevant to the child’s case

• Other______________________________________________

What does the attorney for the program/child bring to the case?

• Legal expertise, facilitation and negotiation skills and courtroom experience
When is the attorney for the program/child involved in the case?

• From the petition filing through the end of the court case

Who Participates in a Case, Cont’d.

PARENTS/CARETAKERS NAMED IN THE PETITION

In my area this person is called_______________________

Why are the parents/caretakers involved in the case?

• They have been forced into this court action because the child protection agency asked the court to intervene to protect the child from maltreatment and/or to have his/her basic needs met.

• They need to comply with the child protection agency’s intervention plan and correct the conditions that led to the child’s removal, thereby effectively protecting their child and/or enabling their child to return home.

• They need to follow the orders of the court or risk having their parental rights terminated.

What do the parents/caretakers bring to the case?

• Love for the child, family ties, history of parenting, abilities, resources and skills as parents, interactions with the child and each other, mental, emotional and physical health or illness, support system, housing and income and their own issues/problems
Who Participates in a Case, Cont’d.

ATTORNEY FOR THE PARENT/CARETAKER

**What does the attorney for the parent/caretaker do in the case?**

- Represents the wishes of the parent/caretaker he/she represents
- Protects the legal rights of the parent/caretaker in court
- Advises the parent/caretaker on legal matters
- Files legal documents relevant to the case
- Other_________________________________________________________________________

**What does the attorney for the parent/caretaker bring to the case?**

- Legal expertise, facilitation and negotiation skills and courtroom experience

**When is the attorney for the parent/caretaker involved in the case?**

- From the petition filing through the end of the court case
Who Participates in a Case, Cont’d.

CHILD PROTECTION AGENCY CASEWORKER

In my area this person is called_______________________

What is the role of the child protection agency caseworker in the case?

• The caseworker has completed a risk assessment process and, based on risk and/or substantiated allegations of abuse and/or neglect, has determined the need for court intervention. The caseworker petitioned the court to intervene on the child’s behalf because:
  ◦ He/she has developed an intervention plan with the family, which has not resulted in eliminating the risk that child maltreatment will recur, or
  ◦ Due to risk of imminent danger, he/she has removed the child from his/her home to ensure the child’s safety.

• The caseworker needs the court to order that the agency’s intervention and treatment plan be followed by the parents/caretakers and other service providers so that the need for continuous agency intervention is not required to ensure the child receives proper care and protection.

• The caseworker is responsible for managing the case and arranging for court-ordered services to be provided to the child and the child’s family.

• Other______________________________________________

What does the child protection agency caseworker bring to the case?

• Training in analyzing risk, assessing service needs and providing guidance, and directing services for families to provide them with the knowledge, skills and resources necessary for change

• Links to other service providers so that the family can access resources outside the child protective services system

When is the child protection agency caseworker involved in the case?

• From the initial contact with the family and/or child until the agency’s services are no longer needed
Who Participates in a Case, Cont’d.

ATTORNEY FOR THE CHILD PROTECTION AGENCY OR THE COUNTY OR THE STATE

In my area this person is called _______________________

In my jurisdiction this attorney represents [circle one]:

The child protection agency        The county        The state

What does this attorney do in the case?

• Represents the position of the agency/county/state in court
• Protects the agency/county/state from liability
• Advises the agency/county/state regarding its responsibilities as outlined in the law
• Files legal documents relevant to the case
• Other____________________________________________________________

What does this attorney bring to the case?

• Legal expertise, facilitation and negotiation skills and courtroom experience

When is this attorney involved in the case?

• From the petition filing through the end of the case
Who Participates in a Case, Cont’d.

INDIAN CHILD’S TRIBE

What does the Indian child’s tribe do in the case?

• Ensures that the parents, the child and the tribe have all the rights they are afforded pursuant to ICWA
• Brings culturally relevant service options and dispositional recommendations to the attention of the court
• Protects the tribe’s interest in the child and ensures the preservation of the child’s ties to the tribe and its resources
• Where appropriate, offers or requires that the tribe take jurisdiction of the matter
• Files legal documents when necessary
• Other_________________________________________________________

What does the tribe bring to the case?

• A very special perspective on preservation of the child’s ties to the tribe
• Knowledge of relevant cultural practices and culturally relevant services that can be considered as potential resources for the child
Who Participates in a Case, Cont’d.

JUDGE

What does the judge do in the case?

• Determines if there is a continued safety issue for the child that necessitates continued out-of-home placement if the child has been removed from home
• Represents the child’s best interest and/or wishes and protects the child’s legal rights in court
• Represents the “best interest of the child,” as defined by the Indian Child Welfare Act (ICWA), to the court
• Decides if the child is abused or neglected, and if so, orders services that will address the needs of the child
• Orders appropriate reviews
• Hears testimony, motions, etc., regarding the case
• Approves the permanent plan for the child
• Orders termination of parental rights when appropriate
• Sets disputes adoption cases
• Closes the court case when there is no longer a need for court intervention or the permanent plan has been achieved
• Other ________________________________________________

When is the judge involved in the case?

• From the request for emergency custody at the petition filing until the court case is closed (or, if the child is not removed from home, from the arraignment or adjudication hearing, depending on jurisdiction, until the court case is closed)
Introduction to the Court Report: Activity 1H

Suggested Time: 10 minutes

Goal: To introduce participants to the CASA/GAL volunteer court report.

PowerPoint Slide(s): 20

Facilitator Instructions

Give participants an overview of the section in the Volunteer Manual introducing the CASA/GAL volunteer court report. Emphasize that writing a court report is one of the most important responsibilities of a CASA/GAL volunteer and it is the volunteer’s primary tool in effectively communicating the child’s perspective. Completing the court report does not have to be a difficult task. If volunteers maintain detailed notes and a contact log, they can work through the report section by section. Previous reports and the case plan should also be reviewed to compare what was expected to happen with what actually occurred during the time between court appearances.

Introduction to the Court Report

Listen as the facilitator describes the CASA/GAL court report and offers tips for writing an effective report.
An Introduction to the CASA/GAL Volunteer Court Report

The CASA/GAL volunteer court report is the most essential aspect of your work as a CASA/GAL volunteer. The report outlines, in a standard format, what the CASA/GAL volunteer has discovered, the volunteer’s assessment of the child’s situation and what the court needs to do to help the child achieve a safe, permanent home. It is your primary tool in effectively communicating the child’s perspective. The report also ensures professionalism, consistency and objectivity.

The court report is the vehicle through which you present the information you have gathered about a child’s situation and your recommendations about what services will meet the child’s needs. The facts stated throughout the report are the foundation of your recommendations and should be clear, concise and easily distinguished from opinions and assumptions. When writing the document, it is imperative to respect all of the individuals involved in the case. A report written from an honest and objective view can eliminate defensive attitudes and ease implementation of the recommendations. You will have greater success defending your written documentation and representing the best interests of the child if the report is free from bias.

Court reports provide visible documentation of your involvement in the case. Court reports that provide visible documentation of your involvement, and that are presented in a consistent format, increase your ability to give children a voice in the decision-making process.

Judges rely on the information in CASA/GAL volunteer court reports as they make their decisions. You will submit reports for most hearings. The CASA/GAL volunteer court report provides a way to systematically organize pertinent information and give the court a clear mental image of the child’s situation. Most of the information the court receives is derived from your written documentation, which is made record at each court hearing. CASA/GAL volunteer court reports are shared with all parties to a case and any other individuals who are authorized by law to receive them.

All CASA/GAL programs require that court reports be submitted to the CASA/GAL program office prior to court. Staff will review all CASA/GAL volunteer court reports to ensure the recommendations are supported by facts and all relevant information and documentation has been included. Staff may make suggestions about wording to make your report clearer.
Keys to a Successful Report

• Be thorough and specific.
• Get your information firsthand.
• Report the facts.
• Make specific recommendations that flow from the facts.
• Use the court report format provided by your program (which you will learn about in the next chapter).
• Submit your report on time so CASA/GAL program staff can review and comment on your report.
Chapter Wrap-up and Review

Chapter Review

Review (slide 21)
In summary, you may review the objectives found at the beginning of the chapter to check in about volunteers’ comfort level with the content. Answer any remaining questions.

Evaluation (slide 22)
Hand out copies of the Chapter 1 Volunteer Training Evaluation and collect them before participants leave.

Additional Resources (slide 23)
Inform volunteers about ways they can learn more about the topics covered in this chapter.

Chapter 2 Pre-Work

Pre-Work Activities
Assign the following Pre-Work activities for the Chapter 2 training session and remind participants of the date and time when the next session will take place.

Child Abuse and Neglect Statistics
Ask the participants to read the statistics about child abuse and neglect, located in the Chapter 2 Pre-Work Handouts packet.

How Children Grow and Develop
Ask the participants to read information on how children grow and develop, located in the Chapter 2 Pre-Work Handouts packet.
Chapter 2 Pre-Work, Cont'd.

**Children’s Needs**
Ask the participants to read information on children’s needs, located in the Chapter 2 Pre-Work Handouts packet.

**Attachment and Examples**
Ask the participants to read information about the importance of attachment in child development and the risks for children who lose the ability to attach to a parent or caretaker in the Chapter 2 Pre-Work Handouts packet. This section also includes the examples of specific children who never had a healthy attachment to their caretaker. (This is in preparation for activity 2C.)

**Recognizing Child Abuse and Neglect**
Ask the participants to read information about how to recognize child abuse and neglect, including the chart, which describes different kinds of abuse and lists indicators, located in the Chapter 2 Pre-Work Handouts packet. (This is in preparation for activity 2G.)

**State Definition of Abuse and Mandatory Reporting Laws**
Ask the participants to read your state definition of abuse and mandatory reporting laws that you added to the Chapter 2 Pre-Work packet.

**Risk Factors for Child Abuse and Neglect**
Ask the participants to read about the multiple risk factors for child abuse and neglect in the Chapter 2 Pre-Work Handouts packet.

**Court Report Template**
Ask the participants to go through the court report template in the Chapter 2 Pre-Work packet.

**Court Report for the Bleux Case**
Ask the participants to go through the sample court report for the Bleux case, which you created prior to this session. Ask volunteers to read it before the Chapter 2 training session.
Chapter Wrap-Up

Review
Share any remaining questions you have about the material covered in this chapter.

Evaluation
Fill out the Chapter 1 Volunteer Training Evaluation and give it to the facilitator before you leave.

Chapter 2 Pre-Work
Prior to the Chapter 2 training session, complete the following assignments.

Child Abuse and Neglect Statistics
Read the statistics about child abuse and neglect, located in the Chapter 2 Pre-Work Handouts packet.

How Children Grow and Develop
Read information on how children grow and develop, located in the Chapter 2 Pre-Work Handouts packet.

Children’s Needs
Read information on children’s needs, located in the Chapter 2 Pre-Work Handouts packet.

Attachment and Examples
Read through the information about the importance of attachment in child development and the risks for children who lose the ability to attach to a parent or caretaker in the Chapter 2 Pre-Work Handouts packet. Review the examples of specific children who never had a healthy attachment to their caretaker.

Child Abuse and Neglect Chart and Laws
Read the information about child abuse and neglect, including the chart, which describes different kinds of abuse and lists indicators in the Chapter 2 Pre-Work Handouts packet.
Chapter 2 Pre-Work, Cont’d.

Also read about state’s legal definition of abuse, mandatory reporting laws and your program’s policies regarding reporting suspected cases of abuse and neglect.

*Risk Factors for Child Abuse and Neglect*

Read about the multiple risk factors for child abuse and neglect in the Chapter 2 Pre-Work Handouts packet.

*Court Report Template*

Go through the court report template in the Chapter 2 Pre-Work Handouts packet.

*Court Report for the Bleux Case*

Read the sample court report for the Bleux case in the Chapter 2 Pre-Work Handouts packet. You will be applying what you know about the Bleux case during various activities in the next chapter.
CHAPTER 1:

Pre-Work Handouts

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» Developing Competencies for CASA/GAL Volunteers ................ 2

» Child Welfare History ................................................................. 9

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» CASA Volunteer Job Description .............................................. 20
Pre-Work Instructions

This section details the pre-work that you need to complete before the classroom session. Completing this work prior to the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA/GAL volunteer.

Prior to attending the first session of the volunteer training, please complete the following assignments:

- Read the CASA/GAL volunteer job description provided by the facilitator.
- Read the Developing Competencies for CASA/GAL Volunteer Work below. Mark the areas on the checklist that are your current strengths, as well as the areas you want to work on during the training.
- Read the Child Welfare History below, and write down any questions you have about the material.
- Read the “Alphabet Soup” given below, which provides a list of acronyms used by your local CASA/GAL program and the local court system.
- Read the Bleux Case File. In your own words, write a case history in one or two paragraphs. What additional information would you like to know about the family in the case? Write down a few questions that you have.
Developing Competencies for CASA/GAL Volunteers

Volunteer Work Handout

Please review the following competency checklist. As you review each area, note whether it is a current strength or if it is an area that needs further development.

Volunteer Name: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills and Attributes</th>
<th>Current Strength</th>
<th>Competency to Develop</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>Knows how to define the CASA/GAL role</td>
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<tr>
<td></td>
<td>Understands the function of a CASA/GAL report to the court</td>
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<tr>
<td></td>
<td>Understands the competencies necessary to succeed as a CASA/GAL volunteer</td>
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<tr>
<td></td>
<td>Knows how to act within the CASA/GAL volunteer role and can differentiate his/her role from that of others involved in the case</td>
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<td></td>
<td>Knows how to find support and resources to assist his/her advocacy</td>
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<td></td>
<td>Understands how to obtain relevant confidential information</td>
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<td></td>
<td>Understands the importance of partnering with his/her supervisor to develop goals and to discuss issues and assess progress</td>
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<td></td>
<td>Understands the importance of participating in ongoing professional development to strengthen advocacy skills</td>
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<td></td>
</tr>
<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Current Strength</td>
<td>Competency to Develop</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>Communication</td>
<td>Knows how to effectively articulate a point of view while advocating for the needs of the child</td>
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<td>Understands the importance of establishing trust and rapport with all parties</td>
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<td>Understands the importance of speaking and writing clearly and concisely</td>
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<td>Knows how to work collaboratively and manage conflict effectively</td>
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<td>Recognizes the importance of treating others with dignity and respect</td>
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<td>Knows how to be an active listener</td>
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<td></td>
<td>Understands and respects the perspectives, values and input from others</td>
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<td></td>
<td>Knows the importance of being forthright, thorough and detail oriented</td>
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<td></td>
<td>Knows how to utilize basic communication and interviewing skills</td>
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<td></td>
<td>Knows strategies for interviewing children</td>
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<td></td>
<td>Understands the elements of a court report</td>
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<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Current Strength</td>
<td>Competency to Develop</td>
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<tr>
<td>Cultural Competence</td>
<td>Understands the extent to which cultural institutions and values may oppress, marginalize or alienate some individuals or groups and create or enhance privilege and power of others</td>
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<td></td>
<td>Understands and demonstrates self-awareness to eliminate the influence of personal biases and values when working with diverse groups</td>
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<td></td>
<td>Knows strategies and steps to take to increase cultural competency skills and demonstrate culturally competent child advocacy</td>
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<td></td>
<td>Understands how to recognize and challenge own biases</td>
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<td></td>
<td>Understands the root causes of disproportionate representation of children of color in the child welfare system and the disparate outcomes children of color experience</td>
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<td></td>
<td>Knows how to be sensitive and responsive to different cultural differences</td>
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<tr>
<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Current Strength</td>
<td>Competency to Develop</td>
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<tr>
<td>Sound Judgment</td>
<td>Knows how to set healthy boundaries and respects the boundaries of others</td>
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<td></td>
<td>Knows how to adhere to all policies, ethical guidelines and procedures</td>
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<td></td>
<td>Recognizes the importance of flexibility in handling case-related changes</td>
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<td></td>
<td>Understands managing challenges by collaborating based on the best interest of the child</td>
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<td></td>
<td>Knows how to maintain objectivity and avoid making assumptions</td>
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<td></td>
<td>Understands the importance of anticipating and recognizing potential problems</td>
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<td></td>
<td>Understands making appropriate fact based recommendations to the court</td>
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<td></td>
<td>Understands basing decisions on thorough review of the information</td>
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<td></td>
<td>Understands evaluating alternative decisions</td>
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<td></td>
<td>Understands the confidentiality requirements of being a CASA/GAL volunteer</td>
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<td></td>
<td>Understands that your personal values and biases about mental illness, domestic violence and substance abuse can affect your objectivity</td>
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<tr>
<td></td>
<td>Knows how to evaluate what is in a child’s best interest</td>
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<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Current Strength</td>
<td>Competency to Develop</td>
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<tr>
<td>Initiative</td>
<td>Knows how to be self-motivated and work independently</td>
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<td></td>
<td>Understands the importance of being resourceful and identifying needs as well as services to meet the needs</td>
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<td></td>
<td>Recognizes the importance of ensuring all parties are moving expeditiously toward permanency</td>
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<td></td>
<td>Knows the importance of persistence in pursuit of information</td>
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<td></td>
<td>Understands the need to advocate for access to quality, individualized services</td>
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<td></td>
<td>Understands the need to respectfully challenge the status quo</td>
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<td></td>
<td>Recognizes the importance of creating innovative strategies to resolve issues</td>
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<tr>
<td>Foundations of Knowledge</td>
<td>Understands the importance of using a strength-based approach</td>
<td></td>
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<tr>
<td></td>
<td>Understands concurrent planning</td>
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<td></td>
<td>Understands advocacy differs dependent on the age of the child</td>
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<td></td>
<td>Understands the options for permanence for a child</td>
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<td></td>
<td>Understands how to identify a child's basic needs</td>
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<tr>
<td></td>
<td>Understands the cycle of attachment</td>
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<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Current Strength</td>
<td>Competency to Develop</td>
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<tr>
<td>Foundations of Knowledge</td>
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<tr>
<td>(cont'd)</td>
<td>Understands possible reactions to separation &amp; loss</td>
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<td></td>
<td>Understands age appropriate behavior and development for children of all ages</td>
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<td></td>
<td>Understands how mental illness impacts families</td>
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<td></td>
<td>Understands the factors that contribute to a child’s resilience</td>
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<td></td>
<td>Understands how poverty can impact families and children</td>
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<td></td>
<td>Understands strategies to advocate for children and adolescents with mental health disorders</td>
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<td></td>
<td>Understands the ways that substance abuse can affect children &amp; families</td>
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<td></td>
<td>Knows the importance of being aware of resources in the community that assist with substance abuse</td>
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<td></td>
<td>Understands how domestic violence affects children &amp; families</td>
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<td>Understands the nature and scope of trauma and how it affects children</td>
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<td></td>
<td>Understands the importance of resilience in overcoming trauma in children</td>
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<td></td>
<td>Knows strategies to address educational challenges</td>
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<td></td>
<td>Understands the issues faced by LGBTQ youth in the child welfare system</td>
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<td></td>
<td>Understands the risk factors for child abuse and neglect</td>
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<td>Competency Category</td>
<td>Knowledge, Skills and Attributes</td>
<td>Current Strength</td>
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</tr>
<tr>
<td><strong>Foundations of Knowledge</strong></td>
<td>Understands the factors that contribute to child resilience</td>
<td></td>
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<tr>
<td></td>
<td>Recognizes the importance of understanding a child’s journey through the child welfare system</td>
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<td></td>
<td>Understands MSL and its importance when advocating for a child’s best interest</td>
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<tr>
<td></td>
<td>Understands the nature and scope of the roles of others (e.g., caseworkers, attorneys, therapists, etc.)</td>
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<td></td>
<td>Knows the importance of the federal laws that impact his/her advocacy</td>
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<td></td>
<td>Understands what constitutes abuse and neglect</td>
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<tr>
<td><strong>Self Care</strong></td>
<td>Understands the importance of healthy coping strategies to prevent burn out</td>
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<td></td>
<td>Understands the importance of being aware of personal limitations</td>
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<td></td>
<td>Understands the importance of setting clear, healthy boundaries and can identify indicators of stress</td>
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<td></td>
<td>Understands the importance of maintaining a healthy life style</td>
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<td></td>
<td>Understands the importance of knowing when to ask for and accept help</td>
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<tr>
<td></td>
<td>Understands the importance of maintaining a sense of hope and optimism</td>
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</table>
Child Welfare History

Mary Ellen’s Story

Mary Ellen’s case took place in 1874. Her spirit remains with us because her case is generally regarded as the beginning of public concern for the plight of abused and neglected children.

Mary Ellen was a child whose father was dead and whose mother could not care for her because she was destitute and had to work full time. The New York Commission of Charities and Correction placed Mary Ellen with Mary McCormack Connolly and her husband, who were to care for her and report each year on her progress.

Instead, Mrs. Connolly abused her. She beat Mary Ellen, locked her in a room, rarely allowed her outside and did not provide adequate food or clothing.

Upset by the child’s screaming, a neighbor told a mission worker about Mary Ellen. The mission worker could find no one to intervene; the police had no grounds because no crime was being committed, and the agencies wouldn’t get involved because they did not have legal custody.

The mission worker finally appealed to Henry Bergh, the founder and president of the ASPCA, the American Society for the Prevention of Cruelty to Animals. He took up her cause and was able to persuade a judge to hear her case.

Mary Ellen was carried into the courtroom wrapped in a horse blanket. This is what the newspaper reported that she told the judge:

*My father and mother are dead. I don’t know how old I am. I call Mrs. Connolly mama. I have never had but one pair of shoes, but I cannot recollect when that was*. . . *My bed at night has been only a piece of carpet stretched on the floor underneath a window. Mama has been in the habit of whipping and beating me almost every day. She used to whip me with a twisted whip—a raw hide. [Mama] struck me with the scissors and cut me . . . I have no recollection of ever having been kissed by anyone—have never been kissed by Mama. Whenever Mama went out I was locked up in the bedroom. I do not want to go back to live with Mama because she beats me so.*
Child Welfare History, Cont’d.

Mary Ellen was removed from the people who had mistreated her. Her case stirred public attention, and complaints began to pour in to Henry Bergh. So many cases of child beating and cruelty to children came to light that citizens called a community meeting and formed an association “for the defense of outraged childhood.” That association gave rise to the Society for the Prevention of Cruelty to Children, which was formally incorporated the year after Mary Ellen’s situation came to light.

Child-focused policies are relatively new:

• 1899: First juvenile court (Chicago) placed dependent and delinquent children in homes for wayward youth or reform schools.
• 1910: X-ray technology was developed, eventually allowing doctors to detect subdural (under the skin) injuries and untreated fractures.
• 1962: Dr. C. Henry Kempe created the diagnosis for battered child syndrome.
• 1965: Mandatory reporting laws were in place in all states.

Beginning in the 1970s, the United States Congress became aware (along with the rest of the nation) that the child welfare system was not adequately protecting children. From a historical perspective, it can be said that we are still relatively new to the concepts of protecting abused and neglected children and developing appropriate systems, methods and programs to cope with the problems these children face.

The chart on the following pages outlines information about federal child abuse and neglect laws. You do not need to memorize these laws; just become familiar with them.
### Federal Child Abuse & Neglect Laws


<table>
<thead>
<tr>
<th>Created the National Center on Child Abuse and Neglect and earmarked federal funds for states to establish special programs for child victims of abuse or neglect.</th>
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<tbody>
<tr>
<td><strong>This law requires that states:</strong></td>
</tr>
<tr>
<td>• Have child abuse and neglect reporting laws</td>
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<tr>
<td>• Investigate reports of abuse and neglect</td>
</tr>
<tr>
<td>• Educate the public about abuse and neglect</td>
</tr>
<tr>
<td>• Provide a guardian ad litem to every abused or neglected child whose case results in a judicial proceeding</td>
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<tr>
<td>• Maintain the confidentiality of child protective services records</td>
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#### 1978: Indian Child Welfare Act (ICWA), Public Law 95-608

<table>
<thead>
<tr>
<th><strong>This law requires that states:</strong></th>
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<tbody>
<tr>
<td>• Recognize that Indian children have special rights as members of sovereign nations within the United States</td>
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<tr>
<td>• Responded to congressional hearings in the 1970s that revealed a pattern of public and private removal of Indian children from their homes, undermining their families and threatening tribal survival and Native American cultures</td>
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<table>
<thead>
<tr>
<th><strong>For CASA/GAL volunteers:</strong></th>
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<tbody>
<tr>
<td>• Ask whether every child has Native heritage</td>
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<tr>
<td>• Investigate tribal resources and services that can benefit the child</td>
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<tr>
<td>• Be aware that jurisdiction can be transferred to the tribal court</td>
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<tr>
<td>• Pay attention to the heritage and identity needs of the child</td>
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<tr>
<td>• Remember that ASFA timelines do not apply to Indian children</td>
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</table>
### Federal Child Abuse & Neglect Laws, Cont'd.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Was designed to implement the federal government’s trust responsibility to the nations by protecting and preserving the bond between Indian children and their tribe and culture</td>
<td>Keep in mind that ICWA takes precedence over other federal and state laws</td>
</tr>
<tr>
<td>Sets up placement preference schemes for foster care placements and adoptions of children who have been determined to be Indian children</td>
<td>The National Indian Child Welfare Association has several excellent packets of ICWA information available for a small charge</td>
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<tr>
<td>Establishes the right of certain entities, including the tribe and the Indian custodian, if one exists, to appear as parties to child welfare cases</td>
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<tr>
<td>Determines when and if a case should be transferred to tribal court</td>
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<tr>
<td>Describes rights of the Indian child and the child’s tribe</td>
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</tbody>
</table>

### 1978: Indian Child Welfare Act (ICWA), Public Law 95-608

**This law requires that states:**

- Recruit culturally diverse foster and adoptive families
- Comply with the Indian Child Welfare Act
- Establish standards for foster family homes and review the standards periodically
- Set goals and plan for the number of children who will be in foster care for more than 24 months

**For CASA/GAL volunteers:**

- Consider possible placements that respect child’s cultural heritage but do not limit his/her options
- Learn the name of the data collection system used in your state
### Federal Child Abuse & Neglect Laws, Cont'd.

- Provide “reasonable efforts” to prevent or eliminate the need for removal of the child from his/her home or to make it possible for the child to return to his/her home
- Have a data collection and reporting system about the children in care

#### 1990: Indian Child Protection and Family Violence Prevention Act

- Establishes federal requirements for the reporting and investigation of child abuse and neglect on tribal lands
- Requires background checks on individuals who have contact with Indian children (including foster and adoptive families)
- Authorizes funding for tribal child abuse prevention and treatment programs

#### 1993: Court Improvement Legislation

Encourages reform in the court system

#### 1994: Multi-Ethnic Placement Act (MEPA)

*The goals of this law are to:*
- Decrease the time children wait to be adopted
- Prevent discrimination on the basis of race, color or national origin in the placement of children and in the selection of foster and adoptive placements
- Facilitate the development of a diverse pool of foster and adoptive families

#### 1996: Child Abuse Prevention and Treatment Act (CAPTA) Amended

Amended to include Court Appointed Special Advocates as guardian ad litem
### Federal Child Abuse & Neglect Laws, Cont'd.

<table>
<thead>
<tr>
<th>1997: Adoption and Safe Families Act (ASFA), Public Law 105-89</th>
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<tr>
<td><strong>This act embodies three key principles:</strong></td>
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<tr>
<td>• The safety of children is the paramount concern</td>
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<td>• Foster care is a temporary setting and not a place for children to grow up</td>
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<tr>
<td>• Permanency planning should begin as soon as the child enters foster care</td>
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<tr>
<td><strong>This act directs timelines within which the child welfare system operates:</strong></td>
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<tr>
<td>• Requires permanency plan within 12 months</td>
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<tr>
<td>• Requires dispositional hearing within 12 months of placement</td>
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<tr>
<td>• Requires court reviews every six months</td>
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<tr>
<th>1997: Volunteer Protection Act</th>
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<td>Limits liability of volunteers</td>
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<tr>
<th>1999: Foster Care Independence Act</th>
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<td><strong>Addresses needs of older youth in foster care, particularly those aging out of the system</strong></td>
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<tr>
<td><strong>This act does the following:</strong></td>
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<tr>
<td>• Allows states to serve youth up to age 21 regardless of whether or not they are eligible for the Title IV-E Foster Care Program</td>
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<tr>
<td>• Increases federal funding to assist and serve young people transitioning from foster care</td>
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<tr>
<td><strong>Independence Program does the following:</strong></td>
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<tr>
<td>• States explicitly that “enrollment in Independent Living Programs can occur concurrently with continued efforts to locate and achieve placement in adoptive families for older children in foster care,” thereby clarifying that independent-living services should not be seen as an alternative to adoption for teens</td>
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</table>
### Federal Child Abuse & Neglect Laws, Cont'd.

| Establishes the John H. Chafee Foster Care Independence Program, which strongly supports the dependency system’s capacity to help youth make a healthy transition into adulthood (see information at right) |
| Requires states to train both foster and adoptive parents (as well as group-care workers and case managers) about the issues confronting adolescents preparing for independent living |
| Allows states to provide Medicaid to young people between the ages of 18 and 21 who were in foster care on their 18th birthday |
| Reinforces the importance of providing personal and emotional support for children aging out of foster care, through the promotion of interactions with mentors and other dedicated adults |
| Increases the youth-assets limit from $1,000 to $10,000 without jeopardizing the youth’s eligibility for Title IV-E–funded foster care |
| Mandates that states use a portion (up to 30%) of their independent-living program funds to provide room and board for youth 18 to 21 who have left foster care |

- Ensures that foster parents have adequate preparation to care for the children placed in their home. This provision can be used to strengthen the preparation of foster parents to care for adolescents.
- Provides additional funding for adoption incentive payments
- Specifies that independent-living services may be provided to young people at “various ages” and various stages of achieving independence, “including children waiting for adoption or other permanent options”
Other Laws That Affect CASA/GAL Volunteer Work

*The Health Insurance Portability and Accountability Act of 1996* (HIPAA) requires, among other things, permission or a court order to access “protected health information” for any individual. Your program will have information on how to access health records.

*Special Immigrant Juvenile Status* (SIJS) assists some children, including those in foster care, in obtaining legal permanent residency.

*Title VI of the 1964 Civil Rights Act* says that any entity that receives federal funds must provide a professional interpreter in court.

*Titles IV-B and IV-E of the Social Security Act:* IV-E is the primary federal funding stream that partially reimburses states for foster care for qualified children. IV-B allots funding for targeted case management services. The state must pay all expenses for a child, who is not IV-E eligible, out of state general revenues. These expenses include foster care, therapy, etc.

*The Victims of Child Abuse Act of 1990* (VOCAA) protects the privacy rights of child victims or witnesses during the investigation or prosecution of a federal crime.
## Alphabet Soup

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>A/N</td>
<td>Abuse/Neglect</td>
</tr>
<tr>
<td>APPLA</td>
<td>Another Planned Permanent Living Arrangement (sometimes simply PPLA)</td>
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<tr>
<td>CAC</td>
<td>Child Advocacy Center</td>
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<tr>
<td>CAP</td>
<td>Child Abuse Program</td>
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<tr>
<td>CASA</td>
<td>Court Appointed Special Advocate</td>
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<tr>
<td>CHINS</td>
<td>Child in Need of Services and/or Supervision</td>
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<tr>
<td>CINA</td>
<td>Children in Need of Assistance</td>
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<tr>
<td>CPS</td>
<td>Child Protective Services</td>
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<tr>
<td>CSU</td>
<td>Court Services Unit</td>
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<tr>
<td>DCJS</td>
<td>Department of Criminal Justice Services</td>
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<tr>
<td>DCSE</td>
<td>Division of Child Support Enforcement</td>
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<tr>
<td>FASD</td>
<td>Fetal Alcohol Spectrum Disorder</td>
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<tr>
<td>FC</td>
<td>Foster Care</td>
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<tr>
<td>FDTC</td>
<td>Family Drug Treatment Court (may be called DTC: Drug Treatment Court)</td>
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<tr>
<td>GAL</td>
<td>Guardian ad Litem (In some states this is an attorney, in others the volunteer advocate.)</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability &amp; Accountability Act</td>
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<td>ICPC</td>
<td>Interstate Compact on the Placement for Children</td>
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<tr>
<td>IEP</td>
<td>Individual Education Plan</td>
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<tr>
<td>IL</td>
<td>Independent Living</td>
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## Commonly Used Acronyms, Cont'd.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>TPR</td>
<td>Termination of Parental Rights</td>
</tr>
<tr>
<td>DCP&amp;P</td>
<td>Division of Child Protection and Permanency</td>
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<tr>
<td>DAG</td>
<td>Deputy Attorney General</td>
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<tr>
<td>CMO</td>
<td>Care Management Organization</td>
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<tr>
<td>OPR</td>
<td>Office of Public Defenders</td>
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<tr>
<td>EIP</td>
<td>Early Intervention Plan</td>
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<tr>
<td>FTM</td>
<td>Family Team Meeting</td>
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<tr>
<td>YAP</td>
<td>Youth Advocate Programs</td>
</tr>
<tr>
<td>IAIU</td>
<td>Institutional Abuse Investigation Unit</td>
</tr>
</tbody>
</table>
Bleux Case File

CPS Case File

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

Current Caretaker(s)  | Address                  | Phone  
Emily Padron and Lawrence Cary | 8904 Cleveland Ave NW | 555-2272 |

Attorneys for:

<p>| | | |</p>
<table>
<thead>
<tr>
<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>CPS</td>
<td>Meghan Fowler</td>
<td>555-9300 ext. 38</td>
</tr>
</tbody>
</table>

Case History

10 days ago: CPS received a referral from the hospital regarding a 2-month-old child who appeared to show symptoms of shaken baby syndrome. Child, Deshawn Bleux, was admitted to the 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 the 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 CPS investigation. Criminal charges are also pending against the 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/GAL</th>
<th>History: Case Initially Assigned to: You and your team</th>
<th>Date assigned: Date terminated: Today N/A</th>
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<tbody>
<tr>
<td></td>
<td>Current CASA/GAL Volunteer You and your team</td>
<td>Date assigned: Today</td>
</tr>
<tr>
<td>Initial CPS Social Worker: Jane Morgan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current CPS Social Worker: Jane Morgan</td>
<td></td>
<td></td>
</tr>
</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
Memorandum of Understanding

File No. XX-J-172
Allegation(s): A/N
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, County Child Protective Services (CPS) Investigator; Kim Rytter, CPS 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/GAL Supervisor; Sabine Lee, Maternal Aunt; Adrienne Nikos, CPS 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.
Memorandum of Understanding, Cont'd.

- 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: CPS 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.

- CPS 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.
- CPS reported that the child is still in the hospital with a proposed release date within the week.
- CASA/GAL 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.
- CPS stated that the child is doing well.
- The agency is considering other family members for placement of the child.
Memorandum of Understanding, Cont’d.

VII. SERVICES FOR THE PARENTS

*Services for the mother of the child:*

- CPS 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:*

- CPS 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 the 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*

- CPS 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 County Child Protective Services 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 County Child Protective Services 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 at 2:00 p.m. 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 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>
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<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]</td>
<td>CASA/GAL</td>
<td>5th floor CCH</td>
<td>555-3770</td>
</tr>
<tr>
<td>4. Ramona Haskins</td>
<td>CASA/GAL</td>
<td>5th floor CCH</td>
<td>555-3770</td>
</tr>
<tr>
<td>5. Sabine Lee</td>
<td></td>
<td>330 Hawkins</td>
<td>555-9752</td>
</tr>
<tr>
<td>6. Antoinette Bleux</td>
<td></td>
<td>330 Hawkins</td>
<td>555-1790</td>
</tr>
<tr>
<td>7. Sam Bluestein</td>
<td></td>
<td>1260 Main St., ste 200</td>
<td>555-7622</td>
</tr>
<tr>
<td>8. Jane Morgan</td>
<td>CPS</td>
<td>200 Brookdale</td>
<td>555-7262</td>
</tr>
<tr>
<td>9. Miles Bleux</td>
<td></td>
<td>740 Center, apt. 204</td>
<td>555-3865</td>
</tr>
<tr>
<td>10. Jacob Bell</td>
<td></td>
<td>7525 Broad</td>
<td>555-6704</td>
</tr>
<tr>
<td>11. Adrienne Nikos</td>
<td>CPS</td>
<td>200 Brookdale</td>
<td>555-7579</td>
</tr>
<tr>
<td>12. Kim Rytter</td>
<td>CPS</td>
<td>200 Brookdale</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.

XX-J-172

<table>
<thead>
<tr>
<th>Date</th>
<th>File Number/Name</th>
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<thead>
<tr>
<th>Mother</th>
<th>Mother’s Attorney</th>
<th>Mother’s GAL Attorney</th>
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<tbody>
<tr>
<td>Antoinette Bleux</td>
<td></td>
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<table>
<thead>
<tr>
<th>Father</th>
<th>Father’s Attorney</th>
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<tr>
<td>Miles Bleux</td>
<td>Jacob Bell</td>
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<tr>
<th>CASA/GAL Volunteer</th>
<th>CASA/GAL Supervisor</th>
<th>Family Court Case Coordinator</th>
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<tbody>
<tr>
<td>[Your Name]</td>
<td>Ramona Haskins</td>
<td>Kerry Rowan</td>
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<th>CPS Caseworker</th>
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<tbody>
<tr>
<td>Jane Morgan</td>
<td>Kim Rytter</td>
<td>Sandi Freeman</td>
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<tr>
<th>WCPSS Representative</th>
<th>Friends &amp; Relatives</th>
<th>County Attorney</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sabine Lee (maternal aunt)</td>
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</tbody>
</table>

| Others               |                     |                  |
| Adrienne Nikos       | (CPS intern)        |                  |

**Incident Report Supplement City Police**

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 is expected to be hospitalized for 1 or 2 days. CPS 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 with friends and returned home at approx. 21:30 and went straight to bed. She reports baby was sleeping in crib at that time, and 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 was 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 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 that 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 CPS.
CASA Volunteer Advocate Job Description

Upon successful completion of the 33 hour training program, an in-person interview and a successful background and reference check, each new volunteer will receive a Court Order from the Presiding Judge of the Superior Court of NJ, Essex Vicinage, Family Part to serve in the formal role of a CASA Court Appointed Special Advocate for a specific child or sibling group. A CASA volunteer may be appointed to serve as the Child Advocate for only one or two active cases at one time. *

The primary objectives of CASA Advocates are:

To be the “Voice of the Child” in the court system, representing the best interests of neglected or abused children.

To identify, promote and confirm the delivery of needed services for children while they are in foster care.

To be the “Eyes and Ears” of the Family Court Judges to whom our cases are assigned and provide 3rd party corroboration of a child’s case facts. Advocates search out critical information, interviewing all concerned persons, researching all possible permanency options, monitoring progress toward the permanency plan and compliance with court orders.

To make common sense recommendations to the Judge by submitting CASA court reports that are based on intimate knowledge of all the facts of the case. It is up to the Judge to apply this information, or not, in his/her deliberations and decisions.

To achieve these objectives, CASA volunteer advocates will:

1. Begin the investigation of the child’s situation by reviewing the case file at the DCP&P District Office; establish and maintain contact with the DCP&P case manager; contact and interview the child, foster parent, and biological family members, (including birth parents, siblings, paternal and maternal relatives).

2. Maintain regular in-person contact with the child and his caregiver to ensure in-depth knowledge of the case and to make fact based recommendations to the court. The CASA volunteer meets with the child in person at least once a month.**

3. Request names and addresses of possible caregivers from DCP&P and family and request DCP&P background checks for potential caregivers.

4. Observe visitation(s) between parents and/or potential caregivers and children. Document all visitations.

5. Review school records; interview and maintain contact with appropriate education professionals. Obtain copies of school report cards, individualized education plans (“IEP”) and other pertinent documents. Advocate for educational services needed by the child.

6. Interview daycare professionals.

7. Obtain and review medical/hospital records for children, including immunization records. Request that Comprehensive Medical Evaluation (“CHEC”) or Comprehensive Medical Examination (“CME”) be scheduled for each child. Obtain copies of resulting reports and provide them and all medical records to CASA healthcare advocate. Interview medical professionals as appropriate throughout the life of the case. Advocate that child receive all needed and recommended medical services.
8. Review psychiatric/psychological records for children, interview and maintain contact with therapists throughout the life of the case. Advocate for necessary therapeutic services.
9. Contact any agency that has been or is currently involved with the child or his/her parents and interview appropriate personnel.
10. Seek cooperative solutions by acting as a facilitator among parties.
11. Collaborate with CASA case supervisors to prepare court reports which include factual findings and recommendations based on the facts presented.
12. Attend all court hearings to present information to the court and advocate for the child’s best interests making recommendations for specific appropriate services for the child and his/her family.
13. Determine whether a permanent plan has been created for the child.
14. Monitor implementation of case plans and court orders to assure that court ordered services are implemented in a timely manner.
15. Keep the court informed of important developments by providing information at all hearings, including regularly scheduled compliance reviews.
16. Participate in all scheduled case conferences with CASA case supervisor, which will take place at least bi-weekly by telephone.
17. Maintain complete records about the case. Submit to CASA case supervisor on a monthly basis: logs documenting all contacts made on the case, the time spent on the case, information gathered, and recommendations.
18. Attend at least 12 hours of in-service training annually.
19. Return case files to the program after the case is closed.

*An exception to the case limit may occasionally be made after considering several factors. In no instance will an advocate have more than 5 cases at one time. If an exception is made, the case supervisor and volunteer will complete the “Exceptions to Caseload Limit” form.

**If a volunteer does not visit the child on a monthly basis, the case supervisor will review with the volunteer the reason(s) for not complying with the monthly visitation requirement. In certain instances, that requirement can be waived. In that situation the “Exceptions to Monthly Visits” form must be completed by the CASA case supervisor and the volunteer.

CASA provides equal employment opportunities to all employees, applicants for employment, and volunteers without regard to race, color, religion, ethnicity, sex, sexual orientation, national origin, age, disability, marital status, domestic partner status, veteran status, transgendersed status, or any other prohibited basis in accordance with all applicable federal, state, and local laws. This applies to all terms and conditions of employment including, without limitation, hiring, placement, promotion, termination, lay-off, recall, transfer, leaves of absence, compensation, and training. CASA will not tolerate unlawful discrimination and expressly prohibits any form of unlawful employee harassment based upon any basis prohibited by applicable law. This non-discrimination policy shall also apply to the recruitment of the Board of Directors and CASA volunteers and the organization’s relationship with these individuals.

Reviewed and revised February 2014
CASA/GAL Pre-Service Volunteer Training Curriculum

Handouts

CHAPTER ONE
CHAPTER 1

Introducing the CASA/GAL Volunteer Role-Handouts

CONTENTS

» CASA/GAL Volunteer Tasks (for Activity 1C) ........ 1
» Volunteer-Child Relationship Dilemmas
  Worksheet Handout .................................................. 3
» Casey Family Programs Child Welfare Chart
  (for Activity 1G) ......................................................... 9
CASA/GAL Volunteer Tasks (for Activity 1C)

CASA/GAL volunteers are expected to perform the tasks listed below. These tasks constitute what is *minimally* required to effectively fulfill the role as an advocate for a child in the child welfare system:

- Review/research case information.
- Participate in case staffings, family team meetings, court hearings, school-related meetings, etc.
- Establish rapport and relationships with the child and all other parties in the case.
- Meet with the child regularly (at least once per month, or per your program’s requirements) and monitor his/her placement.
- Assess the child’s physical, mental, behavioral and educational needs.
- Observe parent-child interactions.
- Monitor adherence to court orders to ensure compliance.
- Identify needs and advocate for services (make referrals as needed).
- Stay abreast of the most up-to-date case information.
- Check for accountability in service planning and delivery to ensure for quality.
- Document all activities, accurately taking note of any concerns, progress or lack thereof.
- Identify resources within the child’s family and help build/maintain connections.
- Facilitate communication among parties while maintaining confidentiality.
- Submit required reports and case updates on or before the specified due date.
- Monitor compliance with court timelines to expedite permanency.
- Maintain consistent contact with the CASA/GAL supervisor (at least monthly).
- Complete a minimum of 12 hours of in-service training each year.
- Comply with CASA/GAL policies, procedures and ethical guidelines that promote and protect the CASA/GAL program.
- Remain appointed until the case is closed.
CASA/GAL Volunteer Tasks, Cont’d.

- Maintain monthly contact with caregiver.
- Maintain monthly contact with service providers.
- Maintain documentation required by local CASA/GAL staff.
Dilemma 1

As a CASA/GAL volunteer, you are on your way to your very first visit with a 9-year-old girl named Susan. Right before you leave, you call the paternal grandfather, who is caring for Susan, and find out that she just had some teeth pulled and some other dental work done. He mentioned the dentist prescribed some mild painkillers and antibiotics. He already phoned them in to the pharmacy, but he doesn’t have a car to go get them. Since you pass the pharmacy on the way, he was wondering if you could swing by and pick them up. You think back to training and what you learned about providing transportation. The prescriptions are already paid for. Why not pick up a milkshake too? Susan’s mouth is going to be sore from all the dental work, and this would be a great way to start out your relationship as her volunteer advocate. You know the milkshake may be too much, but . . . What do you do?

Crux of the dilemma

Potential consequences

One possible solution
Dilemma 2

About eight months into a case, you are unable to reach Ms. Jones, the birth mother of the child for whom you’re advocating. Johnny has been back in Ms. Jones’s care for about three weeks. Ms. Jones successfully moved into her own apartment, so she had a separate residence from her on-again, off-again boyfriend. One of the parameters set forth in court was that the boyfriend was never to be at her apartment when Johnny was there, because he had not finished his court-ordered services. You’ve had a great relationship with Ms. Jones, and one day you spot her at a grocery store. You stop to make small talk and then leave the store. As you drive out of the parking lot, you see Ms. Jones getting in a car with her boyfriend. You know that the boyfriend is not supposed to have contact with Johnny, and you’re worried that Ms. Jones has violated the court order. You also know that Ms. Jones usually gets home around 3:30, after getting Johnny from the bus stop. You really want to see her once more before your case goes back to court, and seeing Johnny again would really help you know how he is doing. You think, why not swing by today to see if you can grab a few moments with both of them to check in? That would allow you to provide the most up-to-date information in your report. You know you should call first, but often she hasn’t returned your calls. What do you do?

Crux of the dilemma

Potential consequences

One possible solution
Dilemma 3

You have been advocating for a 15-year-old girl named Jessie for more than a year. She has been moved to a residential placement in the central part of the state, about an hour away. Her father passed away when she was 9 years old, and her mother is currently in jail. She is an only child and has no visitors and no family support system. When you go to visit, you learn that her birthday is next week, and all she wants is to go to Olive Garden for dinner. You think about the best interest of the child and decide she would have no other way of celebrating her birthday. You know you shouldn’t take her, but . . . What do you do?

**Crux of the dilemma**

**Potential consequences**

**One possible solution**

Dilemma 4

You have been advocating for a 16-year-old boy named Kyle for almost a year. You’ve come to know everyone involved in his life pretty well, including his stepmother, Beth, who Kyle looks up to like his own mother. Beth confides in you that she and Kyle’s father have been arguing a lot and sometimes he hits her. She wants to get help, but she doesn’t know what to do. You know the local domestic violence shelter would offer services, but Beth states that she doesn’t feel comfortable disclosing this information to anyone else. Beth then says that she is worried about Kyle’s father and his lack of anger.
management, because she has witnessed him “losing it” with Kyle during visitation. Beth is worried that if this information is revealed, Kyle’s father might not be considered as a placement resource. What do you do?

**Crux of the dilemma**


**Potential consequences**


**One possible solution**


**Dilemma 5**

You have developed a great working relationship with Michele, the birth mother in your case. The case is going well, and there is talk of returning all four of her children home. At this time, the agency’s only concern is that Michele’s budget is very tight; she will have to maintain employment in order to make ends meet. She has an unsteady employment history and has previously disclosed that she is stressed about the idea of having all four children return home at once. One day you are meeting with Michele when she leans in close and says she has a secret. She asks you to “pinky swear” that you won’t tell anyone. You really want to find out what the secret is, but you also don’t want to break Michele’s trust. She leans in to tell you that she is expecting another child and will have to leave her job to prepare for the birth of the new baby. What do you do?

**Crux of the dilemma**


**Dilemma 5, Cont’d.**

**Potential consequences**

________________________________________________________________________

________________________________________________________________________

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**One possible solution**

________________________________________________________________________

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**Dilemma 6**

You have been working with a teenage sibling group for almost a year. Yolanda, the youngest of the four siblings, is at a local youth shelter after running away from her former placement to see her sisters, who are all placed in another county. You are at the shelter for a visit and a team meeting with the shelter staff to discuss Yolanda’s case. During the meeting, Yolanda becomes so upset that she runs out of the shelter and goes to her sister’s foster home nearby. You accompany staff to the foster home in an effort to persuade Yolanda to return voluntarily to the shelter. Yolanda agrees to cooperate with the staff, but upon her return, she confides in you that she is lonely and doesn’t have anyone to talk to. She isn’t allowed to use the phone after a certain hour, and she’d like to have a cell phone to stay in contact with her sisters. She asks you to purchase one for her. What do you do?

**Crux of the dilemma**

________________________________________________________________________

________________________________________________________________________

_______________________________

**Potential consequences**

________________________________________________________________________

________________________________________________________________________

_______________________________
Dilemma 7

You have recently been appointed to the case of an 8-year-old boy who was recently placed into a group home due to destructive behavior. The social worker advises you that he is in a three-week black-out period, during which he can neither have visitors nor participate in any outside activities. You think this is grossly unfair to the child. You’ve addressed your concerns with the group-home staff, the caseworker and the child’s attorney. You’ve even included it in your court report, to no avail. You tell the social worker how disappointed you are that they aren’t doing their job. The conversation goes nowhere, and you are even more frustrated. You decide to go home to unwind. While searching the Internet, you come across a Facebook page for child advocates. You think to yourself that this would be a great opportunity to voice your frustrations to other like-minded individuals, but you know you can’t provide any information that would compromise confidentiality. What do you do?

Crux of the dilemma

Potential consequences

One possible solution
Casey Family Programs Child Welfare Chart (for Activity 1G)

During the classroom session, as the facilitator describes the process that a child welfare case takes in your state, record the names of hearings and timeframes on the Child Welfare Chart given below:

How Children Move Through the Child Welfare System

[Diagram of the Child Protective Services flowchart]

One day to six months from hotline call
Indian Child Welfare Act (ICWA)
State must notify tribes of youth with native ancestry at each of these points. Tribe may choose to:
- Take over jurisdiction
- Transfer case to tribal court
- Become a party to case but leave it under state’s jurisdiction
Local Child Welfare Chart

The “FN” (Neglect) case
- Order to Show Cause Hearing “OTSC” (within 2 business days of an emergency removal or prior to any other removal from parents)
- Return on the Order to Show Cause (“ROTSC”) (weeks later)
- Fact Finding Hearing/Dispositional Hearing (within 4 months)
- Compliance Review (every three months)
- Permanency Hearing (by 12th month)

The “FG” (Guardianship) case
- OTSC
- ROTSC
- Case Management Conferences
- Termination of Parental Rights (“TPR”) Trial
CASA/GAL Pre-Service Volunteer Training Curriculum

Facilitator Manual

CHAPTER TWO
CHAPTER 2: The Well-Being of the Child

CONTENTS

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Facilitation Tips

• This chapter takes approximately 3 hours and 15 minutes.
• This chapter contains activities that allow participants to apply what they are learning to the Bleux case. Reread the case before facilitating this chapter, so you can provide a brief recap of the case.
• One focus of this chapter is child development. As a facilitator, you need to distinguish between all there is to know about child development and what a CASA/GAL volunteer needs to know to do his/her job. The goal is not for volunteers to master all the information, but to help them develop their intuition and be able to “red flag” situations that should be evaluated by a professional or discussed with a supervisor.
• Acknowledge and build on what participants already know. Connect the content with their personal experience—we were all children once upon a time and many participants currently have children in their lives.
• Post a flipchart page at the front of the room with the heading “Parking Lot.” Note (or “park”) issues unrelated to Chapter 2 and make a plan to address them later.
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General (found with your local program)</strong></td>
<td>N/A</td>
<td>Gather supplies as needed. <strong>Activity 2A</strong>: Gather enough envelopes for each pair of participants to have one envelope. These envelopes will hold the Ages and Stages Cards.</td>
</tr>
<tr>
<td>• Name tags</td>
<td></td>
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<tr>
<td>• Flipchart and markers</td>
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<tr>
<td>• Masking tape</td>
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<tr>
<td>• Three-hole punch</td>
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<tr>
<td>• Sticky notes</td>
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<tr>
<td>• Envelopes</td>
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</tr>
<tr>
<td><strong>Flipchart Pages (facilitator must create)</strong></td>
<td>2B, 2H</td>
<td><strong>Activity 2B</strong>: Prepare a flipchart labeled “Child’s Needs.” <strong>Activity 2H</strong>: Prepare a flipchart labeled “A Strengths-Based Approach.” Below the title, create a column labeled “Benefits” and a column labeled “Drawbacks.”</td>
</tr>
<tr>
<td>• Parking Lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child’s Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A Strengths-Based Approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A/V Equipment (found with your local program)</strong></td>
<td></td>
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<tr>
<td>• Computer, LCD projector and screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Electronic Presentations and Videos (found in the Online Resources)</strong></td>
<td>2H, 2J</td>
<td><strong>Activity 2H</strong>: Download the video into the local folder where you have the Chapter 2 PPT for ease of use. <strong>Activity 2J</strong>: As needed, use your program’s court report template to customize the Chapter 2 PowerPoint presentation.</td>
</tr>
<tr>
<td>• Chapter 2 PowerPoint presentation</td>
<td></td>
<td></td>
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<tr>
<td>• Interviewing Skills: Meeting with a Parent</td>
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</tbody>
</table>
### Supplies Checklist and Advanced Prep

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<thead>
<tr>
<th>Item</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chapter 2 Pre-Work Packet (found in the Online Resource)</td>
<td>2A</td>
<td>At least one week before the Chapter 2 training session, prepare the Chapter 2 Pre-Work packet and send to participants. Note: You must update the packet with:</td>
</tr>
<tr>
<td>• How Children Grow and Develop</td>
<td>2B</td>
<td>• Your state’s definition of abuse and mandatory reporting laws</td>
</tr>
<tr>
<td>• Children’s Needs</td>
<td>2C</td>
<td>• Your program’s court report template</td>
</tr>
<tr>
<td>• Importance of Attachment in Child Development</td>
<td>2F</td>
<td>– See Advanced Prep for this activity for recommendations on what to include in the court report.</td>
</tr>
<tr>
<td>• Recognizing Child Abuse and Neglect</td>
<td>2F</td>
<td>• A prepared sample court report for the Bleux case (add to the Pre-Work packet)</td>
</tr>
<tr>
<td>• State Definition of Abuse and Mandatory Reporting Laws</td>
<td>2G</td>
<td>Volunteers should complete the Pre-Work prior to the Chapter 2 module and bring it with them to class. Make copies of the Pre-Work documents for reference and use during and after class.</td>
</tr>
<tr>
<td>• Risk Factors for Child Abuse and Neglect</td>
<td>2J</td>
<td></td>
</tr>
<tr>
<td>• Court Report Template</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sample Court Report for Bleux Case</td>
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</tbody>
</table>
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Class Handouts and Signs (found in the Online Resources)</td>
<td></td>
<td>Make copies of the Volunteer Manual.</td>
</tr>
<tr>
<td>• Volunteer Manual</td>
<td></td>
<td></td>
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<tr>
<td>• Handouts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Ages and Stages Cards</td>
<td>2A</td>
<td>• Copy and cut one complete set of the Ages and Stages Cards. Mix up the cards.</td>
</tr>
<tr>
<td>– Ages and Stages Signs</td>
<td>2A</td>
<td>• Gather enough envelopes for each pair in the class to receive an envelope.</td>
</tr>
<tr>
<td>– Child Development Chart</td>
<td>2A</td>
<td>• Place the cards in the envelopes, making sure each envelope contains cards</td>
</tr>
<tr>
<td>– Child’s Needs Sheets</td>
<td>2B</td>
<td>from multiple age groups.</td>
</tr>
<tr>
<td>– Checklist for Applying the “Best Interest” Principle</td>
<td>2E</td>
<td>• Print out one set of the Ages and Stages Signs.</td>
</tr>
<tr>
<td>– Case Assessment Questions</td>
<td>2I</td>
<td>• Make copies of the Child Development Chart for all participants.</td>
</tr>
<tr>
<td>– Asking the Right Questions and Planning Your Next Steps</td>
<td>2I</td>
<td></td>
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<tr>
<td>Supplemental Materials</td>
<td></td>
<td></td>
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<tr>
<td>– Program Service Area Abuse and Neglect Statistics</td>
<td>CH Wrap-Up</td>
<td></td>
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<td></td>
<td></td>
<td>• Make copies of the Case Assessment Questions. (If your program has a</td>
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<td></td>
<td></td>
<td>similar list, you may want to use it instead.)</td>
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</table>
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>- Make copies of the “Asking the Right Questions and Planning Your Next Steps” supplemental materials.</td>
</tr>
<tr>
<td></td>
<td>Ch 3 Pre-Work</td>
<td><strong>Activity 2J:</strong> Although not typical in most jurisdictions, if your CASA/GAL programs assign cases prior to adjudication, be prepared to discuss how your program specifically addresses Pre-Adjudication hearings and the CASA/GAL role.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Chapter Wrap-Up</strong></td>
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<tr>
<td></td>
<td></td>
<td>- Prepare abuse and neglect statistics for your local program area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Make copies of the statistics to handout as an additional resource.</td>
</tr>
<tr>
<td>Chapter 3 Pre-Work packet (found in the Online Resources except where noted)</td>
<td></td>
<td>At least one week before the Chapter 3 training session, prepare the Chapter 3 Pre-Work packet and provide to participants. Print copies for reference during the session as well.</td>
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<tr>
<td></td>
<td></td>
<td>- Pre-Work Instructions</td>
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<td></td>
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<td>- “Shane’s Story” video</td>
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<td></td>
<td></td>
<td>- Information on Understanding Child Trauma</td>
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<tr>
<td></td>
<td></td>
<td>- Basic elements of Communication - Communication and CASA/GAL Volunteer Work</td>
</tr>
</tbody>
</table>
### Supplies Checklist and Advanced Prep

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<tr>
<th>Item</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Information on Open-Ended vs. Closed Questions</td>
<td></td>
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<tr>
<td>– Information on CASA/GAL Interview</td>
<td></td>
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<tr>
<td>– Initial case notes for the Black-Smith case</td>
<td></td>
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<tr>
<td>– Interviewing a Child Assignment Sheet</td>
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<tr>
<td>– “Interviewing Skills: Talking with a 4-Year-Old Child,” Part 1</td>
<td></td>
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<tr>
<td>– First Impressions: Exposure to Violence and a Child’s Developing Brain video</td>
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</tbody>
</table>
CHAPTER 2:
The Well-Being of the Child

CONTENTS

» Welcome, Housekeeping and Ground Rules ........ 8
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Welcome, Housekeeping and Ground Rules

- Welcome the group to the training. Have them make name tags and tell them that there will be activities to help you get to know them and them to get to know each other.
- Share “housekeeping” information, such as where to find restrooms, snacks and telephones, and when you think the session break(s) will occur.
- Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.
- Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work because many activities rely on this foundation of knowledge.
- Point out to participants that along with the Volunteer Manual they should have received a printed copy of Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make them available in the training room.
- Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills.
Welcome, Housekeeping and Ground Rules, Cont’d.

Inform them that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.

- Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.

- Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).

- You may want to introduce basic names or acronyms that you will be using throughout the training. For instance, the Volunteer Manual sometimes refers to child protection agencies as CPS. Inform them what this acronym stands for and let them know the name and acronym of the child welfare agency in your area, if it is not CPS.

- Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.
Pre-Work Recap

Prior to this training session, you should have completed the reading assignments in the Chapter 2 Pre-Work packet that gave you a foundation in children’s growth and development, children’s needs, the importance of attachment in childhood, recognizing child abuse and neglect, your state’s abuse definition and mandatory reporting laws, risk factors for child abuse and neglect and your program’s court report.
## Chapter Overview and Competencies

This chapter gives an overview of the needs and development of children and describes what constitutes child abuse and neglect, including indicators and risk factors.

### Competency Building in Chapter 2

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills &amp; Attributes Development in Chapter 2</th>
</tr>
</thead>
</table>
| **Foundations of Knowledge**| Understanding age-appropriate behavior and the development of children  
                              | Understanding a child’s basic needs  
                              | Understanding why the MSL standard is in the best interest of children  
                              | Understanding the cycle of attachment  
                              | Understanding what constitutes abuse and neglect  
                              | Understanding risk factors for child abuse and neglect  
                              | Understanding the benefits and steps to using a strength-based approach |
| **Sound Judgment**           | Knowing how to evaluate what is in the child’s best interest |
| **Communication**            | Understanding the elements of a court report |
Children’s Needs and Development

Ages and Stages: Activity 2A

Suggested Time: 15 minutes

Goal: To help participants recognize what they already know about child development and to provide additional information.

Advanced Prep

Copy and cut one complete set of the Ages and Stages Cards, which appear in the Chapter 2 In-Class Handouts. Gather enough envelopes for each pair of participants to have one envelope. Mix up the cards before placing them in the envelopes. Make sure each envelope contains cards from multiple age groups.

Print out one set of the Ages and Stages Signs, found in the Chapter 2 In-Class Handouts. Finally, make copies for all participants of the Child Development Chart, also found in the Chapter 2 In-Class Handouts.

PowerPoint Slide(s): 6-7

Facilitator Instructions

Post the Ages and Stages Signs around the room. Briefly recall and discuss important points from the Pre-Work reading assignment: How Children Grow and Develop. Distribute the envelopes with the mixed-up cards, and have pairs work to determine the appropriate age group for each card. Have participants place the cards under the sign of the appropriate age category. When all pairs have finished placing their cards, hand out copies of the Child Development Chart, and go around the room to discuss the development markers of each age category. Be sure to discuss the fluidity of developmental milestones and how they are affected by environment and circumstances. Answer any questions participants have.

If your training group is very small, consider doing a variation on the activity with the whole group. Copy and cut apart the Ages and Stages Cards and put them all in a basket. Then write each age group on a separate sheet of paper and place the papers in a line along a table. Participants then work together as a group, asking each other questions as necessary, to match the cards with the appropriate age group.
### Ages and Stages: Activity 2A

In your work as a CASA/GAL volunteer, it is important to be able to assess age-appropriate behavior for children from birth through adolescence. The facilitator will divide you into pairs and give each pair an envelope that contains cards with behaviors written on them. Several different age groups’ behaviors are represented in each envelope. Determine the appropriate age category for each of your cards and place the card under the corresponding sign for that age group. After all pairs have finished placing their cards under the corresponding age group signs, the facilitator will distribute a chart listing developmental milestones for each age category. In the large group, go around to each age category and discuss what you learned and any questions you have.
Children’s Needs: Activity 2B

Suggested Time: 20 minutes

Goal: To help participants identify a child’s basic needs.

Advanced Prep
Print a set of Child’s Needs Pages found in the Chapter 2 In-Class Handouts.

PowerPoint Slide(s): 8-11

Facilitator Instructions

Part 1: Divide the room into four groups. Give each group one of the Child’s Needs Pages: Child’s Physical Needs, Child’s Emotional Needs, Child’s Developmental Needs, Child’s Cultural Needs. Explain to participants that in speaking for children in the foster care system, it is imperative they recognize the full range of children’s needs. Ask the groups to think back to the Bleux case and to the child development information they learned in the previous activity. Direct the groups to write a list of Deshawn Bleux’s needs for their assigned category, using everything they have learned so far. For example, regarding physical needs, Deshawn (as well as every child) needs ongoing health screening with a medical provider. Once the groups have completed their lists, invite them to place their completed list on a flipchart at the front of the room. (8 minutes)

Part 2: Remind participants of the hierarchy of needs information they should have read as part of their Pre-Work. Maslow’s hierarchy of needs uses the terms “physiological,” “safety,” “belonging” and “love,” “esteem,” “self-actualization,” and “self-transcendence” to describe the pattern that human motivations generally move through. For the purposes of training CASA volunteers, your goal as facilitator should be to convey that this is a widely respected and important examination of human behavior that is most likely familiar to many in the class. It creates a foundation of understanding for human’s potential lack of stability even when provided support and resources.
Children’s Needs, Cont’d.

- Many individuals struggle with empathizing with parents who neglect their children. Combined with ACEs, Maslow can be a helpful tool in allowing them to hold parents accountable, without judging them. It can also help them identify needs of parents as well as children.

- Specific to a case, recognition of a child’s full spectrum of needs according to Maslow can inform your recommendations. If you observe and can confirm the degree to which a child’s needs are being met, you can represent those needs appropriately. If through ACEs you can view their behavior as result of exposure to stress and trauma, you can motivate systems to respond to the need in an informed way.

- The work of Edward L. Deci, in the field of social psychology, addresses motivation for making positive change that supports positive behavior. As an application of self-determination theory, posited by Deci and other researchers, we can encourage volunteers to think broadly about transformation to positive life choices, and decrease belief in the static condition of children and families in need. This positive perspective will aid in making recommendations that will improve conditions for children and families.

In the large group, review Deshawn Bleux’s needs listed on the flipchart. Lead a group discussion about the following questions (7 minutes):

- What other needs would you add to this list in light of the information you read in your Pre-Work?
- Which of the needs listed would you identify as child protection issues?
- How might the needs of two 5-year-old children be both the same and different?
### Children’s Needs: Activity 2B

In order to grow and develop optimally, children must have their needs met appropriately. In speaking for children in the foster care system, it is imperative that you recognize the full range of children’s needs.

**Part 1:** The facilitator will divide the class into four groups and give each group a handout representing a category of children’s needs: physical, emotional, developmental or cultural. Working in your group, think back to the Bleux case and to the child development information from the previous activity, and write a list of Deshawn Bleux’s needs for your assigned category on your handout. Once you have completed your list, attach your list to the flipchart at the front of the room.

**Part 2:** Recall the Pre-Work reading assignment on children’s needs. In the large group, consider Deshawn Bleux’s needs listed on the flipchart. Discuss the following questions:

- What other needs would you add to this list in light of the information you read in your Pre-Work?
- Which of the needs listed would you identify as child protection issues?
- How might the needs of two 5-year-old children be both the same and different?
Attachment: Activity 2C

Suggested Time: 5 minutes

Goal: To help participants understand attachment theory and identify how disrupted attachment might affect a child.

Advanced Prep

Think of two or three brief examples of children, who have experienced disrupted attachment, to share with participants.

PowerPoint Slide(s): 12-14

Facilitator Instructions

Using the Chapter 2 PowerPoint presentation, recall and give a brief overview of the material on attachment that volunteers should have read in the Chapter 2 Pre-Work. Share one or two examples of specific children who never had a healthy attachment to their caretaker or have had that attachment broken. Hearing about children in the CASA/GAL volunteer’s community makes this issue real for the participants. After each story, refer to the attachment cycle visual aid and ask the group where in the cycle the attachment was broken.

If you cannot think of an example from your community, talk about a 3-year-old who will go to anyone, sit on anyone’s lap and show no emotion when the primary caretaker leaves. This child had numerous caretakers as a child because her mom was in jail. She has no specific attachment. A second example would be a 7-year-old child who hoards food in foster care. As an infant being raised by heroin-addicted parents, this child was sometimes left to cry for hours and at other times fed on demand.
Listen as the facilitator briefly recalls information from your Pre-Work about the importance of attachment in child development and the risks for children who lag developmentally or lose the ability to attach to a parent or caretaker. When the facilitator gives examples of specific children who never had a healthy attachment to their caretaker or have had that attachment broken, discuss where in the cycle the attachment was broken. In the large group, share any questions you have.
Minimum Sufficient Level (MSL) of Care: Activity 2D

Suggested Time: 20 minutes

Goal: To familiarize participants with minimum sufficient level of care (MSL) standards and how to apply this knowledge when working with children.

Facilitator Instructions

PowerPoint Slide(s): 15-16

Part 1: Ask participants to read the summary describing minimum sufficient level of care. When they are done reading, have them work in small groups to answer the following questions:

• What do children really need? College? Clothes? A bath every day?
• How might a child’s needs vary depending on his/her circumstances? What issues should be considered in determining whether a parent can provide a minimum sufficient level of care?
• How do you think the MSL standard benefits children?

Ask groups to share some of their responses. (8 minutes)

Part 2: Approach this topic from the standpoint of the ethical responsibility the government, court and community have to intervene in the life of a family, if a child’s most basic needs are not being met. Note that with this responsibility, it’s also important to allow families their cultural and individual differences, if those basic needs ARE being met. Ask participants to imagine if there’s someone out there somewhere who could give the participants’ own children a better home, a better school, better clothes and so on and then ask, “why is it important that your children stay with you?” (10 minutes)
Minimum Sufficient Level (MSL) of Care, Cont’d.

In the large group, ask participants to react to the following statement:

*Some people believe that the best place for children to grow up is in their own homes, with their own families—even if a foster family can provide material things that the children will never have if they are returned home. (2 minutes)*

**Note:** MSL standards are based on state and federal definitions, but elements of MSL, such as commonly accepted child-rearing practices and reasonable limits, will vary from place to place.
Minimum Sufficient Level (MSL) of Care: Activity 2D

Part 1: Read the summary below describing minimum sufficient level of care; the bottom-line standard for a child to remain in his/her home. In your small groups, answer the following questions.

• What do children really need? College? Clothes? A bath every day?
• How might a child’s needs vary depending on his/her circumstances?
• What issues should be considered in determining if a parent can provide a minimum sufficient level of care?
• How do you think the MSL standard benefits children?

In the large group, share some of your responses.

Part 2: Listen as the facilitator discusses the ethical responsibility to ensure children’s most basic needs are being met, while allowing space for cultural and individual differences if those needs are being met.

Listen as the facilitator reads the following statement:

Some people believe that the best place for children to grow up is in their own homes, with their own families—even if a foster family can provide material things that the children will never have if they are returned home.

Share your thoughts about this statement.
What Is “Minimum Sufficient Level of Care” (MSL)?

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 provide the minimum sufficient level of care. This standard describes what must be in place for the child to remain in the 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 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 homeschool 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.
What Is “Minimum Sufficient Level of Care,” Cont’d.

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 to 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 non-geographical, cultural 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 child’s tribe.

WHY THE MSL STANDARD IS USED

• It maintains the child’s right to safety and permanence while not ignoring the parents’ right to raise their children.
• It is required by law (as a practical way to interpret the “reasonable efforts” provision of the Adoption Assistance and Child Welfare Act).
• It is possible for parents to reach.
• It provides a reference point for decision makers.
• It protects (to some degree) from individual biases and value judgments.
• It discourages unnecessary removal from the family home.
• It discourages unnecessarily long placements in foster care.
• It keeps decision makers focused on what is the least detrimental alternative for the child.
• It is sensitive across cultures.
What Is “Minimum Sufficient Level of Care,” Cont’d.

KEY PARAMETERS OF THE MSL STANDARD

• The standard takes into consideration the particular circumstances and needs of each child.
• It is a set of minimum conditions, not an ideal situation.
• It is a relative standard, depending on the child’s needs, social standards and community standards. It will not be the same for every family or every child in a particular family.
• It remains the same when considering removal and when considering reunification.

Cultural Considerations

An understanding of a child’s cultural practices is important when considering the MSL standard. For children who are Alaska Native or American Indian, sources for information about cultural practices may include the parents, the tribal child welfare worker, relatives of the child or other tribal members. For other ideas for making sure MSL is applied consistently, you may consider:

• Discussing the MSL standard with your case coordinator or supervisor
• Learning about the various cultural groups in your community (more on this in Chapter 6)
• Systematically comparing the standard for removal and the standard for reunifying a child in the home of origin
Suggested Time: 8 minutes

Goal: To familiarize volunteers with the principle of “best interest” and their role in reporting the needs of the child.

Advanced Prep

Make copies of the Checklist for Applying the “Best Interest” Principle, found in the Chapter 2 In-Class Handouts.

PowerPoint Slide(s): 17-20

Facilitator Instructions

You may want to begin this activity by asking participants, “How many of you have children?” and then “Who decides what’s best for your children?” This anchors the activity in their experience.

Using the Chapter 2 PowerPoint presentation, introduce the principle of “best interest.” Emphasize the CASA/GAL volunteer’s role in helping to advocate for the child’s best interest. At the end of the activity, distribute copies of the Checklist for Applying the “Best Interest” Principle, and suggest to participants that they refer to this list when they are working on a case.
The “Best Interest” Principle: Activity 2E

In addition to MSL standards, the “best interest” principle guides your work as a CASA/GAL volunteer. Listen as the facilitator introduces this principle and your role in advocating for a child's best interest.

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 their 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 CASA/GAL 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 CASA/GAL 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 CASA/GAL volunteer, in the child's best interest.
The “Best Interest” Principle—What It Means, Cont’d.

What a CASA/GAL Volunteer Can Do

Throughout a case, ask yourself the following questions to help determine what’s in a child’s best interest:

• Is the child safe?
• Is the child’s unique culture being respected?
• What are the special needs of this child?
• Is the child’s sense of time being honored?
• Is the child receiving the emotional nurturance necessary for healthy brain development?
• Can this child speak for himself/herself?
• Should the child be present in court?
Recognizing Child Abuse and Neglect

Suggested Time: 12 minutes

Goal: To help volunteers recognize signs of abuse.

Advanced Prep

Update Chapter 2 Pre-Work with your state’s legal definition of abuse and mandatory reporting laws.

PowerPoint Slide(s): 22

Facilitator Instructions

In the large group, highlight key information from the material they read in their Pre-Work about recognizing abuse and your state’s definition of abuse and reporting laws. Emphasize to participants that it is not their role to determine whether or not certain actions constitute child abuse or neglect; the child protective services system will decide this. It is, however, necessary for them to be able to recognize abuse and neglect in order to advocate for a safe home for a child. Answer any questions they have on the material they read about abuse. (12 minutes)
Child Abuse and Neglect: Activity 2F

Recognizing Child Abuse and Neglect

Share any questions you have on recognizing child abuse and neglect, or your state’s definition of abuse or mandatory reporting laws, you read about in your Pre-Work.
Risk Factors for Child Abuse and Neglect: Activity 2G

Suggested Time: 20 minutes

Goal: To help CASA/GAL volunteers understand the factors that may contribute to child abuse and neglect.

PowerPoint Slide(s): 23-25

Facilitator Instructions

Convey to participants that 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 that participants will encounter in their work as CASA/GAL volunteers 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.

Part 1: Briefly highlight key information from the risk factors for child abuse and neglect information that volunteers read as part of their Pre-Work. Divide participants into groups and assign each group one category of risk factors (child-related, parent-related, social-situational, family, triggering situations). Have each group list the factors in their category that were present in the Bleux case.

Allow time for questions or comments from participants. The meaning of these conditions can be difficult to grasp. Stress that in many families, more than one condition contributes to the reason child protective services files a petition for the court’s intervention. As groups report back, offer examples if participants do not come up on their own. (13 minutes)
Risk Factors for Child Abuse and Neglect, Cont’d.

Part 2: In the large group, lead participants in brainstorming the types of services or interventions that should be implemented to alleviate the issues in the Bleux family. (7 minutes)
## Risk Factors for Child Abuse and Neglect: Activity 2G

**Part 1:** Listen as the facilitator summarizes key information from the risk factors for child abuse and neglect information you read as part of your Pre-Work. Then the facilitator will assign you to groups and assign a particular category of risk factor. Working in your small groups, list the factors in your category that were present in the Bleux case. Report your group’s findings back to the large group.

**Part 2:** In the large group, discuss what types of services or interventions should be implemented to alleviate the issues in the Bleux family.
Family Strengths and Weaknesses: Activity 2H

Suggested Time: 35 minutes

Goal: To help participants recognize that all families have strengths and deficits.

Advanced Prep

Prepare a flipchart labeled “A Strengths-Based Approach.” Below the title, create a column labeled “Benefits” and a column labeled “Drawbacks.” Download the Interviewing Skills: Meeting with a Parent video.

PowerPoint Slide(s): 26-28

Facilitator Instructions

Part 1: Have participants take a few moments to think about their families (either their family of origin or their current family), trying to focus first on an event that illustrates the strengths in their family and then on an event that exemplifies the weaknesses or deficits. Ask them to write down one strength and one weakness and share their responses with a partner. After pairs have finished sharing, ask for a couple of volunteers willing to share in the large group. (5 minutes)

Part 2: Using the Chapter 2 PowerPoint presentation, provide an overview of what it means to use a resource lens in CASA/GAL volunteer work. This information also appears in the Volunteer Manual.

In the large group, ask participants what might be some benefits of using a strengths-based approach in their work as CASA/GAL volunteers? What might be some of the drawbacks of using a strengths-based approach? Record their responses on the flipchart you prepared. (10 minutes)
Family Strengths and Weaknesses, Cont’d.

Part 3: Have participants read through the Strengths in Families Worksheet in the Volunteer Manual. Then play the video Interviewing Skills: Meeting with a Parent video. Instruct participants to think about the Bleux family’s strengths as they watch. Note a few items for participants before playing the video:

- Ask participants to watch the video looking for tone, body language and other techniques that can be used in all interviews—with parents, foster parents, relatives, teachers, and so on.
- Mention that not all programs will provide an opportunity for the participants to visit with or talk to parents. In cases where participants cannot talk to parents, underscore that the techniques depicted in the video are transferable to all interviews.
- As appropriate, point out that programs that do not use the term CASA would appreciate volunteers saying, “I am a volunteer appointed by the court to ...” or “I am a court-appointed special advocate” in place of saying “I’m a CASA volunteer.”

As they watch, clarify that the CASA/GAL volunteers would use the case plan (agreed upon by parents/caretakers and social services) as an anchor for their questions. Note that there will typically be fewer questions about supporting the parent and more questions about the progress with meeting the requirements in the plan or court orders from previous hearings than what they observe in this video.

Following the video, in the large group, discuss the following questions:

- Which of the strengths listed are present in the Bleux 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?

(20 minutes)
Family Strengths and Weaknesses: Activity 2H

Part 1: Take a few moments to think about your own family (either your family of origin or your current family). Try to focus on one event in particular that illustrates the strengths in your family, and then think of an event that exemplifies the weaknesses or deficits. Write down one strength and one weakness of your family. When you are finished writing, share your responses with a partner.

Family Strength: _______________________________________
Family Weakness: _______________________________________ 

Part 2: Listen as the facilitator presents information about the difference between using a resource lens and a deficit lens in your work as a CASA/GAL volunteer and the importance of understanding that strengths may look different in different cultures. In the large group, answer the following questions:

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

Part 3: Read through the entries on the Strengths in Families Worksheet, which follows the information about the different lenses you can use as a CASA/GAL volunteer. Watch as the facilitator plays a video about the Bleux case. As you watch, try to identify strengths of the Bleux family. Not all programs will provide an opportunity for you to visit with or talk to parents. Watch the video for tone, body language and other techniques that can be used in all interviews—with parents, foster parents, relatives, teachers and so on. The techniques depicted in the video are transferable to all interviews. In the large group, discuss the following questions:

• Based on both the video and the case notes, which of the strengths listed are present in the Bleux family?
Family Strengths and Weaknesses, Cont’d.

• 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?
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<th>Resources vs. Deficits</th>
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<td>If I look through a RESOURCES lens, I am likely to…</td>
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<td>If I look through a DEFICITS lens, I am likely to…</td>
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<td>Look for positive aspects</td>
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<td>Empower families</td>
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<td>Create options</td>
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<td>Listen</td>
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<td>Focus on strengths</td>
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<td>Put the responsibility on the family</td>
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<td>Acknowledge progress</td>
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<td>See the family as experts</td>
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<td>See the family invested in change</td>
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<td>Help identify resources</td>
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<td>Avoid labeling</td>
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<td>Inspire with hope</td>
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*Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.*
Seeing the Strengths and Resources in Families

Your ability to identify strengths in families depends partially on which lens—the resources lens or the deficits 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 the resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have 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?

Cultural Considerations

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.

For instance, in a deficit model, a family with a female head of household may be viewed as dysfunctional or even immoral. But using a resources lens, the female-head-of-household structure is appreciated for the strength and survival skills of the mother, and there is a deeper examination of historical and institutional factors that have contributed to the existence of matriarchal families.

In another example, many Western cultures believe that children should have a bed to themselves, if not an entire room. In contrast, many other cultures believe that such a practice is detrimental to a child’s development and
potentially dangerous. Additionally, in the United States the ideal of the nuclear family dominates. However, in many communities extended family take on a greater role in childrearing 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 for the access and use of 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.
**Strengths in Families Worksheet**

**Parent-Child Relationship**

These items focus on the parent’s relationship with the child. To accurately assess the parent-child bond, it is important to know the attachment behaviors of the parent’s culture. How does this culture display empathy? What are appropriate verbal and nonverbal cues? For example, language is highly valued in some groups, and not in others. Eye contact between parent and child is expected by some but considered disrespectful by others.

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Strengths in Families Worksheet

Parental Support System

These items reflect the quality of the parent’s relationships with his/her current support system. The ways in which support systems function vary, depending on culture. Because of the value European American culture places on self-sufficiency and independence, parents are expected to make their own decisions, live independently and use the family for emotional support. Other cultures, most notably Native American cultures, expect the total group, biologically related or not, to function collectively to resolve problems. Resolution of problems may lie in the hands of the elders in other ethnic groups.

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|     |    |         | The parent has positive, significant relationships with other healthy adults (e.g., spouse, parents, friends, relatives).
|     |    |         | 10|
|     |    |         | The parent has a meaningful support system that can help him/her (e.g., church, job, counselor).
|     |    |         | 11|
|     |    |         | Extended family is nearby and capable of providing support.


### Strengths in Families Worksheet

#### Past Support System

The next five items look at extended family and friendships that have been helpful in the past and can be tapped again. If the family system has demonstrated healthy coping abilities in the past, consistent with their cultural norms, this may be a resource for the family in the present as well.

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<td>Extended family history shows family members able to help appropriately when one member is not functioning well.</td>
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<td>Relatives came forward to offer help when the child needed placement.</td>
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<td>Relatives have followed through on commitments in the past.</td>
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<td>Significant other adults (who are not blood relatives) have followed through on commitments in the past.</td>
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<tr>
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<td>Significant other adults (who are not blood relatives) have followed through on commitments in the past.</td>
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#### Family History

These items look at the parent’s history and cultural heritage. To answer the first item in this section, it is important to know to what extent the family has identified with and participated in its ethnic community.

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<td>The family’s ethnic, cultural or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.</td>
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<td>The parent’s childhood history shows consistency of parental caretaker.</td>
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<td>The parent’s history shows evidence of his/her childhood needs being met adequately.</td>
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### Parent’s Self-Care

The items in this category highlight the parent’s ability to function in an adult mode, according to the expectations of his/her culture. Values regarding health, hygiene, housing, education and employment differ from culture to culture, so knowledge about the parent’s culture is vital to identifying strengths.

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<td>The parent’s general health is good.</td>
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<td>The parent uses medical care for self appropriately.</td>
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<td>The parent’s hygiene and grooming are consistently adequate.</td>
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<td>The parent has a history of stability in housing.</td>
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<td>The parent has a solid employment history.</td>
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<td>The parent has graduated from high school or possesses a GED.</td>
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<td>26</td>
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<td>The parent has skills that contribute to employability.</td>
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### Strengths in Families Worksheet

**Child’s Development**

Finally, these last five items focus on the functioning of the child. Again, appropriate behavior and social skills vary between cultures, so cultural knowledge is necessary.

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<td>The child shows age-appropriate cognitive abilities.</td>
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<td>The child demonstrates an age-appropriate attention span.</td>
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<td>The child shows evidence of conscience development.</td>
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<td>The child has appropriate social skills.</td>
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<td>31</td>
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<td>Major behavioral problems are absent.</td>
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*Adapted from Concurrent Planning: From Permanency Planning to Permanency Action, Linda Katz, Norma Spoonemore, and Chris Robinson, Seattle: Lutheran Social Services of Washington and Idaho, 1999*
Working a Case

Asking the Right Questions and Planning Your Next Steps: Activity 2I

Suggested Time: 30 minutes

Goal: To help CASA/GAL volunteers identify key questions, sources of information and next steps in gathering information about a case.

Advanced Prep

Make copies of the Case Assessment Questions and the Asking the Right Questions (If your program has a similar list, you may want to use it instead) and Planning Your Next Steps Supplemental Materials, found in the Chapter 2 In-Class Handouts.

PowerPoint Slide(s): 30

Facilitator Instructions

Part 1: Give a brief recap of the Bleux case, which participants read in the Chapter 1 Pre-Work, and ask them to review the case questions they developed when they completed that Pre-Work. Divide them into small groups, and distribute copies of the Case Assessment Questions. Using the handout, groups should identify additional questions they want answered, as well as possible sources for the information (social worker, foster parent, birth parent, child, therapist, etc.). Then, in the large group, ask participants to come up with a list of their top-priority questions for the Bleux case. (20 minutes)

Part 2: In the large group, have volunteers plot out their next steps for working the Bleux case (for example, requesting records (which ones), scheduling interviews, submitting reports, consulting with the program’s case supervisor and appearing in court). (10 minutes)
Asking the Right Questions and Planning Your Next Steps: Activity 21

**Part 1:** Listen as the facilitator gives a brief recap of the Bleux case, which you read prior to training in your Chapter 1 Pre-Work. Then, review the list of questions about the Bleux family, that you developed while completing that Pre-Work. In small groups, read the Case Assessment Questions handout and identify additional questions you want answered, as well as possible sources for the information. Then, in the large group, come up with a list of your top-priority questions for the Bleux case.

**Part 2:** In the large group, plot out your next steps for working the Bleux case.
Suggested Time: 25 minutes

Goal: To introduce participants to the basic elements of the CASA/GAL volunteer court report.

Advanced Prep

Insert your program’s court report template in the Chapter 2 Pre-Work handouts. If you’d like, use your program’s template to customize the Chapter 2 PowerPoint presentation.

In addition to the sections listed in the Volunteer Manual Pre-Work packet, here are other possible categories you will want to consider for inclusion in your program’s report template:

- Number and location of all placements
- Summary of matters before the court
- Court ordered services
- Persons contacted, but not reached
- Compliance or non-compliance with visitation orders/plan
- Changes in circumstances of child or family
- Available resources within the family to meet needs identified
- Signature of CASA/GAL Volunteer
- Date of report if not file-stamped by court
- Issue for the court’s attention
- Confidentiality note/disclaimer
- Elements of the case plan

Although not typical in most jurisdictions, if your CASA/GAL programs assign cases prior to adjudication, be prepared to discuss how your program specifically addresses Pre-Adjudication hearings and the CASA/GAL role.

PowerPoint Slide(s): 31-32
Key Elements of the CASA/GAL Volunteer Court Report, Cont’d.

Facilitator Instructions

Part 1: Remind the volunteers that they reviewed your program’s court report template during their Pre-Work for this chapter. Distribute copies of your program’s court report template, and give a brief overview of each section of the report and its purpose. Explain how participants will access the report forms or templates, and how and when they will submit their written reports to the program. (10 minutes)

Part 2: Using the Chapter 2 PowerPoint 32, give participants an overview of the section in the Volunteer Manual about writing effective court reports, highlighting the most important tips and things that case supervisors check for when reviewing reports. Then, ask participants to answer the following questions using the sample report for the Bleux case, which they read for Pre-Work:

- Was the report organized, grammatically correct, factual, objective, concise and conclusive of what’s in the child’s best interest?
- Are there questions that were unanswered?
- Are the recommendations supported by facts/concerns that are highlighted in the report?
- Do the recommendations flow logically from other information stated in the report?
- Are there other pieces of information that should have been included?
- If you were the CASA/GAL volunteer on this case, are there other people that you would have liked to interview or documents that you would have liked to review to support your recommendations?
- Based on the report, do you feel that the judge would be able to make a decision in the best interest of the child?

Lead the group through a short debriefing. (15 minutes)
Part 1: The facilitator will provide a copy of your local court report template. You should have reviewed this template already in your Pre-Work. Follow along as the facilitator gives a brief overview of each section of the report and its purpose. The facilitator will also explain how to submit your report to the CASA/GAL program office, including deadlines for submission.

Part 2: Listen as the facilitator highlights tips for writing effective court reports. Then, on your own, review the sample court report for the Bleux case, which you read in your Pre-Work. Answer the following questions:

- Was the report organized, grammatically correct, factual, objective, concise and conclusive of what’s in the child’s best interest?
- Are there questions that were unanswered?
- Are the recommendations supported by facts/concerns that are highlighted in the report?
- Do the recommendations follow logically from other information stated in the report?
- Are there other pieces of information that should have been included?
- If you were the CASA/GAL volunteer on this case, are there other people that you would have liked to interview or documents that you would have liked to review to support your recommendations?
- Based on the report do you feel that the judge would be able to make a decision in the best interest of the child?

In the large group, share your thoughts about the report.
Key Elements of a CASA/GAL Volunteer Court Report

Identifying Information

Include the child’s name, ethnicity, tribal enrollment status (if family is of Native American ancestry), the case number, the petition date and the hearing type.

CASA/GAL Volunteer Activity

Describe visits with the child (how many, dates and places), contacts with others involved in the case (dates and type) and reports or records requested or reviewed.

Brief Family Background/Reason for Removal

Briefly recount the incidents leading up to the removal, including reasons the child came into care and history of referrals or arrests related to the child’s removal.

Placement Information

Briefly describe how many and what types of placements have occurred since the child was taken into custody, including dates and lengths of stay.

Case Plan

Describe basic elements of the case plan.

Case Status

Describe parental progress (or lack thereof) toward the case plan and agency compliance with the goals of the case plan, including whether reasonable efforts have been made.

Status of the Child

Describe how the child is doing in school, the physical and social development of the child, the health of the child, whether the child is in therapy (and if so, for what), independent-living services that are being provided to the child (if relevant), whether and how the child’s cultural needs (if any) are being met and the child’s expressed wishes.
Key Elements of a CASA/GAL Volunteer Court Report, Cont’d.

Family and Community Resources

Describe strengths, skills or previous successful coping instances of the biological family and any resources within the extended family to provide connection, respite or additional help. Identify community resources that might provide additional support or services.

Issues and Concerns

Consider addressing any of the following:

- The case and/or permanency plan, including obstacles to its implementation
- Current or continuing problems in the case
- Participation in and progress of provided services; services still needed
- Ability of current placement to meet child’s needs
- Visitation or lack of visitation

Best Interest Recommendations

Provide a short list of recommendations to meet the child’s needs that are specific and are based on information previously documented. Recommendations should include, but not be limited to, placement, services and permanence.

Tips on Writing Effective Court Reports

In writing a report, the following steps are imperative:

- Use the court report format provided to you in training.
- Begin to work on the report at the beginning of your information gathering.
- Maintain detailed and chronological notes.
- Make the report child-centered.
- Be accurate. This means presenting exact information, free from unfamiliar acronyms, grammatical errors and misstatements.
- Check your spelling—not only in the body of the report, but also the names and titles cited in the report.
- Use the active voice (“CASA/GAL volunteer visited the home…”).
- Report objectively and factually; eliminate opinions or diagnoses.
Key Elements of a CASA/GAL Volunteer Court Report, Cont’d.

• Use quotations if you have them, but make sure they are accurate in word and citation.
• Use the fewest number of words possible to describe an action or occurrence.
• Eliminate negative emotions/subjective phrases, check for personal bias and refrain from inserting personal judgments.
• Relay only the most relevant and pertinent information.
• Do not transcribe information from other reports directly into your report; paraphrase information using your own words.
• Report incidents in chronological order of occurrence. The report should be uniform, flow from section to section and be easy to understand.
• Do not assume the reader knows the information you know.
• Ensure the basis for recommendations are supported by detailing the observations and information that led to those conclusions.
• Make sure to address placement, permanency, visitation, education, physical and mental health, necessary services for the child or family and the child’s wishes.
• Ensure that the report addresses the case plan and any information about court-ordered services, actions, etc.
• Consider the hearing type and what recommendations are appropriate/timely.
• Scrutinize your report as the parties’ attorneys will; do not leave room for unanswered questions.
• Play devil’s advocate: Question subjective opinions and push for compelling arguments.
• Submit your report according to the deadline. Keep in mind that the report has to be edited and filed in a timely manner for dissemination to all parties.
• After submission, talk with your volunteer supervisor to discuss ways to improve report writing and be open to constructive criticism.
Key Elements of a CASA/GAL Volunteer Court Report, Cont’d.

Ask yourself the following questions before submission:

• Was the report organized, grammatically correct, factual, objective, concise and conclusive of what’s in the child’s best interest?
• Are there questions that were unanswered?
• Are the recommendations supported by facts/concerns that are highlighted in the report?
• Do the recommendations flow logically from other information stated in the report?
• Are there other pieces of information that should have been included?
• If you were the CASA/GAL volunteer on this case, are there other people that you would have liked to interview or documents that you would have liked to review to support your recommendations?
• Based on the report, do you feel that the judge would be able to make a decision in the best interest of the child?

Using Child Photos in Court Reports

Many court and CASA/GAL programs believe that photos of the child should be present in the courtroom. The easiest way to make that happen is to include a photo of the child as a cover page in the CASA/GAL volunteer court report. Often every party is present in the courtroom except the child. As the child’s advocate, the CASA/GAL volunteer can help ensure that the child is the focus of every proceeding; a photo is an ever-present reminder of whose life is at the heart of the matter before the court. The facilitator will share whether it is part of your local program’s practices to include a child’s photograph in the court report.
Chapter Wrap-up and Review

Chapter Review

Review—PowerPoint Slide(s): 33-34

In summary, you can review the objectives and competencies found at the beginning of the chapter to check in on volunteers’ comfort level with the content. Answer any remaining questions.

Evaluation—PowerPoint Slide(s): 35

Hand out copies of the Chapter 2 Volunteer Training Evaluation and collect them before participants leave.

Additional Resources—PowerPoint Slide(s): 36

Handout the Program Service Area Abuse and Neglect Statistics information as an additional resource.

Chapter 3 Pre-Work—PowerPoint Slide(s): 37-38

Assign the following Pre-Work activities for the Chapter 3 training session and remind participants of the date and time when this session will take place.

Shane’s Story video

Ask the volunteers to watch the Shane’s story video and prepare a list of traumatic experiences for a child.

Understanding Child Trauma

Ask the volunteers to read the information on Understanding Child Trauma in the Chapter 3 Pre-Work packet. (This information is for Activity 3B.)

Basics of Elements of Communication

Ask the volunteers to read the information on the Basic Elements of Communication—Communication and CASA/Gal Volunteer Work in the Chapter 3 Pre-Work packet. (This information is for Activity 3F.)
Chapter Review, Cont’d.

Open Ended vs. Closed Ended Questions

Ask the CASA/GAL Volunteers to read the information on open-ended and closed-ended questions in the Chapter 3 Pre-Work packet. (This information is for Activity 3G.)

CASA/GAL Interview

Ask the CASA/GAL volunteers to read the information on CASA/GAL Interview in the Chapter 3 Pre-Work packet. (This information is for Activity 3H.)

The Black-Smith Case

Ask the CASA/GAL volunteers to read the Initial Case Notes for the Black-Smith Case, in the Chapter 3 Pre-Work packet before attending the Chapter 3 training session.

Interviewing a Child

Ask the CASA/GAL volunteers to watch Part 1 of the video showing a CASA/GAL volunteer interviewing a 4-year-old child, which appears in the Chapter 3 Online Resources. Distribute copies of the Interviewing a Child Assignment Sheet, located in the Chapter 2 Handouts. Have participants design and conduct a brief interview with a child between the ages of 5 and 17 before the Chapter 3 session. Be sure volunteers get permission from the child’s parent(s) before the interview.

First Impressions Video

Ask the volunteers to watch the video First Impressions: Exposure to Violence and a Child’s Developing Brain, which appears in the Chapter 3 Online Resources.
Chapter Wrap-up

Review
Share any remaining questions you have about the material covered in this chapter.

Evaluation
Fill out the Chapter 2 Volunteer Training Evaluation and give it to the facilitator before you leave.

Chapter 3 Pre-Work
Prior to the Chapter 3 training session, complete the following assignments:

Shane’s Story video
Watch the Shane’s story video and prepare a list of traumatic experiences for a child.

Understanding Child Trauma
Read the information on Understanding Child Trauma in the Chapter 3 Pre-Work packet. (This information is for Activity 3B.)

Basic Elements of Communication
Read the information on the Basic Elements of Communication—Communication and CASA/Gal Volunteer Work in the Chapter 3 Pre-Work packet. (This information is for Activity 3F.)

Open-Ended vs. Closed-Ended Questions
Read the information on open-ended and closed-ended questions in the Chapter 3 Pre-Work packet. (This information is for Activity 3G.)

CASA/GAL Interview
Read the information on CASA/GAL Interview in the Chapter 3 Pre-Work packet. (This information is for Activity 3H.)
**Chapter 3 Pre-Work, Cont’d.**

*The Black-Smith Case*

Read the Initial Case Notes for the Black-Smith Case, which the facilitator will distribute. You will be applying what you know about the Black-Smith case during various activities in the Chapter 3 training session.

*Interviewing a Child*

Watch Part 1 of the video showing a CASA/GAL volunteer interviewing a 4-year-old child, which appears in the Chapter 3 Online Resources. (The video is 4 minutes, 30 seconds.) Then, using the Interviewing a Child Assignment Sheet distributed by the facilitator, design and conduct a brief interview with a child between the ages of 5 and 17 before the Chapter 3 session. Be sure to get permission from the child’s parent(s) before the interview.

*First Impressions Video*

Watch the video First Impressions: Exposure to Violence and a Child’s Developing Brain, which appears in the Chapter 3 Online Resources. (The video is 14 minutes, 43 seconds.)
CHAPTER 2
Local/Program Pre-Work Handouts
How and When to Report Child Abuse/Neglect


In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the State Central Registry (SCR). If the child is in immediate danger, call 911 as well as 1-877 NJ ABUSE (1-877-652-2873). A concerned caller does not need proof to report an allegation of child abuse and can make the report anonymously.

What information will I be asked to provide to the hotline screener?

SCR screeners are trained caseworkers who know how to respond to reports of child abuse/neglect. Whenever possible, a caller should provide all of the following information:

- **Who:** The child and parent/caregiver’s name, age and address and the name of the alleged perpetrator and that person’s relationship to the child.
- **What:** Type and frequency of alleged abuse/neglect, current or previous injuries to the child and what caused you to become concerned.
- **When:** When the alleged abuse/neglect occurred and when you learned of it.
- **Where:** Where the incident occurred, where the child is now and whether the alleged perpetrator has access to the child.
- **How:** How urgent the need is for intervention and whether there is a likelihood of imminent danger for the child.

Do callers have immunity from civil or criminal liability?

Any person who, in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action. Calls can be placed to the hotline anonymously.

Is it against the laws of New Jersey to fail to report suspected abuse/neglect?

Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with the provisions of the law is a disorderly person.

What happens after I make the call?

When a report indicates that a child may be at risk, an investigator from the Division of Child Protection and Permanency (formerly Youth and Family Services) will promptly investigate the allegations of child abuse and neglect within 24 hours of receipt of the report.
## Court Report Template

**COURT APPOINTED SPECIAL ADVOCATE**  
**REPORT TO JUDGE (Insert Judge's last name here)**  
Hearing Date: (Insert date of hearing here)

**CASE NAME:** (Last name of child/children/parents)  
**DOCKET NUMBER:** (Found on court order)

**DATE CASA ASSIGNED:** (Date CASA was originally assigned)  
**REPORT WRITTEN:** (Date report was written)

### CHILD(REN) INFORMATION:

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth &amp; Age</th>
<th>Date of Placement</th>
<th># of Prior Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Full Name</td>
<td>(i.e. 01/01/06; 11 years old)</td>
<td>Date child initially came into foster care</td>
<td>Number of placements in foster care prior to the current placement</td>
</tr>
</tbody>
</table>

### SOURCES:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Date of Contact</th>
<th>Type of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's Full Name</td>
<td>Self</td>
<td></td>
<td>Fill in the type of contact e.g. In Person, Phone, Email, Text</td>
</tr>
<tr>
<td>2nd Child’s Full Name</td>
<td>Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Parent’s Initials</td>
<td>Resource Parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DCP&amp;P Caseworker Name</td>
<td>DCP&amp;P Caseworker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMO’s Name</td>
<td>CMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher’s Name</td>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist’s Name</td>
<td>Therapist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEARING TYPE:** Compliance Review, Case Management Review, Summary Hearing OR Permanency Hearing.  
(This information can be found at the end of the court order from the previous hearing, along with the date of the upcoming hearing.)

**REASONS FOR PLACEMENT:** In your narrative, briefly describe the reason the child was placed in foster care (this information can be found in the verified complaint or the Case Summary provided by your CASA Supervisor).

**PLACEMENT HISTORY:** In your narrative, provide an overview of the child’s placement history – after entering into foster care – and where the child is currently living. Try to be brief, but concise. Update this after each new placement by adding the new placement.
INVESTIGATION: The purpose of this “INVESTIGATION” section is to write a narrative, describing the information you have gathered about the child and the case since the last court hearing. Only include information from a previous report if it is pertinent to something that has occurred since the last hearing.

Social/Emotional:  
(WHO TO OBTAIN THIS INFORMATION FROM: Child, Foster Parents, Teachers, Siblings, Parents, DCP&P, Clinician, CMO, etc.)

In your narrative, address the child’s social/emotional wellbeing.

Discuss how the child is progressing in the resource home; what the foster parent say about the child’s behavior in the home, school, and community. Include who you spoke with to obtain the information and when you spoke with that individual. Include whether the child interacts appropriately with peers or other members of the resource home. Also discuss what sort of activities the child is interested in. Include any other relevant information you believe the judge should know about the child’s social development.

If known, address how often visits with siblings and parents occur and how the child feels about the visits.

If the child has expressed to you an opinion about the permanency goal, current placement or any particular wants or desires, you may include it here.

Educational:  
(WHO TO OBTAIN THIS INFORMATION FROM: Child, Teachers, Child Study Team Members, School Psychologist, School Social Worker, DCP&P, etc.)

In your narrative, give a brief history of the child’s school experience. Include in the first paragraph the name of the child’s current school, the child’s age and whether the child is receiving educational services, including a 504 or an IEP.

Discuss how the child is doing in school. Speak with teachers, obtain progress reports and report cards to determine the child’s current level of education (i.e. do you have a child in 10th grade functioning on a 3rd grade level?). Report with whom you spoke and on what date. Explain the child’s educational need for services and whether services are being provided (this includes school services as well as tutoring).

If necessary, discuss how long has the child been enrolled in the current school and previous school placement.

Medical/Therapy:  
(WHO TO OBTAIN THIS INFORMATION FROM: Child, Foster Parents, Parents, DCP&P, DCP&P Nurse, Pediatrician, Therapist, Clinician, CMO, etc.)

In your narrative, indicate whatever you may know about the child’s physical health including dental health.

Discuss whether the child has received a CHEC/CME/annual physical. Discuss the recommendations of that exam and whether follow-up appointments have been made and need to be made.

As needed, find out when the last dental exam was and discuss whether any follow-up appointments have been made and need to be made.
If the child is receiving therapy, provide the type (e.g. individual, family, group), and name and agency of the therapist and how often therapy occurs and for how long (e.g. Therapy occurs on Tuesdays in the resource home from 4pm-5pm). Address whether the child is consistently receiving therapy sessions and any known reasons for missed sessions. Discuss what issues are being addressed in therapy and how the child is progressing.

Provide a list of medications which the child is taking and, if possible, a general idea of why the medications are prescribed. Also note who/what agency is monitoring the medications.

Discuss the findings of any physical/medical evaluations the child has had including, but not limited to, psychological, psychiatric, neurological, neurodevelopmental evaluations, etc. List recommendations and whether follow-up appointments have been made and need to be made.

**CONCLUSIONS/RECOMMENDATIONS:**

In your narrative, briefly summarize in 4-5 sentences and evaluate/analyze the information you obtained in your investigation and that you discussed above. Focus on the child’s wellbeing and the progress of the case plan toward permanency based on the facts of your investigation.

Finally, include the following:

**In conclusion, CASA respectfully recommends:**

- Include bulleted fact-based recommendations to the Judge based on the information above.
- All recommendations should be supported/explained based on the information in the INVESTIGATION section.

Respectfully submitted,

Insert your name
CASA Volunteer

Insert Case Supervisor name
CASA Case Supervisor
Sample Case Summary for Bleux Case

CASE SUMMARY: DESHAWN BLEUX

CPS received a referral from the hospital that Deshawn Bleux, age 2 months, was admitted to County Hospital and diagnosed with a subdural hematoma, bleeding on the brain and retinal hemorrhages consistent with Shaken Baby Syndrome. There were no other injuries noted and there have been no reported previous injuries. A criminal investigation is pending.

Deshawn is currently hospitalized and is expected to remain at County Hospital for the next 1-2 days. The CPS worker met with both parents at the hospital regarding Deshawn's injuries. The mother, Antoinette Bleux, 18, reported that on the night Deshawn was injured, she had been out of the home she shares with her husband and father of the child, Miles Bleux. When she returned home later in the evening, she noted that Deshawn was sleeping on his crib. She further reported that Miles woke her up in a panic that the baby wouldn't wake for his nightly feeding. Both parents brought Deshawn to the ER. CPS was called and interviewed both parents in the ER. It was observed by the CPS worker that Antoinette was screaming and hitting Miles in the waiting room.

Miles, 20, reported that he did not hurt Deshawn but could not explain his injuries. He further reported that a few days ago, Ms. Bleux had fallen with the baby in her arms but that the child did not have any visible injuries and was not seen by a doctor. Mr. Bleux stated that evening he had some friends over to play poker and when he went to wake Deshawn for a feeding, the baby would not wake up. Immediately he and his wife brought Deshawn to the hospital. Mr. Bleux further reported that he and his wife have been having marital problems since the end of her pregnancy and that sometimes the couple fights but he doesn't lose control.

Neither parent was charged as there were no witnesses. Deshawn was released into the custody of CPS.

A Family Team Planning Meeting was held to discuss placement, visitation, services, paternity and child support. In attendance were both parents and their respective attorneys, CPS staff, CASA and maternal aunt Sabine Lee.

CPS recommends the following:

Antoinette:
1. Attend parenting and anger management classes
2. Undergo a mental health assessment
3. Attend medical education regarding caring for Deshawn
4. Comply with visits.
   Ms. Bleux agreed to attend all services although she does not believe they are all necessary.

Miles:
1. Attend parenting and anger management classes
2. Undergo a mental health assessment
3. Attend medical education regarding caring for Deshawn
4. Comply with visits.
   Mr. Bleux agreed to comply with all services.

CPS recommends for Deshawn:

1. Child remain in hospital until discharge and then participate in the Children’s Health and Development Program and continue to receive all medical and developmental services. The child is reported to be doing well.
2. Visitation with parents be supervised twice weekly at the agency.
3. Maternal aunt to be provided visitation.
4. Family members are being assessed for placement.
5. Ms. Bleux is requesting in home physical therapy and that the child be maintained on the same formula.

All parties agreed that CPS has the authority to oversee child’s medical treatment, mental health and educational services.

The next court hearing will be at 2:00 pm next Tuesday in Courtroom B of the County Courthouse and the purpose will be to determine custody.
CASA/GAL Pre-Service Volunteer Training Curriculum

Handouts

CHAPTER TWO
CHAPTER 2

Handouts

CONTENTS

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» Child’s Needs Pages (for Activity 2B) ..................... 17
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» Case Assessment Questions (Activity 2I) .............. 23

Local Child Welfare Chart ........................................ 32
## Child Development Chart (for Activity 2A)

<table>
<thead>
<tr>
<th>Child Development</th>
<th>Birth to 6 Months</th>
<th>6 to 12 Months</th>
<th>12 to 18 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COGNITIVE</strong></td>
<td>Recognition of primary caregiver; no concept of past or future; reaches for familiar people or toys</td>
<td>Objects can be held in memory; learns through routines and rewards; recognizes name; says two to three words besides “mama” and “dada”; imitates familiar words</td>
<td>Experiments with physical environment; understands the word “no”; comes when called to; recognizes words as symbols for objects (cat — meows); uses 10 to 20 words, including names; combines two words such as “daddy bye-bye”; waves good-bye and plays pat-a-cake; makes the sounds of familiar animals; gives a toy when asked; uses words such as “more” to make wants known; points to his/her toes, eyes and nose; brings objects from another room when asked</td>
</tr>
<tr>
<td><strong>PSYCHOLOGICAL</strong></td>
<td>Attachment to primary caregiver; totally dependent; totally trusting; learns intimacy</td>
<td>Separation from primary caregiver; begins to develop a sense of self; learns to get needs met; trusts adults; stretches arms to be picked up; likes to look at self in mirror</td>
<td>Early social development; egocentric; accepts limits; develops self-esteem (love from family); plays by self</td>
</tr>
<tr>
<td><strong>MORAL</strong></td>
<td>None</td>
<td>None</td>
<td>Fear of authority figures</td>
</tr>
</tbody>
</table>
# Child Development Chart (for Activity 2A)

<table>
<thead>
<tr>
<th>Child Development</th>
<th>Birth to 6 Months</th>
<th>6 to 12 Months</th>
<th>12 to 18 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEXUAL</strong></td>
<td>Continued generalized genital play; early sex-role development</td>
<td>Generalized genital play in males; masturbation to orgasm in females is possible; early experimentation; gender identity established</td>
<td>Defenses reduce experimentation, but some continues</td>
</tr>
<tr>
<td><strong>MOTOR</strong></td>
<td>Sucking; hands clenched/grip; neck muscles develop; pulls at clothing; laughs/coos</td>
<td>Rolls over; stands with support; creeps/crawls; walks with help; rolls a ball in imitation of adult; pulls self to standing position and stands unaided; transfers object from one hand to the other; drops and picks up toy; feeds self cracker; holds cup with two hands; drinks with assistance; holds out arms and legs while being dressed</td>
<td>Creeps up stairs; gets to standing position alone; walks alone; walks backward; picks up toys from floor without falling; pulls and pushes toys; seats self in child-size chair; moves to music; turns pages two or three at a time; scribbles; turns knobs; paints with whole arm movement; shifts hands; makes strokes; uses spoon with little spilling; drinks from cup with one hand unassisted; chews food; unzips large zipper; indicates toilet needs; removes shoes, socks, pants, sweater</td>
</tr>
<tr>
<td>Child Development Chart (for Activity 2A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COGNITIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>18 to 36 Months</strong></td>
<td><strong>3 to 5 Years</strong></td>
<td><strong>6 to 9 Years</strong></td>
<td></td>
</tr>
<tr>
<td>Can conduct experiments inside head but limited to experience; rapid language growth; copies adult chores in play; carries on conversation with self and dolls; asks “what’s that?” and “where’s my...?&quot;; has 450-word vocabulary; gives first name; holds up fingers to tell age; combines nouns and verbs “mommy go”; refers to self as “me” rather than by name; tries to get adult attention, exclaiming “watch me”; likes to hear same story repeated; may say “no” when means “yes”; talks to other children as well as adults; names common pictures and things</td>
<td>Can conduct experiments inside head; cannot sequence; capacity to use language expands; understands some abstract concepts: colors, numbers, shapes, time (hours, days, before/after); understands family relations (baby/parent); can tell a story; has a sentence length of 4 to 5 words; has a vocabulary of nearly 1000 words; names at least one color; understands “tonight,” “summer,” “lunchtime,” “yesterday”; begins to obey requests like “put the block under the chair”; knows his/her last name, name of street on which he/she lives and several nursery rhymes; uses past tense correctly; can speak of imaginary conditions “I hope”; identifies shapes</td>
<td>Can think using symbols; can recognize differences; makes comparisons; can take another’s perspective; defines objects by their use; knows spatial relationships like “on top,” “behind,” “far,” and “near”; knows address; identifies penny, nickel, dime; knows common opposites like “big/ little”; asks questions for information; distinguishes left from right</td>
<td></td>
</tr>
<tr>
<td>Child Development</td>
<td>18 to 36 Months</td>
<td>3 to 5 Years</td>
<td>6 to 9 Years</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>PSYCHOLOGICAL</td>
<td>Autonomy struggles; learns system of meeting needs; social development increases; points to things he/she wants; joins in play with other children; shares toys; takes turns with assistance</td>
<td>Can cooperate; self-perceptions develop; cannot separate fantasy from reality; has nightmares; models on same-sexed parent; experiences and copes with feelings (sad, jealous, embarrassed); plays and interacts with other children; dramatic play is closer to reality, with attention paid to detail, time and space; plays dress-up</td>
<td>Early close peer relationships; presence of well-developed defenses; develops identity outside family (school, friends); has likes and dislikes (food, friends, games); chooses own friends; plays simple table games; plays competitive games; engages in cooperative play with other children involving group decisions, role assignments, fair play</td>
</tr>
<tr>
<td>MORAL</td>
<td>Knowledge of preferences of authority figures</td>
<td>Self-esteem dependent on authority figures; follows peers’ fads; negotiates to get needs met</td>
<td>Has a conscience; refinements in moral development</td>
</tr>
<tr>
<td>SEXUAL</td>
<td>Continued generalized genital play; early sex-role development</td>
<td>Generalized genital play in males; masturbation to orgasm in females is possible; early experimentation; gender identity established</td>
<td>Defenses reduce experimentation, but some continues</td>
</tr>
<tr>
<td>Child Development</td>
<td>18 to 36 Months</td>
<td>3 to 5 Years</td>
<td>6 to 9 Years</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------</td>
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</tr>
<tr>
<td><strong>MOTOR</strong></td>
<td>Can run, throw ball, kick ball, jump; goes up stairs with one hand held by adult; turns single pages; snips with scissors; holds crayon with thumb and fingers (not fist); uses one hand consistently in most activities; rolls, pounds, squeezes, and pulls clay; uses spoon with little spilling; gets drink from fountain or faucet independently; opens door by turning handle; takes off and puts on coat with assistance; washes and dries hands with assistance</td>
<td>Swings/climbs; uses small scissors; jumps in place; walks on tiptoes; balances on one foot; rides a tricycle; begins to skip; runs well; bathes and dresses; runs around obstacles; walks on a line; pushes, pulls, steers wheeled toys; uses slide independently; throws ball overhead; catches a bounced ball; drives nails and pegs; skates; jumps rope; pastes and glues appropriately; skips on alternating feet; pours well from small pitcher; spreads soft butter with knife; buttons and unbuttons large buttons; washes hands independently; blows nose when reminded; uses toilet independently</td>
<td>Is increasing small muscle motor skills; cuts foods with a knife; laces shoes; dresses self completely; ties bow; brushes independently; crosses streets safely</td>
</tr>
<tr>
<td>Child Development</td>
<td>10 to 15 Years</td>
<td>16 to 21 Years</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
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<td></td>
</tr>
<tr>
<td>COGNITIVE</td>
<td>Can engage in inductive and deductive logic; neurons are present; understands hypothetical situations; conflicts with parents increase</td>
<td>Uses formal logic (e.g., opposes racism); debates and can change sides of debate; understands probabilities; uses more flexible abstract thinking; examination of inner experiences; conflicts with parents begin to decrease</td>
<td></td>
</tr>
<tr>
<td>PSYCHOLOGICAL</td>
<td>Increased autonomy struggles; increased focus on identity; focus on peer relationships; rebellious; often moody; romantic feelings; struggle with sense of identity; feels awkward or strange about his/her body; worries about being normal; frequently changing relationships</td>
<td>Interest in relationships; solidifies personal identity; becomes goal directed; sometimes rebellious; increased concern for others; increased concern for future; places more importance on his/her role in life</td>
<td></td>
</tr>
<tr>
<td>MORAL</td>
<td>Moral development is legalistic; recognition of principles (e.g., justice); selection of role models</td>
<td>Identifies with moral principles, rules, and limit testing; experimentation with sex and drugs; examination of inner experiences</td>
<td></td>
</tr>
<tr>
<td>SEXUAL</td>
<td>Puberty; sex organs mature; males ejaculate and have wet dreams; both sexes able to masturbate to orgasm with fantasies; girls develop physically sooner than boys; may display shyness, blushing, and modesty</td>
<td>Feelings of love and passion; development of more serious relationships; sense of sexual identity established; increased capacity for tender and sensual love</td>
<td></td>
</tr>
<tr>
<td>MOTOR</td>
<td>Greater body competence (e.g., physical coordination); manual dexterity; growth patterns vary</td>
<td>Heightened physical power, strength, coordination</td>
<td></td>
</tr>
</tbody>
</table>

Checklist for Applying the “Best Interest” Principle (for Activity 2E)

As a CASA/GAL volunteer, you can use the following categories to evaluate and advocate for the best interest of children:

**Safety**: Child safety is paramount and best achieved by supporting parents within their community.

**Permanence**: Children and youth need and have the right to lifelong nurturing and secure relationships that are provided by families who have the skills and resources to meet their specific needs. Efforts to identify and secure permanence for children are continuous and integrated into all stages of involvement with children and families.

**Well-Being**: Children’s well-being is dependent upon strong families and communities meeting their physical, mental, behavioral health, educational and cultural needs.

**Fostering Connections for Youth**: As youth transition to adulthood, they benefit from services that promote healthy development, academic success and safe living conditions, as well as establish connections to caring adults who will commit to lasting supportive relationships.

**Family Focus**: Families are the primary providers for children’s needs. The safety and well-being of children is dependent upon the safety and well-being of all family members.

**Partnership**: Families, communities and the child welfare system are primary and essential partners in creating and supporting meaningful connections in a safe and nurturing environment for children and youth.

**Respectful Engagement**: Children, youth and families are best served when advocates actively listen to them and invite participation in decision making. Respectful engagement includes understanding and honoring of the family’s history, culture and traditions, as well as empowering them to meet their unique and individual needs through utilization of family strengths, and educating them regarding the child welfare process.

**Professional Competence**: Children are best served by advocates who respond to the evolving needs of communities, are knowledgeable of the
Checklist for Applying the “Best Interest” Principle, Cont’d.

historical context within which the child welfare system operates, provide respectful treatment to families and continually strive for professional excellence through critical self-examination.

**Cultural Competence:** Cultural competence is achieved through understanding and serving children, youth and families within a context of each unique family and community to help them achieve equitable outcomes. This includes, but is not limited to, families’ beliefs, values, race, ethnicity, history, tribe, culture, religion and language.
Case Assessment Questions (Activity 2I)

- What harm has the child suffered?
- Classify the degree of harm as severe, moderate, or mild.
- Are the consequences, physical and emotional, likely to be short-term, long-term or permanent?
- What is the likelihood of recurrence and why?
- What services, short of removal, are necessary to adequately reduce risk?
- What services were made available to the family prior to removal (or prior to hearing)?
- What is the parent/caregiver’s understanding of the situation?
- Is the parent/caregiver motivated to make necessary changes?
- Describe the parent/caregiver’s current emotional state.
- What kind of support is available from the parent/caregiver’s spouse, significant other, extended family and/or friends?
- Has the parent/caregiver demonstrated cooperation with service providers or lack of it?
- What indications of parent/caregiver-child attachment have been observed?
- Are basic food and clothing provided for the child when he or she is in the parent/caregiver’s home?
- Is the family income sufficient to meet the child’s basic needs?
- List all the losses that the child would suffer by being removed from the home.
- What is the most appropriate type of placement for this child?
- What efforts have been made to locate possible relative placements?
- What will out-of-home placement provide for the child? What will out-of-home placement provide for the parent/caregiver?
- What visitation arrangements should be made between the child and parent/caregiver (for example: location, frequency, length, transportation, supervision)?
- What is the expected duration of placement?
INITIAL INVESTIGATION PLAN

This worksheet is a helpful tool for creating your investigation plan. Remember, the plan for your investigation will be different in each case because each child’s situation is unique. A copy of this worksheet appears in the Chapter 8 Resource Materials. You may want to print it out for future use.

<table>
<thead>
<tr>
<th>Date of Next Court Hearing:</th>
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<table>
<thead>
<tr>
<th>Type/Purpose of Hearing:</th>
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</table>

<table>
<thead>
<tr>
<th>Court Report Is Due:</th>
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<table>
<thead>
<tr>
<th>Questions I Would Like</th>
<th>Possible Sources of</th>
<th>Priority #</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
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<tr>
<td>J</td>
<td></td>
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</tr>
</tbody>
</table>
# SOURCES OF INFORMATION

## CHILD

### Child Interviews

*(Please note that it is not your role as a CASA/GAL volunteer to interview a child about the allegations; many of the children have been interviewed many times and additional interviews may be harmful to the child and to any potential criminal prosecution.)*

**Type of Information/Assistance**

If the child is verbal:

- History of the family situation
- Information about relationships (parents, families, foster families)
- Wishes and desires for the future
- Challenges or areas in need of help
- Likes/dislikes
- Information regarding visits with parents, siblings, other family
- Other_____________________

Best way to contact source:

### Child Observations

*(Visits with parents, visits with siblings, child in current setting, child at school or daycare, etc.)*

**Type of Information/Assistance**

- Affect
- Moods, mood changes
- Developmental stages
- Verbal ability
- Relationships, interactions with others
- Intellectual ability
- Other_____________________

Best way to arrange observation:

**Best way to contact source:**
### PARENTS & FAMILY

#### Parents

*(When parents are represented by an attorney, follow program protocol before speaking with the parents.)*

**Type of Information/Assistance**

- Their version of the events stated on the petition
- Omissions or extenuating circumstances they feel are important
- Their child’s developmental milestones, joys, fears, etc.
- Specific information about the child’s behavior related to:
  - Visitations with parents and siblings
  - Adjustments in school
  - Behavior problems and strengths
  - Medical concerns
- Adjustment to separation/loss
- Their background
- Other:____________________

Best way to contact source:

#### Family

**Type of Information/Assistance**

- What they’ve seen happening as it relates to the life of the child
- Potential resources for the child and family
- Other____________________

Best way to contact source:
## SOURCES OF INFORMATION (Cont’d.)

### TRIBE

*(Applies only if you are working with an Indian child as defined by the Indian Child Welfare Act.)*

**Type of Information/Assistance**

- Potential service resources
- Tribal enrollment issues
- Potential transfer of jurisdiction
- Information regarding whether anyone is going to appear in court for the tribe and whether the tribe is going to formally intervene, send a representative or make a written recommendation; information regarding recommendations
- Potential cultural responses to the current family problem
- Extended family or members of the tribe who may be a potential placement alternative for the Indian child
- Other_____________________

Best way to contact source:
### SOURCES OF INFORMATION (Cont’d.)

#### PROFESSIONALS

<table>
<thead>
<tr>
<th>Child Protection Agency Caseworkers</th>
<th>Child’s Teacher or Childcare Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Information/Assistance</strong></td>
<td><strong>Type of Information/Assistance</strong></td>
</tr>
<tr>
<td>• Where the child is placed</td>
<td>• Child’s behavior at school</td>
</tr>
<tr>
<td>• Documentation, case record</td>
<td>• Educational problems or delays, strengths</td>
</tr>
<tr>
<td>• Case plan within 30 days of placement</td>
<td>• Changes in behavior</td>
</tr>
<tr>
<td>• Names, addresses, and phone numbers of other principals in the case</td>
<td>• Child’s appearance</td>
</tr>
<tr>
<td>• Contact information (e.g., for foster parents, parents, etc.)</td>
<td>• Peer relationships</td>
</tr>
<tr>
<td>• Response to your observations</td>
<td>• Grades</td>
</tr>
<tr>
<td>• Community or educational resources</td>
<td>• Parental involvement</td>
</tr>
<tr>
<td>• Progress of case plan</td>
<td>• Likes/dislikes</td>
</tr>
<tr>
<td>• Safety issues, if any</td>
<td>• Attendance prior to/post removal</td>
</tr>
<tr>
<td>• Medical status of child</td>
<td>• School nurse reports</td>
</tr>
<tr>
<td>• Educational status of child</td>
<td>• School counselor reports</td>
</tr>
<tr>
<td>• Anything else the CASA/GAL volunteer should know</td>
<td>• Other________________________</td>
</tr>
<tr>
<td>• Other________________________</td>
<td>Best way to contact source:</td>
</tr>
</tbody>
</table>

Best way to contact source:
### SOURCES OF INFORMATION (Cont’d.)

#### PROFESSIONALS (Cont’d.)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Legal Personnel</td>
<td>Child Protection Agency</td>
<td>Attorney for the CASA/GAL</td>
<td>Attorneys for the Parents</td>
</tr>
<tr>
<td><strong>Type of Information/Assistance</strong></td>
<td><strong>Attorney/Prosecutor</strong></td>
<td>Program or for the Child</td>
<td>(If the CASA/GAL program is represented by counsel, the attorney should follow program protocol regarding contacting other attorneys on a case.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(If there is one appointed)</td>
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</tr>
<tr>
<td></td>
<td>Type of Information/Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Criminal records, other court</td>
<td>• Assistance with the legalities of the case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>records</td>
<td>• Assistance with complex legal situations particular to the case</td>
<td></td>
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<tr>
<td></td>
<td>• Other_________________________________</td>
<td>• Assistance in negotiating settlements in preparation for trial</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Filing of legal documents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Subpoenas of witnesses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Other_______________________</td>
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</tr>
</tbody>
</table>

**Best way to contact source:**

---

Type of Information/Assistance

• Type of Information/Assistance
• Other_______________________

**Best way to contact source:**
<table>
<thead>
<tr>
<th>PROFESSIONALS (Cont’d.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Personnel</strong></td>
</tr>
<tr>
<td><em>Type of Information/Assistance</em></td>
</tr>
<tr>
<td>• Child’s medical condition as related to the abuse and/or neglect</td>
</tr>
<tr>
<td>• Past medical history, medical records</td>
</tr>
<tr>
<td>• Follow-up services that may be required to address medical conditions resulting from abuse and/or neglect</td>
</tr>
<tr>
<td>• A particular medical condition that should come to the attention of the caseworker, foster parents, courts, etc.</td>
</tr>
<tr>
<td>• Contact with parent(s), if any</td>
</tr>
<tr>
<td>• Other______________________</td>
</tr>
<tr>
<td><strong>Psychological/Psychiatric Professionals</strong></td>
</tr>
<tr>
<td><em>Type of Information/Assistance</em></td>
</tr>
<tr>
<td>• Nature of referral information they received</td>
</tr>
<tr>
<td>• How they came to a particular conclusion</td>
</tr>
<tr>
<td>• What the diagnosis means in practical terms and how progress is measured</td>
</tr>
<tr>
<td>• Discrepancies in opinion</td>
</tr>
<tr>
<td>• Possible counseling or therapeutic models being recommended for the child, parents, family, etc.</td>
</tr>
<tr>
<td>• Other______________________</td>
</tr>
</tbody>
</table>

Best way to contact source:
Foster Parents & Independent Living Coordinators

**Type of Information/Assistance**

- Specific information about the child’s daily life and about the child’s behavior related to:
  - Visits with parents and siblings
  - Adjustments in school
  - Behavior problems and strengths
  - Medical concerns
  - Contacts made by parents through letters, phone calls, etc.
  - Child’s daily functioning
  - Adjustment to separation/loss

- Other________________________

Best way to contact source:
CONFIDENTIALITY Judiciary volunteers shall respect all information obtained during the course of official volunteer duties and disclose confidential information only to such persons as may be authorized to receive it. Comment: Judiciary volunteers must sign an “Oath of Office and of Confidentiality” as part of the application and appointment process. For purposes of this code, "confidential information" includes information about cases, administrative, or personnel matters that is not already a matter of public record. It includes, but is not limited to, information in regard to case and personal histories, court records, discussions about court users, and deliberations among volunteer panel members. Information that would otherwise be considered confidential does not lose its confidentiality by virtue of the fact that it was communicated to the volunteer by an unauthorized person. Even though information may be a matter of public record that information should still be treated sensitively so as to respect an individual’s privacy. Volunteers who know that information received is confidential in nature and should not have been disclosed are obligated not to disclose the information to any one else in any form except as provided below. They shall report breaches of confidentiality or attempts by unauthorized persons to obtain confidential information to an appropriate authority within the judicial system. If they reasonably believe that a breach is, or may be a threat to someone’s safety, they may also report to law enforcement. In such case, an appropriate authority within the judicial system must be notified as soon as possible. Judiciary volunteers shall not be adversely affected for reporting a breach of confidentiality to an appropriate authority. The requirement that Judiciary volunteers honor the confidentiality of information obtained during the course of official duty remains in effect even after their terms of service are completed.
CHAPTER 3:

Trauma, Resilience and Communication Skills

Contents

» Facilitator Prep ................................................................. 1
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  • Supplies Checklist and Advanced Prep ............................. 2

» Welcome, Housekeeping and Ground Rules ............... 8

» Pre-Work Recap ............................................................... 10

» Chapter Overview and Competencies ...................... 11

» Trauma and Resilience ..................................................... 12

» Skill Building: Communication and Interviewing .... 27

» Working a Case ................................................................. 33

» Chapter Wrap-up and Review ................................. 43

» Chapter 4 Pre-Work ......................................................... 43
Facilitator Prep

Facilitation Tips

• This chapter takes approximately 3 hours and 10 minutes.

• Be aware of participants who may be struggling with personal experiences of trauma, especially as you introduce the Adverse Childhood Experiences calculator. Be sensitive to their experience, and assess how it might affect their ability to advocate effectively. In addition, you can support these participants in learning to self-assess how past experiences might affect their advocacy.

• This chapter introduces the importance of effective communication in CASA/GAL volunteer work. Allow opportunities for participants to practice the skills they’re learning in order to build confidence and prepare them for their role.
<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>General (found with your local program)</td>
<td>N/A</td>
<td>Gather supplies as needed.</td>
</tr>
<tr>
<td>• Name tags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Flipchart and markers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Masking tape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Three-hole punch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sticky notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flipchart Pages (facilitator must create)</td>
<td></td>
<td>Create a flipchart with heading “Parking Lot.”</td>
</tr>
<tr>
<td>• Parking Lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Presentations and Videos (found in the Online Resources but to be downloaded.)</td>
<td>3B, 3C, 3H</td>
<td><strong>Activity 3B:</strong> Preview “Shane’s Story,” which appears in the Chapter 3 Online Resources. If you have a digital story from a youth in your state that you’d prefer to use, be sure the story speaks to the topic of childhood trauma. Download the videos found in the Chapter 3 Online Resources: Adverse Childhood Experiences (ACE) Study and Interviewing Skills: Talking with a 4-Year-Old Child” Part 2 to be used in <strong>Activity 3C</strong> and <strong>Activity 3H</strong> respectively.</td>
</tr>
</tbody>
</table>
**Supplies Checklist and Advanced Prep**

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Work Packet (found in the Online Resources)</td>
<td></td>
<td>At least one week before the Chapter 3 training session, prepare the Pre-Work packet and print for participants. Send participants the links to the videos to be watched.</td>
</tr>
<tr>
<td>• Pre-Work Instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “Shane’s Story” video</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Information on Understanding Child Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Basic elements of Communication - Communication and CASA/GAL Volunteer Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Information on Open-Ended vs. Closed-Ended Questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Information on CASA/GAL Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Initial case notes for the Black-Smith case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Interviewing a Child Assignment Sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “Interviewing Skills: Talking with a 4-Year-Old Child” Part 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• First Impressions: Exposure to Violence and a Child’s Developing Brain video</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Activity #</td>
<td>Advanced Prep</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td><strong>Handouts (found in the Online Resources)</strong>  &lt;br&gt;• ACEs Infographic  &lt;br&gt;• ACE Calculator filled out for mother in the Black-Smith case  &lt;br&gt;• Black-Smith Case Study Materials</td>
<td>3C 3E 3I</td>
<td><strong>Activity 3C</strong>: Make copies of the ACEs infographic and ACE Calculator handout, filled out for the mother in the Black-Smith case.  &lt;br&gt;<strong>Activity 3E</strong>: Prepare an example of each of the “seven Cs” to share with the participants in the class.  &lt;br&gt;<strong>Activity 3I</strong>: Make copies of all Black-Smith Case Study Materials.  &lt;br&gt;(Optional) Arrange for an outside expert to speak to the class and share more on trauma and resilience.</td>
</tr>
<tr>
<td><strong>Chapter 4 Pre-Work packet (found in the Online Resources)</strong>  &lt;br&gt;• Article “Mental Illness in Families”  &lt;br&gt;• Article “Mental Health and Children in Care”  &lt;br&gt;• Article “Drugged as Children, Foster-Care Alumni Speak Out”  &lt;br&gt;• Article “A Multimodal Approach to Managing Mental Health Disorders in Children”  &lt;br&gt;• Article “Questions Advocates Should Ask”</td>
<td>Chapter 4 Pre-Work</td>
<td><strong>At least one week before the Chapter 4 training session, prepare the Chapter 4 Pre-Work packet and provide to the participants. Print copies for reference during the session as well.</strong>  &lt;br&gt;<strong>Poverty in Your Community</strong>  &lt;br&gt;Prepare questions on poverty and public assistance.</td>
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</table>
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
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<tbody>
<tr>
<td>Chapter 4 Pre-Work packet (found in the Online Resources), Cont’d.</td>
<td>Chapter 4 Pre-Work</td>
<td><strong>Visiting An Agency Using Public Transportation (Optional Pre-Work):</strong> Prior to this session, read through the activity of asking the participants to visit an agency using public transportation and determine whether you will assign it as Pre-Work. If you do, create a sign-up sheet of agencies with which CASA/GAL volunteers are likely to interact. Either assign each participant to an agency in advance or bring the sign-up sheet to the training session and ask participants to choose an agency to visit.</td>
</tr>
<tr>
<td>• Article “Why Are Poor Children More Likely to Be in the System?”</td>
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<tr>
<td>• Examining Poverty vs. Neglect Scenarios Activity Questions on poverty and public assistance</td>
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<td>• Article “Obtaining Confidential Case-Related Records”</td>
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<td>• Article “Confidentiality and the CASA/GAL Volunteer”</td>
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<td>• Article “The Necessity of Timely, Effective Communication”</td>
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<td>• Article “The Fine Art of Team Work (Child Protection Is Not an Individual Sport)”</td>
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<tr>
<td>• Initial case notes for the Greene case</td>
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<tr>
<td>• (Optional) Visit an agency by taking public transportation</td>
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CHAPTER 3:

Trauma, Resilience and Communication Skills

Contents

» Welcome, Housekeeping and Ground Rules .......... 8
» Pre-Work Recap .................................................. 10
» Chapter Overview and Competencies .................. 11
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» Working a Case .................................................. 33
» Chapter Wrap-up and Review .............................. 43
» Chapter 4 Pre-Work ............................................ 43
• Welcome the group to the training. Have them make nametags and tell them that there will be activities to help you get to know them and them to get to know each other.

• Share “housekeeping” information, such as where to find restrooms, snacks and telephones, and when you think the session break(s) will occur.

• Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.

• Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work because many activities rely on this foundation of knowledge.

• Point out to participants that along with the Volunteer Manual they should have received a printed copy of Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make them available in the training room.
Welcome, Housekeeping and Ground Rules, Cont’d.

• Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills. Inform them that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.

• Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.

• Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).

• Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.
Pre-Work Recap

Prior to this training session, you should have completed the following Pre-Work assignments:

• Watch the Shane’s Story video and prepare a list of traumatic experiences for a child.
• Read information on understanding child trauma.
• Read information on basic elements of communication – communication and CASA/GAL volunteer work.
• Read the information on open-ended and closed ended questions in the Chapter 3 Pre-Work packet. (This information is for Activity 3G.)
• Read the information on CASA/GAL Interview in the Chapter 3 Pre-Work packet. (This information is for Activity 3H.)
Chapter Overview and Competencies

This chapter focuses on trauma and resilience as it relates to the children you’ll work with as a CASA/GAL volunteer. This chapter also offers an overview of communication and interviewing skills and practice with writing effective recommendations to the court.

Below are the competencies that will be developed in Chapter 3.

### Competency Building in Chapter 3

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills &amp; Attributes Development in Chapter 3</th>
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<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>Understands the nature and scope of trauma and how it affects children</td>
</tr>
<tr>
<td>Foundation of Knowledge</td>
<td>Understands possible reactions of children to separation and loss</td>
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<td></td>
<td>Understands the importance of resilience in overcoming trauma in children</td>
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<tr>
<td>Sound Judgment</td>
<td>Understands making appropriate fact-based recommendations to the court</td>
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<tr>
<td>Communication</td>
<td>Knows how to utilize basic communication and interviewing skills</td>
</tr>
<tr>
<td></td>
<td>Knows strategies for interviewing children</td>
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</tbody>
</table>
Preparing to Talk About Trauma: Activity 3A

Suggested Time: 5 minutes

**Goal:** To anchor the topic of trauma in participants' own knowledge and help them be aware of how their life histories may affect their advocacy.

**PowerPoint Slide(s):** 7-9

**Facilitator Instructions**

**Part 1:** Using the Chapter 3 PowerPoint presentation, show the slide with the Walt Whitman quote and ask for a volunteer to read it aloud. Ask for a few participants to share their thoughts on the meaning of the quote. Point out that both negative and positive experiences have an effect on children. (2 minutes)

**Part 2:** Show the PowerPoint slide about the Feelings Thermometer and briefly introduce this concept. Emphasize that it is important for participants to be aware of their reaction to trauma and to any personal experience with trauma. Encourage participants to talk to program staff if they feel their advocacy role may be affected by experiences with trauma. (3 minutes)
Preventing to Talk About Trauma: Activity 3A

Part 1: Listen as a volunteer reads the quote by Walt Whitman. Think about what these words mean to you. The facilitator will ask a few participants to share responses.

There was a child went forth every day;
And the first object he look’d upon, the object he became;
And that object became part of him for the day, or a certain part of the day, or for many years, or stretching cycles of years.

Walt Whitman

Part 2: Listen as the facilitator introduces the concept of the “feelings thermometer,” which is described below.

The Feelings Thermometer

The National Child Traumatic Stress Network (NCTSN) has developed the concept of a “feelings thermometer” to gauge your “emotional temperature” or response to what you’re learning. In their training for parents caring for children who have experienced trauma, NCTSN writes:

The Feelings Thermometer . . . [can] make you more aware of the topics or situations that push your buttons, and how you react when your buttons are pushed. With this awareness, you may be able to anticipate situations that are going to raise your emotional temperature, and come up with a game plan for coping with them. When your Feelings Thermometer goes way up, that means you’re feeling stressed, anxious and feel the need to escape. You also may find that when you become very uncomfortable, you “space out” and withdraw from the discussion. . . .[S]pacing out or withdrawing is something that traumatized kids do sometimes as well. What looks like boredom, or just not caring, or withdrawal can sometimes be a reaction to trauma.

NCTSN, Caring for Children Who Have Experienced Trauma, February 2010.
The Feelings Thermometer, Cont’d.

As you begin to explore the topic of trauma, be aware that your feelings about any personal trauma you or someone you are close to has experienced may be heightened. If you find that your “feelings thermometer” is running high and it may be affecting your role as an advocate, please address your concerns with CASA/GAL program staff.

![Feelings Thermometer Diagram]

- **VERY HOT**
  - Very uncomfortable
  - Extremely stressed and anxious
  - Need to get out of here now

- **HOT**
  - Moderately uncomfortable
  - Stressed and anxious
  - Distracted and edgy

- **WARM**
  - Mildly uncomfortable
  - Slightly stressed and anxious
  - Losing my focus

- **JUST RIGHT**
  - Comfortable
  - Not stressed or anxious
  - Focused and engaged

- **COOL**
  - A little bored
  - Losing my focus

- **ICE COLD**
  - Totally bored
  - Not focused or engaged
  - Planning my escape
What is Child Trauma: Activity 3B

Suggested Time: 20 minutes

**Goal:** To familiarize participants with basic information about child trauma.

**Advanced Prep**

Preview “Shane’s Story,” which appears in the Chapter 3 Online Resources. If you have a digital story from a youth in your state that you’d prefer to use, be sure the story speaks to the topic of childhood trauma.

**PowerPoint Slide(s): 10-16**

**Facilitator Instructions**

**Part 1:** Recall the information on Understanding Childhood Trauma that the participants read as part of Pre-Work. Remind volunteers that very often children in the system have been exposed to multiple traumatic events or trauma over long periods of time. Because of this, it’s important that volunteers have an understanding of what trauma is and how children are affected by it. Additionally, it’s important to note that parents involved in the system will often have their own trauma histories as well. Ask them to share one traumatic experience for a child from the list they came prepared with in the large group and discuss. (10 minutes)

**Part 2:** Ask participants to recall the “Shane’s Story” that they watched. Ask participants to discuss the various types of trauma that Shane experienced before and after entering the child protection services system. Shane’s experiences included domestic violence (wrestling matches between his mom and dad), physical abuse from his dad, substance abuse in the home, medical care trauma (held down for a shot), his dad’s death from alcohol, his mom’s depression, his removal from his parents and the storm. (10 minutes)
What is Child Trauma: Activity 3B

Part 1: Listen as the facilitator gives an overview of the information that you read about childhood trauma as Pre-Work. Share one traumatic experience, from the list of traumatic experiences for a child, that you came prepared with.

Part 2: Recall the video of Shane’s story from Facing Foster Care in Alaska. Consider the kinds of trauma Shane experienced that led to his involvement with the child protection services system. In the large group, discuss the following questions:

• What trauma did Shane experience before entering the system? After?
The Long-Term Effects of Childhood Trauma: Activity 3C

**Suggested Time:** 10 minutes

**Goal:** To help participants apply what they are learning about the effects of childhood trauma.

**Advanced Prep**

Make copies of the ACEs Infographic and ACE Calculator handout, filled out for the mother in the Black-Smith case.

**PowerPoint Slide(s):** 17

**Facilitator Instructions**

Play the video about the Adverse Childhood Experiences (ACE) Study, which appears in the Chapter 3 Online Resources. Then distribute the ACEs infographic and calculator filled out for Francis, the mother in the Black-Smith case. Have volunteers discuss the following questions in their small groups:

- What long-term effects might the unresolved trauma have on Francis’ health and well-being?
- What ACE score does Tammy, the older daughter in the Black-Smith case, have now? What ACE score do you think Tammy might have by the time she is out of the child protection system? What implications might this have on her health and well-being?

Discuss participants’ responses in the large group.

Note: When participants consider Francis’ ACE score, they may start considering their own score. Don’t ask participants to share their personal scores, but let them know that it’s natural to think about their own score and where it falls on the chart. Be aware of participants who may be struggling with trauma issues that could affect their work as a CASA/GAL volunteer.
Watch the video about the Adverse Childhood Experiences (ACE) Study. Then read the ACEs infographic with the ACE Score sheet filled out for Francis, the mother in the Black-Smith case. In small groups, discuss the following questions:

- What long-term effects might the unresolved trauma have on Francis’ health and well-being?
- What ACE score does Tammy, the older daughter in the Black-Smith case, have now? What ACE score do you think Tammy might have by the time she is out of the child protection system? What implications might this have on her health and well-being?

Share your responses in the large group.
The Long-Term Effects of Childhood Trauma, Cont’d.

### Finding Your Adverse Childhood Experience (ACE) Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often** swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?
   - Yes  No  If yes enter 1 ________

2. Did a parent or other adult in the household **often or very often** push, grab, slap, or throw something at you?
   - Or **ever** hit you so hard that you had marks or were injured?
   - Yes  No  If yes enter 1 ________

3. Did an adult person at least 5 years older than you **ever** touch or fondle you or have you touch their body in a sexual way?
   - Or Attempt or actually have oral, anal, or vaginal intercourse with you?
   - Yes  No  If yes enter 1 ________

4. Did you **often or very often** feel that no one in your family loved you or thought you were important or special or your family didn’t look out for each other, feel close to each other, or support each other?
   - Yes  No  If yes enter 1 ________

5. Did you **often or very often** feel that you didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   - Yes  No  If yes enter 1 ________

6. Were your parents **ever** separated or divorced?
   - Yes  No  If yes enter 1 ________

7. Was your mother or stepmother **often or very often** pushed, grabbed, slapped, or had something thrown at her?
   - Or **sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
   - Or **ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
   - Yes  No  If yes enter 1 ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   - Yes  No  If yes enter 1 ________

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   - Yes  No  If yes enter 1 ________

10. Did a household member go to prison?
    - Yes  No  If yes enter 1 ________

    **Now add up your “Yes” answers: _______** This is your ACE Score.
The Separation Experience: Activity 3D

Suggested Time: 10 minutes

Goal: To help participants understand how separation from a parent affects a child.

Advanced Prep

Prepare an example of when a CASA/GAL volunteer had a positive impact by advocating the removal of a child for child’s safety and ensuring the mitigation of negative effects of removal from the home.

PowerPoint Slide(s): 18-19

Facilitator Instructions

Explain that children in the child protection system may experience trauma from being removed from the home. Each new 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.

Ask participants to sit with their eyes closed as you read the separation scenario in the Volunteer Manual, and imagine the experience of being a child who is removed from his/her home. Warn participants that sometimes this exercise makes people feel sad or uncomfortable as they think about personal experiences of themselves or someone they know. Give participants permission to open their eyes or leave the room at any point, if they need to.

After you read the story, allow participants a moment to reflect. Then ask them to discuss the following questions in a large group:

• What feelings did you experience as you imagined being removed from your home and your parents?
• What might you do as a CASA/GAL volunteer to mitigate the negative effects of removal for Tammy, the older child in the Black-Smith case?
The Separation Experience, Cont’d.

• Answers to the second question might include recommending regular visitation with her mother, advocating for placement with her younger sister, Grace, advocating that Tammy not experience multiple placements once in the foster care system, and explaining in an age-appropriate way what’s happening and why.

Share an example of when a CASA/GAL volunteer had a positive impact.
The Separation Experience: Activity 3D

Children in the child protection system may experience trauma from being removed from the home. Each new placement increases the likelihood of irreversible damage to their emotional and psychological health. However, because children’s safety has to be the primary consideration, sometimes they must be moved for protection.

When children are removed from their homes, they feel isolated and detached. Not only do they worry about not seeing their parents, but they also fear losing their peer groups and siblings, changing schools or missing something as simple as their bed or toys.

Listen as the facilitator reads the scenario that follows. Afterward, take a moment to reflect on what you heard. In the large group, discuss the following questions:

• What feelings did you experience as you imagined being removed from your home and your parents?
• What might you do as a CASA/GAL volunteer to mitigate the negative effects of removal for Tammy, the older child in the Black-Smith case?

Listen to the example that the facilitator shares on the positive impact that a CASA/GAL volunteer had.
The Separation Experience, Cont’d.

Sit comfortably and close your eyes as you visualize yourself as 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.
Trauma and Resilience: Activity 3E

Suggested Time: 10 minutes

Goal: To help participants identify the role resilience plays in overcoming trauma.

Advanced Prep

Prepare an example of each of the “seven Cs” to share with the participants in the class.

PowerPoint Slide(s): 20-22

Facilitator Instructions

Part 1: Ask participants to think of a difficult time in their life and what helped them get through it. (2 minutes)

Part 2: Ask for a volunteer to read aloud the paragraph about resilience that appears in the Volunteer Manual. Afterward, briefly emphasize these points: Resilience is very individual. Though some children are naturally more resilient than others, resilience can be built and enhanced through practice.

In pairs, have participants choose one of the “seven Cs” and answer the following question:

• How can you help to build or reinforce this characteristic in a child you work with as a CASA/GAL volunteer? (8 minutes)

Share an example of each of the “seven Cs” with the participants.

Part 3: (Optional) It is recommended that an outside expert from the community comes in and shares more about their knowledge of and experiences with trauma and resilience. Ask the participants to discuss any questions after the speech.
Trauma and Resilience: Activity 3E

Part 1: Think of a time of adversity in your life. What helped you get through the difficult time? Do you remember a particular person who was especially helpful?

Listen to the example of each of the “seven Cs” that the facilitator shares.

Part 2: Listen as a volunteer reads the paragraph below about resilience. In pairs, choose one of the “seven Cs” of resilience and answer the following question:

- How can you help to build or reinforce this characteristic in a child you work with as a CASA/GAL volunteer?

Resilience

Considerable research has shown that child abuse and neglect increase the likelihood of developing problems later, but not all children subjected to lives of severe adversity go on to become dysfunctional adults. Some don’t experience problems or do so to only a minor degree. This is resilience: the ability to become strong, healthy or successful again after something bad happens. Resilient people overcome the ravages of poverty, abuse, unhappy homes, parental loss, disability or any of the other risk factors known to set people on a difficult course in life. Resilient children achieve normal development despite their experience of past or present adversity. Studies of resilient people have repeatedly identified the presence of certain protective factors: personal qualities, family, relationships, outlooks and skills that assist them in overcoming hardships and finding success. Helping children and youth, in the child welfare system, discover and/or develop some of these characteristics, can significantly improve their chances for positive life outcomes.
The Seven Cs of Resilience

When we encounter stress in our lives, we tend to develop ways to overcome that stress or prevent it in the future. Over time, overcoming stress can be refined, practiced and improved, making us more resilient to adverse situations. Healthy ways of dealing with stress include fostering one of the “seven Cs”:

• Competence: Ability to handle a situation effectively
• Confidence: Believing in personal abilities
• Connection: Having strong ties to family and community, creating a sense of belonging
• Character: Having a solid set of morals and values to help determine right from wrong
• Contribution: Feeling like a valuable member of society able to make a difference
• Coping: Ability to handle stress appropriately
• Control: Knowledge and ability to effect an outcome

Skill Building: Communication and Interviewing

The Basic Elements of Communication: Activity 3F

Suggested Time: 5 minutes

Goal: To help participants identify the basic components of communication.

PowerPoint Slide(s): 23-26

Facilitator Instructions

Part 1: Have participants think of a time when they had a miscommunication with a friend, colleague or family member. Give them a minute to write down one thing that contributed to the problem. (3 minutes)

Part 2: Ask participants to recall information on the basic components of communication that they read in Pre-Work. Answer any questions they have about the material. (2 minutes)
### The Basic Elements of Communication: Activity 3F

**Part 1:** Think of a time when you and a friend, colleague or family member had a miscommunication. Write down one thing that contributed to the problem:

___________________________________________________________

___________________________________________________________

**Part 2:** Recall the information on basic elements of communication that you read in Pre-Work. In the large group, share any questions you have about what you read.
Open-Ended vs. Closed-Ended Questions: Activity 3G

Suggested Time: 5 minutes

Goal: To help participants understand how to identify and use open-ended questions.

PowerPoint Slide(s): 27-31

Facilitator Instructions

Recall the information on open-ended and closed-ended questions that the participants read through in Pre-Work. Discuss any questions that the participants may have.
Open-Ended vs. Closed-Ended Questions: Activity 3G

Recall the information on open-ended and closed-ended questions that you read about in Pre-Work. Discuss any questions that you may have.
The CASA/GAL Volunteer Interview: Activity 3H

Suggested Time: 40 minutes

Goal: To give participants the tools to conduct effective CASA/GAL volunteer interviews.

PowerPoint Slide(s): 32-33

Facilitator Instructions

Part 1: Ask the participants to recall information on the CASA/GAL volunteer interview and discuss their questions in the large group. (5 minutes)

Part 2: For Pre-Work, participants watched Part 1 of the National CASA/GAL video showing a CASA/GAL volunteer interviewing a 4-year-old child. Click the link in the Chapter 3 Online Resources to play Part 2 of the video, which contains comments on the bottom of the screen regarding the strategies and techniques used by the volunteer in the video. Afterward, reinforce what the volunteer did well when interviewing the child. (7 minutes)

Part 3: For Pre-Work, participants also designed and completed an interview with a child. In the large group, ask them to discuss the following questions:

- Which of the strategies from the video did you employ in your interview?
- How many of your questions were open-ended? How many were closed-ended?
- Were some questions more successful than others?
- How much information were you able to gather?
- What did you find easy about the interview? What did you find difficult?
- What will you do differently next time?

(10 minutes)

Part 4: Break the participants into pairs and ask them to share their child interview questions prepared from the Pre-Work with each other and provide feedback. (18 minutes)
The CASA/GAL Volunteer Interview: Activity 3H

**Part 1**: Recall information that you read on the CASA/GAL volunteer interview and share a question.

**Part 2**: For Pre-Work, you watched Part 1 of the National CASA/GAL video showing a CASA/GAL volunteer interviewing a 4-year-old child. Now watch Part 2 of the video, which contains comments on the bottom of the screen regarding the strategies and techniques used by the volunteer in the video. As you watch, think about the interview you designed and conducted for Pre-Work.

**Part 3**: In the large group, discuss the following questions as they relate to the interview you conducted for Pre-Work:

- Which of the strategies from the video did you employ in your interview?
- How many of your questions were open-ended? How many were closed-ended?
- Were some questions more successful than others?
- How much information were you able to gather?
- What did you find easy about the interview? What did you find difficult?
- What will you do differently next time?

**Part 4**: In pairs, share the interview that you prepared as part of the Pre-Work. Provide feedback and suggestions to your partner.
Working a Case

The Black-Smith Case: Activity 3I

Suggested Time: 60 minutes

Goal: To allow participants to apply what they have learned to a real-life simulation.

Advanced Prep

Make copies of all Black-Smith Case Study Materials, located in the Chapter 3 Handouts.

PowerPoint Slide(s): 34-36

Facilitator Instructions

Explain to the class the basic format of the case study activities. It’s helpful to highlight the following key points:

• The case study activities are designed to help participants apply the information they’ve learned so far to simulations that will prepare them for their CASA/GAL volunteer work.

• The case studies are done in small groups, with a large group debrief at the end.

• Within each small group, there are four different roles to play: Runner, Scribe, Controller and Questioner.

• The first set of documents each group receives will be the same: the initial case file and the Questioner’s List.

• Once each group digests the information in the case file, the designated Runner approaches the facilitator and asks for interview transcripts or other documents that might be available. Groups do not have a list of interviews or documents available; they must make educated guesses based on information in the case file. They can request one interview/document at a time. This process will continue for approximately 35 minutes. Throughout this time, the Questioner should help the group stay on track by asking case-related questions and referring periodically to the Questioner’s List.
The Black-Smith Case, Cont’d.

- As small groups get more information about the case, they should be preparing to make recommendations to the court about things such as services for the parents, services for the child and placement. After about 35 minutes, the groups should take 5 minutes to finalize their recommendations and write them on the flipchart provided (in large, legible handwriting so other groups can read/compare recommendations).
- A large group debrief follows to discuss findings, recommendations and outstanding questions.

**Part 1:** Lead the case study activity as described in the Volunteer Manual. Once participants have begun working in small groups, monitor each group to be sure they are on topic, but do not micromanage the groups. While you may need to offer more support during the first case study or two, be sure to allow participants enough space to learn and make mistakes, which can be discussed during the debrief. (40 minutes)

**Interviews available for the Black-Smith case:**

(This list is for your use only. Groups have to decide on their own who they want to interview.)

- CASA/GAL Program Coordinator: Jessica Clarkson
- CPS Caseworker: Becky Howard
- Child: Tammy Black
- Tammy’s First Grade Teacher: Mrs. Gallego
- Foster Parents: Linda and Dave Gilbert
- Maternal Aunt: Anne Black

**Part 2:** Allow groups a few minutes to read other groups’ recommendations posted on flipcharts around the room. Then hand out the debrief questions and have the small groups discuss them for several minutes. Afterward, go through these questions in the large group and address any other questions participants may have about the case. Be sure to stick to conversations around the Chapter 3 topics: trauma, ACEs, resilience, open-ended/closed-ended questions and the CASA/GAL interview. Other issues may arise.
The Black-Smith Case, Cont’d.

that will be covered in more depth in later chapters. Put these topics on the Parking Lot, and address them during that session. (20 minutes)
The Black-Smith Case: Activity 3I

In a number of your training sessions, you will be applying the knowledge you’ve learned 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

**Part 1**: Your group will receive a hard copy of the initial file for the Black-Smith case, which you read for Pre-Work. Take several minutes to re-familiarize yourself with the information in this case file. You will also receive a list of questions that your Questioner should remind your group to consider as you review documents and make your recommendations. After you review the initial case file, 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 information gathering for the case at this stage. After 35 minutes, your Scribe should legibly write your group’s recommendations to the court, regarding services for the child, services for the parent and placement decisions on the flipchart.

**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.
Writing Effective Recommendations: Activity 3J

Suggested Time: 25 minutes

Goal: To give participants the tools they need to evaluate and write effective recommendations as part of the CASA/GAL volunteer court report.

PowerPoint Slide(s): 37-39

Facilitator Instructions

Part 1: Using the Chapter 3 PowerPoint presentation, give an overview of the material in the Volunteer Manual about writing effective recommendations. (10 minutes)

Part 2: Have participants work in their small groups from the previous activity. Ask them to evaluate the effectiveness of the recommendations they wrote for the Black-Smith case. They should discuss the following questions:

- What recommendations would you add?
- How would you rewrite your recommendations to include outcome measures?

In the large group, discuss what changes each group would make to their recommendations. (15 minutes)
Writing Effective Recommendations: Activity 3J

**Part 1:** Listen as the facilitator gives an overview of the information below about writing effective recommendations to the court.

**Part 2:** Working in your small groups from the previous activity, evaluate the effectiveness of the recommendations your group wrote for the Black-Smith case.

- What recommendations would you add?
- How would you rewrite your recommendations to include outcome measures?

In the large group, discuss what changes you would make to your group’s recommendations.
Writing Effective Recommendations in a CASA/GAL Volunteer Court Report

Your recommendations to the court in the child’s best interest are the result of your work on a case up to that point and the culmination of your volunteer court report. When you make a written recommendation, you are asking the court to make an order. The judge will decide whether or not to order the recommendations listed in your court report. As with everything in the court report, your recommendations should be written clearly and concisely.

Consider the following areas of concern when you write your recommendations:

- Custody of child and child’s physical placement (always the first recommendations in your listing)
- Counseling (individual or family)
- Parental visitation (supervised or unsupervised)
- Sibling visitations (if siblings are in a different placement)
- Random drug screening for parents at the request of the caseworker or CASA/GAL volunteer
- Substance abuse assessments for parents
- Diagnostic assessment (including following all recommendations thereof)
- Parenting classes, domestic violence classes or anger management classes
- Testing to determine if a child has a learning disability and needs an IEP (individualized education plan)
- Community youth programs such as Big Brother, Big Sister

Recommendations Should Cover All the Child’s Needs

Perhaps it seems obvious to say that the recommendations should cover the child’s needs, but consider the following questions:

- What if the child has a need that has not been met over multiple hearings? Do you still ask for it?
- What if the child has a need that the county doesn’t provide services for? Do you still ask for it?
Writing Effective Recommendations in a CASA/GAL Volunteer Court Report, Cont’d.

• If the child’s needs are great in one area, for instance mental health, should the child’s educational needs still be listed, even though the mental health needs must be addressed before the educational needs can be attended to?

• If the child is placed with extended family members who can’t meet some of his or her needs, do you still press for all needs to be met even though it may cause the child to be moved?

• For these or other challenges in getting a child’s needs covered, consult with CASA/GAL staff to strategize the best solution.

Recommendations Should Not Set Parents Up for Failure

One of the central dilemmas for CASA/GAL volunteers is the fact that children do best when they live with their parents or other family members who can provide a minimum sufficient level of care, and yet the parenting abilities of these adults may seem marginal to them. Parents and caregivers in our cases are usually struggling or limited in significant ways. CASA/GAL volunteers must advocate for the child’s safety and at the same time keep in mind that the only standard a family should have to meet is the minimum sufficient level of care.

Poverty in and of itself should not be a factor when deciding if a family will be allowed to raise its own children. It is easy to set parents or guardians up for failure if we make recommendations they cannot afford to meet. Additionally, a long laundry list of court orders can be so discouraging, that a parent who could in fact succeed, may give up. If that occurs, have we served the child’s best interests?

Consider these questions:

• What other ways might we set a parent up for failure?

• How have we fallen short in our advocacy for the child’s best interest if we do set the parents up for failure? (Who else is failing here?)
Writing Effective Recommendations in a CASA/GAL Volunteer Court Report, Cont’d.

All Recommendations Should Be Supported in the Body of Report

Imagine you are the judge reading a CASA/GAL volunteer court report and you come across recommendations concerning issues that were not mentioned in the body of the report. What would you think?

- Why is it important to support each recommendation in the report body?
- How does writing a recommendation to address an issue not discussed in the report put that recommendation at risk?
- If the case is appealed and all reports in the file are read again, what are the implications for court reports that don’t support their own recommendations?

Effective Recommendations Include Outcome Measures

Outcome measures add specific parameters that define a successful execution of the recommendation. They clarify the expected outcome and set observable goals.

As you look at the chart on the next page, consider these questions:

- How will you know if the court-ordered recommendations in the “no outcome measures” column have been met?
- In which case are you more assured that the children’s needs will be met?
<table>
<thead>
<tr>
<th>Recommendations without Outcome Measures</th>
<th>Recommendations with Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother must have substance abuse evaluation and follow recommendations from same.</td>
<td>Mother must have substance abuse evaluation and follow recommendations from same, and <strong>remain drug-free for 6 months before court considers reunification</strong>.</td>
</tr>
<tr>
<td>Parents must attend parenting classes.</td>
<td>Parents must attend parenting classes and <strong>demonstrate the following parenting skills</strong>: establishing meal schedule, bringing children to school on time, bringing children to clinic for medical treatment as advised by physician.</td>
</tr>
<tr>
<td>Child should have visitation with siblings.</td>
<td>Child should have visitation with siblings set <strong>up monthly and supervised by caseworker</strong>.</td>
</tr>
</tbody>
</table>
Chapter Wrap-up and Review

<table>
<thead>
<tr>
<th>Chapter Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review (PowerPoint Slides: 40-41)</strong></td>
</tr>
<tr>
<td>In summary, you can review the objectives found at the beginning of the chapter to check in about volunteers’ comfort level with the content. Answer any remaining questions.</td>
</tr>
<tr>
<td><strong>Evaluation (PowerPoint Slide: 42)</strong></td>
</tr>
<tr>
<td>Hand out copies of the Chapter 3 Volunteer Training Evaluation and collect them before participants leave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 4 Pre-Work</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Work Activities</strong></td>
</tr>
<tr>
<td>Assign the following Pre-Work activities for the Chapter 4 training session and remind participants of the date and time when this session will take place.</td>
</tr>
<tr>
<td><strong>PowerPoint Slide(s): 43-44</strong></td>
</tr>
<tr>
<td><em>Mental Illness in Families</em></td>
</tr>
<tr>
<td>Have the participants read the article “Mental Illness in Families” in the Chapter 4 Pre-Work packet.</td>
</tr>
<tr>
<td><em>Mental Health Article</em></td>
</tr>
<tr>
<td>Have participants read the article “Drugged as Children, Foster-Care Alumni Speak Out” found in Chapter 4 Pre-Work packet. They’ll be discussing this article during an activity in Chapter 4.</td>
</tr>
<tr>
<td><em>A Multimodal Approach to Managing Mental Health Disorders in Children</em></td>
</tr>
<tr>
<td>Have the participants read the article on medicating children in foster care and a multimodal approach to managing mental health disorders in children.</td>
</tr>
<tr>
<td>– Be prepared to discuss the points brought up by the author.</td>
</tr>
<tr>
<td>– Be prepared to discuss the questions that advocates should ask.</td>
</tr>
</tbody>
</table>
Chapter Wrap-Up, Cont’d.

Why Are Poor Children More Likely to Be in the System?
Have the participants read the article “Why Are Poor Children More Likely to Be in the System?” in the Chapter 4 Pre-Work packet.

Questions on Poverty in Your Community
Ask participants to use either the Internet or more traditional, in-person methods to answer the following questions about poverty and public assistance in your state:

– What is the minimum wage in your state?
– What are the current poverty guidelines for a family of four in your state?
– What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines?

Examining Poverty vs. Neglect Scenarios Activity
Have participants read through and complete the activity on examining poverty vs. neglect scenarios.

Obtaining Confidential Case-Related Records
Have the participants read the article on how to obtain confidential case-related records in the Chapter 4 Pre-Work packet.

Confidentiality and the CASA/GAL Volunteer
Have the participants read the article “Confidentiality and the CASA/GAL Volunteer” in the Chapter 4 Pre-Work packet.

Necessity of Timely, Effective Communication
Have the participants read the article “Necessity of Timely, Effective Communication” in the Chapter 4 Pre-Work packet.

Fine Art of Team Work (Child Protection Is Not an Individual Sport)
Have the participants read the article “Fine Art of Team Work (Child Protection Is Not an Individual Sport)” found in the Chapter 4 Pre-Work packet.
Chapter Wrap-Up, Cont’d.

The Greene Case

Have participants read the initial case notes for the Greene case, located in the Chapter 4 Pre-Work packet before attending the Chapter 4 session.

Optional: Visiting an Agency by Taking Public Transportation

Many of the parents that participants will work with, as CASA/GAL volunteers, do not have personal vehicles and must rely on public transportation when traveling to and from case-related appointments. It’s helpful for participants to experience public transportation first-hand to be able to understand these parents’ experiences.

If you decide to assign this activity to your training class, create a sign-up sheet of agencies with which CASA/GAL volunteers are likely to interact, prior to this session. Either assign each participant to an agency in advance, or ask participants to sign up for an agency. Distribute copies of the instructions for the assignment, and review them with participants. Tell participants when they will be expected to have completed the assignment (date for the Chapter 4 training session), and answer any questions they have.

• Example Agency Sign-up Sheet:

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>CASA/GAL Volunteer Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child Protective Services Agency</td>
<td></td>
</tr>
<tr>
<td>2. Family Resource Center</td>
<td></td>
</tr>
<tr>
<td>3. Medicaid Office</td>
<td></td>
</tr>
<tr>
<td>4. Food Stamp Office</td>
<td></td>
</tr>
<tr>
<td>5. WIC Agency</td>
<td></td>
</tr>
<tr>
<td>6. TANF Office</td>
<td></td>
</tr>
<tr>
<td>7. Public Maternal Health Clinic</td>
<td></td>
</tr>
<tr>
<td>8. Housing Assistance Program</td>
<td></td>
</tr>
</tbody>
</table>

Alternative: If the public transportation aspect of this Pre-Work assignment isn’t feasible in your area, you may still want to ask participants to visit an agency in your community. If that’s not possible, participants could research an agency by calling to find out about their services.
Chapter Wrap-Up, Cont’d.

Additional Resources

Ask the participants to go through the following additional resources available in the Online Resources:

- Motivational Interviewing
- Secondary Trauma
Chapter Wrap-Up

Review

Share any remaining questions you have about the material covered in this chapter.

Evaluation

Fill out the Chapter 3 Volunteer Training Evaluation and give it to the facilitator before you leave.

Chapter 4 Pre-Work

Prior to the Chapter 4 training session, complete the following assignments:

Mental Illness in Families
Read the article “Mental Illness in Families” in the Chapter 4 Pre-Work packet.

Mental Health Article
Read the article “Drugged as Children, Foster-Care Alumni Speak Out” in Chapter 4 Pre-Work packet. You’ll be discussing this article during an activity in Chapter 4.

A Multimodal Approach to Managing Mental Health Disorders in Children
Read the article on medicating children in foster care and a multimodal approach to managing mental health disorders in children.

Be prepared to discuss the points brought up by the author.
Be prepared to discuss the questions that advocates should ask.

Why Are Poor Children More Likely to Be in the System?
Read the article “Why Are Poor Children More Likely to Be in the System?” in the Chapter 4 Pre-Work packet.
Chapter Wrap-Up, Cont’d.

Questions on Poverty in Your Community

Use either the Internet or in-person methods to answer the following questions about poverty and public assistance in your state:

– What is the minimum wage in your state?
– What are the current poverty guidelines for a family of four in your state?
– What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines?

Examining Poverty vs. Neglect Scenarios Activity

Read through and complete the activity on examining poverty vs. neglect scenarios.

– Obtaining Confidential Case-Related Records

Read the article on how to obtain confidential case-related records in the Chapter 4 Pre-Work packet.

Confidentiality and the CASA/GAL Volunteer

Read the article “Confidentiality and the CASA/GAL Volunteer” in the Chapter 4 Pre-Work packet.

Necessity of Timely, Effective Communication

Read the article “Necessity of Timely, Effective Communication” in the Chapter 4 Pre-Work packet.

Fine Art of Team Work (Child Protection Is Not an Individual Sport)

Read the article “Fine Art of Team Work (Child Protection Is Not an Individual Sport)” found in the Chapter 4 Pre-Work packet.

The Greene Case

Read the initial case notes for the Greene case, which the facilitator will distribute. You will be applying what you know about the Greene case during various activities in the Chapter 4 training session.
Chapter Wrap-Up, Cont’d.

Optional: Visiting an Agency by Taking Public Transportation

If you are to complete this Pre-Work assignment, the facilitator will hand out instructions for visiting an agency by taking public transportation. Listen as the facilitator gives an overview of the assignment, and ask any questions. You will have until _____________________________ to complete the assignment.
CHAPTER 3
Pre-Work Handouts

Contents
» Pre-Work Instructions ......................................................... 1
» Shane’s Story Video .......................................................... 2
» Understanding Child Trauma ............................................. 3
» Communication and CASA/GAL Volunteer Work ............... 7
» Open-Ended vs. Closed-Ended Questions ......................... 9
» The CASA/GAL Interview .................................................. 11
» Initial Case Notes for the Black-Smith Case (for Pre-Work) ............................................................... 14
» Interviewing a Child—Assignment Sheet (for Pre-Work) ................................................................. 17
Pre-Work Instructions

Prior to attending the second session of the volunteer training, please read through the Pre-Work handouts found in this document. Reading this information prior to the session will give you a foundation in understanding child trauma, basic communication and CASA/GAL volunteer work, open-ended vs. closed-ended questions, the CASA/GAL interview and initial case notes for the Black-Smith case. Also, complete the Interviewing a Child—Assignment Sheet.
Shane’s Story Video

View Shane’s Story video.
Shane's Video: https://www.youtube.com/watch?v=mXyM5KvGx3w

Prepare a list of traumatic experiences for the child.
Understanding Child Trauma

According to the National Child Traumatic Stress Network, child trauma occurs when a child witnesses or experiences an event that poses a real or perceived threat to the life or well-being of the child or someone close to the child.

Examples of child trauma could include:

- Witnessing domestic violence
- Being physically or sexually abused
- The death or loss of a loved one
- Being in an automobile accident
- Being present for a life-threatening natural disaster

The traumatic event often causes feelings of fear, helplessness or horror in the child, which may be expressed in a variety of ways. Overall, the child isn’t able to cope with the intense feelings and becomes overwhelmed by the event.

Types of Trauma

Trauma may be described in one of four ways. Each describes how often or to what level the person experiencing the trauma is affected.

- **Acute Trauma**: A single incident that is limited in time (e.g., a car accident). The effects may include physical and emotional stress leading to feelings of being overwhelmed.

- **Chronic Trauma**: Repeated traumatic events (e.g., witnessing recurring domestic violence between parents over several years). Because of the recurring and longstanding nature of chronic trauma, the effects can be cumulative and build up over time. Children at this level are often more vulnerable to everyday stress and have diminished ability to cope.

- **Complex Trauma**: Includes both the exposure to chronic trauma and the lasting impact the trauma has on the child’s well-being. Complex trauma usually begins when a child is very young (under the age of 5) and often is a part of a child’s relationship with a caregiver (e.g., physical abuse by a parent).

- **Historical Trauma**: A personal or historical event that causes emotional and psychological injury and can be transmitted from one generation to the next (e.g., slavery, forced placement in boarding schools).
Understanding Child Trauma, Cont'd.

By the time children are involved in the child protection system, they have often experienced chronic and complex trauma, often at the hands of the people entrusted with their care.

Understanding How Trauma Affects Children

Children are affected by traumatic events they’ve witnessed or experienced in numerous ways. Two children may have very different reactions to the same traumatic event. The way a child is affected may depend on any or all of the following:

• The child’s age or developmental stage
• The child’s perception of the danger faced
• Whether the child was a victim or a witness
• The child’s relationship to the victim or perpetrator
• The child’s past experience with trauma
• The adversities the child faces following the trauma
• The presence/availability of adults who can offer help and protection


For many children, exposure to traumatic events may have long-term consequences that can affect behavior, school performance, participation in high-risk behavior, health problems and relationship difficulties.

For young children unable to communicate emotions associated with experiencing trauma, the effects may be manifested as physical tension or health complaints.

Cultural Considerations

It is important to understand the cultural background of a child when assessing a child’s trauma history. Culture can influence how the trauma is experienced by the child. The way a child or family interprets the meaning of the trauma will influence how they respond to the traumatic stress. Because some families’ interpretations
Understanding Child Trauma, Cont'd.

may differ from yours, it is best to ask children and families about what the traumatic experience means to them.

What a CASA/GAL Volunteer Can Do

Exposure to trauma can have lasting impacts on children, affecting their behavior, worldview and sense of safety. In your role as a CASA/GAL volunteer, working with children who have experienced trauma, it is important that you treat them as individuals, rather than seeing them as victims of the traumatic event.

Because the children you will work with may have long histories of trauma, it’s important that you consider their past experiences. While your work may initially focus on the event that brought a child into the child protection system, you may consider requesting or recommending that the child have a trauma screening. Consider that what others are seeing as misbehavior or lack of age appropriate development may be trauma related. Trauma screenings or assessments are most often completed by therapists or clinicians to screen for a child’s history of exposure to traumatic events and can help all involved understand the child’s behaviors in the context of his or her life’s experiences. You must have frequent communication with therapists and others involved in the treatment of the child. However, you have to observe boundaries, i.e. the volunteer should not try to provide therapy.

Parents within the system will often have their own unresolved trauma histories, which may have contributed to their circumstances. It may be appropriate for the parent to undergo a trauma screening as well. Viewing the parent’s behaviors and/or the child’s reactions in the context of their trauma histories is integral to having compassion and understanding for their situation.

The following questions can help you determine whether to recommend an assessment for a child or parent:

- Has the child experienced early and repeated exposure to overwhelming events in the context of a caregiver/family setting or in the community?
- Is the child having difficulty regulating or controlling behavior, sometimes appearing hyperactive, engaging in risky behaviors or having difficulty complying with rules?
- Is the child having difficulty with sustaining attention, concentration or learning?
Understanding Child Trauma, Cont’d.

- Is the child showing persistent difficulties in relationships with others? Does the child have difficulty regulating bodily states and emotions, including problems with sleep, eating, sensory processing and/or identifying/expressing feelings?
- Does the child have multiple mental health diagnoses without any one sufficient diagnosis explaining his/her problems?

You will come into contact with many people as you gather information and monitor a child’s case. Relationships characterized by respect and credibility will assist you in doing your job. Respect is earned as others on the case see your commitment to the child and to your role as a CASA/GAL volunteer. Credibility is established when you do what you say you will do in a timely manner, when you make recommendations built on well-researched and independently verified information, and when you maintain your proper role as the child’s advocate.

Effective communication is critical to your ability to advocate for children. Good communication requires:

• Self-awareness
• Sensitivity
• Skills

Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.

**The Basics of Communication**

Effective communication is critical to your ability to advocate for children. Communication 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 receiver’s understanding of the words and the nonverbal cues that accompany the words.

**Communication has three components:**

1. **The verbal** component refers to the actual words spoken.
2. **The nonverbal** component refers to gestures, tone of voice and other unspoken means of conveying a message. The nonverbal code can easily be misread.
3. **The feelings** component refers to the feelings experienced as a result of the communication.
Communication and CASA/GAL Volunteer Work, Cont'd.

While the verbal and nonverbal can be observed, feelings are not easy to observe. 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.

As a CASA/GAL volunteer, you will communicate with children, their families and professionals involved in the case, among others. It is important that you deliver messages that are consistent in all three components of communication. You must also train to listen for meaning, which requires three sets of ears—one set for receiving the spoken message, one for receiving the silent message(s) conveyed, 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.

Cultural Considerations

There are differences in nonverbal communication from culture to culture. Hand and arm gestures, touch, proximity and eye contact (or lack of) are a few of the aspects of nonverbal communication that may vary depending upon cultural background. For example, in some cultures:

- Pointing with one finger is considered to be rude.
- Patting a child’s head is inappropriate.
- Eye contact is thought to be disrespectful.
Open-ended questions invite others to engage in a dialogue with you. In your work as a CASA/GAL volunteer, using open-ended questions allows children and adults to give more thoughtful answers since these questions cannot be answered with a simple yes, no or one-word answer. Sometimes open-ended questions are phrased as a statement that requires a response (for example, “Tell me about…” or “Describe for me…”).

Examples of open-ended questions:
For child: “Please describe what your morning is like from the time you wake up until you go to school.”
For adult: “How did your family come to be involved with the court system?”

Closed-ended questions are useful when you are trying to obtain factual information. They can be answered with a simple yes or no, or with a single word or short phrase.

Examples of closed-ended questions:
For child: “Is your aunt still living nearby?”
For adult: “How many times has Johnny been to the emergency room this month?”

Clarifying questions are used to gather additional details or clear up any confusion.

Examples of clarifying questions:
“I didn’t understand the phrase you just used. Could you explain it?”
“You mentioned someone named James. What is his relationship to the child?”

Do not ask leading questions! A leading question is one that suggests a desired answer.

Example of a leading question:
“Your favorite weekends are spent with your dad, right?”

Leading questions are never appropriate in any CASA/GAL volunteer interview.
Open-Ended vs. Closed-Ended Questions, Cont'd.

More Examples

Closed-Ended Question:
• (For a child): Do you want to live with your mother or your father?

Open-Ended Question:
• Who would you like to live with?
• Who do you think you’d be happiest living with?

Closed-Ended Question:
• (For a parent): You seem unhappy lately. Are you?

Open-Ended Question:
• How have you been feeling lately?
• How are you doing emotionally?

Closed-Ended Question:
• (For a child): Does your mom leave you alone at night a lot?

Open-Ended Question:
• Tell me what it’s like at home at night.
• Who is around when you’re at home at night?

Closed-Ended Question:
• (For a parent): Do you understand the difference between a CASA/GAL volunteer and a caseworker?

Open-Ended Question:
• Tell me your understanding of my role as a CASA/GAL volunteer.
• How do you think my role is different from that of the caseworker?
In your role as a CASA/GAL volunteer, you will have the chance to interview many people related to a case: the child, the parent(s), other relatives, the child’s teacher, medical professionals, the caseworker and so on. Because you may have a limited amount of time to seek information and interview everyone you deem necessary before your first hearing or report is due, it is important that you make the best possible use of interview time by determining what information is needed and crafting questions to ask ahead of time.

The interview is a powerful tool in your CASA/GAL volunteer toolbox and should be controlled by you, the fact gatherer. CASA/GAL volunteer interviews are neither friendly chats nor inquisitions. The structure of the interview should be non-threatening. Start with comfortable material and lead to more sensitive areas. You may face the tendency to turn the interview into a personal conversation, but keep in mind that it is possible to make someone feel at home and to show an interest in him or her while still presenting yourself as the one in charge, the professional. It is rarely appropriate to discuss your personal life or your past experiences. Never discuss your own attitudes or biases. Your goal is to gather enough information, in a respectful manner, to produce a factually sound, insightful report and recommendations for the court.

**Basic Tips for a Productive CASA/GAL Interview**

1. Display empathy and concentration. Portray an accepting, believing, non-judgmental demeanor.
2. Observe gestures, expressions and other forms of nonverbal communication.
3. Make notes about the environment. Does the room contain family photos, toys and so on?
4. Prepare questions beforehand, but be flexible, asking clarifying questions as needed.
5. Do not ask leading questions. A leading question assumes a point of view on your part.
6. Listen to understand. Do not interrupt.
7. Do not expect to gather all the information needed in one session.
8. Encourage subjects to keep talking with phrases such as, “Okay,” “Go on,” or “Please continue,” or allowing five seconds of silence. Do not be afraid of silences.
The CASA/GAL Interview, Cont’d.

9. Check to make sure you understand what the speaker is trying to convey, using phrases such as “What I’m hearing is . . .” or “It sounds like you are saying . . . Is that right?”

10. Do not preach or teach. Avoid arrogance.

Interviewing Children

As a CASA/GAL volunteer, you do not directly ask a child about incidents of abuse. A professional forensic interviewer, trained social worker or police officer will handle those inquiries as a part of an investigation. A badly conducted interview of a child-victim can alienate and upset the child. The Center for Problem-Oriented Policing (POP) website states that common errors interviewing children include reinforcing certain answers, relaying what others believe about the allegation and asking complicated questions. They advise the following:

1. Make the interview setting child-friendly.
2. Recognize the developmental capabilities of children of different ages.
3. Exercise patience.
4. Avoid “why” questions and focus instead on clear, open-ended questions.
5. Make efforts to offset any guilt the victim may experience for “causing trouble.”

Your role as a CASA/GAL volunteer is to get a sense of a child’s past and current circumstances and how the child is doing presently. Some children can talk about their situations and their wishes, but other children do not have sufficient verbal and developmental skills sufficient to express themselves. For that reason, fact-based observations about a child are important to your role in gathering information about a case.

During the initial part of the interview, focus on helping the child feel comfortable and relaxed. Introduce yourself and explain your role and why the interview is taking place. This is a good time to play an age-appropriate game. It is important to remember that what you observe may raise questions about the child and the child’s life. Be careful not to misinterpret a child’s play or take their words literally. As a CASA/GAL volunteer, you do not want to reach conclusions based on any one piece of information. Information that emerges in play needs to be corroborated by other sources.
The CASA/GAL Interview, Cont’d.

In the article “Interviewing Children,” Rosemary Vasquez suggests that since you cannot “interview” infants, CASA/GAL volunteers should consider the following:

• What does direct observation of the child tell you?
• What do you observe about the child relating to parent(s), caregiver, siblings and strangers?
• What is the infant’s affect?
• Does the baby make eye contact or avoid eye contact?
• How does the parent relate to the child and vice versa?

This type of “interview” with an infant and parent should provide you with a sense of whether the parent provides the child with appropriate stimuli, enhances the security of the child and meets the child’s physical and emotional needs.

Tips for Interviewing Children

1. Ask a child a question or two to which you know the answer. Such questions can help you determine the competence level of a younger child and/or an older child’s willingness to tell the truth.

2. Establish parameters to obtain more accurate information. For example, you might ask a child, “Was it bigger than a football?” “Did it happen before the school bus came?” or “Was there snow on the ground?”

3. Break questions down into parts to help a child remember more detail. Just asking a child, “What happened?” may not elicit a useful answer.

4. If you think a child has been coached, you may want to end the interview with this question: “Is there anything else you are supposed to tell me?”

5. Let the child tell his/her story.

*Adapted from Lucas County, Ohio CASA/GAL.*
# Initial Case Notes for the Black-Smith Case (for Pre-Work)

## CPS Case File

<table>
<thead>
<tr>
<th>Child(ren)'s Name</th>
<th>DOB</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy Black</td>
<td>9/1</td>
<td>6</td>
<td>White</td>
<td>F</td>
</tr>
<tr>
<td>Grace Smith</td>
<td>8/19</td>
<td>4 months</td>
<td>White</td>
<td>F</td>
</tr>
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## Current Placement

<table>
<thead>
<tr>
<th>Foster Parents:</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda and Dave Gilbert</td>
<td>4206 Front Street</td>
<td>555-4413</td>
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## Attorneys for

<table>
<thead>
<tr>
<th>Attorneys</th>
<th>Phone Numbers</th>
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</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Megan Miller</td>
</tr>
<tr>
<td>Father</td>
<td>Ben Bryant</td>
</tr>
<tr>
<td>CPS</td>
<td>Heather Stafford</td>
</tr>
</tbody>
</table>
Case History

Sept 15: Six-year-old Tammy made a call to 911 due to domestic violence in the home. Police found two children on the scene (Tammy, age 6; Grace, 4 months) and removed the children from the home based on evidence at the scene, including parents too inebriated to provide a safe home for their children and mother’s bruises and bleeding as a result of a fight between her and her husband. The father, Mr. Alan Smith, was arrested on DV charges. CPS was notified and the children were placed together in emergency foster care.

Sept 22: Tammy and Grace were moved from the emergency foster care placement and placed with licensed foster parents Linda and Dave Gilbert. Foster parents reported that upon arrival, Tammy cried the first six hours and was inconsolable.

Sept 25: Due to where the new foster home is located, Tammy moved to a new school. Linda reported this change has been very difficult for Tammy.

Sept 29: Following an initial hearing, parents were ordered to receive drug/alcohol screenings, attend any recommended substance abuse treatment programs, and provide random urinalysis. The biological father of Tammy is deceased. Mr. Smith, Grace’s biological father, was ordered to attend a domestic violence program. The mother, Francis Smith, was ordered to attend domestic violence survivor’s program.

Nov 29: Parents stipulated to adjudication, thereby acknowledging the issues are substance abuse, physical abuse and anger management.

<table>
<thead>
<tr>
<th>CASA History: Case Initially Assigned to:</th>
<th>You and your team</th>
<th>Date Assigned: Today</th>
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<tbody>
<tr>
<td>Date assigned:</td>
<td>N/A</td>
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<tr>
<td>Current CASA volunteer:</td>
<td>You and your team</td>
<td>Date terminated:</td>
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<tr>
<td>Date Terminated:</td>
<td>Jessica Clarkson</td>
<td></td>
</tr>
<tr>
<td>CASA/GAL Program Coordinator:</td>
<td>Sarah Griffin</td>
<td>Date assigned:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial CPS Social Worker:</td>
<td>Becky Howard</td>
<td>Date assigned:</td>
</tr>
</tbody>
</table>
Case History, Cont’d.

Court-Ordered Services

For the Children:
Educational needs met as appropriate

For the Father:
Drug/alcohol screening and substance abuse treatment
Anger management classes

For the Mother:
Domestic violence survivor’s program
In order to enhance your interviewing skills as a CASA/GAL volunteer, you will need to practice conducting interviews. Choose a child between the ages of 5 and 17 and prepare an interview for the child. Review the child development information for the age of the child you choose to make sure your questions are age-appropriate. Please bring this to class with you.

Age of child to be interviewed: ______

How do you plan to introduce yourself to the child and state the purpose of your meeting?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Write five age-appropriate questions for the interview.

1. _________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. _________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

3. _________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

4. _________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

5. _________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

How would you close the interview?

________________________________________________________________
________________________________________________________________
Interviewing Skills: Talking with a 4-Year-Old Child (Part 1 of Video)

Watch Part 1 of the video showing CASA/GAL volunteer interviewing a 4-year-old child. (copy and paste url in your browser)
Link to Video: http://nc.casaforchildren.org/files/secure/Training/InterviewSkills/interviewskills_4year.html

First Impressions: Exposure to Violence and a Child’s Developing Brain (Video)

Watch First Impressions: Exposure to Violence and a Child’s Developing Brain video. (copy and past url in your browser - you may need to download MP player capabilities)
Link to Video: http://nc.casaforchildren.org/files/secure/training/preservicecurriculum/2_First_Impressions.mp4
# Black-Smith Case Study Materials (for Activity 3I)

## CPS Case File

<table>
<thead>
<tr>
<th>Last Name of Case:</th>
<th>Black/Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Number(s):</td>
<td>3AN-15-154/155</td>
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<tr>
<td>Father</td>
<td>Ben Bryant</td>
<td>555-1337</td>
</tr>
<tr>
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<td>Heather Stafford</td>
<td>555-7344</td>
</tr>
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*For the Children:*
Educational needs met as appropriate

*For the Father:*
Drug/alcohol screening and substance abuse treatment
Anger management classes

*For the Mother:*
Domestic violence survivor’s program

Who do you want to interview first?
The Questioner’s List

Questions to consider periodically:
- Where else could we get information that would be useful?
- What are the barriers to reunification?
- Have we checked all relatives?

Questions to consider before finalizing court recommendations:
- Are our court recommendations child-focused?
- Have we covered every need of the child(ren) in this case?
- Did we appropriately consider the minimum sufficient level of care (MSL) standard in forming our recommendations for this case?
- Do our recommendations ask for what is appropriate, whether or not it is readily available?
- Is our work clear, diplomatic and non-judgmental?
Thank you for taking this case! I’m so glad your training class just finished. I need you on this case because I need someone with the luxury of focus. As you will find out, this family has a history of trauma and we need to make sure these girls get the services they need. Mom is Francis Smith. She has been through a lot with the step-dad, and the girls have seen it all. His name is Alan Smith.

Since the parents have stipulated to adjudication, the disposition hearing is next. We will need to give our recommendations regarding placement and services. Right now the two girls are with Dave and Linda Gilbert. I don’t think they are relatives. But you’ll be able to find out. Even though we hope for reunification, we need to be making a concurrent plan for permanency from day one.

Becky Howard is a new CPS worker and she has been on top of things. Do you know what information you’d like to get from her?

Let’s meet in a few weeks so you can start planning for the hearing. Remember, you will need to write a report, so document all of your contacts. Please send me summaries of whomever you speak to so I know what is going on. Email is best for me. Let me know if you have any questions. Oh, and remember to track your time so you can submit your hours next month.

Here is your case file. Again, thank you so much for being a CASA/GAL volunteer. You are going to do great on this case!

• How will you approach this case?
• Who do you want to interview next?
Hello! Yes, we’ve been playing phone-tag. I only have about five minutes, as I’m preparing for court.

The current plan is for reunification, but these parents have long-established patterns of domestic violence and drinking. I’m not too hopeful they can stop using. But, since they stipulated to adjudication, maybe that’s the first step that they want to make a change.

You won’t be able to get ahold of Mom for awhile. I just found out she entered herself into treatment. The program she entered doesn’t allow outside contact for the first several weeks. Step-dad is in jail on charges related to the domestic violence episode. He has quite a bit of an assault history.

Placement? The girls have really settled in at the Gilberts. No, Linda and Dave are not relatives, but they have expressed interest in keeping them long term. I know it’s early, but it’s good to know. They love having the girls there and can provide an amazing placement. Linda has been great about taking Tammy and Grace to all of their appointments.

Tammy is a great little girl. But, poor thing. She had to change schools when she got placed with Linda and Dave. She’s also repeating first grade, which did not make Mom and Step-dad happy. But I think it’s for her own good.

Ok, got to go.

• What are the issues in this case?
• Do you have follow-up questions for the social worker?
Hi, I’m Tammy.

I used to live in a different house. But now, I don’t need to be scared of my step-dad. Sometimes he gets mad and breaks things.

My real dad died in a car wreck when I was 3.

I miss Mrs. Gallego. She was so nice. Can I go back to my old school?

I also miss my Auntie Anne. This is a picture I drew of her, and me, and my cousin, and her puppy.

Right now, I’m living with Linda and Dave. They are funny and make me laugh. Guess what? Linda is going to paint my room purple if I get to stay with her longer. Can I stay with her longer? Purple is my favorite color!

• How will you introduce yourself to Tammy?
• What are some open-ended questions you’d like to ask Tammy?
Tammy’s First Grade Teacher—Mrs. Gallego

Setting: First Grade Classroom, Lincoln Elementary School

Hi, yes, I have heard about the CASA/GAL program. You’re a volunteer, right?

This was my second year as Tammy’s teacher. I miss her so much. We all miss her. How is she doing at her new school?

Well, she had very poor attendance last year and, as a result, we requested she repeat first grade. Before she changed schools, she was doing much better this year! Tammy seemed to be catching on this year much quicker than last year. She has done a great job with her letters, numbers and early reading.

I made multiple reports to CPS last year. When Tammy did come to school, she was often dirty, tired and hungry. Her parents never attempted to come to parent-teacher conferences. I made another CPS report when Tammy’s mom smelled like alcohol when she came to pick her up one day and she was nine months pregnant!

Sometimes Tammy comes to school feeling down. From what I gather, she’s witnessed horrific violence between her mother and step-father. She drew me a very sad picture earlier in the school year—it had a bottle of alcohol in her step-father’s hand, a broken table, and mom crying with what appeared to be bruises on her arms. I saved it. Do you want to see it? The trauma this child has experienced has broken my heart—the whole situation is so painful and heartbreaking.

You know, our school just had an in-service day on trauma-informed classrooms. They talked about the importance of understanding a child’s personal history. They talked about chronic trauma and acute trauma. I remember the importance of building resilience in children; one factor is school connectedness. Do you think she will ever come back to our classroom? I can imagine the change must be tough for her.

Friends? Oh, she got along with all of the students. She is a very kind child. She is sometimes withdrawn, but is always kind. She seemed worried about her mother. Tammy was quite thrilled to have a new little sister. Is her name Grace? Tammy talked about her all the time.
Tammy’s First Grade Teacher—Mrs. Gallego, Cont’d.

- What difference does this interview make to the case?
- What are your follow-up questions and to whom do you wish to address them?
Setting: The Gilbert Home, Saturday morning

Linda: It’s nice to meet you. Tell me what your role is again?

The girls are so wonderful to have around. It’s nice to hear children’s voices again.

Well, Tammy has changed schools and is having a tough time adjusting. I’m trying to offer as much consistency as I can. We read every night. Tammy looks forward to it. She brings me a stack of books. Her favorite? Dr. Seuss, since she can read some of the words.

Since their mom hasn’t been available for visits, Tammy has been asking about her and gets quite sad. Do you know where Mom is? Is she in treatment? I hope she is doing well. Have you heard if she is making progress?

Dave: Linda, you know we can’t ask those questions.

Linda: Sorry, but I’m curious.

Oh, also I wanted to ask. Do you know of an Aunt Anne? Tammy has mentioned her. I guess she is Francis’ sister and lives out of state. If the kids go to the aunt, would we ever see them again? I don’t know how we’d manage.

• How do you answer Linda’s questions about Francis?
• What are your follow-up questions and to whom do you wish to address them?
Maternal Aunt—Anne Black

Setting: Long-Distance Phone Call

Life growing up? Well, we grew up very poor, our parents drank a lot, and you know how it goes. We had two other siblings, an older brother and younger sister. Our older brother died when we were young, and our sister committed suicide when she was in high school. We did not have it easy. I think Francis never got over how we were raised; she never let go of her anger.

I’m different. I don’t stay angry. I’m a calm person. I don’t drink either. Nothing good can come from drinking or being angry. I do hope she can move on and heal so her girls don’t have to grow up like this.

I would love for the girls to come and live with me. Do you think that can happen? I have three children of my own, a son and two daughters. Family is important. Currently, in our home my cousin is also living with us. He has a bit of a criminal history. I’m currently his third-party custodian. Do you think that will be an issue?

I really wish Francis would leave that man. His drinking has always been a problem. We’ve talked. She won’t leave him. She thinks he is more important than her girls.

Do you think the girls can come live with me? What has the social worker told you about why they can’t come live with me?

- What difference does this interview make to the case?
- How will you answer Anne’s final question?
Black-Smith Debrief Questions

- What traumatic events have Tammy and Grace experienced?
- Did you feel prepared to make recommendations regarding placement? Services? If not, what additional information would you have liked to have?
- What is an open-ended question you’d like to ask Tammy? Linda? Aunt Anne?
- What are some resiliency characteristics that Tammy already has? How can you help to reinforce these?
- What are the implications of the mother’s high ACEs score for her future health?
## The Questioner’s List

### Questions to consider periodically:
- Where else could we get information that would be useful?
- What are the barriers to reunification?
- Have we checked all relatives?

### Questions to consider before finalizing court recommendations:
- Are our court recommendations child focused?
- Have we covered every need of the child(ren) in this case?
- Did we appropriately consider the minimum sufficient level of care (MSL) standard in forming our recommendations for this case?
- Do our recommendations ask for what is appropriate, whether or not it is readily available?
- Is our work clear, diplomatic and non-judgmental?
ACE Calculator—for the mother in the Black-Smith case (for Activity 3C)

Finding Your Adverse Childhood Experience (ACE) Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?
   Yes ☐ No ☐ If yes enter 1 __________

2. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you?
   Or ever hit you so hard that you had marks or were injured?
   Yes ☐ No ☐ If yes enter 1 __________

3. Did an adult person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way?
   Or Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes ☐ No ☐ If yes enter 1 __________

4. Did you often or very often feel that no one in your family loved you or thought you were important or special or your family didn't look out for each other, feel close to each other, or support each other?
   Yes ☐ No ☐ If yes enter 1 __________

5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes ☐ No ☐ If yes enter 1 __________

6. Were your parents ever separated or divorced?
   Yes ☐ No ☐ If yes enter 1 __________

7. Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her?
   Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   Or ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes ☐ No ☐ If yes enter 1 __________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes ☐ No ☐ If yes enter 1 __________

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes ☐ No ☐ If yes enter 1 __________

10. Did a household member go to prison?
    Yes ☐ No ☐ If yes enter 1 __________

Now add up your “Yes” answers: ______ This is your ACE Score.
Local Trauma Professionals

Wynona House Child Advocacy Center
Address: 185 Washington Street Newark, NJ 07102
Phone: 973-753-1110
Website: https://wynonashouse.org/

Cooperative Counseling
Address: 407 Chestnut Street Union, NJ 07083
Phone: 908-731-7100
Fax: 908-731-7102
Website: https://www.cooperativecs.com/

Partnership for Children of Essex county – (through Performcare) – West Orange
Address: 100 Executive Dr. Suite 130 West Orange, NJ 07052
Phone: 973-323-3000
PCE Services & Child Behavioral Health Services: 1-877-NJ-CSOCI or 1-877-652-7624
Fax: 973-323-3015
Website: http://www.pcenj.org/

Children’s Crisis Centers of Essex County – Beth Israel Hospital
Address: 201 Lyons Ave, Newark, NJ 07112
Phone: 973-926-7000
Website: http://www.barnabashealth.org/Childrens-Hospital-of-New-Jersey-NBI.aspx

Dr. Prempeh (female)
Mental Health Clinician
185 Washington Street
Newark, NY 07102 (works with Wynona House)
The 7 Cs: The Essential Building Blocks of Resilience

**Bottom Line #1:** Young people live up or down to expectations we set for them. They need adults who believe in them unconditionally and hold them to the high expectations of being compassionate, generous, and creative.

**Competence:** When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don’t allow young people to recover themselves after a fall.

**Confidence:** Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.

**Connection:** Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.

**Character:** Young people need a clear sense of right and wrong and a commitment to integrity.

**Contribution:** Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good, and may therefore more easily turn to others, and do so without shame.

**Coping:** Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick-fixes when stressed.

**Control:** Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.

**Bottom Line #2:** What we do to model healthy resilience strategies for our children is more important than anything we say about them.

[The 7 Cs are an adaptation from The Positive Youth Development movement. Rick Little and colleagues at The International Youth Foundation first described the 4 Cs of confidence, competence, connection, and character as the key ingredients needed to ensure a healthy developmental path. They later added contribution because youth with these essential 4 characteristics also contributed to society. The additional two C’s – coping and control – allow the model to both promote healthy development and prevent risk.]
The Truth About ACEs (for Activity 3C)

**ACEs are Adverse Childhood Experiences**

**What are they?**

**How Prevalent are ACEs?**

The ACE study* revealed the following estimates:

**Abuse**
- Physical Abuse: 20.3%
- Sexual Abuse: 20.7%
- Emotional Abuse: 10.9%

**Neglect**
- Emotional Neglect: 14.8%
- Physical Neglect: 10.9%

**Household Dysfunction**
- Household Substance Abuse: 20.6%
- Parental Divorce: 23.7%
- Household Mental Illness: 18.4%
- Non-physical Assault: 12.7%
- Trespass or Household Member: 4.7%

*Of 11,000 ACE study participants:

- 25% have experienced 1 ACE
- 10% have experienced 2 ACEs
- 5% have experienced 3 ACEs
- 9% have experienced 4+ ACEs

**What Impact do ACEs Have?**

As the number of ACEs increases, so does the risk for negative health outcomes:

- 0 ACEs
- 1 ACE
- 2 ACEs
- 3 ACEs
- 4+ ACEs

**Possible Risk Outcomes:**

**Behavior**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Criminal activity

**Physical & Mental Health**
- Severe obesity
- Diabetes
- Depression
- Substance abuse
- STDs

http://rwjf.org/aces

*Source: http://www.cdc.gov/violenceprevention/aces.html

Evan Wood Johnson Foundation
CASA/GAL Pre-Service Volunteer Training Curriculum

Facilitator Manual

CHAPTER FOUR
CHAPTER 4:
Mental Health, Poverty and Professional Communication

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» Facilitator Prep ........................................................ 1
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  • Supplies Checklist and Advanced Prep .................... 2
» Welcome, Housekeeping and Ground Rules ........ 8
» Pre-Work Recap ....................................................... 10
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» Mental Health .......................................................... 12
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Facilitation Tips

• This chapter takes approximately 3 hours and 20 minutes.

• Keep in mind that some people in the training likely have personal experience with mental health issues. Be sensitive to this fact and, at the same time, assess how that experience may affect a participant’s ability to advocate effectively. Support volunteers in assessing their own ability to be effective advocates.

• As you present the mental health information in this chapter, stress that CASA/GAL volunteers do not have any role or responsibility in diagnosing mental illness in parents and/or children.

• It is important for participants to understand that while mental illness and poverty are risk factors for child abuse and neglect, most people affected by mental illness and poverty do not abuse and/or neglect their children. When working on a case that involves either mental illness or poverty, participants should always focus on the parent’s ability to provide a safe home.
# Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General (found with your local program)</strong>&lt;br&gt;  - Name tags&lt;br&gt;  - Flipchart and markers&lt;br&gt;  - Masking tape&lt;br&gt;  - Three-hole punch&lt;br&gt;  - Sticky notes</td>
<td></td>
<td>Gather the supplies needed.</td>
</tr>
<tr>
<td><strong>Flipchart Pages (facilitator must create)</strong>&lt;br&gt;  - Parking Lot</td>
<td></td>
<td>Post a flipchart page at the front of the room with the heading “Parking Lot.” Note (or “park”) issues unrelated to Chapter 4 and plan to address them later.</td>
</tr>
<tr>
<td><strong>A/V Equipment (found with your local program)</strong>&lt;br&gt;  - Computer, LCD projector and screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Electronic Presentations and Videos (found in the Online Resources)</strong>&lt;br&gt;  - Chapter 4 PowerPoint presentation</td>
<td></td>
<td>Download the presentation before the class.</td>
</tr>
</tbody>
</table>
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 4 Pre-Work Packet</td>
<td>4A</td>
<td>At least one week before the Chapter 4 training session, prepare the Chapter 4 Pre-Work packet and send to the participants.</td>
</tr>
<tr>
<td>• Mental Illness in Families</td>
<td>4B</td>
<td>Volunteers should complete the Pre-Work prior to the Chapter 4 module and bring it with them to class. Make copies of the Pre-Work documents for reference and use during and after class.</td>
</tr>
<tr>
<td>• Mental Health and Children in Care</td>
<td>4B</td>
<td></td>
</tr>
<tr>
<td>• A Multimodal Approach to Managing Mental Health Disorders in Children</td>
<td>4B</td>
<td></td>
</tr>
<tr>
<td>• Questions Advocates Should Ask</td>
<td>4B</td>
<td></td>
</tr>
<tr>
<td>• Why Are Poor Children More Likely to Be in the System?</td>
<td>4D</td>
<td><strong>Visiting an Agency by Taking Public Transportation Activity</strong> (Optional): Create a sign-up sheet of agencies with which CASA/GAL volunteers are likely to interact. Limit the number of participants that can go to each agency. Ask participants to sign up for an agency. Distribute copies of the instructions for the assignment and review them with participants.</td>
</tr>
<tr>
<td>• Examining Poverty vs. Neglect Scenarios Activity</td>
<td>4E</td>
<td>Alternately, if public transportation isn’t feasible in your area, have participants sign up visit an agency in your community. If that’s not possible, participants could sign up to research an agency by calling to find out about their services.</td>
</tr>
<tr>
<td>• Obtaining Confidential Case-Related Records</td>
<td>4F</td>
<td></td>
</tr>
<tr>
<td>• Confidentiality and the CASA/GAL Volunteer</td>
<td>4G</td>
<td></td>
</tr>
<tr>
<td>• The Necessity of Timely, Effective Communication</td>
<td>4H</td>
<td></td>
</tr>
<tr>
<td>• The Fine Art of Team Work (Child Protection Is Not an Individual Sport)</td>
<td>4H</td>
<td></td>
</tr>
<tr>
<td>• Initial Case Notes for Greene Case</td>
<td>4H</td>
<td></td>
</tr>
<tr>
<td>• Visiting an Agency by Taking Public Transportation Activity (Optional)</td>
<td></td>
<td></td>
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</tbody>
</table>
# Supplies Checklist and Advanced Prep

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<thead>
<tr>
<th>Item</th>
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</tr>
</thead>
<tbody>
<tr>
<td>In-Class Handouts (found in the Online Resources except where noted)</td>
<td></td>
<td>Make copies of the Volunteer Manual.</td>
</tr>
<tr>
<td>• Mental Health Statistics</td>
<td>4A</td>
<td><strong>Activity 4A:</strong> Print and make copies of the Mental Health Statistics handout, found in the Chapter 4 Pre-Work packet.</td>
</tr>
<tr>
<td>• Local release of information forms (facilitator must collect)</td>
<td>4C</td>
<td><strong>Activity 4C:</strong> Prior to facilitating this activity, research answers to the following questions (which participants were assigned):</td>
</tr>
<tr>
<td>• Local confidentiality laws/rules (facilitator must create)</td>
<td>4F</td>
<td>• What is the minimum wage in your state?</td>
</tr>
<tr>
<td>• Sample Communication with Caseworkers</td>
<td>4G</td>
<td>• What are the current poverty guidelines for a family of four in your state?</td>
</tr>
<tr>
<td>• Greene Case Study Materials</td>
<td>4H 4I</td>
<td>• What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines?</td>
</tr>
</tbody>
</table>

**Activity 4F:** Research your program’s release of information policies. Make copies of local release forms that participants will use in their work as CASA/GAL volunteers.

**Activity 4G:** Prepare and make copies of a section with local laws and/or rules about confidentiality in the Chapter.
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
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</thead>
</table>
| In-Class Handouts, Cont’d. | | **Activity 4H**: Make copies of the Sample Communication with Caseworkers handout, located in the Chapter 4 Handouts. Gather examples—both positive and negative—of communication issues in your program, and be ready to share them with participants.  
**Activity 4I**: Make copies of the Green Case Study Materials, which appear in the Chapter 4 Handouts. |
| Chapter 5 Pre-Work Handouts  
  - Substance Abuse  
  - Information about commonly abused drugs by National Institute on Drug Abuse  
  - Diversity, National CASA Vision and Guiding Principles  
  - Cultural Competence Glossary  
  - Disproportionality  
  - Disproportionality Statistics | **Chapter 5 Pre-Work** | At least one week before the Chapter 5 training session, prepare the Chapter 5 Pre-Work packet and print for participants. 
Note: You must update the packet with –  
  - Local disproportionality statistics  
  - Examples of good and bad court reports taken from local program. |
<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 5 Pre-Work Handouts, Cont'd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local disproportionality statistics <em>(facilitator must create)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Initial Case Notes for the Lavender Case</td>
<td></td>
<td></td>
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<tr>
<td>• Sample court reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Examples of Good and Bad Court Reports <em>(facilitator takes from local program)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 4:

Mental Health, Poverty and Professional Communication

Contents

» Welcome, Housekeeping and Ground Rules ........... 8
» Pre-Work Recap .......................................................... 10
» Chapter Overview and Competencies ................. 11
» Mental Health ............................................................. 12
» Poverty ................................................................. 16
» Skill Building: Professional Communication .......... 25
» Working a Case .......................................................... 33
» Chapter Wrap-up and Review .............................. 38
» Chapter 5 Pre-Work ..................................................... 38
Welcome, Housekeeping and Ground Rules

- Welcome the group to the training. Have them make name tags and tell them that there will be activities to help you get to know them and them to get to know each other.
- Share “housekeeping” information, such as where to find restrooms, snacks and telephones, and when you think the session break(s) will occur.
- Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.
- Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work since many activities rely on this foundation of knowledge.
- Point out to participants that along with the Volunteer Manual they should have received a printed copy of Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make them available in the training room.
- Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills.
Welcome, Housekeeping and Ground Rules, Cont'd.

- Inform the participants that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.

- Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.

- Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).

- You may want to introduce basic names or acronyms that you will be using throughout the training. For instance, the Volunteer Manual sometimes refers to child protection agencies as CPS. Inform them what this acronym stands for and let them know the name and acronym of the child welfare agency in your area, if it is not CPS. Ask them to refer to the “alphabet soup,” a section in the Chapter 1 Pre-Work handouts listing key acronyms and what they stand for. A copy of the Chapter 1 Pre-Work Handouts will be provided to participants before the session.

- Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.
Pre-Work Recap

Prior to this training session, you should have completed the following Pre-Work assignments:

- Read the article on mental illness in families.
- Read the articles about medicating children in foster care and a multimodal approach to managing mental health disorders in children and be prepared to discuss the points brought up by the author. Also, be prepared to discuss the questions that advocates should ask.
- Read the article on Why Are Poor Children More Likely to Be in the System?
- Research answers to these questions:
  - What is the minimum wage in your state?
  - What are the current poverty guidelines for a family of four in your state?
  - What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines?
- Complete the activity on examining poverty vs. neglect scenarios.
- Read the article on how to obtain confidential case-related records.
Pre-Work Recap, Cont’d.

- Read the article on Confidentiality and the CASA/GAL Volunteer.
- Read the article on the Necessity of Timely, Effective Communication.
- Read the article on the Fine Art of Team Work (child protection is not an individual sport).
- Read the Initial Case Notes for the Greene Case.
- Visit an agency by taking public transportation (the facilitator will decide whether to assign this optional exercise).

Chapter Overview and Competencies

This chapter introduces two common societal issues that may impact the children and families you are working with: mental illness and poverty. This chapter also offers additional information about communication skills, including requesting confidential information and working with professionals on a case.

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills, Attributes, Behavior Development in Chapter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>Understands how to obtain relevant confidential information</td>
</tr>
<tr>
<td>Foundation of Knowledge</td>
<td>Understands how mental illness affects families</td>
</tr>
<tr>
<td></td>
<td>Understands strategies to advocate for children and adolescents with mental health disorders</td>
</tr>
<tr>
<td></td>
<td>Understands how poverty can impact families and children</td>
</tr>
<tr>
<td>Sound Judgment</td>
<td>Understands the confidentiality requirements of being a CASA/GAL volunteer</td>
</tr>
<tr>
<td>Communication</td>
<td>Knows how to effectively articulate a point of view while advocating for the needs of a child</td>
</tr>
<tr>
<td></td>
<td>Understands the importance of speaking and writing clearly and concisely</td>
</tr>
</tbody>
</table>
Understanding Mental illness: Activity 4A

**Suggested Time:** 10 minutes

**Goal:** To help participants understand how children and families may be affected by mental illness

**Advanced Prep**

Print and make copies of the Mental Health Statistics handout found in the Chapter 4 Handouts.

**Pre-Cap Slide(s):** 9-13

**Activity Slide:** 14

**Facilitator Instructions**

**Part 1:** Distribute the Mental Health Statistics handout. Ask participants to read the handout individually and circle any statistics that they are surprised by. Then, have participants find a partner to share what each was surprised by. In the large group, ask for a few volunteers to share what they discussed in pairs.

(5 minutes)

**Part 2:** Ask the participants to recall information they read about the impact of mental illness on families and children as Pre-Work and provide a brief review. Stress that CASA/GAL volunteers do not have any role or responsibility in diagnosing mental illness in parents and/or children. In the large group, ask participants the following questions regarding what they know of the Greene case so far:

- How might parental mental illness affect Marky?
- What might you do as a CASA/GAL volunteer to gather additional information about the impact of parental mental illness on Marky?

(5 minutes)
Understanding Mental Illness: Activity 4A

**Part 1:** The facilitator will distribute a handout with mental health statistics. Read the information and circle any information that surprises you. Then, share with a partner the statistics you noted. The facilitator will ask for a few volunteers to share.

**Part 2:** Recall information you read about the impact of mental illness on families and children as Pre-Work and listen to the facilitator’s review of this information. In the large group, answer the following questions based on what you know so far about the Greene case:

- How might parental mental illness affect Marky?
- What might you do as a CASA/GAL volunteer to gather additional information about the impact of parental mental illness on Marky?
Mental Health Treatment for Children in Care: Activity 4B

Suggested Time: 10 minutes

Goal: To help participants understand issues related to mental health diagnosis and treatment of children in foster care

Pre-Cap Slide(s): 15-18

Activity Slide: 19

Facilitator Instructions

Ask the participants to recall information they read about mental health for children in care and a multimodal approach to managing mental health disorders in children and provide a brief review. Divide participants into groups of three or four and ask them to discuss the question below based on the information they read for Pre-Work.

• How might CASA/GAL volunteers advocate for children and adolescents with mental health disorders?

In the large group, have participants share their answers and any other questions that arose.

(10 minutes)
Mental Health Treatment for Children in Care: Activity 4B

Considering the information you read for Pre-Work on mental health for children in care and a multimodal approach to managing mental health disorders in children, discuss the following question in small groups:

- How might CASA/GAL volunteers advocate for children and adolescents with mental health disorders?

In the large group, share your answers and any questions that arose in your group’s discussion.
Poverty Pre-Work Debrief: Activity 4C

Suggested Time: 18 minutes

Goal: To help participants understand some of the challenges facing families living in poverty

Pre-Cap Slide: 21

Activity Slide(s): 22-23

Advanced Prep

Prior to facilitating this activity, research answers to the following questions (which participants were assigned for Pre-Work):

- What is the minimum wage in your state?
- What are the current poverty guidelines for a family of four in your state?
- What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines?

If you’d like to find additional information about children in poverty, the National Center for Children in Poverty offers many resources on its website, nccp.org.

Facilitator Instructions

Part 1: Discuss the answers to the questions about minimum wage and poverty in your state, and then debrief the assignment using the following questions:

- Why do you think this information is relevant for your work as a CASA/GAL volunteer?
- What are common assumptions about why certain populations experience poverty at a higher rate?
- Would you have to make changes in your life to live below the poverty threshold in your state? If so, what might they be?
- What skills or strengths does it take to live in poverty?

(7 minutes)
Part 2: If you assigned the optional Pre-Work to visit an agency using public transportation, debrief participants’ experiences using some or all of the following questions:

- Describe the preparations you had to make to do this assignment.
- How many buses (or other forms of public transportation) did you have to take to get to your destination? What was the cost?
- How long did it take you to get to your destination? If you were driving a personal vehicle, how much time would it take to get to your destination?
- What/who did you expect to see while riding public transportation? What/who did you actually see?
- What was your initial reaction or feeling when you learned that part of your assignment was to ride public transportation?
- How did you feel after riding public transportation, as compared to how you felt before riding it?
- How does riding public transportation put you in touch with the experiences of poor families who have no other means of getting around?
- What agencies did you visit? What services do they provide?
- How did it feel to be in an office that provides public assistance? Were you embarrassed and if so, why?
- How does this experience help you understand the stigma associated with being poor?

Point out that while riding the bus is a choice for many people, for some people it is the only option. Help participants think through what obstacles might face those who must rely solely on public transportation. You might mention the following reasons a parent might not show up for an appointment:

- Public transportation took too long.
- They didn’t have the money to pay for public transportation.
- They couldn’t walk the distance from home to the transit stop or from the transit stop to the location of the appointment.
Poverty Pre-Work Debrief, Cont’d.

• They couldn’t take extra time off work to accommodate the transit schedule.

• Bad weather prevented them from walking to the transit stop with small children.

Help participants see that a missed appointment might not mean a parent doesn’t care about her children; instead it might indicate the barriers and challenges faced by families in the system.

(11 minutes)
Poverty Pre-Work Debrief: Activity 4C

Part 1: For Pre-Work, you were asked to research these questions:

- What is the minimum wage in your state?
- What are the current poverty guidelines for a family of four in your state?
- What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines?

Share what you found during your research. Then discuss the following questions in the large group:

- Why do you think this information is relevant for your work as a CASA/GAL volunteer?
- What are common assumptions about why certain populations experience poverty at a higher rate?
- Would you have to make changes in your life to live below the poverty threshold in your state? If so, what might they be?
- What skills or strengths does it take to live in poverty?

Part 2: If the facilitator assigned the optional Pre-Work to visit an agency by taking public transportation, use the questions below to discuss your experiences in the large group:

- Describe the preparations you had to make to do this assignment.
- How many buses (or other forms of public transportation) did you have to take to get to your destination? What was the cost?
- How long did it take you to get to your destination? If you were driving a personal vehicle, how much time would it take to get to your destination?
- What/who did you expect to see while riding public transportation? What/who did you actually see?
- What was your initial reaction or feeling when you learned that part of your assignment was to ride public transportation?
- How did you feel after riding public transportation, as compared to how you felt before riding it?
Poverty Pre-Work Debrief, Cont’d.

• How does riding public transportation put you in touch with the experiences of poor families who have no other means of getting around?
• What agencies did you visit? What services do they provide?
• How did it feel to be in an office that provides public assistance? Were you embarrassed and if so, why?
• How does this experience help you understand the stigma associated with being poor?
Why Are Poor Children More Likely to Be in the System?

Suggested Time: 7 minutes

Goal: To help participants understand how poverty and the child welfare system intersect

Pre-Cap Slide(s): 24-25

Activity Slide: 26

Facilitator Instructions

Ask the participants to recall the article they read in the Pre-Work: “Why Are Poor Children More Likely to Be in the System?.” Provide a brief overview of the information in the article. Ask participants to turn to a partner and answer the questions listed below, which also appear in the Volunteer Manual. The answers to these questions are not specifically found in the material. Assure participants that there are many factors involved in each issue.

• 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 different from those of poor white families? What about Native American families? Why are race and income level interconnected issues?

After five minutes, consider pairing volunteers together to share some of their answers with the large group.

(7 minutes)
Poor Children in the System: Activity 4D

Why Are Poor Children More Likely to Be in the System?

In pairs, discuss the following questions. There are many possible answers for each question.

- 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 different from those of poor white families? What about Native American families? Why are race and income level interconnected issues?

The facilitator will ask for a few volunteers to share in the large group.
POVERTY VS. NEGLECT: ACTIVITY 4E

SUGGESTED TIME: 10 MINUTES

GOAL: To help volunteers see that poverty does not equal neglect

ACTIVITY SLIDE: 27

FACILITATOR INSTRUCTIONS

Ask the participants to recall the scenarios that they examined on child safety and provide a brief review. In the large group, have participants describe the factors they considered when completing the sentences in the scenarios. During the discussion, encourage participants to think about these situations from different perspectives by asking questions like:

- What is the family’s economic level?
- Are cultural issues present that might cause the family not to ask for help?
- Are there language or literacy barriers that prevent the family from accessing resources?
- Is the situation temporary or permanent?
- What is the age of the child?
- Are other risk factors, such as substance abuse or mental health disorders, present?
Poverty vs Neglect: Activity 4E

Recall the scenarios that you examined on child safety in the Pre-Work. In the large group, describe some of the factors you considered as you finished each sentence in each scenario. During the discussion, think about these situations from different perspectives by answering questions such as:

- What is the family’s economic level?
- Are cultural issues present that might cause the family not to ask for help?
- Are there language or literacy barriers that prevent the family from accessing resources?
- Is the situation temporary or permanent?
- What is the age of the child?
- Are other risk factors, such as substance abuse or mental health disorders, present?
# Skill Building: Professional Communication

## Obtaining Confidential Records: Activity 4F

<table>
<thead>
<tr>
<th>Suggested Time: 10 minutes</th>
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<tbody>
<tr>
<td><strong>Goal:</strong> To help volunteers understand the process of obtaining confidential records pertaining to a case</td>
</tr>
</tbody>
</table>

### Advanced Prep

Research your program’s release of information policies to give an overview during this presentation. Make copies of local release forms found in Local/Program Handouts that participants will use in their work as CASA/GAL volunteers.

### Pre-Cap Slide(s): 29-30

### Activity Slide: 31

### Facilitator Instructions

**Part 1:** Ask the participants to recall the information that they read about obtaining confidential records as Pre-Work. Note that in general CASA/GAL volunteers have much broader access to the confidential records of an assigned child than they do to those of the child’s parents. Mention any specific local agency policies about how to request confidential information. For instance, are your volunteers required to get permission from a parent’s attorney before having a parent sign a release of information allowing access to their confidential records? Does your program recommend that volunteers ask parents to sign releases the first time they meet them, when they might be most willing to sign?

Distribute copies of local release forms that participants will use in their work as CASA/GAL volunteers, and tell participants how to access these forms once they are appointed to a case.

(2 minutes)
Obtaining Confidential Records, Cont’d.

Part 2: Have participants discuss the following questions in small groups:

- List several types of confidential records concerning children and how having access to these records would benefit you as a CASA/GAL volunteer. What is one important confidential record concerning Marky Greene that you want to review?
- List several types of confidential parental records and how having access to that information would benefit you in your volunteer role. What is one parental record you want to review in the Greene case?

Ask groups to report back in the large group.

(7 minutes)
Part 1: Recall the information that you read about obtaining confidential records for children and parents involved in a child protection case as Pre-Work. Listen as the facilitator presents information about local policies and practices. The facilitator will also distribute copies of local release forms that you will use in your work as a CASA/GAL volunteer.

Part 2: In small groups, discuss the following questions:

- List several types of confidential records concerning children and how having access to these records would benefit you as a CASA/GAL volunteer. What is one important confidential record concerning Marky Greene that you want to review?
- List several types of confidential parental records and how having access to that information would benefit you in your volunteer role. What is one parental record that you want to review in the Greene case?

Report back to the large group.
Confidentiality and the CASA/GAL Volunteer: Activity 4G

Suggested Time: 7 minutes

Goal: To introduce volunteers to the concept and rules of confidentiality

Advanced Prep

Prepare and make copies of a section found in Local/Program Handouts with local laws and/or rules about confidentiality.

Activity Slide: 32

Facilitator Instructions

Ask the participants to recall the information that they read about confidentiality as Pre-Work and provide a brief overview. Display the Chapter 4 PowerPoint slide of the confidentiality flowchart to help participants understand how they can determine whether or not to share information. Answer any questions and provide written handouts for local confidentiality guidelines or rules.
## Confidentiality and the CASA/GAL Volunteer: Activity 4G

Recall the information that you read about what confidentiality means for the CASA/GAL volunteer as Pre-Work. It is important that you are very clear about what information is, and what is not, confidential—and with whom you can share what pieces of information. Discuss any questions you have. The facilitator will address all questions in the large group.
Should I share information with someone else about this child or this case?

Is it in the child's best interest to share this information?

- **NO**
  - Resist sharing the information. Is the person legally entitled to it?

- **YES**
  - Contact CASA/GAL program staff.

  Is it my information to share?

- **NO**
  - Direct the person asking to the original source.

- **YES**
  - Is the person legally entitled to the information?

- **NO**
  - Tell the person that he or she will need to obtain a court order.

  Share the information.

Author: Diane Robinson
Effective Communication with Professionals on a Case: Activity 4H

**Suggested Time:** 15 minutes

**Goal:** To introduce participants to examples of effective communication with professionals working on a case

**Advanced Prep**

Ensure the participants have a copy of the section on Sample Communication with Caseworkers from Handouts. Gather examples—both positive and negative—of communication issues in your program, and be ready to share them with participants.

**Pre-Cap Slide(s):** 33-34

**Activity Slide:** 35

**Facilitator Instructions**

**Part 1:** Ask the participants to recall the information they read about the necessity of timely, effective communication as Pre-Work and provide a brief overview. Remind participants that as CASA/GAL volunteers, they will need to speak with numerous people during the life of the case, many of whom will have different mandates and rules to follow. Each may have information critical to the information gathering process. Keeping lines of communication open with all parties and professionals is essential.

With this in mind, have the class brainstorm ten attributes of good communication in CASA/GAL volunteer work.

(5 minutes)

**Part 2:** Divide the class into small groups and assign each group one example from the handout containing successful examples of communication. Ask the groups to discuss what makes each example effective. After a few minutes, do a quick debriefing with the large group.

(10 minutes)
Effective Communication with Professionals on a Case: Activity 4H

**Part 1:** Recall the information that you read about the necessity of timely, effective communication as Pre-Work. In the large group, brainstorm ten attributes of good communication in CASA/GAL volunteer work. Keep in mind the volunteer’s role in working with caseworkers and other professionals.

**Part 2:** The facilitator will divide the class into small groups and assign to each group one example of successful communication from the handout. In your small group, discuss what made this communication effective.

In the large group, discuss your findings.
Working a Case

The Greene Case: Activity 4I

Suggested Time: 60 minutes

Goal: To allow participants to apply what they have learned to a real-life simulation

Advanced Prep

Make copies of the Greene Case Study Materials, which appear in the Chapter 4 Handouts.

Activity Slide: 37

Facilitator Instructions

Part 1: Lead the case study activity as described in the Volunteer Manual. Once participants have begun working in small groups, monitor each group to be sure they are on topic but do not micromanage the groups. While you may need to offer more support during the first couple of case studies, allow participants enough space to learn and make mistakes, which can be discussed during the debrief. Be sure to monitor the time.

(40 minutes)

Interviews available for the Greene case:

(This list is for your use only. Groups must decide on their own who they want to interview.)

- Marky Greene: First Contact
- Marky Greene: Second Contact
- Former Landlords of the Greenes
- Intensive In-Home Family Therapist: Monica Morales
- Parents: Judy and Roy Greene
- School Nurse and Marky’s Teacher
- CPS Caseworker Ryan Headon: First Contact
- CPS Caseworker Ryan Headon: Second Contact
**The Greene Case, Cont’d.**

**Part 2:** Allow groups a few minutes to read other groups’ recommendations posted on flipcharts around the room. Then hand out the debrief questions and have the small groups discuss them for several minutes. Afterward, go through these questions and any other questions participants may have about the case. Be sure to stick to conversations around the Chapter 4 topics: mental health, poverty and professional communication skills. Other issues that are covered in more depth in future sessions may arise. Put these topics on the Parking Lot, and address them during the chapter in which they are covered.

(20 minutes)
The Greene Case: Activity 4I

Part 1: Your group will receive a hard copy of the initial file for the Greene case, which you read for Pre-Work. Take several minutes to re-familiarize yourself with the information in the case file. You will also receive a list of questions that your Questioner should remind your group to consider as you review documents and make your recommendations. After you review the initial case file, 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 to complete your information gathering for the case at this stage. After 35 minutes, your Scribe should legibly write on the flipchart your group’s recommendations regarding services for the child, services for the parent and placement decisions.

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.
# Taking Case Notes: Activity 4J

**Suggested Time:** 15 minutes

**Goal:** To allow participants to practice taking clear and detailed case notes that they can use to write a volunteer court report

**Activity Slide:** 38

**Facilitator Instructions**

At the start of this activity, make sure each small group has a copy of the Greene case study interview with Monica Morales, the intensive in-home family therapist. Ask each group to have one person read the interview aloud to their group. Then, working individually, participants should summarize the interview into a paragraph for their case notes. This activity is intended to simulate the process of pulling out key information from an interview to record for later use when writing the volunteer court report.

Ask for a few volunteers to share their notes in the large group. Point out what worked well and any ways they might improve their notes.
Taking Case Notes: Activity 4J

Taking clear and detailed notes is essential to your work as a CASA/GAL volunteer, as these notes will form the basis for your volunteer court report. Each time you meet with or speak to someone regarding a case or review records pertinent to a case, you will need to document what you learned. Your notes should include what was said and what you observed.

Working in the same small groups you were in for the Greene case study activity, have one member of your group read aloud the interview with Monica Morales, the intensive in-home family therapist. Then, working individually, summarize the interview into a paragraph for your case notes.

The facilitator will ask for volunteers to share their summaries in the large group.
Chapter Wrap-up and Review

Chapter Review

Review Slide(s): 39-40

In summary, you can review the objectives found at the beginning of the chapter to check in about volunteers’ comfort level with the content. Answer any remaining questions.

Evaluation Slide(s): 41

Hand out copies of the Chapter 4 Volunteer Training Evaluation and collect them before participants leave.

Chapter 5 Pre-Work

Pre-Work Activities

Pre-Work Slide(s): 42

Assign the following Pre-Work activities for the Chapter 5 training session and remind participants of the date and time when this session will take place.

Substance Abuse

Ask participants to read the National Institute on Drug Abuse information about commonly abused drugs; a link is provided in the Chapter 5 Pre-Work packet. Tell them they do not need to become experts on this topic; they should simply become familiar with the variety of abused drugs and their effects. Participants should also read the statistics about substance abuse found in the Chapter 5 Pre-Work packet.

National CASA Vision Statement and Guiding Principles

Ask the participants to read the National CASA Vision Statement and Guiding Principles found in the Chapter 5 Pre-Work packet.
Chapter 5 Pre-Work, Cont'd.

Cultural Competence
Ask participants to read the Cultural Competence Glossary found in the Chapter 5 Pre-Work packet before the Chapter 5 training session. This glossary will help familiarize them with some of the terms they’ll encounter in Chapters 5 and 6.

Disproportionality and Statistics
Ask the participants to read information about disproportionality and disproportionality statistics found in the Chapter 5 Pre-Work packet.

The Lavender Case
Ask the participants to read the Initial Case Notes for the Lavender Case found in the Chapter 5 Pre-Work packet before attending the Chapter 5 session.

Good and Bad Court Reports
Ask the participants to read examples of good and bad court reports found in Chapter 5 Pre-Work packet and answer the following questions:

– Which statements are opinion-based?
– Which statements are fact-based?
– What’s missing from each example?
– What could be improved in each example?
Chapter Wrap-Up

Share any remaining questions you have about the material covered in this chapter.

Fill out the Chapter 4 Volunteer Training Evaluation and give it to the facilitator before you leave.

Chapter 5 Pre-Work

Prior to the Chapter 5 training session, complete the following assignments:

Substance Abuse

Read the National Institute on Drug Abuse information about commonly abused drugs by clicking on the link provided in the Chapter 5 Pre-Work packet. You do not need to become an expert on this topic; simply familiarize yourself with the variety of abused drugs and their effects. Also read the statistics about substance abuse found in the Chapter 5 Pre-Work packet.

National CASA Vision Statement and Guiding Principles

Read the National CASA Vision Statement and Guiding Principles found in the Chapter 5 Pre-Work packet.

Cultural Competence

Read the Cultural Competence Glossary in the Chapter 5 Pre-Work packet. This glossary will help familiarize you with some of the terms you’ll encounter in Chapters 5 and 6.

Disproportionality and Statistics

Read information about disproportionality and disproportionality statistics found in the Chapter 5 Pre-Work packet.

The Lavender Case

Read the Initial Case Notes for the Lavender Case in the Chapter 5 Pre-Work packet. You will be applying what you know about this case during various activities in Chapter 5.
Chapter 5 Pre-Work, Cont’d.

**Good and Bad Court Reports**

Read examples of good and bad court reports found in the Chapter 5 Pre-Work packet and answer the following questions:

- Which statements are opinion-based?
- Which statements are fact-based?
- What’s missing from each example?
- What could be improved in each example?
CHAPTER FOUR
CHAPTER 4
Pre-Work Handouts

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Pre-Work Instructions

This section details the work you need to complete before the fourth classroom session. Completing this work prior to the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA/GAL volunteer.

Prior to attending the fourth session of the volunteer training, please read through the pre-work handouts found in this document. This will give you a foundation in concepts such as: mental illness in families, mental health of children in care, a multimodal approach to managing mental health disorders in children, questions to ask regarding mental health of children, why poor children are more likely to be in the care system, how to obtain confidential case-related records of children and parents, confidentiality in CASA/GAL volunteer work, the need for timely and effective communication, the fine art of team work and the initial case notes for the Greene case. You should also complete the activity of examining poverty vs. neglect scenarios. Optionally, if the facilitator assigns the activity, you should also complete the activity of visiting an agency by taking public transportation.
Mental Illness in Families

Definition

According to the National Alliance on Mental Illness (NAMI), “A mental illness is a condition that impacts a person’s thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis. Each person will have different experiences, even people with the same diagnosis.”

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 according to definitions published in the The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), currently in its fifth edition, Serving as the American Psychiatric Association’s (APA) classification and diagnostic tool, in the United States, the DSM serves as a universal authority for psychiatric diagnosis. The term “dual diagnosis” indicates that an individual has both a psychiatric disorder and a substance abuse problem.

Causes

A mental health condition usually has its origins in multiple, overlapping causes, which may include genetics, biology, environment and life stressors. Mental illness is not caused by personal weakness or a character defect. 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/GAL volunteer work is to accept that mental illness can affect a person—mentally, physically, psychologically, socially, emotionally and spiritually.

Impact of Parental Mental Illness on Children

A parent’s mental illness can significantly affect a child, potentially leading to social, emotional or behavioral problems. According to Healthy Place, children of a parent with mental illness may experience the following impacts:

- Inappropriate levels of responsibility (also known as “parentification”)
- Self-blame for their parents’ problems
- Anger, anxiety or guilt
Mental Illness in Families, Cont'd.

- Embarrassment, shame or isolation
- Increased risk of school-related problems, drug use and poor social relationships
- Risk of mood disorders, alcoholism and personality disorders

However, parental mental illness doesn’t automatically sentence children to a life of problems. Whether a child can thrive despite these challenges depends on the strengths and protective factors present in the family, as well as the child’s level of resilience. As a CASA/GAL volunteer, you can recommend services that build on a family’s strengths and help them overcome the challenges they face.

Untreated Mental Illness

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 American 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 hallucinate or have delusions, which make them a danger to themselves or their children. It is critical for you as a CASA/GAL 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 can function normally.

Mental Illness and Child Welfare

According to Mental Health America, “A higher proportion of parents with serious mental illness lose custody of their children than parents without mental illness. There are many reasons why parents with a mental illness risk losing custody, including the stresses their families undergo, the impact on their ability to parent, economic hardship and the attitudes of mental health providers, social workers and the child protective system.”
Mental Illness in Families, Cont'd.

Supporting a family where mental illness is present takes extra resources that may not be available or may not be offered. Also, a few state laws cite mental illness as a condition that can lead to loss of custody or parental rights. One unfortunate result is that parents with mental illness might avoid seeking mental health services for fear of losing custody of their children.”

To understand the impact of mental illness in a family, it is critical to examine if a parent’s level of functioning is sufficient to keep a child safe, and whether another competent adult is present in the home. A person’s level of functioning is the result of many factors; 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 beyond the diagnosis, to level of functionality, you can make recommendations to remedy the problems that caused family involvement in the child protective services system.

Assessment

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 child protective services caseworker about your concerns. The following are some indicators that may point to the need for professional assessment:

• Social withdrawal: “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: 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: 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
Mental Illness in Families, Cont'd.

• Expression of feeling disproportionate to circumstances: 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: 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 or school

Treatment

Availability of mental health treatment varies, and its effectiveness depends on a variety of factors. Treatment options can include medication, counseling or therapy, social support and education. A well-designed treatment plan takes individual differences into account.

Cultural Considerations

Different cultural communities perceive mental health conditions differently. Cultural background can affect whether people seek help, what kind of help they turn to, their ways of coping, the kinds of treatment that work and the barriers to receiving effective care. It’s crucial that professionals take culture into account when evaluating mental illness and providing treatment options.

What a CASA/GAL Volunteer Can Do

• When you’re concerned that a mental illness has gone undiagnosed, you can recommend a mental health assessment of a parent or child.

• You may request consultations with a parent’s or child’s mental health care provider. Although a parent’s mental health care providers are ethically and legally required to maintain their client’s confidentiality, they may be willing—with their client’s permission—to talk to you about their perspective on the situation and any concerns you may have. Your CASA/GAL volunteer supervisor will be able to answer your questions about gaining access to this confidential information.
Mental Illness in Families, Cont’d.

- When you encounter resistance to a label, diagnosis or treatment, you can become aware of ethnic or cultural considerations. The standards for research and definitions of health, illness and treatment have historically derived from a white, middle-class perspective.

- When appropriate, you can ensure that children are provided age-appropriate explanations of their own or their parent’s mental illness diagnosis by a qualified individual.

- When appropriate, you can advocate for holistic treatment that considers all aspects of an individual, including mental, spiritual, emotional and physical, as opposed to one-dimensional treatment.

- You can create documentation of a parent’s or child’s mental health issues by reviewing history and case files, and listing all diagnoses, noting the year diagnosed and the medication prescribed, and recording the prescribing provider’s name.
Medications can help children and teens in foster care, but they can also further impair them, derail them and sabotage them. Without a clear understanding of their mental health issues, misdiagnoses can be made and incorrect medications can be prescribed. If there is no reliable caregiver who can describe the child’s struggles, information collected can be biased and incomplete. If emotional trauma underlies the presenting symptoms and is not addressed, medications can have no effect or increase problems. If medications are prescribed but other therapies are not provided and supervision of the medication is inadequate, healing and stabilization supporting healthy growth will not occur. Finally, if caregivers are not adequately trained and educated in caring for a child with significant emotional and psychological needs, medications can often be given to the child to “manage their behaviors” rather than to truly treat the child’s illness.

To adequately and successfully represent and speak for a child or teen in foster care, the child’s advocate must be able to communicate with the child and discuss the child’s experiences. Does the child manage his or her acting-out behaviors and emotions, use positive social skills, think clearly and track the ongoing events in their lives? Children and teens also need to be safe. Depression or suicidal thinking must be addressed. Self-abusive behaviors must be contained and risk-taking behaviors reduced. Medications can be part of a successful intervention and treatment plan. Working with children and teens in foster care requires a solid understanding of the positive and negative aspects of medication use in this population.
Managing mental health issues and the symptoms experienced by children and adolescents involves many modalities:

- Medication treatment, or psychopharmacology, can alleviate or lessen the symptoms that accompany many mental health disorders. If behavior is deemed appropriate for drug therapy and accurately prescribed, medication may decrease the impulse to tantrum, help a child regulate physiologic responses to emotions or eliminate auditory hallucinations. Proper medication support can provide behavioral stability and support with emotional regulation that a child or teen may need to readily engage in other forms of therapy. For example, a very depressed teen who cannot control her crying when she needs to be able to talk about her abuse and history can feel more in control emotionally with the right medication, allowing her to discuss the important issues and aid in her healing.

- Behavioral therapy can help increase positive behaviors and decrease negative acting out.

- Cognitive behavioral therapy can help correct a pattern of negative thoughts that interfere with the ability to relate to others.

- Play therapy can help heal past trauma and facilitate a child’s return to normal functioning.

- Child-parent psychotherapy—working directly with the parent and child together can help the child learn healthy ways of interacting and functioning. Parents can be coached to become more reflective, develop a deeper understanding of their child’s needs and their role in their child’s life. They also learn how to interact with their child to promote a healthy, secure attachment and to support healthy growth and development.

- Dialectical behavioral therapy (DBT) can provide important skills, such as distress tolerance and emotional regulation, in struggling adolescents and help them integrate new coping skills into their daily interactions.

These treatments can help manage symptoms, facilitate healing and return children to optimal functioning.

Reprinted from “Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges,” by JoAnne Solchany, ABA Center on Children and the Law, October 2011.
Questions Advocates Should Ask

Children and teens have little, if any, power over their lives when they enter care. They generally lack the knowledge to understand what they need medically, regardless of the type of treatment needed. Asking the following questions will help identify their needs and determine which recommended treatments are in their best interests.

• What is this medication needed for?
• Were you able to obtain an accurate medical, behavioral and psychological history from parents and past providers?
• What else has been tried?
• What other modes of treatment or intervention will also be provided?
• Who will monitor the ongoing use of this medication? How often will this child be seen?
• What are the possible side effects of this medication and how will they be handled?
• What evidence supports the use of this medication with children?
• Will this child be able to comply with the prescribed medication?
• Does the child agree with taking this medication?
• Who has given permission to begin this child on medication?
• What other medications is this child on? Can this medication be safely combined with the current medication(s)?
• How will this medication help improve this child’s functioning?
• What are the risks versus benefits of using this medication? What are the risks versus benefits of not using the medication?
• Is a second opinion warranted in this case?

Adapted from “Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges,” by JoAnne Solchany, ABA Center on Children and the Law, October 2011.
Poverty in Your Community Research Activity

Research answers to these questions:

• What is the minimum wage in your state?
• What are the current poverty guidelines for a family of four in your state?
• What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines

To find additional information about children in poverty, you can refer to the website of the National Center for Children in Poverty.
Visiting an Agency by Taking Public Transportation Activity (Optional)

Many of the parents that you will work with do not have personal vehicles and must rely on public transportation when traveling to and from case-related appointments. It’s helpful for you to experience public transportation first-hand to be able to understand these parents’ experiences. We will ask you to share about your experience in a later class. You must complete this assignment by __________.

• The facilitator will either assign you an agency to visit or ask you to sign up for an agency.

• Take public transportation to the agency. You may catch transit from your home, the mall, or the local juvenile justice center.

• Once you arrive, sit and observe what’s happening—who is in the room, how long they wait for services and how they are treated. Then introduce yourself as a CASA/GAL volunteer trainee and ask for a few copies of agency brochures and/or other pertinent information describing the agency and its services.

• Bring the brochures/information to the next training session to share with the class. The CASA/GAL program will keep them for reference.

At the next training session, you will share information about the agency you visited, your observations of their interactions with clients, any observations about the clients and your experience riding public transportation.
Many of the children you will encounter as a CASA/GAL 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 or their fitness as a parent long term. 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 abuse 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. Children who live in poverty are far more likely to have reports of abuse and neglect and substantiated incidents of abuse and neglect in their lives, and poor families of color are more likely to be reported for abuse and neglect and to have their children removed than white families in similar situations. 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
- To earn less and be unemployed more as adults
Higher Rate of Poor Children in the System, Cont'd.

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 several 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
Examine Poverty vs. Neglect Scenarios
Activity

Consider the circumstances in which each scenario listed below would and would not constitute a child safety issue. Complete the sentence for both “Yes, if . . .” and “No, if . . .”.

A family does not have a refrigerator. Is this a child safety issue?
Yes, if . . .
No, if . . .

A family lives in a rental unit with holes in the floor. Is this a child safety issue?
Yes, if . . .
No, if . . .

A family lives in a car. Is this a child safety issue?
Yes, if . . .
No, if . . .

A family does not have electricity. Is this a child safety issue?
Yes, if . . .
No, if . . .

A family does not have beds for their children. Is this a child safety issue?
Yes, if . . .
No, if . . .
Examining Poverty vs. Neglect Scenarios Activity, Cont'd.

A family does not have money to buy the mother’s antidepressant medication. Is this a child safety issue?
Yes, if . . . ______________________________________________________
No, if . . . ______________________________________________________

A family does not have a crib for their infant. Is this a child safety issue?
Yes, if . . . ______________________________________________________
No, if . . . ______________________________________________________

A family has one parent who uses drugs. Is this a child safety issue?
Yes, if . . . ______________________________________________________
No, if . . . ______________________________________________________
**Obtaining Confidential Case-Related Records**

Your appointment as a CASA/GAL volunteer will advise information keepers that you are allowed access to records—even records that would otherwise be confidential—pertaining to the child in your assigned case. Present photo identification and copies of your legal appointment when you visit an agency from which you seek information.

The court order appointing you as the child’s advocate provides fairly wide latitude to access that child’s records. Parents’ records are often more difficult to obtain. They or their attorneys may resist your efforts to access certain records if the information might damage the parents’ credibility and their chance to have their child returned home. The best way to ensure your ability to obtain confidential records for a parent or other adult party to a case is to submit a release of information (signed by the parent) to the agency from which you request records. A release of information is a signed statement by a client authorizing the indicated third party access to the client’s confidential information. Many agencies require that you use their form.

The process for obtaining information from child protective services agencies and schools differs from program to program. For example, information may be obtained through a legal process called “discovery,” or it may be up to the individual CASA/GAL volunteer to obtain those records. Follow the direction of your local CASA/GAL program on how best to access child protective services documents, school records and other information involving the child(ren) and family to whom you’ve been assigned.

Many child welfare agencies, hospitals and schools do not honor walk-in records requests. Plan to call ahead and request that records be pulled for you to read at a certain date and time. Some hospitals and agencies will allow you to make copies on their machines; others will ask you to mark the requested pages and will send the copies to you. If you are denied access to records, contact your CASA/GAL volunteer supervisor.

Your local program will advise you on how to access medical records. They may post hospital names and contact information on the program’s website or provide a handout with that information. There are some caregiver records that you will not be able to access due to law. This is most likely to occur with drug information, doctor and hospital records and mental health records.
Confidentiality and the CASA/GAL Volunteer

As a CASA/GAL volunteer, you will have access to confidential information about children and the people involved in their lives. You will need to understand your responsibilities in dealing with the confidential information you have gathered. The law governs who has access to confidential information. The CASA/GAL volunteer may not release this information except to the child, CASA/GAL program staff, the attorney(s) on the case, the caseworker, the court and others as instructed by law or local court rule. There will be times when it will be tempting to share information with others, for example, when a person has just finished sharing information with you or when you believe doing so might help your assigned child. However, your role is to be an information gatherer for the court—not a transmitter of information to people with whom you are not authorized to share it. If certain information needs to be shared, consult with your supervisor to determine how you might facilitate communication among others without violating confidentiality yourself. Mistakes in handling confidential information can be detrimental to the children involved and can bring criminal action against the people who misuse the information. When in doubt, discuss any confidentiality concerns with your supervisor!

What Information Should the CASA/GAL Volunteer Share with the Child?

The CASA/GAL volunteer is expected to develop a meaningful relationship with the child in order to make sound, thorough and objective recommendations in the child’s best interest. The volunteer also ensures that the child is appropriately informed about relevant case issues, considering both the child’s age and developmental level. The child is informed in an age-appropriate manner of impending court hearings, the issues to be presented, the recommendations of the volunteer and the resolution of those issues. If there is any question about what information should be shared with the child, ask your supervisor.

What Is Confidential?

The legal definition of “confidential” varies from state to state. Some laws are quite clear and others vague. The facilitator will share with you the definitions and rules in your state. As a CASA/GAL volunteer, you must regard as confidential any information that the source deems confidential. If any source
Confidentiality and the CASA/GAL Volunteer, Cont’d.

from which you obtain information requires you to show the court order of appointment or inquiries about why you are entitled to get such information, you should respectfully produce your court order and photo identification. Your appointment order gives you the authority to obtain a great deal of information that is, in fact, confidential. Child protective services records are confidential and are not available for public inspection. It is especially important that the name of any person who has made a report of suspected child abuse and neglect not be revealed. School records are also confidential. There are legal privileges that protect attorney/client, doctor/patient, clergyperson/congregation member, psychologist/patient and caseworker/client communications. Such communication, whether verbal or written, is all confidential and must remain so unless a court order specifically states otherwise. You are not allowed to share information with anyone other than the child, CASA/GAL program staff and attorney(s), the caseworker and the court unless a local or state order allows for a broader sharing of information.

You need not treat conversations with neighbors and friends who voluntarily give information as legally confidential. Also, if you speak with a teacher who is not providing confidential school records, but rather sharing impressions, these impressions would not be confidential unless the teacher requested that they be kept as such. This information, although not legally confidential, is still private and should not be shared except on a “need to know” basis, and then only with those people who need the information to better serve the child.

Should You Tell a Source That You Intend to Share Their Information?

There does not appear to be any legal requirement that you disclose to a source your intent to share information. However, it is important to be respectful of the source and to be honest about your intentions with regards to the use of the information. When introducing yourself as a CASA/GAL volunteer, mention that your role includes gathering information in order to make recommendations to the court. Never promise that you will not share information received.
Confidentiality and the CASA/GAL Volunteer, Cont’d.

Sharing Information with Foster Parents

As a CASA/GAL volunteer, you are not the foster parents’ source of information about the child’s case, nor are you their advocate. That is the responsibility of the social services department. Your job is to focus on the child’s needs and keep the child informed about the case.

Foster parents may seek information from you about the children in their care, but foster parents’ contractual relationship is with the child protective services agency or a private licensing agency. To provide adequate care, foster parents do need to know relevant information regarding the child. In fact, federal law requires that the child protective services agency provide the foster parent with the child’s health and education records at the time of placement. The records should be updated periodically and each time the child is moved to another placement. These records must include, at a minimum, the following:

• Names and addresses of the child’s health care provider and school
• The child’s immunization record, known medical problems and medications
• The child’s school record with current grade level performance
• Other relevant health and education information (e.g., behavioral problems and/or disabilities)

There may be instances, however, where you have information that would help a foster parent care for a child. Suppose, for instance, that you know the child has a history of sexual victimization and that he/she has been moved from an earlier foster home after being found in bed with a younger child. The current foster parent does not have this information and there is another young child in the home. In such a case, it is clearly in the best interest of both the child and other children in the home that this information be shared. After discussing the issue with your supervisor to determine the best approach, you should contact the caseworker and state a clear expectation that this critical background information be shared with the current foster care provider. As a CASA/GAL volunteer, you should not share this information yourself.
The juvenile court system functions on strict timelines, which are in place so children progress toward a safe, permanent home and do not languish unnecessarily in out-of-home care. Guidelines intended to protect children can make successful completion of a case plan difficult for parents, especially those with drug and mental health issues. Children and parents need services put in place as quickly as possible. Every person on a case needs to understand where the case stands—including roadblocks, setbacks and successes—to give the parents the best chance at reunification and the child the best chance at finding a safe, permanent home in a timely manner.

As a CASA/GAL volunteer, you will need to speak with numerous people during the life of a case, many of whom will have different mandates and rules to follow. Each may have critical information that you need. Keeping lines of communication open with all parties and professionals is essential. If communication breaks down, case progress is invariably affected in a negative way. There is no time to waste on anyone’s part in a child welfare case. As a CASA/GAL volunteer, you should be a facilitator of communication and avoid being part of a communication breakdown. Open, respectful communication among everyone involved in a case is critical to serving the child’s best interests.

The Necessity of Timely, Effective Communication
The Fine Art of Teamwork

Common Sense Ideals

- We are all working toward the same goal: protecting children.
- We are all human beings—we will have some moments to shine and will make some mistakes along the way.
- Decisions should be based on the safety of the child, not on personal likes or dislikes.
- We will disagree sometimes; avoid being defensive or feeling personally attacked.
- We are all diverse, unique individuals who bring different thoughts, experiences and knowledge to the case.
- Lack of trust, openness and honesty will quickly kill any sense of teamwork.
- Be civil if you can’t be friendly. Being curt, short or insensitive to others should not be tolerated.

Team Building Practices

- Make sure team goals are clear and unambiguous.
- Make sure there is complete clarity about individual vs. shared responsibilities
- Build trust with your team members to facilitate more open and honest communication.
- Try to involve the whole team in the process and discussion; everyone’s input is crucial.
- Be careful when bringing personal issues to the table; leave personal feelings aside and be considerate.
- Empower each member by listening to each other and being courteous.
- Point out when someone has a good idea or suggestion; be friendly with each other.
- Be comfortable in asking questions or clarifying others’ points of view; make no assumptions.
The Fine Art of Team Work, Cont'd.

Open and Successful Decision Making

• Attend or provide input at any team meetings regarding your case.
• Be open to new ideas and information that may change your thoughts or recommendations
• Evaluate each suggestion based on merit, probability and safety for the child.
• Act on the decision that was made.
• If you disagree with a plan, make it clear in a professional, non-emotional manner, explaining why and what your intended plan of action is.

What to Do If Someone Isn’t Being a Team Player

Start by talking with that person in a non-confrontational manner. Begin by stating how much you appreciate their input and how important it is to the child and family.

Advise your immediate supervisor of the issues you have encountered and ask for assistance and direction.

Adapted from material created by Kelly Hickle-Lentz, Wood County, OH Job and Family Services and Lucas County CASA Program.
# Initial Case Notes for the Greene Case

## CPS Case File

<table>
<thead>
<tr>
<th>Last Name of Case:</th>
<th>Greene</th>
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<td>Legal Number(s):</td>
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<th>Child(ren)’s Name</th>
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<td>8 years</td>
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<td>M</td>
<td>Home of bio mother &amp; father</td>
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## Current Caretaker(s)

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<th></th>
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<tr>
<td>Bio Mother: Judy Greene</td>
<td>4810 Old Mill Rd</td>
<td>555-5454</td>
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<tr>
<td>Bio Father: Roy Greene</td>
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## Attorneys for

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<tr>
<td>Mother</td>
<td>Darlene Wright</td>
<td>555-6000</td>
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<tr>
<td>Father</td>
<td>Walt Harris</td>
<td>555-8727</td>
</tr>
<tr>
<td>CPS</td>
<td>Robin Jackson</td>
<td>555-6552</td>
</tr>
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## Indian Child Welfare Act Status:

Court has established that ICWA does not apply in this case.
Case History

Two weeks ago: A call was made to the CPS hotline by the kindergarten teacher and school nurse at Parkside Elementary. The callers stated that one of their students, Marky Greene, often comes to school with poor hygiene, that much of his clothing is not his size, and that he’s just come in with his third case of head lice in three months.

This CPS social worker (SW) interviewed the child’s parents, Judy and Roy Greene. The family is Caucasian; the parents are in their late twenties. Per medical records, mother was diagnosed with bipolar disorder as a senior in high school. The Greene family moved here from a few states away. They have no extended family living nearby.

SW found conditions in the home deplorable but not dangerous. CPS decided to file a petition for neglect but to allow the child to remain at home for the time being.

Adjudication and disposition hearings were held the same day. Both parents attended. It was determined that the child’s placement will continue in their home until the 3-month review hearing. Parents were ordered to cooperate with CPS treatment plan. Judge admonished them to work hard and pointed out that Marky was still under court’s jurisdiction. He ordered CPS to not hesitate to take physical custody, should conditions in the home or family deteriorate.

<table>
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<th>CASA History: Case Initially Assigned to:</th>
<th>You and your team</th>
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<td>Current CASA volunteer:</td>
<td>You and your team</td>
<td>Date Assigned:</td>
<td>Today</td>
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<tr>
<td>Initial CPS Social Worker:</td>
<td>Ryan Headon</td>
<td></td>
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<tr>
<td>Current CPS Social Worker:</td>
<td>Ryan Headon</td>
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## Case History, Cont’d.

### Court-Ordered Services

**For the Child:**
Educational needs met as appropriate

**For the Father:**
Psychological evaluation and counseling (if recommended)

**For the Mother:**
Psychological evaluation and treatment/counseling (if recommended)
Greene Family Genogram

Roy Greene

Judy Greene

Marky

Jane - Parental Rights
Terminated and adopted five years ago
neglect
This project was supported by Award No. 2015-CH-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Department of Justice.
CHAPTER 5
Handouts

CONTENTS
» Culture Puzzle: Activity 5E ................................................................. 1
» National CASA Guiding Principles Signs: Activity 5F ...... 2
» Lavender Case Study Materials: Activity 5H ...................... 13
Demographics of Essex County – 796,014

Demographics of Essex County: Disproportionality Percentages

- White: 49.1%
- African American: 42.2%
- Hispanic: 22.7%

Children in Foster Care: Disproportionality Percentage

- Hispanic: 16%
- African American: 77%
- White: 4%
# Lavender Case Study Materials: Activity 5H

## CPS Case File

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<tr>
<th>Last Name of Case:</th>
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<td>1-30-275645-3</td>
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<td>6 years</td>
<td>Unknown</td>
<td>F</td>
<td>Foster Placement</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bonnie Matthews</td>
</tr>
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<th>Current Placement</th>
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<td>Foster Parents:</td>
<td>52 Greylock Rd.</td>
<td>555-5874</td>
</tr>
<tr>
<td>Bonnie Matthews</td>
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<th>Attorneys</th>
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<tr>
<td>Mother</td>
<td>Sara Johnson</td>
<td>555-6498</td>
</tr>
<tr>
<td>Father</td>
<td>Fred Thompson</td>
<td>555-6644</td>
</tr>
<tr>
<td>CPS</td>
<td>Lisa Kelly</td>
<td>555-6298</td>
</tr>
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</table>
Case History

*Three weeks ago:* Child, Lavender Bass, age 6, came into care following a complaint made by her paternal grandmother. On her tip, the CPS investigator located the mother and child behind the bar where mother is employed. Mother, Susan Mailer, was passed out drunk sleeping in her parked car. Lavender was sitting in the shade of a nearby tree waiting for her mom to wake up and take her home. The police were called and the mother was arrested for public drunkenness. Susan and Lavender reside with Susan’s mother, Rebecca Mailer; her sister, Leah Mailer; and Leah’s children. Because no one in the home was available the day of the arrest, Lavender was placed in foster care with Bonnie Matthews.

The CPS investigator found that Susan Mailer’s criminal record reflected a tendency toward violence; she’d been in a couple of physical fights in the bar where she’s employed. She’s also been arrested for dealing marijuana and was once caught huffing inhalants when police busted a party.

Your first interview with CPS worker:

You arrange to meet with Lisa Kelly, the CPS worker, to discuss this case and review the file. She’s a cheerful young woman, new to the agency and full of enthusiasm for her task—saving the world from itself. Lisa shows you the paperwork for the Lavender Bass case. Lavender’s paternal grandmother made the initial report, complaining that the child’s mother wasn’t looking after her and tipping CPS about where to find them. Paternal grandmother adamanty stated that she does not want to be involved in the case, “so please don’t call her.” You take her number down anyway. The mother was arrested and kept in jail overnight. Lavender and her mother live with Rebecca Mailer, maternal grandmother; Leah Mailer, maternal aunt; and Leah’s children. The CPS investigator substantiated the case, took Lavender into care and gave the case to Lisa, who hasn’t met the mother yet.

Court History

You are preparing for the combined Adjudication/Disposition Hearing.

Who do you want to interview first?
The Questioner’s List

Questions to consider periodically:

- Where else could we get information that would be useful?
- What are the barriers to reunification?
- Have we checked all relatives?

Questions to consider before finalizing court recommendations:

- Are our court recommendations child focused?
- Have we covered every need of the child(ren) in this case?
- Did we appropriately consider the minimum sufficient level of care (MSL) standard in forming our recommendations for this case?
- Do our recommendations ask for what is appropriate, whether or not it is readily available?
- Is our work clear, diplomatic and non-judgmental?
**CPS Caseworker: Lisa Kelly**

**Setting: CPS office**

Hi. Welcome to our office. It’s not much, but it works for us. We’re usually out in the field anyways. It’s a luxury to have a day in the office!

I’ve been working for CPS for about eight months now. I got my MSW at University of State School of Social Work. Now I’m “livin’ the dream” so to speak.

I’ve visited the child’s home and spoke with her grandmother and aunt. Both women adamantly insist that they will not ban Lavender’s mom, Susan, from their home. They were relatively guarded and uncommunicative. As no protection plan was agreed on, the child will remain in foster care. There was something strange about the home, a smell or a look that made me take notice, but I haven’t figured it out yet. It wasn’t pot. But it wasn’t a smell I’ve smelled before. Perhaps it was nothing. But perhaps it was something.

I’ve attempted to locate the mother by leaving messages at her home and calling her employer, so far with no response. The mother did not show up in court for the preliminary hearing.

The child’s father is in jail—he’s a couple of counties over. It’s a bit of a haul in case you were planning to go visit him. If you do plan to go over there, you’ll need to call in advance and make sure your name is on the visitor’s list. He was busted for selling marijuana. According to everyone’s report, he has not been very involved with this child.

Lavender was lucky to be placed with Bonnie Matthews instead of going into an emergency placement first. She should be able to stay with Ms. Matthews indefinitely. It’s a really good foster home.

I’ve been by to see Lavender a couple times already, once to bring her some clothes and things from home. The child is clearly upset and freaked out to be staying with a stranger. I feel so sorry for her, but I haven’t even been able to locate her mother, much less to start working with her, so I guess Lavender will be there for a while.

- What difference does this information make to the case?
- What are your follow-up questions?
Setting: CASA/GAL Program Office

CASA/GAL Program Attorney: If this child is Native American, or a child of Native American descent, then this is likely an Indian Child Welfare Act (ICWA) case. If so, the court is responsible to do certain things, paramount among them being to notify the child’s tribe or possible tribe(s) that they have the right to intervene in the case, a right they may assert at any point in a case. If the court fails to comply with ICWA, court orders are voidable, which means orders for permanent placement can be undone—even adoptions. I will be in touch with the CPS attorney to be sure they are pursuing notification of the tribe(s) and the Bureau of Indian Affairs (BIA).

As the volunteer, your primary duty is to notify your supervisor and me that you may have an ICWA case. You can also help by finding out if this child or her parents are registered members of a federally recognized Indian tribe. If you can identify her tribe, you would get in touch with the tribal social worker (if they have one) and/or tribal government. Of course, you should touch base with the CPS social worker about this development in the case.

Volunteer Supervisor: One of the main differences in an ICWA case is that the tribe may express preferences that would strongly influence, or even override, an existing placement of the child. The tribe’s parameters for extended-family relationships may include a wider range of relationships than in a non-Indian case. If no extended families are available, they may want Lavender in an approved tribal home or tribal foster home.

Additionally, “best interest” takes on further shading in that the ICWA best interest reflects the underlying premise that it is in the best interest of American Indian children that the role of the tribal community in each child’s life be protected.

CASA/GAL Program Attorney: Native Americans are not a discrete racial group. Rather, they are members of sovereign tribal entities. This distinction helps us to understand that ICWA is politically oriented and not based on race. The Indian Child Welfare Act was passed by the federal government in 1978 as Public Law 95-608.
Attorney for the Program and Volunteer Supervisor, Cont’d.

- What difference does this information make to the case?
- Should Lavender be moved from Bonnie Matthews’ home to a Native American foster home?
- What are your follow-up questions?
Bonnie: Hi. Thank you for meeting here. Lavender has been with me for about three weeks. Lavender is no trouble really, but she’s not adjusting well. She still cries about missing home almost every night and she seems depressed. If you’d like, I can show you the rest of the house, including where Lavender is sleeping. Lavender’s playing out back right now.

Me? I’m single. I work as a receptionist at an elementary school, but not the one Lavender attends. I like the hours and I’m able to pick Lavender up and be home with her after school. It’s a pattern that works. I’ve been a foster parent for about five years now. I only take one child at a time. I’ve had different aged children, but I prefer the elementary school kids.

Lavender never attended a real school before. I guess she was home schooled, but it doesn’t seem like she learned much where she was before. Poor thing! Everything in her life is new and scary. Adjusting to school for the first time is hard enough without having to leave home too.

Lavender seems developmentally on target. She knows how to wash and dress herself—do self care and all the usual things a 6-year-old would do. She’s a very quiet and shy child. Usually by three weeks I would have drawn a child out more, but Lavender remains somewhat distant.

Lavender spends a lot of time in the yard. Sometimes she seems engaged in imaginative play, but often she does what she’s doing now—sits and stares, like she’s spacing out. Sometimes in the house she seems like she’s just not there, not focusing or paying attention. She’s not being disrespectful or disobedient—she just doesn’t hear me. The teacher said she wondered if she’s got attention deficit disorder, but I don’t think so. I know ADD kids usually show more symptoms in school than at home, and honestly, I think Lavender’s no more spaced out there than she is here. In any case, she’s doing fine keeping up with her schoolwork.
Lavender Bass and Foster Mother Bonnie Matthews, Cont’d.

I can tell she’s really, really sad. I told Lisa we should get her some counseling. I try to comfort her, but sometimes she seems to tense up if I touch her, especially if she’s not expecting it. I’m always very gentle with her, but I can tell she’s not feeling totally safe with me yet. Would you like to meet her? Let’s go out back.

*Lavender*: After being introduced by Bonnie and after you’ve explained your role, you ask Lavender a few questions.

I’m okay.

Living with Bonnie is okay.

I don’t really watch TV.

I don’t really have friends at school.

Can you please take me home now? I miss Mom and Grandma and my aunt.

When you say you can’t do this, she begins to cry. Bonnie comes over, and you explain you’ll be back to visit another day.

• How does it feel to visit with this child?
• What were you tempted to promise her? How might you try to comfort Lavender in this situation?
Father: John Bass

Setting: County Jail Visiting Room (about 100 miles from where you live)

They busted me for pot. I don’t belong in jail. All I did was smoke some marijuana, which is culturally acceptable in our tribe. It’s part of who we are. Have you ever heard of Kinnick-Kinnick?

Susan was a wild girl when I knew her. She showed me how to “huff” (use inhalants). We got high together and had a fun time for a while, but by the time the baby was born she had moved on from me. By then she wouldn’t give me the time of day.

I wasn’t with Susan very long, but Lavender is my child and I love her. I haven’t seen Lavender very often since she was born, but I know her mother’s people take good care of her. She needs to be with them no matter what Susan does. No family of strangers is going to understand her like Leah and her grandma do. Hell, she belongs with them, with her kinfolk, her blood! Don’t you know we’re Native? Susan is Native American. My daughter is Native! Doesn’t the tribe have the right to say what happens to her?

My mother’s a good-for-nothing white woman who doesn’t understand what’s important in life, and my dad is dead and gone. My dad was Native American and proud of it. So am I. My Native name is Grey Wolf—I’m John Grey Wolf Bass.

I’m not sure what tribe Susan’s people are registered with. The Mailers are not from my tribe. I’m mixed blood.

Would I take Lavender in when I’m out of here? I travel too much. I couldn’t make a solid home for her. She’ll be fine if you could just get her home. Can you do that for me? If not for me, please do it for her.

• How do you answer his question about reuniting Lavender with the Mailers?
• What difference does this information make to the case?
• What is your next move?
Maternal Aunt & Grandmother: Leah Mailer & Rebecca Mailer (First Contact)

Setting: Home of Leah, Rebecca and Susan Mailer

Leah: Hi, I’m Leah. I’m Susan’s sister, which makes me Lavender’s aunt. No, Susan isn’t here. She hasn’t been around much lately. I think she’s staying with her boyfriend now. Or maybe she went out of town. I don’t really keep her schedule.

Susan works at a bar and makes good money with tips, but she works long hours. Sometimes she stays away from home for a few days, but we never worry because she can handle herself. She doesn’t usually have Lavender there with her, and they never spend the night out like that—that was a one-time thing.

Rebecca: I’m Lavender’s grandmother. Yes, Susan uses drugs. Marijuana. Other stuff. She started “huffing” as a teen and has struggled with addiction. We can deal with the problem—it’s family business, not the government’s.

Leah: Lavender always stays with us when Susan’s not around. The CPS worker said Lavender couldn’t come home if Susan might be here. It’s part of her protection plan. Of course Susan’s going to be here. She lives here, doesn’t she? She’d never hurt the kids. We do miss Lavender terribly and don’t even have a phone number where we can call her. She needs to be with her own people. How can the government come and just take our child? I thought they stopped doing that in the 1950s!

Lavender’s father? He’s at the county jail. Got busted I hear. We don’t see much of him, never have.

• What are your impressions of Lavender’s family?
• What are your follow-up questions?
Leah: Native Americans visit each other a lot so we always have people dropping by and we often watch each other’s children. Mine are bored today, with all this quiet. (Turning to her children) Go on and find something to do, kids. No, never mind. Go on in your rooms and get them cleaned up. (As she gives instructions, you notice the children listen intently but don’t look directly at their mother. But they obey her immediately.)

Did you think there was a party here last time? No party. We always have a few kids over. We like to have our kids around us, active and playing. They don’t bother us. We hardly even notice them unless one of them gets hurt and starts screaming. We believe they learn better from direct experience, by working most things out themselves. They don’t need us butting in.

Kinnick-Kinnick is tobacco mixed with some other plants. It’s for social smoking but, no, it doesn’t get you high. John Bass is confused if he thinks smoking marijuana is sacred. Marijuana is not sacred for Native Americans. That’s just an excuse to get high and not take responsibility for what he’s doing with his life. We also use smudge smoke for purifying.

I’m not registered with the tribe, but my mother is. I don’t know why I never did it. I guess ‘cause I never lived on the reservation. Maybe I should go ahead and get my children registered too. We all qualify by the tribal blood quantum. Lavender does too.

Look, my sister has had a hard life. She went to a sleep-away summer camp when she was 10, and the man who ran the camp hurt her bad. He made her his woman the whole two weeks she was there—a little child like that, only 10 years old! She couldn’t get away from him. They wouldn’t let the kids call home. It was a charity thing, you know, and they didn’t have money for phone calls, or at least that’s what they told us. Nothing ever happened to that man; he never paid for what he did to her. Afterward Susan was never the same. Does my sister have problems? Yes. And we know why. We try to understand her pain. We give her lots of room to do what she needs to, to take care of her wounded spirit. That’s why we’re not harder on her.
Maternal Aunt & Grandmother: Leah & Rebecca Mailer (Second Contact), Cont’d.

• What difference does this information make to the case?
• What are your follow-up questions?
Setting: Phone Call (After repeated messages and voicemails not returned, you call from a different phone number and happen to catch Susan picking up the phone.)

Who are you? What exactly is your role?

How is that different from that social worker?

Look, I’ll tell you the same thing, since you seem to be asking the same questions as everyone else. I love my child. My family has always taken good care of Lavender. Nothing bad has ever happened to my child and nothing ever will. My family won’t make the same mistake with her they did with me—trusting the wrong people.

Yes, I work at a bar. What’s it to you? Yes, Lavender sometimes came to work with me. She’d do homework while I worked. I don’t have the money to pay a babysitter.

Yeah, I do like to party from time to time. And if someone offers me something, I smoke it. Lots of people do the same thing. Are you gonna take their kids, too? Sometimes I need to escape. This is stressful. Life has been stressful. I have bad memories from my own childhood, stuff that happened when I was away from home. What stuff? That’s personal. Don’t ask.

No, I don’t spend my money on drugs. I told you, I don’t do that. If someone offers me something, maybe I’ll do that stuff socially. But it’s not like I’m a druggie.

If our house is so dangerous for a child, why don’t they take my sister’s kids too? This is just a bunch of bull crap! No wonder we don’t trust the government. Why they always gotta steal our children?

• How about Susan’s final point? Why doesn’t CPS remove Leah’s children from the home? Should they?
• Do you believe what Susan said about not buying drugs?
• What are your follow-up questions?
Lavender Bass Case Debrief Questions

- How might you go about addressing the cultural aspects of this case?
- How would you respond/comfort the child when she breaks down in tears and says, “Take me home”?
- What’s your opinion about the level of cooperation offered by the parents?
- When it comes to the hierarchy of placement/permanence options, where do non-relative and/or extended family placements fall?
- Why might CPS not remove Leah’s children from the home if it’s not considered a suitable placement for Lavender?
- The school thinks Lavender is distant and nonresponsive. What’s your interpretation?
- Does Susan’s substance abuse pose a child safety issue for Lavender? If so, does removing Lavender from the home protect her? What other options might there be?
<table>
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<td>393 Central Avenue&lt;br&gt;Newark, NJ 07103&lt;br&gt;973-609-8398</td>
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<td>Family Service Bureau of Newark&lt;br&gt;Gateway to Freedom Addiction Program</td>
<td>274 South Orange Avenue&lt;br&gt;Newark, NJ 07103&lt;br&gt;973-412-2056</td>
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<td>300 South 12th Street&lt;br&gt;Newark, NJ 07103&lt;br&gt;973-622-4934</td>
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<td>Angel Hope House</td>
<td>800 Clinton Avenue&lt;br&gt;Newark, NJ 07108&lt;br&gt;973-373-6800</td>
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<td>13</td>
<td>2.3</td>
<td>Lennard Clinic Inc</td>
<td>461 Frelighuysen Avenue&lt;br&gt;Newark, NJ 07114&lt;br&gt;973-596-2850 x276</td>
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<td>14</td>
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<td>Inter County Council on Drug/Alc Abuse Administration/Drug Free Counseling</td>
<td>480 Kearny Avenue&lt;br&gt;Kearny, NJ 07032&lt;br&gt;201-998-7422</td>
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<td>Hoboken University Medical Center</td>
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Additional details:
- Union, NJ 07083
  - 908-400-8463
- 995 Broadway
  - Bayonne, NJ 07002
  - 201-436-1022 x100
- 104 Bloomfield Avenue
  - Montclair, NJ 07042
  - 973-763-6655
- 1126 Dickinson Street
  - Elizabeth, NJ 07201
  - 908-351-7727 x251
- 654 East Jersey Street
  - Elizabethport, NJ 07206
  - 908-994-7090
- 75 Harrison Avenue
  - Jersey City, NJ 07304
  - 201-451-5425
- 127 Pine Street
  - Montclair, NJ 07042
  - 973-746-0487
- 371 Avenue A
  - Bayonne, NJ 07002
  - 201-858-1477
- 79 Cornelison Avenue
  - Jersey City, NJ 07304
  - 201-433-7040
- 74-80 Pacific Avenue
  - Jersey City, NJ 07304
  - 201-860-6100
- 354 Avenue C
  - Bayonne, NJ 07002
  - 201-535-5959
- 2143 Morris Avenue
  - Union, NJ 07083
  - 908-851-2223
- 600 Pavonia Avenue
  - Jersey City, NJ 07306
  - 732-228-8060 x110
- 15 Bloomfield Avenue
  - Verona, NJ 07044
  - 973-239-9400 x102
- 2780 Morris Avenue
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  - 609-651-4001
- 595 County Avenue
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<td>Fred Cooper SASC</td>
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<td>212-736-5900 x178</td>
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<td>79</td>
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Commonly Abused Drugs Charts

Revised August 2016

The previous Commonly Abused Drugs Chart, Prescription Drugs Chart, and Health Effects content have been merged into this section.

Most drugs of abuse can alter a person’s thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease. Most drugs could potentially harm an unborn baby; pregnancy-related issues are listed in the chart below for drugs where there is enough scientific evidence to connect the drug use to specific negative effects.

For information about treatment options for drug addiction, see NIDA’s Treatment pages. For drug use trends, see our Trends and Statistics page.

Alcohol

People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people—and throughout history, people have struggled to understand and manage alcohol’s power. Why does alcohol cause people to act and feel differently? How much is too much? Why do some people become addicted while others do not? The National Institute on Alcohol Abuse and Alcoholism is researching the answers to these and many other questions about alcohol. Here’s what is known:

Alcohol’s effects vary from person to person, depending on a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

While drinking alcohol is itself not necessarily a problem—drinking too much can cause a range of consequences, and increase your risk for a variety of problems. For more information on alcohol's effects on the body, please see the National Institute on Alcohol Abuse and Alcoholism's related web page describing alcohol's effects on the body.

**Ayahuasca**

**Cocaine**

A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. For more information, see the Cocaine Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Tool</td>
<td>Cocaine hydrochloride topical solution (anesthetic rarely used in medical procedures)</td>
<td>White powder, whitishrock crystal</td>
<td>Snorted, smoked, injected</td>
<td>II**</td>
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</tbody>
</table>

**Possible Health Effects**

**Short-term**
- Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.

**Long-term**
- Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss from decreased appetite.

**Other Health-related issues**
- Pregnancy: premature delivery, low birth weight, neonatal abstinence syndrome.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.
- Greater risk of overdose and sudden death than from either drug alone.

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
In Combination with Alcohol

Withdrawal Symptoms
- Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed thinking and movement, restlessness.

Treatment Options

Medications
- There are no FDA-approved medications to treat cocaine addiction.

Behavioral Therapies
- Cognitive-behavioral therapy (CBT)
- Community reinforcement approach plus vouchers
- Contingency management, or motivational incentives
- The matrix model
- 12-Step facilitation therapy

DMT

GHB

A depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks."

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>G, Georgia Home Boy, Goop,</td>
<td>Gamma-hydroxybutyrate or sodium oxybate</td>
<td>Colorless</td>
<td>Swallowed (often combined with alcohol or other beverages)</td>
<td>1**</td>
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<tr>
<td>Grievous Bodily Harm, Liquid</td>
<td>(Xyrem®)</td>
<td>liquid, white powder</td>
<td></td>
<td></td>
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<tr>
<td>Ecstasy, Liquid X, Soap, Scoop</td>
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</table>

Possible Health Effects

Short-term
- Euphoria, drowsiness, decreased anxiety, confusion, memory loss, hallucinations, excited and aggressive behavior, nausea, vomiting, unconsciousness, seizures, slowed heart rate and breathing, lower body temperature, coma, death.

Long-term
- Unknown.

Sometimes used as a date rape drug.
### Other Health-related Issues

<table>
<thead>
<tr>
<th>In Combination with Alcohol</th>
<th>Nausea, problems with breathing, greatly increased depressant effects.</th>
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</thead>
<tbody>
<tr>
<td>Withdrawal Symptoms</td>
<td>Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.</td>
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### Treatment Options

<table>
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<tr>
<th>Medications</th>
<th>Benzodiazepines.</th>
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<tbody>
<tr>
<td>Behavioral Therapies</td>
<td>More research is needed to find out if behavioral therapies can be used to treat GHB addiction.</td>
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---

### Hallucinogens

Drugs that cause profound distortions in a person’s perceptions of reality, such as ketamine, LSD, mescaline (peyote), PCP, psilocybin, salvia, DMT, and ayahuasca. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts).

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### Heroin

An opioid drug made from morphine, a natural substance extracted from the seed pod of the Asian opium poppy plant. For more information, see the [Heroin Research Report](https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse With OTC cold medicine and antihistamine: Cheese</td>
<td>No commercial uses</td>
<td>White or brownish powder, or black sticky substance known as “black tar heroin”</td>
<td>Injected, smoked, snorted</td>
<td>15a</td>
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</table>

#### Possible Health Effects

- **Short-term:** Euphoria; warm flushing of skin; dry mouth; heavy feeling in the hands and feet; clouded thinking; alternate wakeful and drowsy states; itching; nausea; vomiting; slowed breathing and heart rate.
Long-term: Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; pneumonia.


In Combination with Alcohol: Dangerous slowdown of heart rate and breathing, coma, death.

Withdrawal Symptoms: Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.

Treatment Options:
- Methadone
- Buprenorphine
- Naltrexone (short- and long-acting forms)

Behavioral Therapies:
- Contingency management, or motivational incentives
- 12-Step facilitation therapy

Inhalants

Ketamine

A dissociative drug used as an anesthetic in veterinary practice. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat Valium, K,</td>
<td>Ketalar&lt;sup&gt;*&lt;/sup&gt;</td>
<td>Liquid, white powder</td>
<td>Injected, snorted, smoked (powder added to tobacco or marijuana cigarettes), swallowed</td>
<td>III&lt;sup&gt;**&lt;/sup&gt;</td>
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<td>Speciel K, Vitamin K</td>
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Possible Health Effects

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
<table>
<thead>
<tr>
<th>Short-term</th>
<th>Problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion and problems speaking; loss of memory; problems moving, to the point of being immobile; raised blood pressure; unconsciousness; slowed breathing that can lead to death.</th>
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<tbody>
<tr>
<td>Long-term</td>
<td>Ulcers and pain in the bladder; kidney problems; stomach pain; depression; poor memory.</td>
</tr>
<tr>
<td>Other Health-related Issues</td>
<td>Sometimes used as a date rape drug.</td>
</tr>
<tr>
<td>In Combination with Alcohol</td>
<td>Risk of HIV, hepatitis, and other infectious diseases from shared needles.</td>
</tr>
<tr>
<td>Withdrawal Symptoms</td>
<td>Increased risk of adverse effects.</td>
</tr>
<tr>
<td></td>
<td>Unknown.</td>
</tr>
</tbody>
</table>

**Treatment Options**

**Medications**

There are no FDA-approved medications to treat addiction to ketamine or other dissociative drugs.

**Behavioral Therapies**

More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.

---

**Khat**

**Kratom**

**LSD**

**Marijuana (Cannabis)**

**MDMA (Ecstasy/Molly)**
### Mescaline (Peyote)

### Methamphetamine

### Over-the-counter Cough/Cold Medicines (Dextromethorphan or DXM)

### PCP

A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, phencyclidine. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angel Dust, Boat,</td>
<td>No</td>
<td>White or colored powder,</td>
<td>Injected, snorted, swallowed, smoked (powder added to</td>
<td>I, II**</td>
</tr>
<tr>
<td>Hag, Love Boat,</td>
<td>commercial uses</td>
<td>tablet, or capsule; clear</td>
<td>mint, parsley, oregano, or marijuana)</td>
<td></td>
</tr>
<tr>
<td>Peace Pill</td>
<td></td>
<td>liquid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety.
- Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement.
- High doses: lowered blood pressure, pulse rate, breathing rate; nausea; vomiting; blurred vision; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; suicidal thoughts; seizures, coma, and death.

**Long-term**
- Memory loss, problems with speech and thinking, depression, weight loss, anxiety.

**Other Health-related Issues**
- PCP has been linked to self-injury.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.
- Increased risk of coma.
**Commonly Abused Drugs Charts | National Institute on Drug Abuse (NIDA)**

### In Combination with Alcohol

**Withdrawal Symptoms**
- Headaches, sweating.

### Treatment Options

**Medications**
- There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.

---

**Prescription Opioids**

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used nonmedically, leading to overdose deaths. For more information, see the [Prescription Drug Abuse Research Report](https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts)
<table>
<thead>
<tr>
<th>Amiodone, Fizzies With MDMA: Chocolate Chip Cookies</th>
<th>Methadone (Dolophine®, Methadose®)</th>
<th>Tablet, dispersible tablet, liquid</th>
</tr>
</thead>
<tbody>
<tr>
<td>M, Miss Emma, Monkey, White Stuff</td>
<td>Morphine (Duramorph®, Roxanol®)</td>
<td>Tablet, liquid, capsule, suppository</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Injected, swallowed, smoked</td>
</tr>
<tr>
<td>O.C., Oxycet, Oxytocin, Oxy, Hillbilly Heroin, Percs</td>
<td>Oxycodone (OxyContin®, Percodan®, Percocet®, and others)</td>
<td>Capsule, liquid, tablet</td>
</tr>
<tr>
<td>Biscuits, Blue Heaven, Blues, Mrs. O, O Bomb, Octagons, Stop Signs</td>
<td>Oxymorphone (Opana®)</td>
<td>Tablet</td>
</tr>
</tbody>
</table>

### Possible Health Effects

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Pain relief, drowsiness, nausea, constipation, euphoria, confusion, slowed breathing, death.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term</td>
<td>Unknown.</td>
</tr>
</tbody>
</table>

### Other Health-related Issues

- Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.
- Older adults: higher risk of accidental misuse or abuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

### In Combination with Alcohol

- Dangerous slowing of heart rate and breathing leading to coma or death.

### Withdrawal Symptoms

- Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.

### Treatment Options

- **Medications**
  - Methadone
  - Buprenorphine
  - Naltrexone (short- and long-acting)

- **Behavioral Therapies**
  - Behavioral therapies that have helped treat addiction to heroin may be useful in treating prescription opioid addiction.

### Prescription Sedatives (Tranquilizers, Depressants)
Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. For more information, see the Prescription Drug Abuse Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbs, Phennies, Red</td>
<td>Barbiturates: pentobarbital (Nembutal®),</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, injected</td>
<td>II, III, IV**</td>
</tr>
<tr>
<td>Birds, Reds, Tooes, Yellow</td>
<td>phenobarbital (Luminal®)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackets, Yellows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candy, Downers, Sleeping</td>
<td>Benzodiazepines: alprazolam (Xanax®),</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, injected</td>
<td>IV**</td>
</tr>
<tr>
<td>Pills, Tranks</td>
<td>chlorodiazepoxide (Limbritol®), diazepam (Valium®),</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>lorazepam (Ativan®), triazolam (Halcion®)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forget-me Pill, Mexican</td>
<td>Sleep Medications: eszopiclone (Lunesta®),</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, injected</td>
<td>IV**</td>
</tr>
<tr>
<td>Valium, R2, Roche,</td>
<td>zaleplon (Sonata®), zaleplidem (Ambien®)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roofies, Roofinol, Rope,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rophies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Possible Health Effects

Short-term
Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.

Long-term
Unknown.

Other Health-related Issues
Sleep medications are sometimes used as date rape drugs.

Risk of HIV, hepatitis, and other infectious diseases from shared needles.

In Combination with Alcohol
Further slows heart rate and breathing, which can lead to death.

Withdrawal Symptoms
Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.

Treatment Options

Medications
There are no FDA-approved medications to treat addiction to prescription sedatives; lowering the dose over time must be done with the help of a health care provider.

Behavioral Therapies
More research is needed to find out if behavioral therapies can be used to treat addiction to prescription sedatives.

Prescription Stimulants
Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate. For more information, see the Prescription Drug Abuse Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzos, Black Beauties, Crosses, Hearts, LA Turnaround, Speed, Truck Drivers, Uppers</td>
<td>Amphetamine (Adderall®, Benzedrine®)</td>
<td>Tablet, capsule</td>
<td>Swallowed, snorted, smoked, injected</td>
<td>II**</td>
</tr>
<tr>
<td>JIF, MPH, R-ball, Skippy, The Smart Drug, Vitamin R</td>
<td>Methylphenidate (Concerta®, Ritalin®)</td>
<td>Liquid, tablet, chewable tablet, capsule</td>
<td>Swallowed, snorted, smoked, injected, chewed</td>
<td>II**</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**
- Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages.
- High doses: dangerously high body temperature and irregular heartbeat; heart failure; seizures.

**Long-term**
- Heart problems, psychosis, anger, paranoia.

**Other Health-related Issues**
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure and jitters.

**Withdrawal Symptoms**
- Depression, tiredness, sleep problems.

**Treatment Options**

**Medications**
- There are no FDA-approved medications to treat stimulant addiction.

**Behavioral Therapies**
- Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction.

**Psilocybin**

**Rohypnol© (Flunitrazepam)**
Salvia

Steroids (Anabolic)

Synthetic Cannabinoids

Synthetic Cathinones (Bath Salts)

Tobacco

**The Drug Enforcement Agency (DEA) schedule indicates the drug's acceptable medical use and its potential for abuse or dependence. Information on the most current scheduling decisions can be found on the [DEA website](https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts).

This page was last updated August 2016
CHAPTER 5:
Substance Abuse and Cultural Competence

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Facilitation Tips

- This chapter takes approximately 3 hours and 15 minutes.
- This chapter addresses substance abuse and how it can affect a parent’s ability to care for a child. Make connections between the information and CASA/GAL volunteer work. Why do participants need to know about this subject? Why do they need to be aware of their personal values about substance use/abuse? Look for ways to help volunteers set aside their values in order to consider what’s best for a child.

- This chapter introduces the concepts of culture, diversity, disproportionality and cultural competence. Chapter 6 will delve further into these issues, addressing bias, stereotyping, institutional racism, and allowing participants the opportunity to create a plan for increasing their cultural competence.

- Issues of cultural competence and diversity may be sensitive subjects for volunteers to discuss. In this training session, create a safe environment where volunteers can explore these often emotionally laden issues in a productive and child-focused way. Dealing with differences can be difficult but can also greatly enrich our lives. Your goal as the facilitator is to engage the participants in a process of change to better serve children and families. It may be helpful to review your group agreements at the beginning of this chapter.

- If there are specific cultural groups in your community that you want volunteers to know more about, find articles or information about these groups to share with participants. You may also want to provide a bibliography of books and videos for further learning.

- If a volunteer displays strong negative feelings, anger or resentment toward a particular group, they may require one-on-one coaching, opportunities for further learning, careful selection of future case assignments or even dismissal from the program.

- Post a flipchart page at the front of the room with the heading “Parking Lot.” Note (or “park”) issues unrelated to Chapter 5 and plan to address them later.
# Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong> (found with your local program)</td>
<td></td>
<td>Gather supplies as needed.</td>
</tr>
<tr>
<td>• Name tags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Flipchart and markers</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>• Masking tape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Three-hole punch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sticky notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flipchart Pages (facilitator must create)</strong></td>
<td></td>
<td>Post a flipchart page at the front of the room with the heading “Parking Lot.” Note (or “park”) issues unrelated to Chapter 5 and plan to address them later. <strong>Activity 5B</strong>: Label a flipchart page with the title “The Effects of Substance Abuse on Parenting.” This will be used to post participant’s ideas on the subject.</td>
</tr>
<tr>
<td>• Parking Lot</td>
<td>5B</td>
<td></td>
</tr>
<tr>
<td>• The Effects of Substance Abuse on Parenting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Electronic Presentations and Videos (found in the Online Resources but to be downloaded)</strong></td>
<td></td>
<td><strong>Activity 5C</strong>: Show “One Family’s Story” video from Powerful Voices: Stories by Foster Youth.</td>
</tr>
<tr>
<td>• Chapter 5 PowerPoint presentation</td>
<td>5C</td>
<td></td>
</tr>
<tr>
<td>• “One Family’s Story”</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Signs</strong></td>
<td></td>
<td><strong>Activity 5F</strong>: Make a copy of the National CASA Guiding Principles signs and post them around the training room prior to beginning Chapter 5.</td>
</tr>
<tr>
<td>• National CASA Guiding Principles</td>
<td>5F</td>
<td></td>
</tr>
</tbody>
</table>
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
</table>
| Chapter 5 Pre-Work Handouts  
  • Substance Abuse  
  • Information about commonly abused drugs by National Institute on Drug Abuse  
  • Diversity, National CASA Vision and Guiding Principles  
  • Cultural Competence Glossary  
  • Disproportionality  
  • Disproportionality Statistics  
  • Local disproportionality statistics (*facilitator must create*)  
  • Initial Case Notes for the Lavender Case  
  • Sample court reports  
  • Examples of Good and Bad Court Reports (*facilitator takes from local program*) | 5A | At least one week before the Chapter 5 training session, prepare the Chapter 5 Pre-Work packet and send to the participants. **Activity 5A:** Ask the participants to read the information about commonly abused drugs provided by National Institute on Drug Abuse. The link is found in the Chapter 5 Pre-Work Handouts. |
| | 5F | **Activity 5F:** Ask the participants to read the National CASA Vision Statement and Guiding Principles found in the Chapter 5 Pre-Work packet. Make a copy of the National CASA Guiding Principles signs and post them around the training room prior to beginning Chapter 5. Ask the participants to read the Cultural Competence Glossary in the Chapter 5 Pre-Work packet. This glossary will help familiarize you the participants with some of the terms you’ll encounter in the next two chapters. |
| | 5G | **Activity 5G:** Ask the participants to read information about disproportionality and disproportionality statistics found in the Chapter 5 Pre-Work packet. |
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 5 Pre-Work Handouts, Cont'd.</td>
<td>5G</td>
<td><strong>Activity 5G:</strong> Ask the participants to research state and local statistics about the demographics of children in care to determine whether disproportionality exists in the child protective services system where you live. For example, in Alaska, Native children comprise 25% of all children in the state, but they make up 43% of reports to CPS and 60% of all children in state custody due to abuse and/or neglect. Read the information about the general demographics for children in your state, city or county found in the Chapter 5 Pre-Work Handouts. Or, check with your state child protective services agency to see if they have demographic information for children in care in your local area. Be ready to share the information you found by adding this information to the Chapter 5 Local/Program Pre-Work Handouts or to the Chapter 5 PowerPoint presentation.</td>
</tr>
<tr>
<td></td>
<td>5H</td>
<td><strong>Activity 5H:</strong> Ask the participants to read the Initial Case Notes for the Lavender Case.</td>
</tr>
<tr>
<td></td>
<td>5I</td>
<td><strong>Activity 5I:</strong> Ask the participants to read samples of court reports found in the Chapter 5 Pre-Work Handouts and answer the following questions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Which statements are opinion-based?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Which statements are fact-based?</td>
</tr>
<tr>
<td>Item</td>
<td>Activity #</td>
<td>Advanced Prep</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Chapter 5 Pre-Work Handouts, Cont’d.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What’s missing from each example?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• What could be improved in each example?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Add examples of good and bad court reports.</td>
</tr>
<tr>
<td>Handouts (found in the Online Resources)</td>
<td>5A</td>
<td>Activity 5A: Find out which drugs are commonly abused in your community by researching online or talking to caseworkers about the drugs they see most often in their work with families. The National Survey on Drug Use and Health, <a href="http://www.smarsha.gov/data/">www.smarsha.gov/data/</a>, provides state-by-state data for overall use of alcohol and drugs. Create a handout about locally abused drugs and add the information to the Chapter 5 PowerPoint presentation.</td>
</tr>
<tr>
<td>• List of locally abused drugs (facilitator must create)</td>
<td>5A</td>
<td>Activity 5A: If your program doesn’t already have a list of substance abuse treatment resources in your community, prepare a handout with organizations’ names, contact information and information about the services they provide.</td>
</tr>
<tr>
<td>• Local substance abuse treatment resources (facilitator must create)</td>
<td>5E</td>
<td>Activity 5E: Make enough copies of the Culture Puzzle handout for each pair to have one. Cut puzzle pieces apart along the dotted lines.</td>
</tr>
<tr>
<td>• Culture Puzzle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• National CASA Guiding Principles Signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lavender Case Study Materials</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handouts (found in the Online Resources), Cont’d.</td>
<td>5F</td>
<td><strong>Activity 5F</strong>: Make a copy of the National CASA Guiding Principles signs, found in the Chapter 5 Handouts and post them around the training room before beginning this chapter.</td>
</tr>
<tr>
<td></td>
<td>5H</td>
<td><strong>Activity 5H</strong>: Read the Lavender Case Study materials found in the Chapter 5 Handouts.</td>
</tr>
<tr>
<td>Chapter 6 Pre-Work Handouts</td>
<td></td>
<td>At least one week before the Chapter 6 training session, prepare the Chapter 6 Pre-Work packet and provide to the participants. Print copies for reference during the session as well. Ask the participants to read the article on Understanding Domestic Violence and the statistics of domestic violence found in the Chapter 6 Pre-Work Handouts. Ask the participants to click the link to “Sorting People: Can You Tell Somebody’s Race by Looking at Them?” found in the Chapter 6 Pre-Work Handouts. Follow the instructions to complete the activity, and then consider the following questions:</td>
</tr>
<tr>
<td>• Article on Understanding Domestic Violence and statistics of domestic violence</td>
<td></td>
<td>• How did you do?</td>
</tr>
<tr>
<td>• Exercise on “Sorting People: Can You Tell Somebody’s Race by Looking at Them?”</td>
<td></td>
<td>• What surprised you about the exercise?</td>
</tr>
<tr>
<td>• Exploring Culture and Perceptions Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Article on Stereotyping vs. Cultural Competence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Article 10 Benefits of Practicing Culturally Competent Child Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Institutional Bias Checklist for Volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Culturally Competent Child Advocacy Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tips on How to Become More Culturally Competent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual Action Plan for Increasing Cultural Competence Activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 6 Pre-Work Handouts, Cont’d.</td>
<td></td>
<td>Ask the participants to complete the Exploring Culture and Perceptions Activity found in the Chapter 6 Pre-Work Handouts.</td>
</tr>
<tr>
<td>• Initial Case Notes for the Amarillo Case</td>
<td></td>
<td>Ask the participants to read the article on Stereotyping vs. Cultural Competence.</td>
</tr>
<tr>
<td>• Think about the cases you’ve worked on so far. Did you observe any stereotyping in the Black, Bleux, Greene or Lavender Bass cases? If so, how did it affect the families?</td>
<td></td>
<td>Ask the participants to refer to the Institutional Bias Checklist for Volunteers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask the participants to complete the Culturally Competent Child Advocacy Activity found in the Chapter 6 Pre-Work Handouts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask the participants to read the Tips on How to Become More Culturally Competent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask the participants to complete the Individual Action Plan for Increasing Cultural Competence Activity by creating an individual action plan for enhancing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask the participants to read the Initial Case Notes for the Amarillo Case, found in the Chapter 6 Pre-Work Handouts.</td>
</tr>
</tbody>
</table>
CHAPTER 5:
Substance Abuse and Cultural Competence

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» Chapter 6 Pre-Work ............................................ 43
• Welcome the group to the training. Have them make name tags and tell them that there will be activities to help you get to know them and them to get to know each other.

• Share “housekeeping” information, such as where to find restrooms, snacks, and telephones, and when you think the session break(s) will occur.

• Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.

• Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work because many activities rely on this foundation of knowledge.

• Point out to participants that along with the Volunteer Manual they would have received a printed copy of Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make it available in the training room.
Welcome, Housekeeping and Ground Rules, Cont’d.

• Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills. Inform them that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.

• Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.

• Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).

• Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.
## Pre-Work Recap

### Chapter 5: Pre-Work Recap

- Read the information on substance abuse
- Read the information about “Commonly Used Drugs by National Institute on Drug Abuse”
- Read about diversity, National CASA Vision and Guiding Principles
- Read the “Cultural Competence Glossary”
- Read the information on Disproportionality and Disproportionality Statistics
- Read the “Local Disproportionality Statistics”

Prior to this training session, you should have read the following Pre-Work assignments:

- Information on substance abuse
- Information about commonly used drugs by National Institute on Drug Abuse
- Information about diversity, National CASA Vision and Guiding Principles
- Cultural competency glossary terms
- Disproportionality statistics
- Local disproportionality statistics
- Initial case notes for the Lavender case
- Sample court reports
- Examples of good and bad court reports
Chapter Overview and Competencies

This chapter explores the importance of cultural competence in the CASA/GAL volunteer role. You’ll also learn about how substance abuse can affect parenting and you’ll continue to apply your new knowledge and skills in a case simulation.

### Competency Building in Chapter 5

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills, &amp; Attributes Development in Chapter 5</th>
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<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>Understands the ways substance abuse can affect children and families. Knows the importance of being aware of resources in the community that assist with substance abuse</td>
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<tr>
<td>Foundation of Knowledge</td>
<td>Knows strategies and steps to take to increase cultural competency skills and demonstrates culturally competent child advocacy. Understands the root causes of disproportionate representation of children of color in the child welfare system and the disparate outcomes children of color experience</td>
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<tr>
<td>Cultural Competency</td>
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<tr>
<td>Communication</td>
<td>Understands the importance of speaking and writing clearly and concisely.</td>
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Understanding Substance Abuse: Activity 5A

**Suggested Time:** 10 minutes

**Goal:** To allow participants to connect substance abuse with personal experiences and to provide information about substance abuse

**Advanced Prep**

Click the link in the Chapter 5 Online Resources to read the National Institute on Drug Abuse information about commonly abused drugs, which volunteers read for Pre-Work. Find out which drugs are commonly abused in your community by researching online or talking to caseworkers about the drugs they see most often in their work with families. The National Survey on Drug Use and Health, www.samhsa.gov/data/, provides state-by-state data for overall use of alcohol and drugs. Be ready to share this information in class by creating a handout about locally abused drugs or adding the information to the Chapter 5 PowerPoint presentation.

If your program doesn’t already have a list of substance abuse treatment resources in your community, prepare a handout with organizations’ names, contact information and information about the services they provide. Make copies to distribute during Part 2 of this activity.

**PowerPoint Slide(s):** 7-11

**Facilitator Instructions**

During this activity, keep in mind that some participants may have personal experience with individuals who are or have been substance abusers. Be sensitive to this possibility and assess whether it might be a barrier to effective advocacy.
Understanding Substance Abuse, Cont’d.

**Part 1:** Ask participants to think of people they know who currently or in the past have abused substances and create two lists:

- What are their strengths?
- How does/did their substance abuse impact their lives?

(3 minutes)

**Part 2:** Ask participants to recall the information about substance abuse that appears in the Pre-Work Handouts and discuss any questions they may have. Share the information you gathered about commonly abused substances in your state and local community, as well as treatment resources in your area.

(7 minutes)

*Note: If someone raises a question about the current research into alternatives to the abstinence model of treatment, acknowledge that while these models are being tried in some places, most court systems will not allow anything other than abstinence for parents with substance abuse issues.*
**Understanding Substance Abuse: Activity 5A**

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

- What are their strengths?
- How does/did their substance abuse impact their lives?

<table>
<thead>
<tr>
<th>Strengths…</th>
<th>How substance abuse impacts this person’s life…</th>
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**Part 2:** Recall the information about substance abuse that appears in the Pre-Work Handouts and discuss any questions that you may have. Then, listen as the facilitator provides information about commonly abused substances in your local community.
Substance Abuse and Parenting: Activity 5B

Suggested Time: 10 minutes

**Goal:** To encourage participants to think about the effects of substance abuse on parenting

**PowerPoint Slide(s):** 12

**Facilitator Instructions**

Label a flipchart page with the title “The Effects of Substance Abuse on Parenting,” and ask participants to brainstorm ideas on that topic. When the group has finished brainstorming, compare their ideas with the effects listed in the Volunteer Manual.
Substance Abuse and Parenting: Activity 5B

In the large group, brainstorm possible effects of substance abuse on parenting. The facilitator will list all responses on a flipchart page. Then compare your answers to the list below.

The Effects of Substance Abuse on Parenting

It is important to remember that when a parent is involved with drugs or alcohol to a degree that interferes with the ability to parent effectively, a child may suffer in many ways:

• A parent may be emotionally and physically unavailable to the child.
• A parent’s mental functioning, judgment, inhibitions and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect, including sexual abuse.
• A substance-abusing parent may “disappear” for hours or days, leaving the child alone or with someone unable to meet the child’s basic needs.
• A parent may also spend the family’s income on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing and healthcare.
• The resulting lack of resources often leads to unstable housing, which results in frequent school changes, loss of friends and belongings and an inability to maintain important support systems (religious communities, sports teams, neighbors).
• A child’s health and safety may be seriously jeopardized by criminal activity associated with the use, manufacture and distribution of illicit drugs in the home.
• Eventually, a parent’s substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.
The Effects of Substance Abuse on Parenting, Cont’d.

- Exposure to parental abuse of alcohol and other drugs, along with a lack of stability and appropriate role models, may contribute to the child’s future substance abuse.
- Prenatal exposure to alcohol or other drugs may impact a child’s development.
What the Child Experiences: Activity 5C

One Family’s Story

Suggested Time: 15 minutes

Goal: To show the effects of substance abuse on parenting from a child’s perspective and to allow participants to see the importance of family in a child’s life

PowerPoint Slide(s): 13

Facilitator Instructions

Show the clip of the news story “Saving Kids—Children of Addicts.” As they watch the video, ask participants to think about advocating for a similar family as a CASA/GAL volunteer. After the clip, ask the participants to share the challenges of advocating for a family with parental substance abuse, as well as their reactions to this family’s story.
What the Child Experiences: Activity 5C

One Family’s Story

As you watch the clip of the news story “Kids—Children of Addicts,” think about advocating for a similar family as a CASA/GAL volunteer. After watching the clip, share the challenges of advocating for a family with parental substance abuse.

Be prepared to share your responses with the large group.
Working with Families: Activity 5D

Finding a Balance

Time: 25 minutes

Goal: To apply information about substance abuse and parenting to a CASA/GAL volunteer’s recommendations in a case

PowerPoint Slide(s): 14-15

Facilitator Instructions

Part 1: After participants have read the case summary found in the Volunteer Manual, use the Chapter 5 PowerPoint presentation to give an overview of the key points to consider when deciding whether to recommend that a child returns home. (12 minutes)

Part 2: Divide participants into two groups: one to argue for termination of parental rights; the other to argue for additional time for the mother to show she can parent. Emphasize to participants that they need to use information from this unit to support their position each time they argue for a specific recommendation. Highlight how important it is for CASA/GAL volunteers to think about both the short-term and the long-term consequences of their recommendations and to consider the individual needs of each child. Allot 5 minutes for the groups to prepare their arguments.

Bring the groups back together and ask each group to present their arguments. Each group will have 2 minutes to present. When they are finished, note that there were valid points made on both sides. Then, briefly highlight the information in the section “What a CASA/GAL Volunteer Can Do.” (13 minutes)
# Working with Families: Activity 5D

## Finding a Balance

**Part 1:** Read Shannon’s story below and then listen as the facilitator presents key points to consider when deciding whether to recommend that a child return home.

**Part 2:** The facilitator will divide you into two groups: One group will make an argument for terminating Caterina’s parental rights so Shannon can be adopted; the other will make an argument for giving Caterina more time to show she can parent Shannon. You will have 5 minutes to work as a group to prepare your argument and then 2 minutes to make your argument in the large group. After both sides have shared their reasons for terminating or not terminating parental rights, the facilitator will present information about what you, as a CASA/GAL volunteer, can do to provide the best possible advocacy for a child.
Shannon’s Story

Shannon is the fourth child born to Caterina. Shannon’s oldest half-siblings, two sisters, who are each more than ten years older than Shannon, are in the custody of their father in another state. Caterina has not seen them in several years. The remaining half-sibling, a boy, lives locally with his father and spends weekends with Caterina.

Shannon was removed from Caterina’s custody when she was approximately one year old because Caterina was arrested for driving while intoxicated with Shannon in the car. Shannon was placed in foster care with Nathan and Marie, a couple with no other children.

Shannon remained in foster care with Nathan and Marie for sixteen months while Caterina engaged in treatment for her addiction to alcohol. During this time Caterina, who initially fought treatment and was unable to complete her first stint in residential treatment, successfully completed treatment at a second facility and at a halfway house. Upon leaving the halfway house, she secured a centrally located three-bedroom apartment and reported consistent attendance at 12-step meetings. She engaged in therapy, secured a mentor through a women’s mentoring program run by the United Way and attended training in medical records management, though she struggled to find a job.

Communication with Nathan and Marie was frequent and supportive. Nathan and Marie rallied their church to help furnish Caterina’s apartment and, with the permission of Shannon’s caseworker, often picked Caterina up on Sundays so that she could attend church with them and Shannon. Visits with Shannon, at first brief and supervised, increased to unsupervised overnight and weekend visits. When she was twenty-eight months old, Shannon was returned to Caterina’s custody.

In the months that followed, Caterina enrolled Shannon in preschool, continued her job-related training and continued to report regular attendance at 12-step meetings. Caterina maintained a relationship with Nathan and Marie. Shannon often spent Sundays with them and even joined them on an out-of-state vacation to visit Marie’s family.

After a little more than a year, Caterina relapsed in an episode for which Shannon was present, and Caterina was transported to the emergency room. Caterina called Nathan and Marie from the hospital. They picked up Shannon. Her placement with (return to) Nathan and Marie’s home was formalized the next day.
Shannon’s Story, Cont’d.

In the fifteen months that followed, Caterina successfully completed day treatment for her addiction. She secured and retained employment. She continues to live in the same apartment. Visits with Shannon started almost immediately after her return to Nathan and Marie’s home and have continued, though they continue to be supervised and more limited than during Shannon’s previous time in foster care. Communication between Caterina and Nathan and Marie is more limited and guarded.

Caterina is now four and a half years old. Nathan and Marie have recently hired an attorney to represent their interests in court. They are willing to adopt. The goal for Shannon remains return to parent, but all involved are unsure as to how to proceed and what is in Shannon’s best interest. Should she return to Caterina or should Caterina’s parental rights be terminated so that Nathan and Marie can adopt? What do you think?

Can the Child Return Home? Key Points to Consider

In deciding whether a child can return home to a family where substance abuse occurs, many factors should be weighed. These include:

- The parent’s ability to function in a caregiving role
- The child’s health, development and age
- Parental history of alcohol or other drug abuse and substance abuse treatment
- Safety of the home
- Family supports
- Available treatment resources
- Treatment prognosis and/or length of sobriety

A dilemma that often arises is the conflict between the legal mandate (and the child’s need) for permanence (ASFA) and the long-term treatment (including inpatient treatment) that substance-abusing parents may need. If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster care. Although foster care is often the only available option, the child may feel punished when placed away from the parent. The focus should be to support successful treatment, not to punish the parent by withholding the child.
What a CASA/GAL Volunteer Can Do

Educate yourself about the power of addiction and about resources such as Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Al-Anon, Alateen and Nar-Anon. Support those family members who are willing to deal with the substance abuse problem, even if the person with the substance dependence is not.

Services for which you might advocate include:

- Thorough assessment with recommendations for treatment
- Substance abuse treatment services (especially programs where the child can be with the parent, if appropriate)
- Home-based services to build family skills
- Relocation out of an environment where drug or alcohol use is pervasive
- Financial assistance and childcare while parents are in treatment
- Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, job training and child support
- When a child is in foster care, frequent visitation in a homelike atmosphere or an informal setting such as a park
- Assistance for a substance-abusing parent seeking to flee a domestic violence perpetrator, such as obtaining a protective order, finding alternative housing and performing other necessary steps (domestic violence victims are more likely to remain sober away from the abuser)
Skill Building: Cultural Competence

**Understanding the Culture: Activity 5E**

**Suggested Time:** 15 minutes

**Goal:** To allow participants to understand the different aspects of culture

**Advanced Prep**

Make enough copies of the Culture Puzzle handout for each pair of volunteers to share one. Cut puzzle pieces apart along the dotted lines.

**PowerPoint Slide(s):** 17-21

**Facilitator Instructions**

**Part 1:** Using the Chapter 5 PowerPoint presentation, give an overview of the material about culture that appears in the Volunteer Manual, including the definition, components and iceberg analogy. Ask participants to find a partner, choose one component found below the waterline of the culture iceberg and explain an unseen rule of their culture. Although a pair of participants may be of the same race or ethnicity, chances are they will find slight variations in their culture’s rules, expectations or customs.

Sometimes people have a difficult time identifying their culture. For example, white people who do not know or do not have a strong sense of their ethnicity, may feel like they do not have a culture. In this case, recommend that for this activity, people think about culture—rules, expectations and guidelines—in terms of their family, their workplace or their geographic region. If there are many people with this issue, you may want to consider offering additional training and/or resources during the year on cultural competence.

(7 minutes)
Understanding Culture, Cont’d.

Part 2: This part of the activity challenges participants to consider rethinking the way they approach a task while being conscious of differences in culture.

Distribute pieces 1 through 4 of the puzzle, withholding piece 5, labeled “culture.” Ask the pairs to use all four pieces to construct a square. After they finish, distribute piece 5 to each pair. Tell them they must now construct a new square using all five pieces. This will be more challenging. They will want to revert to what they know from building the first square and may find it difficult to set this knowledge aside. The finished puzzles look like this:

![Finished Puzzles](image)

Discuss the following questions after the pairs have completed the second square:

- Describe your experience having to make a new puzzle after receiving the new piece.
- How is this activity similar to advocating for a child from another culture?

Possible answers to the second question include the following: What worked the first time didn’t necessarily work the same way the second time. They had to start all over again without any preconceived notions. They had to forget what they did before and think of completing a square in a whole new way. This can be what it’s like working with children, youth and families from different cultures. What worked well with one family might work very differently with another. That one small piece made a drastic change in constructing a new square. (8 minutes)
Understanding the Culture: Activity 5E

Part 1: Listen as the facilitator defines culture and describes its components. In pairs, choose one component found below the waterline of the culture iceberg, and explain an unseen rule of your culture. Although you and your partner may be of the same race or ethnicity, chances are you’ll find slight variations in your culture’s rules, expectations or customs.

Part 2: The facilitator will distribute a four-piece puzzle to each pair. Working with your partner, construct a square using all four pieces without overlapping any sections. When everyone has finished, the facilitator will distribute an additional piece, labeled “culture.” Make a new square using all five pieces. Again, no pieces may overlap.

In the large group, answer the following questions:

• Describe your experience having to make a new puzzle after receiving the new piece.

• How is this activity similar to advocating for a child from another culture?
What Is Culture?

Culture is a learned pattern of customs, beliefs and behaviors, socially acquired and socially transmitted through symbols and widely shared meanings. Culture can be defined as an organized group of learned responses and ready-made solutions to problems people face and how to live day-to-day.

Culture is not only bound by race and ethnicity. Groups of people who work in certain fields may develop a unique culture. They have a unique language, practice model, etc. Culture defines how we do things, think about things and talk about things.

There are many analogies that help us understand culture. One is that culture is like an iceberg: There are parts we can see and parts we can’t see but know are there. The part above the waterline makes up only about 10 percent of an iceberg’s entirety. The visible parts of culture might include dress, music, food and games. Those that we can’t see but know are there include unwritten rules guiding patterns of speech, concepts of time and the meanings of body language.

The Iceberg Concept of Culture

Like an iceberg, the majority of culture is below the surface.

Surface Culture
Above sea level
Emotional load: relatively low

food • dress • music
visual arts • drama • crafts
dance • literature • language
celebrations • games

dance • literature • language
courtesy • contextual conversational patterns • concept of time
personal space • rules of conduct • facial expressions
nonverbal communication • body language • touching • eye contact
patterns of handling emotions • notions of modesty • concept of beauty
courtship practices • relationships to animals • notions of leadership
tempo of work • concepts of food • ideals of childrearing
theory of disease • social interaction rate • nature of friendships
tone of voice • attitudes toward elders • concept of cleanliness
notions of adolescence • patterns of group decision making
definition of insanity • preference for competition or cooperation
tolerance of physical pain • concept of “self” • concept of past and future
definition of obscenity • attitudes toward dependents • problem solving
roles in relation to age, sex, class, occupation, kinship, and so forth

Deep Culture
Unspoken Rules
Partially below sea level
Emotional load: very high

Unconscious Rules
Completely below sea level
Emotional load: intense

Adapted from Indiana Department of Education • Office of English Language Learning & Migrant Education
The Value of Diversity: Activity 5F

Suggested Time: 5 minutes

Goal: To allow participants to explore why diversity and cultural competency are important aspects of child advocacy work

Advanced Prep

Make a copy of the National CASA Guiding Principles signs, found in the Chapter 5 Handouts, and post them around the training room before beginning this chapter.

PowerPoint Slide(s): 22-26

Facilitator Instructions

Ask the participants to recall the information they read about diversity, the National CASA Vision Statement and guiding principles found in Chapter 5 Pre-Work Handouts. Discuss any questions they may have. Have them read the guiding principles signs posted around the room. Allow participants to wander around the room to read these signs if they can’t read them from their seats.

In the large group, ask participants to briefly share which principle they found most important and why. Answer any questions they have.

Alternatively, you can ask participants to stand near the sign with the guiding principle they find the most important. Go around the room and ask people at each sign to share why they chose that principle.

You may need to clarify the meaning of a few of the principles. You may want to point out that #11 means that a program’s volunteer pool should match community demographics, not that each volunteer should “match” the child he/she is advocating for. It is important to convey that valuing diversity and developing cultural competence will help them be better advocates.
Recall the information you read about diversity, the National CASA Vision Statement and guiding principles found in Chapter 5 Pre-Work Handouts and discuss any questions that you may have. Then read the signs posted around the room, which list the principles that guide National CASA’s efforts and goals related to achieving diversity within the CASA/GAL network.

In the large group, briefly share which principle you think is most important and why. Ask any questions you have about the vision statement or the principles.
Disproportionality and Disparate Outcomes: Activity 5G

Suggested Time: 10 minutes

Goal: To help participants understand the concept of disproportionality in the child welfare system and how it applies to their work as CASA/GAL volunteers.

Advanced Prep

Prior to this training session, research state and local statistics about the demographics of children in care to determine whether disproportionality exists in the child protective services system where you live. For example, in Alaska, Native children comprise 25% of all children in the state, but they make up 43% of reports to CPS and 60% of all children in state custody due to abuse and/or neglect. You can find links to information about the general demographics for children in your state, city or county in the Chapter 5 Pre-Work Handouts. Or, check with your state child protective services agency to see if they have demographic information for children in care in your local area. Be ready to share the information you found about disproportionality in your state and local area by adding it to Local/Program Pre-Work Handouts and/or adding the information to the Chapter 5 PowerPoint presentation.

PowerPoint Slide(s): 27-29

Facilitator Instructions

This activity is intended to help participants see how institutional racism and lack of cultural competence on the part of professionals and volunteers can affect the children they serve. Disproportionality may be a new concept for many participants.

Discuss the following questions:

- Why do you think disproportionality exists in the child welfare system? What factors might contribute to it?
- What are some other systems that impact the lives of the children and families you will work with as a CASA/GAL volunteer? What are some examples of disproportionality in those systems?
Disproportionality and Disparate Outcomes, Cont’d.

• What is one thing you can do to become aware of unconscious racial bias in your role as a CASA/GAL volunteer?

Other systems that affect the lives of the children and families in the child welfare system include education, health care, housing and criminal justice. Disproportionality in these systems includes overrepresentation of African Americans and Latinos in disciplinary actions and special education; underrepresentation of African Americans and Latinos in gifted and talented programs; health disparities among people of color even when there is no difference in income and education; overrepresentation of people of color in the juvenile justice system; and racial profiling of African American males. The fact that disproportionality exists for the same populations across all these systems further reinforces that the problem is due to systemic rather than individual factors.

Well-meaning individuals are often unaware of their racial or cultural biases, but these biases are unintentional barriers to reducing or eliminating disproportionality. Some things CASA/GAL volunteers can do to become aware of their biases include:

• Learn more about the history of racism and oppression in the United States.
• Develop relationships with people from different racial and cultural backgrounds.
• Consider what might have happened to a family in their interactions with various systems rather than assuming something is wrong with the family.
• Examine their attitudes and assumptions about people living in poverty.
Optional Activity: Media Stereotyping

Suggested Time: 15 minutes

The optional activity, Media Stereotyping, offers participants a chance to consider how the images and language that surround us can subtly influence how we perceive people from various racial, ethnic or cultural groups. These perceptions can, in turn, influence how systems treat people from different backgrounds. If there is time in your training session, this activity, which appears in the Chapter 5 Handouts, can deepen participants' understanding of the connections between stereotyping and disproportionality.

Goal: To help participants understand how stereotyping and bias contribute to issues of disproportionality

Advanced Prep

Add the news images from this activity to the PowerPoint presentation. If you have time, collect other examples of media stereotyping from current national or local media.

Facilitator Instructions

Review and comment on the Associated Press photos and captions below following hurricane Katrina in 2005. (Note: This activity can be conducted in a large group, or in small groups that report out.)

• How does the media negatively impact the public perception of poor people?

• How does the media’s portrayal of poor communities and communities of color impact the response of the child welfare system?

• How does understanding media stereotyping impact racial bias and the lens through which CASA/GAL volunteers may view poor communities and communities of color?
## Disproportionality and Disparate Outcomes: Activity 5G

**Disproportionality and Disparate Outcomes**

Recall the information that you read about Disproportionality and Disproportionality Statistics, found in the Chapter 5 Pre-Work Handouts and disproportionality statistics in your state and local area in the Chapter 5 Pre-Work Handouts. In the large group, discuss the following questions:

- Why do you think disproportionality exists in the child welfare system? What factors might contribute to it?
- What are some other systems that impact the lives of the children and families you will work with as a CASA/GAL volunteer? What are some examples of disproportionality in those systems?
- What is one thing you can do to become aware of unconscious racial bias in your role as a CASA/GAL volunteer?
Suggested Time: 60 minutes

**Goal:** To allow participants to apply what they have learned to a real-life simulation

**Advanced Prep**

Make copies of all case materials, which appear in the Chapter 5 Handouts.

**PowerPoint Slide(s):** 30-33

**Facilitator Instructions**

**Part 1:** Lead the case study activity as described in the Volunteer Manual. Once participants have begun working in small groups, monitor each group to be sure they are on topic, but don’t micromanage the groups. Allow participants enough space to learn and make mistakes, which can be discussed during the debrief. Be sure to monitor the time. (40 minutes)

**Interviews Available for the Lavender Case**

(This list is for your use only. Groups must decide on their own who they want to interview.)

- CPS Caseworker: Lisa Kelly
- Attorney for the Program and Volunteer Supervisor
- Lavender Bass and Foster Mother: Bonnie Matthews
- Father: John Bass
- Maternal Aunt and Grandmother: Leah Mailer and Rebecca Mailer (First Contact)
- Maternal Aunt and Grandmother: Leah Mailer and Rebecca Mailer (Second Contact)
- Mother: Susan Mailer
The Lavender Case, Cont’d.

Part 2: Allow groups a few minutes to read other groups’ recommendations posted on flipcharts around the room. Then hand out the debrief questions and have the small groups discuss them for several minutes. Afterward, go through these questions and any other questions participants may have about the case. Be sure to stick to conversations around the Chapter 5 topics: cultural competence, disproportionality and disparate outcomes and substance abuse. Other issues may arise that will be covered in more depth in later chapters. Put these topics on the Parking Lot, and address them during that chapter. (20 minutes)
The Lavender Case: Activity 5H

Part 1: Your group will receive a hard copy of the initial file for the Lavender case, which you read for Pre-Work. Take several minutes to re-familiarize yourself with the information in this case file. You will also receive a list of questions that your Questioner should remind your group to consider as you review documents and make your recommendations. After you review the initial case file, 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 to complete your information gathering for 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.

Part 2: Take a few minutes to view other groups’ recommendations, and then briefly discuss with your group the debrief questions that the facilitator distributes. In the large group, discuss these questions and any others that arose during the activity.
Writing Effective Court Reports: Activity 5I

Suggested Time: 10 minutes

Goal: To help participants learn to write clear, fact-based court reports

Advanced Prep

Add examples of “good” and “bad” court reports to Chapter 5 Local/Program Pre-Work Handouts.

PowerPoint Slide(s): 34-35

Facilitator Instructions

Part 1: This activity focuses on developing clear written communication skills. Ask the participants to recall the sample court reports that they read in Chapter 5 Pre-Work Handouts. Instruct participants to work in pairs and discuss. Then have them answer the following questions:

- Which statements are opinion-based?
- Which statements are fact-based?
- What's missing from each example?
- What could be improved in each example?

(5 minutes)

Part 2: Review the examples with participants and point out how they can be improved using the information below and any other insights you can offer. Ask them to recall the good and bad reports that they read about in Chapter 5 Local/Program Pre-Work Handouts. (5 minutes)

Example 1: John Bass

- “He was busted for pot”: Avoid use of slang or jargon.
- “Mr. Bass has never been a father to Lavender”: State objectively.
- “Admittedly, he has a history of using inhalants”: Be more specific to avoid implying continued or current use of inhalants.
Writing Effective Court Reports, Cont’d.

• “Mr. Bass claims”: Use of specific words can imply alternative meaning. Use “states” instead of “claims.”

Example 2: Lavender Bass

• “Lavender…seems to not be very engaged”: Provide more specificity about significant child behaviors. Engaged with others? With only foster parents? When engaged in developmentally appropriate activities?
• “Lavender sometimes ignores the foster mother and doesn’t listen to her when she is talking. The foster mother states she has to call her time after time to get her attention”: The first sentence is an individual interpretation of the situation. The second sentence provides more specifics.
• “This is not the best foster placement for Lavender”: Avoid statements without any explanation of what led to a conclusion.

Example 3: Susan Mailer

• “A criminal records check confirmed Ms. Mailer has a tendency toward violent behavior”: Include specifics on history if relevant to the parental ability and child’s protection.
• “CASA/GAL volunteer feels like drugs are being done at the home of the maternal aunt and grandmother. The children are also fearful of them”: Statements should be fact-based without assumptions, which might represent cultural misinterpretations.
Writing Effective Court Reports: Activity 5I

Writing Effective Court Reports

**Part 1:** Recall the three sample court reports that you read in Chapter 5 Pre-Work Handouts. In pairs, discuss these reports. Then answer the following questions:

- Which statements are opinion-based?
- Which statements are fact-based?
- What's missing from each example?
- What could be improved in each example?

**Part 2:** In the large group, discuss how to improve these sample sections. Recall the good and bad court reports that you read in Chapter 5 Local/Program Pre-Work Handouts. The facilitator may discuss these as examples of effective court reports and court reports that need improving.
### Chapter Wrap-up and Review

#### Chapter Review

**Review**
In summary, you can review the competencies found at the beginning of the chapter to check in about volunteers’ comfort level with the content. Answer any remaining questions.

**PowerPoint Slide(s): 36-40**

**Evaluation**
Hand out copies of the Chapter 5 Volunteer Training Evaluation and collect them before participants leave.

#### Chapter 6 Pre-Work

**Pre-Work Activities**
Assign the following Pre-Work activities for the Chapter 6 training session and remind participants of the date and time when this session will take place.

- **Domestic Violence**
  Ask the participants to read information about Understanding Domestic Violence along with the statistics about domestic violence that appear in the Chapter 6 Pre-Work Handouts. Have participants write down their questions about the material.

- **Sorting People**
  In the Chapter 6 Online Resources, participants should click the link to an exercise called “Sorting People: Can You Tell Somebody’s Race by Looking at Them?” The activity features photographs of people of various races and asks participants to sort the people according to how they perceive their race.
Chapter 6 Pre-Work, Cont’d.

Afterward, participants should consider the following questions:

– How did you do?
– What surprised you about the exercise?
– Think about the cases you’ve worked on so far. Did you observe any stereotyping in the Black, Bleux, Greene or Bass cases? If so, how did it affect the families?

• Exploring Culture and Perceptions Activity

For categories specified, ask participants to think about their culture and life experiences, and how they would describe themselves, their family of origin, or their current family situation to someone they know pretty well. Ask them to answer the listed questions.

Ask the participants to imagine how Susan Mailer, the mother in the Lavender case, would describe herself to someone who has power over her life—for instance, the caseworker, the judge, or an attorney. Ask them to take the perspective of Susan and answer the listed questions.

• Stereotyping vs. Cultural Competence

Ask the participants to read the article on Stereotyping vs. Cultural Competence.

• 10 Benefits of Practicing Culturally Competent Child Advocacy

Ask the participants to read the article on the 10 Benefits of Practicing Culturally Competent Child Advocacy.

• Institutional Bias Checklist for Volunteers

Ask the participants to refer to the Institutional Bias Checklist for Volunteers.

• Culturally Competent Child Advocacy Activity

Ask participants to think about their culture and life experiences, and how they would describe themselves, their family of origin, or their current family situation to someone they know pretty well. Have them answer the questions listed in Chapter 6 Pre-Work Handouts.
Chapter 6 Pre-Work, Cont’d.

Have participants also imagine Susan Mailer, the mother in the Lavender case, would describe herself to someone who has power over her life—for instance, the caseworker, the judge, or an attorney. Ask them to take the perspective of Susan and answer the questions listed in Chapter 6 Pre-Work Handouts.

- **Tips on How to Become More Culturally Competent**
  Ask the participants to read the article Tips on How to Become More Culturally Competent.

- **Individual Action Plan for Increasing Cultural Competence Activity**
  Ask the participants to refer to the Individual Action Plan for Increasing Cultural Competence and create a plan to become more culturally competent.

- **The Amarillo Case (pronounced “Am-uh-ree-yo”)**
  Ask the participants to read the Initial Case Notes for the Amarillo Case found in Chapter 6 Pre-Work Handouts before attending the Chapter 6 training session.
Chapter Wrap-Up

Review

Share any remaining questions you have about the material covered in this chapter.

Evaluation

Fill out the Chapter 5 Training Evaluation and give it to the facilitator before you leave.

Chapter 6 Pre-Work

Prior to the Chapter 6 training session, complete the following assignments

• Domestic Violence
  Read the information about Understanding Domestic Violence and the statistics about domestic violence found in the Chapter 6 Pre-Work Handouts. Write down any questions you have, and the facilitator will address them during the next chapter.

• Sorting People
  In the Chapter 6 Online Resources, click the link to an exercise called “Sorting People: Can You Tell Somebody’s Race by Looking at Them?” Follow the instructions to complete the activity, and then consider the following questions:
  – How did you do?
  – What surprised you about the exercise?
  – Think about the cases you’ve worked on so far. Did you observe any stereotyping in the Black, Bleux, Greene or Bass cases? If so, how did it affect the families?

• Exploring Culture and Perceptions Activity
  For the specified categories, ask participants to think about their culture and life experiences, and how they would describe themselves, their family of origin, or their current family situation to someone they know pretty well. Ask them to answer the questions listed in the Chapter 6 Pre-Work Handouts.
Chapter 6 Pre-Work, Cont’d.

Ask the participants to imagine how Susan Mailer, the mother in the Lavender case, would describe herself to someone who has power over her life—for instance, the caseworker, the judge, or an attorney. Ask them to take the perspective of Susan and answer the questions listed in the Chapter 6 Pre-Work Handouts.

- **Stereotyping vs. Cultural Competence**
  Ask the participants to read the article on Stereotyping vs. Cultural Competence.

- **10 Benefits of Practicing Culturally Competent Child Advocacy**
  Ask the participants to read the article on the 10 Benefits of Practicing Culturally Competent Child Advocacy.

- **Institutional Bias Checklist for Volunteers**
  Ask the participants to refer to the Institutional Bias Checklist for Volunteers.

- **Culturally Competent Child Advocacy Activity**
  Ask participants to think about their culture and life experiences, and how they would describe themselves, their family of origin, or their current family situation to someone they know pretty well. Have them answer the questions listed in Chapter 6 Pre-Work Handouts.

  Have participants also imagine Susan Mailer, the mother in the Lavender case, would describe herself to someone who has power over her life—for instance, the caseworker, the judge, or an attorney. Ask them to take the perspective of Susan and answer the questions listed in Chapter 6 Pre-Work Handouts.

- **Tips on How to Become More Culturally Competent**
  Ask the participants to read the article Tips on How to Become More Culturally Competent.
Chapter 6 Pre-Work, Cont’d.

- **Individual Action Plan for Increasing Cultural Competence Activity**
  Ask the participants to refer to the Individual Action Plan for Increasing Cultural Competence and create a plan to become more culturally competent.

- **The Amarillo Case**
  Read the Initial Case Notes for the Amarillo Case. You will be applying what you know about this case during various activities in Chapter 6.
This project was supported by Award No. 2015-CH-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Department of Justice.
CHAPTER 5
Pre-Work Handouts

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Pre-Work Instructions

This section details the work you need to complete before the classroom session. Completing this work before the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA/GAL volunteer.

Prior to attending the fifth session of the volunteer training, please read through the Pre-Work handouts found in this document. Reading this information before the session will give you a foundation in substance abuse, substance abuse statistics, diversity, National CASA Vision Statement and Guiding Principles, disproportionality in the child welfare system, disproportionality statistics, cultural competency glossary terms, initial case notes for the Lavender case and sample court orders.
Definitions

Psychoactive substances, whether legal (alcohol and prescription medications) or illegal, impact and alter moods, emotions, thought processes and behavior. These substances are classified into different types (for example, stimulants, depressants, 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, you should consider them 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
Substance Abuse, Cont'd.

12-step programs to outpatient counseling, intensive outpatient/day-treatment programs and inpatient/residential programs.

Treatment programs use several 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

According to the Child Welfare League of America, “Parental addiction is a significant factor in child abuse and neglect cases, with studies suggesting 40% to 80% of families in the child welfare system are affected by addiction.”

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.
Substance Abuse Statistics

Quick Facts on Drug Addiction (American Addiction Centers)

- According to the National Survey on Drug Use and Health (NSDUH), 21.5 million American adults (aged 12 and older) battled a substance use disorder in 2014.
- Almost 80 percent of individuals suffering from a substance use disorder in 2014 struggled with an alcohol use disorder, NSDUH.
- Over 7 million Americans battled a drug use disorder in 2014, per NSDUH.
- One out of every eight people who suffered from a drug use disorder in 2014, according to NSUDH, struggled with both alcohol and drug use disorders simultaneously.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) published that in 2014, almost 8 million American adults battled both a mental health disorder and a substance use disorder, or co-occurring disorders.
- The Office on National Drug Control Policy (ONDCP) reports that drug abuse and addiction cost American society close to $200 billion in healthcare, criminal justice, legal and lost workplace production/participation costs in 2007.
- The World Health Organization (WHO) estimates the global burden of disease related to drug and alcohol issues to be 5.4 percent worldwide.

Statistics on Specific Population Demographics and Addiction

Adolescents (aged 12-17):

- NSDUH reports that in 2014, approximately 5 percent of the American adolescent population suffered from a substance use disorder; this equates to 1.3 million teens, or 1 in every 12.
- Almost 700,000 American youths between ages 12 and 17 battled an alcohol use disorder in 2013, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA).
- An estimated 867,000 adolescents suffered from an illicit drug use disorder in 2014, which was a decline from previous years, according to NSDUH.
Substance Abuse Statistics, Cont'd.

- Individuals who tried marijuana or alcohol before the age of 15 were almost four times as likely to suffer from a marijuana use disorder as an adult than those who waited until after age 18 to try these substances, according to data published in the 2013 NSDUH.

Young adults aged 18-25:

- About one out of every six American young adults (between the ages of 18 and 25) battled a substance use disorder in 2014 according to NSDUH. This represents the highest percentage (16.3%) out of any age group.
- Heroin addiction among young adults between 18 and 25 years old has doubled in the past 10 years, according to AARP.
- In college students studied in 2010, the Treatment Episode Data Set (TEDS) found that alcohol was the number one substance this group received specialized treatment for. 72 percent of those admitted to public substance abuse programs, did so for an alcohol use disorder (marijuana was second at 55.7 percent and prescription drugs were third at 31.6 percent).

Over age 25:

- Approximately 14.5 million adults aged 26 or older struggled with a substance use disorder in 2014, according to NSUDH.
- College graduates, aged 26 or older, battled drug addiction at lower rates than those who did not graduate from high school or those who didn't finish college, according to data published in the 2013 NSDUH.

Elderly individuals:

- An estimated 15 percent of elderly individuals may suffer from problems with substance abuse and addiction, according to Today’s Geriatric Medicine.
- Over 3 percent of the older adult population may struggle with an alcohol use disorder.
Substance Abuse Statistics, Cont’d.

- This generation takes more prescription drugs than younger ones, has lower metabolisms, potentially suffers from social isolation and ageism, may struggle with many medical issues, and therefore may be at a high risk for prescription drug abuse and dependence, according to Psychiatric Times.

- Two-thirds of the population over the age of 65 who struggle with alcohol addiction, battled an alcohol use disorder at a younger age and carried it with them as they aged.

- Between 21 and 66 percent of elderly individuals battling a substance use disorder also suffer from a co-occurring mental health disorder.

**Men vs. women:**

- In 2013, adult men in the United States struggled with an alcohol use disorder at rates double those of women, 10.8 million as compared to 5.8 million, according to NIAAA.

- For boys and girls between the ages of 12 and 17, both genders battled substance use disorders at similar rates, making it the only age bracket that men did not significantly outweigh women, according to the 2013 NSDUH.

- Close to 70 percent of treatment admissions for substance abuse in 2010 were male, according to TEDS.

- Men may be more likely to abuse illicit drugs than women, but women may be just as prone to addiction as men when they do abuse them, according to NIDA.

**Ethnicity/race:**

- The 2013 NSDUH reports that American Indians and Alaska natives had the highest rate of substance abuse and dependence at 14.3 percent.

- Approximately 11.3 percent of Native Hawaiians and other Pacific Islanders suffered from substance abuse and dependence in 2013, according to NSDUH.

- According to NSDUH, Hispanics and whites suffered from substance abuse and dependence at similar rates in 2013, around 8.5 percent, while about 7.4 percent of African Americans struggled with it.
Substance Abuse Statistics, Cont’d.

- Asians were the least likely to suffer from substance abuse and dependency with rates around 4.5 percent, per the 2013 NSDUH.
- A study of undergraduate college students, published in the Journal of Ethnicity in Substance Abuse, found that whites and Hispanics were more likely to have issues surrounding drug abuse than their Asian and African American counterparts.

Criminal justice/employment status:

- Almost twice as many people who are unemployed struggle with addiction than those who are full-time workers, CNN Money reports; around 17 percent of the unemployed and 9 percent of the employed population struggled with a substance use disorder in 2012.
- About half of the population of American prisons and jails suffer from addiction, according to NCAAD.
- Around three-quarters of individuals in a state prison or local jail who suffer from a mental illness also struggle with substance abuse, and the opposite is also true, according to the National Institute of Health (NIH).

Statistics on Addiction to Specific Substances

Cocaine:

- Over 900,000 American adults (over age 11) struggled with a cocaine use disorder in 2014, per NSDUH.
- In 2010, TEDS reported that 8 percent of all treatment admissions were for cocaine abuse or dependency issues.

Heroin:

- The American Society of Addiction Medicine (ASAM) reports that in 2015, approximately 586,000 Americans aged 12 and older struggled with a substance use disorder involving heroin.
- Almost a quarter of people who abuse heroin will become addicted to it, according to ASAM.
Substance Abuse Statistics, Cont’d.

- Over the past few years, heroin abuse and addiction have risen in all population and demographic groups in the United States, according to the Centers for Disease Control and Prevention (CDC).

- Individuals addicted to alcohol are two times more likely to also be addicted to heroin, while those addicted to marijuana are three times more likely. Individuals addicted to cocaine are 15 times more likely to also be addicted to heroin, and people addicted to prescription drugs are 40 times more likely, per the CDC.

- The highest at-risk population for heroin addiction, as reported by S. News, is non-Hispanic white males between the ages of 18 and 25 who live in large cities.

- According to the 2010 TEDS, almost three-fourths of individuals admitted to treatment for a heroin abuse or dependency concern, cited injection as the primary method of abuse.

Prescription drugs:

- Prescription drugs are abused at high rates. NSUDH reports that the most common types of psychotherapeutic drugs abused in 2013 were pain relievers, tranquilizers, stimulants and sedatives in that order. Pain relievers are the most common cause of a substance use disorder among prescription drugs.

- ASAM publishes that over 2 million Americans over the age of 11 struggled with an opioid pain reliever abuse disorder in 2014.

- ASAM also reports that women may more rapidly develop a prescription painkiller addiction than men.

- On average, according to studies published in the journal Substance Abuse Treatment, Prevention, and Policy, individuals who were admitted to opioid treatment programs who abused only prescription opioids, or those who abused both heroin and prescription opioids, were about five years younger than individuals admitted solely for heroin abuse or dependency.
Substance Abuse Statistics, Cont’d.

Marijuana:
• Almost 6 percent of full-time college students in the United States smoked marijuana daily in 2014, NIDA publishes; this is more than triple the number of daily smokers 20 years prior.
• Approximately 4.2 million American adults (over the age of 11) battled a marijuana use disorder in 2014, according to NSDUH.
• The majority of people struggling with marijuana addiction in 2014 were between the ages of 12 and 25, according to NSDUH.
• TEDS reported that marijuana use disorders accounted for the third highest number of treatment admissions (at 18 percent) to substance abuse programs in 2010.

Alcohol:
• According to NCADD, alcohol is the most abused addictive substance in America.
• In 2013, an estimated 16.6 million American adults (18 and older) battled an alcohol use disorder, according to NIAAA.

In 2010, TEDS published that 41 percent of all substance abuse treatment admissions were for alcohol.
• The Center for Behavioral Health Statistics and Quality (CBHSQ) reported that in 2010, among American military veterans between the ages of 21 and 39, who admitted to substance abuse treatment programs, more than half cited alcohol as the primary substance of concern.
• Over half of all American adults have a personal family history of problem drinking or alcohol addiction, according to NCADD.
Diversity

National CASA Vision Statement and Guiding Principles

As a general term “diversity” refers to difference or variety. In the context of CASA/GAL 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 chapter, keep in mind the particular cultural groups you will work with as a CASA/GAL volunteer. Keep in mind that “culture” is not limited to race and ethnicity. According to the Pew Research Center, Americans are more racially and ethnically diverse than in the past, and the U.S. is projected to be even more diverse in the coming decades. By 2055, the United States will not have a single racial or ethnic majority. Time Magazine reports that the country’s minority population increased from 32.9% of U.S. residents in 2004 to 37.9% in 2014, according to the Census, and four states—Hawaii, California, New Mexico and Texas—along with Washington, D.C., are now majority-minority. As you work through the activities in this chapter, keep in mind the particular cultural groups you will work with as a CASA/GAL 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/GAL 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.

National CASA Association 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
Diversity, Cont’d.

disability. We also value diversity of viewpoints, life experiences, talents and ideas.

A diverse CASA/GAL network helps us to better understand and promote the well-being 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/GAL 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/GAL 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 homogeneous; 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.
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. Most statistics show that African American children, American Indian and Native Alaskan children, and children of two or more races are overrepresented in the system.
Though African American children make up 14% of the child population, they constitute 28% of the children in foster care. American Indian children make up 1% of the child population and 2% of the foster care population. Children with more than one race make up 6% of the child population and 7% of the foster care population. This imbalance is referred to as disproportionality.

*Adoption and Foster Care Analysis Reporting (AFCARS) 2011.*

Race has been identified as a primary determinant for decision making in five out of six stages in child protective services: reporting, investigation, substantiation, placement and exit from care.


Children of color make up almost two-thirds of the children in the foster care system, although they constitute just over one-third of the child population in the US.


The number of white children entering foster care in a given year is greater than the number of African American children. Yet, African American children make up a disproportionate, and increasing, share of those who remain.

*Adoption and Foster Care Analysis and Reporting System (AFCARS).*

Although the length of time in foster care for African American children has declined considerably from FY 2000 to FY 2012 (40.6 months to 29.0 months), the average length of stay in foster care is still higher than that percentage for white children (18.3 months).

*Adoption and Foster Care Analysis Reporting (AFCARS) 2013 Data Brief.*
Disproportionality Statistics, Cont’d.

Research revealed that with all factors the same, African American and Hispanic Latino children are placed in foster care at a higher rate than whites. Poverty is a factor; however, research also reveals there are deeply embedded stereotypes about Black family dysfunction. Instead of being referred to foster care, 72% of Caucasian children receive services in their own homes. Just 40% of Hispanic children and 44% of African-American children receive in-home services in lieu of removal.

Child Welfare Information Gateway, National Study of Protective, Preventive and Reunification Services Delivered to Youth and Their Families.

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


The National Incidence Study found race differences in maltreatment rates, with African American children experiencing maltreatment at higher rates than white children. Maltreatment rates have likely never been comparable for African American and white children due to the gap between African American and white children in economic well-being. Income, or socioeconomic status, is the strongest predictor of maltreatment rates and incomes of African American families have not kept pace with the incomes of white families. These findings imply that nearly all the multi-factor findings on the interaction of race and social economic status arise not because Black children in not-low SES households are at greater risk for maltreatment because they are Black; they are at greater risk because they are poorer than the White children in similar households.

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

**Afrocentric**: Emphasizing or promoting emphasis on African culture and the contributions of Africans to the development of Western civilization

**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
Cultural Competence Glossary, Cont’d.

Disability: A limitation, difference, or impairment in a person’s physical, mental or sensory capacity or ability

Note: It is preferable to use people-first language—that is, language that puts the person before the disability. For example, the phrase “people with disabilities” is preferred over “the 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 innate, deeply felt psychological identification as a man or woman, which may or may not correspond to the gender assigned to them at birth (some individuals identify as neither male nor female as our society generally understands these terms, and instead identify as a third or other gender)

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

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Questioning/Queer

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 group of people. Language can be formal or informal and includes dialect, idiomatic speech and slang.
Cultural Competence Glossary, Cont’d.

**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**: A term used primarily in the United States to describe any person who does not identify as white

**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

**Questioning**: A term that can refer to an identity, or a process of introspection, whereby one learns about their own sexual orientation and/or gender identity

**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**: The culturally defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can shift over time. Sexual orientation has at least three (3) parts:

a. **Attraction**: One’s own feelings or self-perception about to which gender(s) one feels drawn; can be sexual, emotional, spiritual, psychological and/or political

b. **Behavior**: What one does sexually and/or with whom

c. **Sexual Identity**: The language and terms one uses to refer to their sexual orientation, which may or may not be based on either of the above and can also be influenced by family, culture and community
Cultural Competence Glossary, Cont’d.

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

**Homosexual:** A term used to refer to a person based on his or her same-sex sexual orientation, identity or behavior (many LGBTQ people prefer not to use this term because of its historically negative use by the medical establishment)

**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:** An umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate)

**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”
# Initial Case Notes for the Lavender Case

## CPS Case File

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<tr>
<th>Last Name of Case:</th>
<th>Lavender Bass</th>
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<td>6 years</td>
<td>Unknown</td>
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<td>Foster Placement</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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## Current Placement

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<td>Mother</td>
<td>Sara Johnson</td>
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<tr>
<td>Bonnie Matthews</td>
<td>52 Greylock Rd.</td>
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Case History

Three weeks ago: Child, Lavender Bass, age 6, came into care following a complaint made by her paternal grandmother. On her tip, the CPS investigator located the mother and child behind the bar where mother is employed. Mother, Susan Mailer, was passed out drunk sleeping in her parked car. Lavender was sitting in the shade of a nearby tree waiting for her mom to wake up and take her home. The police were called and mother arrested for public drunkenness.

Susan and Lavender reside with Susan’s mother, Rebecca Mailer; her sister, Leah Mailer; and Leah’s children. Because no one in the home was available the day of the arrest, Lavender was placed in foster care with Bonnie Matthews.

The CPS investigator found that Susan Mailer’s criminal record reflected a tendency toward violence; she’d been in a couple of physical fights in the bar where she’s employed. She’s also been arrested for dealing marijuana and was once caught huffing inhalants when police busted a party.

Your First Interview with CPS Worker

You arrange to meet with Lisa Kelly, the CPS worker, to discuss this case and review the file. She’s a cheerful young woman, new to the agency and full of enthusiasm for her task—saving the world from itself. Lisa shows you the paperwork for the Lavender Bass case. Lavender’s paternal grandmother made the initial report, complaining that the child’s mother wasn’t looking after her and tipping CPS about where to find them. Paternal grandmother adamantly stated that she does not want to be involved in the case, “so please don’t call her.” You take her number down anyway. The mother was arrested and kept in jail overnight. Lavender and her mother live with Rebecca Mailer, maternal grandmother; Leah Mailer, maternal aunt; and Leah’s children. The CPS investigator substantiated the case, took Lavender into care and gave the case to Lisa, who hasn’t met the mother yet.

Court History

You are preparing for the combined Adjudication/Disposition Hearing.
Sample Court Reports

Example 1
John Bass (alleged father) is in the county jail approximately 100 miles from the foster placement. He was busted for pot. Admittedly, he has a history of using inhalants. According to Mr. Bass, he was not with Ms. Mailer very long but claims Lavender is his child. He has never been a father to Lavender. Mr. Bass claims that he is Native American and Lavender is too. He claims he is of a mixed background and the Mailers are not from his tribe. He has had limited contact with Lavender throughout her life, stating Ms. Mailer would not give him “the time of day.”

Example 2
Lavender Bass (child): Six year-old Lavender Bass has been in foster care for about three weeks and is not adjusting well. Lavender spends a lot of time in the yard and is not very engaged. Lavender sometimes ignores the foster mother and doesn’t listen to her when she is talking. The foster mother states she has to call her time after time to get her attention. This is not the best foster placement for Lavender. According to the foster mother, she had never attended school and this is her first time in a “real school.” Lavender seems on target developmentally. She is washing and dressing herself and keeping up with her school work. The child could be Native American and this will need to be investigated.

Example 3
Susan Mailer (biological mother) has a history of drug abuse and violent behavior. Three weeks ago, CPS found her passed out in her car from alcohol. A criminal records check confirmed Ms. Mailer has a tendency toward violent behavior. Ms. Mailer did not show up for court during the preliminary hearing and the CPS worker continues to leave messages via the telephone. CASA/GAL volunteer is able to reach mother via telephone. Ms. Mailer acknowledges that she works at a bar and sometimes takes Lavender to work with her. She states she likes to party from time to time with alcohol and drugs. She has had no visits with her child since she was taken into foster care. According to Ms. Mailer’s sister, Ms. Mailer is working long hours and makes good money. CASA/GAL volunteer feels like drugs are being done at the home of the maternal aunt and grandmother. The children are also fearful of the aunt and grandmother.
CHAPTER 5
Handouts

CONTENTS

» Culture Puzzle: Activity 5E ................................................................. 1
» National CASA Guiding Principles Signs: Activity 5F ...... 2
» Lavender Case Study Materials: Activity 5H ....................... 13
Demographics of Essex County – 796,014

Demographics of Essex County: Disproportionality Percentages

- White: 49.1%
- African American: 42.2%
- Hispanic: 22.7%

Children in Foster Care: Disproportionality Percentage

- Hispanic: 16%
- African American: 77%
- White: 4%
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Court History

You are preparing for the combined Adjudication/Disposition Hearing.

Who do you want to interview first?
Questions to consider periodically:

- Where else could we get information that would be useful?
- What are the barriers to reunification?
- Have we checked all relatives?

Questions to consider before finalizing court recommendations:

- Are our court recommendations child focused?
- Have we covered every need of the child(ren) in this case?
- Did we appropriately consider the minimum sufficient level of care (MSL) standard in forming our recommendations for this case?
- Do our recommendations ask for what is appropriate, whether or not it is readily available?
- Is our work clear, diplomatic and non-judgmental?
Hi. Welcome to our office. It’s not much, but it works for us. We’re usually out in the field anyways. It’s a luxury to have a day in the office!

I’ve been working for CPS for about eight months now. I got my MSW at University of State School of Social Work. Now I’m “livin’ the dream” so to speak.

I’ve visited the child’s home and spoke with her grandmother and aunt. Both women adamantly insist that they will not ban Lavender’s mom, Susan, from their home. They were relatively guarded and uncommunicative. As no protection plan was agreed on, the child will remain in foster care. There was something strange about the home, a smell or a look that made me take notice, but I haven’t figured it out yet. It wasn’t pot. But it wasn’t a smell I’ve smelled before. Perhaps it was nothing. But perhaps it was something.

I’ve attempted to locate the mother by leaving messages at her home and calling her employer, so far with no response. The mother did not show up in court for the preliminary hearing.

The child’s father is in jail—he’s a couple of counties over. It’s a bit of a haul in case you were planning to go visit him. If you do plan to go over there, you’ll need to call in advance and make sure your name is on the visitor’s list. He was busted for selling marijuana. According to everyone’s report, he has not been very involved with this child.

Lavender was lucky to be placed with Bonnie Matthews instead of going into an emergency placement first. She should be able to stay with Ms. Matthews indefinitely. It’s a really good foster home.

I’ve been by to see Lavender a couple times already, once to bring her some clothes and things from home. The child is clearly upset and freaked out to be staying with a stranger. I feel so sorry for her, but I haven’t even been able to locate her mother, much less to start working with her, so I guess Lavender will be there for a while.

• What difference does this information make to the case?
• What are your follow-up questions?
CASA/GAL Program Attorney: If this child is Native American, or a child of Native American descent, then this is likely an Indian Child Welfare Act (ICWA) case. If so, the court is responsible to do certain things, paramount among them being to notify the child’s tribe or possible tribe(s) that they have the right to intervene in the case, a right they may assert at any point in a case. If the court fails to comply with ICWA, court orders are voidable, which means orders for permanent placement can be undone—even adoptions. I will be in touch with the CPS attorney to be sure they are pursuing notification of the tribe(s) and the Bureau of Indian Affairs (BIA).

As the volunteer, your primary duty is to notify your supervisor and me that you may have an ICWA case. You can also help by finding out if this child or her parents are registered members of a federally recognized Indian tribe. If you can identify her tribe, you would get in touch with the tribal social worker (if they have one) and/or tribal government. Of course, you should touch base with the CPS social worker about this development in the case.

Volunteer Supervisor: One of the main differences in an ICWA case is that the tribe may express preferences that would strongly influence, or even override, an existing placement of the child. The tribe’s parameters for extended-family relationships may include a wider range of relationships than in a non-Indian case. If no extended families are available, they may want Lavender in an approved tribal home or tribal foster home.

Additionally, “best interest” takes on further shading in that the ICWA best interest reflects the underlying premise that it is in the best interest of American Indian children that the role of the tribal community in each child’s life be protected.

CASA/GAL Program Attorney: Native Americans are not a discrete racial group. Rather, they are members of sovereign tribal entities. This distinction helps us to understand that ICWA is politically oriented and not based on race. The Indian Child Welfare Act was passed by the federal government in 1978 as Public Law 95-608.
Attorney for the Program and Volunteer Supervisor, Cont’d.

- What difference does this information make to the case?
- Should Lavender be moved from Bonnie Matthews’ home to a Native American foster home?
- What are your follow-up questions?
Setting: Home of Bonnie Matthews

Bonnie: Hi. Thank you for meeting here. Lavender has been with me for about three weeks. Lavender is no trouble really, but she’s not adjusting well. She still cries about missing home almost every night and she seems depressed. If you’d like, I can show you the rest of the house, including where Lavender is sleeping. Lavender’s playing out back right now.

Me? I’m single. I work as a receptionist at an elementary school, but not the one Lavender attends. I like the hours and I’m able to pick Lavender up and be home with her after school. It’s a pattern that works. I’ve been a foster parent for about five years now. I only take one child at a time. I’ve had different aged children, but I prefer the elementary school kids.

Lavender never attended a real school before. I guess she was home schooled, but it doesn’t seem like she learned much where she was before. Poor thing! Everything in her life is new and scary. Adjusting to school for the first time is hard enough without having to leave home too.

Lavender seems developmentally on target. She knows how to wash and dress herself—do self care and all the usual things a 6-year-old would do. She’s a very quiet and shy child. Usually by three weeks I would have drawn a child out more, but Lavender remains somewhat distant.

Lavender spends a lot of time in the yard. Sometimes she seems engaged in imaginative play, but often she does what she’s doing now—sits and stares, like she’s spacing out. Sometimes in the house she seems like she’s just not there, not focusing or paying attention. She’s not being disrespectful or disobedient—she just doesn’t hear me. The teacher said she wondered if she’s got attention deficit disorder, but I don’t think so. I know ADD kids usually show more symptoms in school than at home, and honestly, I think Lavender’s no more spaced out there than she is here. In any case, she’s doing fine keeping up with her schoolwork.
Lavender Bass and Foster Mother Bonnie Matthews, Cont’d.

I can tell she’s really, really sad. I told Lisa we should get her some counseling. I try to comfort her, but sometimes she seems to tense up if I touch her, especially if she’s not expecting it. I’m always very gentle with her, but I can tell she’s not feeling totally safe with me yet. Would you like to meet her? Let’s go out back.

Lavender: After being introduced by Bonnie and after you’ve explained your role, you ask Lavender a few questions.

I’m okay.

Living with Bonnie is okay.

I don’t really watch TV.

I don’t really have friends at school.

Can you please take me home now? I miss Mom and Grandma and my aunt.

When you say you can’t do this, she begins to cry. Bonnie comes over, and you explain you’ll be back to visit another day.

• How does it feel to visit with this child?
• What were you tempted to promise her? How might you try to comfort Lavender in this situation?
Father: John Bass

Setting: County Jail Visiting Room (about 100 miles from where you live)

They busted me for pot. I don’t belong in jail. All I did was smoke some marijuana, which is culturally acceptable in our tribe. It’s part of who we are. Have you ever heard of Kinnick-Kinnick?

Susan was a wild girl when I knew her. She showed me how to “huff” (use inhalants). We got high together and had a fun time for a while, but by the time the baby was born she had moved on from me. By then she wouldn’t give me the time of day.

I wasn’t with Susan very long, but Lavender is my child and I love her. I haven’t seen Lavender very often since she was born, but I know her mother’s people take good care of her. She needs to be with them no matter what Susan does. No family of strangers is going to understand her like Leah and her grandma do. Hell, she belongs with them, with her kinfolk, her blood! Don’t you know we’re Native? Susan is Native American. My daughter is Native! Doesn’t the tribe have the right to say what happens to her?

My mother’s a good-for-nothing white woman who doesn’t understand what’s important in life, and my dad is dead and gone. My dad was Native American and proud of it. So am I. My Native name is Grey Wolf—I’m John Grey Wolf Bass.

I’m not sure what tribe Susan’s people are registered with. The Mailers are not from my tribe. I’m mixed blood.

Would I take Lavender in when I’m out of here? I travel too much. I couldn’t make a solid home for her. She’ll be fine if you could just get her home. Can you do that for me? If not for me, please do it for her.

- How do you answer his question about reuniting Lavender with the Mailers?
- What difference does this information make to the case?
- What is your next move?
Leah: Hi, I’m Leah. I’m Susan’s sister, which makes me Lavender’s aunt. No, Susan isn’t here. She hasn’t been around much lately. I think she’s staying with her boyfriend now. Or maybe she went out of town. I don’t really keep her schedule.

Susan works at a bar and makes good money with tips, but she works long hours. Sometimes she stays away from home for a few days, but we never worry because she can handle herself. She doesn’t usually have Lavender there with her, and they never spend the night out like that—that was a one-time thing.

Rebecca: I’m Lavender’s grandmother. Yes, Susan uses drugs. Marijuana. Other stuff. She started “huffing” as a teen and has struggled with addiction. We can deal with the problem—it’s family business, not the government’s.

Leah: Lavender always stays with us when Susan’s not around. The CPS worker said Lavender couldn’t come home if Susan might be here. It’s part of her protection plan. Of course Susan’s going to be here. She lives here, doesn’t she? She’d never hurt the kids. We do miss Lavender terribly and don’t even have a phone number where we can call her. She needs to be with her own people. How can the government come and just take our child? I thought they stopped doing that in the 1950s!

Lavender’s father? He’s at the county jail. Got busted I hear. We don’t see much of him, never have.

- What are your impressions of Lavender’s family?
- What are your follow-up questions?
Leah: Native Americans visit each other a lot so we always have people dropping by and we often watch each other’s children. Mine are bored today, with all this quiet. (Turning to her children) Go on and find something to do, kids. No, never mind. Go on in your rooms and get them cleaned up. (As she gives instructions, you notice the children listen intently but don’t look directly at their mother. But they obey her immediately.)

Did you think there was a party here last time? No party. We always have a few kids over. We like to have our kids around us, active and playing. They don’t bother us. We hardly even notice them unless one of them gets hurt and starts screaming. We believe they learn better from direct experience, by working most things out themselves. They don’t need us butting in.

Kinnick-Kinnick is tobacco mixed with some other plants. It’s for social smoking but, no, it doesn’t get you high. John Bass is confused if he thinks smoking marijuana is sacred. Marijuana is not sacred for Native Americans. That’s just an excuse to get high and not take responsibility for what he’s doing with his life. We also use smudge smoke for purifying.

I’m not registered with the tribe, but my mother is. I don’t know why I never did it. I guess ‘cause I never lived on the reservation. Maybe I should go ahead and get my children registered too. We all qualify by the tribal blood quantum. Lavender does too.

Look, my sister has had a hard life. She went to a sleep-away summer camp when she was 10, and the man who ran the camp hurt her bad. He made her his woman the whole two weeks she was there—a little child like that, only 10 years old! She couldn’t get away from him. They wouldn’t let the kids call home. It was a charity thing, you know, and they didn’t have money for phone calls, or at least that’s what they told us. Nothing ever happened to that man; he never paid for what he did to her. Afterward Susan was never the same. Does my sister have problems? Yes. And we know why. We try to understand her pain. We give her lots of room to do what she needs to, to take care of her wounded spirit. That’s why we’re not harder on her.
Maternal Aunt & Grandmother: Leah & Rebecca Mailer (Second Contact), Cont’d.

• What difference does this information make to the case?
• What are your follow-up questions?
Setting: Phone Call (After repeated messages and voicemails not returned, you call from a different phone number and happen to catch Susan picking up the phone.)

Who are you? What exactly is your role?

How is that different from that social worker?

Look, I’ll tell you the same thing, since you seem to be asking the same questions as everyone else. I love my child. My family has always taken good care of Lavender. Nothing bad has ever happened to my child and nothing ever will. My family won’t make the same mistake with her they did with me—trusting the wrong people.

Yes, I work at a bar. What’s it to you? Yes, Lavender sometimes came to work with me. She’d do homework while I worked. I don’t have the money to pay a babysitter.

Yeah, I do like to party from time to time. And if someone offers me something, I smoke it. Lots of people do the same thing. Are you gonna take their kids, too? Sometimes I need to escape. This is stressful. Life has been stressful. I have bad memories from my own childhood, stuff that happened when I was away from home. What stuff? That’s personal. Don’t ask.

No, I don’t spend my money on drugs. I told you, I don’t do that. If someone offers me something, maybe I’ll do that stuff socially. But it’s not like I’m a druggie.

If our house is so dangerous for a child, why don’t they take my sister’s kids too? This is just a bunch of bull crap! No wonder we don’t trust the government. Why they always gotta steal our children?

• How about Susan’s final point? Why doesn’t CPS remove Leah’s children from the home? Should they?
• Do you believe what Susan said about not buying drugs?
• What are your follow-up questions?
Lavender Bass Case Debrief Questions

- How might you go about addressing the cultural aspects of this case?
- How would you respond/comfort the child when she breaks down in tears and says, “Take me home”?
- What’s your opinion about the level of cooperation offered by the parents?
- When it comes to the hierarchy of placement/permanence options, where do non-relative and/or extended family placements fall?
- Why might CPS not remove Leah’s children from the home if it’s not considered a suitable placement for Lavender?
- The school thinks Lavender is distant and nonresponsive. What’s your interpretation?
- Does Susan’s substance abuse pose a child safety issue for Lavender? If so, does removing Lavender from the home protect her? What other options might there be?
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<td>Restoration Center</td>
<td>300 South 12th Street&lt;br&gt;Newark, NJ 07103&lt;br&gt;973-622-4934</td>
</tr>
<tr>
<td>11</td>
<td>1.8</td>
<td>Bethel Counseling Services</td>
<td>63-65 Pierce Street&lt;br&gt;Newark, NJ 07103&lt;br&gt;973-643-6565</td>
</tr>
<tr>
<td>12</td>
<td>2.3</td>
<td>Angel Hope House</td>
<td>800 Clinton Avenue&lt;br&gt;Newark, NJ 07108&lt;br&gt;973-373-6800</td>
</tr>
<tr>
<td>13</td>
<td>2.3</td>
<td>Lennard Clinic Inc</td>
<td>461 Frelinghuysen Avenue&lt;br&gt;Newark, NJ 07114&lt;br&gt;973-596-2850 x276</td>
</tr>
<tr>
<td>14</td>
<td>2.6</td>
<td>Inter County Council on Drug/Alc Abuse Administration/Drug Free Counseling</td>
<td>480 Kearny Avenue&lt;br&gt;Kearny, NJ 07032&lt;br&gt;201-998-7422</td>
</tr>
<tr>
<td>15</td>
<td>2.7</td>
<td>Inter County Council on Drug/Alc Abuse Medication Assisted Therapy</td>
<td>482 Kearny Avenue&lt;br&gt;Kearny, NJ 07032</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
</tbody>
</table>
|32 | 5.2 | New Pathway Counseling Services Inc | 995 Broadway  
Bayonne, NJ 07002  
201-436-1022 x100 |  
|33 | 5.3 | COPE Center Inc | 104 Bloomfield Avenue  
Montclair, NJ 07042  
973-783-6655 |  
|34 | 5.4 | Proceed Inc  
Addiction Services | 1126 Dickinson Street  
Elizabeth, NJ 07201  
908-351-7727 x251 |  
|35 | 5.4 | Trinitas Regional Medical Center  
Substance Abuse Services | 654 East Jersey Street  
Elizabethport, NJ 07206  
908-994-7090 |  
|36 | 5.5 | Khaleidoscope Health Care Inc | 75 Harrison Avenue  
Jersey City, NJ 07304  
201-451-5425 |  
|37 | 5.5 | Real House Inc | 127 Pine Street  
Montclair, NJ 07042  
973-746-0487 |  
|38 | 5.6 | Dorothy Rose Psychotherapy and Hypnotherapy Services | 371 Avenue A  
Bayonne, NJ 07002  
201-858-1477 |  
|39 | 5.8 | Hogar Crea | 79 Cornelison Avenue  
Jersey City, NJ 07304  
201-433-7040 |  
|40 | 5.8 | Spectrum Healthcare Inc | 74-80 Pacific Avenue  
Jersey City, NJ 07304  
201-860-6100 |  
|41 | 5.8 | Northstar Health Systems | 354 Avenue C  
Bayonne, NJ 07002  
201-535-5959 |  
|42 | 5.9 | Lynn Laucik | 2143 Morris Avenue  
Union, NJ 07083  
908-851-2223 |  
|43 | 6 | Alpha Healing Center LLC | 600 Pavonia Avenue  
Jersey City, NJ 07306  
732-228-8060 x110 |  
|44 | 6.8 | Turning Point Inc  
Outpatient | 15 Bloomfield Avenue  
Verona, NJ 07044  
973-239-9400 x102 |  
|45 | 6.8 | SBH Union IOP LLC | 2780 Morris Avenue  
Union, NJ 07083  
609-651-4001 |  
|46 | 6.9 | Integrity Inc  
Secaucus Campus | 595 County Avenue  
Secaucus, NJ 07094  
201-583-7100 x7120 |  
|47 | 7 | Hoboken University Medical Center | 61 Monroe Street |  

https://findtreatment.com/newjersey/ |  
13990569999998&query=38
<table>
<thead>
<tr>
<th></th>
<th>Mental Health and Addictive Services</th>
<th>West New York, NJ 07093</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>9</td>
<td>Staten Island University Hospital OTP</td>
</tr>
<tr>
<td>65</td>
<td>9.1</td>
<td>Lesbian and Gay Community Services Ctr CD OP</td>
</tr>
<tr>
<td>66</td>
<td>9.3</td>
<td>Door into the Future Inc</td>
</tr>
<tr>
<td>67</td>
<td>9.3</td>
<td>Greenwich House Inc, Greenwich House East OTP</td>
</tr>
<tr>
<td>68</td>
<td>9.3</td>
<td>RevCore Recovery Ctr of Manhattan/OP</td>
</tr>
<tr>
<td>69</td>
<td>9.3</td>
<td>Lafayette Medical Approach LLC</td>
</tr>
<tr>
<td>70</td>
<td>9.3</td>
<td>Hazelden Betty Ford Foundation</td>
</tr>
<tr>
<td>71</td>
<td>9.4</td>
<td>Project Hospitality Inc PREP</td>
</tr>
<tr>
<td>72</td>
<td>9.4</td>
<td>YMCA of Greater New York, Staten Island Counseling Center North</td>
</tr>
<tr>
<td>73</td>
<td>9.5</td>
<td>Lower Eastside Service Center Unit I</td>
</tr>
<tr>
<td>74</td>
<td>9.5</td>
<td>Lower Eastside Service Center DRS/Substance Abuse Outpatient Clinic</td>
</tr>
<tr>
<td>75</td>
<td>9.5</td>
<td>Lower Eastside Service Center ORS Clinic III</td>
</tr>
<tr>
<td>76</td>
<td>9.5</td>
<td>Bowery Residents Committee Inc Chemical Dependency Crisis Center</td>
</tr>
<tr>
<td>77</td>
<td>9.5</td>
<td>Bowery Residents Committee Inc Fred Cooper SASC</td>
</tr>
<tr>
<td>78</td>
<td>9.5</td>
<td>West Midtown Management Group OTP 1 West Midtown Medical Group</td>
</tr>
<tr>
<td>79</td>
<td>9.6</td>
<td>Greenwich House Inc</td>
</tr>
</tbody>
</table>

Additional information includes addresses and phone numbers for each location.
The previous *Commonly Abused Drugs Chart*, *Prescription Drugs Chart*, and *Health Effects* content have been merged into this section.

Most drugs of abuse can alter a person’s thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease. Most drugs could potentially harm an unborn baby; pregnancy-related issues are listed in the chart below for drugs where there is enough scientific evidence to connect the drug use to specific negative effects.

For information about treatment options for drug addiction, see NIDA’s Treatment pages. For drug use trends, see our Trends and Statistics page.

### Alcohol

People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people—and throughout history, people have struggled to understand and manage alcohol’s power. Why does alcohol cause people to act and feel differently? How much is too much? Why do some people become addicted while others do not? The National Institute on Alcohol Abuse and Alcoholism is researching the answers to these and many other questions about alcohol. Here’s what is known:

Alcohol’s effects vary from person to person, depending on a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

While drinking alcohol is itself not necessarily a problem—drinking too much can cause a range of consequences, and increase your risk for a variety of problems. For more information on alcohol's effects on the body, please see the National Institute on Alcohol Abuse and Alcoholism's related web page describing alcohol's effects on the body.

Ayahuasca

Cocaine

A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. For more information, see the Cocaine Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Tool</td>
<td>Cocaine hydrochloride topical solution (anesthetic rarely used in medical procedures)</td>
<td>White powder, whitishrock crystal</td>
<td>Snorted, smoked, injected</td>
<td>II*</td>
</tr>
</tbody>
</table>

Possible Health Effects

Short-term
- Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.

Long-term
- Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss from decreased appetite.

Other Health-related issues
- Pregnancy: premature delivery, low birth weight, neonatal abstinence syndrome.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.
- Greater risk of overdose and sudden death than from either drug alone.
In Combination with Alcohol

Withdrawal Symptoms
Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed thinking and movement, restlessness.

Treatment Options

Medications
There are no FDA-approved medications to treat cocaine addiction.

Behavioral Therapies
- Cognitive-behavioral therapy (CBT)
- Community reinforcement approach plus vouchers
- Contingency management, or motivational incentives
- The matrix model
- 12-Step facilitation therapy

DMT

GHB
A depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks."

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>G, Georgia Home Boy, Goop,</td>
<td>Gamma-hydroxybutyrate or sodium oxybate</td>
<td>Colorless</td>
<td>Swallowed (often combined with alcohol</td>
<td>1-2**</td>
</tr>
<tr>
<td>Grievous Bodily Harm, Liquid</td>
<td>(Xyrem®)</td>
<td>liquid, white powder</td>
<td>or other beverages)</td>
<td></td>
</tr>
<tr>
<td>Ecstasy, Liquid X, Soap, Scoop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Possible Health Effects

Short-term
Euphoria, drowsiness, decreased anxiety, confusion, memory loss, hallucinations, excited and aggressive behavior, nausea, vomiting, unconsciousness, seizures, lowered heart rate and breathing, lowered body temperature, coma, death.

Long-term
Unknown.
Sometimes used as a date rape drug.

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
Commonly Abused Drugs Charts | National Institute on Drug Abuse (NIDA)

Other Health-related Issues

<table>
<thead>
<tr>
<th>In Combination with Alcohol</th>
<th>Nausea, problems with breathing, greatly increased depressant effects.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawal Symptoms</td>
<td>Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.</td>
</tr>
</tbody>
</table>

Treatment Options

<table>
<thead>
<tr>
<th>Medications</th>
<th>Benzodiazepines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapies</td>
<td>More research is needed to find out if behavioral therapies can be used to treat GHB addiction.</td>
</tr>
</tbody>
</table>

Hallucinogens

Drugs that cause profound distortions in a person’s perceptions of reality, such as ketamine, LSD, mescaline (peyote), PCP, psilocybin, salvia, DMT, and ayahuasca. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

Heroin

An opioid drug made from morphine, a natural substance extracted from the seed pod of the Asian opium poppy plant. For more information, see the Heroin Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse With OTC cold medicine and antihistamine: Cheese</td>
<td>No commercial uses</td>
<td>White or brownish powder, or black sticky substance known as &quot;black tar heroin&quot;</td>
<td>Injected, smoked, snorted</td>
<td>2*</td>
</tr>
</tbody>
</table>

Possible Health Effects

| Short-term | Euphoria; warm flushing of skin; dry mouth; heavy feeling in the hands and feet; clouded thinking; alternate wakeful and drowsy states; itching; nausea; vomiting; slowed breathing and heart rate. |

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
Long-term

Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; pneumonia.

Other Health-related Issues

Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome.

Risk of HIV, hepatitis, and other infectious diseases from shared needles.

In Combination with Alcohol

Dangerous slowdown of heart rate and breathing, coma, death.

Withdrawal Symptoms

Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.

Treatment Options

Medications

- Methadone
- Buprenorphine
- Naltrexone (short- and long-acting forms)

Behavioral Therapies

- Contingency management, or motivational incentives
- 12-Step facilitation therapy

Inhalants

Ketamine

A dissociative drug used as an anesthetic in veterinary practice. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the Hallucinogens and Dissociative Drugs Research Report

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valium, K, Speciel K,</td>
<td>Ketalar*</td>
<td>Liquid, white powder</td>
<td>Injected, snorted, smoked (powder added to tobacco or marijuana cigarettes), swallowed</td>
<td>III**</td>
</tr>
</tbody>
</table>

Possible Health Effects

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term</td>
<td>Problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion and problems speaking; loss of memory; problems moving, to the point of being immobile; raised blood pressure; unconsciousness; slowed breathing that can lead to death.</td>
</tr>
<tr>
<td>Long-term</td>
<td>Ulcers and pain in the bladder; kidney problems; stomach pain; depression; poor memory.</td>
</tr>
<tr>
<td>Other Health-related Issues</td>
<td>Sometimes used as a date rape drug.</td>
</tr>
<tr>
<td></td>
<td>Risk of HIV, hepatitis, and other infectious diseases from shared needles.</td>
</tr>
<tr>
<td>In Combination with Alcohol</td>
<td>Increased risk of adverse effects.</td>
</tr>
<tr>
<td>Withdrawal Symptoms</td>
<td>Unknown.</td>
</tr>
</tbody>
</table>

**Treatment Options**

- **Medications**
  - There are no FDA-approved medications to treat addiction to ketamine or other dissociative drugs.

- **Behavioral Therapies**
  - More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.

---

**Khat**

**Kratom**

**LSD**

**Marijuana (Cannabis)**

**MDMA (Ecstasy/Molly)**
Mescaline (Peyote)

Methamphetamine

Over-the-counter Cough/Cold Medicines (Dextromethorphan or DXM)

PCP

A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, phencyclidine. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angel Dust, Boat, Hag, Love Boat, Peace Pill</td>
<td>No commercial uses</td>
<td>White or colored powder, tablet, or capsule; clear liquid</td>
<td>Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)</td>
<td>I, II, III</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**
- Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one’s environment, anxiety.
- Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement.
- High doses: lowered blood pressure, pulse rate, breathing rate; nausea; vomiting; blurred vision; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; suicidal thoughts; seizures, coma, and death.

**Long-term**
- Memory loss, problems with speech and thinking, depression, weight loss, anxiety.

**Other Health-related Issues**
- PCP has been linked to self-injury.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.
- Increased risk of coma.

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
Prescription Opioids

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used nonmedically, leading to overdose deaths. For more information, see the Prescription Drug Abuse Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captain Cody, Cody, Lean, Schoolboy, Sizzurp, Purple Drank With glutethimide: Doors &amp; Fours, Loads, Pancakes and Syrup</td>
<td>Codeine (various brand names)</td>
<td>Tablet, capsule, liquid</td>
<td>Injected, swallowed (often mixed with soda and flavorings)</td>
<td>II, III, V**</td>
</tr>
<tr>
<td>Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, Tango and Cash, TNT</td>
<td>Fentanyl (Actiq®, Duragesic®, Sublimaze®)</td>
<td>Lozenge, sublingual tablet, film, buccal tablet</td>
<td>Injected, smoked, snorted</td>
<td>II*</td>
</tr>
<tr>
<td>Vice, Watson-387</td>
<td>Hydrocodone or dihydrocodeine (Vicodin®, Lortab®, Lorcet®, and others)</td>
<td>Capsule, liquid, tablet</td>
<td>Swallowed, snorted, injected</td>
<td>II*</td>
</tr>
<tr>
<td>D, Dillies, Footballs, Juice, Smack</td>
<td>Hydromorphone (Dilaudid®)</td>
<td>Liquid, suppository</td>
<td>Injected, rectal</td>
<td>II*</td>
</tr>
<tr>
<td>Demmes, Pain Killer</td>
<td>Meperidine (Demerol®)</td>
<td>Tablet, liquid</td>
<td>Swallowed, snorted, injected</td>
<td>II*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Swallowed, injected</td>
<td>II*</td>
</tr>
</tbody>
</table>
### Possible Health Effects

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term</strong></td>
<td>Pain relief, drowsiness, nausea, constipation, euphoria, confusion, slowed breathing, death.</td>
</tr>
<tr>
<td><strong>Long-term</strong></td>
<td>Unknown.</td>
</tr>
<tr>
<td><strong>Other Health-related Issues</strong></td>
<td>Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.</td>
</tr>
<tr>
<td></td>
<td>Older adults: higher risk of accidental misuse or abuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.</td>
</tr>
<tr>
<td></td>
<td>Risk of HIV, hepatitis, and other infectious diseases from shared needles.</td>
</tr>
<tr>
<td><strong>In Combination with Alcohol</strong></td>
<td>Dangerous slowing of heart rate and breathing leading to coma or death.</td>
</tr>
<tr>
<td><strong>Withdrawal Symptoms</strong></td>
<td>Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps (&quot;cold turkey&quot;), leg movements.</td>
</tr>
</tbody>
</table>

### Treatment Options

- Methadone
- Buprenorphine
- Naltrexone (short- and long-acting)

### Behavioral Therapies

Behavioral therapies that have helped treat addiction to heroin may be useful in treating prescription opioid addiction.

---

**Prescription Sedatives (Tranquilizers, Depressants)**
Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. For more information, see the Prescription Drug Abuse Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbs, Phennies, Red Birds,</td>
<td>Barbiturates: pentobarbital (Nembutal®), phenobarbital (Luminal®)</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, injected</td>
<td>II, III, IV**</td>
</tr>
<tr>
<td>Reds, Tooes, Yellow Jackets,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellows</td>
<td>Candy, Downers, Sleeping Pills, Tranks; Forget-me Pill, Mexican Valium, R2, Roche,</td>
<td>Benzodiazepines: alprazolam (Xanex®),</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, injected</td>
</tr>
<tr>
<td>Roofies, Roofinol, Rope, Rophies</td>
<td>chlorodiazepoxide (Limbritol®), diazepam (Valium®), lorazepam (Ativan®), triazolam (Halcion®)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sleep Medications: eszopiclone (Lunesta®), zaleplon (Sonata®), zolpidem (Ambien®)</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, injected</td>
<td>IV**</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**
- Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.

**Long-term**
- Unknown.

**Other Health-related Issues**
- Sleep medications are sometimes used as date rape drugs.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Further slows heart rate and breathing, which can lead to death.

**Withdrawal Symptoms**
- Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.

### Treatment Options

**Medications**
- There are no FDA-approved medications to treat addiction to prescription sedatives; lowering the dose over time must be done with the help of a health care provider.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat addiction to prescription sedatives.

**Prescription Stimulants**

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate. For more information, see the Prescription Drug Abuse Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bennies, Black Beauties, Crosses,</td>
<td>Amphetamine (Adderall®,</td>
<td>Tablet, capsule</td>
<td>Swallowed, snorted,</td>
<td>II**</td>
</tr>
<tr>
<td>Hearts, LA Turnaround, Speed,</td>
<td>Benzedrine®)</td>
<td></td>
<td>smoked, injected</td>
<td></td>
</tr>
<tr>
<td>Truck Drivers, Uppers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JIF, MPH, R-ball, Skippy, The</td>
<td>Methylphenidate (Concerta®, Ritalin®)</td>
<td>Liquid, tablet, chewable tablet, capsule</td>
<td>Swallowed, snorted, smoked, injected, chewed</td>
<td>II**</td>
</tr>
<tr>
<td>Smart Drug, Vitamin R</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

**Possible Health Effects**

**Short-term**
Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages.

High doses: dangerously high body temperature and irregular heartbeat; heart failure; seizures.

**Long-term**
Heart problems, psychosis, anger, paranoia.

**Other Health-related Issues**
Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
Masked the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure and jitters.

**Withdrawal Symptoms**
Depression, tiredness, sleep problems.

**Treatment Options**

**Medications**
There are no FDA-approved medications to treat stimulant addiction.

**Behavioral Therapies**
Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction.

**Psilocybin**

**Rohypnol® (Flunitrazepam)**

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts
<table>
<thead>
<tr>
<th>Drug</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Salvia</td>
<td></td>
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<tr>
<td>Steroids (Anabolic)</td>
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<tr>
<td>Synthetic Cannabinoids</td>
<td></td>
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<tr>
<td>Synthetic Cathinones (Bath Salts)</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
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</tbody>
</table>

**The Drug Enforcement Agency (DEA) schedule indicates the drug's acceptable medical use and its potential for abuse or dependence. Information on the most current scheduling decisions can be found on the DEA website.**

*This page was last updated August 2016*
This project was supported by Award No. 2015-CH-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Department of Justice.
CHAPTER 6:
Domestic Violence and Cultural Competence

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Facilitator Prep

Facilitation Tips

• This chapter takes approximately 3 hours and 15 minutes.

• Keep in mind that some participants may have personal experience with domestic violence. Be sensitive to this fact, and at the same time, assess how that experience may affect the person’s ability to advocate effectively.

• This chapter goes deeper into cultural competency issues, asking participants to explore their own values and perceptions. Again, create a safe environment where volunteers can explore these often emotionally laden issues in a productive way that stays focused on providing the best possible advocacy for children. Your goal is to engage participants in a process of change to better serve children and families.

• Emphasize that if participants rely solely on familiar cultural and socioeconomic norms, they will probably draw conclusions that reflect their personal bias rather than the best interest of the child.

• The 911 call included in this chapter can evoke strong reactions from the participants. Be prepared to debrief or take a break if necessary.

• Keep making the connections between the training material and CASA/GAL volunteer work. Why do participants need to know about these topics? Why do they need to be aware of their personal values in these areas? Look for ways to help volunteers set aside their values to work with families whose values may be different.

• Post a flipchart page at the front of the room with the heading “Parking Lot.” Note (or “park”) issues unrelated to Chapter 6 and make a plan to address them later.
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>General (found with your local program)</td>
<td></td>
<td>Gather the supplies as needed</td>
</tr>
<tr>
<td>• Name tags</td>
<td></td>
<td></td>
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<tr>
<td>• Flipchart and markers</td>
<td></td>
<td></td>
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<tr>
<td>• Masking tape</td>
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<tr>
<td>• Three-hole punch</td>
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<tr>
<td>• Sticky notes</td>
<td></td>
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</tr>
<tr>
<td>Flipchart Pages (facilitator must create)</td>
<td></td>
<td>Post a flipchart page at the front of the room with the heading “Parking Lot.” Note (or “park”) issues unrelated to Chapter 6 and make a plan to address them later.</td>
</tr>
<tr>
<td>• Parking Lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A/V Equipment (found with your local program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Computer, LCD projector and screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Presentation and Video (found in the Online Resources)</td>
<td></td>
<td>Download the PowerPoint presentation to your computer.</td>
</tr>
<tr>
<td>• Chapter 6 PowerPoint presentation</td>
<td></td>
<td>Activity 6A: Download the “Why We Stayed” video to your computer to play in class.</td>
</tr>
<tr>
<td>• “Why We Stayed” video</td>
<td>6A</td>
<td>Activity 6B: Download “Lisa’s 911 call” audio clip to your computer to play in class.</td>
</tr>
<tr>
<td>• Lisa’s 911 Call</td>
<td>6B</td>
<td></td>
</tr>
</tbody>
</table>
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
</table>
| Chapter 6 Pre-Work Handouts  
  • Article on Understanding Domestic Violence                      | 6A         | At least one week before the Chapter 6 training session, prepare the Chapter 6 Pre-Work packet and provide to participants.                |
| • Sorting People Exercise Activity                                   | 6E         | **Activity 6A:** Read the information about the “Understanding Domestic Violence” handout and the statistics about domestic violence found in the Chapter 6 Pre-Work Handouts. Write down any questions you have, and the facilitator will address them during the next chapter. |
| • Exploring Culture and Perceptions Activity                         | 6F         | Sorting People                                                                                                                                 |
| • Article on Stereotyping vs. Cultural Competence                    | 6G         | In the Chapter 6 Online Resources, click the link to an exercise called “Sorting People: Can You Tell Somebody’s Race by Looking at Them?” Follow the instructions to complete the activity and then consider the following questions: |
| • Article “10 Benefits of Practicing Culturally Competent Child Advocacy” |            | - How did you do?                                                                                                                                 |
| • Institutional Bias Checklist for Volunteers                        |            | - What surprised you about the exercise?                                                                                                     |
| • Culturally Competent Child Advocacy Activity                       |            | - Think about the cases you’ve worked on so far. Did you observe any stereotyping in the Black, Bleux, Greene, or Lavender cases? If so, how did it affect the families? |
| • Tips on How to Become More Culturally Competent                    |            |
| • Individual Action Plan for Increasing Cultural Competence Activity |            |
| • Initial Case Notes for the Amarillo Case                           |            |
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 6 Pre-Work Handouts, Cont’d.</td>
<td><strong>Activity 6D</strong>: For categories specified in the Exploring Culture and Perceptions activity, ask participants to think about their culture and life experiences and how they would describe themselves, their family of origin or their current family situation to someone they know well. Ask them to answer the listed questions. Have participants imagine how Susan Mailer, the mother in the Lavender case, would describe herself to someone who has power over her life—for instance, the caseworker, the judge, or an attorney. Ask them to consider the perspective of Susan and answer the listed questions.</td>
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</tbody>
</table>

**Activity 6E**: Ask the participants to read the article “Stereotyping vs. Cultural Competence.” For categories specified in the Culturally Competent Child Advocacy Activity located Chapter 6 Pre-Work Handouts, ask participants to think about their culture and life experiences and how they would describe themselves, their family of origin, or their current family situation to someone they know well. Have them answer the questions listed. Have participants also imagine Susan Mailer, the mother in the Lavender case, would describe herself to someone who has power over her life—for instance, the caseworker, the judge, or an attorney.
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
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</thead>
<tbody>
<tr>
<td>Chapter 6 Pre-Work Handouts, Cont’d.</td>
<td></td>
<td>Ask them to consider the perspective of Susan and answer the questions listed.</td>
</tr>
<tr>
<td><strong>Activity 6F:</strong> Ask the participants to read the article “Tips on How to Become More Culturally Competent.” Ask them to refer to the Individual Action Plan for Increasing Cultural Competence and ask them to complete the plan to become more culturally competent.</td>
<td></td>
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<tr>
<td><strong>Activity 6G:</strong> Ask the participants to read the Initial Case Notes for the Amarillo Case, found in the Chapter 6 Pre-Work Handouts.</td>
<td></td>
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</tr>
<tr>
<td>Handouts (found in the Online Resources)</td>
<td>6A</td>
<td><strong>Activity 6A:</strong> If your program doesn’t have a list of domestic violence resources in your community, prepare a handout that includes organizations’ names and contact information and a description of the services they provide. Add this to Chapter 6 Local/Program Handouts.</td>
</tr>
<tr>
<td>• Local domestic violence resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(facilitator must create)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local cultural competence resources</td>
<td></td>
<td><strong>Activity 6F:</strong> Using the Individual Action Plan for Cultural Competence completed in the Pre-Work, create a list of resources in your community that can help participants increase their cultural competence. Add this list to the Chapter 6 Local/Program Handouts.</td>
</tr>
<tr>
<td><em>(facilitator must create)</em></td>
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<tr>
<td>• Amarillo Case Study Materials</td>
<td></td>
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</tbody>
</table>
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
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<tbody>
<tr>
<td>Handouts (found in the Online Resources), Cont’d.</td>
<td>6G</td>
<td><strong>Activity 6G:</strong> Ensure each group of participants refers to the Amarillo Case Study Materials found in the Chapter 6 Handouts.</td>
</tr>
<tr>
<td>Chapter 7 Pre-Work Handouts</td>
<td>Chapter 6 Pre-Work</td>
<td>At least one week before the Chapter 7 training session, prepare the Chapter 7 Pre-Work packet and provide to participants. Print copies for reference during the session as well.</td>
</tr>
<tr>
<td>• Video: “How Resilience Is Built”</td>
<td></td>
<td>• Watch the video “How Resilience Is Built,” which appears in the Chapter 7 Online Resources, and think about relationships you had, as a youth, that helped you build resilience.</td>
</tr>
<tr>
<td>• Audio clip: “Childhood Reflections”</td>
<td></td>
<td>• Have participants listen to “Childhood Reflections,” an audio recording of adults who spent time in the child welfare system speaking about their childhoods and some of the ways the youth exhibited resilience. Ask them to prepare a list of ways they think resilience was exhibited.</td>
</tr>
<tr>
<td>• Statistics on Youth Aging Out of Foster Care</td>
<td></td>
<td>• Read the Statistics on Youth Aging Out of Foster Care, which appears in the Chapter 7 Pre-Work Handouts.</td>
</tr>
<tr>
<td>• Aging Out of Foster Care</td>
<td></td>
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<tr>
<td>• Initial Case Notes for the Brown Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ecological Model of Factors Affecting Resilience diagram</td>
<td></td>
<td></td>
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<tr>
<td>• Adverse Childhood Experiences</td>
<td></td>
<td></td>
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<tr>
<td>• Concurrent planning and the lists of questions that follow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Greene Case and Amarillo Case (re-read)</td>
<td></td>
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<tr>
<td>• Educational Challenges for Children in the Child Welfare System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Activity #</td>
<td></td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Chapter 7 Pre-Work Handouts, Cont’d.</td>
<td>• Read the initial case notes for the Brown case in the Chapter 7 Pre-Work Handouts. You will be applying what you know about this case during various activities in the next chapter.</td>
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<tr>
<td></td>
<td>• Have participants go through the Ecological Model of Factors Affecting Resilience diagram and the factors affecting resilience shown on the graphic (e.g., a child’s thoughts and behaviors, family, school, local community and the wider society).</td>
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<tr>
<td></td>
<td>• Have participants review the Adverse Childhood Experiences.</td>
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<tr>
<td></td>
<td>• Have participants read the paragraphs about concurrent planning and the lists of questions that follow.</td>
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<tr>
<td></td>
<td>• Ask participants to re-read or review the Greene case and Amarillo case.</td>
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<tr>
<td></td>
<td>• Have participants read up on educational challenges for children in the child welfare system.</td>
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<td></td>
<td>• Ask participants to answer the questions on their K-12 experiences provided in Pre-Work.</td>
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<tr>
<td></td>
<td>• Review the LGBTQ Glossary.</td>
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</table>

• Answers to questions based on volunteers’ K-12 experiences
• LGBTQ Glossary
CHAPTER 6:

Domestic Violence and Cultural Competence

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» Working a Case .......................................................... 33
» Chapter Wrap-up and Review ................................. 38
» Chapter 7 Pre-Work ................................................ 38
Welcome, Housekeeping and Ground Rules

- Welcome the group to the training. Have them make name tags and tell them that there will be activities to help you get to know them and them to get to know each other.
- Share “housekeeping” information, such as where to find restrooms, snacks, and telephones, and when you think the session break(s) will occur.
- Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.
- Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work because many activities rely on this foundation of knowledge.
- Point out to participants that along with the Volunteer Manual they would have received a printed copy of Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make it available in the training room.
Welcome, Housekeeping and Ground Rules, Cont’d.

- Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills. Inform them that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.

- Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.

- Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).

- Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.
Pre-Work Recap

Prior to this training session, you should have completed the following work Pre-Work assignments:

- Read the article “Understanding Domestic Violence” and the statistics about domestic violence found in the Chapter 6 Online Resources. Write down any questions you have.
- Complete the pbs.org “Sorting People” exercise and consider the questions that appear in the Chapter 6 Pre-Work Handouts.
- Complete the Exploring Culture and Perceptions Activity and answer the listed questions.
- Read the article on “Stereotyping vs. Cultural Competence.”
- Complete the Culturally Competent Child Advocacy Activity.
- Read the article “Tips on How to Become More Culturally Competent.”
- Read the Initial Case Notes for the Amarillo Case.
Chapter Overview and Competencies

This chapter continues to explore the importance of cultural competence in CASA/GAL volunteer work. You’ll learn about issues related to domestic violence, and you’ll continue to apply your new knowledge and skills in a case simulation.

### Competency Building in Chapter 6

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills, Attributes, Behavior Development in Chapter 6</th>
</tr>
</thead>
</table>
| Cultural Competency    | • Understands and demonstrates self-awareness to eliminate the influence of personal biases and values when working with diverse groups  
                          • Knows strategies and steps to take to increase cultural competency skills and demonstrate culturally competent child advocacy  
                          • Understands how to recognize and challenge own biases |
| Foundation of Knowledge| • Understands how domestic violence affects children and families  
                          • Knows the importance of being aware of resources in the community that assist with substance abuse |
| Communication          | • Understands the importance of speaking and writing clearly and concisely  
                          • Knows how to utilize basic communication and interviewing skills |
Putting a Face on Domestic Violence: Activity 6A

Suggested Time: 25 minutes

Goal: To offer participants an understanding, beyond just theory and concepts, of what is involved in an actual domestic violence situation.

Advanced Prep

If your program doesn’t have a list of domestic violence resources in your community, prepare a handout with the names of organizations, their contact information and information about the services they provide. Make copies to distribute during this activity.

PowerPoint Slide(s): 8-11

Facilitator Instructions

Part 1: Play the video entitled “Why We Stayed.” (8 minutes)

Part 2: Using the Chapter 6 PowerPoint presentation, briefly recap the homework reading about domestic violence and then give an overview of the information in the manual about the intersection of domestic violence and CASA/GAL volunteer work. Afterward, distribute copies of the handout with information about domestic violence resources in your community. Be sure to answer any questions participants have about the homework reading or the material you presented. (8 minutes)

Part 3: Ask participants to respond to the following questions in their small groups:

- What was going through your mind as you listened to the women’s stories?
Putting a Face on Domestic Violence, Cont’d.

- How do you think hearing these stories and reading the information about domestic violence might influence your volunteer advocacy?

  (9 minutes)
Putting a Face on Domestic Violence:
Activity 6A

**Part 1:** Watch the video “Why We Stayed.”

**Part 2:** Listen as the facilitator presents information about domestic violence and how it affects the work of CASA/GAL volunteers. Ask any questions you have about the homework reading or the material presented in class.

**Part 3:** In your group, share your responses to the following questions.

- What was going through your mind as you listened to the women’s stories?
- Did the information in Part 2 alter your thoughts? How so?
- How do you think hearing the story and reading the information about domestic violence might influence your volunteer advocacy?
Domestic Violence and CASA/GAL Volunteer Work

As a CASA/GAL 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.

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.”
Domestic Violence and CASA/GAL Volunteer Work, Cont’d.

Children in families where there is domestic violence are at great risk of becoming victims of abuse themselves. 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. Batterers sometimes deliberately arrange for children to witness the violence. 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.


**What Can a CASA/GAL 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 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.
Domestic Violence and CASA/GAL Volunteer Work, Cont’d.

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, healthy 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.
- Know where the victim can find help in your community.

The facilitator will distribute a list of domestic violence resources in your community. Or, call the National Domestic Violence Hotline: 1-800-799-7233 (SAFE) 1-800-787-3224 (TDD).
A Child’s 911 Call: Activity 6B

Suggested Time: 20 minutes

Goal: To help participants understand a child’s experience of domestic violence and recognize the signs that domestic violence may be occurring in a child’s home.

PowerPoint Slide(s): 12-14

Facilitator Instructions

Part 1: Play the recording of 6-year-old Lisa’s call to 911 during a domestic violence incident in her home. Prepare volunteers ahead of time by alerting them to the intensity of the call. Keep in mind that listening to this recording may be very difficult for participants, especially those who have experienced domestic violence. Allow any participants who are worried about listening to it to leave the room during this part of the activity. (5 minutes)

Participants may ask for information on the aftermath of the phone call, which took place in 1992. According to press information from the New York State Office for the Prevention of Domestic Violence, “Responding officers charged Pierre [Lisa’s stepfather] with assault and child endangerment, took photographs of the scene and of Cindy’s [Lisa’s mother’s] visible injuries and statements from Cindy and Lisa. Prosecutors subpoenaed the 911 tape and transcript and Pierre pled to the charges. He served almost a year in jail.” Lisa has consented to the public release of the recording to “help people understand what things are like for kids.”

Part 2: Have participants look through the chart listing some possible signs of childhood domestic violence and discuss. Point out that different children respond to childhood domestic violence differently. Becoming aware of common signs associated with children’s exposure to violence will help them better assess a child’s safety needs. (3 minutes)

Part 3: Lead a group discussion about the following questions:

- What effects might witnessing domestic violence have on Lisa (age 6) and her two younger siblings?
A Child’s 911 Call, Cont’d.

- What services might you recommend for Lisa’s family, including Lisa, her mother, her stepfather, her younger sister (preschool-aged) and the baby?
- Reflecting on Tips for CASA/GAL Volunteers, how might a CASA/GAL volunteer approach a first interview with Lisa? Do you see any barriers to interviewing a 6-year-old exposed to domestic violence? How might a CASA/GAL volunteer overcome these barriers?

(12 minutes)
A Child’s 911 Call: Activity 6B

Part 1: Listen as the facilitator plays a recording of a child’s 911 call during a domestic violence incident in her home.

Part 2: Look through the chart that lists some possible signs of childhood domestic violence and discuss. Remember that different children respond to childhood domestic violence differently. Becoming aware of common signs associated with children’s exposure to violence will help you better assess a child’s safety needs.

Part 3: In the large group, discuss the following questions:

- What effects might witnessing domestic violence have on Lisa (age 6) and her two younger siblings?
- What services might you recommend for Lisa’s family, including Lisa, her mother, her stepfather, her younger sister (preschool-aged) and the baby?
- Reflecting on Tips for CASA/GAL Volunteers, how might a CASA/GAL volunteer approach a first interview with Lisa? Do you see any barriers to interviewing a 6-year old exposed to domestic violence? How might a CASA/GAL volunteer overcome these barriers?
### Signs of Childhood Domestic Violence (CDV)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Infant</th>
<th>Preschool-Aged</th>
<th>School-Aged</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infant</strong></td>
<td>Being Fussy / Decreased Responsiveness / Trouble Sleeping / Trouble Eating</td>
<td>Aggression / Behavior Problems / Yelling / Irritability / Trouble Sleeping / Frequent bedwetting / Repetitive play expressing disturbing themes</td>
<td>Aggression / Acting out or frequent outbursts / Disobedience / Bullying others / Frequent bedwetting / Repetitive play expressing disturbing themes</td>
<td>Dating violence / Bullying others / Drug or alcohol use / Criminal behavior / Running away / Attempting suicide / Inflicting self-harm / Frequent tardiness or absence from school, activities, or work / Early sexual activity</td>
</tr>
<tr>
<td><strong>Preschool-Aged</strong></td>
<td>Trouble interacting with or getting along with peers / Isolating themselves from others / Startling easily and frequently</td>
<td>Fewer and poor quality peer relations</td>
<td>Few quality relationships / Dating violence (victim or perpetrator) / Teen pregnancy / Starting easily and frequently</td>
<td></td>
</tr>
<tr>
<td><strong>School-Aged</strong></td>
<td>Emotionally withdrawn or detached / Fear and anxiety, sadness, worry / PTSD / Feeling unsafe / Separation anxiety / Trouble eating</td>
<td>Emotionally withdrawn or detached / Frequent physical complaints / Fear and anxiety, depression / Separation anxiety / Low self-esteem, shame / PTSD / Emotional responses not matching situation / Trouble eating / Frequent eating / Frequent health complaints</td>
<td>Emotionally withdrawn or detached / Substance abuse / Frequent thoughts of suicide / PTSD / Feeling rage, shame / Unresponsiveness / Frequent health complaints</td>
<td></td>
</tr>
<tr>
<td><strong>Emotional/Psychological</strong></td>
<td>Attachment needs not met</td>
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</tbody>
</table>
## Signs of Childhood Domestic Violence (CDV)

<table>
<thead>
<tr>
<th></th>
<th>Infant</th>
<th>Preschool-Aged</th>
<th>School-Aged</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
<td>Inability to understand</td>
<td>Self-blame / Difficulty trusting others / Bad dreams / Efforts to avoid thoughts, feelings or conversations associated with the issue / Difficulty concentrating / Lower verbal skills</td>
<td>Self-blame / Distracted, inattentive / Lack of interest in hobbies or activities / Academic problems / Pro-violent attitude / Difficulty trusting others / Bad dreams / Illusions, hallucinations and flashbacks / Efforts to avoid thoughts, feelings or conversations associated with the issue / Difficulty concentrating / Lower verbal skills and reading levels</td>
<td>Short attention span, difficulty concentrating / Lower verbal skills / Lack of interest in hobbies or activities / Pro-violent attitude / Defensiveness / Difficulty trusting others</td>
</tr>
</tbody>
</table>


Challenges You May Face: Activity 6C

Suggested Time: 15 minutes

Goal: To help participants recognize some of the challenges they may encounter as they advocate for a child.

PowerPoint Slide(s): 15-17

Facilitator Instructions

Part 1: Have participants work individually to choose their three “hot button” issues. (2 minutes)

Part 2: Have them discuss the following questions in pairs:

- Which situations did you pick as your top three and why?
- How might your values, thoughts and feelings about these situations impact your effectiveness as a CASA/GAL volunteer?

(8 minutes)

Part 3: Ask a few people to share their responses with the large group. During the discussion, emphasize that we all have biases based on our values; what’s important is that participants recognize their biases and learn to set them aside in order to advocate for a child’s best interest. It is impossible to promise that a participant won’t be assigned to a case that he/she finds difficult. In fact, we know that mental illness, substance abuse, domestic violence and other issues represented on the list are factors that may put children at risk for abuse and neglect and are often a part of a case.

(5 minutes)
Challenges You May Face: Activity 6C

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: In pairs, discuss the following questions:

- Which situations did you pick as your top three and why?
- How might your values, thoughts and feelings about these situations impact your effectiveness as a CASA/GAL volunteer?

Part 3: The facilitator will ask a few volunteers to share answers with the large group.
**Exploring Culture and Perceptions: Activity 6D**

**Suggested Time:** 5 minutes

**Goal:** To help participants think about the pressures families face to modify their behavior when interacting with those they perceive to be in a position of power.

**PowerPoint Slide(s):** 19-20

**Facilitator Instructions**

Ask the participants to recall the activity on Exploring Culture and Perceptions that they have completed as Pre-Work. Discuss any questions that they may have.
Exploring Culture and Perceptions: Activity 6D

Recall the activity on Exploring Culture and Perceptions that you have completed as Pre-Work. Discuss any questions that you may have.
Culturally Competent Child Advocacy: Activity 6E

Suggested Time: 10 minutes

**Goal:** To examine how cultural competence improves the advocacy a volunteer can provide to a child.

**PowerPoint Slide(s): 21-23**

**Facilitator Instructions**

Ask the participants to recall the activity on Culturally Competent Child Advocacy that they have completed as Pre-Work. Provide a brief overview of differences between stereotyping and cultural competence and the 10 Benefits of Practicing Culturally Competent Child Advocacy. Ask them to reflect on the questions in the Institutional Bias Checklist. Discuss any questions that they may have.
Culturally Competent Child Advocacy: Activity 6E

Recall the activity on Culturally Competent Child Advocacy that you have completed as Pre-Work. Listen to the facilitator provide a brief overview of differences between stereotyping and cultural competence and the 10 Benefits of Practicing Culturally Competent Child Advocacy. Reflect on the questions in the Institutional Bias Checklist. Discuss any questions that you may have.
**An Action Plan for Increasing Cultural Competence: Activity 6F**

**Suggested Time: 5 minutes**

**Goal:** To have volunteers develop their own plan for becoming a more culturally competent child advocate.

**Advanced Prep**

Make copies of the Individual Action Plan for Cultural Competence handout, located in the Chapter 6 Handouts. Create a list of resources in your community that can help participants increase their cultural competence. Prepare a handout to distribute during Part 2 of this activity.

**PowerPoint Slide(s): 24-25**

**Facilitator Instructions**

Ask the participants to recall the Tips on How to Become More Culturally Competent that they read as part of Pre-Work. Also, ask them to recall the Individual Action Plan for Increasing Cultural Competence that they have prepared. Provide a brief overview of the article and the purpose of the plan. Then, ask participants to share their ideas for cultural competence resources in your community and then pass out the list of community resources that you created. (5 minutes)
Recall the article “Tips on How to Become More Culturally Competent” that you read as part of Pre-Work. Also, recall the Individual Action Plan for Increasing Cultural Competence that you have prepared. Listen as the facilitator provides a brief overview of the article and the purpose of the plan. There are many resources in your community for increasing your cultural competence. Consider going to the following places to learn more:

- Your local library
- Museums
- A university in your community
- The Internet
- Community agencies (such as the health department)
- Communities of faith
- Community groups focusing on the cultural traditions and norms of particular cultural or language groups
- Community groups providing health services to particular cultural or language groups

Can you think of any particular resources in your community for expanding your cultural competence? Remember, while race and ethnicity are often the first things that come to mind when people think of the word “culture,” there are many other aspects to culture—and many ways to develop cultural competence in every community. Share your ideas in the large group.
Suggested Time: 60 minutes

Goal: To allow participants to apply what they have learned to a real-life simulation.

Advanced Prep

Ensure the participants have a copy of all the Amarillo Case Study Materials, which appear in the Chapter 6 Handouts.

PowerPoint Slide(s): 27-29

Facilitator Instructions

Part 1: Once participants have begun working in small groups, monitor each group to be sure they are on topic without micromanaging them. Allow participants enough space to learn and make mistakes, which can be discussed during the debrief. Be sure to monitor the time. (40 minutes)

Interviews Available

(This list is for your use only. Groups must decide on their own who they want to interview.)

- Medical History: Maria Amarillo
- CPS Caseworker: Alberta Gillis
- Maria Amarillo: First Contact
- School Guidance Counselor: Julia Mansfield
- Foster Parents: Stanley and Karen Becker
- Maternal Aunt: Consuela Amarillo
- Kinship Relatives: Pedro and Anna Valdez
- Maria Amarillo: Second Contact
- Attorney for the CASA/GAL Program
The Amarillo Case, Cont’d.

**Part 2:** Again, allow groups a few minutes to read other groups’ recommendations posted on flipcharts around the room. Then, hand out the debrief questions and have the small groups discuss them for several minutes. Afterward, go through these questions in the large group and address any other questions participants may have about the case. Be sure to stick to conversations around the Chapter 6 topics: cultural competence, stereotyping and bias and domestic violence. Other issues may arise that will be covered in more depth in later chapters. Put these topics on the Parking Lot and address them during that chapter. (20 minutes)
The Amarillo Case: Activity 6G

**Part 1:** Your group will receive a hard copy of the initial case file for the Amarillo case, which you read for homework. Take several minutes to re-familiarize yourself with the information in this case file. You will also receive a list of questions that your Questioner should remind your group to consider as you review documents and make your recommendations. After you review the initial case file, 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, to complete your information gathering for 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.

**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.
### Summarizing the Current Status of a Case: Activity 6H

**Optional**

**Suggested Time:** 20 minutes

**Goal:** To familiarize participants with summarizing the current status of a case in a CASA/GAL volunteer court report.

**PowerPoint Slide(s):** 30

**Facilitator Instructions**

**Part 1:** Have participants write a two- or three-paragraph summary of the current status of the Amarillo case using the appropriate format for your program’s court report. Their summaries should be based on the notes and interviews they read in the previous activity and should include both the current status of the case and the current status of the child. Give participants the flexibility to write in a form/fashion most comfortable to them while working on a report in a real world scenario – which may normally be on a computer. Participants can start the writing the summary in the class, but they can finish after class and email to you before the next class. (15 minutes)

**Part 2:** Once they have completed writing their summaries, discuss in the large group what they included in their case status summaries. Point out any key points they left out. (5 minutes)
Summarizing the Current Status of a Case: Activity 6H

**Part 1:** Using your program’s court report format, write a two- or three-paragraph summary of the current status of the Amarillo case based on the notes and interviews you read in the previous activity. Your summary should include both the current status of the case and the current status of the child, and it should be typed on a computer.

**Part 2:** In the large group, discuss what you included in your summary. The facilitator will point out any key omissions.
### Chapter Wrap-up and Review

#### Chapter Review

**Review—PowerPoint Slide(s): 33**

In summary, you can review the objectives found at the beginning of the chapter to check in about volunteers’ comfort level with the content. Answer any remaining questions.

**Evaluation—PowerPoint Slide(s): 34**

Hand out copies of the Chapter 6 Volunteer Training Evaluation and collect them before participants leave.

### Chapter 7 Pre-Work

#### Pre-Work Activities

Assign the following Pre-Work activities for the Chapter 7 training session, and remind participants of the date and time when this session will take place.

- **Resilience**
  
  Have participants watch the video “How Resilience Is Built,” which appears in the Chapter 7 Online Resources, and think about relationships they had as a youth that helped them build resilience.

- **Childhood Reflections**
  
  Have the participants listen to “Childhood Reflections,” an audio recording of adults who spent time in the child welfare system speaking about their childhoods and some of the ways the youth exhibited resilience. Ask them to prepare a list of ways they think resilience was exhibited.

- **Aging Out Statistics**
  
  Instruct participants to read “Statistics on Youth Aging Out of Foster Care,” which appears in the Chapter 7 Pre-Work Handouts.
Chapter 7 Pre-Work Wrap-Up, Cont’d.

• Ecological Model of Factors Affecting Resilience
  Have participants go through the Ecological Model of Factors Affecting Resilience diagram and the factors affecting resilience shown on the graphic (e.g., a child’s thoughts and behaviors, family, school, local community, and the wider society).

• Concurrent Planning
  Have participants read the paragraphs about concurrent planning and the lists of questions that follow.

• Review Greene and Amarillo Cases
  Ask them to re-read or review the Greene and Amarillo cases.

• Educational Challenges for Children in the Child Welfare System
  Have participants read up on educational challenges for children in the child welfare system. Ask the participants to answer the questions on their K-12 experiences provided in Pre-Work.

• The Brown Case
  Initial Case Notes for the Brown Case are located in the Chapter 7 Pre-Work Handouts. Ask the participants to read the notes before attending the Chapter 7 session.
**Chapter Wrap-Up**

**Review**

Share any remaining questions you have about the material covered in this chapter.

**Evaluation**

Fill out the Chapter 6 Volunteer Training Evaluation and give it to the facilitator before you leave.

**Pre-Work**

Prior to the Chapter 7 training session, complete the following assignments:

- **Resilience**
  
  Watch the video “How Resilience Is Built,” which appears in the Chapter 7 Online Resources, and think about relationships you had as a youth that helped you build resilience. (The video is 2 minutes, 17 seconds.)

- **Childhood Reflections**
  
  Listen to “Childhood Reflections,” an audio recording of adults who spent time in the child welfare system speaking about their childhoods and some of the ways the youth exhibited resilience. Prepare a list of ways you think resilience was exhibited.

- **Aging Out Statistics**
  
  Read “Statistics on Youth Aging Out of Foster Care,” which appears in the Chapter 7 Pre-Work Handouts.

- **Ecological Model of Factors Affecting Resilience**
  
  Go through the Ecological Model of Factors Affecting Resilience diagram and the factors affecting resilience shown on the graphic (e.g., a child’s thoughts and behaviors, family, school, local community, and the wider society).

- **Concurrent Planning**
  
  Read the paragraphs about concurrent planning and the lists of questions that follow.
Pre-Work, Cont’d.

• **Review Greene and Amarillo Cases**
  Re-read or review the Greene and Amarillo cases.

• **Educational Challenges for Children in the Child Welfare System**
  Read up on educational challenges for children in the child welfare system. Answer the questions on their K-12 experiences provided in Pre-Work.

• **The Brown Case**
  Read the initial case notes for the Brown case in the Chapter 7 Pre-Work Handouts. You will be applying what you know about this case during various activities in the next chapter.
CHAPTER 6
Pre-Work Handouts

CONTENTS

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Pre-Work Instructions

This section details the work you need to complete before the next classroom session. Completing this work prior to the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA/GAL volunteer.

Please read through the Pre-Work handouts found in this document. Reading this information prior to the session will give you a foundation in several concepts covered in the chapter, including: domestic violence, cultural prejudices, preconceived notions and the impact of these perceptions on information disclosure to volunteers by the accused in cases, importance of practicing culturally competent child advocacy, risks associated with stereotyping and implications of institutional bias. You will also have hands-on practice activities that explore culture and perceptions, culturally competent child advocacy, and an individual action plan designed to increase your cultural competence.
Domestic violence is the willful intimidation, physical assault, battery, sexual assault and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other.

Domestic violence ranges from threats of violence to hitting to severe beating, rape and even murder. Victims and perpetrators range in age, racial, socioeconomic status, sexual orientation, education level, occupational attainment, and geographic and religious affiliation. 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.

**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.

*Adapted from a model developed by the Domestic Abuse Intervention Project, Duluth, Minnesota.*
Understanding Domestic Violence, Cont’d.

**Causes**

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. 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.

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/GAL 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 may also 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.

Domestic Violence Statistics

Read the statistics on domestic violence at:

In the Online Resources, click the link to the exercise called “Sorting People: Can You Tell Somebody’s Race by Looking at Them?”. Follow the instructions to complete the activity, and then consider the following questions:

• How did you do?
• What surprised you about the exercise?
• Think about the cases you’ve worked on so far. Did you observe any stereotyping in the Black, Bleux, Greene or Lavender cases? If so, how did it affect the families?
Exploring Culture and Perceptions Activity

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 well. After you have some thoughts in mind, consider the following questions:

• Are there categories that you would be uncomfortable sharing in front of the large group?
• 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)

Now imagine that you are Susan Mailer, the mother in the Lavender case, and you are describing yourself to someone who has power over your life—for instance, the caseworker, a judge, or an attorney. Answer the following questions:

• How do you think a caseworker or others might perceive you and what would be the implications?
• 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?
• If you had to do this often, what do you think would happen to these characteristics of yourself?
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 you work with. 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 are still 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. Being aware of differences allows you to be informed about culturally competent child advocacy.

It is important to recognize 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.”
Stereotyping vs. Cultural Competence, Cont'd.

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.

Practicing culturally competent child advocacy 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.

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:
   • Considers cultural norms, practices, traditions, intra-familial 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
Stereotyping vs. Cultural Competence, Cont’d.

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 a result of 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 for 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.

Institutional Bias Checklist for Volunteers

As a CASA/GAL volunteer, ask yourself:

• What assumptions have I made about the cultural identity, genders and background of this family?
• What is my understanding of this family’s unique culture and circumstances?
• How are my recommendations specific to this child and this family?
• Would I make the same recommendations if this were a white child or a white family versus an African American, Latino, Asian American or Native child or family?
• What evidence has supported the conclusions I have drawn and how have I challenged unsupported assumptions?
• Have reasonable efforts (or active efforts in ICWA cases) been made in an individualized way to match the needs of the family?
• Have relatives been fully explored as preferred placement options as long as they can protect the child and support the permanency plan?
Institutional Bias Checklist for Volunteers, Cont'd.

- Are there family members and/or other important people who have not been contacted who should be involved in this process?
- What services are being offered to allow the child to remain at home or reunify the family (as applicable)? Are these services culturally appropriate? How are these services related to the safety threat?
- Are this child and family receiving the same level and tailoring of services as other children and families?

Other things to consider:

- If applicable, has Special Immigration Juvenile Status (SIJ) been filed?
- If applicable, have individualized efforts been made to ensure the needs and safety of LGBTQ youth?
- Have all resources available to the family of the child been explored (military, federal, tribal, state/local, etc.)?
- Are there organizations in the community that might serve as resources for the child?
- What active efforts have been made to determine if the child is covered under the Indian Child Welfare Act? Has there been communication with the relevant tribe(s)? If not, has the Bureau of Indian Affairs been notified?

Adapted from material created by the National Council of Juvenile and Family Court Judges.
Culturally Competent Child Advocacy Activity

Think about a time when you felt categorized because of the way you identify yourself, and write responses to the following reflection questions. How did you feel? How would a foster child feel?

Think of concrete ways to incorporate culturally competent advocacy into the Lavender case. Referring to the article on 10 Benefits of Practicing Culturally Competent Child Advocacy, what are three (3) things a CASA/GAL volunteer could do to practice culturally competent advocacy in the Lavender case? Some examples are:

- Learning about the spiritual practices of Lavender’s family in order to address the caseworker’s potential assumptions about the smell in their house
- Educating yourself about Lavender’s family’s culture regarding adult-child relationships so that the lack of eye contact between adults and children isn’t misconstrued as a child safety issue or family dysfunction
- Informing yourself about the requirements of the Indian Child Welfare Act and how it applies to the case; verifying whether or not Lavender and her mom are enrolled in a tribe; informing the tribe about the case
- Recognizing the importance of cultural ties
- Understanding the role of extended family in Lavender’s culture
- Objectively assessing the safety of Lavender’s home situation
• Learn about your culture and values, focusing on how they inform your attitudes, behavior and verbal and nonverbal communication.

• 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.

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

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

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

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

• Practice the communication loop; don’t rely on your perceptions of what is being said.

• Examine the circle in which you live, work, and play (this reflects your choice of peers). Expand your circle to include people of other races, cultures, values, and beliefs.

• Learn more about the history of racism and oppression in the United States.

• 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—churches, synagogues, mosques and other spiritual groups, community organizations or other natural support groups of that culture.
  – Practice respect.

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

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

• See developing cultural competence as a fulfilling and resourceful way to live.

• Be courageous enough to address biased thinking when you hear it in others.

Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.
Individual Action Plan for Cultural Competence

Prepare a plan to become more culturally competent. Use the following format to create the plan.

Name ________________________________
Date ________________________________

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Signature/Date
# Initial Case Notes for the Amarillo Case

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<td>May 18</td>
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Case History, Cont’d.

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Case History, Cont'd.

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CHAPTER 6
Handouts

CONTENT

» Individual Action Plan for Cultural Competence (for Activity 6F) ................................................................. 1
» Amarillo Case Study Materials (for Activity 6G) .................. 2
» Cycles......................................................................................... 3
# Individual Action Plan for Cultural Competence (for Activity 6F)

Prepare a plan to become more culturally competent. Use the following format to create the plan.

Name ________________________________________________________

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# Amarillo Case Study Materials (for Activity 6G)

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For the Father:
Rights have been terminated

For the Mother:
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Who do you want to interview first?
The Questioner’s List

Questions to consider periodically:

• Where else could we get information that would be useful?
• What are the barriers to reunification?
• Have we checked all relatives?

Questions to consider before finalizing court recommendations:

• Are our court recommendations child focused?
• Have we covered every need of the child(ren) in this case?
• Did we appropriately consider the minimum sufficient level of care (MSL) standard in forming our recommendations for this case?
• Do our recommendations ask for what is appropriate, whether or not it is readily available?
• Is our work clear, diplomatic, and non-judgmental?
Medical History: Amarillo, Maria

Prepared by: Dr. Madeline Bemelmans, County General Hospital

Patient was first admitted on 3/17 (two years ago) for a severe, acute asthma episode. Medication was administered and episode passed. Patient has described a history, dating back to age 7, of attempting to control her asthma through natural and behavioral methods and was reluctant to accept medication.

Patient also has Type 1 (Juvenile) Diabetes. Patient has had regular, annual screenings since she was first admitted, and it has been determined that her glucose and insulin levels have been well regulated. There have been no further asthma episodes.

On October 23 of last year, patient began a new prescription: Ortho-Cept (28) Oral.

HIPAA – the Health Insurance Portability and Accountability Act of 1996. The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

• What difference does this information make to the case?
• What are your follow-up questions?
I was assigned to this case about a month ago, I’m still getting up to speed. This one seems pretty stable, so honestly I haven’t spent much time on it. The previous social worker moved out of state.

I’m honestly wondering about the possibility of having Maria join her aunt in El Salvador. Her aunt wants her there and is asking about the holdup. She says she needs Maria’s help, and it would be a family placement. And this SIJS thing is a complex issue as well as a HUGE risk.

Maria’s diabetes is well controlled. There’s no medical reason to keep her in the United States. I know her brother died in El Salvador due to his diabetes, but that was a long time ago. There’s no reason for Maria to worry about that happening to her. Her aunt lives in a modern city, not out in the sticks. From what I know, she’d get her medical needs met.

The Valdez family is not legal in this country. Beyond that I really haven’t learned much about them. They don’t speak English and I don’t speak Spanish.

We aren’t going to give custody to undocumented immigrants. We’re already pushing it a bit to let her visit over there, but the Valdezes checked out okay in combined records and they have no criminal records. On the plus side, it’s free respite care, to give the Beckers a break.

This case has been open way too long. With the state’s budget as it is right now, we’re looking to get resolution on some of these lingering cases. We want to close the Amarillo case as quickly as possible and that’s exactly what I plan to do.

I understand that the girl wants to stay in America. I don’t blame her. But she’s just going to have to accept the reality of the situation. To some degree, she’s an innocent victim of a nasty political fight over immigration policy. Even if she did stay in foster care with the Beckers, she’d be illegal as soon as she turned 18. That’s just not a viable plan.
CPS Caseworker: Alberta Gillis, Cont’d.

• What is this CPS workers number one priority?
• What difference does this interview make to the case?
• What are your follow-up questions?
Maria Amarillo

Setting: Howard High School, guidance counseling office

Hi, it’s nice to meet you. What can I tell you about myself? I’ve been living in this country for about 10 years. My parents brought me here when I was little, just after my brother died. They didn’t want the same thing to happen to me. We both have diabetes.

My father and mother have had a lot of fights. But it feels like everyone is taking that out on me and my sisters. They’ve separated us. They’ve put me in all these different homes. We’d be fine if we just all lived at the Valdez house. They’re like my family. I love Lourdes, she’s my best friend. Me and my sisters just feel comfortable over there, like it’s a good fit. Like we’re home.

My Aunt Consuela lives in El Salvador. I see her every couple of years, I guess. She’s cool. I did tell CPS that I’d like to live with her at one point. But that’s when I was living in the group home. Any place would have been better than that dungeon.

The Beckers are not that bad, but they’re so strict about religion. It’s not a relaxing place to live. I love them and respect them for taking care of my sisters and taking me in. Their house is nice and they’ve been good to us. But it’s not home. And they drag me and my sisters to their church, but it’s really not like what we’re used to. We’re Catholic, and I was always taught that you have to choose your church—you shouldn’t bounce from one church to another.

Susan Becker is another story. She acts all goody-two-shoes around her parents, but she can be really mean. And I bet they have no idea how she sneaks around at night.

You should come visit me at the Valdez home. Go ahead and call them. They don’t speak English that well, but Lourdes can translate on the phone for you.

• What difference does this interview make to the case?
• What are your follow-up questions?
Hi, yes, I know about the CASA/GAL program.

I’ve been Maria’s guidance counselor for two years now. I’ll follow her class through graduation. Here is her academic record if you’d like to see it. Her GPA is 2.8 on a 4-point scale. Her grades in high school have been average to good. They were lower in middle school, especially when Maria’s CPS case opened.

Sometimes Maria comes to school feeling down about her home life. She has cried about it in this office more than once. Maria feels bad to be so ungrateful, but she just doesn’t feel at home with the Beckers. Their religion is very different from Catholicism and she believes they are trying to convert her. This is really uncomfortable, and she doesn’t get along with their daughter either.

Maria puts on a happy face and shows her cheerful side to the world, but deep inside she’s pretty upset about a few things. She is really sad that her family broke up the way it did. She lived apart from her sisters for about a year and felt extremely guilty about that. She said she ran away a few times in hopes she’d be able to see them or be placed with them. And she’s worried about her mother. She’s worried about her dad too, especially because of his drinking. She’s mad at him of course, but she loves him too. The whole situation is painful and difficult.

She is also really concerned about her status in this country. You know she doesn’t want to go back to El Salvador. She says she doesn’t want to go live with her aunt and just help in the house until she finds a husband, if she can find one. I imagine her opportunities will be so limited in El Salvador compared to here. But when she turns 18 and graduates from high school, she will be an undocumented immigrant, a so-called “illegal alien.”

No, I don’t know Lourdes Valdez that well. I see her in the halls, though, and she seems like a nice kid. Maria is very attached to her.
School Guidance Counselor: Julia Mansfield, Cont’d.

I’ve noticed, or heard, that Maria has had a crush on a couple different guys at school, but nothing serious. I don’t see Maria as being one of those girls who gets pregnant and becomes a teenage mother. But you never know about things like that.

- What difference does this interview make to the case?
- What are your follow-up questions and to whom do you wish to address them?
**Foster Parents: Stanley and Karen Becker**

*Setting: The Becker Home, Saturday morning*

*Karen:* Thanks for coming over to our home on a Saturday morning. It’s impressive that you’d work on a Saturday! What? Oh, you’re a volunteer? Does that mean you have a “day job,” so to speak? Can we offer you some coffee?

*Stanley:* I don’t know how you do that. I work in insurance. And I’m beat when I come home at the end of the day. I’m very thankful my wife takes good care of our home and our family.

*Karen:* We’re in this with the Amarillo girls for the long haul. Maria has told us of all the places she’s been. That’s tragic! We’re willing to provide a home for them as long as they’d like to live here. We’d even adopt them, if you think that’s an option.

*Stanley:* I’m not sure Maria would want that. She doesn’t exactly get along with our daughter Susan, who’s about the same age. But Joanna and Graciela seem to like it here. And Susan loves having little sisters around to play with. Well, and sometimes boss around.

*Karen:* Do you mind if we’re frank with you about Maria for a second? We’re a little concerned about her. She likes to spend time at the Valdez house. Which we totally understand. They’re family. But it doesn’t seem to be the best atmosphere. They seem to have a party every weekend. There are always teenage guys milling about.

*Stanley:* And believe me, I was a teenage boy once. I know what they’re thinking.

*Karen:* Seriously, these are teenage boys, and there’s been more than one occasion I’ve seen some of those teenagers with beers in their hands. I know she’s been friends with her cousin Lourdes for a long time, and really Lourdes seems like a nice girl. She’s always polite when she comes over here. But, my Lord, that house is so small. I don’t know how they all fit in over there.

*Stanley:* Karen, do you want to tell the volunteer what you found the other day?

*Karen:* Ortho-cept pills. Birth control. I haven’t spoken to Maria about them yet, but it just raised our level of concern for her.
Foster Parents: Stanley and Karen Becker, Cont’d.

Stanley: We’re doing our best with a houseful of girls, and we’re really trying to make sure Maria has the support she needs. And guidance. I know she’s Catholic. We’re Christian too and we make sure we go to church as a family every Sunday. With all the scandal in the Catholic church lately, I think she might even be getting a better message in our church. It’s non-denominational. But The Message is powerful.

Karen: Well, anyways, those are a few concerns we have about Maria. Again, Joanna and Graciela are such sweet kids. Graciela just started in the daycare down the street.

Stanley: And Joanna is so cute. She’s in kindergarten...

Karen: First grade.

Stanley: First grade. And she is so excited when she comes home from school with a new art project. She even loves doing homework in the evenings.

Karen: Thanks again for stopping by. If there’s anything else you need from us, let us know.

• What are the issues in this case?
• What difference does this interview make to the case?
Maternal Aunt: Consuela Amarillo

Setting: Phone Call (Long-Distance to El Salvador)

Hello. Yes, of course I speak English. I’ve studied it since I was a schoolgirl, but I also work in the local office of an international aid agency based in the United States. I travel there from time to time for work. And I see family when I’m there. I see Maria, Joanna, and Graciela once every eighteen months or so. I haven’t seen them in about two years. Graciela was so tiny last time I saw her!

I’m actually a “double aunt” because Myrian is my sister and we married brothers. Unlike my brother-in-law, my husband was a good man and a good provider. He died about five years ago.

I would love for Maria to come back here and live with me. I have three daughters of my own and I could really use the help. But beyond that, I know there are some questions about her residency status. I’d hate for her to end up getting deported. I’ve heard stories from friends about that and it doesn’t sound like a good situation. I’d actually love for all the girls to come back here. Family is important. But I understand the allure of staying in North America.

I really wish Myrian would leave Jose. His drinking has always been such a problem, and he gets violent with her. We’ve talked though, and she won’t leave him.

Myrian and Jose both do the same farm labor that Pedro Valdez does. They see each other regularly, but they’re not allowed to visit the house if Maria’s there. Maria’s not supposed to be visiting with her parents since the TPR, but I know they do see each other. Especially if Maria goes to church with the Valdez family.

Do you think you might be able to help me bring Maria back home?

• How will you answer her final question?
• What do you know about domestic violence that might explain why Myrian doesn’t leave Jose?
• Is Consuela’s expectation that Maria would help with her children appropriate? Why or why not?
Lourdes: She says “Hello, please come in.” It’s good to meet you. Please excuse the mess around the house. We’re a somewhat busy and cluttered family!

*Pedro*: Usted quiere quedar para la cena?

*Lourdes*: My father asks “Would you like to stay for dinner?”

*Anna*: Usted es de los servicios sociales, verdad? O es abogada?

*Lourdes*: My mother asks, “Are you from social services? Or are you an attorney?”

*Pedro*: Maria es buena chica. Es como nuestra hija. Es una lastima lo que paso con sus padres, pero ellos necesitan aprender que hay leyes en este pais. No se lo que Usted esta pensando sobre lo que pasara con las chicas Amarillo. Pero si necestian un hogar, nuestra puerta esta abierta.

*Lourdes*: My father says, “Maria is a good kid. She’s like a daughter to us. It’s really a shame what happened in that family.” He wants to know if the Amarillo girls need a home, because he feels they could live here. I think that would be fun to have them here. I’m guessing you knew that Maria’s aunt in El Salvador was married to my father’s cousin down there. So we’re kind of like family.

*Anna*: Le parece que Usted nos puede ayudar con la situacion? Parece que las muchachas pueden vivir aqui?

*Lourdes*: My mother is asking “Do you think you can help in this situation and perhaps have Maria and her sisters live here?” Maria has talked about her experiences in other homes and it just doesn’t sound good. She doesn’t sound at all happy even where she is now. We’d love to have them stay with us. I think a social worker came out here a few years ago when they were first taken out of their home. But then we didn’t hear anything more.

- How do you answer some of the questions posed by the Valdez family?
- Do you think this is a potential long-term/permanent placement for the Amarillo girls? Why or why not?
Setting: Valdez home

Thanks for meeting me here. ARGH! I can’t stand Ms. Gillis. That CPS worker just doesn’t seem like she likes me. Or maybe she doesn’t like her job. People like that shouldn’t have jobs like that. She never listens to me. I’m 16. Doesn’t my opinion matter? I miss the last social worker.

School is going fine. My grades are fine. I like some of my teachers. Others I could do without. Again, some of those people shouldn’t have those jobs if they don’t like teaching. I like my guidance counselor, Miss Mansfield. She seems like she has my back when I tell her things.

I’ve been thinking about what I could do after high school. I’ve been thinking of the army or navy actually. I’d get to see some of the world. And I’ve heard that they help you get your papers in order. Plus I’d be able to earn money to help my family and my sisters out.

Is the birth control thing any of your business? Yes, I’m taking pills. But it’s not what you think. I’ve had a lot of problems with my period and my doctor said these would help. But they make me break out. And I feel fatter. I might see if I can stop taking them.

Yeah, I see mom and dad in church sometimes. Yes, I see them here sometimes, too. But that’s between you, me, and the wall. Please don’t tell anyone about that. Especially not Ms. Gillis.

I don’t think my Aunt Consuela really needs my help in El Salvador. But my sisters have been asking about her. The Beckers don’t let us make international calls. I need a phone card, I guess. Would you be able to buy one? It’s kind of a weird thing to ask, but I don’t have any extra cash right now.

• Will you buy Maria a phone card? Why or why not?
• Will you “tell on her” for talking to her parents? How do you answer her on that issue?
You’re looking for information about US Immigration and Customs Enforcement (ICE) policy, huh? I heard you’re the one with a special case. These don’t come up very often, but when they do, it’s super important to know the options—you’re dealing with a young girl’s life. I’ve done a little research and it turns out that Maria may qualify for Special Immigrant Juvenile Status (SIJS).

Juveniles who are under the supervision of juvenile court (both delinquency and dependency cases) can apply for lawful immigration status if the court order has specific language. They must apply for both special immigrant juvenile status and for permanent residency (the “green card,” which actually isn’t green at all).

Maria is in good shape because she is under 18 years of age, which can be the cutoff for these applications. (In some cases, a youth can apply up to the age of 21.) Maria can easily fulfill most of the requirements for SIJS, as she is:

- Under the jurisdiction of juvenile court.
- “Deemed eligible for long-term foster care” (legal language to indicate that she cannot be reunited with her parents).
- In her case, the court’s findings were based on abuse, neglect, or abandonment, rather than for the purpose of seeking immigration status.
- And it is not in her best interest to return to her home country.

Now, this final requirement may be hard to prove in Maria’s case because she has a relative in El Salvador willing and available to take her.

However, if all these requirements can be met, Maria will need an order from a juvenile court judge specifically stating that all of the above listed findings required for SIJS have been made. With that order in hand, her attorney can proceed with the SIJS application.

What I’m about to tell you is really, really important. This is kind of an all-or-nothing deal. If Maria applies for special immigrant juvenile status and is turned down, ICE may attempt to deport her from the United States. Therefore, it will be best to not make the application for SIJS unless it is likely to be successful.
Attorney for the CASA/GAL Program, Cont’d.

If SIJS is granted, there will be additional requirements related to getting a “green card,” Permanent Resident Status. If Maria successfully obtains her green card, she will be able to work legally, travel in and out of the country and, after five years, apply for citizenship.

• Would you recommend that Maria apply for SIJS? Why or why not?
• What are your follow-up questions?
Amarillo Case Debrief Questions

- How did Maria’s expressed desires impact the recommendations you made to the court?
- How did the social worker’s opinion affect the way you viewed and acted on this case?
- How might you go about addressing the religious aspects of this case—specifically, conflict between the child’s home religion and the religious beliefs/practices of the foster family? What resources (local or otherwise) might you turn to in order to find a suitable religious outlet for Maria?
- When it comes to the hierarchy of placement/permanence options, where do nonrelative placements fall?
- How do the cultural expectations of Maria’s family compare to those in your family?
- Would your recommendations and view of this case be different if Maria were 12 or 13?
- How might the cultural issues raised in this case be transferable to a case not involving immigration and potential cross-border placement?
- How would you respond to a youth, like Maria, who has told you about her need for birth control medication?
- Domestic violence played a role in the girls’ removal from their original home. Does it remain an ongoing concern at this point in the case? Why or why not?
**Cycle of Violence**

**Phase 1: Tension Building**
- Anger, blaming, & arguing occur

**Phase 2: Acute Battering**
- Batterer asks forgiveness, promises it won't happen again
- Battering incident occurs

**Phase 3: Honeymoon Stage**
POWER AND CONTROL

VIOLENCE

physical

COERCION AND THREATS:
Making and/or carrying out threats to do something to hurt her. Threatening to leave her, commit suicide, or report her to welfare. Making her drop charges. Making her do illegal things.

INTIMIDATION:

EMOTIONAL ABUSE:

ISOLATION:
Controlling what she does, who she sees and talks to, what she reads, and where she goes. Limiting her outside involvement. Using jealousy to justify actions.

MINIMIZING, DENYING, AND BLAMING:
Making light of the abuse and not taking her concerns about it seriously. Saying the abuse didn't happen. Shifting responsibility for abusive behavior. Saying she caused it.

USING CHILDREN:
Making her feel guilty about the children. Using the children to relay messages. Using visitation to harass her. Threatening to take the children away.

ECONOMIC ABUSE:
Preventing her from getting or keeping a job. Making her ask for money. Giving her an allowance. Taking her money. Not letting her know about or have access to family income.

MALE PRIVILEGE:
Treating her like a servant: making all the big decisions, acting like the "master of the castle," being the one to define men's and women's roles.

sexual

physical

sexual
CHAPTER 7:
Educational Advocacy, Older Youth and LGBTQ Youth

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» Educational Advocacy .............................................. 22
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» Working a Case .......................................................... 33
» Chapter Wrap-up and Review .................................... 37
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Facilitator Prep

Facilitation Tips

• This chapter takes approximately 3 hours and 25 minutes.
• The material in this chapter about educational advocacy and advocacy for older youth is intended to briefly introduce issues related to these topics. Consider scheduling additional in-service training on these subjects.
• Acknowledge and build on what participants already know about working with older youth. Connect the content with their personal experience—we were all young people once upon a time.
# Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>General (found with your local program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Name tags</td>
<td></td>
<td>Gather the supplies as needed.</td>
</tr>
<tr>
<td>• Flipchart and markers</td>
<td></td>
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<tr>
<td>• Masking tape</td>
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<tr>
<td>• Three-hole punch</td>
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<tr>
<td>• Sticky notes</td>
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<tr>
<td>Flipchart Pages (facilitator must create)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parking Lot</td>
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<tr>
<td>A/V Equipment (found with your local program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Computer, LCD projector and screen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Presentations and Videos (found in the Online Resources)</td>
<td>7A</td>
<td>Download the presentation and videos prior to the session.</td>
</tr>
<tr>
<td>• Chapter 7 PowerPoint presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Audio: “Childhood Reflections”</td>
<td>7A</td>
<td></td>
</tr>
<tr>
<td>• Video: “Baily’s Story” from Stories of Aging Out</td>
<td>7B</td>
<td></td>
</tr>
<tr>
<td>• Video: “Randy’s Story” from Digital Stories from the Field</td>
<td>7G</td>
<td></td>
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</tbody>
</table>
### Supplies Checklist and Advanced Prep

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<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chapter 7 Pre-Work Handouts (found in the online resources)</td>
<td></td>
<td>At least one week before the Chapter 7 training session, prepare the Chapter 7 Pre-Work Handouts and send to participants.</td>
</tr>
<tr>
<td>• Video “How Resilience Is Built”</td>
<td>7A</td>
<td>Activity 7A: Have the participants watch the video “How Resilience Is Built” and think about relationships they had as a youth that helped them build resilience.</td>
</tr>
<tr>
<td>• Audio clip “Childhood Reflections”</td>
<td>7A</td>
<td>Activity 7A: Have the participants listen to “Childhood Reflections,” an audio recording of adults who spent time in the child welfare system speaking about their childhoods and some of the ways the youth exhibited resilience. Ask them to prepare a list of ways they think resilience was exhibited.</td>
</tr>
<tr>
<td>• Statistics on Youth Aging Out of Foster Care</td>
<td>7B</td>
<td></td>
</tr>
<tr>
<td>• Initial Case Notes for Brown Case</td>
<td>7H</td>
<td></td>
</tr>
<tr>
<td>• Ecological Model of Factors Affecting Resilience diagram</td>
<td>7A</td>
<td></td>
</tr>
<tr>
<td>• Adverse Childhood Experiences</td>
<td>7C</td>
<td></td>
</tr>
<tr>
<td>• Concurrent planning and the lists of questions that follow</td>
<td>7D</td>
<td></td>
</tr>
<tr>
<td>• Greene Case and Amarillo Case (re-read)</td>
<td>7D</td>
<td></td>
</tr>
<tr>
<td>• Educational Challenges for Children in the Child Welfare System</td>
<td>7D</td>
<td></td>
</tr>
<tr>
<td>• Answers to questions based on volunteers’ K-12 experiences</td>
<td>7D</td>
<td>Activity 7A: Have participants go through the Ecological Model of Factors Affecting Resilience diagram and the factors affecting resilience shown on the graphic (e.g., a child’s thoughts and behaviors, family, school, local community and the wider society).</td>
</tr>
<tr>
<td>• LGBTQ Glossary</td>
<td></td>
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</tr>
<tr>
<td>Item</td>
<td>Activity #</td>
<td>Advanced Prep</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chapter 7 Pre-Work Handouts (found in the online resources), Cont’d</td>
<td>Activity 7B: Have the participants read the statistics on Youth Aging Out of Foster Care whose link is found in Chapter 7 Pre-Work.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity 7C: Have participants read the paragraphs about concurrent planning and the lists of questions that follow. Ask them to reread or review the Greene case.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity 7D: Have participants read up on educational challenges for children in the child welfare system. Ask the participants to answer the questions on their K-12 experiences provided in Pre-Work.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity 7H: Ask the participants to read the initial case notes for Brown case provided in Pre-Work.</td>
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</tbody>
</table>

Volunteers should complete the Pre-Work prior to the Chapter 7 module and bring it with them to class. Make copies of the Pre-Work documents for reference and use during and after class.
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
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</thead>
<tbody>
<tr>
<td>In-Class Handouts (found in the Online Resources)</td>
<td></td>
<td>Make copies of the Volunteer Manual.</td>
</tr>
<tr>
<td>• Educational Advocacy Quick Assessment Forms</td>
<td>7D</td>
<td><strong>Activity 7D</strong>: Ensure there are copies of the three Educational Advocacy Quick Assessment Forms—one blank, one for Marky Greene and one for Maria Amarillo—located in the Chapter 7 Handouts.</td>
</tr>
<tr>
<td>• Brown Case Study Materials</td>
<td>7H</td>
<td><strong>Activity 7H</strong>: Ensure all volunteers have the Brown Case Study Materials, which appear in the Chapter 7 Handouts.</td>
</tr>
<tr>
<td>Chapter 8 Pre-Work (found in the Online Resources, except where noted)</td>
<td></td>
<td>At least one week before the Chapter 8 training session, prepare the Chapter 8 Pre-Work packet and provide to participants. Print copies for reference during the session as well.</td>
</tr>
<tr>
<td>• Developing Competencies checklist that the volunteers filled out at the beginning of training</td>
<td>Chapter 8 Pre-Work</td>
<td>• Ask the participants to bring the Developing Competencies checklist that they filled out at the beginning of training, to the Chapter 8 session.</td>
</tr>
<tr>
<td>• Initial Case Notes for the Redd Case</td>
<td></td>
<td>• Ask the participants to read the Initial Case Notes for the Redd Case. They will write a court report for the Redd Case during Chapter 8.</td>
</tr>
<tr>
<td>• Complete Redd Case Study packet</td>
<td></td>
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<tr>
<td>• Program Court Report Template <em>(facilitator must create)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
</table>
| Chapter 8 Pre-Work (found in the Online Resources, except where noted), Cont’d. | | • Ask the participants to read the Redd Case Study packet with all the interviews and come prepared.  
• Create a Program’s Court Report Template and add to Local/Program Pre-Work Handouts. Ask the participants to write a court report using the provided program’s court report template. Tell them that they will get a week to complete the activity. |
CHAPTER 7:

Educational Advocacy, Older Youth and LGBTQ Youth

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Welcome, Housekeeping and Ground Rules

- Welcome the group to the training. Have them make name tags and tell them that there will be activities to help you get to know them and them to get to know each other.

- Share “housekeeping” information, such as where to find restrooms, snacks, and telephones, and when you think the session break(s) will occur.

- Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.

- Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work because many activities rely on this foundation of knowledge.

- Point out to participants that along with the Volunteer Manual they would have received a printed copy of Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make it available in the training room.

- Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills.
• Inform them that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.

• Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.

• Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).

• Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.
Pre-Work Recap

Prior to this training session, you should complete the following Pre-Work assignments:

- Watch the video “How Resilience Is Built” and think about relationships you had as a youth that helped you build resilience.
- Listen to the audio clip “Childhood Reflections.”
- Read the “Statistics on Youth Aging Out of Foster Care”, which appears in the Chapter 7 Online Resources.
- Read the Initial Case Notes for the “Brown Case”.
- Go through the Ecological Model of Factors Affecting Resilience.
- Read the article on Concurrent Planning and prepare to answer the lists of questions that follow.
- Re-read the Greene Case and the Amarillo case.
- Read the article on Educational Challenges for Children in the Child Welfare System.
- Prepare answers to questions that follow based on your K-12 experiences.
Chapter Overview and Competencies

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

## Competency Building in Chapter 7

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills, Attributes, Behavior Development in Chapter 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation of Knowledge</td>
<td>• Understands the factors that contribute to a child’s resilience</td>
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<tr>
<td></td>
<td>• Understands the importance of resilience in overcoming trauma in children</td>
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<tr>
<td></td>
<td>• Understands concurrent planning</td>
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<td></td>
<td>• Understands options for permanence for the child</td>
</tr>
<tr>
<td></td>
<td>• Understands how CASA/GAL advocacy differs for young children and older youth</td>
</tr>
<tr>
<td></td>
<td>• Knows strategies to address educational challenges</td>
</tr>
<tr>
<td></td>
<td>• Understands the issues faced by LGBTQ youth in the child welfare system</td>
</tr>
</tbody>
</table>
Revisiting Resilience: Activity 7A

Suggested Time: 15 minutes

Goal: To allow participants to think about factors that foster resilience in youth in the child protection system

PowerPoint Slide(s): 8

Facilitator Instructions

Part 1: Remind participants about the concept of resilience, introduced in Chapter 3. Explain the important role that resilience plays for older youth, including those aging out of foster care. Ask them to recall the audio clip “Childhood Reflections” that they listened to as part of the Pre-Work and the video on How Resilience is Built. You need not play the audio clip or video in the class. Ask participants to share their ideas for some of the ways the youth exhibited resilience and write them on a flip chart. Ask the volunteers to recall the Ecological Model of Factors Affecting Resilience diagram that they went through as part of the Pre-Work, and relate participants’ suggestions to the factors affecting resilience shown on the graphic (e.g., a child’s thoughts and behaviors, family, school, local community and the wider society).

It has been shown through research that individuals differ widely in their responses to stress. Because of this, and because resilience is shaped by so many factors, the development of resilience is a personal journey. Some approaches to building resilience may be effective for one person, but might not result in success for another.

However, with regard to children in particular, we should be aware that it is never too late to learn how to improve stress responses, and teaching the tools for building resilience is shown to be widely successful in helping to diminish the negative effects of adversity. Individual coping strategies and good social support systems play a positive part in improving childhood trauma. As CASA/GAL volunteers, we should be looking for positive, caring adults in our children’s social environment, and encouraging ways to strengthen those ties when appropriate.
For deeper learning about resilience, go to:
http://www.nationalresilienceresource.com/
(5 minutes)

**Part 2:** Divide participants into two groups, and have each group reflect back on either the Greene case or the Amarillo case. Ask them to find three factors on the diagram that are present in Marky’s or Maria’s case and discuss the following questions:

- What impact did these factors have on the case?
- How could a CASA/GAL volunteer help nurture resilience in Marky or Maria?

Have the groups share their responses in the large group.
(10 minutes)
**Revisiting Resilience: Activity 7A**

**Part 1:** Recall the “Childhood Reflections” audio clip that you listened to as part of the Pre-Work, where adults who spent time in the child welfare system speak about their childhoods as well as the video “How Resilience is Built” that you also were assigned to watch. In the large group, share your ideas on some of the ways resilience was exhibited. Recall the concept of ecological model of resilience that you went through as part of Pre-Work.

**Part 2:** The facilitator will divide you into groups and assign each group to reflect back on either the Greene case or the Amarillo case. Find three factors on the diagram that are present in Marky’s or Maria’s case—factors related to Marky’s and Maria’s thoughts, behaviors and skills; their families; their schools and local communities; and the wider society. In your group, discuss the following questions:

- What impact did these factors have on the case?
- As a CASA/GAL volunteer, how could you help nurture resilience in Marky or Maria?

Share your responses in the large group.
Bailey’s Story and the Importance of Permanence: Activity 7B

Suggested Time: 15 minutes

Goal: To help participants learn the importance of permanence for a child

PowerPoint Slide(s): 10-15

Facilitator Instructions

Part 1: Click on the link in the Chapter 7 Online Resources to play “Baily’s Story” from Stories of Aging Out. Then, use the Chapter 7 PowerPoint presentation to give an overview of the information in the Volunteer Manual about permanence. (10 minutes)

Part 2: Have participants work in pairs to answer the following questions and then share their ideas in the large group:

• In what ways did Baily find permanence? In what ways didn’t she?
• How could a CASA/GAL volunteer have made a difference in Baily’s case? (5 minutes)
Bailey’s Story and the Importance of Permanence: Activity 7B

Part 1: Watch “Baily’s Story” from Stories of Aging Out. After the video, listen as the facilitator presents the information below about permanence.

Part 2: Working in pairs, answer the following questions:

• In what ways did Baily find permanence? In what ways didn’t she?
• How could a CASA/GAL volunteer have made a difference in Baily’s case?

Share your ideas in the large group.
Permanence

Children are born unable to survive on their own. They need someone to provide life’s basic necessities: food, shelter, protection from harm. To get beyond survival and reach normal growth and developmental milestones, children require a “primary attachment figure:” an adult who “is there for them,” whom they can count on, who consistently meets their emotional and physical needs. For most children, this role is filled by a biological parent or parents. However, one or more other caring adults, who are willing to commit unconditionally to the child, can also meet the child’s need for permanence.

When a child enters the child welfare system, the belief that a parent “will always be there” is shattered.

One of your primary goals as a CASA/GAL 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 a limited number of possible “permanent” options:

1. Return to parent
2. Adoption (by a relative or nonrelative)
3. Kinship Guardianship

The third option, placement and custody or guardianship with relatives or fictive kin, while not truly “permanent,” is sometimes considered an appropriate choice when the first two options are not practical.

What Is Kinship Guardianship?

Kinship guardianship is a subsidized alternative to adoption for children or youth who have been placed with relatives (or, in some cases, fictive kin) who are certified foster parents and who have been placed with that relative for six months or more. Unlike adoption of a child in foster care, kinship guardianship does not require the surrendering or termination of parental rights.
Permanence, Cont’d.

Like adoption of a child in foster care, kinship guardianship is subsidized, meaning that the guardianship will receive a monthly subsidy to provide for the care of the child. In theory, kinship guardianship is a less permanent option because parents can petition the court to regain custody, provided that there have been substantial changes in their circumstances. Parents may also petition the court for visitation.

What Is Fictive Kin?

A more recent development in the consideration of permanency options for children is the introduction of fictive kin. Fictive kin are individuals who, while they may not be related to a child by blood, adoption or marriage, play an important role in a child’s life. In short, they act as family even though they may not be family in the strict legal meaning of the word. Increasingly, courts are allowing for fictive kin to be considered in cases of kinship guardianship or to petition the court for custody or guardianship in the same way a relative might.

Long-Term Foster Care: An Impermanent Option

Despite the advocacy efforts of CASA/GAL volunteers and the hard work by caseworkers, many children remain in foster care. 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 children or children labeled as difficult* 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 protective services 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.

*At times children diagnosed with ADHD, oppositional defiant disorder (ODD), autism, PTSD and other disorders are labeled as difficult or challenging.
Permanence, Cont’d.

Cultural Considerations

It is important to know that some Native Americans have a strong bias against adoption and certain tribes do not approve of adoption. This requires special consideration when weighing the permanency options for an Indian child who is an identified member of a tribe. In some cases, placement with a Native American custodian can truly be considered permanent.
Concurrent Planning: Activity 7C

Suggested Time: 10 minutes

Goal: To help participants learn what concurrent planning is and understand its importance to their role as CASA/GAL volunteers

PowerPoint Slide(s): 16

Facilitator Instructions

Ask the participants to recall the article that they read on Concurrent Planning and the lists of questions that follow as part of the Pre-Work. Ask them to choose the case of either Marky Greene or Maria Amarillo. As they read through the questions to consider, ask them to reflect on the case they have chosen and formulate answers to the questions while thinking about options for permanence.

(10 minutes)
### Concurrent Planning: Activity 7C

Recall the article you read on Concurrent Planning and the lists of questions that follow as part of Pre-Work. Choose the case of either Marky Greene or Maria Amarillo. As you read through the questions to consider, reflect on the case you have chosen and formulate answers to the questions while thinking about options for permanence.
Educational Challenges for Children in Care: Activity 7D

Suggested Time: 10 minutes

Goal: To help volunteers identify the educational challenges youth face when they are in foster care

PowerPoint Slide(s): 18

Advanced Prep

Make copies of the three Educational Advocacy Quick Assessment Forms—one blank, one for Marky Greene, and one for Maria Amarillo—located in the Chapter 7 Handouts.

Facilitator Instructions

Ask the participants to recall the information they read about educational challenges for children in the child welfare system. Then divide participants into two groups. Pass out blank copies of the Educational Advocacy Quick Assessment Form. Have one group fill out the educational assessment form as if they were the CASA/GAL volunteer for Maria Amarillo. The other group should do the same for Marky Greene. Once everyone has finished, pass out the assessment forms, as filled out by an expert who has reviewed the Amarillo and Greene cases, and then give the participants a moment to compare the assessment forms with their own notes. Discuss among the group as whole.

Debrief the activity with the following questions:

- How might a tool like this be helpful in a case with an older youth?
- How might it be helpful in a case with a younger or even preschool-aged child?
- How might it be helpful in preventing problems and intervening early so that students can be successful?

(10 minutes)
Educational Challenges for Children in Care: Activity 7D

Recall the information that you read about educational challenges for children in the child welfare system as part of Pre-Work. After the facilitator divides the class into two groups, fill out the Educational Advocacy Quick Assessment Form as if you were the CASA/GAL volunteer for either Marky Greene or Maria Amarillo. Once you’ve finished, the facilitator will pass out the notes of an expert who has reviewed the Greene and Amarillo cases, and give you a moment to compare them to your group’s notes.

In the large group, discuss the following questions:

• How might a tool like this be helpful in a case with an older youth?
• How might it be helpful in a case with a younger or even preschool-aged child?
• How might it be helpful in preventing problems and intervening early so that students can be successful?
### Educational Advocacy Quick Assessment Form

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student’s name</td>
</tr>
<tr>
<td>2.</td>
<td>School name</td>
</tr>
<tr>
<td>3.</td>
<td>Grade</td>
</tr>
<tr>
<td>4.</td>
<td>Special needs/IEP requirements</td>
</tr>
<tr>
<td>5.</td>
<td>Evidence of behavioral problems/excessive absence</td>
</tr>
<tr>
<td>6.</td>
<td>Grade Point Average</td>
</tr>
<tr>
<td>7.</td>
<td>Seeing school social worker or any other support personnel?</td>
</tr>
<tr>
<td>8.</td>
<td>Extracurricular activities</td>
</tr>
<tr>
<td>9.</td>
<td>Need for tutoring?</td>
</tr>
<tr>
<td>10.</td>
<td>On track to graduate?</td>
</tr>
<tr>
<td>11.</td>
<td>Received resources for post-HS education or vocational program?</td>
</tr>
<tr>
<td>12.</td>
<td>Other pertinent information</td>
</tr>
</tbody>
</table>
Suggested Time: 10 minutes

Goal: To help participants understand the similarities and differences in advocating for younger children and older youth

PowerPoint Slide(s): 19-28

Advanced Prep
Prior to this session, practice using the PowerPoint presentation for this activity.

Facilitator Instructions
Remind participants that regardless of the age of the child, the CASA/GAL volunteer fulfills her or his basic roles: information gathering, facilitating, advocating and monitoring a case. However, as the age of the youth changes so will the volunteer role. CASA/GAL volunteers should expect the focus of their advocacy to evolve as the older youth nears the point of aging out of the foster care system.

Using the Chapter 7 PowerPoint presentation, display each pair of guiding principles for advocacy and have the group decide which age group each principle fits with—either Infancy to Early Teen Years or Adolescent Youth. Once the group decides, click on the slide to show the correct answer. Then share with the group the comparison between the advocacy roles, listed in the chart below.

Afterward, have participants discuss the following question in the large group:

• How else do you think your role as a CASA/GAL volunteer, working with an older youth, may differ from your role working with a child age 13 or younger?
### Comparing Advocacy Across Age Ranges, Cont’d.

<table>
<thead>
<tr>
<th>Infancy to Early Teen Years</th>
<th>Adolescent Youth</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanence within a family</td>
<td>Permanence through significant adult connection; interdependent living</td>
<td>When it comes to the best interest principle, the focus will shift from permanence in a home where adults will take care of a child’s needs to creating permanence for the youth in which he or she is connected to at least one responsible adult and is also a responsible party in his or her own life.</td>
</tr>
<tr>
<td>Volunteer takes lead in assessment, facilitation, advocacy and monitoring</td>
<td>Partner with youth in assessment, facilitation, advocacy and monitoring</td>
<td>When working with younger children, the role of the volunteer advocate is to take the lead on the activities of assessment, facilitation, advocacy and monitoring of the case. This role will shift to a certain degree with older youth, as the volunteer advocate should look to form a partnership with the youth in fulfilling these activities.</td>
</tr>
<tr>
<td>Review records, interview, determine appropriateness of permanency plan, make recommendations, maintain records</td>
<td>Focus on preparation for successful independent living</td>
<td>The core responsibilities of a volunteer advocate hold true regardless of the child’s age. However, when an older youth’s permanency plan is emancipation, a volunteer advocate’s focus will need to shift in order to ensure that resources and services are in place to prepare the youth for successful independent living.</td>
</tr>
</tbody>
</table>
### Comparing Advocacy Across Age Ranges, Cont’d.

<table>
<thead>
<tr>
<th>Infancy to Early Teen Years</th>
<th>Adolescent Youth</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining a relationship with children and families</td>
<td>Maintaining appropriate relationship boundaries</td>
<td>The volunteer-child relationship typically ends with younger children when they have been returned to or placed in a safe, permanent home. But when working with older youth who are preparing to live independently, families, if present, will generally be less involved with the system and not as likely to work toward improving parenting skills or house or job situations. It is important to keep in mind that a volunteer’s legal role and appointment, as well as all protections associated with such a relationship, end when the youth is legally considered to be an adult and the case has closed.</td>
</tr>
<tr>
<td>Minimum sufficient level of care</td>
<td>Preparation to age out</td>
<td>The minimum sufficient level of care (MSL) principle will not apply to older foster youth whose permanency plan no longer includes reunification with their family. And because the youth will not be returning to a parent’s care, the focus will shift from a parent’s ability to the abilities, skills and resources available to a youth.</td>
</tr>
</tbody>
</table>
Comparing Advocacy Across Age Ranges: Activity 7E

As a CASA/GAL volunteer, you will fulfill your basic role regardless of the age of the child: information gathering, facilitating, advocating and monitoring a case. However, as the age of the youth changes so will your role. You should expect the focus of your advocacy to evolve as the older youth nears the age of emancipation from the foster care system.

The facilitator will show you pairs of guiding principles for advocacy. In the large group, decide which of the principles apply when working with children in infancy to the early teen years and which apply to adolescent youth. The facilitator will share comparisons between the age ranges for each principle.

Afterward, discuss the following question in the large group:

• How else do you think your role as a CASA/GAL volunteer, working with an older youth, may differ from your role working with a child age 13 or younger?
Suggested Time: 15 minutes

Goal: To help volunteers understand the impact on youth of growing up in and aging out of foster care

PowerPoint Slide(s): 30

Facilitator Instructions

Ask participants to consider the statistics they read for Pre-Work and what the outcome for Maria Amarillo would be if she remained in foster care until aging out and did not receive help navigating through the systems indicated below. Ask each participant to list what issues Maria might face in each of the following systems, using the chart in the Volunteer Manual:

- Education
- Housing or Living Situation
- Mental Health
- Employment
- Finances

Have participants share with the group what they wrote down. Clarify and discuss, stressing that the statistics they read for Pre-Work point to the importance of providing age-appropriate advocacy for youth before they age out of the system.
Advocating for Older Youth: Activity 7F

Considering the statistics about youth aging out of the foster care system, which you read for Pre-Work, think about what the outcome for Maria Amarillo might be if she remained in foster care until aging out and did not receive help navigating through the systems indicated below. In the space provided, list what issues Maria might face in the various systems an older youth encounters:

**Education**


**House or Living Situation**


**Mental Health**


**Employment**


**Finances**


Share what you wrote in the large group.
## Advocating for LGBTQ Youth: Activity 7G

**Suggested Time:** 15 minutes

**Goal:** To give participants an opportunity to consider some of the unique issues facing LGBTQ youth

**PowerPoint Slide(s):** 31

### Facilitator Instructions

There is a disproportionate number of lesbian, gay, bisexual, transgender and queer and questioning (LGBTQ) youth in foster care. This activity focuses on a topic—working with LGBTQ youth—that may evoke strong emotions on the part of participants. As a facilitator, you can use this opportunity to look for professionalism, appropriateness and cultural competency skills.

**Part 1:** Ask participants to quietly reflect on the following paragraph, which appears in the Volunteer Manual:

*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? You may want to write down your responses, but you will not be asked to share them.*

(3 minutes)

**Part 2:** Click the link in the Chapter 7 Online Resources to play “Randy’s Story” from *Digital Stories from the Field*. Then, in the large group, lead a discussion on 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?
- How could a CASA/GAL volunteer have advocated for Randy?

(12 minutes)
Advocating for LGBTQ Youth: Activity 7G

There is a disproportionate number of LGBTQ youth in foster care. At home, LGBTQ youth are more likely than their non-LGBTQ peers to face disapproval, abuse and neglect. Family conflict often becomes so intense that the youth are forced to leave home. Once in the child welfare system, many LGBTQ youth continue to be misunderstood, facing abuse, harassment and isolation. In foster homes and group care facilities, LGBTQ youth are often mistreated and even harmed by staff, caregivers and other young people.

**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 down your responses. You will not be asked to share them.

---

**Part 2:** Watch “Randy’s Story” from *Digital Stories from the Field*. Then, in the large group, discuss 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?
- How could a CASA/GAL volunteer have advocated for Randy?
Working a Case

The Brown Case: Activity 7H

Suggested Time: 60 minutes

Goal: To allow participants to apply what they have learned online to a real-life simulation

PowerPoint Slide(s): 33-35

Facilitator Instructions

Part 1: Lead the case study activity as described in the Volunteer Manual. Once participants have begun working in small groups, monitor each group to be sure they are on topic, but don’t micromanage the groups. Allow participants enough space to learn and make mistakes, which can be discussed during the debrief. Be sure to monitor the time. (40 minutes)

Interviews Available

(This list is for your use only. Groups must decide on their own who they want to interview.)

- Jessica Brown and School Guidance Counselor: Kenya Scott
- CPS Caseworker: Angela Rodriguez
- June Miller: Former CASA/GAL Volunteer
- Foster Mother/Cousin: Candice Clark (First Contact)
- Foster Mother/Cousin: Candice Clark (Second Contact)
- Mother: Helen Brown
- Mother’s Former Boyfriend: Wayne Pender

Part 2: Allow groups a few minutes to read other groups’ recommendations posted on flipcharts around the room. Then, hand out the debrief questions and have the small groups discuss them for several minutes. Afterward, go through these questions and any other questions participants may have about the case. Be sure to stick to conversations around the Chapter 7 objectives and topics: resilience, permanence, educational advocacy and LGBTQ youth. Depending on time, you may wish to engage volunteers in conversation around the differences between this case and the previous case studies.

(20 minutes)
The Brown Case: Activity 7H

Part 1: Your group will receive a hard copy of the initial file for the Brown case, which you read for Pre-Work. Take several minutes to re-familiarize yourself with the information in this case file. You will also receive a list of questions that your Questioner should remind your group to consider as you review documents and make your recommendations. After you review the initial case file, 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 information gathering for 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.

Part 2: Take a few minutes to view other groups’ recommendations, and then briefly discuss with your group the debrief questions that the facilitator distributes. In the large group, discuss these questions and any others that arose during the activity.
Working the Resources Section of a Court Report: Activity 7I

Suggested Time: 20 minutes

Goal: To familiarize participants with writing the resources section of a CASA/GAL volunteer court report

PowerPoint Slide(s): 36

Facilitator Instructions

Have participants write the family and community resources section of the court report, based on the Brown case notes and interviews they read in the previous activity. Once they have completed writing this section, have them turn to a partner and compare what they wrote. Ask 2 to 3 pairs to share with the large group if there were any differences between the two sections and what they think accounts for those differences?
Working the Resources Section of a Court Report: Activity 7I

Based on the Brown case notes and interviews you read in the previous activity, write the family and community resources section of the court report, which describes strengths, skills or previous successful coping instances of the biological family; any resources within the extended family to provide connection, respite or additional help; and community resources that might provide additional support or services.

Once you have written your summary, turn to a partner and compare what you wrote. Were there any differences between the two? What do you think accounts for those differences?
## Chapter Wrap-up and Review

### Chapter Review

**Review—PowerPoint Slide(s): 38**

In summary, you can review the objectives found at the beginning of the chapter to check in about volunteers’ comfort level with the content. Answer any remaining questions.

**Evaluation—PowerPoint Slide(s): 39**

Hand out copies of the Chapter 7 Volunteer Training Evaluation and collect them before participants leave.

### Additional Resources

- Beyond Alphabet Soup: Some Key Acronyms in Education Advocacy
- Laws Related to Older Youth in Foster Care
- LGBTQ Glossary
- Statistical Profile of Foster Youth:
  https://www.fosterclub.com/sites/default/files/foster-graphic-horizontal-large-gallery.jpeg

## Chapter 8 Pre-Work

### Pre-Work Activities

Assign the following Pre-Work activities for the Chapter 8 training session and remind participants of the date and time when this session will take place.

**PowerPoint Slide(s): 40**

*Developing Competencies Worksheet*

Remind participants to bring the Developing Competencies checklist that they filled out at the beginning of training, to the Chapter 8 session. They’ll revisit it in this chapter.
Chapter 8 Pre-Work, Cont’d.

The Redd Case

Distribute copies of the Initial Case Notes for the Redd Case, located in the Chapter 7 Handouts, and ask participants to read them before attending the Chapter 8 session. They will be working individually to write a full court report for the Redd case during Chapter 8, so they will need to bring these documents with them to the training session. Chapter Wrap-Up, Cont’d.

The Redd Case Study

As the final case study, the Redd Case offers a chance for participants to use the information, skills, and knowledge they have learned during the pre-service training. Ask the participants to read the Redd Case Study packet with all the interviews and come prepared for chapter 8 session.

Program Court Report Template

Create a Program’s Court Report Template and add to Local/Program Pre-Work Handouts. This is an opportunity for the participants to apply what they have learned from the training and to demonstrate their readiness to work independently on a case. Ask the participants to write a court report using the provided program’s court report template. Tell them that they will get a week to complete the activity.

Alternative

As an alternative to doing the Redd case activity in Chapter 8, you may assign participants to do the online case study activity found on the National CASA Association E-Learning website. The online case study will take 2 to 3 hours to complete and should be assigned as Pre-Work at the end of Chapter 7. You will find instructions for how to register your participants on the E-Learning site in the Chapter 8 Online Resources.
Chapter Wrap-Up

Review
Share any remaining questions you have about the material covered in this chapter.

Evaluation
Fill out the Chapter 7 Volunteer Training Evaluation and give it to the facilitator before you leave.

Additional Resources for Reference
- Beyond Alphabet Soup: Some Key Acronyms in Education Advocacy
- Laws Related to Older Youth in Foster Care
- LGBTQ Glossary
- Statistical Profile of Foster Youth: https://www.fosterclub.com/sites/default/files/foster-graphic-horizontal-large-gallery.jpeg

Chapter 8 Pre-Work
Prior to the Chapter 8 training session, complete the following assignments:

* Developing Competencies Worksheet*
Bring the Developing Competencies checklist that you filled out at the beginning of training, to the Chapter 8 session. You will revisit it during this chapter.

* The Redd Case*
Read the Initial Case Notes for the Redd Case, which the facilitator will distribute. You will be writing a court report for the Redd Case during Chapter 8, so bring these documents with you to the training session.
Chapter 8 Pre-Work, Cont’d.

The Redd Case Study

As the final case study, the Redd Case offers a chance for you to use the information, skills, and knowledge that you have learned during the pre-service training. Read the Redd Case Study packet with all the interviews and come prepared for Chapter 8 session.

Program Court Report Template

Using the Program’s Court Report Template provided in the Local/Program Pre-Work Handouts, write a court report. This is an opportunity for you to apply what you have learned from the training and to demonstrate your readiness to work independently on a case. You will get a week to complete the activity.
This project was supported by Award No. 2015-CH-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Department of Justice.
CHAPTER 7
Pre-Work Handouts

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» Laws Related to Older Youth in Foster Care ....................... 19
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Pre-Work Instructions

This section details the work you need to complete before the next classroom session. Completing this work prior to the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA/GAL volunteer.

Please read through the Pre-Work handouts found in this document. Reading this information prior to the session will give you a foundation in several concepts covered in the chapter, including: resilience, how relationships in youth build resilience, how adverse childhood experiences affect resilience, permanence, concurrent planning, the educational challenges that children in child welfare system face, advocacy for children across age ranges, advocacy for children across age ranges, and advocacy for LGBTQ youth. You will also get familiar with working on a case of LGBTQ youth and writing the resources section of a court report.
Statistics on Youth Aging Out of Foster Care

According to Casey Family Programs, about 25,000 young people between the ages of 18 and 21 must leave foster care each year. These young people have experienced maltreatment and have lived with instability and are unprepared for the social and financial demands of emancipation.

Aging out of foster care without a permanent home is the highest risk outcome for a foster youth.

Ecological Model of Factors Affecting Resilience

Resilience research has increasingly embraced an ecological model, in which the child's functioning and behavior is viewed within the context of the child's relationships, including family, school, peers, neighborhood and the wider society. While genetic factors do play a role in resilience, ultimately much more important is the quality of interpersonal relationships and the availability of networks of support.

From www.embracethefuture.org.au/resiliency
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 the court and child welfare professionals to do 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.
Permanent Resolutions: Questions to Consider

There are only two truly permanent options: 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>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>
Permanent Resolutions, Cont'd.

<table>
<thead>
<tr>
<th>Return to Parents</th>
<th>Adoption</th>
</tr>
</thead>
<tbody>
<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 father(s) 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>
</tr>
<tr>
<td></td>
<td>• Is the child able to accept “parenting”?</td>
</tr>
</tbody>
</table>
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?
Placement with Relative or Kin, Cont'd.

- 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?
When faced with long-term foster care 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. 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?

Adapted from materials created by Jane Malpass, consultant, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice. Used with permission.
Questions Based on K-12 Experiences

Reflect on your own K-12 school experience by thinking about the following questions:

- What enabled you to succeed in school? If school was difficult for you, what would have been helpful?
- Did you ever have to move from one school to another? How did it feel or how might it feel to be the “new kid” in school, particularly in the middle of the school year?
- Did you have someone at home who helped you with homework, attended parent-teacher conferences or advocated for additional services if you needed them?

Write down your experiences.
Most children have parents who monitor their academic progress, attend parent-teacher conferences, enroll them in appropriate classes and generally ensure they receive a high-quality education. When these children do not receive appropriate educational opportunities, their parents speak up on their behalf. Foster youth frequently lack such educational advocates. As a consequence, they often fail to receive the educational opportunities they need to succeed in school and, as a result, fall behind their peers academically. As a CASA/GAL volunteer, you can help advocate for a child's educational needs.

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 the 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.
Cultural Considerations

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 or culturally biased. Many studies have found that children from minority racial or ethnic groups are overrepresented in the special education population and underrepresented in gifted and talented programs. Additionally, according to the National Education Association report Truth in Labeling, students of color experience “excessive incidence, duration, and types of disciplinary actions, including suspensions and expulsions.”

It is important to realistically assess the school difficulties of a child and determine how the educational system, as well as the child’s particular school setting, may be creating or sustaining those problems.
# Initial Case Notes for the Brown Case (Homework)

## CPS Case File

<table>
<thead>
<tr>
<th>Last Name of Case:</th>
<th>Brown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Number(s):</td>
<td>11-7-012345-5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child(ren)’s Name</th>
<th>DOB</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Sex</th>
<th>Current Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Brown</td>
<td>February 20</td>
<td>15 years</td>
<td>White</td>
<td>F</td>
<td>Kinship Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Candice Clark</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Caretaker(s)</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paternal Cousin (Kinship):</td>
<td>19004 Coltfield Court</td>
<td>555-1018</td>
</tr>
<tr>
<td>Candice Clark (not married)</td>
<td></td>
<td></td>
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</table>

## Attorneys for:

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Mother</td>
<td>Dawn Schute</td>
<td>555-6542</td>
</tr>
<tr>
<td>Father</td>
<td>Nancy Andrews</td>
<td>555-9870</td>
</tr>
<tr>
<td>CPS</td>
<td>Chris Johnson</td>
<td>555-5428</td>
</tr>
</tbody>
</table>
Case History

August 7 (last year): Urgent Care Center notified CPS of 14-year-old Jessica Brown, who had been treated for broken ribs. Jessica told CPS social worker (SW) that she had run away from home the night before after being beaten “for the last time” by her mother’s live-in boyfriend, Wayne Pender. According to police records, there is a history of violence between Mr. Pender and the youth’s mother, Helen Brown.

August 8 (last year): Child released from hospital and placed by CPS into emergency foster care.

August 19 (last year): Youth removed from foster home after a series of arguments with the foster family. Youth explained to SW that the arguments originated because she attempted to confide to her foster mother that she is lesbian. The foster mother said she didn’t feel comfortable with Jessica sharing a room with her 13-year-old daughter. Jessica has been placed in Abigail Barton Home for Girls.

November 8 (last year): Abigail Barton Home for Girls notified SW that Jessica Brown did not return to the group home after school.

December 21 (last year): SW received call from Jessica asking for assistance. Youth had been living on the street since running away from the group home. Youth stated she had been “harassed and bullied” by other girls in the group home. When SW asked youth to explain, the youth said other girls “hit me with batteries, sticks and their fists” and teased her with names such as “Jessie the Lessie” and “dyke.” SW located emergency foster care for Jessica.

December 29 (last year): Youth placed with paternal cousin, Candice Clark (age 30).
Case History, Cont’d.

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<th>CASA History:</th>
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<td>Date Terminated:</td>
<td>Four months ago</td>
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<td>June Miller</td>
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<table>
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<tr>
<th>Current CASA:</th>
<th>Date Assigned:</th>
<th>Today</th>
</tr>
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<tr>
<td>You and your team</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial CPS Social Worker:</th>
<th>Current CPS Social Worker:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Rodriguez</td>
<td>Danielle Mancuso</td>
</tr>
<tr>
<td>Angela Rodriguez</td>
<td></td>
</tr>
</tbody>
</table>

Court-Ordered Services

For the Child:
Psychological evaluation and counseling (if recommended)
Educational needs met as appropriate

For the Father:
N/A

For the Mother:
Domestic violence survivor’s classes
Parenting classes
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.

**BIP: Behavior Intervention Plan**

A Behavior Intervention Plan (BIP) takes the observations made in a Functional Behavioral Assessment and turns them into a concrete plan of action for managing a student’s behavior. This plan guides teachers and school staff in addressing behavior issues. It is especially important for children who have experienced trauma and/or removal from their parents, as standard school disciplinary procedures may not work or may further traumatize the child. A BIP may include ways to change the environment to keep behavior from starting in the first place, provide positive reinforcement to promote good behavior, employ planned ignoring to avoid reinforcing bad behavior, and provide supports needed so that the student will not be driven to act out due to frustration or fatigue. Once a behavior plan is agreed to, the school and staff are legally obligated to follow it.

**CPSE: Committee on Preschool Special Education**

A Committee on Preschool Special Education (CPSE) coordinates special education evaluations and services for children ages 3 to 5. Referrals to a CPSE often come from early-intervention programs if they determine that the child continues to need services after age 3. The goal is to provide services that will best ensure that the child enters kindergarten prepared to learn. Required participants are the same as those listed for the CSE (below).

**CSE: Committee on Special Education**

The Committee on Special Education (CSE) is a multidisciplinary team appointed by a school’s board of education. The CSE is responsible for students with disabilities from ages 5 to 21. The CSE is authorized to identify students in need of services by determining eligibility, develop an Individualized Education Plan (IEP), place students in the least restrictive environment in which they can succeed, and provide appropriate services to meet the child’s educational needs.
Beyond Alphabet Soup, Cont’d.

The team meets at least annually to review a child’s IEP and determine a program from that point forward. CSE meetings should include the parent or guardian of the student (including the foster parent), the district’s CSE chairperson, a school psychologist, a parent member (someone who is a parent of another student in the district—often a student with an IEP), the child’s general education teacher, the child’s special education teacher or service provider and the student (especially older youth). As a CASA/GAL volunteer, you should also be able to attend CSE meetings.

504 Plan
A 504 Plan is a plan developed to ensure that a student who has a disability identified under the law and needs accommodations that will ensure academic success and access to the learning environment, is provided with such accommodations. These plans are often used for students who need additional services that do not rise to the level of an Individualized Education Plan.

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.
Beyond Alphabet Soup, Cont’d.

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/GAL 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.
Beyond Alphabet Soup, Cont'd.

RTI: Response to Intervention

Based on a problem-solving model, Response to Intervention (RTI) is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions. Schools should have an RTI team or teams, which look at students who are struggling with learning and/or behavior, and develop tailored plans that head off the need for greater invention (such as an IEP). Often used as a first step before making a referral to a school’s CSE.
Preventing Sex Trafficking and Strengthening Families Act of 2014

The Preventing Sex Trafficking and Strengthening Families Act includes several provisions relevant to children removed from their parents’ care or at risk of removal. Focusing on providing support and services for youth at risk of sex trafficking, the law requires child welfare agencies to locate children missing from care, to ensure that children in care have the opportunity to participate in “normal” age-appropriate activities, and for states to provide family strengthening services.

Key Provisions of This Legislation

- State agencies must report to law enforcement, within 24 hours, information on children or youth identified as victims of sex trafficking.
- State child welfare agencies must develop and implement procedures to locate children and youth who have run away or are missing from foster care. Further, they must determine the factors that led to the child or youth running away and determine what happened to the child while absent from foster care.
- The law defines a standard for reasonable and prudent care (also referred to as normalcy) to mean the careful and sensible parental decisions necessary to maintain the health, safety, well-being and best interest of the child. It provides for foster parents or caregivers to make decisions about the child’s participation in extracurricular, enrichment, cultural and social activities including sports, field trips and overnight activities. It requires that states must provide training for caregivers related to this standard.
- The law requires states to develop policies related to foster parent liability and the reasonable and prudent care standard.
- The law eliminates APPLA (Another Planned Permanent Living Arrangement) as a permanency goal for children under 16. This has typically been used as a permanency goal for youth who will “age out” of the system.
- The law requires consultation of youth age 14 or older in the development and revision of his or her case plan. The youth may choose up to two members of the case planning team who are not the youth’s foster parent or caseworker. The youth may designate one of these two people as an...
Laws Related to Older Youth in Foster Care, Cont’d.

advisor who may advocate for the youth regarding the application of the reasonable and prudent parent standard. These roles could be filled by the youth’s CASA/GAL volunteer if they so choose.

• The case plan must include a document describing the rights of the youth and signed acknowledgment that the youth has received a copy of the plan.

• Youth leaving foster care at age 18 or older must be provided with an official copy of their birth certificate, their social security card, health insurance information (including a health insurance card), their medical records and a driver’s license or identification card issued by the state in which they reside.

• The law allows subsidy payments approved as part of a kinship guardianship agreement to go to a successor guardian upon the death or incapacity of the original guardianship. Adoption subsidy payments are already subject to this rule.

• States must collect data on adoption or kinship guardianship disruption and the return of child or youth to foster care.

• All parents of siblings of a child or youth brought into care must be identified and notified within 30 days after removal of the child from the custody of their parent(s). This includes individuals who would have been considered siblings if not for the termination or other disruption of their parents’ rights. The only exception is in cases where a sibling’s parent does not have legal custody of the sibling. The idea is to ensure that all potential resources within the extended family are explored, including the parents of half-siblings, and that children do not lose contact with siblings or half-siblings while in foster care.

Key Impact of This Legislation on CASA/GAL Advocacy

Advocacy concerns center primarily on the second part of this act. Specifically, there is added strength in advocating for experiences that create a sense of normalcy for children in care and that promote their well-being. Youth under age 16 should no longer have Alternative Planned Permanent Living Arrangement (APPLA) as their permanency goal. Youth age 14 and up must be a participant in their case planning and they must sign the case plan.
Laws Related to Older Youth in Foster Care, Cont'd.

Furthermore, there is an opportunity for CASA/GAL volunteers to participate in case planning for these youth if the youth so wishes.

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 older youth. The legislation is a series of building blocks, based on evidence-based practices that have demonstrated positive outcomes. The focus is on connections to family, to siblings and to other adults to foster successful transitions to adulthood.

Key Provisions of This Legislation

- State agencies are required to provide notice to relatives within 30 days of the child’s removal from the home and to explain the options for the relative’s participation in the child’s care, from acting as a placement to engaging in the child’s case in other ways. 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 siblings. Interviews of youth have consistently revealed that the greatest loss they experienced when removed from home is the loss of their connection with their siblings. Too often, they are never able to reconnect 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 must ensure 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, personalized plan should be 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 include provisions to 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.

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, including 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.

* Title IV-E eligibility hinges on the family’s income at the time the child was removed from the home. Generally, if the family is or would be eligible for Aid to Families with Dependent Children (AFDC), the child is then Title IV-E eligible. As the summary points out, this generally should not matter in terms of CASA/GAL advocacy, as federal guidelines anticipate that states will have uniform guidelines for all children removed from their parents’ care, regardless of Title IV-E eligibility.
Laws Related to Older Youth in Foster Care, Cont'd.

Key Impact of This Legislation on CASA/GAL Advocacy
Search and notification of relatives does not end after 30 days; birth relatives need to understand that there are multiple ways they can be involved beyond acting as a placement option (examples include attending school events, providing transportation and celebrating 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.

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. FERPA allows schools to disclose those records, without consent, to comply with a judicial order. This may be applicable to CASA/GAL volunteers pursuant to state law.

Indian Education Act
This act provides funding to local educational agencies to support special education programs for Native Americans. It requires 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.
Laws Related to Older Youth in Foster Care, Cont'd.

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. This can be applied to children in foster care.

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.

School-to-Work Opportunities Act
This law provides funds to states for planning grants and for state subgrants 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.
The following are terms and expressions that you may find useful when working with youth or family members who identify as LGBTQ:

**Bisexual**: A person who is emotionally, romantically and sexually attracted to both men and women.

**Coming Out**: The process of disclosing one’s sexual orientation or gender identity to others. Because most people in our society are presumed to be heterosexual, coming out is not a discreet life event but often a longer process. Coming out may also be experienced by heterosexual family members or allies of LGBTQ people, who may decide to disclose to others that they have friends or relatives who are LGBTQ.

**Femme**: A term used by some gay men or lesbians to identify their more typically feminine qualities. May also be used to help define one’s chosen role within a relationship.

**Gay**: A person whose emotional, romantic and sexual attractions are primarily for individuals of the same sex. This term typically refers to men, but in some contexts it is used as a general term for gay men and lesbians.

**Gender Expression**: An individual’s characteristics and behaviors (such as appearance, dress, mannerisms, speech patterns and social interactions) that are perceived as falling somewhere along a continuum of feminine and masculine.

**Gender Identity**: A person’s innate, deeply felt psychological identification as a man or woman, which may or may not correspond to the gender assigned to them at birth. Also, some individuals identify as neither male nor female as our society generally understands these terms, and instead identify as a third or other gender.

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

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

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

**Homosexual:** A term used to refer to a person based on his or her same-sex sexual orientation, identity or behavior. Many LGBTQ people prefer not to use this term—especially as a noun—because of its historically negative use by the medical establishment.

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

**Intersex:** An individual born with reproductive or sexual anatomy that does not conform exclusively to male or female norms in terms of physiological sex.

**Lesbian:** A woman whose emotional, romantic and sexual attractions are primarily for other women.

**LGBTQ:** An acronym for lesbian, gay, bisexual, transgender and questioning or queer.

**MTF/FTM:** These abbreviations, for male-to-female and female-to-male, refer to an individual’s gender transition from the gender assigned at birth to the self-identified present gender. For example, an individual previously identified as a man who is transitioning to an identity as a woman is MTF.

**Queer:** Queer is an umbrella term for sexual and gender minorities. Originally meaning "strange" or "peculiar," queer was a pejorative word for those who were attracted to members of the same sex from the second half of the 19th century until the late 1980s when activists reclaimed the word as the umbrella term it has become.

**Transgender:** An umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate).
CHAPTER 7
Handouts

CONTENTS
» Educational Advocacy Quick Assessment Form (for Activity 7D) ................................................................. 1
» Brown Case Study Materials (for Activity 7H) ................. 4
# Educational Advocacy Quick Assessment Form (for Activity 7D)

**Blank form**

1. Student’s name
2. School name
3. Grade
4. Special needs/IEP requirements
5. Evidence of behavioral problems/excessive absence
6. Grade Point Average
7. Seeing school social worker or any other support personnel?
8. Extracurricular activities
9. Need for tutoring?
10. On track to graduate?
11. Received resources for post-HS education or vocational program?
12. Other pertinent information
### Educational Advocacy Quick Assessment Form (for Activity 7D)

#### Sample completed for Marky Greene

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Student’s name</td>
</tr>
<tr>
<td>2.</td>
<td>School name</td>
</tr>
<tr>
<td>3.</td>
<td>Grade</td>
</tr>
<tr>
<td>4.</td>
<td>Special needs/IEP requirements</td>
</tr>
<tr>
<td>5.</td>
<td>Evidence of behavioral problems/excessive absence</td>
</tr>
<tr>
<td>6.</td>
<td>Grade Point Average</td>
</tr>
<tr>
<td>7.</td>
<td>Seeing school social worker or any other support personnel?</td>
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<tr>
<td>8.</td>
<td>Extracurricular activities</td>
</tr>
<tr>
<td>9.</td>
<td>Need for tutoring?</td>
</tr>
<tr>
<td>10.</td>
<td>On track to graduate?</td>
</tr>
<tr>
<td>11.</td>
<td>Received resources for post-HS education or vocational program?</td>
</tr>
<tr>
<td>12.</td>
<td>Other pertinent information</td>
</tr>
<tr>
<td>Sample completed for Maria Amarillo</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td>1. Student’s name</td>
<td>Maria Amarillo</td>
</tr>
<tr>
<td>2. School name</td>
<td>Howard High School</td>
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<tr>
<td>3. Grade</td>
<td>10th grade</td>
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<td>4. Special needs/IEP requirements</td>
<td>Diabetic (controlled)</td>
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<tr>
<td>5. Evidence of behavioral problems/excessive absence</td>
<td>None. Comes to school “kind of down,” per counselor’s report.</td>
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<tr>
<td>6. Grade Point Average</td>
<td>2.8</td>
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<tr>
<td>7. Seeing school social worker or any other support personnel?</td>
<td>Yes, dealing with anxiety over possible placement changes, differences with her foster family, grief and loss of connection to bio parents (through TPR).</td>
</tr>
<tr>
<td>8. Extracurricular activities</td>
<td>Church</td>
</tr>
<tr>
<td>9. Need for tutoring?</td>
<td>No</td>
</tr>
<tr>
<td>10. On track to graduate?</td>
<td>Yes, grades significantly improved since junior high.</td>
</tr>
<tr>
<td>11. Received resources for post-HS education or vocational program?</td>
<td>No, but has expressed interest in possible military service. Post-HS situation is complicated by Maria’s undocumented status. SIJS being explored.</td>
</tr>
<tr>
<td>12. Other pertinent information</td>
<td>School counselor, Ms. Mansfield, is scheduled to follow Maria’s class through graduation and Maria feels positive about the relationship. Given the uncertainties in Maria’s life, priority should be given to maintaining that arrangement for the duration of Maria’s HS years if at all possible.</td>
</tr>
</tbody>
</table>
### Brown Case Study Materials (for Activity 7H)

#### CPS Case File

<table>
<thead>
<tr>
<th>Last Name of Case:</th>
<th>Brown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Number(s):</td>
<td>11-7-012345-5</td>
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</table>

<table>
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<tr>
<th>Child(ren)'s Name</th>
<th>DOB</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Sex</th>
<th>Current Location</th>
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<tbody>
<tr>
<td>Jessica Brown</td>
<td>February 20</td>
<td>15 years</td>
<td>White</td>
<td>F</td>
<td>Kinship Care</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Candice Clark</td>
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</table>

<table>
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<tr>
<th>Current Caretaker(s)</th>
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<th>Phone</th>
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<tr>
<td>Paternal Cousin (Kinship):</td>
<td>19004 Coltfield Court</td>
<td>555-1018</td>
</tr>
<tr>
<td>Candice Clark (not married)</td>
<td></td>
<td></td>
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#### Attorneys for:

<table>
<thead>
<tr>
<th>Attorneys for:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Dawn Schute</td>
<td>555-6542</td>
</tr>
<tr>
<td>Father</td>
<td>Nancy Andrews</td>
<td>555-9870</td>
</tr>
<tr>
<td>CPS</td>
<td>Chris Johnson</td>
<td>555-5428</td>
</tr>
</tbody>
</table>
Case History

August 7 (last year): Urgent Care Center notified CPS of 14-year-old Jessica Brown, who had been treated for broken ribs. Jessica told CPS social worker (SW) that she had run away from home the night before after being beaten “for the last time” by her mother’s live-in boyfriend, Wayne Pender. According to police records, there is a history of violence between Mr. Pender and the youth’s mother, Helen Brown.

August 8 (last year): Child released from hospital and placed by CPS into emergency foster care.

August 19 (last year): Youth removed from foster home after a series of arguments with the foster family. Youth explained to SW that the arguments originated because she attempted to confide to her foster mother that she is lesbian. The foster mother said she didn’t feel comfortable with Jessica sharing a room with her 13-year-old daughter. Jessica has been placed in Abigail Barton Home for Girls.

November 8 (last year): Abigail Barton Home for Girls notified SW that Jessica Brown did not return to the group home after school.

December 21 (last year): SW received call from Jessica asking for assistance. Youth had been living on the street since running away from the group home. Youth stated she had been “harassed and bullied” by other girls in the group home. When SW asked youth to explain, the youth said other girls “hit me with batteries, sticks and their fists” and teased her with names such as “Jessie the Lessie” and “dyke.” SW located emergency foster care for Jessica.

December 29 (last year): Youth placed with paternal cousin, Candice Clark (age 30).

<table>
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<tr>
<th>CASA History:</th>
<th>Date Assigned:</th>
<th>8/14 (last year)</th>
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<tr>
<td>Case Initially Assigned to:</td>
<td>June Miller</td>
<td>Date Terminated:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Four months ago</td>
</tr>
<tr>
<td>Current CASA:</td>
<td>You and your team</td>
<td>Date Assigned:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Today</td>
</tr>
<tr>
<td>Initial CPS Social Worker:</td>
<td>Angela Rodriguez</td>
<td>Danielle Mancuso</td>
</tr>
<tr>
<td>Current CPS Social Worker:</td>
<td>Angela Rodriguez</td>
<td></td>
</tr>
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</table>
Court-Ordered Services

For the Child:
Psychological evaluation and counseling (if recommended)
Educational needs met as appropriate

For the Father:
N/A

For the Mother:
Domestic violence survivor’s classes
Parenting classes

Who do you want to interview first?
The Questioner’s List

Questions to consider periodically:

• Where else could we get information that would be useful?
• What are the barriers to reunification?
• Have we checked all relatives?

Questions to consider before finalizing court recommendations:

• Are our court recommendations child focused?
• Have we covered every need of the child(ren) in this case?
• Did we appropriately consider the minimum sufficient level of care (MSL) standard in forming our recommendations for this case?
• Do our recommendations ask for what is appropriate, whether or not it is readily available?
• Is our work clear, diplomatic and non-judgmental?
Jessica Brown and School Guidance Counselor: Kenya Scott

Setting: High school guidance office

Kenya: We have a couple of openly lesbian and gay students in this school. Ten years ago I hadn’t even heard of high schoolers being so open about their sexual orientation. I talked with the LGBTQ Center at the U. There’s an amazing amount of information on the web, and Lambda Legal has some great materials they give away for free.

I’m worried about Jessica graduating. I just hope I can keep her in school. That’s a big challenge for these kids; many drop out. Of my three lesbian and gay kids, none of them are seniors. I can think back and remember some kids who probably were gay, but I wasn’t aware of it at the time. Once they drop out—or get kicked out of home—they can end up living on the street, maybe even doing sex work to survive. Even if they escape that fate, the economy and world we live in isn’t kind to those without a high school diploma.

Jessica is waiting outside. This was her study-hall period and she wanted to be included. Jessica, would you please come in?

Kenya: Jessica, I want to talk about your mood issues. I think it’s important for your CASA/GAL volunteer to know that you’ve been struggling with depression and possibly PTSD.

Jessica: I have been seeing Dr. Felix.

Kenya: How do you like him?

Jessica: I like Dr. Felix. He understands me. He didn’t say anything about PTSD though. That’s your thing.

Kenya: What else do you want your CASA/GAL volunteer to know?

Jessica: I want Candice to adopt me. I just don’t think I can survive living with my mom. It’s really bad. We always fight. I can never be the daughter she wants. I don’t think she really loves me; she’s just too embarrassed to give me up. That wouldn’t look good.

• What difference does this interview make to the case?
• What are your follow-up questions?
Setting: Phone call with CPS worker, who is talking with you while in between court hearings that she is attending today

I have been with the agency for five years and have been Jessica’s caseworker from the beginning. For a long time, I thought Helen would never kick Wayne out. But now he’s been gone for two months and Helen is standing firm on that decision. Helen has joined a group for co-dependents and she’s learning how to live on her own.

From where I sit, Wayne being gone changes everything about the case. CPS no longer has justification to terminate this mother’s rights if she is willing to provide a safe place for her daughter. Now that Wayne is out for good, Helen can do that. Therefore, we can’t terminate and we can’t have Candice adopt her. I am changing my permanency planning recommendation from TPR and adoption to reunification.

I support this reunification. Helen wants her daughter back. They have started having visits in her home. I know it will take Jessica some time to feel safe there, but Wayne is gone for good so really she is safe. I know that Jessica and her mother still have fights. I think it’s normal for teenagers and parents to disagree and sometimes get loud about it.

This child brings a lot of negative attention to herself. This lesbian thing honestly seems more like a phase to me. I don’t have a problem with gay people; I have gay and lesbian friends. This feels more like a teenage, experimental phase. You’d be surprised how many teens experiment with their sexuality like this.

I think Jessica will benefit from the therapy that’s finally started. Dr. Felix knows what the issues are and that we need to reunify this family. They have only met a few times so I haven’t checked in yet but I bet it’s going well. Dr. Felix is really good.

Candice has done a good job, but she’s very young to be parenting a 15-year-old. They’re still in the honeymoon phase. Wait and see what will happen when Jessica starts to really rebel. Plus, she encourages behavior that’s only going to make things harder for her in the end. Candice should be discouraging this type of behavior.
CPS Caseworker: Angela Rodriguez, Cont’d.

- Have the issues that brought the child into care been addressed by the CPS agency?
- What factors do you think the CPS agency is weighing in deciding a permanency plan for Jessica?
Former CASA/GAL Volunteer: June Miller

Setting: Cell phone conversation

It’s great to see a volunteer back on this case. There was a four-month gap and it didn’t seem like anyone was in Jessica’s corner. I’m the one who found Candice for Jessica. I knew we should find some family for her because the foster family wasn’t working out and I knew a group home wasn’t going to be good either. They don’t know what to do with different kids. Has she come out to you yet? If not, don’t press her on the issue. Wait until she’s ready to let you in.

I kept pressing the social worker, Angela. We both talked to Helen’s sister, May, and she couldn’t take Jessica. May also said Wayne was horrible and Helen should kick him out. Well, she wasn’t going to do that. I mean, hello, it’s your daughter, how about stepping up!

Anyway, May lives halfway across the country, and Angela said Jessica shouldn’t have to move during high school. Well, in any case, May couldn’t take Jessica; she’s got medical issues and family issues of her own. Then I started doing a family genogram with her on the phone. That’s how I got her to talk about Jessica’s dad’s side of the family. He’s dead, you know, but he had a married sister and I got her name, Marylou Clark. So I did a civil records search and then I checked a few phone books on the Internet. She lives a couple towns over and her number is listed under her husband’s name.

When I called Mrs. Clark, she was very friendly. She mentioned her daughter Candice, who lives right here in town! Candice turned out to be perfect for Jessica. I’m so glad I found her before I had to move away. Thank goodness Jessica felt safe enough to go there. She was so scared—out on the street all that time—and felt betrayed by everybody.

Her mother rejected her; it was terrible. Jessica begged Helen to leave Wayne, but she just wouldn’t. She chose Wayne over Jessica, her own child!

Poor Jessica! The foster family rejected her. The group home was scary for Jessica because they made her room with a bully. She was terrified to sleep at night. Even some of the counselors gave her a hard time.
Former CASA/GAL Volunteer: June Miller, Cont’d.

- Will you want to maintain contact with June and possibly interview her again?
- Why or why not?
- What are your follow-up questions?
I’m a cousin on Jessica’s father’s side. I remember seeing Jessica at our annual family reunion picnics. She was always a cute kid, real sweet, you know, and a little shy. When her dad died several years ago, the families lost touch. Mom used to call Helen, but it seemed like hearing from our side of the family always made her cry so bad that finally mom just stopped calling. Honestly, I kind of forgot about them. I was off at college.

One day about seven months ago I was on the phone with my mother, and she told me that a lady named June phoned her asking about Helen. June was the last CASA/GAL volunteer. Mom told me Helen had been living with a real bad guy—well, he was living with her actually—and Jessica ran away. And that now she was in foster care somewhere. I was just shocked!

Next thing I knew, June was calling me and she said that Jessica’s group home wasn’t working out for her. June asked me if I knew of a relative who could take her in and I just said, “Me! Let her live with me. I want her.” I think I was as surprised as anybody was, but I’m glad I said it because I love having her here with me. She’s a really cool kid.

Then Jessica ran from the group home and was gone for six weeks before she finally called June and June convinced her to come over here. I was already in touch with Angela. I’m glad she let Jessica stay here even though I had just started the classes to be a licensed foster parent. I have no criminal record of course. And I think Helen said it was okay, though I don’t think she would say that today. Now Helen wants her back.

I never got married and I never really wanted to have kids either, but I really love having this big, older kid to take care of. I feel like I’m raising Jessica, not just supporting her financially, not just keeping her. I feel like Jessica is mine now and I want to raise her. My life has a deeper purpose because she’s with me. Angela and I have talked about this. She knows my commitment and she said we would work toward an adoption. We’ve been talking about adoption here at home too, and Jessica wants to do it. But lately Angela hasn’t said anything about it, which makes me nervous. Now they are making Jessica go see her mom so I don’t know what’s up. Do you?
Foster Mother/Cousin: Candice Clark (First Contact), Cont’d.

This whole sexual orientation thing is pretty special. Not everybody can understand Jessica like I can. I really don’t have a problem with it. I’m going to help her do whatever she needs to, to feel comfortable with her life. Why does anyone care that she is a lesbian? I know that sounds naïve, but really, why do they care?

• What are the mother’s thoughts and wishes in reference to this relative?
• How will you respond when Candice asks if you know what’s going on with the caseworker not talking to her about adoption and making Jessica visit Helen?
Jessica Brown and Foster Mother Candice Clark
(Second Contact)

Setting: Cell phone conversation—first with Candice, then with Jessica

*Candice:* Yeah, Jessica does think I’m really cool. At times, she may think we’re more friends than anything else. We do keep it pretty friendly, but I’m not her “friend” when she breaks the rules. I set a curfew for her. But the first week she was here she climbed out the window and stayed out until midnight. That got her grounded for a week. We had a talk about what can happen when you stay out late and no one knows where you are. Jessica hasn’t broken curfew again. She’s knows I’m the boss and I have to protect her. So, no…I’m not her friend and I’m not a pushover. I’m her parent; that’s my role in her life.

Sometimes she even calls me “Mom.” She wants her mother to love and accept her as she is. Helen won’t do that, or maybe she can’t, and I know that’s so painful for Jessica, that rejection. But I do love her just as she is. I don’t need her to be different—I accept her. I kind of adore her if you want to know the truth. Not that she doesn’t drive me crazy sometimes, but I worry about her too. I know she has some work to do to sort all this out, and who can blame her. I’m so glad she’s seeing Dr. Felix.

Here, talk to Jessica, she’s right here.

*Jessica:* Mom was nothing like Candice. With Candice I always know where the lines are. I may sometimes choose to cross those lines (giggles), but I already know what will happen if I do. Mom was kind of crazy to live with. She would ignore me for weeks, whatever I was doing. Then—boom!—she’d fly off the handle.

Is my mom supportive? Are you kidding? Are you hearing me? Hello! I mean, she fed me and all, but she doesn’t support me emotionally.

What do I want? I want to feel safe. It has been years since I felt safe at home and I love feeling like that now. I didn’t know what I was missing.

* • What are your follow-up questions?*
Setting: Home of Helen Brown

Thanks for coming over. I really appreciated Ms. Miller’s input and I’m glad there’s another CASA/GAL volunteer working on this now. I was sad to see Ms. Miller go. I’m about to run out to Group, but I wanted to be sure we had time to meet and talk.

Honestly, I really don’t know what I would do without my co-dependency group. We meet for an hour three times a week, and we call each other in-between for support. I joined the group two months before I finally got the courage up to tell Wayne he had to get out. Group has been pretty empowering.

Wayne was a good provider; he made really good money and was generous with it at first. He fixed a lot of things when he moved in and looked after the house like my husband used to. Wayne was a good dad to Jessica for the first few years. Things would have been fine if Jessica hadn’t decided to be all strange and weird. She can be so stubborn! She was a really good little girl until she turned 11. Then she just started changing. Now I don’t know what she thinks she’s doing with all this lesbian nonsense.

Wayne started to get rough with me after we were together about a year. It wasn’t that bad the first couple years. I tried to kick him out a couple times before, but he always convinced me to take him back. But recently, his Internet porn habit got way out of hand. He started to spend a lot of time in the basement looking at sick, disgusting stuff! I was afraid of what he might do to me next so I filed on him. He’s gone for good now.

He and Jessica had that fight when Jessica ran away, and I guess he broke her ribs. Even with Jessica in foster care, I let Wayne stay here for another year before I finally got rid of him. I don’t know what I was thinking! Angela said I can get Jessica back now that I kicked Wayne out. I think Jessica should be with me, her mother. She’s my daughter for crying out loud! I know she’s confused, but she’s in therapy now so I’m hopeful.

I’m telling you this lesbian stuff is getting on my last nerve! I will be so glad when she gets through this phase of her life. I guess it’s an identity crisis—that’s what the shrink will call it and I guess that’s “normal” for teens, but I’m so tired of it!
**Mother: Helen Brown, Cont’d.**

- What are your thoughts about Helen’s attitude toward her daughter?
- What strengths have you uncovered in this family that you can work with if the primary plan is reunification?
- What difference does this interview make to the case?
Mother’s Former Boyfriend: Wayne Pender

Setting: Workshop of Wayne Pender

Helen and I will be back together again soon. We’ve been through this before. She joins a group—last time it was her knitting circle, “Stitch and Bitch.” Before that, it was a scrapbooking group. She gets big-headed with her new friends and then I’m not good enough for her. But you know what, she’ll get over it. She always does. We always do.

I’m a hard-working man and a good provider. Helen knows that. We already miss each other. But she said she needed some time to get her daughter back. Honestly, she said we needed a “break,” but we weren’t “breaking up.” That kid of hers needs a firm hand too, which I can provide. You wouldn’t believe some of the stuff she pulls for attention. And the running away. Jeez. But yeah, Helen and I still talk.

Sure she took out papers on me, so what? She just did it to piss me off—she lets her emotions get the better of her sometimes. This isn’t the first time either. What’s it say? Pornography? Porno is the number one reason guys use the Internet. And if I do it, it’s a problem? I don’t think so. I guess 99% of all the men in this country better move out too, ’cause they all look at porno. Seriously, ask around. And if the guys you know deny it, they’re lying.

I think we’ll get back together once she gets things straightened out with CPS and her daughter. I put up with her crap too—excuse my French. Okay, so we get in a tussle now and then, no big deal. We tend to forgive and forget. Like I always tell Helen, we need to make sure we’re looking forward, not backward.

Excuse me, I need to get back to work.

• After speaking with Mr. Pender, do you think Helen will make up with him or maintain the separation? How will you know if she does or doesn’t?

• What difference does this interview make to the case?
Brown Case Debrief Questions

• Who is in Jessica’s circle of support?
• How is the lack of support from Helen affecting Jessica’s academics and her mental, psychological and social well-being?
• If reunification is accepted by the court, what is the likelihood that Helen will play a more supportive and nurturing role in Jessica’s life?
• What impact did the previous CASA/GAL volunteer have on this case (accomplishments, insight, resources)?
• What are some of the actions you might have to take as a result of this impact?
• What resources would you use to expand your knowledge of the needs of LGBTQ youth and inspire others to educate themselves?
• What are some benefits of including Jessica in the service-planning process?
COURT APPOINTED SPECIAL ADVOCATE
REPORT TO JUDGE (Insert Judge’s last name here)
Hearing Date: (Insert date of hearing here)

**CASE NAME:** (Last name of child, children and parents)  **DOCKET NUMBER:** (Found on court order)

**DATE CASA ASSIGNED:** (Date CASA was originally assigned)  **REPORT WRITTEN:** (Date report was written)

**CHILD(REN) INFORMATION:**

<table>
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<th>Child’s Name</th>
<th>Date of Birth &amp; Age</th>
<th>Date of Placement</th>
<th># of Prior Placements</th>
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<tbody>
<tr>
<td>Child’s Full Name</td>
<td>(i.e. 01/01/06; 11 years old)</td>
<td>Date child initially came into foster care</td>
<td>Number of placements in foster care prior to the current placement</td>
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**SOURCES:**

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<thead>
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<th>Name</th>
<th>Relationship to Child</th>
<th>Date of Contact</th>
<th>Type of Contact</th>
</tr>
</thead>
<tbody>
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<tr>
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<tr>
<td></td>
<td>DCP&amp;P Caseworker</td>
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<td></td>
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<tr>
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<td>CMO</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Therapist</td>
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</tr>
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</table>

**HEARING TYPE:**

**REASONS FOR PLACEMENT:**

**PLACEMENT HISTORY:**

**INFORMATION GATHERING:**

**Social/Emotional:**

**Educational:**
CONCLUSIONS/RECOMMENDATIONS:

In conclusion, CASA respectfully recommends:

•

Respectfully submitted,

Insert your name
CASA Volunteer

Insert Case Supervisor name
CASA Case Supervisor
**NOTE**: Italics are included as descriptors and all italic text should be removed prior to writing a report. You will be provided with a blank Court Report Form prior to writing your first report.

---

**COURT APPOINTED SPECIAL ADVOCATE**

**REPORT TO JUDGE (Insert Judge’s last name here)**

Hearing Date: (Insert date of hearing here)

---

**CASE NAME**: (Last name of child/children/parents)  
**DOCKET NUMBER**: (Found on court order)

**DATE CASA ASSIGNED**: (Date CASA was originally assigned)  
**REPORT WRITTEN**: (Date report was written)

---

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</tr>
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<td>2nd Child’s Full Name</td>
<td>Self</td>
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<td>Resource Parent’s Initials (e.g. Ms. TM)</td>
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<td>DCP&amp;P Caseworker Name (e.g. Ms. Doe)</td>
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<tr>
<td>CMO’s Name</td>
<td>CMO</td>
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<td></td>
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<tr>
<td>Teacher’s Name</td>
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</tr>
<tr>
<td>Therapist’s Name</td>
<td>Therapist</td>
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**HEARING TYPE**: Compliance Review, Case Management Review, Summary Hearing OR Permanency Hearing. (This information can be found at the end of the court order from the previous hearing, along with the date of the upcoming hearing.)

---

**REASONS FOR PLACEMENT**: In your narrative, briefly describe the reason the child was placed in foster care (this information can be found in the verified complaint or the Case Summary provided by your CASA Supervisor).

---

**PLACEMENT HISTORY**: In your narrative, provide an overview of the child’s placement history – after entering into foster care – and where the child is currently living. Try to be brief, but concise. Update this after each new placement by adding the new placement.

---

**INVESTIGATION**: The purpose of this “INVESTIGATION” section is to write a narrative, describing the information you have gathered about the child and the case since the last court hearing. Only include information from a previous report if it is pertinent to something that has occurred since the last hearing.
**Social/Emotional:**

(WHO TO OBTAIN THIS INFORMATION FROM: Child, Foster Parents, Teachers, Siblings, Parents, DCP&P, Clinician, CMO, etc.)

In your narrative, address the child’s social/emotional wellbeing.

Discuss how the child is progressing in the resource home; what the foster parent say about the child’s behavior in the home, school, and community. Include who you spoke with to obtain the information and when you spoke with that individual. Include whether the child interacts appropriately with peers or other members of the resource home. Also discuss what sort of activities the child is interested in. Include any other relevant information you believe the judge should know about the child’s social development.

If known, address how often visits with siblings and parents occur and how the child feels about the visits.

If the child has expressed to you an opinion about the permanency goal, current placement or any particular wants or desires, you may include it here.

**Educational:**

(WHO TO OBTAIN THIS INFORMATION FROM: Child, Teachers, Child Study Team Members, School Psychologist, School Social Worker, DCP&P, etc.)

In your narrative, give a brief history of the child’s school experience. Include in the first paragraph the name of the child’s current school, the child’s age and whether the child is receiving educational services, including a 504 or an IEP.

Discuss how the child is doing in school. Speak with teachers, obtain progress reports and report cards to determine the child’s current level of education (i.e. do you have a child in 10th grade functioning on a 3rd grade level?). Report with whom you spoke and on what date. Explain the child’s educational need for services and whether services are being provided (this includes school services as well as tutoring).

If necessary, discuss how long has the child been enrolled in the current school and previous school placement.

**Medical/Therapy:**

(WHO TO OBTAIN THIS INFORMATION FROM: Child, Foster Parents, Parents, DCP&P, DCP&P Nurse, Pediatrician, Therapist, Clinician, CMO, etc.)

In your narrative, indicate whatever you may know about the child’s physical health including dental health.

Discuss whether the child has received a CHEC/CME/annual physical. Discuss the recommendations of that exam and whether follow-up appointments have been made and need to be made.

As needed, find out when the last dental exam was and discuss whether any follow-up appointments have been made and need to be made.

If the child is receiving therapy, provide the type (e.g. individual, family, group), and name and agency of the therapist and how often therapy occurs and for how long (e.g. Therapy occurs on Tuesdays in the resource home)

**NOTE** Italic terms are included as descriptors and all italic text should be removed prior to writing a report. You will be provided with a blank Court Report Form prior to writing your first report.
Address whether the child is consistently receiving therapy sessions and any known reasons for missed sessions. Discuss what issues are being addressed in therapy and how the child is progressing.

Provide a list of medications which the child is taking and, if possible, a general idea of why the medications are prescribed. Also note who/what agency is monitoring the medications.

Discuss the findings of any physical/medical evaluations the child has had including, but not limited to, psychological, psychiatric, neurological, neurodevelopmental evaluations, etc. List recommendations and whether follow-up appointments have been made and need to be made.

**CONCLUSIONS/RECOMMENDATIONS:**

In your narrative, briefly summarize in 4-5 sentences and evaluate/analyze the information you obtained in your investigation and that you discussed above. Focus on the child’s wellbeing and the progress of the case plan toward permanency based on the facts of your investigation.

Finally, include the following:

In conclusion, CASA respectfully recommends:

- Include bulleted fact-based recommendations to the Judge based on the information above.
- All recommendations should be supported/explained based on the information in the INVESTIGATION section.

Respectfully submitted,

Insert your name
CASA Volunteer

Insert Case Supervisor name
CASA Case Supervisor
CHAPTER 8:
Wrapping Up

Contents
» Facilitator Prep ........................................................ 1
  • Facilitation Tips .................................................... 1
  • Supplies Checklist and Advanced Prep ...................... 2
» Welcome, Housekeeping and Ground Rules ............... 6
» Pre-Work Recap ....................................................... 8
» Chapter Overview and Competencies ....................... 9
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» Training Review ......................................................... 12
» Expectations Review ................................................ 14
» Looking Ahead .......................................................... 16
» Chapter Wrap-up and Review ................................. 24
Facilitator Prep

Facilitation Tips

• This chapter takes approximately 3 hours and 15 minutes.
• This chapter wraps up the pre-service training program. As participants prepare to launch into their real-world role as CASA/GAL volunteers, they review what they have learned in training, evaluate their strengths and challenges, and identify their support systems.
• Emphasize the supervisory role of the CASA/GAL program staff. Volunteers now have the essential information and skills to do CASA/GAL volunteer work, but they can—and should—rely on staff for assistance, consultation, and support.
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>General (found with your local program)</td>
<td></td>
<td><strong>Gather Supplies as needed</strong></td>
</tr>
<tr>
<td>• Name tags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Flipchart and markers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Masking tape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Three-hole punch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sticky notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flipchart Pages (facilitator must create)</td>
<td><strong>8B</strong></td>
<td><strong>Post a flipchart page at the front of the room</strong></td>
</tr>
<tr>
<td>• Parking Lot</td>
<td><strong>8C</strong></td>
<td><strong>with the heading “Parking Lot.” Note (or “park”)</strong></td>
</tr>
<tr>
<td>• CASA/GAL Volunteer Role, Child Welfare Systems and Laws, Cultural Competence, Working with Children, Working with Families, Communication Skills, and Working a Case</td>
<td></td>
<td><strong>and make a plan to address them after the class.</strong></td>
</tr>
<tr>
<td>• Expectations (from Chapter 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A/V Equipment (found with your local program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Computer, LCD projector, and screen</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity 8B**: Create flipcharts with the following headings and hang them around the training room: CASA/GAL Volunteer Role, Child Welfare System and Laws, Cultural Competence, Working with Children, Working with Families, Communication Skills, and Working a Case.

**Activity 8C**: Bring the Expectations flipchart you developed during Chapter 1.
## Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronic Presentations and Videos</strong></td>
<td></td>
<td><strong>At least one week before the Chapter 8 training session, prepare the Chapter 8 Pre-Work packet and provide to participants.</strong></td>
</tr>
<tr>
<td>(found in the Online Resources)</td>
<td></td>
<td><strong>Ask the participants to read the Initial Case Notes for the Redd Case, found in the Chapter 8 Pre-Work Handouts.</strong></td>
</tr>
<tr>
<td>• Chapter 8 PowerPoint presentation</td>
<td>8A</td>
<td><strong>Activity 8A:</strong> As the final case study, the Redd Case offers a chance for participants to use the information, skills and knowledge they have learned during the pre-service training. Ask the participants to come prepared by reading the Redd Case Study packet with all the interviews.**</td>
</tr>
<tr>
<td><strong>Chapter 8 Pre-Work Handouts</strong></td>
<td>8A</td>
<td><strong>Activity 8A:</strong> Create a Program’s Court Report Template and add to Local/Program Pre-Work Handouts. Ask the participants to write a court report using the provided program’s court report template. This is an opportunity for them to apply what they have learned from the training and to demonstrate their readiness to work on a case independently. Tell them that they will have one week to complete the activity.**</td>
</tr>
<tr>
<td>(found in the Online Resources)</td>
<td>8A</td>
<td></td>
</tr>
<tr>
<td>• Initial case notes for Redd case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Redd Case Study Packet with all interviews</td>
<td>8A</td>
<td></td>
</tr>
<tr>
<td>• Program Court Report Template (facilitator must create)</td>
<td>8A</td>
<td></td>
</tr>
<tr>
<td>• Writing a Court Report Activity</td>
<td>8A</td>
<td></td>
</tr>
<tr>
<td>• CASA/GAL Volunteer Competencies Review Activity</td>
<td>8E</td>
<td></td>
</tr>
</tbody>
</table>
### Supplies Checklist and Advanced Prep

<table>
<thead>
<tr>
<th>Item</th>
<th>Activity #</th>
<th>Advanced Prep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 8 Pre-Work Handouts (found in the Online Resources), Cont’d.</td>
<td>Activity 8E</td>
<td><strong>Activity 8E</strong>: Bring the Developing Competencies checklist that you filled out at the beginning of training, to the Chapter 8 session. Review the checklist of competencies. Identify the competency categories that you still need to strengthen and the steps that you plan to take. Volunteers should complete the Pre-Work prior to the Chapter 8 session and bring it with them to class. Make copies of the Pre-Work documents for reference and use during and after class.</td>
</tr>
<tr>
<td>In Class Materials and Activities (found in the Online Resources except where noted) • None</td>
<td>8E</td>
<td>Make copies of the Volunteer Manual. <strong>Activity 8E</strong>: Invite a panel of volunteers to be guest speakers. Prepare the guest speakers with the topics you would like them to cover. <strong>Activity 8F</strong>: Customize the Chapter 8 PowerPoint presentation to include information about the support your program provides to volunteers.</td>
</tr>
</tbody>
</table>
CHAPTER 8:

Wrapping Up

Contents

» Welcome, Housekeeping and Ground Rules ............................................. 6
» Pre-Work Recap .................................................................................... 8
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» Expectations Review ............................................................................... 14
» Looking Ahead ....................................................................................... 16
» Chapter Wrap-up and Review ................................................................. 24
Welcome the group to the training. Have them make name tags and tell them that there will be activities to help you get to know them and them to get to know each other.

- Share “housekeeping” information, such as where to find restrooms, snacks, and telephones, and when you think the session break(s) will occur.

- Establish ground rules about confidentiality, respect, etc. This is important because it sets the tone for how the group works together. Create a Ground Rules flipchart page and post it at every session.

- Tell participants that Pre-Work for the next session will be assigned at the end of each session. Stress that it is important to do all Pre-Work because many activities rely on this foundation of knowledge.

- Point out to participants that along with the Volunteer Manual they would have received a printed copy of Pre-Work Handouts and a login and password to access Web Resources for each chapter. Also print out a copy of the Pre-Work Handouts for each chapter and make it available in the training room.
Welcome, Housekeeping and Ground Rules, Cont'd.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Tell the participants that they will read through and work on many cases before and during the sessions to enhance their knowledge and skills. Inform them that these cases introduce them to broad concepts related to child abuse and to the skills involved in working with children and families. Later in the training, they will also be working through a few cases to introduce them to the court process and related CASA/GAL volunteer tasks, such as note taking and report writing.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>• Introduce the Parking Lot, a flipchart page where you can note (or “park”) issues unrelated to the current chapter and make a plan to address them later. Post this flipchart at the front of the room.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>• Point out to learners that all activities appear in their Volunteer Manual and that the designers were intentionally transparent about the format of this training. The learners should know what they can expect the facilitator to do (e.g., establish an environment conducive to learning, keep things moving, adjust the activities or timing to better meet the needs of the group, be a resource, etc.). Participants also need to know what they will be expected to do (e.g., attend the sessions, participate in the activities, ask questions, take responsibility for their own learning, etc.).</strong></td>
<td></td>
</tr>
<tr>
<td><strong>• Transition into the chapter material by introducing the competencies to be developed by the end of this chapter.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Pre-Work Recap

Prior to this training session, you should have completed the following Pre-Work assignments:

- Bring the Developing Competencies checklist that you filled out at the beginning of training, to the Chapter 8 session. Review the checklist and identify the competency categories that you still need to strengthen and the steps that you plan to take.
- Read the Initial Case Notes for the Redd Case. Bring these documents with you to the training session.
- Complete the Redd Case packet with all the interviews.
- Complete the Program’s Court Report Template provided based on Redd Case Notes and submit for evaluation to Facilitator.
Chapter Overview and Competencies

During this chapter, you will work independently on a final case study and write a full court report. You will also review what you’ve learned and what competencies you’ve strengthened during training, and you’ll hear from a panel of current volunteers.

<table>
<thead>
<tr>
<th>Competency Category</th>
<th>Knowledge, Skills, Attributes, Behavior Development in Chapter 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA/GAL Role</td>
<td>• Understands the function of a CASA/GAL report to the court</td>
</tr>
<tr>
<td></td>
<td>• Understands the competencies necessary to succeed as a CASA/GAL volunteer</td>
</tr>
<tr>
<td></td>
<td>• Knows how to act within the CASA/GAL volunteer role and can differentiate his/her role from that of others involved in the case</td>
</tr>
<tr>
<td></td>
<td>• Knows how to find support and resources to assist his/her advocacy</td>
</tr>
<tr>
<td>Sound Judgment</td>
<td>• Understands making appropriate fact based recommendations to the court</td>
</tr>
<tr>
<td></td>
<td>• Understands basing decisions on thorough review of the information</td>
</tr>
</tbody>
</table>
The Redd Case: Activity 8A

**Suggested Time: 15 minutes**

**Goal:** To assess participants’ ability and preparedness to independently work through a CASA/GAL volunteer case and complete a court report.

**PowerPoint Slide(s):** 7-9

**Advanced Prep**

Prepare and add a Court Report Template to the Local/Program Pre-Work Handouts. Ensure participants have read through the Redd Case Interviews located in the Chapter 8 Pre-Work Handouts and, based on the information, completed and submitted the court report based on the Program’s Court Report Template. They can take a week to submit the report.

**Facilitator Instructions**

Ask the participants to recall the Redd Case Interviews that they went through as part of their Pre-Work, and the court report that they prepared, based on the Redd Case, and submitted for your comments. Provide a brief overview of the case and the elements of a good court report. Debrief the case study and discuss any concerns or questions.
The Redd Case: Activity 8A

This activity provides the opportunity to use the information, skills, and knowledge you have gained during the volunteer training program on one last case study.

Recall the Redd Case Interviews that you went through as part of Pre-Work, and the court report that you prepared, based on the Redd Case, and submitted to the facilitator. Listen as the facilitator provides a brief overview of the case and the elements of a good court report. Listen to the debrief of the case study and discuss any concerns or questions.
Suggested Time: 30 minutes

Goal: To give volunteers an opportunity to discuss concepts still needing clarification.

PowerPoint Slide(s): 12

Advanced Prep

Create flipcharts with the following headings and hang them around the training room: CASA/GAL Volunteer Role, Child Welfare System and Laws, Cultural Competence, Working with Children, Working with Families, Communication Skills, and Working a Case.

Facilitator Instructions

Part 1: Provide participants with sticky notes. Ask them to think about what questions they have about each of the following topics: the CASA/GAL volunteer role, the child welfare system and laws, cultural competence, working with children, working with families, communication skills, and working a case. Instruct them to write one question for at least four of the topics, each on a separate sticky note. Once they have written their questions, have them post the questions on the corresponding flipcharts hanging around the room. (5 minutes)

Part 2: Once all the participants have posted their questions, ask them to walk around the room and visit each flipchart. If there are questions that they know the answers to, they can jot the answer down on sticky notes and stick it next to the corresponding question on the flipchart. They may continue to walk around the room to see if the questions they posted have been answered; and to see what other questions and answers their fellow training participants posted. In the large group, discuss any unanswered questions. (25 minutes)
General Review: Activity 8B

**Part 1:** On the sticky notes provided, write one question you have about at least four of the following topics: the CASA/GAL volunteer role, child welfare system and laws, cultural competence, working with children, working with families, communication skills and working a case. Once you’ve written your questions, post them on the corresponding flipcharts.

**Part 2:** Walk around the room, visiting each flipchart. If there are questions that you know the answers to, based on your experience or based on this training, jot the answer down on a sticky note and stick it next to the corresponding question on the flipchart. Continue to walk around the room to see if others answered the questions you posted; see what other questions and answers your fellow training participants posted. Then, in the large group, discuss any unanswered questions.
# Expectations Review

## Assessing Your Course Expecations: Activity 8C

**Suggested Time:** 20 minutes

**Goal:** To allow participants to assess whether their expectations have been met through the training experience.

**PowerPoint Slide(s):** 13

### Advanced Prep

Bring the Expectations flipchart you developed during Chapter 1.

### Facilitator Instructions

Review the Expectations chart that you created during the Chapter 1 training session. Ask the class which expectations were met during the training program. If an expectation was met, cross it out. Address—or make a plan to address—any remaining expectations.
Assessing Your Course Expectations: Activity 8C

Review the Expectations chart that you created during the Chapter 1 training session. The facilitator will cross out each expectation that the class believes was met during the course of this training program. The facilitator will address—or make a plan to address—any remaining expectations.
Looking Ahead

Panel of Volunteers: Activity 8D

Suggested Time: 30 minutes

**Goal:** To give volunteers an opportunity to listen to the real-life experiences of a current volunteer and to ask questions about those experiences.

**PowerPoint Slide(s): 14**

**Advanced Prep**

Invite a panel of volunteers to share their perspectives. Be sure to prepare the guest speakers with the topics you would like them to cover, including:

- Receiving a court order or assignment
- Meeting a child
- Assessing a child’s needs
- Building a relationship with 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

**Facilitator Instructions**

Introduce a panel of volunteers. Let participants know that there will be time for questions at the end of the panel presentation. If the panel does not cover key areas you were hoping would be covered, be sure to ask questions that will lead to that information.
## Panel of Volunteers: Activity 8D

Listen as a panel of CASA/GAL volunteers describe their experiences in the areas below. There will be time at the end for questions.

- Receiving a court order or assignment
- Meeting a child
- Assessing a child’s needs
- Building a relationship with 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
Finding Support: Activity 8E

Suggested Time: 15 minutes

Goal: To give participants an opportunity to learn how to find support while working as CASA/GAL volunteers.

PowerPoint Slide(s): 15-17

Advanced Prep

Customize the Chapter 8 PowerPoint presentation to include information about the support your program provides to volunteers.

Facilitator Instructions

Part 1: Have participants describe to a partner what kinds of support they think they’ll need as a CASA/GAL volunteer. (5 minutes)

Part 2: Ask the participants to recall the activity on CASA/GAL Volunteer Competencies Review that they have completed as part of Pre-Work. Ask them to recall that they had made plans to strengthen their competencies. They would need support to implement these plans. Ask for a few volunteers to share the types of support they think they’ll need as volunteers. Then, using the Chapter 8 PowerPoint presentation, describe the types of support volunteers can expect from your program. Suggest any other ways they can support themselves and each other. Remind participants they are required to take 12 in-service training credits per year, and tell them about opportunities your program offers for these trainings. (10 minutes).
Finding Support: Activity 8E

**Part 1:** Turn to a partner and describe what kinds of support you think you’ll need as a CASA/GAL volunteer.

**Part 2:** Recall the activity on CASA/GAL Volunteer Competencies Review that you have completed as part of Pre-Work. Recall that you had made plans to strengthen your competencies. You would need support to implement these plans. Share your ideas on what kinds of support you’ll need. Then, listen as the facilitator describes the various sources of support you can expect during your work as a CASA/GAL volunteer.
Support for CASA/GAL Volunteers

As a CASA/GAL 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/GAL 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/GAL 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/GAL 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/GAL volunteer work, it is important to have social and emotional support and to take care of yourself so you don’t burn out.
Support for CASA/GAL Volunteers, Cont’d.

Additional Resources

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
  - E-learning opportunities
- National CASA Facebook page
Looking Ahead: Activity 8F

Next Steps

Suggested Time: 10 minutes

Goal: To give participants an opportunity to hear about next steps in their advocacy work.

PowerPoint Slide(s): 19

Facilitator Instructions

Share the following with participants:

• What to expect from their volunteer supervisor
• When case assignments will be made
• Local logistical information
• When and how they’ll be sworn in as CASA/GAL volunteers
Next Steps: Activity 8F

Listen as the facilitator and local program staff explain additional logistical information regarding your program and what to expect as you begin your service as a CASA/GAL volunteer. You’ll also find out when and how you’ll be sworn in as CASA/GAL volunteers.
# Chapter Wrap-up and Review

## Chapter Wrap-up

### Review—PowerPoint Slide(s): 18-21

In summary, you may review the objectives found at the beginning of the chapter to check in about volunteers’ comfort level with the content. Answer any remaining questions.

### Evaluation—PowerPoint Slide(s): 22

Allow time for participants to complete the Chapter 8 Volunteer Training Evaluation and the Post-Training Assessment. National CASA will use this data to make adjustments to future trainings.
Chapter Wrap-Up

Review
Share any remaining questions you have about the material covered in this chapter.

Evaluation
Fill out the Chapter 8 Volunteer Training Evaluation and the Post-Training Assessment, and give them to the facilitator before you leave.

Congratulations! And thanks for participating in this training!
CASA/GAL Pre-Service Volunteer Training Curriculum

Pre-Work Handouts

CHAPTER EIGHT
CHAPTER 8

Pre-Work Handouts

CONTENTS

» Pre-Work Instructions ...................................................... 1
» Initial Case Notes for the Redd Case ................................. 2
» Redd Case Interviews (for Activity 8A) .............................. 19
» Writing Program Report Activity ................................... 27
» CASA/GAL Volunteer Competencies Review Activity .......... 28
Pre-Work Instructions

This section details the work you need to complete before the next classroom session. Completing this work prior to the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA/GAL volunteer.

Please read through the Pre-Work handouts found in this document. Reading this information prior to the session will help you review the concepts covered in the entire course. You will review the competencies that you built during the course and make plans for those competencies that you still need to strengthen. You will also get familiar with working on one last case and writing a complete court report.
### Initial Case Notes for the Redd Case

#### CPS Case File

<table>
<thead>
<tr>
<th>Last Name of Case:</th>
<th>Redd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Number(s):</td>
<td>11-7-012345-7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child(ren)'s Name</th>
<th>DOB</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Sex</th>
<th>Current Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariah Redd</td>
<td>February 1</td>
<td>5 months</td>
<td>AA</td>
<td>F</td>
<td>Foster Care Placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Julia Budd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Caretaker(s)</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Mother:</td>
<td>1776 Grimes Creek Rd.</td>
<td>555-1766</td>
</tr>
<tr>
<td>Julia Budd (not married)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Attorneys for:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Darlene Wright</td>
<td>555-9898</td>
</tr>
<tr>
<td>Father</td>
<td>Walt Harris</td>
<td>555-1334</td>
</tr>
<tr>
<td>CPS</td>
<td>Robin Jackson</td>
<td>555-7544</td>
</tr>
</tbody>
</table>
Case History

Ms. Clarissa Ann Redd, African American, age 25, reported to SW that she has been using “sherm” (cigarettes dipped in PCP) on and off since she was 18. She has a 10 year-old son, Buddy, who is in the legal custody of her mother, Lela Jones. Lela is married to Clarissa’s stepfather, Charles Jones. Clarissa stays with them when she isn’t with a boyfriend. Clarissa’s second child, a 7-year-old boy named Tyrone, lives with his father, Willy Monroe.

The local hospital notified CPS of an infant born on 2/1 who tested positive for PCP. The infant, named Mariah Redd, is the third child born to Clarissa Redd. She was removed from the care of Clarissa Redd and placed in foster care with Julia Budd. When Mariah was 2 months old, she and Clarissa went to Fresh Start, a residential mother/baby treatment program.

<table>
<thead>
<tr>
<th>CASA History: Case Initially Assigned to:</th>
<th>John Hill</th>
<th>Date Assigned: 2/19</th>
<th>Date Terminated: 6/30</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Kim Ellis</td>
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Court-Ordered Services:

**For the Child:**
Medical health needs reviewed per physician’s orders due to high-risk birth
Educational needs met as appropriate

**For the Father:**
Establish paternity
If applicable, pay child support

**For the Mother:**
Substance abuse evaluation and follow recommendations of service provider
Urinalysis twice per week
Parenting classes
2/1/03  Tele: Hospital reports birth of PCP-positive infant, female.

2/2/03  Hospital: Interview with mother, Clarissa Ann Redd, DOB 1/31/78, very hostile. Stated would not leave hospital without her baby. Hospital will discharge mother tomorrow; baby will stay for five-day detox and observation.

2/6/03  Home Visit (HV): Child placed with foster family: Julia Budd (phone and address)

2/14/03  HV: Foster home. Juvenile continues to progress well.

2/14/03  DSS: Visit with Clarissa Redd (mother) and Lela Jones (maternal grandmother). Tearful but appropriate behavior from Clarissa, said she didn’t have a drug problem, “just smoked it [“sherm”] once in a while.” Supervised visits set for 2 p.m. Friday, weekly.

2/20/03  HV: Maternal grandmother, Lela Jones, present for whole interview, supportive of daughter. Home placement not an option because Lela works. Family agreed Mariah to stay in foster care while Clarissa “gets herself together.” Clarissa was cooperative. She turned to her mother for guidance several times. Clarissa had no appointment for substance abuse evaluation so we made one. Clarissa named boyfriend, Johnny Smith, as father for Mariah and asked if he could come to the visits.
Service Unit Contact Sheet, Cont'd.

2/21/03  DSS: Visit with Johnny Smith (alleged father), Clarissa (mother), and juvenile. Mr. Smith polite, cooperative, held the baby a lot, seemed proud. Stated Mariah is his but won’t sign papers without a test. He agreed to contact CSE (Child Support Enforcement) for paternity test and voluntary child support. Clarissa spent time holding Mariah but also seemed jealous of her. Notified that volunteer advocate will observe a future visit. This was agreeable.

3/7/03   Tele: S/A counselor called to say Clarissa a “no show” for evaluation. (Also no show for visit with child.)

3/7/03   Tele: Called maternal grandmother, Lela Jones, who said she wasn’t sure where Clarissa was, “She’s 25 now. I can’t be keeping track of her every move.”

3/14/03 DSS: Visit with Johnny, Clarissa, Mariah. Volunteer advocate present. Clarissa said they had car trouble last week. She will reschedule S/A appointment. Told them that CSE has agreed to see them after next visit. Reminded Clarissa adjudication is 3/18. She said, “Yeah I know. After that I’m gonna get my baby back and be done with you.” Told her that without the S/A evaluation, the court won’t return custody.

3/18/03 Court orders: Clarissa to do S/A evaluation and follow recommendations. Mr. Smith to have paternity test and pay child support. Continue supervised visits.

3/28/03 DSS: Visit w/ Johnny, Clarissa, Mariah. This worker discussed substance abuse treatment options with Clarissa. Her 3/19 screen was + for PCP. S/A recommended residential mother/baby program, Fresh Start. She agreed to go but said she wasn’t ready yet.
Service Unit Contact Sheet, Cont’d.

4/4/03 DSS: Visit with Clarissa, Mariah. Mother tearful, said she failed another drug screen and needs help. Agreed to Fresh Start. Said she can’t stop using, that she’s been high every weekend for as long as she can remember. Stated she hates stepfather. She doesn’t like Buddy living there but that’s up to her mom now. I asked her what she was worried about and she said, “Charles isn’t a good man. He’s mean!”

4/11/03 Fresh Start: Transported mother and baby to Fresh Start Program. Baby transitioned well.

4/16/03 Tele: Call to Fresh Start. Clarissa adjusting to program. Baby is fine.

5/22/03 Fresh Start: Visit. Congratulated Clarissa for hanging in with the program. Mother and baby doing well.

6/20/03 Tele: Fresh Start called to say Clarissa is planning to leave AMA (against medical advice). She had been feuding with another client (“about nothing”) and calling home a lot. Staff told her they’d call DSS and hold Mariah if she leaves. Clarissa has packed all her things and is waiting for a ride. Baby secure in building.

6/20/03 Drove to Fresh Start. Clarissa gone. Picked up baby. Julia Budd still available. Returned Mariah to her.
Medical History for Mariah Redd

Prepared by County Health Clinic, Dr. Scott, M.D.

**Birth:** Tested positive for PCP at birth. APGAR scores: 7/8. Child stayed in hospital for a five-day detox period experiencing tremors and irritability. Nurses reported to SW that mother was hostile and refused services. Mother was discharged the day after the birth and did not return to visit the baby. Rock-a-Baby volunteers held Mariah every day and helped with feeding her.

**County Health Clinic:** SW referred Mariah to the county program for high-risk infants. Mariah was followed by the County Health Clinic for three months and then released into the regular well-baby program, as she showed no developmental delays or neurological deficits. Other County Health Clinic items of note:

- Clinic ran multiple HIV and Hepatitis-C tests. All were negative.
- Infant tolerates formula with no problem.

**Pediatrician:** Foster mom has been on schedule with inoculations and well-baby care. Mariah has had only the usual colds and earaches. Recent tests indicate potential abnormalities. A follow-up appointment has been requested.
### Criminal Records for Clarissa Redd

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### Criminal Records for Charles Jones

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| NC 27217 0000 | CIT#: |
| TRIAL DT: 081503 | SID#: NC0389764A |
| DISTRICT PROCESS: W | SERVED: 062603 DIG#: S66327V LID#: CJBM1323-000 |
| CHG: M ASSAULT ON A FEMALE | C&F: | FTA: OFA: |
| FINE: | COST: 0100 | REST: 588.25 PAID: Y TO BE PD: NMFTC: |
| SPEC COND: | PAY REST TO ARMC (BY 092603), COURT COSTS TO BE PAID TODAY, |
| COMP: CONYERS,PATRICIA | AGY: | ORI: NCO010100 |

### Criminal Records for Charles Jones

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| DISTRICT |
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| SPEC COND: JUDGE W. STEVEN ALLEN | COMP: COBB, JT |
| STATE AOC CIS | CR/IF CASE PROCESSING | *** CAUTION *** |
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**STATE AOC CIS**

CR/IF CASE PROCESSING

*** CAUTION ***

INDEXED SOLELY BY NAME

NO GUARANTEE TO IDENTIFY

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**Statewide N E Inquiry**

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STATUS:

SUPERIOR PROCESS: W SERVED: 090990 CK DIG#: E15417P LID#:

CHG: M ILLEGITIMATE CHILD/ NON-SUPPORT C&F: FTA: OFA:


SPEC COND: SIGN WAGE WITHHOLDING. SUPPORT COREY MILES - $70 PER WEEK—

COMP: JOANNE GUNTER
1. Presenting Problem/Reason for Assessment

This case was referred to me by Kim Ellis, the foster care worker for Ms. Redd’s PCP-positive female infant, Mariah Redd, born 2/1. Ms. Redd was PCP positive and tested at elevated levels of THC at the time of delivery. S/A assessment was requested to determine feasibility of reunification. Ms. Redd has a 10-year-old son in her mother’s custody and a 7-year-old son living with his father. Ms. Redd is a single African American female, mother of three, and she is 25 years old.

2. Family of Origin History in Relation to:

A. Chemical Dependency

She said on her mother’s side of the family her grandfather was an alcoholic but her mother doesn’t drink. She said her stepfather is a drinker. She doesn’t know about the rest of his family. She doesn’t know about her natural father’s family.

B. Mental Illness

She said there was no mental illness on either side of the family.

C. Marital Status

She said her mother and natural father were divorced when she was 4 years old. Her mother married her stepfather when she was 7. She has one sister.

D. Past Abuse

She said her mother never beat her but her stepfather did. He has not hit her since she grew up (age 18). She said he was really hard on her sister, who ran away to join the army when she was 18. She said her sister accused the stepfather of attempting to have sex with her but she doesn’t believe it. Her mother said it wasn’t true, “And besides, he never tried to touch me.”
3. Education
   Graduated high school

4. Employment
   Not currently employed. Past employment includes fast food preparation and working at a car wash. She said she had never lost a job due to alcohol or drug use.

5. Legal Status—Past/Present
   She has been arrested for assault, worthless checks, larceny, and in 2008, possession of marijuana and possession of drug paraphernalia. She has never had a DWI.

6. Marital Status/Functioning
   She has never been married.

7. Mental Illness History
   She said she has never had counseling for life issues, been suicidal, homicidal, or had hallucinations.

8. Chemical Dependency History
   She started smoking cigarettes and drinking on weekends at the age of 14. After her first child was born when she was 15 years old, she began to smoke marijuana occasionally. When she was 18, she experimented with cigarettes dipped in PCP (“sherm”). She liked it immediately and started using it whenever she had the money, almost every weekend, even during her pregnancy. Her second child was born PCP positive the summer after she graduated H.S. At age 20 she “got busted with some weed” and states she was dealing marijuana at the time to get money for cocaine. She experimented with inhalants, mushrooms, and speed in her early twenties but didn’t use them often. She claims that she has not used PCP since her baby was born and that she has only smoked marijuana about five times. She said she hasn’t been drunk in years and only rarely has a beer if friends are drinking. She denied having shakes,
achy bones, blackouts, night sweats, or hallucinations through the use of alcohol or drugs.

9. Treatment/Intervention

She attended NA weekly for 4 months in early 2010, as ordered by the court, subsequent to her drug charges. She did not continue to attend and never worked with a sponsor.

10. Prognosis—Strengths/Needs

Ms. Redd identified her mother and her boyfriend as her main support system. She does not see CPS as a support but stated that after court last week she understands she will have to work with them to get her baby back. She seems highly motivated to be reunited with her child. This may provide her with motivation to seek and complete treatment.

11. Recommendations

It is my recommendation that Ms. Redd enter Fresh Start or another mother/baby in-patient program where she can be reunited with her child immediately. She said she didn’t want to leave town or be away from her boyfriend that long. Ms. Redd is in denial about the level of her addiction. She should at least enter our agency’s pre-treatment program for women. I administered a drug screen today and recommend random tests for the next three months. If she uses PCP again, either in-patient or intensive outpatient (IOP) treatment is recommended.

12. Provisional Diagnosis

PCP Dependency. R/O: Dependent Personality Disorder

Signature: Grace Hanker, MS, CCAS

GH:ds/TH 107SA
Release form has been signed by patient; records are accessible to social worker and other necessary parties.

Fresh Start therapist explained to SW that Clarissa attended group sessions and individual therapy but she “never seemed wholeheartedly committed to the program.” She seemed somewhat immature and self-centered. Her care for Mariah was only minimally sufficient, and she required a lot of coaching to parent even that well.

Clarissa was only in the program for 2 months before leaving AMA (against medical advice). Per clinicians, the usual stay is 6 months, minimum. Clarissa got into “petty disputes” with several other clients. Clarissa reported to this SW that an especially nasty and protracted “feud” between her and another client led to her leaving the program. Fresh Start staff stated that although they tried to mediate, Clarissa would not stop arguing with the other woman. Staff observed that Clarissa seemed to enjoy the excitement of it.

Fresh Start therapist noted to this SW: “She was very guarded and defensive in group, but we spoke a couple times in private. When Johnny’s paternity test came up negative, Clarissa was terrified he would leave her. She was sure he would abandon her and just devastated when he did. That’s the real reason she blew out of here. Plus I think things were getting a little too real for her in group. You know almost every addicted woman we treat here has experienced some kind of sexual abuse in the past. Clarissa said that never happened to her, but she would get very uncomfortable when other women started processing around that topic. Her reaction had that too-close-for-comfort feeling to it.”

The therapist stated to this SW that Fresh Start would be willing to take Clarissa back into the program if she was willing to try again. They would have to interview her first, to make sure she’s really committed to her own sobriety this time.
Read the interviews in the following order:

- Foster Mother: Julia Budd (First Contact)
- Maternal Grandmother: Lela Jones (First Contact)
- Mother: Clarissa Redd
- Parents of Half-Brother Tyrone: Willy and Pearl Monroe
- Maternal Aunt: Sierra Redd Thomas (First Contact)
- Half-Brother: Buddy Redd
- Step-Grandfather: Charles Jones
- Social Worker: Kim Ellis (First Contact)
- Maternal Grandmother: Lela Jones (Second Contact)
- Maternal Aunt: Sierra Redd Thomas (Second Contact)
- Foster Mother: Julia Budd (Second Contact)
- Social Worker: Kim Ellis (Second Contact)
Redd Case Interviews (for Activity 8A), Cont'd.

Foster Mother: Julia Budd (First Contact)

Julia Budd is a Caucasian single mom who runs an in-home daycare. When I arrived, it was naptime and there were several little kids sleeping in playpens in the living room. Ms. Budd has three biological children, ages 15, 13, and 10, who were at school.

Ms. Budd showed me around the house, which was messy with kid stuff but clean. I peeked in on Mariah, who was napping on Julia’s bed with pillows arranged to keep her from rolling off. She was appropriately dressed and appeared to be clean.

As I sat in the kitchen and chatted quietly with Ms. Budd, I heard a repeated occasional beep from the living room, a low-battery warning for a smoke alarm.

Ms. Budd described how small Mariah was when she first got her at 5 days old. “I asked the social worker, ‘Where’s the baby?’ She was buried by the blanket and I couldn’t even tell she was there! She only weighed 5 pounds.”

Ms. Budd told me that Mariah had qualified for early childhood services because of her exposure to PCP in utero but that she had been given a clean bill of health and released from that program. She has caught up in her size and now falls within normal parameters for her age.

Ms. Budd said she never planned to adopt, she just wanted to be a foster mother. But Mariah has stolen her heart and she now wants to keep her.

Maternal Grandmother: Lela Jones (First Contact)

Lela agreed to meet during her lunch hour at work. She confirmed that her household consists of her and her husband, Charles, her daughter Clarissa, and Clarissa’s son Buddy, for whom Lela has legal custody.

She told me that Clarissa was only 15 when she had Buddy, “Way too young to concentrate on a baby.” She said that Clarissa was always out playing around and also busy going to school—she did graduate from high school. Lela ended up raising Buddy. Sometimes Clarissa would try to “pull rank on her and mess things up for him” so finally Lela went to social services and got legal custody of Buddy.
Redd Case Interviews (for Activity 8A), Cont'd.

I asked about Clarissa’s use of drugs when Buddy was born. She didn’t think Clarissa was using then, but started later after Buddy’s father left her. She doesn’t know where Buddy’s father is now—she thinks he left the state.

Lela seemed to minimize her daughter’s drug problem, and talked like she doesn’t know what Clarissa is doing. She said that Clarissa will have to get it together for Mariah now because Lela can’t stay home with another baby.

Lela didn’t say much about Charles, except that he’s a hard worker and a good provider. “He’s the reason we have a good life.” Lela married Charles when Clarissa was 7 and Sierra was 10. Sierra is her other daughter. She and her husband live in Texas and have a son, Antoine, who is 3. Sierra’s husband is in the army. Lela told me that Sierra’s a good girl. “She never messed with drugs and boys like Clarissa.”

I asked Lela about Buddy. She said that he is a good boy and gets good grades in school. He goes to church with Lela and sings in the children’s choir. Lela said that he knows Clarissa is his mom, not his sister, but that he also knows that Lela is in charge.

I asked about Buddy and Charles and was told that Charles leaves the children mostly up to her. He takes Buddy to a ball game sometimes but he’s not that involved.

When I mentioned that I would like to interview Charles too, she said she would rather I not bother him. “He stays out of things where the kids are concerned. I don’t know if he’ll talk to you, really, and I don’t think he’d have much to tell you that I can’t tell you.”

Mother: Clarissa Redd

Clarissa left her substance abuse treatment facility, Fresh Start, AMA (against medical advice).

Although she has continued to have positive drug screens, she insisted that she doesn’t have a drug problem. “I don’t do it that often anyway.” She said that she is going to the NA (Narcotics Anonymous) meetings down at the armory, but doesn’t have a sponsor yet. She also had the substance abuse evaluation done.

In reference to her substance abuse evaluation, she said, “Those doctors don’t know everything. They can’t say what kind of a person I am after only a couple hours.”
Redd Case Interviews (for Activity 8A), Cont’d.

She stated that she loves Mariah and wants her back. However, she doesn’t have a plan for fulfilling court-ordered requirements to do so. She said, “Give Mariah away? What! Are you crazy? They can’t give away my child!”

She attended a parenting class. She has visitation with Mariah every other week. She said, “That’s not enough and it’s not fair. She’s *my* baby.”

She told me that she is no longer seeing Johnny anymore and that they broke up. She continues to be unemployed and to live in her mother’s home.

Parents of Half-Brother Tyrone: Willy and Pearl Monroe

Willy, Pearl, and Tyrone are home when I visit. I chatted with Tyrone briefly before he was sent next door to play with a neighbor.

Pearl told me that she and Willy come from “nice” families but that Clarissa’s people are “no good—except for Sierra, who was a good girl.”

She does not trust Clarissa and has seen her all over town with lots of different men over the years, “doing the Lord knows what!” She believes that Clarissa’s boyfriend Johnny deals drugs. She stated that she does not want Mariah to suffer and hopes that a safe home for her can be found. “Clarissa won’t ever be a good mother.”

She and Willy were going together when he started to see Clarissa. The affair was short lived and Willy was quickly back with Pearl, although Clarissa was pregnant. “But then we wouldn’t have Tyrone if she hadn’t been, so I guess that’s for the best after all. I can’t have children myself.”

Willy added that Clarissa was too young and wild to take care of Tyrone and he is glad she was willing to sign him over without a fight. He said that he does not want “to mess in anybody else’s business.” He only sees Clarissa a couple times a year when she visits Tyrone. Other than that, he has no idea what she does. He doesn’t really know Johnny Smith but commented that Johnny is “slick” looking.

Maternal Aunt: Sierra Redd Thomas (First Contact)

Sierra was polite and easy to speak with. She has been married for 5 years and has a 3-year-old son, Antoine.
Redd Case Interviews (for Activity 8A), Cont’d.

She got out of the army when she was pregnant to be a stay-at-home mom. Her husband is making a career of the army.

She left home at age 18 and doesn’t call home often. She said that she left because her mother’s husband, Charles, made sexual advances on her more than once, when he was drinking. She was scared he might rape her, and her mom took his side and didn’t believe Sierra.

She doesn’t understand why Clarissa keeps living there and she’s been worried about her for years, ever since she had Buddy. But Sierra doesn’t see what she can do to help her sister. She is not prepared to invite Clarissa to come live with her in Texas.

She is interested in being a possible placement for Mariah and would consider keeping her if it came to that, but she must speak with her husband about it first.

I followed up with her a week later and was told that her husband was open to having Mariah live with them. She asked that I not say anything to her mother or sister for now.

I told her to contact the social worker and express her interest.

Half-Brother: Buddy Redd

I went to the Jones house and found Buddy shooting baskets in the driveway. I spoke with him for a few minutes. He already knew who I was and was not afraid of me. He told me that he likes to play basketball and he’s in the 5th grade at Hardy Elementary. He gets good grades and goes to church with his “mom” (Lela, not Clarissa).

I asked him where Charles was and he told me that he was out back mowing the lawn. He said that Charles just wants him “to be good.”

I noticed that Buddy seemed to have some darkness in his complexion under one eye. Thinking it might be a black eye, I asked where he got the shiner. He didn’t understand the question, so I asked if someone had hit him. He said no, that he fell down on the playground at school. His teacher did not see it happen. He seemed a little uncomfortable at this point so I thanked him for the visit and went to find Charles.
Redd Case Interviews (for Activity 8A), Cont’d.

Step-Grandfather: Charles Jones

I was not able to get Charles on the phone so I dropped by the house hoping to catch him home. Indeed, he was mowing their large lawn on a riding mower. He stopped the mower only when I practically stood in front of it. When I introduced myself and my role, he said he’s not in charge of the kids. I asked to speak with him for a few minutes anyway. He said he’s really got nothing to say and he’s got a lot of work to do. He said, “Excuse me,” in a tone that expressed controlled hostility, then restarted the lawn mower and rode off.

Social Worker: Kim Ellis (First Contact)

I finally met social worker Kim Ellis several months into the case. She seemed nice, but overworked.

She told me the following:

• Clarissa has not been in treatment since she left Fresh Start against medical advice.
• Clarissa dropped out of sight for a couple months. Lately she’s been calling to request a visit with Mariah. Kim plans to let her visit only if she returns to Imaginary County Mental Health for S/A treatment.
• Kim will ask Clarissa to agree to have a psychological evaluation.
• There is no viable service agreement right now because Clarissa is out of compliance.
• Mariah is doing well in her foster placement. Her health is good. The plan will be adoption by Julia Budd if Clarissa doesn’t get it together.
• Kim is not in touch with any biological family members about placement. She believes the foster family—the only family Mariah’s ever known—will be best for this baby.
• She has no direct knowledge of a problem between Clarissa’s stepfather and Buddy, but she’ll keep an eye out if she visits the home again. She told me that if I have a concern about a child I should report it.
Redd Case Interviews (for Activity 8A), Cont'd.

Maternal Grandmother: Lela Jones (Second Contact)

Lela Jones told me that her daughter Sierra definitely lied about Charles. She just never liked him and she was trying to get Lela to divorce him, but “her little plan didn’t work. I was so mad at her for accusing Charles like that, but I forgave her.”

She admitted that Charles drinks sometimes but considers him to be a good man. She is aware of Charles’s criminal record but says that was all from a long time ago. He hasn’t been in trouble since they’ve been together—about 15 years. “How long do you have to wait until it doesn’t count against you anymore?!”

She said that Clarissa is not in treatment and hasn’t done much about getting treatment. She believes that Clarissa does go to meetings sometimes. “I tell Clarissa to get help but she doesn’t listen to me.”

She refuses to “throw out” Clarissa from her home. “I still love her and we still talk. Besides, Clarissa helps me with Buddy.”

She said that Buddy had a black eye from being hit in the face with a football playing with some friends. She is adamant that Charles did not hit him.

Maternal Aunt: Sierra Redd Thomas (Second Contact)

I spoke with Sierra again. She said that if she takes Mariah, it will be a total commitment. She’s only interested in adoption, not guardianship or custody, because she doesn’t trust her family and doesn’t want any future problems with them. She called Kim Ellis to express her interest in Mariah and said that the social worker was less than excited to hear from her. She is willing to come visit and meet Mariah whenever that can be arranged.

On the topic of Charles, she told me that he used to beat her and Clarissa “pretty bad as discipline.”

She said that Charles really did make sexual advances on her. On two different occasions when he was drunk, he pressed her against the wall and kissed her. She was a 17-year-old high school senior at the time and said it was gross and terrifying. “I wouldn’t lie about something like this even though they say I lied.”
Redd Case Interviews (for Activity 8A), Cont’d.

Foster Mother: Julia Budd (Second Contact)

On this visit Julia Budd's three biological children were present and the daycare children were awake so there was a lot of activity. Ms. Budd seemed to take everything in stride, “No one is crying so it’s good.” Mariah was being carried around the house by her big “siblings” and appeared happy. I spoke with each of Julia’s children and they all seem like typical kids.

I asked Ms. Budd why she wants to adopt Mariah and she said, “We love her! We’re all so attached to her.” She mentioned that the social worker said a family member called. “I hate that they’re coming out of the woodwork now. It’s not fair!” She expressed concern that the family would take Mariah away from them.

I asked her how she plans to deal with Mariah’s different racial background. How will she honor the child’s racial and ethnic heritage and deal with the obvious differences? She said, “Kids are kids. We’re all humans and Mariah will be a member of our family equal to everyone else.” She told me that she cares for kids from all races in her daycare and they get along just fine.

Social Worker: Kim Ellis (Second Contact)

I talked on the phone with Kim in November.

She was unhappy that I had contacted Mariah’s maternal aunt. “It’s too bad you can’t leave well enough alone!”

She said that she would do a home study on Sierra if the court says she has to but she thinks it would be a waste of time. “This baby already has a family that loves her and she needs to stay there.”

She told me that she believes that Clarissa is pretty much a lost cause. She’s had plenty of chances and been offered a lot of services but she just doesn’t follow through.
Writing Program Report Activity

Using the Program’s Court Report Template found in Local/Program Pre-Work Handouts, write a court report based on the Redd Case. This is an opportunity for you to apply what you have learned from the training and to demonstrate your readiness to work on a case independently. You will have one week to complete the activity.
CASA/GAL Volunteer Competencies Review Activity

Take out the Developing Competencies checklist that you filled out prior to the beginning of training. Review the competencies and assess how you’ve grown over the course of training. Which competency categories do you still need to strengthen? Below, write down a plan for how you will address these areas.

Competency Category: ________________________________
What I need to strengthen: ________________________________
Steps I will take to increase my competency: ________________________________

Competency Category: ________________________________
What I need to strengthen: ________________________________
Steps I will take to increase my competency: ________________________________

Competency Category: ________________________________
What I need to strengthen: ________________________________
Steps I will take to increase my competency: ________________________________
CASA/GAL Volunteer Competencies Review Activity, Cont'd.

Competency Category: __________________________________________
What I need to strengthen: ______________________________________
Steps I will take to increase my competency: ______________________
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Competency Category: _________________________________________
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Steps I will take to increase my competency: ______________________
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COURT APPOINTED SPECIAL ADVOCATE
REPORT TO JUDGE (Insert Judge’s last name here)
Hearing Date: (Insert date of hearing here)

CASE NAME: (Last name of child, children and parents)
DOCKET NUMBER: (Found on court order)

DATE CASA ASSIGNED: (Date CASA was originally assigned)
REPORT WRITTEN: (Date report was written)

CHILD(REN) INFORMATION:

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<td>Date child initially came into foster care</td>
<td>Number of placements in foster care prior to the current placement</td>
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<td>CMO</td>
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<td>Teacher</td>
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<td></td>
<td>Therapist</td>
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HEARING TYPE:

REASONS FOR PLACEMENT:

PLACEMENT HISTORY:

INFORMATION GATHERING:

Social/Emotional:

Educational:
CONCLUSIONS/RECOMMENDATIONS:

In conclusion, CASA respectfully recommends:

- 

Respectfully submitted,

Insert your name
CASA Volunteer

Insert Case Supervisor name
CASA Case Supervisor
COURT APPOINTED SPECIAL ADVOCATE
REPORT TO JUDGE (Insert Judge’s last name here)

Hearing Date: (Insert date of hearing here)

CASE NAME: (Last name of child/children/parents)  DOCKET NUMBER: (Found on court order)

DATE CASA ASSIGNED: (Date CASA was originally assigned)  REPORT WRITTEN: (Date report was written)

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<td>CMO’s Name</td>
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<td>Teacher’s Name</td>
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<tr>
<td>Therapist’s Name</td>
<td>Therapist</td>
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HEARING TYPE: Compliance Review, Case Management Review, Summary Hearing OR Permanency Hearing. (This information can be found at the end of the court order from the previous hearing, along with the date of the upcoming hearing.)

REASONS FOR PLACEMENT: In your narrative, briefly describe the reason the child was placed in foster care (this information can be found in the verified complaint or the Case Summary provided by your CASA Supervisor).

PLACEMENT HISTORY: In your narrative, provide an overview of the child’s placement history – after entering into foster care – and where the child is currently living. Try to be brief, but concise. Update this after each new placement by adding the new placement.

INVESTIGATION: The purpose of this “INVESTIGATION” section is to write a narrative, describing the information you have gathered about the child and the case since the last court hearing. Only include information from a previous report if it is pertinent to something that has occurred since the last hearing.

**NOTE** Italic text is included as descriptors and all italic text should be removed prior to writing a report. You will be provided with a blank Court Report Form prior to writing your first report.
Social/Emotional:
(WHO TO OBTAIN THIS INFORMATION FROM: Child, Foster Parents, Teachers, Siblings, Parents, DCP&P, Clinician, CMO, etc.)

In your narrative, address the child’s social/emotional wellbeing.

Discuss how the child is progressing in the resource home; what the foster parent say about the child’s behavior in the home, school, and community. Include who you spoke with to obtain the information and when you spoke with that individual. Include whether the child interacts appropriately with peers or other members of the resource home. Also discuss what sort of activities the child is interested in. Include any other relevant information you believe the judge should know about the child’s social development.

If known, address how often visits with siblings and parents occur and how the child feels about the visits.

If the child has expressed to you an opinion about the permanency goal, current placement or any particular wants or desires, you may include it here.

Educational:
(WHO TO OBTAIN THIS INFORMATION FROM: Child, Teachers, Child Study Team Members, School Psychologist, School Social Worker, DCP&P, etc.)

In your narrative, give a brief history of the child’s school experience. Include in the first paragraph the name of the child’s current school, the child’s age and whether the child is receiving educational services, including a 504 or an IEP.

Discuss how the child is doing in school. Speak with teachers, obtain progress reports and report cards to determine the child’s current level of education (i.e. do you have a child in 10th grade functioning on a 3rd grade level?). Report with whom you spoke and on what date. Explain the child’s educational need for services and whether services are being provided (this includes school services as well as tutoring).

If necessary, discuss how long has the child been enrolled in the current school and previous school placement.

Medical/Therapy:
(WHO TO OBTAIN THIS INFORMATION FROM: Child, Foster Parents, Parents, DCP&P, DCP&P Nurse, Pediatrician, Therapist, Clinician, CMO, etc.)

In your narrative, indicate whatever you may know about the child’s physical health including dental health.

Discuss whether the child has received a CHEC/CME/annual physical. Discuss the recommendations of that exam and whether follow-up appointments have been made and need to be made.

As needed, find out when the last dental exam was and discuss whether any follow-up appointments have been made and need to be made.

If the child is receiving therapy, provide the type (e.g. individual, family, group), and name and agency of the therapist and how often therapy occurs and for how long (e.g. Therapy occurs on Tuesdays in the resource home)

**NOTE**: Italic are included as descriptors and all italic text should be removed prior to writing a report. You will be provided with a blank Court Report Form prior to writing your first report.
from 4pm-5pm). Address whether the child is consistently receiving therapy sessions and any known reasons for missed sessions. Discuss what issues are being addressed in therapy and how the child is progressing.

Provide a list of medications which the child is taking and, if possible, a general idea of why the medications are prescribed. Also note who/what agency is monitoring the medications.

Discuss the findings of any physical/medical evaluations the child has had including, but not limited to, psychological, psychiatric, neurological, neurodevelopmental evaluations, etc. List recommendations and whether follow-up appointments have been made and need to be made.

**CONCLUSIONS/RECOMMENDATIONS:**
In your narrative, briefly summarize in 4-5 sentences and evaluate/analyze the information you obtained in your investigation and that you discussed above. Focus on the child’s wellbeing and the progress of the case plan toward permanency based on the facts of your investigation.

Finally, include the following:
**In conclusion, CASA respectfully recommends:**
- Include bulleted fact-based recommendations to the Judge based on the information above.
- All recommendations should be supported/explained based on the information in the INVESTIGATION section.

Respectfully submitted,

*Insert your name*
CASA Volunteer

*Insert Case Supervisor name*
CASA Case Supervisor
COURT APPOINTED SPECIAL ADVOCATE
REPORT TO JUDGE PAGANELLI

Hearing Date: 11/11/03

CASE NAME: Redd DOCKET NUMBER: FN-07-123-15

DATE CASA ASSIGNED: 7/8/16 REPORT WRITTEN: 11/6/16

CHILD(REN) INFORMATION:

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<td>2/1/03</td>
<td>2/6/03</td>
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SOURCES:

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<td>Ms. JB</td>
<td>Resource Parent</td>
<td>7/15, 9/10</td>
<td>In person</td>
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<tr>
<td>Ms. Lela Jones</td>
<td>Maternal Grandmother (MGM)</td>
<td>7/20, 9/15</td>
<td>In person</td>
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<tr>
<td>Ms. Clarissa Redd</td>
<td>Mother</td>
<td>7/25</td>
<td>In person</td>
</tr>
<tr>
<td>Ms. Kim Ellis</td>
<td>DCPP caseworker</td>
<td>9/15, 11/5</td>
<td>In person, phone</td>
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HEARING TYPE: Compliance Review

REASONS FOR PLACEMENT:
Mariah Redd was born 2/1/03 and tested positive for PCP at birth. The hospital made a referral shortly after Mariah’s birth and DC&P executed a removal.

PLACEMENT HISTORY:
Mariah was discharged from the hospital on 2/6/03 and placed with in the unrelated resource home of Ms. JB. In April 2016, Mariah was reunified with her mother at Fresh Start, a mother and child treatment program, on the recommendation of the Substance Abuse Assessment. Ms. Redd left Fresh Start on 6/20/03 against medical advice and Mariah was placed back with Ms. JB.

INVESTIGATION:

Social/Emotional
Mariah has been in the home of Ms. JB for approximately six months to date. CASA visited the resource home on 7/15 and 9/10. Ms. JB is a single mother and runs a day care center in her home for young children; she also has three biological children who range in age from 10 to 15 years of age. The home appeared clean with some child related clutter. Mariah appeared well dressed, clean and happy during the CASA visits. Mariah appeared to enjoy being carried around the house by Ms. JB’s children. Ms. JB stated to CASA that they all love Mariah and want to adopt her.

Two potential safety issues – Mariah was sleeping on a bed surrounded by pillows instead of a crib, and low battery in smoke detector – were noted by CASA during the visit and brought to the attention of Ms. JB and
DCP&P. They were remedied soon after.

CASA spoke with Ms. Redd on 7/25/03. Ms. Redd reported that she is currently unemployed and residing in the home of her mother, Ms. Jones. Also residing in the home are Ms. Redd’s step-father, Mr. Charles and Ms. Redd’s son, Buddy. Ms. Jones has legal custody of Buddy. Ms. Redd informed CASA that she has “broken up” with her boyfriend. Ms. Redd stated that she attended a parenting class, that she has visitation with Mariah every other week, and that she loves Mariah and wants her back. Ms. Redd indicated that she is going to Narcotics Anonymous meetings, but does not yet have a sponsor.

Ms. Ellis, the DCP&P worker, reported to CASA on 9/15/03 that Ms. Redd had not been in treatment since leaving Fresh Start on 6/20/03 and that Ms. Redd had been out of contact for the last two months but had recently been calling to request a visit with Mariah. Ms. Ellis indicated to CASA that Ms. Redd would only allow visits to resume if Ms. Redd returns to substance abuse treatment. Ms. Ellis also stated that she plans to have Ms. Redd agree to a psychological evaluation.

The biological father of Mariah is unknown. Ms. Jones has indicated she will not stay home with another baby. Ms. Redd has a sister, Ms. Sierra Redd Thomas who is married, with a three-year-old son and lives in Texas.

**Medical/Therapy:**
Mariah tested positive for PCP at birth and remained in the hospital for five days to allow for a detoxification period, after which she was referred to the county program for high risk infants. She was followed by the County Health Clinic for three months and then released into the regular well-baby program, as no developmental delays or neurological deficits were noted. Tests for HIV and Hepatitis C were negative. Ms. JB stated that although Mariah was only five pounds when she got her at five days old, she now falls within normal parameters for her age. Mariah’s pediatrician reports that Ms. JB has brought Mariah in on schedule for inoculations and well-baby care. The only illnesses reported were normal colds and earaches. However, recent tests indicated potential abnormalities and a follow up appointment has been requested.

**Permanency:**
The permanency goal is reunification with Ms. Redd. As of 11/5/03, the DCP&P worker Ms. Ellis indicated that the concurrent plan is adoption by the resource parent.

**CONCLUSIONS/RECOMMENDATIONS:**
Mariah is in a stable resource home and doing well. The only immediate concern is a report from her pediatrician that recent tests indicated potential abnormalities and that follow-up tests are needed. This should be arranged as soon as possible.

According to DCP worker, Ms. Redd is currently not allowed visits until she resumes substance abuse treatment. CASA believes that it is in Mariah’s best interest for Ms. Redd and Mariah to have regular visits, so as to retain their bond and help support the plan of reunification. Ms. Redd Thomas, Mariah’s maternal aunt, should be explored as a relative placement.
In conclusion, CASA respectfully recommends that:

- DCP&P assist Ms. JB in scheduling a follow-up medical exam for Mariah per pediatrician’s recommendation;
- Birth mother to begin a comprehensive substance abuse program and co comply with the recommendations of the counselors.
- DCP&P reinstate weekly visitations with Ms. Redd; and
- DCP&P assess Mr. and Ms. Redd-Thomas as placement option for Mariah.

Respectfully submitted,

Insert your name  
CASA Volunteer

Insert Case Supervisor name  
CASA Case Supervisor
COURT APPOINTED SPECIAL ADVOCATE
REPORT TO JUDGE BERNSTEIN
Hearing Date: November 2, 2016

CASE NAME: XXXX/ZZZZ/YYYY

DOCKET NUMBER: FN-07-123-45

DATE CASA ASSIGNED: 6/16/11

REPORT WRITTEN: 10/28/16

CHILD(REN) INFORMATION:

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth &amp; Age</th>
<th>Date of Placement</th>
<th># of Prior Placements</th>
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<tr>
<td>Amy YYYY</td>
<td>1/1/2000; 16</td>
<td>1/1/2011</td>
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SOURCES:

<table>
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<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Date of Contact</th>
<th>Type of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy</td>
<td>Child</td>
<td>8/23/16, 9/22/16, 10/22/16</td>
<td>In person</td>
</tr>
<tr>
<td>Ms. H</td>
<td>Resource Parent</td>
<td>Ongoing</td>
<td>In person, phone, and texts</td>
</tr>
<tr>
<td>Ms. Doe</td>
<td>CST Case Manager, Big City HS</td>
<td>Ongoing</td>
<td>In person, phone, and email</td>
</tr>
</tbody>
</table>

HEARING TYPE: Compliance Review

REASONS FOR PLACEMENT: Natural mother, Ms. XXXX, has an extensive history with DCPP dating back to May 15, 1997, with allegations of abuse, neglect, medical neglect, educational neglect, inadequate housing, and inadequate supervision. Allegation of neglect was substantiated in September 2011. All eight of the XXXX children were placed in DCPP’s custody in September 2011.

PLACEMENT HISTORY: Amy has lived with the current resource parent for over 4 years.

INVESTIGATION:
Educational:
Amy is in the 11th grade at Big City High School. She has an IEP with a classification of Mild Intellectual Disability and an IQ that falls in the Extremely Low Range (FSIQ = 57). Amy reads at a 1st grade level.

Amy’s class schedule reflects the changes made to her IEP in June 2016 to implement transitional planning services for her. She now attends a “Transitions” class for one period where she is learning job skills in office administration and sales. She continues to receive additional accommodations and modifications in all classes. Attached is Amy’s interim progress report.

On 8/23/16, CASA took Amy to the public library to apply for a library card and to borrow appropriate books. Amy had difficulty filling out the library card application because she did not know her home address and, after CASA told her the address, she could not spell the street name without assistance.

CASA spoke to Ms. Doe, CST case manager, on 9/20/16. She reported that Amy seems very happy in school and is enjoying her “Transitions” class. She further reported that a speech and language evaluation was conducted over the summer. Amy’s language skills were found to be in the deficient to low range and she is now receiving
speech services in school.

CASA visited Amy at school on 9/22/16. Amy has been tardy to school 16 times so far and, as a consequence, she has to serve detention during lunch period for each tardy. She stated that she walks to school in the morning and sometimes it takes her longer than anticipated to get there. Perhaps wearing a watch would help Amy stay on task and get to school on time. She would also benefit from a life skills program that could help her with time management skills. Amy reported to CASA that school is going well for her and that she likes her “Transitions” class.

Social/Emotional:
CASA visited Amy in the resource home on 8/23/16. The foster parent, Ms. H, reported that Amy’s behavior is negatively affected after visits with her natural mother. Amy returns to the foster home “angry, with an attitude, and with a personality change.” Ms. H wants to adopt Amy and has stated this desire to CASA at every home visit. Ms. H further stated, “I don’t know how I’m going to adopt her if this is how it’s going to be every time” referencing Amy’s behavior after the visits with natural mother. Ms. H expressed frustration and hurt feelings that the case has not moved towards adoption yet. Amy stated to CASA that she wants to be adopted by Ms. H but then added, “I can’t just forget about my mother.” Amy also stated that she confronted her natural mother about the fact that she has been in foster care for five years and that her natural mother has not made any efforts to gain back custody of Amy.

At the 9/22/16 visit, Amy reported some friction with her foster parent. Amy would like more freedom and independence. However, Ms. H has firm restrictions and curfews in place for her. Amy stated that the school’s Homecoming dance was that coming weekend and she had an argument with Ms. H about what to wear. Ms. H wanted her to wear something appropriate and modest, but Amy wanted to wear a dress that was modern and in line with current fashion trends. Amy stated that she still wanted to go to the dance and would figure out what to wear eventually. Amy reported that she continues to see her therapist weekly.

CASA visited Amy in the home on 10/22/16. Ms. H reported that Amy did attend the Homecoming dance in September and she wore a dress that Ms. H had approved of. However, at the dance, Amy changed into another dress that she had taken from Ms. H’s adult daughter – without permission. These actions caused considerable conflict in the home once discovered. The week following the dance, Amy was involved in a physical altercation in school. Several schoolmates were suspended along with Amy. Amy served a two-day out-of-school suspension on 9/28/16 and 9/29/16. According to Ms. Doe, the school’s position is that Amy did not engage in striking any individual and she was in the periphery of the altercation with tangential involvement. Nevertheless, she was still given a suspension as prescribed by school policy. Ms. H took Amy to her place of employment (hospital) on those two days to volunteer and stay busy. At the hospital, Amy took $2 from a patient without permission and the patient became very upset. Ms. H had to pay the patient back and apologize on behalf of Amy. Again, this negative behavior has caused significant tension in the home between Ms. H and Amy. Ms. H stated that she has lost trust in Amy and thinks that Amy is behaving this way to self-sabotage the adoption process.

At this visit, Amy reported to CASA that she had recently missed a few visits with her natural mother due to her after-school schedule. However, there was no school on 10/12/16 due to the religious holiday and Amy spent the day with her natural mother. During their time together, Amy reportedly told her natural mother that she needs to obtain a job, find a place to stay, and “let go” of Amy.

CONCLUSIONS/RECOMMENDATIONS:
Amy has been living with her foster parent for over 4 years and they have a strong bond. Ms. H has expressed a desire over several months this year to adopt Amy, and Amy wants to be adopted by Ms. H, but she is struggling with how to handle her relationship with her natural mother. Amy has recently made some poor choices which have resulted in a school suspension and conflict and tension in the home. Given Amy’s limited capacity and intellectual disability, it seems that a meeting with all involved parties could help determine the way forward to a much needed and more appropriate permanency plan.

At the February 2016 hearing, DCPP was ordered to provide Amy with one-on-one tutoring. She continues to struggle in school and it is crucial that she receive one-on-one tutoring to raise her reading comprehension level. This has not occurred as of the date of this report.

At the May 2016 hearing, DCPP was ordered to provide Amy with one-on-one life skills program for minors with limitations. Amy needs life skills training from an agency that can successfully train youth with a limited capacity. This has not occurred as of the date of this report.

DCPP was also ordered to provide Amy with a mentor. According to both Ms. H and Amy, the mentor met with Amy once and never returned after that visit. A mentor could provide Amy with encouragement, guidance, coping skills, and help her access community resources thus helping Amy make strides academically and personally.

Therefore, CASA recommends the following:
1. DCPP to ensure that Amy receives one-on-one tutoring to increase her reading and reading comprehension levels.
2. DCPP to ensure that Amy is enrolled and participates in an appropriate life-skills program.
3. DCPP to ensure that Amy receives mentoring services.
4. In-home therapy sessions to continue.

Respectfully submitted,

Aman D’Mello, MSW
CASA Case Supervisor

CC via email: Sylvester Stallone, DAG
Jennifer Lawrence, Esq
Leonardo Dicaprio, Esq
Judd Nelson, DCPP
The following list defines commonly used medical, psychological, sociological, legal, and educational terms and definitions as they apply to matters of child welfare and the juvenile court system.

**Abandonment**

Act of a parent or caretaker leaving a child without adequate supervision or provision for his/her needs for an excessive period of time. State statute may define a certain period of time as constituting legal abandonment.

**Abrasion**

Wound in which an area of the body surface is scraped of skin or mucous membrane.

**Abused Juvenile**

Defined by state statute. Generally, the child recipient of any physical injury, sexual abuse, or emotional abuse inflicted other than by accidental means by a person responsible for his/her care, custody, and control.

**Acculturation**

The process of integrating into a culture other than one’s own.

**Adjudication**

The process of delivering a judicial decision as to whether the facts alleged in a petition or other pleading are true.

**Adjudicatory Hearing**

The full court proceeding in which it is determined whether the allegations of the petition are supported by legally admissible evidence.

**Adoption**

The social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family. Adoption as a formal legal process is not found in most tribal cultures. Cultural adoptions as a traditional practice may be formalized...
through a ceremony, such as a naming ceremony. Cultural adoptions establish relationships for family that are referenced from that point forward.

Adoption Assistance & Child Welfare Act of 1980 (PL 96-272)

Federal law mandating that in order to be eligible for federal funds, states must document that they have when possible made reasonable efforts to provide preventive and reunification services to families when children have been placed out of the home. Removal of children from the home must be pursuant to a judicial determination and there must be periodic reviews of the case.

Affidavit

A statement of facts, which is sworn to (or affirmed) before an officer who has authority to administer an oath (e.g., a notary public). Before signing this statement, the person signing takes an oath that the contents are, to the best of his/her knowledge, true. It is also signed by the person administering the oath, to affirm that the person signing the affidavit was under oath when doing so. These documents carry great weight in courts to the extent that judges frequently accept an affidavit in place of the testimony of the witness.

Aggravated Circumstances

Any factor involved in the commission of an act of abuse or neglect that increases its enormity or adds to its injurious consequences, including, but not limited to, abandonment, torture, chronic abuse, or sexual abuse.

Allegation

An assertion or statement of a party to a legal action, which sets out what he/she expects to prove.

Anxiety

The anticipation of future threat. A typical response to life stressors, it reaches the level of a diagnosable disorder when feelings of anxiety and worry are persistent, excessive, and difficult to control.

Appeal

The attempt to have a final order of a trial court changed by seeking review of a higher court. Usually appeals are made and decided on questions of law only; issues of fact (e.g., did the minor suffer an accident, or was he
intentionally injured?) are left to the trial judge or jury, and seldom can be decided in an appeal.

**Arraignment**

The bringing of a person accused of a crime before a court to be advised of the charges against him/her and to state his/her answer to the charges.

**Assault**

Intentional or reckless threat of, or actual, physical injury to a person. Aggravated assault is committed with the intention of carrying out a threat of other crimes. Simple assault is committed without the intention of carrying out the threat of other crimes or if the attempt at injury is not complete.

**Attachment**

The psychological connection between people that permits them to have significance to each other. An affectionate bond between two individuals that endures through space and time and serves to join them emotionally. A strong and enduring bond of love that develops between a child and the person(s) he/she interacts with most frequently.

**Attention-Deficit Disorder with or without Hyperactivity (AD/HD)**

A behavioral diagnosis in which children exhibit a pattern of inattention and/or hyperactivity that interferes with functioning. AD/HD behaviors include having difficulty staying focused, seeming not to listen, and excessive fidgeting or talking. Thought to be caused by both inherited and environmental factors. Treatable through behavior management and/or the use of medication.

**Autism**

A developmental disability affecting verbal and nonverbal communication and social interaction. It is generally evident before age three. In young children with autism, lack of social and communication abilities may hinder learning, especially learning through social interaction.

**Bailiff**

A law enforcement officer, usually a deputy sheriff, assigned to a courtroom to keep peace and assist the judge, courtroom clerks, witnesses, and jury. A court attendant whose actual duties vary according to jurisdiction and judge but often include maintaining order in the courtroom.
Battered Child Syndrome

A medical condition, primarily seen in infants and young children. Evidence of the syndrome includes repeated nonaccidental injury to the nerves, skin, or skeletal system. Frequently, the history given by the caretaker does not explain the nature of occurrence of the injuries. Also called parent-infant-trauma syndrome (PITS) or maltreatment syndrome.

Best Interest of the Child

Standard for the court to use in deciding the disposition of a case following an adjudication of abuse, neglect, or dependency, and TPR proceeding. The standard that the CASA/GAL volunteer uses in choosing a course of advocacy for every child.

Bias

A personal and sometimes unreasoned judgment.

Bonding

The psychological attachment of caregiver (usually mother) to child, which develops during and immediately following childbirth. The aptitude for bonding, which appears to be crucial to the development of a healthy parent-child relationship, may be observed immediately following delivery to help identify potential families-at-risk.

Burden of Proof

The duty to prove allegations of a petition in a court hearing. It is the petitioner’s responsibility to prove the case. Neither the child nor the parents have the duty to explain unproven allegations.

Calendar

The court calendar is the list of cases to be called for hearing before a particular judge.

Caretaker

Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting, including a stepparent, foster parent, an adult member of the juvenile’s household, an adult relative entrusted with the juvenile’s care, or any person such as a house parent or cottage parent who has primary responsibility for supervis-
ing a juvenile’s health and welfare in a residential child care facility or residential educational facility.

CASA/GAL Volunteer

A volunteer child advocate who works to see that a child’s best interest is served in a court case.

Cerebral Palsy

A disability resulting from damage to those parts of the brain that control and coordinate the muscles. This brain damage occurs before or during birth or in the first few years of life. Causes are lack of oxygen to the developing brain, infections or disease, physical injury, premature birth, or maternal-child blood type incompatibility. Cerebral palsy is neither hereditary nor contagious. About seven hundred thousand people in the United States have cerebral palsy. Specific characteristics, which may occur alone or in combination, include spasticity, marked by tense, contracted muscles; atetosis, involuntary exaggerated movements of the arms, legs, and head; and ataxia, poor sense of balance and depth perception. Cerebral palsy may occur with other disabilities.

Certificate of Degree of Indian Blood (CDIB)

Document developed by the Bureau of Indian Affairs to identify Indian heritage and eligibility for services.

Child Abuse Prevention and Treatment Act (CAPTA) (PL 93-247)

Act introduced and promoted in Congress by U.S. Senator Walter Mondale and signed into law on January 31, 1974. The act established the National Center on Child Abuse and Neglect in the HEW Children’s Bureau and authorized annual appropriations. The purpose of the center is to conduct and compile research, provide an information clearinghouse, compile and publish training materials, provide technical assistance, investigate national incidence, and fund demonstration projects related to prevention, identification, and treatment.

Child Advocacy

Strategy for intervention in which a helping person assumes an active role in assisting or supporting a specific child and/or family or a cause on behalf of children and/or families. This could involve finding and facilitating services for specific cases, developing new services, or promoting program coordina-
The advocate uses his/her power to meet clients’ needs or to promote causes.

Child Protective Services (CPS)

The agency with exclusive power to file abuse, neglect, or dependency petitions in court. Names for this agency vary.

Child Sexual Abuse Accommodation Syndrome

A pattern of behavior in a child who is being sexually abused. The child victim will progress through five stages: secrecy, helplessness, entrapment and accommodation, delayed and conflicting disclosure, and retraction. Large numbers of children and their parents in proven cases of child sexual abuse exhibit this behavior pattern in order to maintain the child abuse victim within the family. However, such abuse tends to isolate the child from eventual acceptance and credibility within the larger society.

Civil Proceeding

Also called a “civil action.” Includes all lawsuits other than criminal prosecutions. Juvenile and family court cases are civil proceedings.

Clear, Cogent, and Convincing

The level of proof sometimes required in a civil case for the plaintiff to prevail. It means the judge (or jury, in some court settings) must be persuaded by the evidence that it is highly probable that the claim or affirmative defense is true. The clear and convincing evidence standard is a heavier burden than the preponderance of evidence standard but less than beyond a reasonable doubt. This is the level of proof needed to grant emergency custody or to terminate parental rights (except in ICWA cases). See also Standard of Proof.

Clerk of Court

An officer appointed by the court to work with the chief judge in overseeing the court’s administration, especially to assist in managing the flow of cases through the court and to maintain court records.

Community-Based Program

A program providing nonresidential or residential services to a juvenile in the community where his/her family lives. A community-based program may
include specialized foster care, family counseling, shelter care, and other appropriate services.

Competency
The legal fitness or ability of a witness to be heard on the trial of a case. All persons are presumed to be competent witnesses, including very young children. A person challenging a witness’s competency must show that the witness either cannot communicate information to the judge or jury or doesn’t comprehend the difference between right and wrong.

Concurrent Planning
A permanency planning strategy for assuring an expedient permanent placement for a child. Planning for reunification occurs simultaneously with the development of alternative permanency plans, including adoption, to be used in the event that it is not possible for the child to return to his/her family of origin.

Concussion
An injury to the soft structure of the brain resulting from violent shaking or jarring.

Confidentiality
Protection from public scrutiny of information that must be kept confidential. In child abuse and neglect matters, the CASA/GAL volunteer has access to all records pertaining to the child (unless federally protected), but may release such information to other parties only by court order or as designated by law.

Conflict Resolution
The capacity to resolve conflicts without having to resort to aggression. The process of conflict resolution may be done with the assistance of a neutral third party.

Congenital
Refers to any physical condition present at birth.

Consent Order
An official agreement by all parties to settle the case upon certain specified terms and submit it to the judge for approval.
Contempt

Any willful disobedience to or disregard of a court order, or any misconduct in the presence of a court. An action that interferes with a judge’s ability to administer justice or that insults the dignity of the court. Punishable by fine or imprisonment or both.

Continued or Continuance

Instance when a trial, hearing, or other court appearance is postponed to a later date. This is done by order of the court or upon agreement by the parties’ attorneys and approved by the court. In most cases, the new hearing date is set at the time of the continuance.

Corporal Punishment

Physical punishment inflicted directly upon the body.

Court Order/Judgment

Directive issued by the court, having the authority of the court, and enforceable by law.

Court Report

A written document presented to the court by the CASA/GAL volunteer stating the needs of the child and recommendations for disposition that would meet those needs.

Credibility

Believability of a person, especially a witness.

Criminal Prosecution

The process involving the filing of charges of a crime, followed by arraignment and trial of the defendant. Criminal prosecution may result in fines, imprisonment, and/or probation. Criminal defendants are entitled to acquittal unless charges against them are proven beyond a reasonable doubt. Technical rules of evidence exclude many kinds of proof in criminal trials, even though that proof might be admissible in civil proceedings.

Cross-Examination

The questioning of an opposing party’s witness about matters brought up during direct examination.
Cultural Awareness

A set of attitudes, beliefs, and actions based on continuing exploration of, understanding of, and respect for individual and cultural differences.

Culture

A learned pattern of customs, beliefs, and behaviors, socially acquired and socially transmitted through symbols and widely shared meanings. Culture is an organized group of learned responses—a system of ready-made solutions to the problems of people.

Custodian

The person or agency that has been awarded legal custody of a juvenile by a court. This may also be a person, other than a parent or legal guardian, who has assumed the status and obligation of a parent without being awarded the legal custody of a juvenile by a court.

Custody

The right to a child’s care and control, carrying with it the duty of providing food, shelter, medical care, education, and discipline.

Cystic Fibrosis

A genetic disease characterized by severe respiratory and digestive problems. The disorder involves the body’s inability to regulate salt secretions. This inability leads to damage of the lungs and pancreas. It also limits the child’s ability to conserve salt. Children with cystic fibrosis have chronic lung infections, scarring on their lungs that leads to lung disease, and a pancreas that does not function well. The latter causes juvenile diabetes. The child may also dehydrate quickly during exercise. Children and teens suffering from cystic fibrosis require pulmonary therapy several times a day to clear their lungs.

Deficit Model

A method of assessing and treating family or individual problems that focuses on a family’s weaknesses, and sets as the primary goal getting them off public services. In this model, it is the caseworker’s role to find out what is wrong with the family and to decide how best to “fix it.”
Delinquent Juvenile

Any minor who has been found by a court of law to have committed an act that would be a crime or infraction under state law or under an ordinance of local government, including violation of the motor vehicle laws, if committed by an adult.

Dependent Juvenile

A child in need of assistance or placement because he/she has no parent, guardian, or custodian responsible for his/her care or supervision, or whose parent, guardian, or custodian is unable to provide the care or supervision and lacks an appropriate alternative child care arrangement.

Depression

The oldest recognized and most prevalent emotional disorder. Depression can be difficult to diagnose because of its various origins, manifestations, and degrees of severity. Symptoms include significant emotional changes, including a depressed mood, sadness, gloom; spells of crying; anxiety; irritability; feelings of guilt and remorse; inability to concentrate; indecisiveness and loss of interest; loss of self-confidence and self-esteem; and desire to commit suicide. Treatment for both children and adults is typically a combination of psychotherapy and psychoactive drugs. Psychological testing may be needed to identify and treat the disorder.

Developmental Disabilities

A severe, chronic disability of a person attributed to a mental or physical impairment or a combination of mental and physical impairments. A developmental disability is manifested before the person is 18 years old. It is likely to continue indefinitely and results in functional limitations in three or more of these major life activities:

1. Ability to talk and express oneself, ability to understand and follow simple directives
2. Ability to dress self, brush teeth, use the toilet, etc.
3. Ability to learn colors, shapes, letters, words, foods, and the like
4. Ability to walk, run, or sit in a manner that is acceptable
5. Ability to make decisions or to do what is expected
6. Ability to live independently
7. Ability to partially support self
Differential Diagnosis

The determination of which of two or more diseases or conditions a patient is suffering from by systematically comparing and contrasting clinical findings.

Direct Examination

The process by which an attorney questions his/her own witness in order to present information to the court necessary for that attorney’s case. The questions are usually open-ended: “Tell the court about . . .” or “Describe the condition of the home.”

Dismissal

Action by the judge that removes a given case from the court.

Disposition

In juvenile court, the order that determines a treatment plan for a child already proven to be abused, neglected, and/or dependent. It is the equivalent of a sentence in criminal court.

Dispositional Hearing

The juvenile court hearing in which evidence is presented and arguments made to design the most appropriate treatment and choose the most appropriate placement for the child. In many courts, the dispositional hearing immediately follows the adjudicatory hearing. This type of hearing is not bound by the strict rules of evidence required in an adjudication.

Disproportionality

The experience of overrepresentation or underrepresentation of various groups in different social, political, or economic institutions (e.g., women are overrepresented when identifying single heads of households; African Americans and Latino Americans are overrepresented in the US prison population).

Dissociation

An involuntary, natural mechanism present in infancy and continuing throughout adulthood through which a person physically and/or mentally separates himself/herself to guard against unpleasant situations. Because children are limited in their coping abilities, they commonly use dissociation
to protect themselves from all or part of their painful experiences. Dissocia-
tion may become a preferred or automatic response in children who live in a
chaotic, chronically stressful, or traumatizing environment. It is these chil-
dren’s loss of awareness that enables them to perform, or at least survive
emotionally, in their respective environments; however, the use of protective
dissociation may become so extreme that it interferes with the child’s func-
tioning and development. Children’s sense of identity becomes fragmented
when they regularly cope with stressful situations by disowning parts of their
experiences. This fragmentation of the self may solidify into distinct patterns
that are perceived by the child and others around him/her as separate per-
sonality states, or multiple personality disorder.

District Court

The name of one of the courts of the United States. It is held by a judge,
called the district judge. Several courts under the same name have been
established by state authority.

Domestic Violence

The willful intimidation, physical assault, battery, sexual assault, and/or other
abusive behavior as part of a systematic pattern of power and control perpe-
trated by one intimate partner against another. The frequency and severity
of domestic violence can vary dramatically; however, the one constant com-
ponent of domestic violence is one partner’s consistent efforts to maintain
power and control over the other.

Dominant Group/Culture

The “mainstream” culture in a society, consisting of the people who hold the
power and influence.

Down Syndrome

The most common genetic condition associated with developmental disabil-
ities. Occurs when an individual has a full or partial extra copy of chromo-
some 21. This additional genetic material alters the course of development
and causes the characteristics associated with Down syndrome.

Due Process

The rights of persons involved in court proceedings to be treated with funda-
mental fairness. These rights include the right to adequate notice in advance
of hearings, notice of allegations of misconduct, assistance of a lawyer, and the right to confront and cross-examine witnesses.

Emancipation

When a minor achieves legal independence from his/her parents by court order or by getting married before reaching the age of majority.

Emergency Custody

Residential placement of a child alleged to be abused, neglected, or dependent in a licensed foster home, a facility operated by the child protection agency, or another home or facility approved by the court. The court, pending the adjudicatory hearing, may order such placement if the judge finds that placement with the parents is unsafe.

Emergency Custody Hearing

Hearing to determine if the child’s immediate welfare demands continued placement out of the home.

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, unworthy of friendship, unworthy of the natural birthright of all children: love and protection.

Empowerment Model

A collaborative family assistance model in which the caseworker assumes that family members know best what their strengths and problems are, and that they will be most successful in accomplishing plans they create to rectify problems. The caseworker’s role is to assist them in recognizing their strengths and challenges, to support that planning process, and to assist the family in implementing their plan. This may require teaching new skills.

Epilepsy

Seizures are the primary symptom of all forms of epilepsy, which is characterized by convulsions of the muscles, partial or total loss of consciousness, mental confusion, or disturbances of bodily functions usually controlled automatically by the brain and nervous system. Epilepsy occurs in 1% of the general US population. The disorder occurs more frequently in children than in adults. In about 80% of cases, the first seizure occurs within the first
decade of life. No one knows for sure why brain cells discharge abnormally and cause the symptoms of epilepsy.

Ethnicity

A group classification in which members share a unique social and cultural heritage and pass it on from one generation to the next. Ethnicity does not have to have a biological or genetic foundation.

Ethnocentrism

The attitude that one’s own cultural group is superior.

Evidence

Any sort of proof submitted to the court for the purpose of influencing the court’s decision.

Exhibit

Physical evidence used in court. In a child abuse case, an exhibit may consist of x-rays, photographs of the child’s injuries, or the actual materials presumably used to inflict the injuries. See also Evidence.

Ex Parte

Latin term that refers to situations in which only one party (and not the adversary) appears before a judge. Although a judge is normally required to meet with all parties in a case and not with just one, there are circumstances where this rule does not apply and the judge is allowed to meet with just one side (ex parte) such as when a plaintiff requests an order (e.g., to extend time for service of a summons) or dismissal before the answer or appearance of the defendant(s). In addition, sometimes judges will issue temporary orders ex parte (i.e., based on one party’s request without hearing from the other side) when time is limited or it would do no apparent good to hear the other side of the dispute. For example, if a wife claims domestic violence, a court may immediately issue an ex parte order telling her husband to stay away. Once he’s out of the house, the court holds a hearing, where he can tell his side and the court can decide whether the ex parte order should be made permanent.

Expert Witness

A person who testifies at a trial because he/she has special knowledge in a particular field that might be helpful to a judge (or jury). This person is
permitted to state his/her opinion concerning those technical matters even though he/she was not present at the event. Non-expert witnesses are permitted to testify only about facts they observed and not their opinions about these facts. An example of an expert witness is a child psychologist or development specialist who testifies about the best interest of the child when custody or visitation is in dispute.

**Failure to Thrive Syndrome (FTT)**

A serious medical condition most often seen in children under one year. An FTT child’s height, weight, and motor development fall significantly below the average growth rate of normal children. It is presumed that this failure to thrive is a result of inadequate nurturing, bonding, and attachment.

**Family Preservation Services**

Intensive, short-term service delivery programs that provide family therapy and skills education/training and help families obtain basic services, such as food and housing, to prevent removal of the children from the home and keep the family together.

**Family Risk Assessment**

A written evaluation, often in a checklist format, completed after an investigative report is substantiated and at various other times throughout the case. This assessment is completed to determine the present risk to the child of remaining with or being returned to his/her family.

**Felony**

One of several grave crimes, such as murder, rape, or burglary, punishable by a more stringent sentence than that given for a misdemeanor. An offense punishable by a maximum term of imprisonment of more than one year.

**Fetal Alcohol Syndrome (FAS)**

A condition in infants resulting from heavy alcohol consumption by the mother during pregnancy. Because alcohol easily crosses the placenta, its concentration in fetal blood equals that in maternal blood. Heavy alcohol intake during pregnancy is associated with numerous adverse effects on the fetus, including mental disability, hyperactivity, irritability, growth deficiencies, poor suck reflex in infants, and behavioral and learning disabilities. Children with FAS often have distinctive facial characteristics, such as small eyes, short noses, a flat, long upper lip area, and flattened mid-face. Following birth, the
infant may suffer from alcohol withdrawal. A similar, but less severe manifestation is called fetal alcohol effect (FAE).

Fine Motor Function

Primarily eye-hand coordination—the ability to receive and utilize signals from your eyes to perform tasks employing the fingers (e.g., tying shoelaces, playing electronic games, or building a model). A component of neuromotor functioning.

Foster Care

A form of substitute care, usually in a home licensed by a public agency, for children whose welfare and protection requires that they be removed from their own homes.

Fracture

A broken bone. One of the most common injuries suffered by battered children.

Gross Motor Function

The ability to facilitate and monitor feedback from the body’s large muscles (e.g., during athletic activities). A facet of neuromotor functioning. Also called “large motor function.”

Group Home

Residential placement in a non-family living arrangement for children with special needs.

Guardian ad Litem (GAL)

From Latin meaning “guardian at law.” The person appointed by the court to look out for the best interest of the child during the course of legal proceedings. In some jurisdictions, this advocate is an attorney; in others, the GAL is a volunteer.

Hearsay

Secondhand information that a witness heard about from someone else and did not see or hear directly. Hearsay is not admitted in court because it is not trustworthy, and because of various constitutional principles, such as the right to confront one’s accusers; however, there are so many exceptions that hearsay is more often admitted than excluded.
Hematoma

A swelling caused by a collection of blood in an enclosed space, such as under the skin or the skull.

Homophobia

Irrational fear of, aversion to, or discrimination against people who identify as lesbian, gay, or bisexual.

IEP (Individualized Education Program)

A written, legal document mandated by federal law to be developed for all students identified as needing special education services. It is developed in a team meeting in which parents, teachers, specialists, and the student, if appropriate, participate. The main goal of the IEP meeting is to discuss and review the educational needs of the student and write a program that identifies goals and objectives for the year.

Immunity, Legal

Legal protection from civil or criminal liability. Some states have reporting statutes that confer qualified immunity upon persons mandated to report, if the report was made in good faith, giving them a defense against libel, slander, invasion of privacy, false arrest, and other lawsuits that the accused person might file.

Impetigo

A highly contagious, rapidly spreading skin disorder that occurs mainly in infants and young children. The disease, characterized by red blisters, may be an indicator of neglect or poor living conditions.

In Camera

Latin term meaning, literally, “in chambers.” A hearing or judicial proceeding conducted in a judge's chambers or a private place where the public is not present.

In Loco Parentis

Latin term meaning a person, other than parents or legal guardian, who has assumed the status and obligation of a parent without being awarded the legal custody of a juvenile by the court. This term is often used to refer to the court itself taking over what should be parental responsibilities.
Incest

A sexual act between two persons who are related. Includes descent by blood or adoption, stepchild (while marriage creating their relationship still exists), brother, half-brother, sister, half-sister, niece, and nephew. Incest may occur between members of the same sex, but the most common form of incest is between father and daughter.

Indian Child

Any unmarried person who is under age 18 and either (a) is a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. (Note: There is another definition in the service provisions that is wider and may give a child the opportunity to access services. This can be important where a child can be enrolled because of failure to meet a residency requirement of a specific tribe but could access culturally relevant services. The third definition is in the notice section of ICWA, which requires that a tribe be notified whenever the court knows or has reason to know the child may be an Indian.)

Individuals with Disabilities Education Act (PL 94-142)

A federal law passed in 1975 and reauthorized in 1990 mandating that all children receive a free, appropriate public education regardless of the level or severity of their disability. It provides funds to assist states in the education of students with disabilities and requires that states make sure that these students receive an individualized education program (IEP) based on their unique needs in the least restrictive environment possible. All children ages 3 through 21 who need special education and related services because of a disabling condition are eligible.

Institutional Racism

Bias within an institution or a system that leads to disproportionately negative outcomes for people of a certain race or ethnicity.

Intellectual Disability

A disorder characterized by deficits in general mental abilities, such as reasoning, abstract thinking, and learning, and deficits in adaptive functioning that limit the ability for some activities of daily life and for independent living.

Interstate Compact

Agreement between all 50 states and the District of Columbia that has been passed as law by the states and been approved by Congress, governing out-of-state placements of children. It defines financial and supervisory responsibilities and guarantees consti-
tutional protections. It requires that a court secure a home study from the local child welfare agency in any out-of-state jurisdiction where placement is being considered.

**Jurisdiction**

The legal authority and power of the court to hear particular types of cases.

**Juvenile**

Any person who has not reached age 18 and is not married, emancipated, or a member of the armed services of the United States.

**Kinship Care**

Kinship care is the full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment.

**Laceration**

A jagged cut or wound.

**Leading Question**

A question that suggests an answer or puts words in the mouth of a witness. Allowable only when directed to the opposing party in a lawsuit or to an “adverse witness” during cross-examination. Often a leading question will begin, “Isn’t it true that . . . ?”

**Least Restrictive Alternative**

The principle that supports family autonomy, with in-home services provided by the child welfare agency only where necessary and then in the form that least intrudes on family autonomy. Consideration of placement outside the home should start at the least restrictive level: other family members, foster home, and then institutional placement, as most restrictive.

**Legal Risk Placement**

The placing of a child who is not yet legally free for adoption (but likely to be at some future time) with a family who agrees to serve as a foster placement for the time being and an adoptive family should that possibility occur.
Lesion

Any injury to any part of the body from any cause that results in damage or loss of structure or function of the body tissue. A lesion may be caused by poison, infection, dysfunction, or violence, and may be accidental or intentional.

Malnutrition

Failure to receive adequate nourishment. Often exhibited in neglected children, malnutrition may be caused by inadequate diet (either lack of food or insufficient amounts of needed vitamins) or by a disease or other abnormal condition affecting the body’s ability to properly process foods.

Medicaid

A government-sponsored health insurance program that provides care based on financial need.

Medically Fragile

A number of subgroups make up medically fragile infants and children, including infants weighing less than 1,500 grams at birth; infants, children, and teens who become medically fragile because of an illness after birth (e.g., lupus, renal disease); infants, children, and teens who sustain serious injuries or child abuse; infants born with multiple defects involving malformations in a number of organ systems (e.g., Down’s syndrome); and infants born addicted to alcohol or drugs because of the mother’s substance abuse during pregnancy.

Mongolian Spots

A birthmark that can appear anywhere on a child’s body, most frequently on the lower back. These dark spots usually fade by age 5. They may be mistaken for bruises and are found primarily on children of color.

Motion for Review

A legal action filed by any party in a court proceeding requesting the court to hear evidence on the current status of the child.

Munchausen Syndrome by Proxy (MSP)

A form of child abuse in which the parent/caretaker relates fictitious illnesses in his/her child by either inducing or fabricating the signs or symptoms. As
a result, the child is subjected to extensive medical tests and hospitalizations. The technical definition of MSP includes: (1) an illness in a child that is faked and/or produced by a parent or caretaker; (2) a parent or parent figure who presents the child for medical care persistently, often resulting in multiple medical procedures; (3) denial of the knowledge by the perpetrator as to the etiology of the illness; and (4) acute symptoms, which abate when the child is separated from the parent/caretaker.

**Neglected Juvenile**
Defined by state statutes. Usually arises from a parent’s passive indifference to a child’s well-being, such as failing to feed a child or leaving a child alone for an extended time.

**Neurosis**
A relatively mild mental illness involving symptoms of stress (depression, anxiety, obsessive behavior, hypochondria) but not a radical loss of touch with reality.

**Non-Respondent Parent**
Parent not involved in the court case.

**Notice**
Receipt of the petition by the parents, the CASA/GAL volunteer, or other parties to the case, which gives them fair warning of specific allegations sufficiently in advance of court proceedings so that reasonable opportunity to prepare will be afforded.

**Objection**
A lawyer’s protest about the legal propriety of a question.

**Oppositional Behavior**
A tendency to be defiant and noncompliant. When there is an enduring pattern of irritable mood, defiant behavior, and vindictiveness, the person may be diagnosed with oppositional defiant disorder. Harsh, inconsistent, or neglectful childrearing practices are common in families with children with this diagnosis.

**Order**
In legal practice, an order is a written directive of a court judge.
Overrule

A judge’s rejection of an attorney’s objection to a question to a witness (i.e., the question is legally proper). By overruling the objection, the trial judge allows the question to be answered or the evidence to be considered.

Parens Patria

Latin term meaning “the power of the sovereign.” Refers to the state’s power to act for or on behalf of incompetents, such as minors or some developmentally disabled persons.

Party

A person making or responding to a claim in a court or other adversarial proceeding. A person who sues or defends a lawsuit or any person joined in a lawsuit, such as a pension plan administrator, is called a party. A party has the right to conduct discovery and receive notice of all proceedings connected with the lawsuit.

Paternalism

A system under which an authority undertakes to supply needs or regulate conduct of those under its control in matters affecting them as individuals as well as in their relations to authority and each other.

Perception

The process by which sensory stimulation is converted into organized experiences. What appears to you; what you believe to be true.

Permanency Planning Hearing

A hearing that takes place one year after the child is removed from the home or 30 days after a judge orders reasonable efforts have been made. This hearing is designed to look at the child’s placement options, amount of time in care, the current plan, and further resources for the child.

Petition

A civil pleading filed to initiate a matter in juvenile court, setting forth specifically the alleged grounds for the court to take jurisdiction of the case and asking the court to do so and intervene.

Petitioner

The individual who initiates court action, whether by filing a petition or a motion for review alleging the matter for adjudication. For child abuse, neglect, or dependency cases,
the petitioner is generally the child protection agency caseworker acting on behalf of the agency.

**Physical Abuse**

Intentional harming of a child, use of excessive force, reckless endangerment.

**Plaintiff**

The person who initiates a lawsuit by filing a complaint. When the document that initiates a lawsuit is called a petition rather than a complaint, the initiating person is usually referred to as the petitioner rather than the plaintiff.

**Prejudice**

Preconceived judgment or opinion.

**Prima Facie**

Latin term approximately meaning “on the first appearance” or “on the face of it.” In law, this term is used in the context of a prima facie case, in which the presentation of evidence at a trial has been sufficiently strong to prove the allegations unless contradicted and overcome by other evidence.

**Privileged Communications**

Confidential communication that is protected by statutes and need not or cannot be disclosed in court over the objections of the holder of the privilege. Lawyers are almost always able to refuse to disclose what a client has told them in confidence. Priests, ministers, rabbis, doctors, psychotherapists, and spouses are all covered by privilege statutes, but their testimony can be compelled in many cases involving child abuse or neglect.

**Probable Cause**

A legal standard, used in a number of contexts, that indicates reasonable grounds for suspicion of or belief in the existence of certain facts or allegations.

**Probation**

In criminal or delinquent cases, a disposition that allows the convicted criminal defendant or the juvenile found to be delinquent to remain at liberty, under a suspended sentence of imprisonment, generally under the supervi-
sion of a probation officer, and usually under certain conditions. Violation of a condition is grounds for revocation of the probation.

**Pro Bono**

Latin term referring to attorney services rendered at no charge.

**Pro Se (or Pro Per)**

Latin term meaning to act as one’s own legal counsel.

**Protective Services Division**

The division of the local child protection agency responsible for investigating reports of child abuse, neglect, and dependency, preserving the family life of the parties involved where possible by enhancing parental capacity for good child care, and petitioning to court if necessary services are refused in serious situations.

**Psychotic Person**

A person who suffers a major mental disorder impairing his/her ability to think, respond emotionally, remember, communicate, interpret reality, or behave appropriately, so as to interfere with his/her capacity to meet the ordinary demands of life. The term “psychotic” is neither very precise nor definite. It is estimated that significantly fewer than 10% of all abusive or neglectful parents are psychotic.

**Race**

A social construct used to distinguish a population of humans from other populations. Race is a relatively modern idea that has been used to justify social inequalities. It does not have a basis in genetics.

**Racism**

A belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race. Also, racial prejudice or discrimination.

**Reasonable Efforts**

The diligent use of preventive or reunification services by the child protection agency when a juvenile’s remaining at home or returning home is consistent with achieving a safe, permanent home for the juvenile within a reasonable period of time. If a court of competent jurisdiction determines that the juve-
nile is not to be returned home, then reasonable efforts means the diligent and timely use of permanency planning services by the child protection agency to develop and implement a permanent plan for the juvenile. It is the judge who determines whether the agency has made “reasonable efforts” to prevent the child’s placement and reunify the family. The two factors central to this determination are the quality of the efforts and the nature of the services offered. Quality of effort refers to a reasonable level of diligence and good judgment and the absence of negligence. Nature of services refers to the availability of services to meet the needs of the child and/or family.

Recant
To withdraw a statement.

Recross-Examination
After redirect or rebuttal is completed, the opposing counsel are permitted to ask the witness questions covering the issues addressed in the redirect or rebuttal examination.

Redirect Examination or Rebuttal
Upon conclusion of all cross-examination, the attorneys are permitted to ask the witness more questions. These questions are called “redirect” or “rebuttal” questions, and they are designed to undo any damage to the attorney’s case resulting from the cross-examination.

Reporting Laws
State laws that require specified persons to notify public authorities of cases of suspected child abuse and neglect. All 50 states now have reporting statutes, but they differ widely in what must be reported, persons who must report, manner of reporting (written, oral, or both), and the degree of immunity conferred upon reporters.

Review Hearing
A hearing conducted by a judge, within certain time frames, to review the status of a child’s case.

Schizophrenia and Other Psychotic Disorders
These disorders are characterized by symptoms such as thought disorders, hallucinations, delusions, and decreased emotional expressions. With the help of new medications aided by psychotherapy, schizophrenia can be controlled
so that people with the disorder can maintain employment and live with their families.

**Sexual Abuse**

Engaging a child in any activity for the adult’s own sexual gratification.

**Shaken Baby Syndrome**

Injury to an infant or baby that results from the child having been shaken, creating a whiplash effect, usually as a misguided form of discipline. It is often accompanied by blunt force trauma to the head. The most common symptom is bleeding inside the head. Repeated instances of shaking can result in mental and developmental disabilities and, in extreme cases, death.

**Sickle Cell Anemia**

A genetic defect of hemoglobin, the oxygen-carrying protein in red blood cells. Sickle cell anemia changes the shape of red blood cells, making them “plug up” small blood vessels and choke off the blood supply to the tissues. During periods of frequent sickle-cell crisis, children and teens can be incapacitated for weeks or months. The children experience severe pain, require frequent hospitalizations, and often require emergency care to obtain oxygen and fluids. Sickle cell anemia occurs in about 160 of each one hundred thousand live African American births.

**Skeletal Survey**

A series of x-rays that studies all bones of the body. Such a survey should be done in all cases of suspected physical abuse to locate any old, as well as new, fractures.

**Social History**

Also called social study, social report, or pre-hearing report. Information compiled by a caseworker about a child and/or family’s functioning. This material may be presented for the juvenile court’s consideration at the disposition hearing. Social histories often contain material that is hearsay.

**Stand**

The place where the witness sits while testifying. It is usually a chair beside the judge’s bench. When called to testify, the witness “takes the stand.”
Standard of Proof

In different judicial proceedings there are varying requirements of proof. Three of the most commonly used standards are:

1. Beyond a Reasonable Doubt: Evidence that is entirely convincing or satisfying to a moral certainty. This is the strictest standard of all and applies to all criminal proceedings. It is the standard applied to termination of parental rights that come under the provisions of the Indian Child Welfare Act (PL 95-608).

2. Clear, Cogent, and Convincing Evidence: Less evidence than is required to prove a case beyond a reasonable doubt, but still an amount that would make one confident of the truth of the allegations. This is the standard applied to TPR cases (unless ICWA applies).

3. Preponderance of Evidence: Merely presenting a greater weight of credible evidence than that presented by the opposing party. This is the lowest standard of proof; used in most civil court proceedings.

Statute

A law passed by the legislature.

Stereotype

Something conforming to a fixed or general pattern, especially a standard-ized mental picture that is held in common by members of a group and that represents an oversimplified opinion, prejudice, attitude, or uncritical judgment.

Stipulation

An agreement (oral or written, depending on the jurisdiction and nature of the proceeding) between the attorneys in a case that allows a certain fact to be established in evidence without further proof (e.g., the lawyers in a child abuse case may stipulate that the x-rays show a fracture so that the radiologist will not have to be subpoenaed to testify).

Subdural Hematoma

A common symptom of abused children, consisting of a collection of blood beneath the outermost membrane covering the brain and spinal cord. The hematoma may be caused by a blow to the head or from shaking a baby or small child. See also Shaken Baby Syndrome.
Subpoena

An order of the court for a witness to appear at a particular time and place to testify and/or produce documents in his/her control. A subpoena is used to obtain testimony from a witness at depositions (where testimony under oath is given outside of court) and at trial. Failure to appear as ordered by the subpoena can be punished as contempt of court if it appears the absence was intentional or without cause.

Subpoena Duces Tecum

Subpoena requiring the person subpoenaed to bring records to court.

Substantiation

A decision by the child protection agency to confirm a report of abuse or neglect after an investigation. It is then the agency’s responsibility to determine if a petition should be filed or if the situation can be corrected with voluntary acceptance of protective services.

Sudden Infant Death Syndrome (SIDS)

A sudden, unexpected death of any infant in whom a thorough postmortem examination fails to show a clear cause of death. Recent studies suggest that some infant deaths attributed to SIDS were related to other previously unknown causes.

Summons

A legal document issued by a court clerk or other court officer, usually handed in person by the sheriff to the person summoned, notifying the named person that a lawsuit or legal cause has been filed against or involves him/her, and notifying that person of any dates set for hearings and deadlines for responding to the complaint or petition.

Supervised Visitation

Visits between parent and child that are overseen by another person who is present at all times. Usually, supervised visitation is recommended when there is reason to believe a parent may seek information about the foster placement or influence a child to recant allegations or try to leave the area with the child. Supervision may be provided by the caseworker, a relative who is caring for the child, or another responsible adult.

Supplemental Security Income (SSI)

Monthly financial benefits provided to dependent, disabled children whose families meet financial criteria and to disabled adults who are unable to be competitively employed and who meet income and asset criteria.
Sustain

A judge’s agreement with an attorney’s objection to a question posed to a witness (i.e., the question is not legally proper). By sustaining the objection, the judge does not allow the question to be answered or the evidence to be considered.

Sworn or Swear

To declare under oath that one will tell the truth (sometimes “the truth, the whole truth, and nothing but the truth”). Failure to tell the truth and to do so knowingly is the crime of perjury. A witness is given the option of swearing to tell the truth or affirming to tell the truth.

The System

In this context, either the child protective services system or the child protective services system and the court.

TANF (Temporary Aid for Needy Families)

Assistance payments to families in need (formerly known as AFDC), which are subject to five-year limits.

Temporary Custody

Taking physical custody from the parent and providing personal care and supervision by the state until a court order for emergency custody can be obtained. State law defines how many hours a child may be held in temporary custody without an emergency custody order entered by a judge.

Title IV-D

A 1975 amendment to the Social Security Act. Provides greater assistance to the states in establishing paternity and enforcing child support orders. Also created the Child Support Enforcement program to oversee child support enforcement operations at the state level.

Title IV-E

An amendment to the Social Security Act that created a federally funded program for out-of-home placement of children.
Tolerance

Sympathy or indulgence for beliefs or practices differing from or conflicting with one’s own.

Tourette Syndrome

A disorder that involves repetitive movements or unwanted sounds (tics) that can’t be easily controlled. Although there’s no cure for Tourette syndrome, treatments are available.

Trauma

An internal or external injury or wound caused by an outside force. Usually trauma means injury by violence, but it may also apply to the wound caused by any surgical procedure. Trauma may be caused accidentally or, as in a case of physical abuse, non-accidentally. Trauma is also a term applied to the psychological discomfort or symptoms resulting from an emotional shock or painful experience.

Tribe

There are 566 federally recognized tribal governments in the United States. The United States recognizes the right of these tribes to self-government and supports their tribal sovereignty and self-determination. These tribes possess the right to form their own government, to enforce laws (both civil and criminal), to tax, to establish membership, to license and regulate activities, to zone, and to exclude persons from tribal territories.

Undisciplined Juvenile

A minor who is regularly truant from school, disobedient beyond parental control, regularly found in places unlawful for a juvenile, or has run away from home. The child has not violated any adult criminal law.

Unsubstantiated

The finding after investigation by child protection agency or law enforcement that no abuse or neglect is occurring.

Unsupervised Visitation

Visitation between a parent and child that does not require the family to stay in one place and be watched by a creditable observer, usually a family member or caseworker.
**Venereal Disease**

Any disease transmitted by sexual contact. Presence of a venereal disease in a child may indicate that the mother was infected with the disease during pregnancy, or it may be evidence of sexual abuse.

**Venue**

Juvenile court venue refers to the county or counties in which a lawsuit may be initiated based on such factors as where the parents reside, where the child resides, or where the child is found.

**Voir Dire**

Latin term meaning “to speak the truth.” The procedure during which lawyers question prospective jurors to determine their biases, if any. Also the procedure in which lawyers examine expert witnesses regarding their qualifications, before the experts are permitted to give opinion testimony.

**Voluntary Placement**

Act of a parent to relinquish custody of his/her child to a child protection agency.

**Waiver**

The understanding and voluntary relinquishment of a known right, such as the right to counsel, the right to remain silent during police questioning, or the right to a separate hearing.

**Witness**

A person who testifies under oath in a legal proceeding.

**Xenophobia**

A fear of all that is foreign; a fear of strange people or “foreigners.”

Please add your own terms and definitions here:

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