
**National Court Appointed Special Advocate
Association Volunteer Training Curriculum**

VOLUNTEER MANUAL

2nd Edition

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**A POWERFUL VOICE
IN A CHILD'S LIFE.™**

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CASA/GAL VOLUNTEER MANUAL



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CHAPTER 1

Introducing the CASA/GAL Volunteer Role



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CHAPTER 1

Introducing the CASA/GAL Volunteer Role



Homework for the Session

Prior to beginning work on this chapter, you should read the Parker-Solano training case. This case is based on the actual story of one family involved in the child protective services system. A copy of the training case appears in the Resource Materials section of this chapter.



Goal

In this chapter I will explore the goals of CASA/GAL volunteer training. I will learn what I can expect and what is expected of me as an adult learner participating in this training program. Additionally, I will be introduced to the roles and responsibilities of a CASA/GAL volunteer.



Objectives

By the end of this chapter, I will be able to...

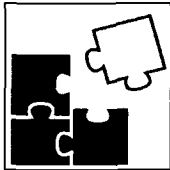
- ✓ Identify my expectations and begin to explore my commitment to this work.
- ✓ Give an overview of the training course.
- ✓ Recognize what is expected of me during the training.
- ✓ Define the mission of the CASA/GAL program.
- ✓ Name the six basic principles and concepts that guide CASA/GAL volunteer work.



UNIT 1: Welcome

Welcome to CASA/GAL volunteer training. This training is designed to provide you the opportunity to learn the skills, knowledge, and attitudes needed to be a CASA/GAL volunteer, an advocate for children who find themselves involved in the court system through no fault of their own. The children with whom you will work are victims of child abuse and neglect. Many of these children are in foster care. They need a “voice in court” in order to find a safe, permanent home quickly—whether that means returning to a parent or being adopted. The CASA/GAL volunteer provides that voice, sharing with the court both what the child wants and recommendations about what is in that child’s best interest. It is important work that requires the commitment of your time, your energy, and your heart.

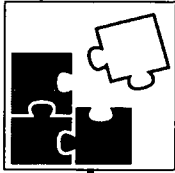
The purpose of this training is to develop volunteers who are competent, reasonably autonomous, and able to exercise good judgment in their role as CASA/GAL volunteers. It is designed to model values important to CASA/GAL volunteer work, including autonomy, responsibility, self-awareness, respect for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



Activity 1A: Video & Introduction

Part 1: Watch the video “Everyday Heroes,” which gives an overview of the work of the CASA/GAL volunteer. As you watch the video, consider the similarities and differences between the experiences of the children in the video and those of Ben and Damien, the children in the Parker-Solano training case, which you read for homework. (Many of the activities in the upcoming chapters will use the Parker-Solano training case as the basis for learning about the work you will be doing as a CASA/GAL volunteer.)

Part 2: Select a partner and introduce yourself. Share your reasons for becoming a CASA/GAL volunteer and name one concern that you have about volunteering. After five minutes, we will take turns introducing ourselves to the large group.



Activity 1B: Expectations & Commitment

Part 1: Read the overview of the training program, which begins on the next page, and the training objectives and content that follow. Then, divide into small groups and describe your personal expectations of this training to your group. Write each expectation on a card and initial each of your cards. Post your cards on the chart labeled “Expectations.” We will share all responses. During our last training session we will return to the “Expectations” chart to see if your expectations for this training were met.

Part 2: Again in your small group, consider the commitment required to be successful in this training and as a CASA/GAL volunteer. Brainstorm issues that might determine your readiness for this work (e.g., time available). As a group, select the five most important considerations to share with the large group. At the end of this chapter, we will look back at these issues.

Activity 1B. Part 1. adapted from *Training Through Dialogue*. Jane Vella. San Francisco: Jossey-Bass. 1995. pages 17-19.

Overview

The Situation That Calls for the Training

A CASA/GAL volunteer needs specific knowledge, attitudes, and skills to advocate effectively for a child. Children who have been abused or neglected are often without a voice in the court system unless they have a CASA/GAL volunteer to advocate for their best interests. An effective advocate is able to:

1. Approach each case with the single goal of advocating for interventions and services designed to ensure that the child is in a safe, stable, and permanent home as soon as possible;
2. Work within the parameters of federal and state laws governing child abuse, neglect, and dependency cases; and
3. Under the guidance of the CASA/GAL program staff:
 - Conduct an independent investigation to gather facts and continue researching cases to ascertain the needs and wishes of the child;
 - Collaborate with the child (when possible), the child’s family, the child protective services agency, and other service providers to identify the appropriate resources for meeting the needs of the child and to determine where those resources are available;
 - Consistently design and present to the court fact-based recommendations so that appropriate resources can be ordered to meet the needs of the child; and
 - Monitor the case until the child is in a safe, permanent home.

Training Site & Time Frame

To meet National CASA Association standards, local CASA/GAL programs will schedule at least thirty hours of training with the goal of creating strong child advocates.

Content & Objectives

The content and objectives of this training are outlined in the chart that follows. In addition, each local training will address the needs of local programs as well as applicable state, tribal, or local laws, standards, and/or regulations. A glossary at the end of this manual defines terms commonly used in matters of child welfare and the juvenile court system.

CHAPTER 1: Introducing the CASA/GAL Volunteer Role		
	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	Participant's reasons for volunteering	Shares his/her reasons for volunteering.
	Concerns and expectations for this training	Names concerns and expectations for this training.
	Volunteer commitment	Explores the commitment required for CASA/GAL volunteer work.
	Course agenda	Reviews course agenda.
Unit 2	CASA/GAL program mission	Defines the mission of the CASA/GAL program.
Unit 3	Principles and concepts that guide the work	Names the basic principles and concepts that guide CASA/GAL volunteer work.
	"Best interest"	Reviews an overview of the principle of "best interest" of a child.
	Role of the CASA/GAL volunteer	Identifies investigation, facilitation, advocacy, and monitoring as the primary roles of the CASA/GAL volunteer.
	Responsibilities of the CASA/GAL volunteer	Reviews the responsibilities of the role of the CASA/GAL volunteer.
	Relationship with the child	Reviews the parameters of the CASA/GAL volunteer-child relationship.
	Relationship boundaries with children and families	Learns the balance between involvement and objectivity.
	Minimum sufficient level of care	Reviews an introduction to the concept of minimum sufficient level of care as the standard for removal and return of children to their parents.
Unit 4	Attitudes, values, and skills	Describes personal attitudes, values, and skills that will enhance the work of a CASA/GAL volunteer.
	The influence of personal perspective	Specifies ways in which personal perspective may influence the work of a CASA/GAL volunteer.

CHAPTER 2: Introducing the Law, the Child Protection System & the Courts

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	History of child advocacy	Reviews the history of the child advocacy movement and the development of the CASA/GAL program.
	Federal laws regarding abuse and neglect	Names the federal laws and lists the key features of each law.
Unit 2	State laws regarding abuse and neglect	Identifies relevant state, tribal, and local laws and their application to the work of the CASA/GAL volunteer.
Unit 3	Child neglect, physical abuse, and sexual abuse	Describes the range of behaviors defined as child abuse/neglect.
	Child protective services system	Examines the way cases enter the child protective services system.
Unit 4	Participants in the case	Identifies the perspectives and roles of the various participants in a child abuse/neglect court case.
Unit 5	Confidentiality	Distinguishes conditions of confidentiality.
Unit 6	Juvenile court process	Summarizes the juvenile court process.

CHAPTER 3: Exploring Cultural Awareness

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	Facets of cultural diversity	Recognizes that there are many facets of diversity.
Unit 2	Related vocabulary	Develops a working vocabulary related to concepts of culture, race, and ethnicity.
Unit 3	Personal identity and culture	Explores the meaning of personal identity and how culture affects values, attitudes, and behaviors.
Unit 4	Culturally appropriate, culturally aware practices for families	Identifies and applies culturally sensitive and culturally appropriate practices to the children and families.
Unit 5	Understanding personal values	Examines the relationship between personal values and the culture in which these values were developed.
Unit 6	Cross-cultural communication	Examines the importance of language in defining culture and the importance of cross-cultural communication in the work of a CASA/GAL volunteer.
Unit 7	Resources for action	Identifies national and community resources to increase the understanding and appreciation of diversity.

CHAPTER 3: Exploring Cultural Awareness

Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Action plan	Identifies the steps for continuing education and recognizes this is a lifelong process.

CHAPTER 4: Understanding Families – Part 1

Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1 A resource model for families	Learns to look for the strengths and resources in families.
Unit 2 Financial and non-financial resources	Defines poverty as a lack of resources.
Unit 3 Families and culture	Uses cultural norms and community standards as a framework for understanding families.
Unit 4 Stress in families	Identifies factors that influence the ways a family copes with change, crisis, and stress.
Unit 5 Risk factors for abuse and neglect	Specifies conditions associated with child abuse and neglect.
Issues for families	Recognizes how personal values and biases about mental illness, substance abuse, and domestic violence can affect objectivity regarding risks for the child.
Unit 6 Adult mental illness	Recognizes the impact of mental illness and identifies resources for assessment and treatment.

CHAPTER 5: Understanding Families – Part 2

Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1 Substance abuse/dependency	Recognizes the impact of parental substance abuse/dependency on entire families.
Unit 2 Domestic violence	Recognizes the impact of domestic violence on children and the relationship of domestic violence to child abuse and neglect.
Unit 3 Facts about poverty	Reviews the reality of poverty for children and families in the United States.
Unit 4 Myths about poverty	Separates myths from facts about poverty and explores poverty's impact on children.

CHAPTER 5: Understanding Families – Part 2

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
	Poverty and culture	Reviews the relationship between poverty and culture.
Unit 5	Generational vs. situational poverty	Uses a model that defines generational vs. situational poverty.
Unit 6	The child in the family	Examines the importance of family to the child.

CHAPTER 6: Understanding Children

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	What all people need	Analyzes a child's needs using Maslow's hierarchy of needs as a framework.
Unit 2	How children grow and develop	Assesses age-appropriate behavior for children from birth through adolescence.
Unit 3	Attachment	Identifies behavioral signs of attachment and lack of attachment in children.
Unit 4	Separation	Recognizes typical reactions of children and their parents to separation and loss.
Unit 5	Permanence for children	Examines a child's need for a safe and permanent home.
Unit 6	Educational, emotional, and psychological issues for children	Identifies warning signs of educational, emotional, and psychological issues that might require professional assessment and/or intervention.
Unit 7	Resiliency	Recognizes protective factors as tools for building resiliency.

CHAPTER 7: Communicating as a CASA/GAL Volunteer

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	Basic elements of communication	Names the basic elements of communication.
	Child observations and interviews	Recognizes the importance of observation in gathering information about children and identifies the elements of a successful child interview.
Unit 2	Establishing rapport and trust with children	Reviews important skills for building rapport and trust with a child.

CHAPTER 7: Communicating as a CASA/GAL Volunteer

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 3	A collaborative approach	Applies a collaborative approach to dealing with conflict.
Unit 4	Dealing with conflict	Identifies different styles of dealing with conflict.
Unit 5	Confidentiality	Revisits the concept of confidentiality.

CHAPTER 8: Practicing the CASA/GAL Volunteer Role— Gathering Information

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	How a CASA/GAL volunteer is appointed to a case	Reviews the process used to appoint a CASA/GAL volunteer to a case.
Unit 2	Planning the investigation and gathering information	Creates and implements a strategy to gather information about a case.
Unit 3	Successful CASA/GAL volunteer interviews	Identifies the components of a successful interview.
Unit 4	Community resources	Names and describes community resources that might be effective in addressing the needs of a child.

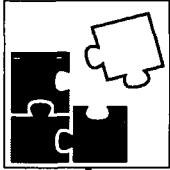
CHAPTER 9: Practicing the CASA/GAL Volunteer Role— Reporting & Monitoring

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	Organizing information	Systematically organizes information pertinent to a case.
Unit 2	Writing court reports	Synthesizes information to write an effective court report.
	Making recommendations	Utilizes all of the above to make appropriate recommendations about the needs of a child.
Unit 3	Appearing in court	Identifies strategies for testifying and presenting information in court effectively.
Unit 4	Monitoring a case	Practices the steps required to monitor a case from the dispositional order until the child is in a safe, permanent home.

CHAPTER 10: Pulling It All Together

	Skills/Knowledge/Attitudes	Achievement/Outcome-Based Objectives
Unit 1	Support and self-confidence	Identifies strategies for self-care.
Unit 2	Volunteer safety	Identifies safety tips for volunteers.
Unit 3	Role of CASA/GAL program staff	Reviews the role of CASA/GAL program staff for volunteer supervision and support.
Unit 4	CASA/GAL program office procedures	Reviews CASA/GAL program office procedures for case assignment, obtaining records, submitting court reports, etc.
Unit 5	Children—the heart of the work	Revisits the fundamental reason for the CASA/GAL program—children in need of advocacy.
Unit 6	Expectations	Identifies any unmet expectations of training and addresses—or makes a plan to address—any remaining expectations.
	Training evaluation	Submits an evaluation of this training program.
Unit 7	CASA/GAL volunteer Jeopardy	Reviews essential concepts for the CASA/GAL volunteer.

UNIT 2: The Mission of the CASA/GAL Program

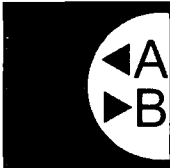


Activity 1C: Advocacy in Action

Read the definition of “advocate” that follows. Think of a time you advocated for someone, and in pairs, relate your experience by responding to the following questions:

- Describe the situation.
- What was it about the situation that prompted you to take on the role of advocate?
- What was the result of your advocacy?
- How did the person you advocated for respond?
- If given this same situation again, what would you do differently?

We’ll share some of these stories with the large group and discuss what we would do differently.



ad-vo-cate *n* [ME *advocat*, fr. MF, fr. L *advocatus*, fr. pp. of *advocare* to summon, fr. *ad-* + *vocare* to call -- more at VOICE] **1**: one that pleads the cause of another; *specif*: one that pleads the cause of another before a tribunal or judicial court **2**: one that defends or maintains a cause or proposal.

ad-vo-cate *vt* **-cat-ed; -cat-ing**: to plead in favor of, *syn* see SUPPORT

Merriam-Webster's Collegiate Dictionary, 10th ed., Merriam-Webster, Inc., May 1996.

“

Our mission is to speak for the best interests of abused and neglected children who are involved in the juvenile courts.

We work with state and local CASA and volunteer guardian ad litem programs to promote and support quality volunteer advocacy to help assure each child a safe, permanent, nurturing home.

National CASA Mission

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

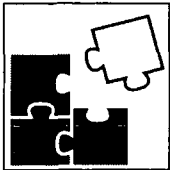
- ✓ An individual who has been screened and trained by the CASA/GAL program and appointed by the court to advocate for children who come into the court system primarily as a result of alleged abuse or neglect.
- ✓ An individual who respects a child's inherent right to grow up with dignity in a safe environment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

UNIT 3: Principles & Concepts That Guide CASA/GAL Volunteer Work

What Is “Best Interest”?

Introducing the “Best Interest” Principle—What It Means:

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



Activity 1D: Best Interest of the Child

Listen as the facilitator introduces the principle of “Best Interest.” Fill in the blanks on the next page as the facilitator shares the National CASA Association interpretation of this principle as it relates to the work of the CASA/GAL volunteer.

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 court 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.

Juvenile court 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 his/her own people determine what is best for his/her future.

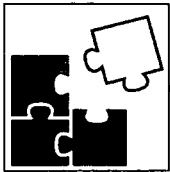
Fill in the blanks with the correct word.

National CASA interprets the “best interest of the child” standard to mean that to determine the best interest of the child, the CASA/GAL volunteer should _____ the child he/she is appointed to advocate for well enough to form _____ recommendations to the court that address the child’s _____, and know appropriate _____ to meet those needs.

The CASA/GAL volunteer also informs the court of the child’s _____, whether or not those wishes are, in the opinion of the CASA/GAL volunteer, in the child’s best interest.

KEY: National CASA interprets this standard to mean that to determine the best interest of the child, the CASA/GAL volunteer should know the children he/she is appointed to advocate for well enough to form fact-based recommendations to the court that address the child’s needs, and know appropriate resources to meet those needs. The CASA/GAL volunteer also 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 Role of the CASA/GAL Volunteer



Activity 1E: The Key Components of the CASA/GAL Volunteer Role

Read the definitions of the four components of the CASA/GAL volunteer role. On a Post-it note, write the first word that comes to mind as you consider each of the four terms. Post your notes on the flipchart pages at the front of the room. Listen as the facilitator further describes each of these elements of your work as a CASA/GAL volunteer. Where do you see your words in the facilitator's description?

As a CASA/GAL volunteer, your role consists of carrying out the following activities, which will be explored at length throughout this training:

✓ **Investigation**

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

✓ **Facilitation**

You 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.

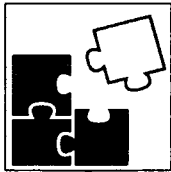
✓ **Advocacy**

You speak up for and plead the case of the child for whom you are appointed.

✓ **Monitoring**

You keep track of whether the orders of the court, as well as the plans of the child protective services agency, are carried out, and you report to the court or collaborate with the child protective services agency when any of the parties do not follow those orders and plans.

The Responsibilities of the CASA/GAL Volunteer



Activity 1F: What Are the Responsibilities of the Job?

Listen as the facilitator gives an overview of the responsibilities of the CASA/GAL volunteer. In the margin, star the ideas that seem most important to you. In small groups, select your three top ideas to present to the large group. We'll hear from each group.

Following the completion of training, CASA/GAL volunteers must take an oath before the court that requires them to fulfill the role that is assigned to them and to do so while respecting the confidentiality of all information or reports revealed to them.

The National CASA Association sets standards for CASA/GAL volunteer work. The following responsibilities, which may be required by state and local programs, are listed in those standards:

- Reviewing records;
- Interviewing appropriate parties involved in the case, including the child;
- Determining whether a permanent plan has been created for the child in accordance with federal and state laws and whether appropriate services, including reasonable efforts, are being provided to the child and family;
- Submitting a signed written report with recommendations to the court on what placement, visitation plan, services, and permanent plan are in the best interest of the child;
- Attending court hearings;
- Maintaining complete records about the case, including appointments scheduled, interviews held, and information gathered about the child and the child's life circumstances; and
- Returning all case records and notes to the CASA/GAL program when the case is closed or when the volunteer closes the case.

National CASA standards regarding confidentiality include the following:

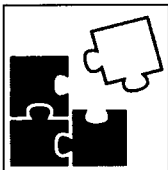
- CASA/GAL volunteers respect the child's right to privacy by maintaining confidentiality;
- The CASA/GAL volunteer complies with all applicable statutory requirements pertaining to confidentiality of client information;
- Access to confidential records obtained by CASA/GAL volunteers is limited to the court, authorized agency personnel, and others outside the agency whose request for access to confidential information is permitted by statute or the court; and
- All records are safely and securely maintained.



The CASA/GAL Volunteer's Relationship with the Child

Establishing a relationship with the child is one of the most important things a CASA/GAL volunteer does. The ideal relationship is one that maximizes the CASA/GAL volunteer's ability to advocate successfully for the child. The following guidelines describe the parameters for the CASA/GAL volunteer's relationship and contacts with the child:

The CASA/GAL volunteer has direct and sufficient contact with his/her client to carry out an independent and valid investigation of the child's circumstances, including the child's needs and wants, 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 the CASA/GAL volunteer with firsthand knowledge of the child and his/her unique personality, abilities, and needs. While social contact is permitted with the child to develop trust and a meaningful relationship, the CASA/GAL volunteer functions as an objective advocate for the child and not as the child's attorney, caseworker, counselor, or parental figure. The CASA/GAL volunteer does not provide direct services to the child, such as supervising visitation; however, it is appropriate for the volunteer to observe visitation. Under no circumstances shall the CASA/GAL volunteer take the child into the CASA/GAL volunteer's home, provide shelter for the child, or take the child on an overnight outing.

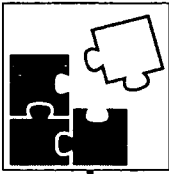


Activity 1G: Volunteer-Child Relationship Dilemmas

The facilitator will provide CASA/GAL Volunteer-Child Relationship Dilemma sheets. Select one and read the dilemma on your sheet. The facilitator will ask for volunteers to read aloud the situations on their sheets. Each sheet lists a possible solution to the dilemma; together we will brainstorm additional possible solutions.



Relationship Boundaries with Children & Families



Activity 1H: The Boundaries of a Healthy Relationship

Part 1: There is a fine line between developing a caring relationship with a child and becoming enmeshed with the child and/or the child's family. The relationship between the CASA/GAL volunteer and the child and his/her family requires a balance between involvement and objectivity.

Read the following information about relationship boundaries with a child and his/her family.

Relationship Boundaries with the Family

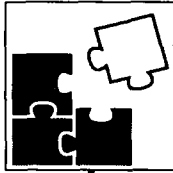
It is helpful at the very beginning of your relationship with a family to be clear about what you can help with and what you can't. Although every family situation requires some flexibility, it helps to tell families about the CASA/GAL program's guidelines in the beginning *and to follow them*. Some families have several agency workers involved with them and get confused when one worker is able to help them with a task, while another can't or won't. The degree of emotional involvement that CASA/GAL volunteers have with children and their families is likely to be significant. This requires some boundary setting—defining what you can and will do *and* what is outside of your role. This level of involvement is even more significant when, as so often happens, the CASA/GAL volunteer becomes the one person who has remained constant for the duration of the case.

Your goal as a CASA/GAL volunteer is to remain empathetic to the family while remembering that the *child* is your focus. It is important to be objective, to remain detached enough to see clearly the child's and family's situation and needs. To be successful as a CASA/GAL volunteer, you must care about the families of the children, but you cannot live their lives for them. It is important to have a full personal life of your own.

Adapted from *Empowerment Skills for Family Workers*, Christiann Dean, Cornell Empowering Families Project, August 1996. Used with permission.

Relationship Boundaries with the Child

Perhaps the most difficult boundaries to set and maintain are those between you and the child or children in the case. There is a fine line between what is part of your role and what is outside of it. It is natural to care about a child who has been hurt and who relies on you to keep his/her best interest at the forefront. If you didn't care, you wouldn't work so hard to see that his/her needs are met. However, if you get too personally involved, it is hard to maintain the objective perspective that is required for this powerful advocacy work. Our goal is to be part of a *temporary* intervention in a child's life—to assist in a time of need and then to leave and let the child continue along his/her way. When the child is in a safe, permanent home, your work as a CASA/GAL volunteer is done. It is time to move forward and help another child.



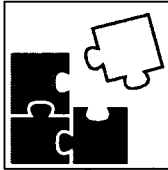
Activity 1H: The Boundaries of a Healthy Relationship

Part 2: The facilitator will read three situations that require you as the CASA/GAL volunteer to choose between staying within the boundaries of the role and acting outside your role.

Imagine there is a line through the middle of the classroom. On one side of the line are “things in my role as a CASA/GAL volunteer.” On the other side of the line are “things I know are outside my role but that I want to do.” Stand on the side of “things in my role as a CASA/GAL volunteer.” In response to each of the three situations, think about what you would *want* to do (not necessarily what you would actually do). Stay put or move across the line to “things I know are outside my role but that I want to do.”

In this activity, we are exploring the dilemmas that acting outside your role might create. At the end of the activity, we will share some of the feelings you had as you moved in relation to the line.

Minimum Sufficient Level of Care



Activity 11: Minimum Sufficient Level of Care

Read the following summary describing this “bottom line” standard, “minimum sufficient level of care.” In your small groups, decide if these standards are fair. Are they a minimum? What other issues should be considered in determining if a parent can provide a minimum sufficient level of care?

We’ll hear a sample of your responses in the large group.

Removal of a child from his/her home because of abuse and/or neglect is a drastic remedy. Because removal is so traumatic for the child, both law and good practice require that agencies use lesser interventions when it is possible to do so and still keep the child safe. To decide if removal is the most appropriate course of action, agencies use a standard often referred to as the “minimum sufficient level of care” (MSL). This standard describes what must be in place for the child to remain in his/her home. The same standard is also used to determine whether or not parents have made sufficient progress so that a child can be safely returned to the family home. The minimum sufficient level of care is determined by a number of factors, each of which must be looked at specifically in relation to the case at hand.

Factors to consider include:

- **Child’s Needs**

Is the parent providing the following at a basic level?

- ✓ Physical (food, clothing, shelter, medical care, safety, protection);
- ✓ Emotional (attachment between parent and child); and
- ✓ 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 until they reach the age limit at which attendance is no longer compulsory. Social standards also apply in medical care, where immunizations and regular medical/dental care are the standard.

- **Community Standards**

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

Here are some examples: The age at which a child can be safely left alone varies significantly from urban to suburban 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 nine-year-old child to the store might fall within or outside those standards, depending on neighborhood safety, the distance, the weather, the child's clothing, the time of day or night, the ability of the child, and the necessity of the purchase.

The Four Key Parameters Within Which the “*Minimum Sufficient Level of Care*” Standard Operates Are:

1. The standard relates to a particular child.
2. It is a set of minimum conditions, not an ideal situation.
3. 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.
4. It remains the same when considering removal and when considering reunification.

The Reasons “*Minimum Sufficient Level of Care*” Is Used as a Standard Include:

- It maintains the child's right to safety and permanence while not ignoring the parents' right to their children.
- It is required by law (as a practical way to interpret the “reasonable efforts” provision of PL 96-272).
- 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.

According to the Indian Child Welfare Act, the “minimum sufficient level of care” standard must reflect the community standards of the tribe of the Indian child. In other words, the “minimum sufficient level of care” guidelines should be the preferences and standards that are the prevailing social and cultural standards of the Indian community in which the parent or extended family resides, or with which the parent or extended family maintains social and cultural ties.



UNIT 4: Attitudes, Values & Skills That Enhance CASA/GAL Volunteer Work

Much of the information explored up to this point focuses on the role or duties of the CASA/GAL volunteer. Fulfilling duties is an important part of being a successful CASA/GAL volunteer, but it is only one part. Personal attitudes, values, and skills are also very important.

✓ Professionalism

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

These skills/abilities can enhance a CASA/GAL volunteer's credibility and earn the respect of parties in a case. Professionalism and assertiveness can help CASA/GAL volunteers gain necessary information.

✓ Interpersonal Competence

Nonjudgmental, respectful, collaborative, self-aware, and assertive.

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

✓ Cultural Sensitivity

Vital in working effectively with children and families.

What a CASA/GAL volunteer does not understand may lead to inaccurate interpretations (this issue will be addressed in the following chapters). Understanding your own culture and the differences between cultures will allow you to best serve children and their families. You must also be prepared to manage hostility from communities who have traditionally seen themselves as wronged by the majority culture.

Your life experience (culture, era, geography, race, education, sexual orientation, socioeconomic status, family dynamics, etc.) has led you to develop a particular perspective. Your unique perspective always influences how you interpret what you observe. The more aware you become of your personal perspective, the better able you will be to understand that others have different perspectives. In observing children and families, it is important to understand that your perspective on families and parenting is likely to be different from those with whom you are working. Additionally, you will work with human beings who will talk with you about important and often painful experiences in their lives. To avoid being judgmental, it is important to be aware of the influence of your personal perspective.

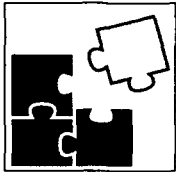
To some families, components of the CASA/GAL volunteer role may seem threatening. Be clear about your CASA/GAL volunteer role and adapt your behavior to the comfort of the family you are working with while remaining true to the basic role and relationship.

Much of your time and energy will be spent monitoring the progress of the family as they work toward reunification with their child. Keep in mind the societal barriers certain groups of people face, and adjust your expectations without putting the child at risk.

A key part of your role is to recognize the strengths of different cultural perspectives. Something that is not a personal value for you may be a strength within another person's or family's cultural group.

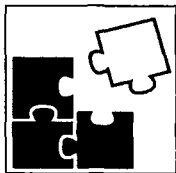
In advocating for permanent placements/homes, keep in mind the right of children to be raised in, and have access to, their cultural community in order to maintain their cultural heritage and identity.

Adapted from materials from Portland CASA Association, Portland, OR.



Activity 1J: The Influence of Personal Perspective

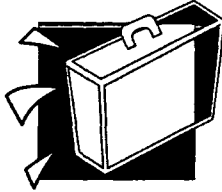
The influence of your own culture on your personal perspective about the situations of others is a critical area for exploration as you prepare for this role. What does this mean to you? Write your thoughts on the lines below:



Activity 1K: Checking In

Look back at the five most important issues your group listed in **Part 2** of Activity 1B. What would you now add to your list of considerations for determining your readiness for CASA/GAL volunteer work?

We'll share all additions in the large group.



HOMEWORK

Looking Ahead....

Please complete the following assignment.

1. Look and listen for media reports (newspaper stories, magazine articles, TV reports, and/or radio broadcasts) regarding child abuse today. Make notes about information that you find. We will use the information that you gather to compare child abuse today with child abuse historically.
2. As homework for this chapter, you read the Parker-Solano training case. Many of the activities for the next session rely on the material in the case study, so you may wish to review it to prepare for the next training session.





RESOURCE MATERIALS

Included in this section:

The Parker-Solano Training Case

1-35



The Parker-Solano Training Case

Benjamin (Ben) Parker (DOB 12/4/84, age 15)

Damien Solano (DOB 11/3/92, age 7)

The following case is told from the perspective of the CASA/GAL volunteer through some of the notes kept while working on the case. This is not a complete copy of the CASA/GAL volunteer file but selected entries that tell the story of one family with two children. The entries span a period of almost six months, beginning in January 2000. The case is used to present training materials related to the court and social services system in which you will do your work, the families and children with whom you will work, and the role of the CASA/GAL volunteer in relation to these varied systems and individuals.

(Note: All names and identifying information in this case have been changed.)

January 7, 2000, 5:00 PM

Telephone call from the CASA/GAL program administrator, Mary Dudley

Mary called me and said that she had received a telephone call from Child Protective Services (CPS) stating that they were taking custody of a fifteen-year-old boy. CPS had received several other reports of neglect and abuse, all within the past two years. These recent repeated referrals are rather alarming due to the fact that the youngest child (Damien) is only seven years old and currently remains in the home. The oldest child (Ben) has a history of psychological problems and has witnessed a lot of domestic violence and drug use in the home. Allegedly Ben has sexually molested Damien. Yesterday, Ben was found alone with his younger brother, unsupervised for an unknown amount of time, and a neighbor called in the report. Ben was placed with his maternal aunt and uncle, and the younger sibling remains in the home because CPS felt that the home would be safe with Ben removed. Mary informed me that there is a possibility that the younger child might come into custody at a later date. The mom signed a protection plan saying she would not leave Damien unsupervised. If she violates this plan, CPS may take custody of him also.

Mary wanted to know if I would be interested in taking the case. I agreed to take the case and will attend the emergency custody hearing on Monday, January 10. Mary stated that she would put the petition in the mail and get my appointment order signed by the judge. As soon as it is signed, I can go to CPS to copy any of the previous history and investigation information in the file. She gave me the name and number of the caseworker assigned to the case—Michelle Simpson, 555-3498 ext. 27. She reminded me to call CPS before going over there to be sure that Michelle would be available or would leave the file in a place where I could get it on my own.

January 10, 2000, 9:00 AM

Emergency custody hearing at Anston County Courthouse

I met the mother (Suzanne Solano, DOB 9/19/66, age 33, 905 N. Broadview Ave., Remington, NC 27219, 898-7774) and both fathers today in court. Ben's father is Joseph Parker and Damien's father is Jessie Solano (2405 Hillsdale Rd., Graddore, NC 27257). Damien's father is not named on the petition because only Ben's case is before the court at this time. He came to court because he knows that CPS has an open case on his son, Damien, and he wanted to know what was going on.

Once I explained my role to the mother, she appeared to be very eager to talk to me. She said all of this is a mistake and that Damien's father's new girlfriend was the one who started all of this mess. She tried to find out who had made the report, but I explained to her that I couldn't reveal information about a reporter. She does not feel the allegations in the petition are true and wants to make sure that everyone knows that. This mother seemed quite agitated and talked very quickly. Both fathers stood in the background and didn't make any comment while she went on and on. They seem fairly friendly toward one another, but I noticed that Suzanne didn't speak to either one.

I read the petition while the judge (Judge Wentworth) was reviewing it. The allegations are as follows:

1. Anston County Child Protective Services has been involved with this family since July 30, 1998; following investigations of three referrals of neglect, the agency found neglect on two occasions due to lack of proper care and lack of proper supervision.
2. On November 5, 1999, and on December 27, 1999, the mother signed protection plans agreeing to the following conditions: The children would be supervised by a responsible adult at all times; they would not be left alone; and if the mother became ill, she would call 911 and make an appropriate plan of care. On January 6, 2000, the juveniles were found alone in the home and the mother could not be located. She reportedly had checked into Piedmont Regional Medical Center the previous day due to a chronic medical condition.
3. Ben has a history of psychiatric problems, including suicide attempts, self-mutilating, and hospitalizations. The juvenile was last seen by Dr. Sara Walker on October 21, 1999, at which time she placed him on six psychotropic drugs. The juvenile has not been taken to Therapeutic Children's Services since that date, his medication has not been monitored, and he has been without medication for at least four days, although the mother has been asked on numerous occasions to provide these services for Ben.
4. The mother denies that she has neglected the juveniles and refuses to enter into an intervention plan to address the needs of the juveniles, including weekly therapy for Ben, therapy for herself, and a plan for proper supervision of the juveniles.

The mother took the stand and explained the situation to the judge. When CPS came to the house on January 6, the mother had checked herself into the hospital. I'm not sure if she really was in the hospital and, if so, what day and for what period of time. The judge asked why she had violated the protection plan. The mother said that she did not believe all of the previous allegations that Ben sexually abused Damien and had felt that by signing a protection plan she could get CPS off her back. As far as Ben not receiving therapy, she said that he didn't like to go and that she would have eventually taken him to get his medication. The judge left Ben

in CPS custody and asked some questions about the plan of care for Damien. Damien is not the subject of the petition but the judge was clearly concerned. After court, I asked Suzanne if there was anyone she wanted me to speak with as a positive reference and she said no. I reminded her that I would be in touch in a week or so.

Ben's father was present at the hearing; however, he told me that he feels that Ben is not his responsibility and he does not want to get involved with the child. With a new wife and child, he felt that trying to help Ben would just make trouble. He did tell me he thought Suzanne was "nuts" and that you couldn't believe anything she says. He also mentioned that they never had a good relationship and that she always beat him because of the drugs she used. Ben often witnessed these domestic violence scenes.

The maternal aunt, Debbie Parker, also came to the court hearing. Ben was placed with Debbie and her husband after his removal from his mother's home. Apparently he has had a few adjustment problems, such as not wanting to do chores or to follow the rules of the house. However, Debbie feels that he is getting into the swing of things and he seems a lot happier in their home. I arranged a time to go to their house and visit Ben.

During the hearing, the judge found that there was reason to remove Ben from his mother's home and that those reasons still existed. The judge also found that Ben was in a safe place and that he should be receiving mental health treatment. When the judge asked about visitation between Ben and Suzanne, the mother said that she didn't want any at this time.

The adjudication hearing was set for February 9.

January 13, 2000, 5:00 PM

Home visit with Benjamin Parker (oldest child) in the home of his uncle and aunt, Donald and Debbie Parker

Ben was clearly very unsure about speaking with me; however, he agreed to talk as long as his aunt stayed in the room with us. I assured him that was fine with me. After I explained the role of the CASA/GAL volunteer, he seemed excited to know that my job is to focus on what he needs and wants.

He said he knows why he was removed. His mom wasn't supposed to leave the children alone, but he said that sometimes she really needed to get out of the house. He spoke of a history of domestic violence between Suzanne and many of her boyfriends. On one occasion when Damien was very little, Suzanne and Damien's father were fighting. His mom picked up a beer bottle and threw it across the room. The bottle hit the wall and shattered right over Damien in his playpen. Ben said he remembers his mom being angry and touchy, especially when she took all those pills. I asked Ben how he felt when he saw his mother involved in these violent situations. He said he feels a need to take care of her when men hit her, but he could see why they feel like hitting her; when she takes pills, she has a very foul mouth and angry temper.

When I asked about his concerns, he replied "Damien." He said that his mother cannot take care of Damien without Ben being there. He said that Damien gets picked on a lot at school and that Ben has to stick up for him. I am struck that he has taken on the role of a parent for his little brother and for his mother. The kids at school make fun of Damien because he is "slow" and not very athletic. When all of the other kids play basketball, they pick Damien last because he cannot dribble the ball at all and he sometimes seems to forget what game

he is playing. He still wets his pants every once in a while and has a hard time tying his shoes. Additionally, several children have made comments about Damien not being white like his mom or brother.

Ben said he really didn't want to talk anymore and that he would talk to his therapist at Therapeutic Children's Services. When I asked if he liked his therapist, he said that he liked Janice Geisbert, his normal therapist, but didn't like the one who gave him medicine.

I told Ben I was sorry I had asked so many questions and that I knew it must be hard to talk to so many different strangers. I was concerned that we hadn't had time to establish rapport before talking about difficult topics. He said he is used to it because caseworkers talk to him all the time. He did say today wasn't too much fun. I asked if he might want to walk to the park the next time I come to visit. I told him I could bring a basketball and we could spend time getting to know each other without always talking about these tough issues. He said, "Maybe." It appears that Ben sees me as another caseworker. I know we will do lots of talking over time. Hearing about his wishes and needs is the major focus of my role, but I want to take a step back now and begin to establish some trust. Rapport building may take time because I suspect Ben has learned that adults cannot be trusted.

Debbie Parker pulled me aside on my way out the door and said she had some concerns about Ben's behavior. She said that lately he seems very depressed. He will get up in the morning, but all he wants to do is stay in his room. She said he doesn't want to socialize with any children his age. Sometimes he will turn on his radio and turn it up all the way. Last night he did this and when she went to try to get in the room, the door was locked. Debbie called her husband to come, and he had to take the doorknob off the door to get in. Ben had thrown stuff all over the room and appeared out of control; she said that settling him down took a long time. I suggested that she contact the caseworker and his therapist with this information. He has still not been seen for medication and those behaviors sound like they might need to be evaluated. I also told Debbie that Ben probably finds it very difficult being in a home where there is structure and a regular schedule after having lived in a chaotic situation. I also think that he may be very worried about his little brother.

January 14, 2000, 8:30 AM

Called CPS and arranged to copy records at 10:00 AM

Caseworker Michelle Simpson met with me for a few minutes before handing over the file. She said that after Ben was removed from the home, Suzanne signed another protection plan that was geared toward the protection of Damien. Michelle is a foster care caseworker and works with families after the children have been removed from home. I read the protection plan, which has the following provisions:

- Damien will be supervised at all times by a responsible adult (one who is not under the influence of drugs or alcohol or who suffers from untreated mental disorders);
- Damien will not be left alone under any circumstances;
- If Suzanne becomes ill or unable to care for Damien, she will call 911 to get help for herself and will either make a plan of care for Damien or ask the 911 operator to call CPS;
- Suzanne will refrain from misusing any prescribed medications and from using nonprescription medications or drugs; and
- Suzanne will follow up with treatment recommendations for both medical and psychological needs.

In our brief meeting, I learned that Michelle felt the medical information on Suzanne, which CPS had obtained during their investigation and prior CPS involvement, would be of particular interest to me. She encouraged me to copy some of that history. At the previous court hearing, the judge ordered some random drug screens on the mother. Michelle said she planned on doing one sometime next week and would let me know if the results were positive, which would indicate drugs in her system.

Michelle also said she felt the medical history on Ben (although a lot to copy) would be very beneficial. Since Ben was ten years old, he has been in and out of many psychological facilities for treatment. His problems range from depression to alleged sexual advances on his brother. Recently, he had helped his mother obtain drugs, and it has not been determined if he too is using, or has used, illegal drugs. During inpatient treatment at the hospital in July 1999, Ben was diagnosed with schizoaffective disorder and was placed on several forms of medication. The mother was given strict discharge recommendations. (Later, I looked up schizoaffective disorder on the Internet and learned that it is a psychotic disorder and is like schizophrenia in many ways. In addition to symptoms such as hallucinations and delusions, significant mood disorders occur, such as depression or manic depression. It is treated with antipsychotic medications and antidepressants.)

Following is a discharge summary from a past inpatient hospitalization for Ben:

ANSTON REGIONAL MEDICAL CENTER		
P.O. Box 202 Remington, NC 27219		
DISCHARGE SUMMARY		
NAME:	PARKER, Benjamin D	MEDICAL RECORD NUMBER: 66-36-65
ADMITTED:	03/03/98	
DISCHARGED:	04/20/98	
PHYSICIAN:	George C. Hargrove, M.D.	
HISTORY: This is the second admission to Adolescent Psychiatry for this thirteen-year-old boy. His diagnosis on the first admission was major depression with psychotic features. He was seen in the mental health clinic the day after his first admission. He was found to be suicidal and was readmitted on emergency commitment.		
For details of the present illness, past history, social history, physical examination, and mental status examination, please see the typed history and physical in the record from the first admission. A repeat history and physical was not done, because he had only been out of the hospital for one day when he was readmitted.		

HOSPITAL COURSE: The patient was treated with Paxil 30 mg and Haldol 1.5 mg daily. He had to have an additional intravenous dose of Haldol about one week prior to discharge when he was upset and had been threatening to harm himself. He was put back on suicidal precautions at that time.

The patient continued to work on some difficult emotional issues while he was here. He did admit to some sexual abuse toward his half-brother several years ago. He also claimed that he had abused a young girl in the past but then denied that story. Determining when this patient was telling the truth, either about the sexual abuse or about suicidal thoughts, was difficult. However, he clearly suffers from a major depression with psychotic features, and the Haldol appears to help the psychotic features. The mother had been reluctant to admit that he needed Haldol in his earlier hospitalization, but she came around to feeling that he was benefiting from it before he was discharged this time.

The patient said his depression and anger mostly centered around three worries. One was when and if he would get into a long-term treatment situation and where this would be. The second involved having to leave his mother for long-term treatment. The third was what would happen to him in regard to legal consequences about the past history of sexual abuse toward his half-brother.

The mother was also seen in frequent family sessions with the psychiatrist and the case-worker. She gradually began to accept the need for long-term treatment in the future and the fact that he needed medication. She also felt that he indeed had abused his half-brother in the past. However, there were some limitations toward her acceptance of his need for long-term treatment. An example of this occurred just prior to discharge when we were unable to get him in Covington Hospital because his insurance would not pay for him to go there. She had accepted his going there. Also due to financial reasons, we were unable to get him in Blakely Hall, Woodbridge, under a sexual perpetrators program. We had suggested then that she apply to John Anderson Hospital's long-term unit. She refused to do this. She did say at the time of discharge that if an outpatient treatment plan failed and he again became dangerous to himself or others, she would agree to his going to John Anderson Hospital.

Ben used his pass, the privilege to leave with an approved adult, on April 3, 1998; he left with his mother to go purchase eyeglasses. When he came back, he appeared depressed and smelled of alcohol. He blew a 0.01 on his Breathalyzer. He claimed to have sprayed Lysol spray deodorant on a towel, put this to his face, and breathed it in just before coming back. This probably explained the increase in his blood alcohol, as tested by the Breathalyzer. He was also thought to be suicidal at that time and was placed on precautions.

For the last week of his hospitalization, he did fairly well. He showed few signs of depression or psychotic features. During that time he was taking Haldol 0.5 mg in the morning and 1 mg at bedtime. He was also taking Paxil 30 mg daily.

I strongly advised the mother to let us try to get him into John Anderson Hospital; she did not want to do this. I felt he had benefited as much as he could from a short-term hospital stay; therefore, he was discharged to the mother on the above medications. She said that she now understood the importance of the medications and would be sure that he took them. He also had an appointment scheduled in the mental health clinic two days after discharge. The mental health clinic was going to continue to try to get him into Covington Hospital by seeking IV-E funds or other federal or state support. However, they understood that obtaining the funds for him to go to Covington would probably take two months.

If he becomes suicidal or a danger of abuse toward his younger half-brother, then the mother has agreed to send him to John Anderson Hospital with the hope that he can get into the long-term treatment unit there.

The mother was thoroughly warned of the risks that he might become dangerous to himself or others or that he might abuse his younger half-brother at home. This was the same half-brother against whom he had a past history of abuse. The mother said she was going to sleep with the half-brother and watch the patient twenty-four hours daily to be sure that he would be okay at home. She said she would take him to the mental health clinic or the emergency room should he become worse after he goes home.

The patient was discharged to full activity at home.

FINAL DIAGNOSIS: Major depression with psychotic features.

George C. Hargrove
George C. Hargrove, M.D.

I asked Michelle if Debbie Parker had called to speak with her about Ben's behavior and she said no. She did tell me that a rather unusual relationship existed between Ben's father and mother and his aunt and uncle. They are his double aunt and uncle, with Debbie being Suzanne's sister and Donald being Joe Parker's brother. I encouraged Michelle to give Debbie a call and filled her in on some of the details about his behavior. Michelle said she would make a call to Therapeutic Children's Services to arrange a time for Ben's medications and dosages to be updated.

While copying a great deal of the file, I was reminded that there had been several other reports alleging abuse and neglect. Damien's father (Jessie Solano) and Suzanne's therapist (Kristen Brooks) made reports on the same day, but these were considered as one report by the CPS intake caseworker.

(Note: In some jurisdictions, the CASA/GAL volunteer is not informed of the reporter, and any records must have this information deleted before the CASA/GAL volunteer accesses them.)

The following are the allegations contained in the report:

- **First Incident:** Suzanne has her boyfriend (Russell) staying with her. He baby-sits after school and works the third shift at Remington Industries; therefore, the children are alone at home after 11:00 PM. Suzanne leaves them alone all night. Benjamin is just out of John Anderson Hospital; he is on medication and is not supposed to be left alone. Mom abuses painkillers. Reporter doesn't think children are getting proper meals. Ben cares for Damien when mom is not there. Suzanne curses at kids.
- **Second Incident:** Kristen received a call from Suzanne's sister, who says Suzanne is on crack and leaves the boys alone at night. The sister says that Suzanne is "bad off" on drugs and pain medication. Kristen is Suzanne's therapist, but she has not been seen for an appointment since July. This information seriously concerns her, and she believes that the sister is credible.

I did not realize that Suzanne currently has a boyfriend, so I made a note to ask her about her current relationship. Additionally, I did not realize that Suzanne once attended therapy. Hopefully, this therapist has already developed some sort of rapport with Suzanne and can begin working with her again without needing a long period to establish a relationship.

Of additional importance in the CPS file was Suzanne's initial interview with the investigative caseworker. The following is an excerpt from CPS notes:

Casework Interview with Parent Suzanne Solano

11/5/99

Suzanne explained that Friday night (10/31/99) her children had told her that they had seen Damien's dad (Jessie Solano) holding hands and cuddling with their aunt, Suzanne's sister (Debbie Parker). Suzanne told Jessie and Debbie that she was going to tell Debbie's husband about their relationship. They both said that if Suzanne told, then they "would turn her in for being an unfit mother and for leaving the kids alone." Suzanne went ahead and told Debbie's husband about Jessie and Debbie, and he almost kicked Debbie out of their home.

Suzanne went on discussing Jessie Solano. Suzanne said he was a "dope head" and had been on crack for three years. Suzanne stated that they were not together now because he had caused them to lose their home after spending all of their money on crack. She reported some fighting, but it never got too serious. When asked to say more about this, she said, "He never broke any of my bones."

The caseworker asked Suzanne about her drug use. Suzanne said she was on medication for her nerves and pain (from an accident). Suzanne said she only took the "meds" (medications) she was prescribed and added that she did not abuse them. Suzanne said that they do not interfere with her ability to function. She also said that she did not take her prescribed sleeping medication because she did not like the way it made her feel. Suzanne admitted to smoking pot in the past, but she claims that she does not anymore. Suzanne could not remember when she last smoked pot, but it was "a long time ago." Suzanne said she had never tried crack and never would. She said she had seen "too many people messed up by crack."

Suzanne said she sees Dr. Waddel at the Pain Clinic at Piedmont Regional Medical Center, as well as many other doctors. Suzanne sees Kristen Brooks at Anston County Mental Health (ACMH). Suzanne explained that she sees Kristen because she needs help with her nerves and with adjusting to not being able to work now, as she is used to working and being independent. Suzanne said she also has trouble dealing with her family. She is an outcast because she does not do what her family wants her to do with her life and because she had a biracial baby. She said her family is from the South and "people down here don't think it is right." She said she didn't realize how hard it would be to have a Latino child because of how people act. Suzanne said she also feels guilty about Jessie's drug use, although she could not explain this. Suzanne said Kristen helped her deal with all of this, but she has not been to see her in a few months because she has been busy with Benjamin and trying to get disability for herself and Benjamin.

Suzanne said her boyfriend is Russell Stevens. Russell does not live with her. Currently he is in New York with his family because his dad is sick. Suzanne said he may or may not be coming back to town; she has not heard for sure. Suzanne said that once in a while Russell would keep the kids for her when she needed to take a break or to run errands. Suzanne said he never kept the children at night.

The caseworker discussed concerns about the children being in the home alone at night. Suzanne denied the accusation. Suzanne said that, once, Benjamin and Damien had stayed at home while she went down the street to the store, but she was gone less than thirty minutes. Suzanne said that was over a month ago and again that they had never been left alone at night, even for a few minutes. Suzanne added that Dr. Walker, one of Benjamin's doctors at the hospital, said it was all right for Benjamin to stay at home alone with Damien for short periods of time as long as Benjamin had taken his "meds." This is contrary to the notes from the hospitalization, which say he should not be left unsupervised with any younger child.

After reading these particular items, I realized I need to contact many more people regarding these children—specifically, the boyfriend, Russell Stevens, of whom I had not heard mention until now. I also need to find out more about Jessie Solano and whether he has a history of drug use. I will also try to interview Suzanne's other extended family members to learn if they are a potential support system for her.

There was an entire folder of information on Suzanne's medical history, including the following letter from the Pain Medicine Division at Piedmont Regional Medical Center.

PIEDMONT REGIONAL MEDICAL CENTER
Moceta, North Carolina

DEPARTMENT OF ANESTHESIOLOGY

Philip F. Roysen, M.D.
Professor and Chairman

Edward A. Welfleet, M.D.
Professor and Vice Chairman

Pain Medicine Division
William F. Black, Ph.D., M.D.
Sebrina Mogra, M.D.
J.N. Kehia, N.O.
Akshana Waddel, M.D.
Johanna Rodriguez, Ph.D., M.S.P.H.

CB# 7010, 223 Burney-Womble Bldg.
Morceta, NC 28219
954/669-4873
954/669-0136
954/669-PAIN

January 11, 2000

Suzanne Solano
905 N Broadview Ave
Remington, North Carolina 27219

MR #038-11-05-6
DOB 09/19/66

Dear Ms. Solano:

I am writing this letter to inform you that, unfortunately, we will no longer be able to provide any chronic pain management care to you in our clinic.

We first saw you in evaluation on August 15, 1999, and shortly thereafter you spent some time with our clinical psychologist. We had been managing you with a narcotic called Oxycontin as well as a muscle relaxant called Soma. You had one more follow-up visit with us on the 24th of September, when we additionally administered some trigger point injections to help with your pain management. You had several appointments to which you did not come, despite phone calls to remind you of those appointments. Finally, our last interaction with you was on November 14, 1999, after we had received some anonymous phone calls regarding problems at home as well as the fact that you might be using other narcotic therapies and illicit drugs.

At that time, I obtained a urine toxicology screen (drug test) on November 14, 1999, which was positive for both marijuana and methadone. As you know, you signed a narcotic policy with our clinic dated August 20, 1999. This policy specifically states that you will not abuse any illicit or prescription drugs, that you agree to keep all your scheduled appointments in the Pain Clinic, and that your treatment in the clinic will terminate if we find that you are noncompliant with any terms of our narcotic contract agreement or obtain narcotic analgesics from sources other than the Pain Clinic. Clearly, the only narcotic I was prescribing to you was Oxycontin, and where you obtained your methadone medication remains unclear.

Subsequent to our relating the results of the urine toxicology screen, I did agree to give you another chance, and my receptionist scheduled you to see me in the Chronic Pain Clinic almost on a weekly basis in the month of December. We realize that you had problems with a telephone, but you made numerous phone calls to the clinic and were informed about these various appointments. Unfortunately, you did not come to a single scheduled appointment; therefore, we will not treat you any longer.

We realize you have an unfortunate pain problem. However, due to your past behavior, your inability to comply with the terms of our narcotic contract agreement, and your inability to arrive at the clinic for any of your clinic appointments, we cannot continue treating you. At this time, you would be best to return to your primary care physician for any further pain management problems that you are undergoing. If you do not have a current primary care physician, we will be happy to refer you to a primary care facility here at Piedmont Regional Medical Center.

If I can be of any other assistance to you, please do not hesitate to call.

Sincerely,

Akshana Waddel
Akshana Waddel, M.D.
Attending

cc: Judy Harrin Risk Management Fax 662-8547

I felt that I copied plenty of information to assist me in the investigation and returned the file to Michelle. I thanked her for pointing out some key issues in the file and for sharing her perceptions of the family situation. I asked her to keep in touch with me and told her I will share any information that I obtain.

February 1, 2000

Received a message on my telephone answering machine from the CASA/GAL program office

Apparently, the situation with Ben did not improve over the last week. He became more and more violent and said that he didn't want to live anymore. His aunt and uncle took him to John Anderson Hospital, where he was admitted to the inpatient unit for treatment.

Telephone Call (TC) from caseworker

Michelle said she hadn't had a chance to contact the aunt and uncle, but that they had contacted the on-call caseworker on the evening of January 30, 2000. Debbie said they could not control Ben anymore and that she was afraid that he would do something crazy. The caseworker immediately went to the house; the sheriff's department had to restrain Ben and take him to the hospital. (This story differed from the information the CASA/GAL program office provided, reporting that the aunt and uncle took him to the hospital. I will ask additional questions to learn more about what happened.)

February 4, 2000, 11:00 AM

TC from caseworker

Michelle called to tell me that they filed a petition and took custody of Damien today. After Ben went into the hospital, he began talking more about the situation at home. His therapist made a report to Child Protective Services alleging that even more drinking and drug abuse occur in the home than was previously suspected.

The following are the allegations in the new report:

Reporter called, stating that CPS needed to take the other child out of this home. She said that Ben doesn't want to go home. He said that his mom will hit him and that he'll hit her back. Reporter stated that mom supposedly has a chronic illness, is in pain, and is self-medicating. Mom is getting high, drinking alcohol, and asking Ben to watch Damien. While he is supposed to be watching Damien, Ben is also smoking pot, drinking, doing acid, and taking Damien along with him. When released from the hospital, Ben was placed on six psychotropic drugs, but he didn't have his "meds" the following week. This is very serious because these medications build up in the system and should not be removed from the system suddenly. Additionally, Ben was beginning to experience symptoms because of the lack of proper medication. Reporter said Ben clearly wanted her to know that his home is out of control. Damien's father is no longer staying in the home due to domestic violence. After he moved out, Russell Stevens stayed for a while, but Ben thinks only his mom is there with Damien now. Ben has reported domestic violence in each of the relationships that his mother has had with men. This kind of role modeling is especially frightening given his mental health problems and his admission that he has been violent with his mother.

After receiving this information, Michelle went to the home and took the mother for a drug screen. This screen came back positive for marijuana and cocaine; therefore, they took immediate custody of Damien. The allegations in the petition remain the same for Damien as they did for Ben; however, CPS added an additional allegation that the mother tested positive for illegal

and prescription drugs after signing a protection plan that she would refrain from using nonprescription drugs and would only use prescription drugs in the manner in which they were prescribed. Damien is in foster care at the present time, but they want to work with his father, Jessie Solano, as a possible placement. A visit between Damien and his mother has already been scheduled, and they are working on one for Jessie. The emergency custody hearing is scheduled for February 9, 2000. I reminded Michelle about the allegations of drug abuse and domestic violence directed at Jessie Solano and asked that they fully assess him before placing Damien there. Although adjusting to foster care is difficult, living with his dad and then being removed would be worse. She fully agrees and will ask the judge at the first seven-day hearing to order drug screens, a substance abuse assessment, and a domestic violence assessment for Mr. Solano.

February 9, 2000

Court

The judge found grounds to continue custody of Damien with Child Protective Services and asked that a home study be completed as soon as possible on Jessie Solano's home. Mr. Solano appeared to be pleased with the decision and stated that I could come and visit him at any time. Visitation will begin twice a week unsupervised and will then progress into overnight visits. Additionally, the judge ordered that Mr. Solano have mental health and substance abuse assessments and follow recommendations for therapy for any underlying substance abuse or domestic violence problems. The judge did state that if Child Protective Services has any concerns about such frequent unsupervised visits, they should immediately motion the case back into court. The judge said she wants to strike a balance between moving very quickly so that this child doesn't need to stay in foster care and being cautious about the situation in his father's home. Asked for additional input, I requested that Damien be transported to his same school until a more permanent placement is made. Making such big adjustments in every area of his life at the same time would be difficult.

The mother was angry and emotional throughout the hearing. Her demeanor revealed that she was arguing with her attorney. She appeared to want to take the stand "to tell these people a thing or two," but her attorney discouraged her from addressing the judge at this time.

Mr. Solano told me that he had just started a new job last week and did not want lots of people contacting his work to ask questions. The caseworker agreed to make a simple contact confirming employment. I explained that at a later date I might also need to make contact but that I would not do so without letting him know. If that need arises, this would allow him to give some explanation of his court involvement to his new boss.

Suzanne was very upset with the plan to do a home study on Mr. Solano and asked for immediate visitation. The judge agreed to allow visitation to occur on a weekly basis. The court must approve any change in visitation. A visit was set up for next Monday.

The judge continued the adjudication hearing regarding Ben until March 8 so that the adjudication for both children could be held at the same time.

February 22, 2000, 3:30 PM

Home visit with Damien at foster home

When I entered the house, Damien immediately took my hand and showed me around his new home. His overly familiar behavior concerned me because he had not met me before. He made sure to point out all of his new clothes and toys, but his favorite thing about living in the foster home is the bunk bed that he gets to sleep on. After I introduced myself to Damien and told him briefly about my role as a CASA/GAL volunteer, he asked me to play in his room. I suggested we color at the dining room table instead, in order to be in sight of others in the house. He colored a picture for me and asked me to put it on my refrigerator at my house. He said that he liked it here, but he really missed his mom and wanted to go home. When I asked if he missed his brother, he stated, “Not really.” This raises concerns about the relationship between the two brothers, but I decided not to ask additional questions until I know him better and until he has had more time to adjust to the many changes in his life.

Damien’s foster mother is an African American woman with two other foster children, one of whom shares Damien’s room. She is an experienced foster parent and seems to have already established good rapport with Damien. She reports that Damien had several nightmares immediately after coming into custody, but since then he has calmed down. Apparently he did not sleep well last night after his visit with his mother. When he arrived at his foster home, he was very disobedient. He told his foster mother, “You’re not my mom, and I don’t have to listen to you!” His teacher also sent a note home from school saying that he had an accident in his pants today and that the other kids made fun of him. The teacher wanted to know if anything was going on at home. I had assumed that the caseworker had contacted the teachers and told them what was happening, but I told the foster mother I would ask the caseworker to make contact with the teacher. I left a message on the caseworker’s machine about the school issue. I know that sometimes caseworkers are so busy “putting out fires” that they do not share sufficient information about a child with people who need to know. I plan to go to the school to gather information, but I feel the caseworker should be the one to inform the teacher of Damien’s removal from home. I will give the teacher enough information to help her understand that he has lots going on right now, and his schoolwork is probably not his highest priority.

When I asked Damien if he had seen his father, he said, “Who, Jessie?” This makes me think he has had more than one father figure in his life. Apparently, Jessie and Damien are beginning to develop a friendship, and Damien says his visits with his father are a lot of fun. In order for Jessie to assume responsibility for his son, Damien must view him in a parenting role. We are still checking out concerns about Jessie; therefore, it is fine for the father-son relationship to develop slowly. His foster mother said that Damien asks almost every day if he will be seeing Jessie after school. He gets very excited the night before his visits.

Damien appeared to be a very easygoing child. He is very well mannered and is eager to please. He is more verbal than I had expected since his brother had described him as “slow.” The foster mom said that he is really very smart and that she is helping him learn to read—something he seems very motivated to do. His foster mother said he plays very rough with their pet dog and that she has had to discipline him (using “time-out”) several times for this. The foster mother also noticed that he hoards food quite a bit and eats very fast, as if someone were going to take the food away. We talked about the fact that these types of behaviors are typical of a child who has just been removed from his home. I suggested that she bring up all of her concerns with the caseworker and with Damien’s therapist. Damien was sad to see me go and wanted to know when I would come back. I assured him that he would see me again in the near future.

February 22, 2000

Received message on my home answering machine from caseworker regarding Ben

Ben was discharged from the hospital today and will be placed in a group home (The Oaks) for juvenile delinquents, even though he has not had any delinquent charges to date. Apparently, they make exceptions about who they will take when they aren't full. It does raise a concern that Ben might learn new negative behaviors from the other clients. This facility is supposed to offer Ben a more structured environment and more supervision than most placements. The Oaks also has a school on site that can provide educational structure as well. Ben remains on his medications; however, he must be supervised while taking them because he tries to throw them away. The hospital wants him to continue with his outpatient therapy and regular medicine checks. At this time they recommend no visits with his mother.

The caseworker has received reports that Suzanne lost her fourth job since Child Protective Services began their work with her last month. She was also seen wandering around a known drug neighborhood late at night. I will see if I can verify this information. I will call the employers and bring them a copy of my appointment order since they will need it to release information. The other information is harder to verify because the witnesses themselves are fairly unreliable.

Mr. Solano has attended three therapy sessions and found his own parenting class. All of the visitations have been going smoothly, and next week they will begin to allow longer visits. Child Protective Services is very impressed with him. I don't blame them, but I want to talk to his therapist before dismissing the "red flags" that have been raised.

I received his criminal record from the CASA/GAL program office and it raises additional concerns. (*Note: In some jurisdictions, the CPS agency would obtain this information, not the CASA/GAL program office.*) The charges are pretty old, but he was found guilty of DWI (driving while impaired) in 1997 and of many other charges, including voluntary manslaughter in 1987 (which I think is related to a motor vehicle death that occurred while he was drinking; however, I need to find out more about what this record means). I'll call his last probation officer and see if I can get additional information. I will also send a copy to Michelle at CPS for her records.

Following is the criminal check—I had to ask the office to interpret, as they are often very difficult to decipher.

CRIMINAL RECORDS CHECK ON JESSIE SOLANO

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CR 012678
OF:072597 (T) DRIVING WHILE IMPAIRED TRANSFERRED TO S.C. 090197 CR
OF:072597 (T) RED LIGHT VIOLATION TRANSFERRED TO S.C. 090197 CR
OF:072597 (T) DRIVING WHILE IMPAIRED GUILTY 113097 CRS
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT.
OF:072597 (T) RED LIGHT VIOLATION GUILTY 113097 CRS
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT.

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 97CR 01650
OF:072597 (T) OPERATE VEH NO INS TRANSFERRED TO S.C. 090197 CR
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FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT.

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 97CR 01650
OF:072597 (F) FICT/CNCL/REV/ALT REG CARD/TAG TRANSFERRED TO S.C. 090197 CR
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FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 97CRS14728

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 96CR 013026
OF:061196 (M) NON IV-D NONSUPPORT OF CHILD DISMISSED BY DA 112096 CR
SPEC.COND: DISMISSED AT P/W REQUEST UNDER OATH

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CRS014728
OF:072587 (F) VOLUNTARY MANSLAUGHTER GUILTY 113087 CRS
FINE/COSTS\$ REST\$ 12200.00 SENT: 007- TYPE: PROB: NONE
SPEC.COND: W/R RECOMMENDED

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CRS014728
OF:072587 (F) VOLUNTARY MANSLAUGHTER GUILTY 113087 CRS
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: CONSOLIDATED WITH 87CRS14728 FOR JUDGEMENT

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 ANSTON
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CR 005925
OF:042287 (M) INJURY TO PERSONAL PROPERTY GUILTY 071587 CR
FINE/COSTS\$ 40 REST\$ 300.00 SENT: 006- TYPE: PROB: 002Y SUPERVISED
SPEC.COND: CONSOLIDATED WITH 87CR5925

February 25, 2000, 10:15 AM
Received a TC at work from caseworker

I was unable to observe visitation today, but Michelle called to inform me that both children had the visit today with their mom and that it didn't go well. Suzanne hid a jar in her purse and offered Damien a quarter if he would pee in it. She told the kids she needed the urine because they might do another drug screen, and then she would get in trouble. Damien did what he was told, but Ben objected. After his mother left the building, Ben told the caseworker. Michelle ran after the mom who, when confronted, handed over the jar. Michelle said she will inform the therapist and that this incident will be considered the equivalent of a positive drug screen.

Faxed court report draft to CASA/GAL program office

March 1, 2000, 7:00 PM
Visit with Suzanne Solano

Suzanne is very unhappy that Jessie is being considered as a possible placement for Damien. She said that he's a heavy drinker and that his family was never fair to her—they interfered in her relationship with Jessie. They spoke only Spanish even though they knew she didn't understand it and didn't like that she was not Catholic. She said, "His family is always over there and everyone is always yelling at each other—what kind of place is that for a child?" She thinks that Jessie's mother (who lives with him) will make Damien hate her.

Suzanne continues to deny any drug use and she is angry with her sister for taking Ben to the hospital. She cried frequently during our conversation and seems to be depressed. She said she asked the kids to pee in a jar because she was scared, but that she had not been using drugs.

The apartment was very messy but not obviously dangerous—I didn't see anything that would be a danger to a seven-year-old. I saw no sign that Russell is living there.

March 2, 2000, 11:00 AM
Received a TC at work from the CASA/GAL program office regarding Ben

The CASA/GAL program office received information that Ben had set a small fire at the group home. Apparently he was not being supervised as well as he should have been, and he started a fire on the lawn of the group home. Juvenile charges will be brought against him, but the court date is unknown. The day after the fire, the supervisor at the group home took him to Anston Regional Medical Center to be hospitalized, so he is back on the inpatient ward at the hospital. The CASA/GAL program office doesn't know if the mother has been kept informed about all of these problems and changes for Ben. Child Protective Services has made a report to the licensing agency about the lack of supervision in the group home.

The CASA/GAL program office also heard that a weekend visit was scheduled with Damien and his father for this coming weekend. I talked to Mary, my volunteer supervisor, about my worries that we haven't fully checked out Mr. Solano. I feel like there are numerous "red flags," especially about his drinking. I would like him to have a thorough assessment before we determine whether he is the best placement. We talked about the concurrent planning that Child Protective Services is supposed to be doing. Their plans appear to include placement with either the mother or father. I will begin to look for other relatives in case neither of these proves to be a safe, permanent solution.

March 3, 2000, 8:30 AM
TC to Anston Regional regarding Ben

I spoke to the psychiatric nurse about Ben's condition. She said they gave him medication to help him sleep through the night. This morning he has been very quiet and he went to the morning group session. He has two more group sessions today. The nurse said that she would tell him that I called. He cannot have any visitors for at least twenty-four hours.

March 5, 2000, 3:30 PM

TC to Damien's foster mother at her home

I contacted the foster mother to see how Damien's weekend visit went. The foster mother said that he is exhausted and can't stop talking about how much fun he had with his father. He said they went to the park and watched cartoons together. Damien wanted to get on the phone to tell me about his weekend. I realized that the foster mother talks pretty freely even when he is in the room and that I should try to call at a time when he won't be home.

I talked with Damien. He spoke of how much fun he and his father had together and said that he even got to visit his grandma, who he never sees. Damien continued to say that the best part of staying at his dad's house is seeing his cousins. When asked if he would like to stay longer or live with his dad, Damien said, "Yes, as long as I can still visit with my mom."

March 5, 2000

TC to Jessie Solano

Jessie said he had a great time with Damien and really wants him to be able to move in soon. He is worn out by the weekend but knows he will be okay with family support. His job is going really well. His boss even offered to let him off early on Fridays when he has to go pick up Damien. I told him I would like to contact those relatives who he includes in his support system and that I also wanted to meet with him again to assure myself that the issues raised in my investigation wouldn't impede his ability to parent Damien. He became pretty defensive when I pointed out that he really has never had any substance abuse treatment. He said he went to AA when he was in prison for the 1987 "accident." The therapy he receives now focuses on the anger issues that have led to problems with domestic violence. After some discussion, he did say he would be willing to meet with Andy Coleman, who runs the CATSAF (Community Approach to Treatment of Substance Abuse in Families) Program. This possibility seems like a very helpful resource for him. I told him I would recommend it in my report to the court.

Jessie really wanted to know what was going to happen in court, and I told him my recommendation would be that Damien come live with him on a trial basis. I do expect him to continue with treatment for both substance abuse and domestic violence. I also want to see him demonstrate some of the skills he has learned in parenting class. I asked him how hard it would be for him to monitor Damien's visits with his mother. He seems to underestimate the risk that she presents. I reminded him that it would be up to the judge. Jessie said he would do whatever it takes; he also said he would like to start attending therapy with Damien. He seems very sincere and eager to do what is necessary to gain custody of Damien.

March 6, 2000

Faxed amended court report draft to CASA/GAL program office

I reviewed the outline for my court report with Mary, the CASA/GAL program administrator, last week and also discussed what would happen in court and how to testify. I faxed an amended report to her today with an apology for being so late. So much is happening on this case that I have to continually make changes. They will make a cover sheet for the report at the CASA/GAL program office because they have a specific format for that. Following is a draft of my report (the report I actually submitted was shorter):

CASA/GAL Volunteer Report to the Court

Re: Benjamin Parker & Damien Solano
March 8, 2000

History

This family has been involved with Child Protective Services since July 1998. At that time, case management services were provided to address supervision issues as well as the lack of concern for Ben's treatment. Since that time, three other reports of neglect have been made and two of the reports were substantiated. The last report came in while case management services were being offered to the family and while a protection plan was in place.

Suzanne Solano signed protection plans on November 5, 1999, and December 26, 1999. These plans specifically stated that Ms. Solano would not leave her children alone, that she would find proper supervision if she needed to leave the home, that she would follow through with Ben's medications and treatment, and that if she became ill she would make an appropriate plan for her children. Ms. Solano violated that plan by leaving her children alone all day while she sought medical treatment at Piedmont Regional Medical Center. The department later learned that Ms. Solano had been abusing prescription pain medication as well as illegal substances. Psychological and substance abuse treatment services were recommended and offered to Ms. Solano throughout this time.

The Facts

Reports & Records Read

- Juvenile petition alleging neglect
- Criminal record checks for all parents
- Medical records for the mother
- Hospital discharge summary for Ben

Persons Contacted

Relationship to Child/Children

Ben Parker	Child (Contact: 1/13/00, 1/31/00, 2/20/00, 3/3/00)
Damien Solano	Child (Contact: 2/12/00, 2/22/00, 3/5/00)
Suzanne Solano	Mother
Jessie Solano	Father of Damien
Joseph Parker	Father of Ben
Foster Mother	Current caretaker of Damien
Anita Buckner	Maternal Grandmother
Michelle Simpson	Investigative Caseworker
Alexis Creager	Treatment Caseworker
Debbie Parker	Aunt with whom Ben lived
Janice Geisbert	Ben's therapist at Therapeutic Children's Services
Kristen Brooks	Mother's therapist at Anston Co. Mental Health
Robin McClearn	Damien's Teacher

Although there are no previous court orders, Child Protective Services recommended that the mother attempt to find some form of substance abuse treatment for herself, that she try to stay informed about Ben's treatment and therapy recommendations, and that she find both stable housing and employment for herself. Unfortunately, Ms. Solano has not followed through with any of these recommendations. She has obtained two different jobs as a cashier at mini-marts in the area; however, she has been fired from both places due to allegations of theft and inappropriate behavior. She has had at least two other failed jobs since this case came to the attention of Child Protective Services.

After his removal Ben lived with his uncle and aunt, Donald and Debbie Parker. However, after twenty-three days in their home, he was placed in the behavioral unit at John Anderson Hospital due to depression. Upon his release, he was moved to The Oaks because the doctors recommended that he be placed in a secure setting where he could receive therapy and additional structure. Ben set a fire in the back yard of the group home and delinquency charges are pending. This triggered another hospitalization at Anston Regional Medical Center, where he remains today in the adolescent unit. The hospital staff recommended that Ben not have any visitation with his mother until he is more stable.

Upon gathering the information regarding the mother's drug use and a continued lack of supervision, Child Protective Services took Damien into custody and placed him in foster care. The foster mother reported that he was very withdrawn for the first few days, but since that time he has done very well. He enjoys playing with the two other children in the home and particularly enjoys eating "real" food. Damien requested a visit with his mother and his grandparents after the first week of being in care, and the caseworkers were able to facilitate that visit. Damien was able to continue with the same school and teacher that he had while living with his mother. The teacher reports that Damien is very eager to please and craves positive attention. Academically, he is a little behind in his reading and writing skills; however, the teacher feels that additional structure at home will foster academic improvement.

A serious problem related to the mother's substance abuse issues occurred during Damien and Ben's last visit with Ms. Solano. According to Damien, while the caseworker had to leave the room for a few minutes, his mother promised to pay him a quarter if he would urinate in a jar she had brought in her purse. As the mother left, Ben told the caseworker about the incident; she retrieved the jar and called the mother's therapist.

Jessie Solano has done everything that Child Protective Services has asked him to do. He is in counseling for domestic violence and he is taking parenting classes. He is willing to enroll in a program for substance abuse assessment and treatment. Damien enjoys getting to know his dad. However, some concerns do exist based on Mr. Solano's past criminal record, with alcohol being a major factor in the majority of crimes. An additional issue for the CASA/GAL volunteer is that Mr. Solano knew that his son was in a high-risk situation in the home of Ms. Solano yet made no move to change the situation until Child Protective Services got involved. He seems to minimize the mother's issues, and I am concerned that he could place Damien in a dangerous situation again without fully assessing the risks. To balance these concerns, he has an apparent willingness to learn and change. At this point, he appears to be the best resource for permanence for Damien.

No identified family for Ben has been found to date should his mother be unable to provide a safe home for him. His father is not interested in working with Child Protective Services. Ben needs long-term residential care, but hopefully Child Protective Services can identify an appropriate visiting resource for weekends and holidays. Such a resource might eventually provide a home or at least guardianship for Ben.

The Needs & Wishes of the Children

Placement

Although Ben would like to be home with his mother, he realizes that he needs treatment and would like to continue receiving help for his mental health issues. Damien understands that his mother needs to receive “help” to “make her all better” but would like to be home with his mother or with his grandmother, Anita Buckner.

Education

Ben’s educational delays have not yet been addressed although he was doing better in the charter school. He states that he does not like school and says, “My mother never made me go.” Damien enjoys school and is improving on a daily basis. With additional assistance at home, he should pull his grades up.

Psychological, Emotional, Health, or Care Needs

Both children would love to see their mother get treatment for her substance abuse problems. Ben’s many psychological and emotional issues need to be closely monitored and his medications administered on a regular basis. Therapists involved with Ben feel that he will need ongoing treatment for a very long time.

Safety & Protection

Due to the children being separated from their mother, the majority of the safety issues have been resolved. However, until Damien is older there will be a concern for safety when left alone with his brother. Additionally, there is concern regarding domestic violence that occurred with the mother’s last boyfriend, Russell Stevens, and with other past partners.

Financial, Material Needs

The lack of employment on the part of the mother is a great concern for family and the children. Mr. Solano is the only parental figure that has been paying child support and is willing to continue to help with Damien’s material needs.

Wishes of the Children

Both children wish to live with their mother; however, they understand that their mother may not be able to “clean up her act.” Damien said that if this happens, then he would want to go live with his dad “if I can visit a lot with my mother.” Ben cannot think of any other relatives with whom he would want to live; he feels that he could live on his own and support himself.

Available Resources Within the Family & the Community to Meet These Needs

The community can and will offer the following:

- Mental health counseling for the children at Therapeutic Children’s Services;
- Substance abuse assessment and counseling for the mother through Anston County Mental Health Center;
- Substance abuse assessment and counseling, as well as domestic violence counseling, for the father through Anston County Mental Health Center;
- Tutorial services for both children through Anston County School System;
- Parenting classes for the father through Anston County Health Department;
- Work First will work with the mother to obtain a job; and
- Anston Housing Authority will work with the mother to find new housing.

Recommendations to Protect & Promote the Best Interests of the Children

Custody

- Custody should remain with Anston County Child Protective Services with placement in their discretion, with notice to the CASA/GAL volunteer of any change in placement.
- A trial placement with his father should be approved for Damien after substance abuse treatment has started and after a visitation plan has been arranged for the mother.
- Ben should remain in a treatment facility—either in the hospital or in a therapeutic placement recommended for him by his therapist and the physicians at the hospital.

Visitation/Contact

- No visitation should be allowed between the mother and Ben until deemed appropriate by his therapist.
- Visitation between Damien and his mother should occur weekly on a supervised basis.

Treatment Recommendations

- Both children should receive counseling through Therapeutic Children's Services. The father should enter into Damien's counseling as requested by the therapist.
- Ben should follow any recommendations specified by his doctors upon his discharge from the hospital.
- The mother should obtain a substance abuse assessment and follow all treatment recommendations.
- Mr. Solano should obtain a substance abuse assessment and follow all treatment recommendations.
- The mother should attend all scheduled visits with Damien.

Child Support, Other Financial Support

- The mother should obtain some form of stable employment and begin paying child support.
- Mr. Solano should be released from his child support obligation if Damien is living in his home.
- A referral should be made to the Child Support Enforcement Agency for Joseph Parker.

Other Recommendations

- A home study should be completed on the maternal grandmother as a possible resource for Damien if his father's home doesn't work out and for Ben in the future.
- Child Protective Services should continue to seek other placement options for Ben.

Next Court Date

- This case should be reviewed in three months.

Respectfully submitted,

Lynne Farrington

Lynne Farrington
CASA/GAL Volunteer

March 8, 2000

Adjudicatory hearing

Both of Damien's parents were present. Mr. Parker, Ben's father, did not come despite having received notice. Attorneys for all three parents were in court. The caseworker, the attorney representing the caseworker, and the attorney representing the child (or CASA/GAL program) were also present. Judge Silvia Wentworth was the presiding judge. The case was set at 9:00 AM but didn't get heard until about 11:45 AM, after all of the scheduled reviews. It continued after the lunch break and finished about 3:30 PM.

Both children were adjudicated neglected. Judge Wentworth read the CPS and CASA/GAL volunteer reports for the disposition hearing and asked me some additional questions, mostly about my expressed concerns about Mr. Solano. Jessie's attorney also asked me several questions. The judge ordered that Damien be placed with his father on a trial basis and that Ben remain in a residential facility. Visitation for Damien with the mother was ordered, but it is to be supervised by CPS, not by Mr. Solano. The judge followed my recommendation for joint therapy between Damien and his father and continued case services by CPS for another three months to insure their assistance in providing all the other necessary services for this family. Ben will continue receiving all services except for visitation. The judge ordered no visitation for Ben because the mental health professionals recommended that he not have any more visits with his mother until she and he become more stable. The next hearing will be a review hearing.

April 13, 2000

Home visit with Damien at his father's house

Damien answered the door when I went to visit him; Jessie was chasing after him. Jessie's parents and three nephews also live in the three-bedroom house. Damien pulled me inside and wanted to show me everything. He showed me his chore chart on the refrigerator and his new room. When I asked him what he did every day, he explained, "Daddy gets me up and makes me breakfast. Then I take the bus to school with my cousins. Then when I get home from school, I usually have a snack and play with my cousins. Oh, and the best part is that after Daddy comes home, he reads a story and helps me with my homework every night!"

Jessie said that he thinks Damien enjoys being with his cousins and receiving so much attention. It took Damien a little while to settle down, but he is doing really well now. Damien appeared to be very happy and bonded with his father. Damien is starting to learn a little Spanish so he can talk with his grandmother more.

Jessie shared with me the outcome of the substance abuse evaluation. He had a written report recommending that he complete the Alcohol and Drug Education class. He also had the certificate showing that he had enrolled and completed the course. Jessie was very pleased. He has also been attending Damien's therapy and feels he has a good relationship with the therapist. As that work will be ongoing, it has a built-in monitoring system; if things don't go well or if the therapist has concerns about neglect, I am sure that she will make a report.

On my way out the door, Jessie said that Suzanne had called and wanted a visit with Damien. He set something up for next weekend at the park and said that he was going to watch her very closely. I reminded him that he is not to supervise visits and that Suzanne needs to call CPS to arrange any visitation. Although this was ordered as a protection for him, he was upset

because Damien was counting on the visit. I suggested that he call Suzanne right away so that she can try to set something up soon. Following the last court hearing, I went over the judge's orders with Damien so I think he'll understand that it isn't his father's decision. The judge is the only one who can change the visitation plan. I am actually glad to hear that Jessie is more comfortable about dealing directly with Suzanne because eventually they will have to work these things out without CPS or the courts.

June 13, 2000, 9:30 AM

Received a TC at work from caseworker regarding Ben

Michelle said that they moved Ben into a new facility. Unfortunately, it is not in this community. He has tried all of the local placements and they are no longer available to him. The distance will make it harder to have visits with family or to feel that he is still a part of our community. The program sounds like it will be good for Ben. He will gradually phase into an independent-living situation if he is unable to return home to his mother. He will start with strict supervision and attend a school on campus. Then he will work his way into increased privileges and more independence. Eventually, he will be able to get a job and have an apartment-style living situation there on the grounds of the facility. CPS is ordered to find a permanent home for children within a year. Ben will need long-term treatment before he will have addressed all of the problems that have made him so difficult to place. The best plan would be for him to return home if Suzanne can provide a safe home. Second best would be to find a relative or other caring adult who can become his guardian even while he works his way through this new program. Such a plan would give him the services he needs and would allow someone who is personally connected to him to make decisions about his future.

Michelle gave me the name and number of the contact person at the new facility. I will call and arrange a time to go visit Ben and to meet with a staff member who can tell me more about this program. It sounds like it offers what Ben needs, but he has been moved so much that it is hard to be too hopeful that he has found the right place. Since he is not with a family, I see it as a temporary solution. If he learns to live independently, he will still need a support system, and I believe the best kind of support comes from a family. My goal will be to try to identify an appropriate person to take guardianship of Ben.

Michelle also told me that Suzanne has lost her apartment and has failed the last two drug screens.

June 19, 2000

Review hearing

The judge reviewed the case and followed most of the recommendations in my court report. He decided to close the case on Damien and give custody to Jessie. I had recommended that the case stay open for three months to continue to monitor the situation, though it seems to be going well. Visitation is left in the discretion of the father. Ben will continue in the custody of Child Protective Services and will hopefully continue to learn independent-living skills. He has made some definite progress. The home study on his grandmother is good, although she is a little scared to commit. She has been visiting him regularly and has had him come to her home for supper the last two weekends. All parties are recommended to continue with therapy. I will remain on Ben's case, but Damien's case will be closed and I will be released. I will go meet with Damien and explain the court outcome and answer any questions that he might have.

Suzanne is continuing to refuse treatment for her substance abuse problems, and it seems very unlikely that she will be able to provide a safe and permanent home within the time limit provided under the law. The permanency planning hearing has been set for January 9, 2001, and if she has shown no improvement, I will have to decide whether to recommend terminating her parental rights. I will continue to monitor how Ben is doing and will write reports for the review hearing set for October 5, 2000, and for the permanency planning hearing. When I see Ben next week, I will review what happened in court today and will let him know that I will continue to advocate in court for both what he needs and wants.

CHAPTER 2

Introducing the Law, the Child Protection System & the Courts



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CHAPTER 2

Introducing the Law, the Child Protection System & the Courts



Homework for the Session

Part 1: Look and listen for media reports (newspaper stories, magazine articles, TV reports, and/or radio broadcasts) regarding child abuse today. Make notes about information that you find. We will use the information that you gather to compare child abuse today with child abuse historically.

Part 2: As homework for Chapter 1, you read the Parker-Solano training case, about the Parker-Solano family. Many of the activities for this session also rely on the material in the case study. You may wish to review that case as preparation for this session.



Goal

In this chapter, I will increase my understanding of child abuse and neglect issues and the history of the child advocacy movement. I will be introduced to the laws, the child protection system, and the court procedures that apply to my work as a CASA/GAL volunteer.



Objectives

By the end of this chapter, I will be able to...

- ✓ Describe the history of the child advocacy movement.
- ✓ Identify applicable state, tribal, and local laws (e.g., mandatory reporting) and understand how these laws guide the work of the CASA/GAL volunteer.
- ✓ Define how a case enters the child protective services system and the court system.
- ✓ Describe indicators of child abuse and neglect.
- ✓ Identify the perspectives and roles of the various participants in a child abuse/neglect court case.
- ✓ Describe issues of confidentiality in CASA/GAL volunteer work.
- ✓ Summarize the juvenile court process.



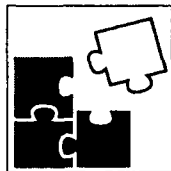
UNIT 1: Setting the Context—The History of the Child Advocacy Movement

Child Abuse & Neglect Have Always Existed

For many people, their cultural history is not one that valued children. There are clear exceptions to this, such as the historical roots of some Native American cultures in which children were respected and protected. However, the following conditions existed in many cultures from ancient times well into the Middle Ages:

- ✓ Infanticide (the willful killing of a child) was not uncommon—particularly for weak or “deformed” infants and for female children;
- ✓ Children were viewed as the property (chattel) of the head of the family (the father or senior male householder), who literally had the power of life and death over them;
- ✓ Abandonment, beatings, whippings, and other forms of severe physical discipline were common practice; and
- ✓ Children were not recognized as persons and they had no rights.

The laws of the United States of America grew out of this historical view of children. We will explore the development from this foundation to current laws, which place a greater value on the worth and rights of the children of our society.



Activity 2A: The Story of “Mary Ellen”

Part 1: Listen as the facilitator reviews the history of child abuse and neglect and describes one of the first documented cases of child abuse in the United States.

The Story of “Mary Ellen”

Following is one of the first documented cases of child abuse in the United States:

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 mother and father were dead. The New York Commission of Charities and Correction had given her to a Mr. and Mrs. Connolly, who were to care for her and report each year on her progress.

Instead, the Connollys abused her. She was beaten, locked in a room, rarely allowed outside, and not given adequate food or clothing.

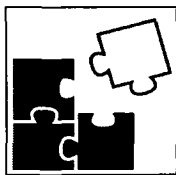
A neighbor who had been upset by the child's screaming told a mission worker about Mary Ellen. The mission worker could find no one to intervene; the police had no grounds because no crime was being committed, and the agencies wouldn't get involved because they did not have legal custody.

An appeal was finally made to Henry Bergh, the founder and president of the SPCA, the 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."

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 a community meeting of citizens was called and an association "for the defense of outraged childhood" was formed. 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.

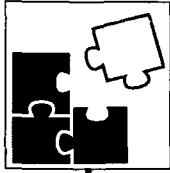


Activity 2A: The Story of "Mary Ellen"

Part 2: In pairs, summarize in your own words what happened in this account of Mary Ellen. How did this account make you feel? Each of you should write one word that describes how you felt. Hold up your card with the large group. What do you observe?

In your same pairs, answer the following questions: Why do you think Mary Ellen's situation happened? Considering the media accounts that you gathered for homework, what similarities do you see between Mary Ellen's situation and child abuse today?

We'll hear a sample of your responses to these two questions in the large group.



Activity 2B: Child Abuse & Neglect Laws & the Court Advocacy Movement

Listen to the facilitator highlight information about the evolution of child abuse and neglect laws in the United States and the development of the child abuse court advocacy movement. Which events seem most important as you consider the work that you are about to begin?

The Evolution of Child Abuse & Neglect Laws in the United States

- ✓ In the city of New York in 1874, the case of “Mary Ellen” triggered public concern about abused and neglected children.
- ✓ Until the early part of the twentieth century, little attention was paid to the fates of children who were used as cheap labor in mines and factories.
 - Textile mills, glass factories, and coal mines relied heavily on child labor during the nineteenth and early twentieth centuries.
 - Many of these child laborers were under age twelve and some were as young as age four. They worked twelve to fifteen hours a day for minimal wages; many died from on-the-job injuries or suffered from occupational diseases such as black lung.
 - Child labor was cheap and there were no controls or regulations regarding safety, health, and sanitation.
 - In 1938, the Fair Labor Standards Act provided the first legal rights of children by setting the minimum age for child labor at sixteen for employment during school hours.
- ✓ Medical attention to the problem of abused and neglected children occurred in the middle of the twentieth century.
 - The x-ray was developed in 1910, and by 1946, Dr. John Caffey was reporting cases of children with subdural (under the skin) injuries and untreated fractures.
 - In 1955, Wooley and Evans spoke out against physicians who ignored the fact that multiple injuries to children were being willfully committed by their parents.
 - In 1962, Dr. C. Henry Kempe’s term “battered child syndrome” captured public attention.
 - With leadership from the medical profession, legislative action followed. By 1965, every state had enacted a child abuse reporting law.

- ✓ 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 and their families.
 - Congress enacted the Child Abuse Prevention and Treatment Act (Public Law 93-247) in 1974 (amended in 1996), which 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. This law requires that states:
 - Have child abuse and neglect reporting laws;
 - Investigate reports of abuse and neglect;
 - Educate the public about abuse and neglect;
 - Provide a guardian ad litem to every abused or neglected child whose case results in a judicial proceeding; and
 - Maintain the confidentiality of child protective services records.
 - In 1978, Congress enacted the Indian Child Welfare Act (Public Law 95-608) as a result of congressional hearings in the 1970s that had revealed a pattern of public and private removal of Indian children from their homes, undermining Indian families and threatening tribal survival and Indian culture. The act was designed to implement the federal government's trust responsibility to tribes by protecting and preserving the bond between Indian children and their tribe and culture. The act sets up placement preference schemes for foster care placements and adoptions of children who have been determined to be Indian children. It also establishes the right of certain entities to appear as parties, including the tribe and the Indian custodian, if one exists. The act determines when and if a case should be transferred to tribal court. Many procedural and substantive rights of the Indian child and the child's tribe exist under the act.
 - In 1980, Congress enacted the Adoption Assistance and Child Welfare Act (Public Law 96-272), which is a blueprint for combined efforts of the judicial, executive, and legislative branches of government to preserve families and, if necessary, to build new families for children. The Adoption Assistance and Child Welfare Act of 1980 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 a plan for the number of children who will be in foster care for more than twenty-four months;
 - 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;
 - Provide a dispositional hearing for every child in foster care within eighteen months of placement and every twelve months thereafter; and
 - Have a data collection and reporting system about the children in care.
 - In 1993, through court improvement legislation, Congress recognized the courts' critical role in child welfare and encouraged reform in the court system.

- In 1994, the Multi-Ethnic Placement Act was made law. The goals of the Multi-Ethnic Placement Act of 1994 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; and
 - Facilitate the development of a diverse pool of foster and adoptive families.
- In 1996, the Child Abuse Prevention and Treatment Act was amended to include Court Appointed Special Advocates as guardians ad litem.
- In 1997, Congress passed the Adoption and Safe Families Act (Public Law 105-89), which embodies three key principles:
 - The safety of children is the paramount concern;
 - Foster care is a temporary setting and not a place for children to grow up; and
 - Permanency planning should begin as soon as the child enters foster care.

Additionally, the Adoption and Safe Families Act stresses that the child welfare system must focus on positive results and accountability and that innovative approaches are needed to achieve the goals of safety, permanence, and well-being for children. ASFA is the guiding law that directs the time lines under which we currently operate—ASFA requires that plans must be in place after twelve rather than twenty-four months, dispositional hearings must be held within twelve months rather than eighteen months of placement, and court reviews occur every six months rather than every twelve months. Additional ASFA time lines will be addressed later in this chapter.

- In 1997, the Volunteer Protection Act defined the liability of volunteers.
- In 1999, the Foster Care Independence Act addressed the needs of older youth in foster care, particularly those youth aging out of the system.

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.

(Note: Detailed summaries of the federal laws that impact the work of the CASA/GAL volunteer appear in the Resource Materials section of this chapter.)

The Development of the Child Abuse Court Advocacy Movement

Across the Nation

The national movement to have the independent voice of child victims heard in court began in the 1960s. Judges realized they were making far-reaching decisions about the lives of children without hearing the unique perspective of the child. Some judges asked social workers or friends to informally investigate child abuse cases and make recommendations about what would best serve the needs and interests of the child.

The first volunteer guardian ad litem (GAL) program serving abused and neglected children was organized by King County Judge David Soukup in 1977 in Seattle, Washington. In the following years, word of the success of the King County program spread like wildfire, and similar programs began all over the United States.

Because some state statutes require the guardian ad litem to be an attorney, the term Court Appointed Special Advocate—CASA—was coined to describe volunteers from the local community trained to serve as advocates for abused and neglected children involved in juvenile court proceedings.

In 1982, the National CASA Association, Inc., was established to serve as an umbrella organization for the growing number of programs in the country. National CASA provides information, technical assistance, research, and training. National CASA also sponsors an annual national conference and has a grants program that annually awards millions of dollars to state and local CASA and guardian ad litem programs. Membership in National CASA is open to both individuals and programs. The National CASA phone number is 800-628-3233 and their websites are www.nationalcasa.org and www.casenet.org.

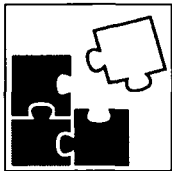
Closer to Home

In this state and this community, the development of protections for children followed the national movement.

UNIT 2: Laws Governing Child Abuse & Neglect Cases

State laws are largely based on the requirements of federal legislation. In local jurisdictions governed by tribal laws, the Indian Child Welfare Act takes precedence over conflicting federal and state laws. Each state legislature must make its own decisions about how to meet the requirements of federal laws *and* the needs of the state. State laws translate community standards into state standards. It is important for the CASA/GAL volunteer to be familiar with the laws in order to make appropriate advocacy decisions for his/her child. It is also important to know the laws that guide this work because a CASA/GAL volunteer operates in the legal arena—the court is the final arbiter. The CASA/GAL volunteer will be better able to explain the court proceedings and court outcomes to the child if he/she understands the laws that guide the court’s decisions.

State, Tribal & Local Laws Governing Child Abuse & Neglect Cases



Activity 2C: Researching Your State, Tribal, and/or Local Laws

Read the list, on the following page, of state, tribal, and/or local laws that govern child abuse and neglect cases in your jurisdiction. Circle the element about which you would like to learn more.

Working with a new partner, share the element you circled and why it interests you. With your partner, turn to the section in this chapter’s Resource Materials about federal laws and read the laws that correspond to your selections. In the space provided below, write three things you learn from your reading.

1. _____
2. _____
3. _____

We’ll hear a sample of your responses in the large group.

Listen as the facilitator shares additional information about these laws.

The state, tribal, and/or local laws that govern child abuse and neglect define terminology related to abuse, neglect, and dependency, and they outline the procedures for responding to cases of child maltreatment to ensure that the rights of children and families are protected. The (name of the law/statute) determines what is to be done by whom, from the initial report of suspected abuse until the case is closed. Specifically, these laws outline:

1. Definitions of abuse, neglect, and dependency (ref.);
2. Requirements for reporting suspected child abuse and neglect (ref.);
3. Responsibility of (name of child welfare agency) to offer protective services and of (name of child welfare or law enforcement agency) to screen and investigate reported incidents of child abuse and neglect (ref.);
4. Conditions under which (name of state child welfare agency) is required to invoke the jurisdiction of the court (ref.);
5. Circumstances under which children may be removed from their homes (ref.);
6. Role of the CASA/GAL volunteer (ref.);
7. Required court hearings and when they should be held (ref.);
8. Guidelines judges must follow and options they may choose as they make decisions about the child's placement, care, or treatment (ref.);
9. What the law requires of parents (ref.);
10. What judges must include in their court orders (ref.);
11. How court decisions may be appealed (ref.);
12. Open vs. closed courtrooms (ref.);
13. Confidentiality of juvenile records (ref.);
14. Rights of foster parents (ref.);
15. Other relevant state statutes (ref.).

They also outline any court orders or lawsuit settlements under which the state is operating (ref.) and relevant court rules and administrative orders, if any.

The following sections further explore laws that govern child abuse and neglect cases. Because the work of the CASA/GAL volunteer occurs within the context of the court, familiarity with these laws will help the volunteer maximize opportunities to be an effective advocate for children.

UNIT 3: How a Case Enters the Child Protective Services System

Child Abuse & Neglect



Did You Know That...

- *There are over one million cases of abuse documented each year.*
- *Over 1250 children will die each year as the direct result of identifiable abuse or neglect.*
- *The majority of child abuse and neglect deaths are children under five.*
- *Nine out of ten abusers are the child's own parents/guardians.*
- *One out of four girls and one out of five to seven boys will be sexually assaulted by the age of eighteen.*
- *Eighty to ninety percent of our prison population reports being victims of abuse.*

From Talking About Touching, Committee for Children, Seattle.

The determination of whether or not a child was abused and/or neglected will have already been made when you become involved with a child. While your attention will be focused on the child's current and future safety and well-being, it is important that you have some information about child abuse and neglect issues as background and context for understanding the child's specific family situation. Also, there might be ongoing abuse or neglect that you will need to report.

Each state provides its own definitions of child abuse and neglect. There are three places in state statutes where child abuse and neglect are defined:

- ✓ Child abuse reporting laws for the identification of cases that warrant reporting;
- ✓ Criminal codes for defining unlawful behavior; and
- ✓ Statutes for governing the juvenile court for determination of child dependency.

In order for states to receive a federal grant for funding under the Child Abuse Prevention and Treatment Act (CAPTA), they must utilize definitions of child abuse and neglect that include, at a minimum, certain specifications.

Under CAPTA, "child abuse and neglect" means, at a minimum: "Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

“Sexual abuse” means, at a minimum: “The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or to assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct, or rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.”

From Child Abuse and Neglect State Statutes Elements. Department of Health and Human Services/National Clearinghouse on Child Abuse and Neglect Information.

Each state has laws that define abuse and neglect, as well as laws that guide child protective services agencies to know when and how to intervene in families. The second part of this unit outlines the process that CPS follows when a report of neglect or abuse is made.

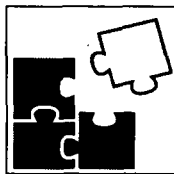


Did You Know That...

According to national statistics, more than half (fifty-two percent) of all reported child victims suffered neglect, while almost a quarter (twenty-four percent) suffered physical abuse. About twelve percent of the victims were sexually abused. Children suffering medical neglect and emotional maltreatment accounted for three and six percent of victims, respectively. A greater proportion of neglect and medical neglect victims were children younger than eight years old, while a greater proportion of physical, sexual, and emotional abuse victims were eight or older.

From “Child Maltreatment 1996.” National Clearinghouse on Child Abuse and Neglect Information.

(Note: Additional information about neglect, physical abuse, and sexual abuse appears in the Resource Materials section of this chapter.)



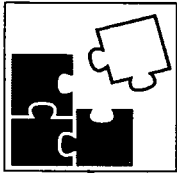
Activity 2D: Definitions of Neglect & Physical, Sexual & Emotional Abuse

Review the chart that follows and complete the column labeled “My Definitions” using a word or phrase that defines that category for you.

Child Neglect (an act of omission)... Child Abuse (an act of commission)...

	DEFINITION	INDICATORS	MY DEFINITION
Physical Abuse	Intentionally harming a child, use of excessive force, reckless endangerment.	<ul style="list-style-type: none"> • Unexplained bruises, welts & scars • Various stages of healing • Bite marks • Unexplained burns • Fractures • Injuries not fitting explanation • Internal damage or head injury 	
Sexual Abuse	Engaging a child in any activity for that adult's own sexual gratification.	<ul style="list-style-type: none"> • Age-inappropriate sexual knowledge • Sexual acting out • Child disclosure of abuse • Excessive masturbation • Physical injury to genital area • Pregnancy or STD at a young age • Torn, stained, or bloody underclothing • Depression, distress, or trauma • Extreme fear 	
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 love and protection, the natural birthright of all children.	<ul style="list-style-type: none"> • Habit disorders (thumb sucking, biting, rocking, enuresis) • Conduct disorders (withdrawal or antisocial behavior) • Behavior extremes • Overly adaptive behavior • Lags in emotional or intellectual development • Low self-esteem • Depression, suicide attempts 	
Neglect	Failure of a person responsible for the child's welfare to provide necessary food, care, clothing, shelter, or medical attention. Can also be failure to act when such failure interferes with a child's health and safety.	<p>Physical Signs:</p> <ul style="list-style-type: none"> • Malnourished • Not properly immunized • Lacks dental care • Lacks supervision • Consistently dirty • Constantly tired/listless <p>Material Signs:</p> <ul style="list-style-type: none"> • Insufficient/improper clothing • Filthy living conditions • Inadequate shelter • Insufficient food/poor nutrition <p>Emotional Signs:</p> <ul style="list-style-type: none"> • Rejection 	

How Does a Case Enter the Child Protective Services System?



Activity 2E: The Child Protective Services (CPS) System

Read the following four child abuse report scenarios and the summary of the four stages cases go through to enter the child protective services system. List three things you learn from your reading.

1. _____
2. _____
3. _____

In trios, share the three things you listed. What similarities do you notice from your lists? We'll hear a sample of your responses in the large group.

The following four child abuse report scenarios illustrate the four stages cases go through to enter the child protective services system. Those stages are described following the scenarios.

Scenario 1

Mrs. Delma Barnes lives next door to Sharon Frazier and her daughter Taysia, who is seven. Mrs. Barnes called the CPS hotline to report that she observed Taysia being spanked with a hand by her mom. When asked, Mrs. Barnes told the caseworker that it wasn't an "extra hard spanking," but that she just did not believe in spanking children at all. Mrs. Barnes said she saw Taysia afterward, and there were no bruises or marks from the spanking. Mrs. Barnes talked with Taysia, who told her she doesn't like being spanked. The case was screened out by the intake worker, so there was no investigation.

Scenario 2

Joey, age three, attends daycare, where a staff member noticed a mark on his leg that looked suspicious. The daycare worker, being concerned, called the CPS hotline to report the bruise. After talking with the child and his parents, as well as several neighbors, the investigating caseworker found that the bruise occurred while Joey was playing. All accounts of the situation were the same and were found believable. There was no evidence to support that Joey was abused, neglected, or dependent; therefore, the case was not substantiated and was closed.

Scenario 3

Susan Williams, first-grade teacher at Windel Elementary School, called the CPS hotline to report a concern about two of her students, Dot and Stan Grant, six-year-old twins. They live with their mother, Arlene, and her boyfriend, Tom, who has a history of drug use, including crack cocaine, marijuana, and alcohol. He has a criminal history of domestic violence as well as selling drugs. Arlene has used drugs in the past but says she only drinks now. Ms. Williams is concerned that the twins are in the middle of fights between Arlene and Tom, and that he is selling drugs in the home. There were bruises on Dot's face, which she said happened when Tom accidentally hit her when he was trying to hit her mom.

A caseworker talked with the children separately at school and both children said that their mom and her boyfriend drink beer and smoke "little white cigarettes that they put green stuff in." They also reported that the cigarettes "smelled funny." Both children told the caseworker that their mom and Tom fight and that he hits their mom. Dot said that her mom sometimes comes and sleeps with her and Stan in their room. Both children have observed these fights and, from their descriptions, the fights occur quite often, especially when Arlene and Tom are "partying." Both Dot and Stan said they were afraid of Tom. When asked about Dot being hit by Tom, Stan said, "He didn't mean to."

When interviewed by the caseworker, Arlene admitted that Tom drinks beer but doesn't do drugs anymore. She denied that she drinks or does drugs herself. She told the caseworker that sometimes they fight, "but who doesn't?" She said that Tom doesn't hurt her and has never hit her. She was surprised that the caseworker could have gotten information that was so wrong. She didn't want the caseworker to talk with Tom. When the caseworker explained that interviewing Tom was necessary, Arlene had a nervous expression on her face.

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

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

Due to the children's disclosures, observations from interviews with their mom and her boyfriend, and information from the collateral contacts, neglect was substantiated. The case will go to Family Support for treatment. Court intervention will not be sought at this time.

First three situations drafted by Angie Pittman, Family Permanency Supervisor, DSS, Buncombe County, NC.

Scenario 4

Dr. Valerie Alajuwon, physician at Windel Regional Medical Center, called the CPS hotline and stated she had examined and admitted Alexa James, age fifteen months, who was brought in by her mother, Sheila Washington, and her live-in boyfriend, Lewis Murphy. Alexa could not bear weight on her right leg. X-ray results showed a fracture of her right tibia (lower leg) and a one- to two-week-old fracture of her right femur (upper leg).

When interviewed by the caseworker, neither Ms. Washington nor Mr. Murphy could explain Alexa's injuries. They claimed to be the child's only caretakers. The caseworker requested that Dr. Alajuwon do a complete physical examination of Alexa, including a series of x-rays. The x-rays revealed a healing rib fracture in addition to the two leg fractures. Since the three fractures were in various stages of healing, Dr. Alajuwon diagnosed Alexa as a victim of battered child syndrome.

At the time of Alexa's discharge from the hospital, there was no new information as to the cause of her injuries. The various ages, type, severity, and location of the injuries without explanations about their occurrence indicated the injuries were nonaccidental. There were no known relatives and the mother refused to make a voluntary placement. Therefore, to ensure the child's care, supervision, and protection, a petition was filed and Alexa was placed in foster care. When the petition was filed, Penny Ferguson, a CASA/GAL volunteer, and Webster Lance, Attorney for the Child, were assigned to Alexa's case.

From the North Carolina Guardian ad Litem volunteer training curriculum.

CPS System for Abuse & Neglect Cases

STAGE 1: Reporting Suspected Abuse or Neglect

- Someone in the community reports to Child Protective Services (CPS) or, in some areas, to law enforcement that they suspect a child is being abused or neglected.

(In our four situations, the people who made the call to CPS were a neighbor, a daycare staff member, a teacher, and a doctor.)

STAGE 2: Screening Reports of Suspected Abuse or Neglect

- CPS or, in some areas, law enforcement investigates and intervenes in all circumstances where the allegations, if they proved to be true, would fit the legal definition of abuse, neglect, or dependency. An investigator will respond within a specific time frame determined by the nature of the allegations.
- In circumstances where the allegations would not fit the legal definition of abuse, neglect, or dependency, the reporter is notified that there will be no investigation. The reporter may be referred to outreach services or other agencies as appropriate.

(In Situation 1, there was no intervention because spanking a seven-year-old does not meet the legal definition of abuse, neglect, or dependency.)

STAGE 3: Investigating Reports of Suspected Abuse or Neglect

- CPS or, in some areas, law enforcement investigates the report to determine the facts, the extent of the abuse or neglect, and the risk of harm to the child.
- If the investigation does not confirm abuse or neglect, the case is closed.

(In Situation 2, the case was closed because Joey's injury was accidental and there was no evidence of abuse, neglect, or dependency.)

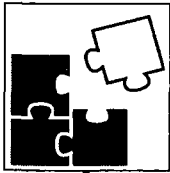
STAGE 4: Interviewing in Confirmed Cases of Abuse or Neglect

- If the investigation confirms abuse or neglect, CPS then determines whether protective services should be provided or if a petition needs to be filed. Petitions are filed when CPS needs the court to intervene on the child's behalf to minimize the risk that child maltreatment will recur, or when the child is removed from the home to ensure his/her safety.

(In Situation 3, neglect was confirmed, but Child Protective Services felt they could work with the family without court intervention. In Situation 4, CPS filed a petition requesting that the court intervene to ensure Alexa's care, supervision, and protection.)

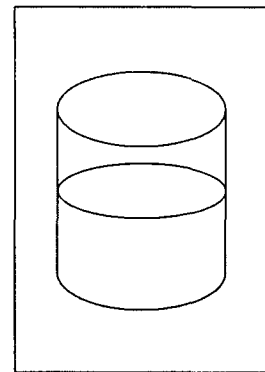
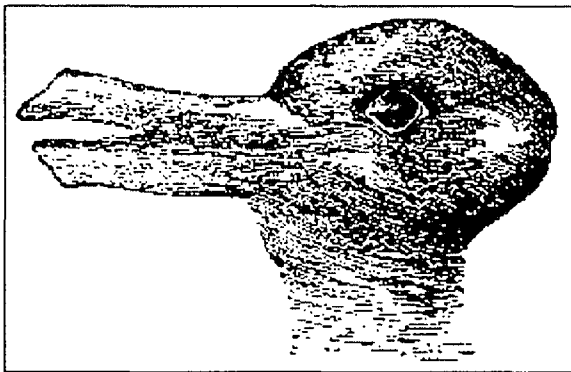


UNIT 4: Who Are the Participants in a Case?



Activity 2F: Perspective—What Do You See?

In pairs, look at the pictures below. What do you see in each picture? The first two pictures can be seen as two distinct images depending on your perspective. Can you see both? The third picture is a cup of water. Is the cup half-full or half-empty? Share with your partner your perspective on all three pictures.



"Ambiguous Figures" reprinted with permission from SandlotScience (www.SandlotScience.com).

The Parties & Participants in the Case

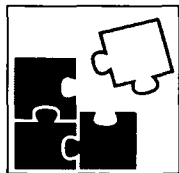
In child abuse and neglect court cases, there are at least the three following parties:

1. **The child;**
2. **The parents/caretakers named in the petition; and**
3. **The petitioner (child protective services agency).**

When working with an Indian child, the tribe may be a party to the case. In some court jurisdictions, the state and/or the CASA/GAL volunteer is named as a party. In legal terms, a party to a case is a person or group taking one side of a legal question, dispute, or contest. That person or group has standing in the court action, allowing them to participate fully, conduct discovery, and receive notice of all proceedings connected with the case. Other participants in the court case are the CASA/GAL volunteer, attorneys, and the judge.

The parties have a legal right to be heard by the judge in the court hearing. The parties also have a legal right to be represented by an attorney. If there is more than one parent or caretaker named in the petition, each one may be represented by a different attorney. If the parents/caretakers cannot afford to hire an attorney, the state provides them with one. In some states, the CASA/GAL volunteer may be appointed to represent the child. In others, the CASA/GAL volunteer advocates for the child's best interest but is not an actual party to the case. The Adoption and Safe Families Act of 1997 (ASFA) provides that foster parents, preadoptive parents, or relatives who are caring for the child be given notice of and the opportunity to be heard at all review hearings. This notice requirement does not mean that these individuals are parties in the case.

Each participant in the case has a different role and perspective. The judge hears the distinct perspectives of the parties as their attorneys present evidence, arguments, testimony from witnesses, and recommendations for the judge to consider as he/she makes decisions about the child's case.



Activity 2G: The Participants in a Case

Part 1: Read the role of each of the participants in the court case, which are outlined below. As you read, note in the margin any questions you have. We will address all questions in the large group.

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 Child Protective Services (CPS) intervention;
 - 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; and
 - The child needs services provided that will meet his/her needs.

CASA/GAL Volunteer

✓ **What is the role of the CASA/GAL volunteer in the case? The role is to...**

- Independently investigate the child's case;
- Determine the child's needs;
- Explore family and community resources to meet the child's needs;
- Make recommendations to the court;
- Advocate for the child;
- Monitor the case;
- Be the voice of what is in the child's best interest; and
- Be the voice of the child's expressed wishes.

✓ **What does the CASA/GAL volunteer bring to the case? He/she brings...**

- 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; and
- The community's standard for the care and protection of its children.

✓ **When is the CASA/GAL volunteer involved in the case?**

- The CASA/GAL volunteer is involved from the time of his/her assignment to a case through the close of the child's case, when the permanent plan has been approved by the court and achieved for the child.

(Note: In some jurisdictions, the CASA/GAL volunteer is only assigned through the court hearing granting the termination of parental rights.)

CASA/GAL Program Attorney or Attorney for the Child

✓ **What is the role of the CASA/GAL program attorney or the attorney for the child in the case? The role is to...**

- Represent the child's best interest and/or wishes, and protect the child's legal rights in court;
- Translate the CASA/GAL volunteer's research and recommendations (in their court reports) 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.);
- Provide legal consultation to the CASA/GAL volunteer and program staff regarding the case (if they represent the program rather than the child directly); and
- File legal documents relevant to the child's case.

✓ **What does the CASA/GAL program attorney or the attorney for the child bring to the case?**

- These attorneys bring legal expertise, facilitation and negotiation skills, and courtroom experience.

✓ **When is the CASA/GAL program attorney or the attorney for the child involved in the case?**

- He/she is involved from the petition filing through the end of the court case.

(Note: The attorney role varies significantly between court jurisdictions. If an attorney is appointed, he/she is sometimes appointed to represent the CASA/GAL volunteer and sometimes to represent the child. In some jurisdictions, two attorneys are appointed, one to represent the child's best interest and one to represent the child's expressed wishes. The facilitator will clarify the role in your local court system.)

Parents/Caretakers Named in the Petition

✓ **Why are the parents/caretakers involved in the case?**

- They have been forced into this court action because CPS 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 CPS 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; and
- 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?**

- The parents bring their love of the child, family ties, history of parenting, abilities and skills as parents, interactions with the child, interactions with each other, mental and emotional health, physical health, support system, housing, income, and their own issues/problems.

Attorney for the Parent/Caretaker

✓ **What is the role of the attorney for the parent/caretaker in the case? The role is to...**

- Represent the wishes of the parent/caretaker he/she represents;
- Protect the legal rights of the parent/caretaker in court;
- Advise the parent/caretaker on legal matters; and
- File legal documents relevant to the case.

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

- He/she brings legal expertise, facilitation and negotiation skills, and courtroom experience.

- ✓ **When is the attorney for the parent/caretaker involved in the case?**
 - He/she is involved from the petition filing through the end of the court case.

Child Protective Services Caseworker

- ✓ **What is the role of the Child Protective Services caseworker in the case?**
 - The CPS 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 CPS 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 he has removed the child from his/her home to ensure the child's safety.
 - The CPS 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 CPS intervention is not required to ensure the child receives proper care and protection; and
 - 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.
- ✓ **What does the CPS caseworker bring to the case? The caseworker brings...**
 - Training in analyzing risk, assessing service needs, and providing guidance to families;
 - Direct services for families to provide them with the knowledge, skills, and resources necessary for change; and
 - Links to other service providers so that the family can access resources outside the CPS system.
- ✓ **When is the CPS caseworker involved in the case?**
 - The caseworker is involved from the initial contact with the family and/or child until CPS services are no longer needed.

Attorney for Child Protective Services

- ✓ **What is the role of the attorney for Child Protective Services in the case? The CPS or county attorney's role is to...**
 - Represent the position of the agency in court;
 - Protect the agency from liability;
 - Advise the agency regarding its responsibilities as outlined in the law; and
 - File legal documents relevant to the case.

- ✓ **What does the attorney for Child Protective Services bring to the case?**
 - He/she brings legal expertise, facilitation and negotiation skills, and courtroom experience.
- ✓ **When is the attorney for Child Protective Services involved in the case?**
 - He/she is involved from the petition filing through the end of the case.

Indian Child's Tribe

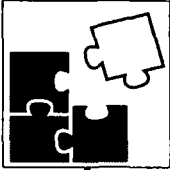
- ✓ **What is the role of the Indian child's tribe in the case? The role is to...**
 - Represent to the courts the "best interest of the child" as defined by the Indian Child Welfare Act (ICWA);
 - Ensure that the parents, the child, and the tribe have all the rights that are afforded pursuant to ICWA;
 - Bring to the attention of the court culturally relevant service options and dispositional recommendations;
 - Protect the tribe's interest in the child and ensure the preservation of this valued resource;
 - Where appropriate, offer or require that the tribe take jurisdiction of the matter; and
 - File legal documents when it is necessary.
- ✓ **What does the tribe bring to the case?**
 - The tribe brings its very special perspective on preservation of the child's ties to the tribe. In addition, the tribe has the knowledge of relevant cultural practices and culturally relevant services that can be considered as potential resources for the child.

Judge

- ✓ **What is the role of the judge in the case? The role is to...**
 - Determine 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;
 - Decide if the child is abused or neglected, and if so, order services that will address the needs of the child;
 - Order appropriate reviews;
 - Hear testimony, motions, etc., regarding the case;
 - Approve the permanent plan for the child;
 - Order termination of parental rights when appropriate;
 - Settle disputed adoption cases; and
 - Close the court case when there is no longer a need for court intervention or the permanent plan has been achieved.

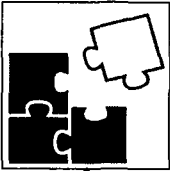
✓ **When is the judge involved in the case?**

- The judge is involved from the request for emergency custody at the petition filing until the court case is closed (or, if child is not removed from home, from the arraignment or adjudication hearing, depending on jurisdiction, until the court case is closed).



Activity 2G: The Participants in a Case

Part 2: In small groups, select a card for one of the participants in the Parker-Solano training case. Answer the questions on your card. We'll hear responses in the large group.

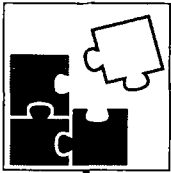


Activity 2H: The CASA/GAL Volunteer Perspective

Write on a card the one word that you think best describes the perspective of the CASA/GAL volunteer. We will hold all cards up for the group. What do you notice?



UNIT 5: Confidentiality



Activity 2I: Confidentiality & the CASA/GAL Volunteer

Read the materials on the following pages about what confidentiality means for the CASA/GAL volunteer. 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. As you read, note in the margin any questions you have. We will address all questions in the large group.

Confidentiality & the CASA/GAL Volunteer

When you perform the duties assigned to a CASA/GAL volunteer, you will be responsible for understanding just what is meant by confidentiality. As a CASA/GAL volunteer, you have access to confidential information about children and the people involved in those children's lives. 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 are strict guidelines about who can have access to confidential information. By law, CASA/GAL volunteers must keep all information regarding the case confidential and make no disclosure, except by court order or unless provided by law. 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 Volunteer Share with the Child?

It is expected that the volunteer 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?

There are different definitions of "confidential" in the laws of different states—some quite clear and others vague. As a CASA/GAL volunteer, you must regard as confidential any information that the source deems confidential. If any source from which you obtain information requires you to show the court order of appointment or inquires 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, priest/parishioner, 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 as legally confidential conversations with neighbors and friends who voluntarily give information. 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. An example would be sharing a previous teacher’s positive impressions of the child with a new teacher in order to increase the teacher’s sensitivity toward the child during a difficult time.

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. It is important to be respectful of the source and to be honest about your intentions with regard to the use of the information. You can never promise that you will not share the information received.

Should I Share Information with Someone Else About This Child or This Case?

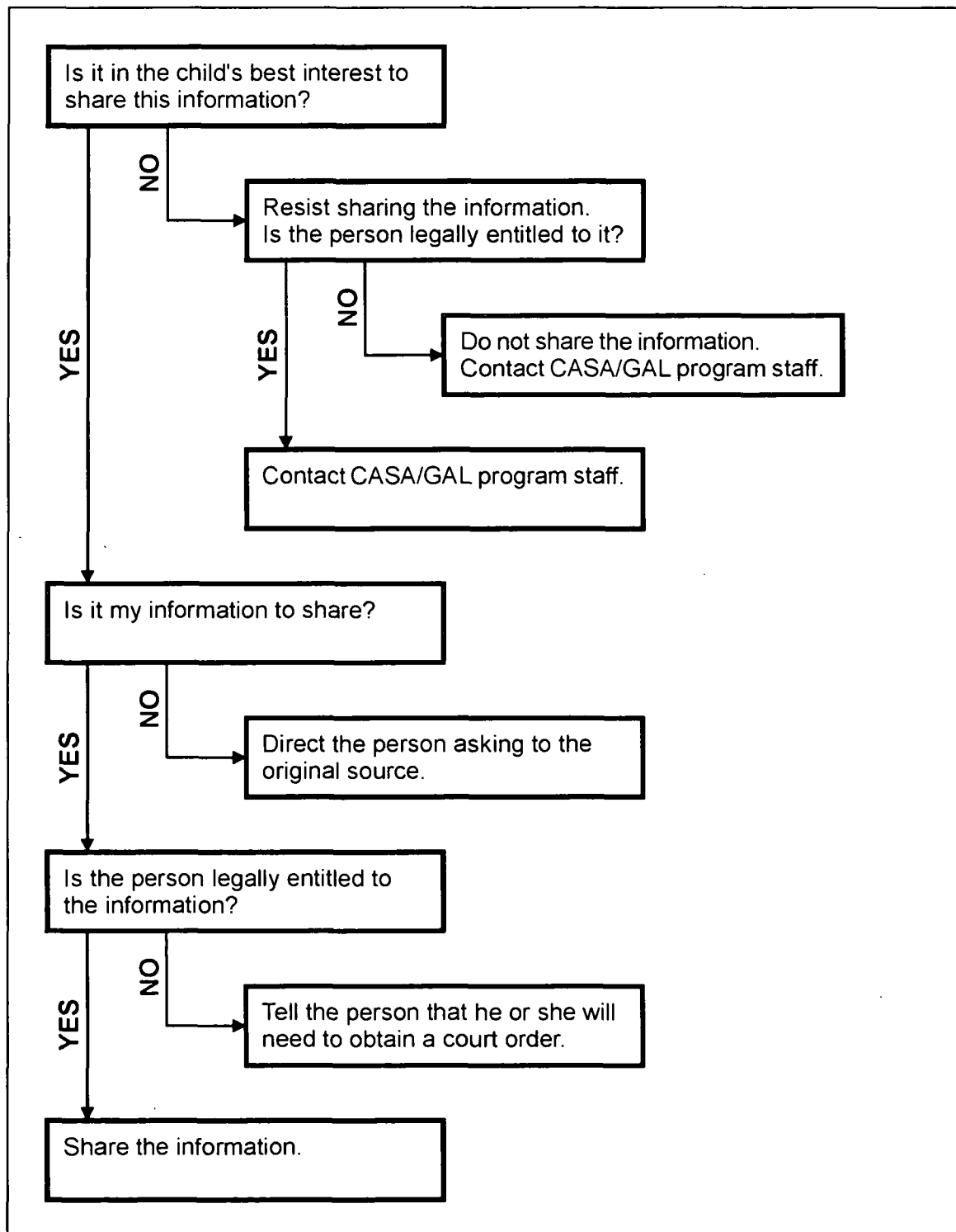
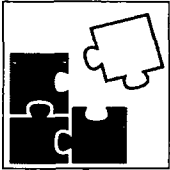


Chart contributed by Diane Robinson, State Director, Arkansas CASA.



UNIT 6: The Juvenile Court Process



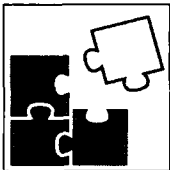
Activity 2J: Perceptions of Court

In pairs, relate a personal experience about going to court (or an experience of a family member, friend, neighbor, or acquaintance).

- Describe the situation.
- What were your impressions of the courtroom players?
- How does your personal experience differ from what you have observed on television or in the movies?

We'll share a few of these stories.

Created by John Lewis, District Administrator for District 24, North Carolina GAL Program.



Activity 2K: The Court Process

Listen to a brief description of the juvenile court process, which appears on the following pages. What are your questions?

Juvenile Court Hearings

For a case to enter the juvenile court system, the first step is for the child protective services agency to file a petition alleging that the child has been abused or neglected. The child may be removed from the home under an emergency custody order or a petition may be filed without taking the child into custody. The filing of the petition can trigger the appointment of a CASA/GAL volunteer to serve as the child's advocate during the court case.

Following is a table outlining a sample of the types of hearings that occur once a petition is filed and the possible time lines for the hearings.

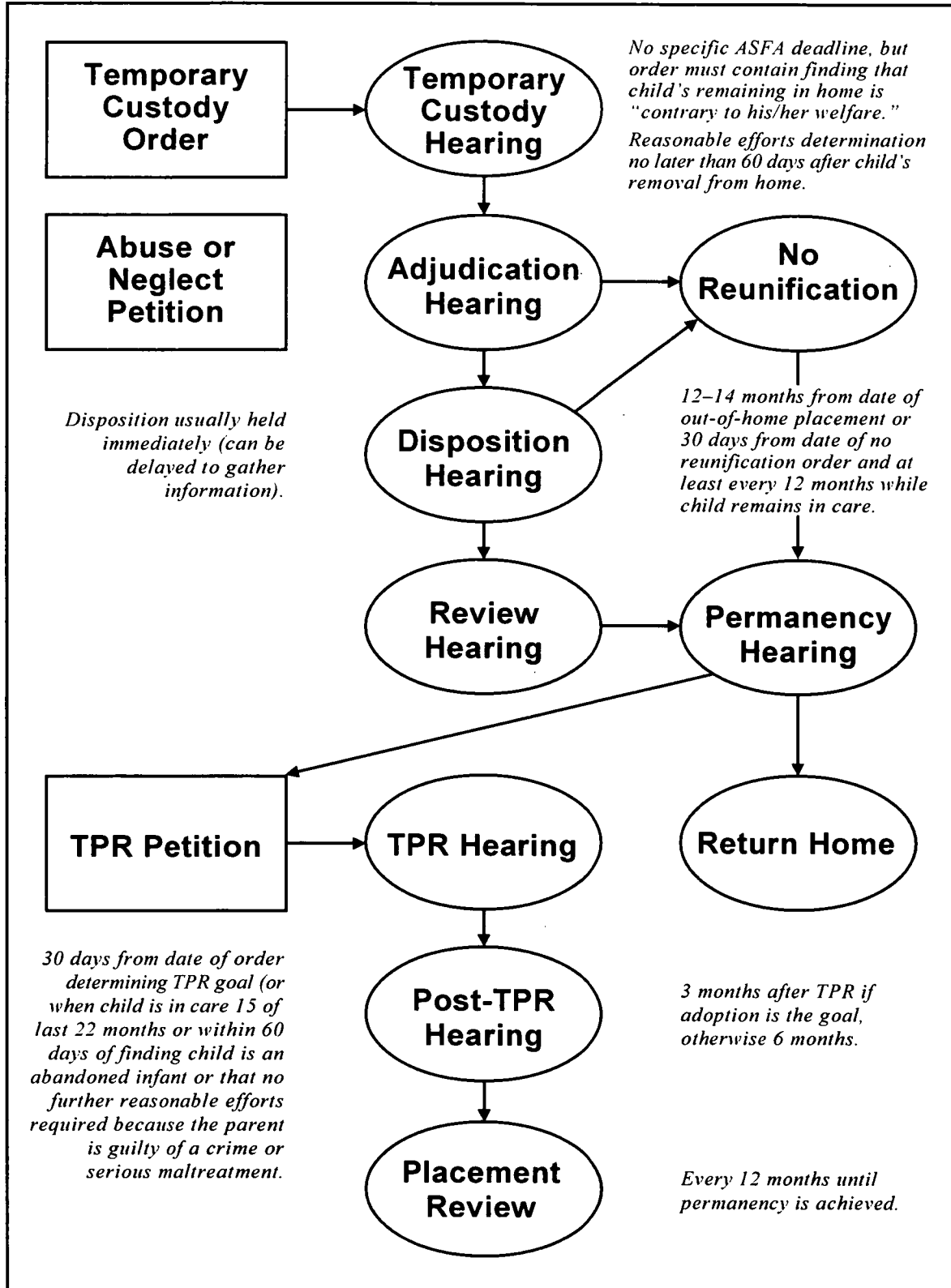
TYPE OF HEARING	DESCRIPTION
<p>Temporary/Emergency Custody Hearing</p>	<p>In this hearing, the judge decides whether or not the child should remain in custody. Additionally, the judge inquires about missing parents, possible relative placements, the status of other children in the home, and the child's needs pending adjudication.</p>
<p>Subsequent Temporary/Emergency Custody Hearings</p>	<p>Until the time of the adjudication, each emergency custody hearing will review the need for continued custody, relative placement and other placement options, and the child's needs pending adjudication.</p>
<p>Adjudication</p> <p><i>Usually occurs within sixty days of the petition unless the judge orders otherwise but only pursuant to exceptions set forth in state law.</i></p>	<p>At this hearing, the judge is presented with the facts and circumstances surrounding the child's removal from the home. The judge may find that the facts outlined in the petition do not amount to abuse or neglect. If so, the judge dismisses the petition. If the judge finds that the facts in the petition do allege abuse or neglect, then the judge has to determine whether there is sufficient evidence that the allegations outlined in the petition are true. If the judge finds them to be true, then the child is deemed adjudicated. Otherwise, the petition is dismissed and the child is returned to the parents.</p>
<p>Disposition</p> <p><i>Often takes place immediately following the adjudication but can be set at a later date to allow for the gathering of additional information.</i></p>	<p>At disposition, the judge determines what should happen to the child—depending on the child's best interest—now that abuse or neglect has been adjudicated. Disposition addresses such matters as placement, needed services, and permanency planning. The CASA/GAL volunteer presents a report at this proceeding and may be called to testify.</p>
<p>Review Hearing</p> <p><i>Held within ninety days of disposition and at least every six months thereafter.</i></p>	<p>At each review hearing, the judge considers the progress of the parents and the needs of the child. Additionally, the judge reviews the need for continued custody and what efforts are being made to find a permanent plan for the child. Each review hearing requires a CASA/GAL volunteer court report giving the judge current information about what the child wants and what is in the best interest of the child. The CASA/GAL volunteer may also be called to testify.</p>

Juvenile Court Hearings...

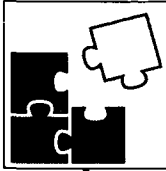
TYPE OF HEARING	DESCRIPTION
<p>Permanency Hearing</p> <p><i>Held within twelve months of the initial removal from the home and at least every twelve months thereafter. (Can take the place of a review hearing.)</i></p>	<p>At the permanency hearing, the judge must make a decision about the permanent plan for the child: reunification with a parent, termination of parental rights and adoption, or custody or guardianship to a relative or other suitable person. The judge also looks at the efforts made by CPS to implement the permanent plan for the child.</p>
<p>Termination of Parental Rights (TPR)</p> <p><i>If a judge ceases reunification efforts, the TPR petition must be filed by CPS within sixty days. Otherwise, it is to be filed by CPS if a child is in care fifteen months of the past twenty-two months (unless the court finds a compelling reason for no TPR, such as that the permanency plan is for guardianship or custody with a relative or other suitable person, that TPR is not in the child's best interest, or that CPS has not provided adequate services to the family).</i></p>	<p>At a TPR hearing, the judge decides whether or not the grounds alleged in the TPR petition have been proven <i>and</i> whether TPR is in the best interest of the child. The CASA/GAL volunteer may prepare a report for the court and may be called to testify about whether TPR is or is not in the child's best interest. If the parent's rights are terminated, then he/she is no longer a party to the abuse/neglect proceeding.</p>
<p>Post-TPR Placement Review</p> <p><i>Held within six months of the TPR and every six months until permanency is achieved.</i></p>	<p>At post-TPR reviews, the judge reviews the permanent plan for the child and services that the child needs. In particular, the judge looks at efforts made by CPS to find a permanent placement if one has not already been located.</p>

(Note: Detailed charts regarding the court process, the roles of CPS and the CASA/GAL volunteer in that process, and the decisions made at each court proceeding are contained in the Resource Materials section of this chapter.)

Juvenile Court Proceeding Chart



Adapted from a chart created by Connie Hickman Tanner, Director of Juvenile Courts, State of Arkansas.



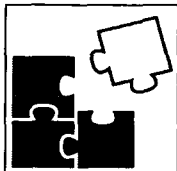
Activity 2L: The ASFA Time Line in the Parker-Solano Training Case

Review the time line below for the Parker-Solano training case. Using the information in the table on juvenile court hearings and the chart on juvenile court proceedings, answer the following questions with your small groups.

- It is January 1, 2001, and the permanency hearing has been completed. What is the latest the next permanency hearing can be set if there is no TPR petition filed?
- Was the adjudication hearing for Ben held in a timely fashion?
- Why was there no review hearing for Damien on October 4, 2000?
- For what hearing would the CASA/GAL volunteer have prepared the first written report?

We'll hear a selection of responses to each question in the large group. What are your questions about the court process and the time lines associated with court hearings?

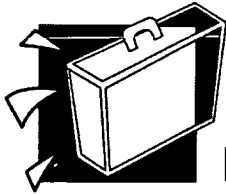
DATE	PLACEMENTS	HEARINGS
01/07/00	Ben taken into care and placed with aunt	
01/10/00		Emergency Custody—Ben
02/01/00	Ben to hospital	
02/04/00	Damien taken into care and placed with foster family	
02/09/00		Emergency Custody—Damien
02/22/00	Ben to group home	
03/02/00	Ben to hospital	
03/08/00	Damien to father's home	Adjudication/Disposition—both
06/08/00	Ben to independent-living center	
06/19/00		Review Hearing—both (Damien's case closed)
10/05/00		Review Hearing—Ben
01/10/01		Permanency Planning Hearing—Ben
NOT SET		TPR Hearing (if necessary)—Ben



Activity 2M: ASFA Principles

Three major principles of ASFA are posted around the training room. Select the principle that you think is most important for the work you will do with children as a CASA/GAL volunteer and go stand there. Discuss with the others who chose the same principle why you feel it is the most important one.

We will hear a response from each group.



HOMEWORK

Cultural Awareness...

Please complete the following assignment.

Prior to the next training session, read the cultural awareness articles assigned by the facilitator. These articles can be found in the Resource Materials section of Chapter 3 or will be provided as handouts. As you read, note any “tips” or ideas for working with people from different cultures. These articles do not necessarily represent the viewpoint of the National CASA Association or your local CASA/GAL program. No single article about a cultural group can adequately describe one person or one family. Rather, the articles provide a thought-provoking introduction to the many cultures and perspectives represented in our communities.



RESOURCE MATERIALS

Included in this section:

Federal Laws Governing Child Abuse & Neglect Cases	2-43
CHILD NEGLECT	
<i>American Medical Association Information</i>	2-55
CHILD PHYSICAL ABUSE	
<i>American Medical Association Information</i>	2-57
CHILD SEXUAL ABUSE	
<i>American Medical Association Information</i>	2-59
Responsibilities of the CASA/GAL Volunteer, the CASA/GAL Program Staff & the Attorney Appointed for the Child or CASA/GAL Volunteer	2-61
ICWA Resource Materials	2-67
The Indian Child Welfare Act: The Need for a Separate Law	2-69

Federal Laws Governing Child Abuse & Neglect Cases

Though most of the law governing child protection, foster care, adoption, and juvenile court proceedings originates with state legislatures, state law is influenced significantly by several federal statutes enacted since 1974. Under these federal laws, states receive billions of dollars each year for the support of their child protective services system, foster care, and adoption services. They are required to comply with the provisions set out in the Child Abuse Prevention and Treatment Act of 1974 (CAPTA), the Adoption Assistance and Child Welfare Act of 1980 (AACWA), and the Adoption and Safe Families Act of 1997 (ASFA) as a condition of receiving these federal funds. Under AACWA, states receive federal funds to offset the costs of providing a wide range of child welfare services to families and children. These funds may be used for, among other things, family support, preservation, and reunification services. States also are reimbursed for a substantial portion of the money they pay to foster parents and other care providers for the “maintenance” (primarily room and board) of a child in foster care. Federal funds pay a portion of the staff training costs, administrative costs, adoption assistance payments to parents of special needs children, and the information systems developed by state agencies for their child welfare systems. The following federal laws will be examined in greater depth:

- ✓ The Child Abuse Prevention and Treatment Act of 1974 (amended in 1996);
- ✓ The Indian Child Welfare Act of 1978;
- ✓ The Adoption Assistance and Child Welfare Act of 1980;
- ✓ The Multi-Ethnic Placement Act of 1994;
- ✓ The Adoption and Safe Families Act of 1997;
- ✓ The Foster Care Independence Act of 1999; and
- ✓ The Volunteer Protection Act of 1997.

The Child Abuse Prevention & Treatment Act of 1974 (PL 93-247), Amended In 1996 (PL 104-235)

Background

From a historical perspective, 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 of these children and their families. Although every state had enacted a child abuse reporting law by 1965, the child welfare system was not adequately protecting children and their families. During the 1970s, the United States Congress became aware of this problem and enacted the Child Abuse Prevention and Treatment Act of 1974 (CAPTA). This legislation earmarked federal funds for states to establish special programs for child victims of abuse or neglect. It also mandated the appointment of guardians ad litem to represent children. Since its enactment in 1974, CAPTA has been amended several times.

Summary

The federal Child Abuse Prevention and Treatment Act, along with its implementing regulations, requires states that receive federal funds for their state child protective services programs to adhere to the following requirements:

1. The state must have a statute mandating the reporting of child abuse and neglect.
2. Upon receipt of a report of suspected abuse/neglect, the state (a) must determine if the report meets the definition of child abuse/neglect under state law, (b) conduct an assessment of the safety of all children under the care of the suspected abuser, (c) begin a prompt investigation of the report, and (d) take steps to ensure the safety of all children under the care of the suspected abuser, including removal of them to a safe environment.
3. The state must have specific procedures or programs for responding to reports of medical neglect, including instances of withholding medically indicated treatment from disabled infants with life-threatening conditions.
4. The state must define “child abuse” and “neglect” in accordance with federal statutes and regulations.
5. The state must submit a state program plan to the federal government every five years to remain eligible for federal funding.
6. The state must provide a guardian ad litem to every abused or neglected child whose case results in a judicial proceeding. The guardian ad litem may be an attorney or CASA (or both) whose responsibilities include completing an independent investigation of the child’s situation and needs, determining what actions are in the best interest of the child, and making recommendations to the court.
7. The state must maintain the confidentiality of child protective services records but make them available to persons who are the subject of the report, government agencies overseeing the state’s child protective services program, child abuse citizen review and fatality review panels, a grand jury or court, and other agencies or persons authorized by state law. The state may refuse to disclose the identity of the person who made the report of suspected abuse unless a court has found that the reporter knowingly made a false report.
8. State law must provide immunity from prosecution for persons who make good faith reports of suspected abuse/neglect.
9. Records of false or unsubstantiated reports of suspected abuse must be deleted from any database accessible to the public or used for employment or background checks. However, a child protective services agency may keep this information in its files for use in risk and safety assessments.
10. State law must not require reunification of a surviving child with a parent who is convicted of murder of one of his/her children or an assault resulting in serious bodily injury to a child. In addition, state law must provide that conviction of one of these crimes against children is sufficient grounds for terminating parental rights.

11. State law must establish at least three citizen review panels whose role is to determine if state and local agencies are carrying out their responsibilities for child protection under state law and professional standards.
12. State law must provide a procedure whereby persons with an official finding of substantiated or founded abuse can appeal that finding.
13. State law must require the disclosure to the general public of information about individual cases of child abuse or neglect that resulted in a child's death or near death.

Synopsis prepared in October 1995 by Jill Moore, UNC law student.
Updated in May 2000 by William L. Grimm, Staff Attorney, National Center for Youth Law.

The Indian Child Welfare Act of 1978 (PL 95-608)

Background

The Indian Child Welfare Act (ICWA) was a response to Congressional findings that there was a need for a federal law to prevent state courts and social workers, as well as private agencies, from further destruction of the American Indian family caused by unwarranted removal of Indian children from their tribes and families. ICWA acknowledges the loss of Indian culture resulting from historical government policies, such as separating Indian children completely from their tribe, placing them in boarding schools, and forbidding them to speak their native language. In an effort to “civilize” and assimilate Indians into the mainstream, a decision was reached in the early 1800s to start with the children. Bureau of Indian Affairs (BIA) agents and social workers were given cash incentives based on the head count of children taken away from their tribes and placed in non-Indian institutions and adoptive homes—usually far from home. The Indian Civilization Act was passed in 1810 to facilitate the removal of children in an attempt to assimilate them into Anglo-America. Subsequently, non-Indian caseworkers, courts, and agencies continued to see the Indian family structure as alien, foreign, and undesirable, so the process of adoptions by non-Indians occurred in wholesale numbers. The sense of loss and devastation not only tore away the child's heritage and foundation, it nearly destroyed the Indian family unit and the tribal government structure.

The Indian Child Welfare Act was established to strengthen the participation by Indian tribes when placement of Indian children is being considered. It establishes requirements for child-placing agencies to follow when placing Indian children.

Summary

Children who are members of an Indian tribe, or who are the biological children of a member of an Indian tribe and are eligible for membership in the tribe themselves, may only be placed in foster care or for adoption according to the requirements of the Indian Child Welfare Act. The child's tribe is the final determinate of who is a member of the Indian community entitled to ICWA coverage. When ICWA coverage applies in a child's case, it takes precedence over other federal or state legislation.

If a state agency initiates an Indian child custody proceeding on the reservation, jurisdiction belongs exclusively with the tribe. When the proceeding is off-reservation, the case must be transferred to the tribe upon the request of the tribe unless there is “good cause to the contrary,”

as set forth in the Department of the Interior's 1979 BIA "Guidelines for State Courts," Indian Child Custody Proceedings. Some of the reasons not to transfer include the following: parents object; child is over twelve and he/she objects; or the case is at an advanced stage and all witnesses are off-reservation. The state court cannot look at the economics of the family or tribe in making the decision not to transfer. Likewise, the state court cannot look at what it might deem "in the best interest of the child," since the law presumes that it is always in the best interest of an Indian child to have his/her own people determine what is proper for his/her future.

ICWA sets forth the following requirements:

1. State court proceedings for foster care placement or termination of parental rights that involve an Indian child must be transferred to the jurisdiction of the tribe unless they meet one of the exceptions outlined in the 1979 BIA "Guidelines for State Courts."
2. A state court faced with pending proceedings for the foster care placement of an Indian child or the termination of parental rights must notify the child's parent, custodian, or tribe of the proceedings.
3. An Indian child may not be placed in foster care unless there is a determination, supported by clear and convincing evidence, that the child will likely suffer serious emotional or physical damage if left in the custody of his/her parent or Indian custodian.
4. An Indian child's parents may not have their parental rights terminated unless there is a determination, supported by evidence beyond a reasonable doubt, that the child is likely to suffer serious emotional or physical damage if left in the custody of his/her parent or Indian custodian.
5. Voluntary consents to foster care placement or termination of parental rights that involve Indian children are not valid unless executed in writing before a judge and accompanied by the judge's certificate that the terms and consequences of the consent were fully explained to and fully understood by the parent or Indian custodian.
 - Voluntary consents to foster care placement may be withdrawn at any time.
 - Voluntary consents to termination of parental rights or adoption may be withdrawn at any time before the final decree of termination or adoption is issued—and up to two years thereafter upon a showing of fraud or duress.
6. In adoptions of Indian children, preferences for placement must be accorded as follows: (1) to a member of the child's extended family; (2) to other members of the child's tribe; and (3) to other Indian families.
7. In foster care or preadoptive placements of Indian children, preferences for placement must be accorded as follows: (1) to a member of the child's extended family; (2) to a foster home licensed or approved or specified by the child's tribe; (3) to an Indian foster home licensed or approved by an authorized non-Indian licensing authority; and (4) to an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suited to the child's needs.

Synopsis prepared in October 1995 by Jill Moore, UNC law student. Updated in May 2000 by Evelyn M. Stevenson, Tribal Attorney, Confederated Salish and Kootenai Tribes of the Flathead Nation.

The Adoption Assistance & Child Welfare Act of 1980 (PL 96-272)

Background

This law is a blueprint for combined efforts to preserve families and, if necessary, to build new families for children. It was adopted because insufficient services were being provided to keep families together, inappropriate placements of children were being made, disincentives for adoption existed, foster care was prolonged resulting in a lack of permanency for children, and there was a lack of information about children in foster care. The intention of the law was to prevent the breakup of families and provide permanency planning for children.

Summary

The federal Adoption Assistance and Child Welfare Act, along with its implementing regulations, requires states that receive federal funds for assistance with foster care maintenance and adoption assistance to adhere to the following requirements:

1. The state must have a plan for child welfare services that:
 - Provides for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of the children needing such care;
 - Describes the measures taken by the state to comply with the Indian Child Welfare Act; and
 - Provides assurances that: (1) the state has completed an inventory of all foster children who have been in care for six months or more; (2) the state is operating a statewide information system regarding children in foster care; (3) the state is operating a case review system for children in foster care; (4) the state is operating a service program to help children return to their families or be placed permanently; (5) the state is operating a program designed to help children at risk of being placed in foster care remain with their families; and (6) the state has reviewed its policies and procedures for children abandoned at or shortly after birth.
2. The state agency administering the state plan must report known or suspected cases of abuse or neglect among children receiving foster care maintenance payments or adoption assistance aid to the appropriate state agency.
3. The state must establish standards for foster family homes and review the standards periodically.
4. In its state plan, the state must set specific goals as to the maximum number of children who will be in foster care for more than twenty-four months, and describe the steps it will take to meet the goal of decreasing the length of stay for children in care.
5. The state must make “reasonable efforts” (a) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of the child from his/her home, and (b) to make it possible for the child to return to his/her home. There is a greater burden to prove “reasonable efforts” when the Indian Child Welfare Act applies. *(Note: Under the Adoption and Safe Families Act of 1997, the safety of the child must be of paramount concern when making decisions regarding reasonable efforts.)*

6. The state must develop a case plan for every child in foster care who receives foster care maintenance payments and must provide a case review system.
7. Under the case review system, the status of each child must be reviewed at least every six months, either by a court or by administrative review.
8. The state must have a procedure or system by which parents may revoke voluntary placement agreements and the child may be returned to them.
9. The state must provide a dispositional hearing for every child in foster care no later than eighteen months after the original placement and every twelve months thereafter while the child's foster care continues. *(Note: Under the Adoption and Safe Families Act of 1997, the hearings are called permanency hearings and must be held within twelve months after the date of the initial order removing custody and at least every six months thereafter.)*
10. The state must have a data collection and reporting system that includes information about children in foster care and children placed for adoption.

Synopsis prepared in October 1995 by Jill Moore, UNC law student.
Updated in May 2000 by William L. Grimm, Staff Attorney, National Center for Youth Law.

The Multi-Ethnic Placement Act of 1994 & Inter-Ethnic Adoption Provisions

Background

Increasing awareness of the damage done to children when they are moved from one non-permanent placement to another brought attention to children whose placements were determined solely, or primarily, on the basis of race. Additionally, public attention was focused on the high percentage of children of color who come into care and who remain in care for long periods of time. Federal law set out guidelines meant to respect the importance of a child's culture and heritage while reducing the time that children wait for homes. This legislation also focused on increasing the numbers and diversity of the pool of available foster and adoptive families.

Summary

The Howard Metzenbaum Multi-Ethnic Placement Act of 1994 (MEPA), prohibits denial or delay of placement for foster care or adoption by any agency that receives federal funds because of the child's or foster/adoptive parent's race, color, or national origin. The law was intended to:

- Decrease the time children wait to be adopted;
- Prevent discrimination in the placement of children on the basis of race, color, or national origin;
- Prevent discrimination on the basis of race, color, or national origin when selecting foster and adoptive placements; and
- Facilitate the development of a diverse pool of foster and adoptive families.

In August 1996, Congress amended MEPA with the Inter-Ethnic Adoption Provisions (IEP) in order to strengthen its nondiscriminatory provisions and to provide stiff penalties for violation of the act. The antidiscrimination provisions of MEPA-IEP now state that any public or private agency or entity that receives federal assistance cannot:

- Deny to any person the opportunity to become an adoptive or foster parent on the exclusive basis of the race, color, or national origin of the adoptive or foster parent or the race, color, or national origin of the child involved in the foster or adoptive placement; and
- Delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the adoptive or foster parent or the race, color, or national origin of the child involved in the foster care or adoptive placement.

MEPA was enacted to encourage transracial placements of children when appropriate same-race placements are not available. The act specifically permits the consideration of a child's cultural, ethnic, or racial background and the ability of a potential foster parent to meet the child's related needs as one of many factors to consider in determining the best interest of a child. The Department of Health and Human Services published a policy guideline in the Federal Register on April 25, 1995, to be used as guidelines for compliance by agencies. An updated policy guideline related to the amendment was made available in June 1997.

Noncompliance with this act is a violation of Title VI of the Civil Rights Act of 1964. Any person who believes that he/she has been a victim of a violation of the act has a right to bring an action for relief in the appropriate U.S. district court. Any entity found in violation of the law will lose considerable federal matching funds. MEPA does not affect the Indian Child Welfare Act of 1978.

Summary prepared for the Alaska Citizen's Foster Care Review Board. Author unknown.
Updated in May 2000 by William L. Grimm, Staff Attorney, National Center for Youth Law.

The Adoption & Safe Families Act of 1997 (PL 105-89)

Background

While major provisions of federal child welfare law were enacted in 1980 (AACWA) and 1997 (ASFA), there were important amendments to the federal law in the interim. An Independent Living Initiative was added in 1986, which was then replaced with the John Chafee Foster Care Independence Program in 1999. In 1989, as part of the Omnibus Budget Reconciliation Act, the definition of "case plan" was modified to require that health and education records be included in the case plan and shared with the child's foster parents. As part of the welfare reform act (the Personal Responsibility and Work Opportunities Reconciliation Act) of 1996, states were directed to consider giving preferences to relatives over a non-related caregiver when placing a child in foster care. That same act contained a provision allowing federal funds to be used to pay for the care of children in private, for-profit institutions.

Summary

The Congressional mandates, which states must follow in order to receive federal funds for child welfare services, are found in several sections of the United States Code. They include Titles IV-B and IV-E of the Social Security Act. Title IV-B allots funds to states for a wide range of services whose purposes include protecting and promoting the welfare of homeless, handicapped, or neglected children; preventing the breakup of families; placing children in adoptive homes; and assuring adequate care of children placed outside the home. It also funds the Promoting Safe and Stable Families Program, which funds family preservation services (including services to adoptive, extended, and foster families), community-based family support services, time-limited (i.e., within fifteen months after the child enters care) reunification services, and adoption promotion and support services. Title IV-B requires a state to submit a plan outlining how it will use those funds and guaranteeing that it meets certain conditions, including a statewide information system, elimination of barriers to timely adoptions across state lines, a case review system, prompt decisions about permanent placement for children abandoned at birth, a plan to comply with the Indian Child Welfare Act, and a plan that ensures that the safety of children is the paramount concern for all service programs supported by these funds. Title IV-E attaches additional conditions with which states must comply in order to receive federal funds for their foster care and adoption assistance programs. Many of these provisions were first enacted as part of AACWA.

Several new conditions were added, time lines changed, and other provisions substantially modified by the Adoption and Safe Families Act of 1997 (ASFA). Foremost among the changes made in 1997 was the declaration that a child's health and safety must be the paramount concern in all decisions, the creation of exceptions to the requirement of reasonable efforts, and the mandatory filing of a petition to terminate parental rights for a child in care for fifteen months (of the most recent twenty-two months). The conditions imposed upon the states now include:

1. **Reasonable Efforts:** This mandate was part of the 1980 act. It requires states to make reasonable efforts (a) prior to the placement of a child in foster care to prevent or eliminate the need for removal from his/her home, and (b) to make it possible for him/her to return home from foster care. Its misinterpretation or misapplication by agencies provided much of the impetus for the overhaul of federal law in 1997.
 - **Health and Safety the Paramount Concern:** In determining what efforts are "reasonable" and in implementing services that are part of the reasonable efforts, the paramount concern governing the agency's actions must be the health and safety of the child.
 - **Exceptions:** Reasonable efforts are not required if any one of the following three conditions exists: (a) the parent has subjected a child to an aggravated circumstance. The federal law gives four examples—abandonment, torture, chronic abuse, or sexual abuse. However, states are free to add to the list of aggravated circumstances; (b) the parent has been convicted of murder or manslaughter or having aided, attempted, or conspired to kill his/her child, or been convicted of felony assault resulting in serious bodily injury to one of his/her children; or (c) the parent's rights to a sibling were involuntarily terminated.
 - **Expedited Permanency Hearing:** If the court determines that no reasonable efforts need be made, then a hearing to determine the permanent plan for the child must be held within thirty days and the agency must immediately begin efforts to place the child in a permanent home.

2. **Concurrent Planning:** At the same time the agency is making reasonable efforts to return a child home, it may plan for and make reasonable efforts to place the child for adoption or legal guardianship.
3. **Judicial Determination:** Unless the child is in care as a result of a voluntary written agreement with the parents, there must be a judicial determination that the child's continuation in the home of his/her parent or guardian is "contrary to the welfare of the child" and that reasonable efforts to prevent placement or reunite the child have been made.
4. **Case Plan:** Each child must have his/her own individualized case plan and for a child 16 or older, the plan must describe the services that will help the youth prepare for independence.
5. **Periodic Reviews:** No less frequently than every six months after a child enters care, the court or administrative agency (including a citizen review board) must review the child's case. The purpose of this review is to determine the safety of the child, compliance with the case plan, the progress made in eliminating the causes for placement, appropriateness of the placement, and a projected date for the child's return home or alternative permanent plan.
6. **Permanency Hearing:** The focus of this hearing is different from the periodic reviews. Twelve months after a child has entered foster care, a hearing to determine the permanent plan for the child must be held. In cases of children placed out of state, this hearing must also determine if that placement is still appropriate for the child and in the child's best interest. In cases of a child sixteen years old or older, this hearing must determine what services are needed to help this youth make the transition from foster care to independent living. This hearing must be held every twelve months as long as the child remains in care.
7. **Permanency Plan Options:** Congress specified four types of permanent plans that are acceptable: return to the parent, placement for adoption, legal guardianship, or planned permanent living arrangement. The latter plan may only be considered when the agency has documented for the court the reasons for eliminating the other three permanent options.
8. **Termination of Parental Rights Petitions:** The child welfare agency must file a petition to terminate parental rights for a foster child who falls within one of the following categories: (1) a child who has been in foster care for fifteen of the most recent twenty-two months; (2) a child who has been adjudicated an abandoned infant; or (3) a child whose parent was convicted of one of the crimes that create an exception to reasonable efforts.
9. **Termination of Parental Rights Petitions—Exceptions:** There are three situations in which the agency may defer filing a petition to terminate parental rights: (1) the child is being cared for by a relative; (2) a compelling reason supports a finding that termination would not be in the child's best interest; or (3) the agency has not provided the parent with the services listed in the case plan as necessary for the child's safe return home.
10. **Procedural Safeguards:** Basic procedural safeguards (i.e., notice and an opportunity to be heard) must be provided to the parent and child whenever the child is removed from the home, there is a change in the child's foster care placement, or an alteration in the visiting plan for child and parent is made.
11. **Relative Placement Preference:** The agency "shall consider" giving placement preference to a relative over a non-related foster care provider if the relative meets state child protection standards.

- 12. Foster Care Standards:** Standards drawn from the standards of national organizations, which ensure that children in foster care placements with public or private agencies are provided with quality services that protect their health and safety, must be implemented.
- 13. Foster Parent Criminal Background Check:** Criminal record checks must be completed before a child is placed with a foster or adoptive parent.
- 14. Exclusion of Foster/Adoptive Parent Applicants:** No applicant who has a felony conviction for a crime of violence, including child abuse, spousal abuse, rape, or sexual assault, shall be approved. No applicant with a felony conviction for assault, battery, or a drug offense within the five years prior to his/her application shall be licensed.
- 15. Preparation of Foster Parents:** Due to recognition that foster parents are often inadequately prepared and supported to provide care for the children placed by public agencies in their homes, this provision was added in 1999. It requires that before a child is placed with prospective foster parents, those foster parents will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child, and that such preparation will be continued, as necessary, after the placement of the child.
- 16. Health Insurance for Adopted Children:** Any special-needs child who is covered by an adoption assistance agreement shall be provided with health insurance coverage that is “of the same type and kind” as that provided to children under the state’s medical assistance program.

Synopsis prepared in May 2000 by William L. Grimm, Staff Attorney, National Center for Youth Law.

The Foster Care Independence Act of 1999

Background

After passage of the Adoption and Safe Families Act in 1997, some of the same Congressional leaders who supported or sponsored ASFA turned their attention to older youth in foster care, particularly those youth aging out of the system. Each year approximately twenty thousand children “graduate” from foster care. Many of these children are not prepared to be self-sufficient. Half have not finished high school, almost half have been homeless or incarcerated or have received public assistance after leaving care, and many have no health insurance and go without needed medical care. Confronted with these grim statistics, Congress enacted the Foster Care Independence Act of 1999.

Summary

The highlights of the Foster Care Independence Act (FCIA) of 1999 include the following provisions. The act:

- Allows states to provide medical insurance coverage to youth between ages eighteen and twenty-one who were in foster care on their eighteenth birthday;
- Allows states to use up to one third of the funds they receive under this new program for room and board for youth between ages eighteen and twenty-one who are leaving foster care;

- Permits states to use federal funds for a wide range of activities and services that will help youth prepare for independence (e.g., substance abuse prevention; preventive health activities; assistance in obtaining a high school diploma or preparing for college or other post-secondary education; mentors; and vocational training);
- Requires that both youth who have left foster care because they aged out at eighteen as well as those youth likely to remain in foster care until age eighteen be provided with services under the program;
- Requires that youth participate directly in selecting the activities and services they need to establish independence and accept personal responsibility for adhering to their plan;
- Doubles the amount of funding for independent-living services;
- Emphasizes that reasonable efforts to find adoptive homes applies to all children, including older children in care;
- Requires that benefits and services must be made available to Indian children the same as other children in care;
- Requires states to use training funds it receives under Titles IV-B and IV-E to provide training to help foster parents, workers in group homes, adoptive parents, and others address the problems youth face in preparing for independence; and
- Subjects states to greater accountability for the programs operated with these funds. The federal agency responsible for this oversight must consult with youth providers, advocates, and others in establishing outcome measures by which the effectiveness of services will be evaluated.

Synopsis prepared in May 2000 by William L. Grimm, Staff Attorney, National Center for Youth Law.

The Volunteer Protection Act of 1997

Summary

The federal Volunteer Protection Act of 1997 provides protection from liability for volunteers acting within the scope of their volunteer responsibilities. The volunteer must be properly authorized for the activities. Protection is not provided for willful or criminal misconduct, gross negligence, or reckless misconduct; for a conscious and flagrant indifference to the rights or safety of the individual harmed by the volunteer; for violations of federal civil rights laws; for crimes of violence or terrorism or hate crimes; for actions taken under the influence of alcohol or other drugs; or for harm caused by operating a vehicle that must be licensed. Some states have legislation that gives greater protection than this federal law. States may also pass legislation making the federal protection inapplicable. Many CASA/GAL programs purchase liability insurance to offer greater protection for their volunteers, staff, board members, and the organization. One of the best ways CASA/GAL volunteers can protect themselves from liability is to act within the prescribed CASA/GAL volunteer role and in accordance with the program's policies and procedures.

Synopsis prepared in December 2000 by Michael S. Piraino, Chief Executive Officer, NCASAA.

CHILD NEGLECT

Facts About Child Neglect

Deprivation-related disorders develop when the basic needs of the child are not being met, including adequate nutrition, clothing, shelter, emotional support, love and nurturing, education, safety, and medical and dental care. There may be multiple reasons why parents fail to meet those needs, including lack of resources, inadequate access to care, parental substance abuse, mental illness (e.g., depression), the parent putting his/her own needs above the needs of the child, or even a history of abuse of the parent when he/she was a child. In the latter case, the psychological effects may limit the caretaker's recognition of neglect as maltreatment. It is critical to make the distinction between poverty and neglect—a family without financial resources should be offered assistance, not punishment, to help them provide a safe home for their children. Neglect is more than poverty. Below is a list of findings typical to neglect situations:

Family Social History

- Lack of appropriate well-child care, including immunizations;
- Lack of appropriate medical care of chronic illness;
- Failure to provide necessary health aids such as eyeglasses or hearing aids;
- Failure to provide appropriate dental care; or
- Poor school attendance.

Physical Findings

- Lack of adequate nutrition (on examination or as evidenced by charting growth);
- Poor hygiene, such as being extremely filthy or having extraordinarily severe diaper rash;
- Developmental delay due to lack of stimulation;
- Untreated medical conditions; or
- Rampant dental cavities.

Behavioral Findings

- Depression;
- Anxiety;
- Enuresis (wetting);
- Sleep disturbances;
- Excessive masturbation;
- Difficulty relating well or appropriately to other people (e.g., lack of cuddliness, gaze avoidance, preference for inanimate objects);
- Discipline problems, aggressive behavior;
- Poor school performance;
- “Role reversal,” in which child assumes caretaker role; or
- Taking on household responsibilities, including child care, that are not appropriate for age.

(Note: These findings are not unique to cases of neglect.)

Adapted from “Diagnostic and Treatment Guidelines on Child Physical Abuse and Neglect.” American Medical Association, 1992.



CHILD PHYSICAL ABUSE

Facts About Child Physical Abuse

Although child abuse was identified as a social problem in the nineteenth century, it took almost one hundred years for violence toward children to be considered a major national problem. In the 1940s, through the use of diagnostic x-ray technology, physicians began to notice patterns of healed fractures in young children that could have resulted only from repeated blows. Although pediatric radiologists were diagnosing child abuse, it was not until C. Henry Kempe and his associates published their classic work, “The Battered Child Syndrome,” in the *Journal of the American Medical Association* in 1962 that battering and abuse became a focal point of public attention. By the end of that decade, all states had passed laws requiring the reporting of child abuse and neglect and had initiated efforts to treat abused children and their families. In 1974, the U.S. government established the National Center on Child Abuse and Neglect to provide a mechanism for increasing knowledge about the causes of child abuse and neglect and to identify steps toward prevention and treatment.

The causes of child abuse are complex and varied. Child maltreatment can be inflicted by anyone responsible for caring for children, and it occurs in all types of families and settings. Children of all ages may be physically abused. Although infants and young children are more likely to receive serious or life-threatening injuries, adolescent abuse also occurs and often is unrecognized. Emotional abuse is hard to prove but generally exists with other types of abuse and neglect.

Child abuse may be occurring even when the child discloses nothing or says that he/she has never been hurt. Children frequently do not complain about abuse. Current research has found that the following child and family characteristics may be risk factors for child abuse or neglect:

Child Characteristics

- The child was born prematurely;
- The child has disabilities or abnormalities; or
- The child exhibits certain different behaviors of infancy and childhood, such as persistent crying.

Family Characteristics

- There is other violence in the home (in particular, the father abuses the mother or siblings abuse one another);
- Substance abuse, including alcohol abuse, by the parents or caretakers;
- The parents or caretakers lack the necessary maturity to care for the child and have poor coping skills;
- Parental expectations do not match the child’s developmental abilities;
- The caretaker is socially isolated (i.e., has no external support systems);
- Teen parent;
- The family is experiencing high levels of stress from events such as loss of a job, increased financial burdens, serious illness, death in the family, separation, or divorce; or
- Adult members of the family have themselves been abused as children, either physically or sexually.

These risk factors do not always lead to abuse. However, abuse or neglect must be considered whenever physical or behavioral signs are suggestive or recurrent, regardless of the presence or absence of the risk factors above. Different forms of abuse can and do coexist in families. Moreover, abusive behavior often occurs in successive generations of families, a phenomenon known as the “cycle of violence.”

Diagnosis of Abuse

Physical abuse is defined as inflicted injury to a child and can range from minor bruises and lacerations to severe neurological trauma and death. The following physical findings may be indicative of physical abuse:

<p>Burns</p> <ul style="list-style-type: none"> • Cigar or cigarette burns, especially on the soles of feet, palms, back, or buttocks; • Immersion burns (stocking- or glove-like without splash burns on extremities, doughnut-shaped on buttocks or genitals); or • Patterned burns resembling an electrical appliance (e.g., iron, burner, grill). <p>Fractures</p> <ul style="list-style-type: none"> • Skull, ribs, long bones, metaphyseal (bone growth plates at the bone ending). <p>Central Nervous System Injuries</p> <ul style="list-style-type: none"> • Subdural hematoma (internal bruising/bleeding in the space between the skull and the brain)—often reflective of blunt trauma or violent shaking; • Retinal hemorrhage (bleeding inside the eye)—often reflective of blunt trauma or violent shaking; • Subarachnoid hemorrhage (bleeding between the brain and skull)—often reflective of shaking; or • Cerebral infarction (blocking of blood to the brain, stroke), secondary to cerebral edema. 	<p>Bruises & Welts</p> <ul style="list-style-type: none"> • Forming regular patterns, often resembling the shape of the article used to inflict the injury (e.g., hand, teeth, belt buckle, electrical cord). <p>Lacerations/Abrasions</p> <ul style="list-style-type: none"> • Rope burns, particularly on wrist, ankles, neck, torso; • Palate, mouth, gums, lips, eyes, ears; or • External genitalia. <p>Abdominal Injuries</p> <ul style="list-style-type: none"> • Bruises on the abdominal wall; • Bleeding into the wall of duodenum or proximal jejunum (stomach or colon); • Intestinal perforation (upturned or torn intestines); • Ruptured liver or spleen; • Ruptured blood vessels; • Kidney, bladder, or pancreatic injury; or • Collapsed lung. <p>Other Indicators</p> <ul style="list-style-type: none"> • Münchausen syndrome by proxy (a form of child abuse in which the parent/caretaker relates fictitious illnesses in a child by either inducing or fabricating the signs/symptoms); or • Symptoms of suffocation.
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Adapted from “Diagnostic and Treatment Guidelines on Child Physical Abuse and Neglect,” American Medical Association, 1992.

CHILD SEXUAL ABUSE

Facts About Child Sexual Abuse

Child sexual abuse can be defined as the engagement of a child in sexual activities for which the child is developmentally unprepared and cannot give informed consent. Generally, the perpetrator is an adult, but a child may sexually abuse another child. Sexual abuse need not involve sexual intercourse. Often physical force is not used. Rather, the perpetrator uses gradual seduction techniques. The sexual activities may include genital or anal contact by or to the child, or non-touching abuses, such as exhibitionism, voyeurism, or using the child in the production of pornography. Sexual abuse may result in ano-genital (rectal, vaginal, or penis) injury or be accompanied by other signs of physical abuse, such as bruises, or by signs of neglect, such as poor hygiene. Survivors of child sexual abuse often experience long-term adverse effects on their psychological and social well-being and may be more likely to be victimized or perpetrate in later life as well.

Recent studies suggest that approximately twenty percent of children will be sexually abused in some way before they reach adulthood, with this figure cumulating at a rate of about one percent each year (studies vary widely on these numbers). Boys as well as girls may be victims. The abuse may take place within the family or outside it. Although abusers are more often male than female, women also may be perpetrators. Adolescents are perpetrators in at least twenty percent of reported cases. Offenders are more often someone the child knows rather than a stranger. Sexual abuse often continues for a long period of time. Children living in a home where other abuse is ongoing (e.g., spouse abuse) are at particular risk.

Evidence also suggests that the sexual and physical abuse of children often occur in successive generations of families. This “cycle of abuse,” as it is commonly called, rarely ends unless intervention takes place. The problem of sexual molestation by a stranger, although foremost in the minds of many people, actually represents only a small percentage of total cases.

Behavioral Findings

Presenting behavioral symptoms are nonspecific, and caution must be exercised not to attribute all such complaints to sexual abuse. The symptoms may also be indicators of stressors not related to abuse. Reactions to stressors depend on the age and emotional maturity of the child, the nature of the incident, the duration of the stress, the child’s history, and the manner in which the child relates to the source of the stress.

The child, depending on age, may:

- Display extremeness of activity (hyperactivity or withdrawal);
- Manifest poor self-esteem;
- Have poor peer relationships;
- Display a distortion of body image (distorted drawings);
- Display regressive behavior;
- Express general feelings of shame or guilt;
- Have enuresis (wetting) and/or encopresis (involuntary bowel movement);
- Appear frightened or phobic, especially of adults;

- Wear excessive layers of clothing;
- Engage in adolescent prostitution;
- Have severe dissociative disorders; or
- Tend to be dreamy, “spaced out,” in a trance, especially in stressful situations.

With appropriate support from important adults and therapy, the outcome for sexually abused children can be very good. Children can be remarkably resilient if someone believes them, intervenes to keep them safe, and helps them succeed at life tasks.

Adapted from “Diagnostic and Treatment Guidelines on Child Sexual Abuse,” American Medical Association, 1992.

Responsibilities of the CASA/GAL Volunteer, the CASA/GAL Program Staff & the Attorney Appointed for the Child or CASA/GAL Volunteer

To make an investigation to determine the facts, the needs of the juvenile, and the available resources within the family and community to meet those needs.

Staff	Receives and reviews petition and any background information CPS shares about the case. Determines which available CASA/GAL volunteer should be assigned to case.
Staff	Assigns volunteer to case, sending copy of petition and CASA/GAL program appointment order to volunteer. Shares any background information available with volunteer.
Attorney for the Child Staff ✓ Volunteer	Reviews petition.
Staff	Notifies volunteer of dates for emergency custody, adjudication, and disposition hearings.
Staff	As needed, assists volunteer in planning the steps and priorities of his/her investigation.
✓ Volunteer	Visits the child regularly, having direct and sufficient contact with the child to carry out an independent and valid investigation of the child's circumstance and what the child wants so as to be able to make sound, thorough, and objective recommendations in the child's best interest.
✓ Volunteer	Interviews parents and family members. The parents' counsel is informed of the CASA/GAL volunteer's intent to visit or communicate with the parents.
✓ Volunteer	Gathers and reviews data from various records, including CPS, mental health, education, and other community service providers to ascertain the needs of the child. Determines if child is covered by Indian Child Welfare Act. ¹
✓ Volunteer	Verifies accuracy of information gained during investigation.
Staff	Assists the volunteer as necessary to gather and review data from various records, including CPS, mental health, education, and other community service providers.
Staff	Consults with volunteer to ensure all needs are identified.
✓ Volunteer	Determines what services are necessary to meet the child's needs and whether to recommend that the child return to his/her own home or remain in foster care or other group setting.
Staff	Notifies volunteer of foster care reviews and court hearings.

✓ Volunteer	Identifies which resources are available to meet the child's needs.
Staff	Provides a community resource manual and assists the volunteer in identifying which resources are available to meet the child's needs.
✓ Volunteer	Formulates recommendations for services to meet the child's needs.
Staff	Helps volunteer identify additional resources to meet the child's needs.
Staff	Consults with volunteer prior to hearings to review court report and recommendations.
Staff	Coordinates the sharing of information between the volunteer and attorney for the child prior to the hearing as needed.
Attorney for the Child	Reviews volunteer recommendations with volunteer and/or staff and determines need for witnesses.
✓ Volunteer	Identifies and clarifies issues in the case that are known to be in dispute and agreement.

¹ If the child is an Indian child pursuant to ICWA, it is essential that all the applicable provisions of the law are adhered to by the court. Staff can help volunteers to fully understand this law. The CASA/GAL volunteer will need to advocate for the special services and resources that are specified in the law. Culturally relevant services are not optional—they are mandatory.

In addition, the CASA/GAL volunteer and/or the attorney for the child should ensure that the child's tribal enrollment rights are protected at all times. If the child is not enrolled, the CASA/GAL volunteer should advocate that the child's enrollment be completed.

To facilitate, when appropriate, the settlement of disputed issues.

Attorney for the Child Staff ✓ Volunteer	Identifies and clarifies issues in the case that are known to be in dispute and agreement.
Attorney for the Child Staff ✓ Volunteer	Determines the limits within which a settlement can be reached with other parties.
Attorney for the Child Staff ✓ Volunteer	Discusses case issues with other parties to determine areas of agreement.
Attorney for the Child	Communicates with volunteer and/or staff about possible settlements.
Attorney for the Child Staff ✓ Volunteer	Facilitates agreement among parties when possible.

To offer evidence and examine witnesses at adjudication.

Attorney for the Child	Consults with volunteer to determine what evidence is needed for the court hearing.
Attorney for the Child	Reviews case and clarifies disputed issues.
Attorney for the Child	Identifies what evidence is needed and ensures that subpoenas are issued and documents secured that need to be introduced.
Attorney for the Child	Interviews witnesses to prepare them for court, including the child when appropriate.
Attorney for the Child	Performs legal research on disputed legal questions and prepares court presentation of case.

To explore options with the judge at the dispositional hearing.

✓ Volunteer	Writes court report, including the child's wishes, the child's needs and the resources available to meet those needs, and recommendations for achieving the goal of a permanent safe home for the child. ²
Staff	Reviews court report to ensure that it includes the child's wishes, the child's needs and the resources available to meet those needs, and recommendations for achieving the goal of a permanent safe home for the child.
Attorney for the Child	Reviews volunteer court report.
Attorney for the Child	Advocates for the needs of the child.
Attorney for the Child	Brings the child's wishes to the attention of the court and lets the court know if the child's wishes and the child's best interest are not the same. Many children express the desire to return to their parent, but this may not be in the best interest of the child unless the parent corrects the conditions that led to the placement.
✓ Volunteer	Is present and ready to testify, if necessary, about the court report.

² ICWA contemplates that the best interest of an Indian child will be protected by maintaining a tribal identity. The CASA/GAL volunteer should put in his/her court report how the best interest of the Indian child is going to be met and what resources are necessary for that purpose.

To conduct follow-up investigations to ensure that the orders of the court are being properly executed. To report to the court when the needs of the juvenile are not being met.

✓ Volunteer	Reviews the court order.
✓ Volunteer	Visits the child regularly and maintains sufficient contact with parents, relatives, foster parents, tribe, and agency personnel to determine if the orders of the court are being properly executed.
Staff	Notifies volunteer of foster care reviews, court hearings, and any relevant information that they receive regarding the case.
Staff	Maintains awareness of all cases assigned to volunteers and has ready access to information to discuss case when necessary and appropriate.
✓ Volunteer	Verifies accuracy of information gained during follow-up investigation.
✓ Volunteer	Notifies staff and attorney for the child if the orders of the court are not being properly executed.
Attorney for the Child Staff ✓ Volunteer	Contacts those who are responsible for carrying out the orders of the court to address issues surrounding noncompliance.
Attorney for the Child Staff ✓ Volunteer	Identifies facts and changes in situation that may necessitate the case's return to court.
Attorney for the Child	Files necessary motions and schedules hearings as needed.

To protect and promote the best interest of the juvenile until formally relieved of the responsibility by the court.

✓ Volunteer	Regularly monitors the child in his/her home setting, evaluating appropriateness of placement and whether the child is receiving court-ordered services, identifying any unmet needs.
Staff	Consults with volunteer throughout the life of the case to ensure adequate investigation and monitoring of the case.
✓ Volunteer	Ensures that the child's wishes are known to the court at every review hearing and that the child is appropriately informed about relevant case issues (impending court hearings, the issues to be presented, and the resolution of those issues) in an age-appropriate manner.

✓ Volunteer	If the CASA/GAL volunteer's recommendations for the best interest of the child are in conflict with the wishes of the child, the volunteer informs the child of the reasons for the recommendations. If there is any question about what should be shared with the child, the volunteer consults with staff and/or appropriate professionals to seek guidance.
Attorney for the Child	Ensures that the child's wishes are known to the court at every review hearing.
✓ Volunteer	Determines whether additional services are needed for the child.
Attorney for the Child ✓ Volunteer	Advocates for interventions and services that are designed to ensure that as soon as possible, the child is in a safe, permanent home and CASA/GAL program involvement will no longer be necessary.
Staff	Provides support to the volunteer who advocates for interventions and services designed to ensure that as soon as possible the child is in a safe, permanent home and CASA/GAL program involvement will no longer be necessary.
Staff ✓ Volunteer	Identifies facts and changes in situation that may necessitate the case's return to court.
Attorney for the Child	Files necessary motions and schedules hearings as needed.
Attorney for the Child	Files appeals as necessary.
Staff	Maintains awareness of all cases assigned to volunteers and has ready access to information to discuss case when necessary and appropriate.

From the North Carolina Guardian ad Litem volunteer training curriculum.





ICWA RESOURCE MATERIALS

It is critical for volunteers to understand that ICWA applies different standards to cases involving Indian children. It is always in the best interest of an Indian child to have ICWA followed. Therefore, volunteers should be trained to ask if the child they are working with has Native American heritage, even if the child does not “look Indian.” By identifying Native American children and monitoring ICWA compliance, volunteers ensure that the Indian child’s cultural and familial needs will be fully considered by the court.

Additional resources available to volunteers:

- ✓ National CASA Association’s website, www.casanet.org. An ICWA section provides articles and more in-depth information.
- ✓ National Indian Child Welfare Association, www.nicwa.org. Several excellent packets of ICWA information are available for a small charge.
- ✓ Tribal Court Program Specialist, National CASA Staff. This staff person can answer questions and provide information regarding ICWA.
- ✓ *Adoption and Safe Families Act of 1997: Issues for Tribes and States Serving Indian Children*, David Simmons and Jack Thrope, 1999. This booklet explains how ASFA and ICWA can work together for the best interests of Indian children. Available through NICWA, 503-222-4044. Booklet is also available to download off of the internet at www.nicwa.org/policy/asfa-issues.pdf (Note: Adobe Acrobat Reader is required to view the document).



The Indian Child Welfare Act: The Need for a Separate Law

By B. J. Jones

Because few federal laws govern the disposition of state court cases involving adoption, guardianship, and abuse and neglect, the existence of the Indian Child Welfare Act (25 U.S.C. 1901 et seq.) may come as a surprise to lawyers handling Indian child custody cases for the first time.

The Indian Child Welfare Act (ICWA), which was adopted by Congress in 1978, applies to child custody proceedings in state courts involving “Indian” children—children of Native American ancestry. The provisions of ICWA represent a dramatic departure from the procedural and substantive laws that most states have enacted to govern child custody proceedings. Because Indian children are treated uniquely in the legal system, and because there is an increasing number of court proceedings involving Indian children, the need for lawyers to understand ICWA is fast becoming imperative. (Since ICWA was enacted, more than 250 state and federal court decisions have been rendered.)

Ensuring a Future

A look at history reveals why Congress determined a special law was needed to protect the rights of Indian children and their parents. Before 1978, as many as twenty-five to thirty-five percent of the Indian children in certain states were removed from their homes and placed in non-Indian homes by state courts, welfare agencies, and private adoption agencies. Non-Indian judges and social workers—failing to appreciate traditional Indian child-rearing practices—perceived day-to-day life in the children’s Indian homes as contrary to the children’s best interests.

In Minnesota, for example, an average of one of every four Indian children younger than age one was removed from his/her Indian home and adopted by a non-Indian couple. A number of these children were taken from their homes simply because a paternalistic state system failed to recognize traditional Indian culture and expected Indian families to conform to non-Indian ways.

Other children were removed because of the overwhelming poverty their families were facing. Although, admittedly, poverty creates obstacles to child rearing, it was used by some state entities as evidence of neglect and, therefore, grounds for taking children from their homes.

It was not only the high number of children being removed from their homes, but also the fact that eighty-five to ninety percent of them were being placed with non-Indians, that caught the attention of Congress. Congress was actively promoting the continued viability of Indian nations as separate sovereigns and cultures at that time. By enacting the substantive placement preferences in ICWA—which require that Indian children, once removed, be placed in homes that reflect their unique traditional values (25 U.S.C. 1915)—Congress was acknowledging that no nation or culture can flourish if its youngest members are removed. The act was intended by Congress to protect the integrity of Indian tribes and ensure their future.

When Does the Indian Child Welfare Act Apply?

ICWA applies to four types of Indian child custody proceedings:

1. Foster Care Placements

ICWA applies to the temporary removal of an Indian child from his/her home for placement in a foster home or institution, when the parent or Indian custodian (defined as an Indian person with custody of the child under tribal or state law or who has the child pursuant to a parental placement) cannot regain custody upon demand (25 U.S.C. 1903(1)). The latter provision exempts ICWA application from voluntary religious or school placements, as well as voluntary placements with private or public agencies where the parent or custodian can regain custody at any time. However, ICWA would apply to a guardianship in which a child is placed with a nonparent, as this fits the definition of a foster care placement.

(Note: Be aware that certain state courts have limited the applicability of ICWA by holding that the law does not apply to proceedings involving the removal of an Indian child from a non-Indian family (e.g., a case that involves an Indian child raised by a non-Indian mother). Known as the "existing Indian family" exception, this exception has generated some controversy. Refer to your own state's laws to determine its status in your state.)

2. Termination of Certain Parental Rights

ICWA applies to any proceeding that may result in the termination of the parental rights of the Indian child's parent or the custodial rights of the child's Indian custodian, including stepparent adoption proceedings and delinquency proceedings that lead to an attempt to terminate parental rights. (These generally are not governed by ICWA.)

3. Pre-adoption Placements

4. Adoption Placements

ICWA applies to proceedings that lead up to and culminate in the adoption of an Indian child. It imposes an obligation on both public and private adoption agencies to comply with its provisions.

ICWA does not apply to custody disputes between divorcing parents or custody disputes related to any other proceedings, nor does it apply to delinquency proceedings involving an Indian child who has committed an act that would constitute a crime if it were committed by an adult (except where the state is using the delinquent act as the grounds for a termination of parental rights petition). However, it would apply if the act committed by the child did not constitute a crime (e.g., an act of truancy or incorrigibility).

Is the Child an Indian?

To apply the provisions of ICWA to a particular child custody proceeding, the court must first determine that the child is an Indian. Much litigation has ensued over this distinction. ICWA defines "Indian child" as a child who is a member of a federally recognized Indian tribe or is eligible for membership in such a tribe and the biological child of a member (25 U.S.C. 1903(4)). Parties to a state court proceeding must defer to Indian tribes on questions of membership.

There are a variety of ways Indian tribes determine membership, ranging from blood quantum requirements to residency requirements; no set formula applies to all tribes. At present, there are more than four hundred Indian tribes and Alaskan native villages that are recognized by the U.S. Department of the Interior and, therefore, governed by the provisions of ICWA. (A list is published annually in the Federal Register.) Children who are members of Canadian tribes or tribes that have state-government recognition only are not governed by the act.

Procedural Recognition

The provisions of ICWA require that lawyers adhere to numerous specific procedures. First and foremost, because the act vests Indian tribal courts with exclusive jurisdiction over Indian children who live on Indian reservations (25 U.S.C. 1911(a)), state courts, with limited exceptions, cannot exercise jurisdiction over child custody proceedings that involve such children or children whose custodial parents were living on a reservation immediately prior to a foster care or adoption placement. These types of proceedings must be adjudicated through the tribal court of the relevant tribe.

If the Indian child lives off the reservation, the state court may exercise jurisdiction over the child custody proceeding, but the party invoking the state court's jurisdiction must comply with certain procedures: if the proceeding involves the involuntary removal of a child, the petitioning party must notify the Indian child's tribe and the Department of the Interior by certified mail of the pendency of the state court action if the party knows or has reason to believe that the child is Indian.

When a child's tribal affiliation is unknown, the party must notify all tribes that may have some connection to the child as well as the Department of the Interior, which may have information that would help determine the child's tribal status. If the proceeding is voluntary—for example, the mother is voluntarily seeking to terminate her rights so she can place the child for adoption—notice may not be necessary; need will be dictated by the court decisions of that particular jurisdiction.

In situations where notice is required, notice must be completed at least ten days before the state proceedings may advance and it must apprise the tribe of the following: its unconditional right to intervene in the state court proceeding, its right to examine all relevant documents, and its right to request that the start of the proceeding be delayed. Notice also must inform the tribe of its right, and the right of the child's parent or Indian custodian, to request a transfer of the proceedings to the tribal court. The law requires that state courts grant such requests except when one of the following occurs: one of the parents objects to the transfer, the tribal court declines the transfer, or the state court finds good cause not to transfer.

Much of the case law interpreting ICWA has arisen from situations in which one of the parties to a state court child custody proceeding claims "good cause" for not transferring the case to a tribal court. Although "good cause" is not defined under the law, its meaning is made somewhat clear in the guidelines for state courts enacted by the Department of the Interior (44 Fed. Reg. Vol. 44, No. 228, p. 67584 (Nov. 26, 1979)). The guidelines state that a party opposing a transfer to tribal court has the burden of showing good cause by clear and convincing evidence.

Examples of good cause grounds to deny a transfer request include the absence of a tribal court for the tribe in which the Indian child is a member, an objection by the Indian child to a transfer (if he/she is older than age twelve), a history of minimal contact between the child and the Indian tribe and reservation, a situation in which the request for transfer is not timely and the proceedings are at an advanced stage, and evidence that a transfer would impose hardship on the parties and witnesses because of the distance to the tribal court (forum non conveniens ground).

In addition, some state courts have adopted a “contrary to the best interest of the child” standard when deliberating a transfer request—even though such a standard is not included in the law or guidelines—and have invoked it as grounds to deny a transfer when the Indian child has already “bonded” to his/her foster caretaker(s). (Be aware that some other state courts have condemned the use of this standard to deny a transfer.)

More Procedures

Whatever the reason, if transfer to a tribal court is denied and the case remains in state court, various other procedural protections of ICWA will apply. For example, a party attempting to achieve the involuntary foster care placement of an Indian child must establish, by showing clear and convincing evidence, that an active effort has been made to provide remedial and rehabilitative services to the child’s family and that it was unsuccessful; and continued custody by the parent or Indian custodian likely will result in serious emotional or physical damage to the child.

The latter showing must be supported by the testimony of one or more “qualified” expert witnesses, persons who have substantial knowledge of traditional Indian child-rearing practices or substantial experience working with Indian children. In states with small Indian populations, finding such a person may be problematic, but the alternative—allowing the child’s future to ride on the opinion of experts who may be ignorant and, therefore, biased against Indian parents—is more problematic.

When the petitioning party’s objective is the termination of parental rights to an Indian child, the party has the burden of demonstrating beyond a reasonable doubt that serious emotional or physical harm will befall the child if parental rights are not terminated, and that active efforts to provide remedial and rehabilitative services have been unsuccessful. Again, the findings must be supported by the testimony of a qualified expert witness, one who is versed in the ways of traditional Indian child-rearing practices.

Voluntary Placements & Adoptions

In recognition that a substantial number of Indian children have been removed from their homes under the guise of “voluntary placements,” ICWA regulates the voluntary placement of Indian children and the voluntary termination of parental rights for adoptions. Its stringent requirements on parties who seek voluntary placements represent an attempt to abolish a longtime pattern by many public and private agencies of abusing the rights of Indian parents.

The act mandates that the valid placement of an Indian child in foster care or the valid termination of parental rights requires the consent of the Indian parent in writing before a judge of competent jurisdiction (either a state court judge, if the child is domiciled off the reservation, or a tribal court judge) who certifies that he/she has explained to the parent the consequences of his/her actions in a language the parent understands, or has had the consent translated into a language the parent understands.

A consent to the termination of parental rights cannot be executed until after the child is ten days old. If the consent is not obtained pursuant to the provisions of ICWA, the termination will not be legal. The party obtaining custody will be barred from invoking a state court's jurisdiction to further place the child, and the child will be ordered returned to the parent, unless returning the child would subject him/her to immediate danger.

An Indian parent or custodian can revoke his/her consent at any time during the foster care placement and before the decree of termination or adoption has been entered. After doing so, he/she will be entitled to the automatic return of custody of the child. In the case of an adoption, however, if the court has already entered an order accepting the voluntary termination of parental rights, the parent cannot revoke his/her consent. In cases where an Indian child has been in the home of an Indian custodian, not only must there be a termination of the parental rights, but also a termination of the custodial rights before the adoption will be legal.

Placement Provisions

A second, and equally important, goal of Congress in enacting ICWA was to ensure the placement of Indian children in homes that would reflect the unique values of Indian culture. This was achieved by the placement provisions of ICWA, which govern both voluntary and involuntary placements of Indian children and define placement preferences that public and private agencies must follow. *(Note: Indian tribes are permitted under ICWA to change the order of the act's placement preferences, so you must investigate with each tribe you encounter the order of its particular preference scheme.)*

According to ICWA, when an Indian child is placed in foster care, the placement agency or party must place the child, in the absence of good cause to deviate, with (1) a member of the Indian child's extended family (including non-Indian members of the family), (2) a foster home licensed or approved by the child's tribe, (3) an Indian foster home licensed or approved by a non-Indian agency or authority, or (4) an institution for children that has the approval of an Indian tribe.

To determine which placement option best meets the intent of ICWA, the placement agency must consider the need to approximate the child's family setting as closely as possible, to keep the child as near as possible to his/her family's home, and to place the child in the least restrictive environment.

When an Indian child is placed for adoption, ICWA requires that, in the absence of good cause to deviate, the child be placed with (1) a member of his/her extended family, (2) other members of his/her tribe, or (3) other Indian families. In this situation, too, it is necessary to determine whether the tribe involved has altered the standard preference scheme.

In either a foster care or adoption placement, if the party advocating a deviation from the placement preferences demonstrates good cause to deviate, the state court can sanction a placement that does not conform to the standard placement criteria.

The Department of the Interior's guidelines for state courts lists the following as examples of good grounds to deviate: (1) a request to deviate that comes from the biological parents or the child (provided he/she is of "sufficient" age), (2) extraordinary physical or emotional needs of the child (as established by qualified expert testimony), and (3) the determination—after a diligent search for a family that meets the placement preferences—that a "suitable" family is not available.

Is It Working?

The standard by which any law should be judged is whether it has achieved its stated legislative objective. The Indian Child Welfare Act was enacted to prevent the continued removal by state agencies, courts, and private agencies of large numbers of Indian children from their families and—equally important—their culture.

At the very minimum, the existence of the act has brought attention to the unique needs of Indian children and provided state agencies and judges with a valuable, cross-cultural educational tool. Although the removal of Indian children from their homes continues to occur at an alarming rate, ICWA mandates a process that, if adhered to over time, will eventually ensure the survival of Indian tribes and cultures well into the future.

B. J. Jones is litigation director for Dakota Plains Legal Services, which provides legal assistance to the indigent residents of eight South Dakota and North Dakota Indian reservations and their adjoining counties. He is author of *The Indian Child Welfare Act Handbook* (ABA Family Law Section, 1995).

CHAPTER 3

Exploring Cultural Awareness



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CHAPTER 3

Exploring Cultural Awareness



Homework for the Session

Prior to beginning work on this chapter, read the articles assigned by the facilitator regarding cultural awareness issues. These articles can be found in the Resource Materials section of this manual or will be provided as handouts. As you read, note any “tips” or ideas for working with people from different cultures and any questions you might have. These articles do not necessarily represent the viewpoint of the National CASA Association or your local CASA/GAL program. Please recognize that no single article about a cultural group can adequately describe one person or one family. These articles are designed to provide an introduction to the many cultures and perspectives represented in our communities.



Goal

In this chapter, I will become familiar with some of the current thinking regarding cultural awareness, cultural diversity, and the adverse effects of bias and discrimination. I will better understand my own cultural influences and personal biases, and I will strive to increase my cultural awareness and sensitivity in my work as a CASA/GAL volunteer.



Objectives

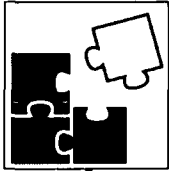
By the end of this chapter, I will be able to...

- ✓ Recognize that there are many facets of diversity.
- ✓ Develop a working vocabulary related to concepts of culture, race, and ethnicity.
- ✓ Better understand my own identity and my culture's effects on my values, attitudes, and behaviors.
- ✓ Identify and apply culturally sensitive and culturally appropriate practices to the children and families with whom I work.
- ✓ Examine the relationship between my personal values and the culture in which I developed these values.
- ✓ Understand the importance of cross-cultural communication in my work as a CASA/GAL volunteer.
- ✓ Identify community and national resources that will increase my understanding and appreciation of diversity.
- ✓ Identify the steps I can take to further my education and demonstrate the high value I place on diversity and a culturally relevant approach to working with children.
- ✓ Recognize that this "journey" toward cultural awareness is a lifelong process

UNIT 1: Exploring Diversity

Introduction

Appreciating and understanding diversity, cultural sensitivity, and culturally appropriate advocacy for the children and families with whom the CASA/GAL program works are critical skills for volunteers and staff. This chapter will broadly explore cultural diversity. The case studies and examples used throughout this manual are intended to encourage the continued exploration of these issues.



Activity 3A: Cultural Pursuit

The goal of this activity is to recognize the diversity that is all around us, to get to know one another better, and to challenge our stereotypes.

Follow the directions for “Cultural Pursuit,” which follows in the manual and is also provided as a handout for your convenience. When one of you has found the answers for twenty of the twenty-five squares, we will hear about your experience in the large group. The facilitator has the answers and will share any that you do not identify during the activity.

Individually, consider the following questions:

- Were there any surprises about who actually initialed the various boxes?
- Did you make any assumptions about who might be able to initial a particular box?
- Were you surprised by the amount of “cultural knowledge” that exists in this particular group?

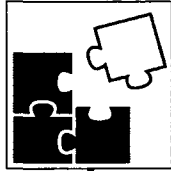
We’ll hear from anyone who wishes to share their observations with the group.

Cultural Pursuit

Read the following chart and initial those boxes that describe you. Next, find others who fit the descriptions in the boxes that remain and ask them to initial the responses they know. Be prepared to share what you know and the new information that you discover.

Find Someone Who...	Has had her/his name mispronounced.	Knows what "Nisei" means.	Is from a mixed-heritage background.	Is bilingual/multilingual.	Has been misunderstood by a person from a different culture.
	Has a parent or grandparent who was not born in the United States.	Has had to overcome physical barriers in life.	Has experienced being stereotyped.	Knows what Rosa Parks did.	Has an "abuela."
	Can name the West Coast equivalent to Ellis Island.	Knows what an upside-down pink triangle symbolizes.	Listens to "ethnic" music.	Has traced his or her family lineage or heritage.	Knows who Harvey Milk was.
	Knows how many federally recognized Native American tribes are in the U.S.	Knows what "Juneteenth" means.	Knows the significance of eagle feathers.	Knows why the Irish immigrated to the United States in the 1840s.	Knows the color of a parking zone for disabled people.
	Can name the lawyer who argued for the petitioner in Brown v. Board of Education.	Knows the meaning of "Goy."	Knows what "comparable worth" means.	Has seen a "Step Show."	Knows what a "lumpia" is.

UNIT 2: Vocabulary



Activity 3B: Cultural Diversity Vocabulary

The purpose of this activity is to develop a working vocabulary related to issues of diversity.

In small groups, read the list of terms below and consider their definitions. Answer the following questions:

- What additional items would you add to the list?
- Do you disagree with any of the definitions?

In the large group, we'll hear questions and comments from each small group.



Vocabulary

Ablism

Discrimination based on a limitation, difference, or impairment in one's physical, mental, or sensory capacity or ability.

Cultural Competence

The ability to work effectively with people from a variety of cultural, ethnic, political, racial, religious, and economic backgrounds.

Cultural Group

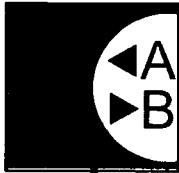
A group of people who consciously or unconsciously share identifiable values, norms, symbols, and some ways of living that are repeated and transmitted from one generation to another.

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.



Vocabulary – continued

Culture

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

Disability

A limitation, difference, or impairment in one's physical, mental, or sensory capacity or ability.

Discrimination

An act of prejudice. A manner of treating individuals differently due to their status or membership in a particular group.

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 our prison population).

Ethnic

Belonging to a common group—often linked by race, nationality, and language—with a common cultural heritage and/or derivation.

Ethnicity

The cultural description or country of origin of oneself or one's ancestors.

Gender

One's biological sex.

Gender Identity

The gender one identifies as.

Gender Orientation

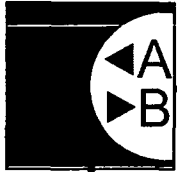
(See Sexual Orientation.)

Heterosexism

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

Language

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



Vocabulary – continued

Minority

The smaller in number of at least two groups. A lesser number as compared to the majority. Can imply a lesser status or influence and can be seen as an antonym for the word “majority” or “dominant.”

Multicultural

Designed for or pertaining to two or more distinctive cultures.

National Origin

The country in which one was born.

Prejudice

A bias for or against something without a logical basis.

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 based on race.

Sexism

Discrimination toward a person or group of people based on their gender or gender identity.

Sexual Orientation

Describes the gender(s) of people toward whom one feels romantically and/or sexually attracted:

Heterosexual: attracted to the other gender

Homosexual: attracted to the same gender (i.e., gay man or lesbian woman)

Bisexual: attracted to either gender

Socioeconomic Status

Identifies one’s economic class (e.g., poor or working-class, middle-class, or wealthy).

Stereotype

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

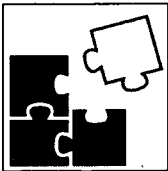
Values

What one believes to be important and accepts as an integral part of who one is.



UNIT 3: Exploring Cultural Heritage

Cultural sensitivity begins with understanding and appreciating your own identity. You are a “culturally rich” individual with your own blend of culture, ethnicity, race, gender, class, sexual orientation, age, religion or spirituality, geographic location, and physical and mental abilities.



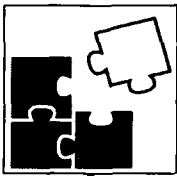
Activity 3C: What's in a Name?

This activity allows you to learn more about yourself and each other by sharing stories about your names.

In pairs, tell each other about your name. You may want to include:

- Who gave you your name? Why?
- What is the ethnic origin of your name?
- Is the ethnic origin different than the ethnic origin with which you identify or the ethnic group of which you are a member?
- Do you have more than one ethnic origin?
- Do you have a nickname?

We'll share highlights from your stories in the large group.



Activity 3D: Cultural Awareness Issues

Homework Review

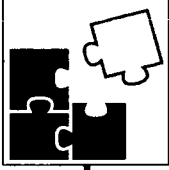
For homework, you read some articles that shared information and insights about the experiences and cultures of several different cultural groups. Each article included some “tips” or ideas for working with people from that culture. Remember that these articles contain generalizations and cannot adequately describe any one person, family, or cultural group.

In your small groups, select a recorder to take notes as you complete the following statements and answer the question for each article:

- I think the author’s perspective is...
- I am wondering about...
- How can we get other perspectives about this cultural group?

We’ll share highlights from your stories in the large group.

Most people are knowledgeable and open about some aspects of their culture. About other aspects, they either have less information or they have a heightened sense of privacy. In some matters they might fear judgment or discrimination. As a foundation for expanding your understanding of other cultures, it is important to be thoroughly acquainted with your own.



Activity 3E: Exploring Your Culture & Perceptions

Part 1: In new pairs, think about yourself and your family (either your family of origin or your current family situation). Choose six or more of the elements from the list below and describe yourself to your partner. Choose those elements that you are comfortable sharing.

- **Race**
- **Family Form** (single parent, married with no children, etc.)
- **Ethnicity** (cultural description or country of origin)
- **Gender**
- **Geographic Identity** (rural or urban; in the U.S., eastern, western, midwestern, etc.)
- **Age**
- **Sexual Orientation**
- **Religion or Spirituality**
- **Language**
- **Disabilities**
- **Class** (low-income, working-class, middle-class, wealthy)

We'll share highlights from your stories in the large group.

Part 2: Now, imagine that you are describing yourself and your culture to someone who has power over your life—power to say “yes” or “no” to a resource you or your family members really need (e.g., acceptance to school, long-term care, affordable housing, or the future of your children). When you describe your culture to this person, are there aspects that you would leave out or try to make “fit” what you think might be more acceptable to them? If you often had to do this, what do you think would happen to these parts of yourself? How do you think you would feel? Share your reflections on these questions with your partner.

Part 3: As a CASA/GAL volunteer, you will have influence in the lives of the children and families in your cases. In the large group, we'll consider how that might impact your ability to establish rapport, communicate effectively, and gather accurate information.

In the large group, we'll explore the following question:

- Are there differences you think must carry additional weight in making decisions about what is in the best interest of a child?

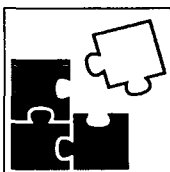
Considering these issues helps you see how your personal values impact your ability to be culturally sensitive. What are your observations or questions?



Unit 4: Cultural Awareness

In the context of the CASA/GAL volunteer role, cultural awareness is the ability to work effectively with people from a variety of cultural, ethnic, political, racial, religious, and economic backgrounds. It is being aware and respectful of the cultural norms, values, traditions, and parenting styles of those with whom you work. Cultural awareness includes the ability to learn from and relate to individuals from your own culture as well as those from other cultures. Cultural awareness is not about making others conform to your standards. It is about cultivating an open mind and new skills. It is a lifelong journey through which you will be tremendously enriched.

Each child and each family is made up of a combination of cultural, family, and personal traits. Part of your role as a CASA/GAL volunteer is to recognize the commonalities among all children (e.g., the minimum standards of care that are required for all children) and to support the personal development of youth through culturally sensitive, appropriate, and competent services. The following activity highlights some reasons to increase your cultural awareness and sensitivity.



Activity 3F: Culturally Aware Child Advocacy

Listen as the facilitator highlights ten reasons to increase personal awareness, practice respect, and strive for cultural competence. Consider which reasons you view as most critical in the work of a CASA/GAL volunteer.

We will hear a sample of your most critical reasons in the large group.

The Importance of Cultural Awareness for Child Advocates

10 Reasons to Increase Personal Awareness, Practice Respect, & Strive for Cultural Competence

1. Ensures that case issues are viewed from the cultural perspective of the child and/or family:
 - Takes into account cultural norms, practices, traditions, intrafamilial relationships, roles, kinship ties, and other culturally appropriate values;
 - Advocates for demonstrated sensitivity to this cultural perspective on the part of caseworkers, service providers, caregivers, or others involved with the child and family;
2. Ensures that the child's long-term needs are viewed from a culturally appropriate perspective:
 - Takes into account the child's need to develop and maintain a positive self-image and cultural heritage;
 - Takes into account the child's need to positively identify and interact with those "like" himself/herself;
3. Prevents cultural practices from being mistaken for child maltreatment or family dysfunction;
4. Assists with identifying "real" issues of parental noncompliance versus culturally inappropriate or noninclusive service delivery;
5. Contributes to more accurate assessment of child's welfare, family system, available support systems, placement needs, services needed, and delivery;
6. Prevents cross-cultural communication clashes and decreases opportunity for misunderstandings;
7. Allows family to utilize culturally appropriate solutions in problem solving;
8. Encourages participation of family members in seeking assistance or support;
9. Recognizes, appreciates, and incorporates cultural differences in ways that promote cooperation; and
10. Allows all participants to be heard objectively.

Created by the CASA Program of Portland, OR.

Much of what you think you know about other cultures—and sometimes your own culture as well—is inaccurate and based on misinformation and stereotypes, assumptions, and lack of actual contact with members of that culture. In working with families, you need to learn about an individual's or family's culture, while recognizing the influence of your own background on your responses to cultural differences. 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 awareness. Once people understand that you sincerely want to learn and be respectful, they are usually very generous with their help.

Developing cultural awareness is a lifelong process in which you'll make some mistakes, get to know some wonderful people in deeper ways, and become a more competent CASA/GAL volunteer. Cultural awareness involves analyzing yourself and your society, facing your biases and ignorance, and making a commitment to ongoing learning and openness. It is about developing skills, including improving your ability to control or change your own false beliefs, assumptions, and stereotypes; to think flexibly; to find sources of information about those who are different from you; and to recognize that your own cultural way is not the only way.

The following statistics about racial imbalances in the foster care system are cause for alarm:

- ✓ Nationally, children from racial and ethnic minority groups make up an estimated sixty percent of the nearly five hundred thousand children in the foster care system, nearly twice their representation in the total U.S. population.

W.K. Kellogg Foundation, Families for Kids Project website, www.wkkf.org.

- ✓ The number of minority children in foster care in major metropolitan areas is estimated at between seventy-five and eighty-five percent of the foster care population.

W.K. Kellogg Foundation, Families for Kids Project website, www.wkkf.org.

- ✓ 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.

W.K. Kellogg Foundation, Families for Kids Project website, www.wkkf.org.

- ✓ A 1997 study by the U.S. Department of Health and Human Services found that African American children are much more likely than others to have long stays in care (sixty-four percent versus thirty-eight percent for Hispanics and thirty-one percent for whites). According to the same study, not only is the number of African American children with long stays double that of white children but the lengths of stay for African American children are also about twice as long as stays for white children.

National Study of Protective, Preventive and Reunification Services Delivered to Children and Their Families.
U.S. Department of Health and Human Services, Children's Bureau, 1997.

- ✓ The percentage of Hispanic children in foster care doubled from seven percent in 1982 to fourteen percent in 1994.

W.K. Kellogg Foundation, Families for Kids Project website, www.wkkf.org.

- ✓ According to recent data, the median length of stay for all children in foster care on September 30, 1999, was twenty-two months, meaning that half of the children in care stayed for longer periods of time and half stayed for shorter periods. The mean or average was thirty-four months. The discrepancy in these two figures indicates that there are some children staying far longer than the average number of months. During the time a child stays in care, he/she often moves from one foster home to another. The number of moves increases significantly for children who remain in care far beyond the average stay.

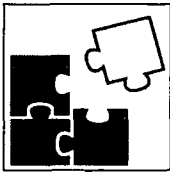
Adoption and Foster Care Analysis and Reporting System data, U.S. Department of Health and Human Services, 2000.

UNIT 5: Understanding Personal Values

The following material is designed to help you explore the meaning and place of values in your work on behalf of children. This exploration can assist you in seeing the range of values that people hold and the variety of reasons people have for their beliefs. It also increases your understanding that people can hold values very different from your own and be equally thoughtful and caring in their reasoning. Even when individuals appear to have similar values, they may actually have very different perspectives and reasons for doing so.

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

There are essentially two types of values. There are those values that are "universal values" and those that are not. Universal values are those shared by an overwhelming majority of the community. Laws are often related to these values, but they are not the same things. The following exercise is an opportunity to explore your own values and how they are similar to or different from the values of others.



Activity 3G: Values

Part 1: Complete the Values Statement Exercise on the following page. *Do not* put your name on the sheet. This is an anonymous/confidential activity. After completing this form, turn in your responses to the facilitator, who will redistribute them to participants as part of an activity to clarify values and build empathy.

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

Values Statement Exercise...

Circle the answer that best reflects your feelings and/or beliefs.

(For example, the beliefs you would want to impart to your own children.)

1. I believe there should be a 10 PM curfew for all children 16 years of age and under.

strongly disagree disagree agree strongly agree

2. I believe a safe home is a happy home.

strongly disagree disagree agree strongly agree

3. I believe the judicial system is unfair to people of color.

strongly disagree disagree agree strongly agree

4. I believe a gay or lesbian couple should be able to adopt children.

strongly disagree disagree agree strongly agree

5. I believe that interracial adoption is wrong.

strongly disagree disagree agree strongly agree

6. I believe a family that prays together stays together.

strongly disagree disagree agree strongly agree

7. I believe a parent's use of corporal punishment reflects his/her inability to communicate with children.

strongly disagree disagree agree strongly agree

8. I believe that mothers who stay in abusive relationships are guilty of child abuse.

strongly disagree disagree agree strongly agree

9. I believe people who use or abuse drugs should be incarcerated.

strongly disagree disagree agree strongly agree

10. I believe that people on welfare are generally lazy.

strongly disagree disagree agree strongly agree

11. I believe teen parents cannot do an adequate job.

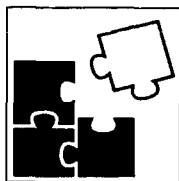
strongly disagree disagree agree strongly agree

12. I believe drinking alcohol during pregnancy is child abuse.

strongly disagree disagree agree strongly agree

13. I believe that all children deserve safe and permanent homes.

strongly disagree disagree agree strongly agree



Activity 3G: Values

Part 2: Signs are posted around the room representing four possible responses: strongly disagree, disagree, agree, and strongly agree. As the facilitator reads each statement, go to the sign representing the answer on the sheet you have been given. In the group under your sign, think of the three “best” or most respectful reasons a person might hold this belief. It may be especially difficult to come up with respectful reasons a person might hold a belief that is very different from your own. This activity is one way you can try to “walk in someone else’s shoes,” and perhaps gain insight into why people have beliefs that differ from your own.

As a group, share your three best reasons with the large group using the following format, “I believe [*read the statement*] because [*give your three best reasons*].”

After we have given reasons for all thirteen responses, we’ll address any remaining concerns or questions in the large group.



UNIT 6: Cross-Cultural Communication

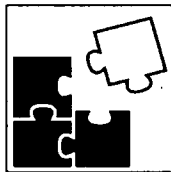
Language & Cross-Cultural Communication

Culture and language are very closely related. As a CASA/GAL volunteer, you will need to interact effectively with people who speak English but have different cultural backgrounds from yours. You may also need to communicate with families who cannot speak, or are limited in their knowledge of, English. Whether you are able to speak the same language as the child and his/her family or must use a translator, it is important that you use plain language without agency jargon.

Speaking a language different from the mainstream has a strong effect on family and individual development. Language is a powerful vehicle for communicating culture. It can be the glue that holds a cultural group together, and at the same time it can be a barrier to gaining access to needed resources such as education or jobs. Many immigrants eager for citizenship and full acceptance strive to acquire English while maintaining their own language. Language also influences the family's connections with the larger community, as those who do not speak English often feel isolated and excluded from the community. If children are the first to learn English, as often happens in immigrant families, the balance of power can shift as parents and grandparents rely on children to translate and interpret information from agencies and others in the community.

Immigrant families want to improve their quality of life; it is often their main reason for moving to the United States. They want their children to have a better life. They know that to attain this dream, their children need to learn English. Yet, maintaining one's own native or home language while learning English can benefit all involved.

Adapted from *Empowerment Skills for Family Workers*, Christiann Dean. "Cornell Empowering Families Project," August 1996. Used with permission.



Activity 3H: Being in a Multicultural Environment

Read the following page, *Tips for Family Practice in a Multicultural Environment*, a resource designed for health care practitioners. As you read, consider how these tips might be helpful to you in your work as a CASA/GAL volunteer.

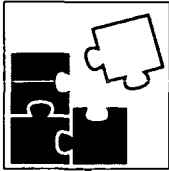
We will invite your observations in the large group.

Tips for Family Practice in a Multicultural Environment

1. Assume nothing.
2. Ask questions regarding specific behaviors, values, attitudes, and perspectives.
3. Pay attention to any signs of spirituality or religiosity and respect the family's beliefs.
4. Do not insist on eye-to-eye contact.
5. If you do not speak the family's language, find an interpreter; better yet, learn some basic phrases that will allow you to at least greet the family in their own language.
6. Seek personal experiences with members from the various cultural groups you might serve.
7. Set specific goals for achieving cultural awareness with respect to the various cultural groups your agency or practice might serve.
8. Acknowledge the legacy and presence of cultural and racial bigotry and prejudice in the United States.
9. Appreciate the difficulties and problems individuals and families encounter trying to live and thrive in a cultural setting that is, at best, different from their indigenous culture and, at worst, antagonistic toward their specific cultural orientation.
10. Explain the need for any and all information requested and, if possible, delay asking the most personal questions until the family has had the time to understand the need for the information.

Understanding the American Family: A Multicultural Perspective, Anthony E.O. King. Handout at NCASAA Conference, 1992.

Keep in mind that if your only contact with a particular cultural group is through your work as a CASA/GAL volunteer, then your exposure to that culture is rather limited.



Activity 3I: Stereotypes vs. Cultural Sensitivity

Part 1: Read the following paragraphs about stereotyping.

Part 2: Address the following questions in your small group:

- ✓ Identify examples in the media where you have seen a community or culture stereotyped.
- ✓ Share an experience in which you were stereotyped or misunderstood by a person from another culture.
- ✓ How might stereotypes lead to prejudice?
- ✓ How can we begin to reduce stereotyping?

We'll hear a sample of your responses to the questions in the large group.

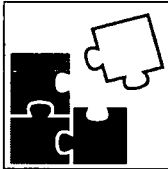
Stereotypes are rigid and inflexible. Stereotypes hold even when a person is presented with evidence contrary to the stereotype. Stereotypes are harmful. They limit people's potential, perpetuate myths, and are gross generalizations about a particular group; for instance, people who wear large, baggy clothes shoplift. Teenagers wear large, baggy jackets; therefore, teenagers shoplift. Stereotypes can adversely affect your interactions with children and others in your 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 awareness and sensitivity can be compared to making an educated hypothesis. An educated hypothesis contains what you understand about cultural norms and the social, political, and historical experiences of the children and families with whom you work. You might hypothesize, for example, that a Jewish family is not available for a meeting on Yom Kippur, or that they would not want to eat pork. However, you recognize and allow for individual differences in the expression and experience of a culture; for instance, some Jewish people eat pork and still are closely tied to their Jewish faith or heritage. Another example might be that some African American families celebrate Kwanzaa, while others do not.

As an advocate, you need to examine your biases and recognize 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 sensitivity is an ongoing, lifelong process.



UNIT 7: Developing an Action Plan



Activity 3J: Resources

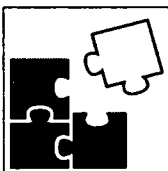
Listen as the facilitator shares information about resources in your community. Refer to the resource list provided and make notes about the various resources that are described.

In addition to the list that follows, can you think of other resources for expanding your cultural awareness?

We'll hear a sample of your resource ideas in the large group.

There are many resources in your community for increasing your cultural awareness and sensitivity. Consider going to the following places to learn more:

- Your local library;
- A university in your community;
- Community agencies (such as the health department);
- Communities of faith; and
- Community groups focusing on the cultural traditions and norms of, as well as health services for, particular cultural or language groups.



Activity 3K: An Action Plan for Dealing with Differences

Read the following information about dealing with differences and think about what steps you will take to improve your skills in these areas. On the paper provided, write down the steps you will take. This plan is for you and will not be shared with the group.

A Positive Approach to Dealing with Differences

1. Communicate Respect

Transmit positive regard, encouragement, and sincere interest. All people like to know that others respect them.

2. Be Nonjudgmental

Avoid moralistic, value-laden, evaluative statements, and listen so that others can fully share and explain themselves and their situations.

3. Personalize Knowledge & Perceptions

Recognize the influence of your own values, perceptions, opinions, and knowledge on your interactions with others. Your perceptions are valid only for you and not for the rest of the world.

4. Display Sympathy

Attempt to put yourself into the other person's life space and to understand how he/she feels about the matter under consideration.

5. Practice Role Flexibility

Be able to accomplish a task but also value the ability to do so in such a way that people feel positive about being a part of the process. Encourage shared interaction.

6. Demonstrate Reciprocal Concern

Interact equally, taking turns talking, promoting communication.

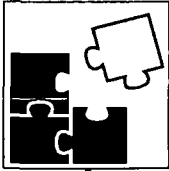
7. Tolerate Ambiguity

Be able to react to new, different, and unpredictable situations with greater ease. Too much discomfort can lead to frustration and hostility. Learning to manage the feelings of uncertainty that accompany ambiguity is necessary for dealing with differences.

8. Be Persistent

Keep communication lines open despite ambiguity and possible misunderstanding. Be willing to stay with the situation until you get a clear picture instead of giving up. If you do not understand something, ask that it be explained again.

Adapted from Seattle Crisis Clinic volunteer training program materials.



Activity 3L: The Dawning of a New Day

Listen and reflect as the facilitator shares “The Dawning of a New Day.”

The Dawning of a New Day



There once was a Rabbi who was asked by his students, “Teacher, how would one determine the hour when night ends and day begins?”

One student suggested, “Is it when one can distinguish a sheep from a dog in the distance?”

“No,” said the Rabbi.

A second student ventured, “Is it when one can distinguish a date tree from a fig tree in the distance?”

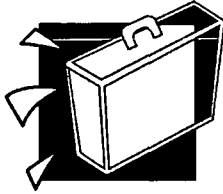
“No,” said the Rabbi.

“Please, tell us the answer,” the students begged.

“It is when you can look into the face of a stranger and see your sister or brother,” said the Rabbi. “Until then, night is still with us.”

From *Teaching Tolerance*, Spring 2000. Originally from *Timbrel* (November-December 1998 issue). Contact the Mennonite Women’s Office at 316-283-5100; mw@gcmc.org; P.O. Box 347, Newton, KS 67114. Reprinted with permission.





HOMEWORK

Community Resources...

Please complete the following assignment.

Select one local agency name from the list provided by local program staff. Do some research about the services they provide, access to services, etc., using the Community Resources Worksheet, which follows, as a tool to assist you in gathering information.

This task is assigned early in training to allow you time to gather the materials. You will share the information you gather during the training session on community resources (Chapter 8).

That session is scheduled for _____.

Community Resources Worksheet...

In preparation for learning about community resources later in training, pick one agency to research from the list the facilitator provides. We suggest that you first ask CASA/GAL program staff if they have a contact person, and then call the agency for further information. You may collect the required information by phone or personal interview, or by asking for literature from the agency. Below, you will find some topics to guide you in your search/interview. Bring back the information you gather and share it with the rest of the training class. Have fun and good luck!

Resource Name:	Date:
Address:	Phone:
Email Address:	Fax:
Contact Person:	
Days/Hours of Operation:	
Type of Services Available:	
Who Is Eligible for Services:	
Costs of Services:	
Notes:	



RESOURCE MATERIALS

Included in This Section:

You may be assigned to read some of the following articles (and/or others provided as handouts) prior to working on this chapter. These articles do not necessarily represent the viewpoint of the National CASA Association or your local CASA/GAL program. Please recognize that no single article about a cultural group can adequately describe one person or one family. These articles are designed to provide an introduction to the many cultures and perspectives represented in our communities.

Cultural Competence Continuum <i>Terry Cross</i>	3-35
Understanding Asian Family Values & How to Incorporate Them into Culturally Competent Practice <i>Walter Philips</i>	3-37
Supporting African American Families: Dispelling Myths, Building on Strengths <i>Robert B. Hill</i>	3-41
Programs with a Cultural Fit: Working with Latino Families <i>Elba Montalvo</i>	3-45
Understanding the Relational Worldview in Indian Families <i>Terry Cross</i>	3-49
Blood Ties <i>Linda Hodges</i>	3-55
Cultural Differences (from <i>The Naked Face</i>) <i>Lailan Young</i>	3-57
Examples of Folk Medicine in Southeast Asia <i>Thu-Van Nguyen</i>	3-63
To Separate Fact from Fiction <i>Islamic Center of Southern California</i>	3-65
Heterosexual Privilege <i>Linda Ketner</i>	3-67
The Relationship of Sexism to Other Forms of Oppression <i>Domestic Abuse Intervention Project</i>	3-69
Annotated Bibliography of Books for Increasing Cultural Sensitivity	3-71
Websites with Relevant Information for CASA/GAL Volunteer Work	3-73



Cultural Competence Continuum

Terry Cross, Executive Director of the National Indian Child Welfare Association, has developed a continuum of organizational cultural competency, which can help you pinpoint where you or your agency is in the development process of cross-cultural work. The levels of cultural competency are destructiveness, incapacity, blindness, pre-competency, basic competency, and advanced competency.

Below is a description of some of the characteristics of the cultural competency continuum.

1. Destructiveness

- Blatant Racism
- Genocide
- Agency does not hire ethnic minorities

2. Incapacity

- Agency is inaccessible to people of color
- Agency avoids working with ethnic minorities

3. Blindness

- Agency is blind to differences
- Agency believes everyone is really the same

4. Pre-Competency

- Agency tries to help educate employees, but has no real knowledge
- Agency often ends up with conflicts with no understanding of what occurred

5. Basic Competency

- Agency is aware of and accepts differences
- Employees are aware of their own cultural values
- Agency understands the dynamics of difference
- Agency promotes cultural knowledge
- Agency has the ability to adapt practice skills to fit cultural context

6. Advanced Competence

- Agency values and promotes differences
- Employees value their own cultural values
- Agency values the dynamics of difference
- Agency values and promotes cultural knowledge
- Agency has strong practice skills in fitting the cultural context

Cultural Competence Continuum developed by Terry Cross.



Understanding Asian Family Values & How to Incorporate Them into Culturally Competent Practice

Cultural awareness is the ability to provide services effectively to people of all cultures, races, ethnic backgrounds, and religions in a way that recognizes, values, affirms, and respects the worth of individuals and protects and preserves their dignity. But to respond respectfully and effectively to people of different cultural backgrounds, service providers must first understand the widely differing cultures of the people they serve.

Asian Americans are one of the fastest growing cultural groups in the United States. The Asian population is diverse, covering a range of ethnicities, cultures, and languages. Asian Americans vary in terms of immigration and refugee experiences, acculturation levels, and socioeconomic levels.

Despite this great diversity, practitioners working with children and families should be aware of some of the common values among Asian Americans and take them into consideration when working with Asian families. These values stem from principles in three main Eastern philosophies: Buddhism, Confucianism, and Taoism.

Buddhism

Buddhism provides a spiritual structure for many Asians. Buddhists view time as circular rather than linear. Many Asians believe in the concepts of reincarnation and karma. Simply stated, karma refers to the notion that what happens to you in this life is due to your behaviors and actions in your past life, and your behaviors and actions in this life will dictate what will happen to you in the next.

Because of this belief, many Asians will endure their pain and suffering in this life in acceptance of their fate. Often, this may leave a person little motivation to change. Successfully using the concept that one's actions impact one's next life may help practitioners to create motivation for change in someone who previously had none.

Confucianism

A major principle of Confucianism is filial piety. This notion defines specific rules of conduct in social relationships and places great importance on the family. Several key concepts follow from the principle of filial piety:

- Family roles are highly structured, hierarchical, male-dominated, and paternally oriented.
- The welfare and integrity of the family are of great importance. The individual is expected to submerge or repress emotions, desires, behaviors, and individual goals to further the family welfare and to maintain its reputation. The individual is obligated to save face so as to not bring shame onto the family. The incentive, therefore, is to keep problems within the family.

- Interdependency is valued and stems from the strong sense of obligation to the family. This concept influences relationships among family members. The family provides support and assistance for each individual member; in turn, individual members provide support and assistance for the entire family. These relationships, interactions, and obligations are lifelong and the goal of individual members is not necessarily autonomy and independence. This concept is critical to understanding Asian families, and service providers should avoid applying Western labels such as “codependency” and “enmeshment” when observing normal family functioning dictated by cultural values and beliefs.

Taoism

Taoism defines one’s relationship with nature. According to this philosophy, maintaining harmony and balance with nature is important to one’s spiritual well-being. The goal of many of the traditional healing practices, such as herbal medicine, acupuncture, coining, and cupping, is to restore this delicate balance. In Asian families, this concept extends to maintaining harmony in social relationships. Because of this, practitioners may observe that:

- Families and individual family members may seek to avoid conflict and confrontation with others.
- An individual may appear passive, indifferent, or indecisive. The person may fear that taking the initiative could lead to disagreement or conflict.
- The individual may be overtly compliant and agreeable when, in fact, he/she disagrees with the other person.

Responding with Cultural Awareness

These principles supply a framework for understanding many of the Asian families with whom child welfare practitioners may work. Remember that these are generalizations; not all Asian Americans hold these values, and most Asians do not consciously follow these principles. Rather, they have become ingrained in broader family values and practices that have formed over centuries.

Service providers should integrate these concepts into their work with Asian Americans. The following suggestions will help child welfare practitioners begin providing culturally competent services for Asian American families.

When assessing Asian American families, practitioners should gather information regarding specific families’ ethnic backgrounds, languages, immigration and refugee experiences, acculturation levels, and community support systems.

- Develop trust by establishing and adhering to rules of social conduct and proper social interaction.
- Attempt to maintain and, if appropriate, reestablish traditional family structures according to cultural norms. Respect the family hierarchy.
- Use extended family members for support systems; lines between nuclear families and extended families are not as rigid in Asian families as they are in Western culture.
- Allow families and their individual members opportunities to save face whenever possible.

- Avoid creating situations that may lead to conflict and confrontation. Rather, use indirect methods of communication, when appropriate, to make a point.
- Because Asians prefer to keep problems within the family, maintaining confidentiality is critical. Families must be assured that their problems will not become public knowledge.
- Service providers must be active and offer tangible interventions for Asian Americans. Passivity in the worker may be viewed as lack of expertise and authority. Many Asian American families are seeking concrete, tangible solutions to their problems and are uncomfortable with process- and insight-oriented strategies.

This article cannot provide all the knowledge and skills necessary to be culturally competent with Asian Americans. Hopefully, however, it will supply some beginning strategies in working with Asian American families and children. Remember that Asian Americans comprise a diverse group of people who should be assessed individually when developing appropriate intervention strategies. Cultural awareness starts with sensitivity and appreciation for diversity and integrates acquired knowledge of cultures with practice skills and techniques. Begin integrating some of these concepts regarding Asian values into your service delivery.

By Walter Philips, National Resource Center for Special Needs Adoption, Spaulding for Children, Southfield, MI. From *Cultural Competence in Child Welfare, Curriculum Trainer's Guide* (pages 2-33 through 2-41), Karen Y. Noel and Linda Whitfield, Southfield, Michigan: Spaulding for Children, 1995.



Supporting African American Families: Dispelling Myths, Building on Strengths

Many observers wrongly believe that the problems of inner-city families are intractable. The news media devote considerable space documenting the crisis with negative statistics about African American families. By blaming the victims—attributing the crisis to internal deficits or weaknesses such as female-headed families, poor work ethics, and underclass values, rather than to such external constraints as racism, recessions, inflation, the exodus of industries from inner cities, and anti-poor public policies—they focus on identifying problems and not on generating solutions.

African American families have many assets: strong work orientations, flexible family roles, strong kinship bonds, and strong religious orientations. Although these attributes characterize many racial and ethnic groups, they have manifested themselves differently in African American families because of their unique history. Family-support practitioners can work more effectively with families of color by building on these strengths.

High Aspirations

Research has found that, although they score lower than Caucasian children on standardized tests, African American children often have higher educational and occupational aspirations than Caucasian children of similar economic status. Unfortunately, many studies have revealed that bright inner-city children in the public schools encounter “misguidance” counselors who lower their aspirations and self-esteem to such an extent that they drop out in record numbers. Inner-city children need educators who can help them attain their high aspirations.

One of the most successful educational initiatives that reinforces the high-achievement orientation of inner-city children and their parents is Head Start. This preschool program emphasizes parental participation and has encouraged higher achievement among thousands of low-income children.

Strong Work Ethic

Despite popular belief that most African Americans are on welfare, U.S. census data revealed that only about one-fifth of all African American families—and only half of low-income African American families—received public assistance in the 1980s.

Even so, African American groups have developed numerous innovative programs to reduce welfare dependency. Some of the most effective come from resident management corporations of public housing. These groups maintain safe, pleasant, and comfortable living environments more efficiently and cost-effectively than can local housing authorities. As a result of tenant management, vandalism, welfare dependency, school dropout, teenage pregnancy, and unemployment have declined sharply.

One key to the success of public housing is the hiring of former welfare recipients to operate local small businesses. Maintenance, day care, laundry, tailoring, barbering, beauty care, catering, reverse commuting, and thrift shop initiatives abound throughout the nation.

Flexible Family Roles

In African American families, mothers and fathers often assume some of the traditional roles of the other, and the children perform some parental functions for younger siblings. This role adaptability has contributed to the stability and advancement of two-parent African American households.

Role flexibility is most evident in the disproportionate number of African American families headed by women. Traditionally, single-parent families headed by women are depicted as broken or pathological, whereas two-parent families are described as intact or healthy. But such characterizations mistake family structure for family functioning. One-parent families are often more intact or cohesive than two-parent families.

Kinship Bonds

According to conventional wisdom, the extended family has declined sharply in urban areas. Research reveals, however, that the proportion of African American extended families has increased. U.S. census data reveal that, between 1970 and 1980, African American extended family households rose from 23% to 28%. By 1992, according to the University of Wisconsin's National Survey of Households, two out of five African American households were three-generation. Further, African American extended families often reach beyond individual households and may include members who are not related by blood or marriage.

Social welfare policies and family support programs are making better use of kinship networks. Policymakers and child welfare systems must recognize the range of services that kinship networks provide in such areas as day care, support to unwed mothers, informal adoption, and foster care.

Kinship networks often provide short-term childcare, especially for working parents. About two-fifths of working African Americans depend on responsible relatives for day care. Kinship networks also provide support to unwed mothers. Nine out of 10 babies born to African American teenagers live in three-generational households. Studies have found that adolescent mothers who have the support of kin are more likely to avoid welfare dependency, and their children's development is healthier, than teenage mothers who raise their children without assistance from relatives.¹

Informal adoption has been a major support in African American families since antiquity, with children living with grandparents or aunts and uncles for varying lengths of time. During slavery, their grandmothers reared thousands of African American children. According to U.S. census data, the number of African American children living with relatives has risen from 1.3 million (13%) in 1970 to 1.6 million (16%) in 1990.

Even though African American families provide extensive informal adoption and foster care services, many child welfare systems have not targeted kinship networks for such services until recently. Of the one million African American children who live in households without either parent present, kin informally adopts 80%; the remaining 20% are in foster care. Yet, because children of color still account for most children in foster care, there is an urgent need for public policies that encourage relatives to take in children and motivate systems to use kinship networks as major placement resources.

Religious Orientation

Religion plays a strong role in the lives of African Americans. In a 1981 Gallup poll, 67% of African Americans said that religion was “very important” in their lives. A 1980 National Urban League survey found that 76% of African Americans belong to churches and 67% attend church at least monthly.

As the most dominant institution in the African American community, churches provide a range of social services to strengthen families and enhance child development. African Americans with strong religious orientations achieve higher socioeconomic levels than those with little religious commitment. A 1980 study of young males in low-income communities, conducted by the National Bureau of Economic Research, concluded that a deep religious commitment was strongly correlated with lower rates of school dropout, delinquency, out-of-wedlock births, and drug abuse.

Clearly, African American families have many unique and powerful assets. By dispelling myths about African American families and building instead on their strengths, family support practitioners have at their disposal major resources to help support African American families.

By Robert B. Hill, Ph.D., Director of the Institute for Urban Research, Morgan State University, Baltimore, MD. This article is adapted from the Spring 1993 issue of *Family Resource Coalition Report*. ©1997 Family Resource Coalition. This article was published in the Spring 1997 issue of *Children's Voice*, the quarterly magazine of the Child Welfare League of America. For subscription information, contact CWLA Publications, 202-638-2952.

¹ F. Furstenburg Jr., J. Brooks-Gunn, and S. Philip Morgan. (1987). *Adolescent Mothers in Later Life*. Cambridge, England: Cambridge University Press.

Programs with a Cultural Fit: Working with Latino Families

One of the major problems in foster care and adoption today is the lack of cultural competence in services to Latino children. Inconceivably, creating cultural bridges to meet the needs of the large numbers of African American and Latino children in foster care is still not common practice in human services.

The Council on Adoptable Children developed the first Hispanic Adoption Program in 1978 in New York. At that time, Latino children, who accounted for one-fourth of the city's foster care population, were systematically placed along color lines in foster care and adoptive homes. Dark-skinned Latino children were placed with African American families, lighter-skinned children with Caucasian families. To stop that practice, a group of Latino professionals in 1982 founded the Committee for Hispanic Children and Families (CHCF), a nonprofit, community-based organization advocating for Latino families.

Implemented in 1979, the Child Welfare Reform Act (CWRA) emphasized prevention over foster care and keeping kids in their communities. CWRA stressed permanency planning—securing permanent homes for children rather than warehousing them in foster care. The idea of placing kids with relatives, however, kinship care, was not common practice; the prevailing assumption was that extended family members were unsuitable caregivers. Despite this, CWRA did improve the foster care system. Children were moved toward permanency more quickly—either returned to parents or moved toward adoption. It also stopped the automatic placement of children in institutions.

Unfortunately, however, services have not changed dramatically for Latino children. Generally, agencies serving Latino children continue to invalidate their culture by omission. Latinos do not feel welcomed by these agencies because nothing about the agencies reflects Latino culture—not the people who work there, not the office decorations. Their services are not designed with the Latino population in mind.

The Latino Population

Many people do not know that there are 21 Spanish-speaking countries—and Brazil is not one of them. Although Latinos speak the same language and share similar values and a heritage from Spain, there are vast differences among national groups. Latinos are not monolithic, and treating all Latinos alike is a mistake. Family-serving agencies must understand the particular characteristics of Latino groups in their areas, such as immigration status, history, religious background (not all are Catholics), ethnic makeup (the mix of indigenous populations and African and European ancestry), and reasons for migration.

According to the U.S. Census Bureau, more than 23 million Latinos, including four million families, live in the United States. Latinos make up 9% of the nation's population. Spoken by 17.3 million people, Spanish is the second most common language in American homes. Between 1980 and 1990, the U.S. Latino population increased by 53%, seven times the rate of the non-Latino population. By the year 2002, Latinos will outnumber African Americans, constituting the largest minority group in the United States.

Mexicans are the largest Latino group, numbering nearly 13.5 million people. Puerto Ricans are the second largest group, with over 2.7 million people. Cubans make up the third largest group, with slightly over one million. Nearly 90% of Latinos live in just 10 states: Arizona, California, Colorado, Florida, Illinois, Massachusetts, New Jersey, New Mexico, New York, and Texas. California is home to more than one-third of the Latino population.

Understanding Differences

There is no secret formula for working with Latino families with cultural competence. It takes hard work, commitment, and resources. It takes programs with a cultural fit. When programs are culturally ignorant, prospective adoptive families will leave, and children will either be placed in non-Latino homes or linger in the foster care system. To provide quality services to Latino families, including children placed in adoptive homes, we need to strive for cultural competence.

The first step is self-awareness and acceptance of differences. We must be conscious of mainstream American values, because they affect us on a personal level and are reflected in the attitudes and policies of child welfare agencies. The cultural aspects to consider include such concepts as nonverbal communication, body motion, and use of space. We are not always aware of them, yet they prevent communication with and proper assessment and treatment of clients whose cultures are different from our own. For example, if I were to pucker my lips and look in a certain direction, that is Puerto Rican nonverbal communication for “look at that or at that one.” One can have a whole conversation in Puerto Rican without speaking a word.

Latino families can be lost through trivial misunderstandings. For example, ignoring a prospective adoptive Latino couple while they are sitting in a waiting room could cause them to feel rejected and lead to alienation. Latino families considering adoption need an opportunity to know their adoption specialists and place them within a familial context before proceeding with the business at hand.

Other values shared by most Latino national groups include the importance of the extended family, the interdependence of family members, differentiation of gender roles, unconditional respect for adults, and deference to authority.¹ In mainstream American culture, on the other hand, respect is earned, not based on status.

Latino culture also differs from Anglo culture in its concept of time and time orientation. Latino culture tends to be polychronic and oriented to the present. To understand what polychronic means, consider an extended Latino family gathering, in which numerous interactions and conversations are taking place, often overlapping one another. A North American family, particularly with Anglo roots, might view the multiple simultaneous interactions as confusing and noisy. Anglo culture stresses talking one at a time; interrupting is impolite. In a Latino family, the stress is on the involvement of people and the completion of transactions rather than on adherence to preset schedules. In a present orientation, what is happening at this moment is what is important; only God can control what will happen tomorrow.

In contrast, mainstream American values have a monochronic time orientation, emphasizing schedules, segmentation, and promptness. Not that Latinos don't recognize the importance of being on time but, especially in social situations, “on time” is much more fluid for Latinos. Anglo culture is also heavily oriented to the future, planning for tomorrow. On the opposite end of the spectrum, Asian cultures are often oriented to the past, emphasizing the importance of ancestry, family history, and traditions.

Latino children are still placed in non-Latino homes where their cultural background is ignored. They grow up believing there is something wrong with their heritage or that it is unimportant because their adoptive parents do not recognize, acknowledge, or celebrate their children's Latino background.

Children are best served when placed in homes that give them continuity. Homes that are culturally similar to the homes of their biological parents can provide a continuity of care that is critical for children's healthy development. For optimal continuity of care, a relative's home is the best alternative. If a relative's home is unavailable or inappropriate, the next best home is that of someone from the child's own culture. For Latinos, this means a home of the same national group—Puerto Rican children in Puerto Rican homes, for example, or Cuban children in Cuban homes. If a home of the same national group is not available, then another Latino home is best.

Only if no Latino home is available should a non-Latino home be considered—and then it should be a home that values and is knowledgeable about the child's Latino culture. When evaluating whether a non-Latino home is appropriate for placing a Latino child, agencies should consider such questions as whether the family has Latino friends who can serve as role models for the child and whether the family lives in or has access to a Latino community. CHCF agrees with other child advocates that providing children the opportunity to live in loving, permanent homes of any race or cultural background is preferable to their growing up without permanent homes. Terry Cross, executive director of the National Indian Child Welfare Association, defines individual cultural competence as “the state of being capable of functioning effectively in the context of cultural differences.” For the organization, he defines cultural competence as “a set of congruent practice skills, attitudes, policies, and structures, which come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in the context of cultural differences.”²

In adoption agencies, cultural competence includes the successful recruitment of families of color. Whatever venue agencies choose to recruit Latino families, materials should be conceived and written first in Spanish, then translated into English. Because of differences in communication styles among national groups, agencies must also keep in mind the particular Latino populations with whom they are working. Some Latinos are more formal than others in language and expressive behaviors. For example, South Americans are more formal than Latinos from the Caribbean; there are also language and regional differences.

Additionally, although Spanish is the second most common language in 39 states and the District of Columbia, only 8 states require bilingual investigations. Most states often use children as translators—a practice that can negatively impact family roles. The question is whether agencies are making genuine efforts to embrace people who only speak the Spanish language.

Agencies and social workers that provide services to Latino children and families should consider several issues:

- ✓ Build the necessary bridges. Latinos are not asking adoption specialists to change their own values but rather to understand the values of Latinos and to incorporate them into their practices.
- ✓ On an organizational level, cultural competence requires agencies to adopt policies and programs, from the reception area to program design, that say, “Bienvenidos Latinos”—Welcome Latinos. Bilingual personnel are critical.

- ✓ Collecting data to reflect ethnic breakdown in all categories, programs, and services enables providers to better understand the needs of Latino children and assists in designing programs with a cultural fit.

To create quality programs for Latino children and make services Latino-friendly will take all of us: adoptive parents, social workers, policymakers, administrators, and legislators; Latinos, African Americans, Caucasians, Asian Americans, and Native Americans. It takes all of us to care about each other's children.

By Elba Montalvo, Executive Director of the Committee for Hispanic Children and Families, New York, NY: Chair of the Council of Latino Executives in Child Welfare; and a Member of CWLA's Board of Directors. This article is adapted from Vol. 8, No. 2, 1994 of *The Roundtable*, the journal of the National Resource Center for Special Needs Adoption, Spaulding for Children, Southfield, Michigan. This article was published in the Summer 1997 issue of *Children's Voice*, the quarterly magazine of the Child Welfare League of America. For subscription information, contact CWLA Publications, 202-638-2952.

¹ N. Garcia-Preto. (1996). "Puerto Rican Families." In M. McGoldrick, J. Giordano, and J.K. Pearce (Eds.). *Ethnicity and Family Therapy*. (pp. 169-171). New York: Guilford Press.

² People of Color Leadership Institute and National Indian Child Welfare Association. (1993). *Training Guidebook for Developing Cultural Competence*. Washington, DC: People of Color Leadership Institute, and Portland, OR: National Indian Child Welfare Association.

Understanding the Relational Worldview in Indian Families

By Terry Cross

Executive Director of the National Indian Child Welfare Association

“The European and American linear worldview dominates social services to Indian families. These families, however, use a relational worldview in their thinking. Understanding this worldview enhances the ICW worker’s ability to provide services.”

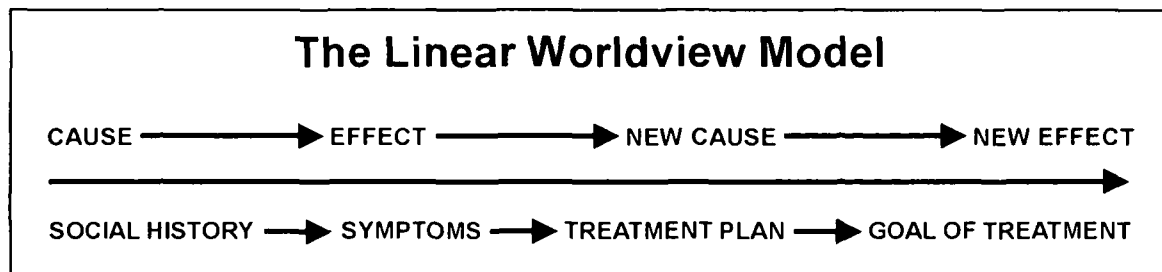
On our globe today there are two predominant worldviews, linear and relational. The linear worldview is rooted in European and mainstream American thought. It is very temporal, and it is firmly rooted in the logic that says cause has to come before effect. In contrast, the relational worldview sees life as harmonious relationships where health is achieved by maintaining balance between the many interrelating factors in one’s circle of life. Understanding these worldviews and how they relate to Indian child welfare work can serve to enhance an ICW worker’s ability to meet his/her community’s needs.

Worldview is a term used to describe the collective thought process of a people or culture. Thoughts and ideas are organized into concepts. Concepts are organized into constructs and paradigms. Paradigms linked together build a worldview. This article will summarize both worldviews and show how family functioning can be understood from the relational view.

Linear Worldview

The linear worldview finds its roots in Western European and American thought. It is logical, time oriented and systematic, with cause and effect relationships at its core. To understand the world is to understand the linear cause and effect relationships between events.

In human services, workers are usually taught that if we can understand the causes of a problem, by taking a social history, then we will better know how to help. Interventions are targeted to the cause or symptom and the relationship between the intervention and the symptoms are measured. Yet, the linear view is narrow. It inhibits us from seeing the whole person. It is not good or bad. It simply is, and in the U.S. it is dominant. Indian child welfare workers need to be able to understand this thinking because they will encounter it in the mainstream system. Historically, however, Indian peoples have not used linear cause and effect thinking. Rather, the approach could be called a relational or cyclic view.

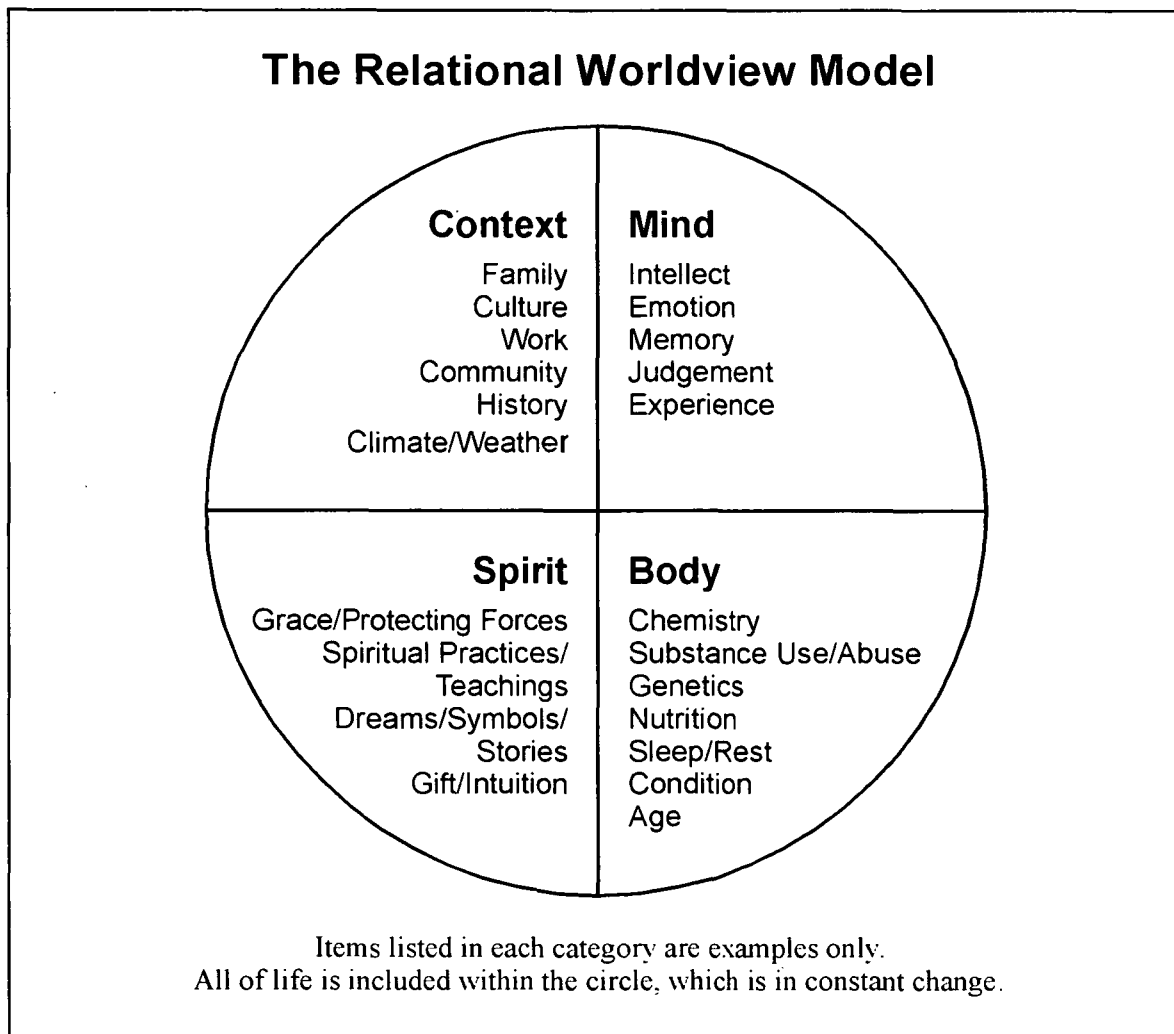


Relational Worldview

The relational worldview, sometimes called the cyclical worldview, finds its roots in tribal cultures. It is intuitive, non-time oriented and fluid. The balance and harmony in relationships between multiple variables including spiritual forces make up the core of the thought system. Every event is in relation to all other events regardless of time, space or physical existence. Health exists only when things are in balance or harmony.

In the relational worldview, helpers and healers are taught to understand problems through the balances and imbalances in the person's relational world. We are taught to see and accept complex (sometimes illogical) inter-relationships that can be influenced by entering the world of the client and manipulating the balance contextually, cognitively, emotionally, physically and/or spiritually.

Interventions need not be logically targeted to a particular symptom or cause, but rather are focused on bringing the person back into balance. Nothing in a person's existence can change without all other things being changed as well. Thus, an effective helper is one who gains understanding of the complex interdependent nature of life and learns how to use physical, psychological, contextual and spiritual forces to promote harmony.



A Relational Model

The relational world model for assessing family problems can be illustrated through a four-quadrant circle. The four quadrants represent four major forces or sets of factors that together must come into balance. They are the context, the mind, the body and the spirit. The mind includes our cognitive processes such as thoughts, memories, knowledge and emotional processes such as feelings, defenses and self-esteem. The body includes all physical aspects such as genetic inheritance, gender and condition as well as sleep, nutrition and substance use. The context includes culture, community, family, peers, work, school and social history. The spiritual area includes both positive and negative learned teachings and practices as well as positive and negative metaphysical or innate forces.

These four quadrants are in constant flux and change. We are not the same person at 4 p.m. that we were at 7 a.m. Our level of sleep is different, our nutrition is different and our context is likely different. Thus, behavior will be different, feeling will be different and what we think about will be different. The system is constantly balancing and re-balancing itself as we change thoughts, feelings, our physical state or our spiritual state. If we are able to stay in balance we are said to be healthy, but sometimes the balance is temporarily lost. We have the capacity as humans to keep our own balance for the most part, yet our different cultures provide many mechanisms to assist in this process. Spiritual teachings, social skills and norms, dietary rules and family roles are among the myriad of ways we culturally maintain our balance.

Death is an example of an event, which threatens harmony. When we lose a loved one we emotionally feel grief, physically we may cry, lose appetite or not sleep well. However, spiritually we have a learned positive response, a ritual, called a funeral. Usually such events are community events, so the context is changed. We bring in relatives, friends and supporters. In that context, we intellectualize about the dead person. We may recall and tell stories about him/her. We may intellectualize about death itself or be reminded of our cultural view of that experience. Physically we touch others, get hugs and handshakes, we eat and we shed tears.

These experiences are interdependent, playing off each other in multi-relational interactions which, if successful, allow us to resolve the grief by maintaining the balance. If we cannot, then in a Western sense we are said to have unresolved grief or, in some tribal cultures, to have a ghost sickness or to be bothered by a spirit. Different worldviews often use different conceptual language to describe the same phenomenon.

Family Assessment

When doing an assessment of an Indian family, the worker needs to look not only for linear cause and effect relationships to isolate the causal factors, but also ask, “What are the holistic and complex inter-relationships that have disrupted the balance in the family?” “What factors can come into harmony and allow a family to not only survive but to grow strong?” The nature of our strengths and challenges becomes evident as we examine families from the relational perspective.

First Quadrant: Context

The context within which Indian families function is one filled with strength-producing or harmonizing resources. Oppression, for all its damage to us, creates an environment where survival skills are developed and sharpened. We learn to have a sixth sense about where we are welcome and where we are not. We teach our children to recognize the subtle clues that

may spell danger. We sit with our children at the movies or in front of the TV and interpret, cushioning the assaults of the mainstream media. We learn how to cope with the dynamics of difference and pass our strategies on to our children.

The richness of our histories and heritage provide anchors which hold us to who we are. Our relations, relatives or kin often form systems of care that are interdependent and system reliant. Healthy interdependence is the core of the extended family. It does not foster dependence and does not stifle independence. Rather, it is a system in which everyone contributes in some way without expectation of reciprocity. I give my cousin a ride to the store and while at the store my cousin buys some items for our grandmother. Our grandmother is home watching my brother's children who are planning to wash my car when I return home. No one person is paying back another and yet the support and help keep cycling throughout the family.

The community provides additional influences. From church to social organizations to politics, we are all affected by the events in the world around us. Family resilience is supported by role models, community norms, church structures and the roles of elders and natural helpers or healers.

However, we struggle with negative forces in our environments: poverty, oppression, substance abuse, unemployment, crime, trauma or any of hundreds of negative influences. Together these enter into the balance of who we are and how we cope.

Second Quadrant: Mental

In the mental area, the Indian family is supported intellectually by self-talk and by the stories we hear about how others have managed. Sitting around the kitchen table or on the front steps we learn strategies for interacting with the world or how to use resources. In passing on our stories of our lives we pass on skills to our children and we parent for resiliency. We instill the values of relationships, of getting by, of not needing and hard work for little return. Storytelling is perhaps our greatest teaching resource for communicating identity, values and life skills. The stories also let us know who our people are and what they stand for, providing role models and subtle expectations.

Emotionally, we learn a variety of ego defenses which allow us to deal with overwhelming odds. Denial, splitting, disassociation and projection are each useful in their own way as mechanisms for surviving oppression. Functionality can only be understood in context. For example, many of our families know real pain and endure grief almost beyond the comprehension of middle America and yet they give back to their community. Because of oppression, substance abuse or poverty, many have learned not to need, not to feel and not to talk about it, yet they still help out at the church, at school or by giving sister a break from the kids. These are kindnesses that bring life—sustaining energy which flows from auntie's approving looks, from a child's laugh or from a pat on the back.

Other emotions rob people of their resources—rage, depression, anxiety, grief and jealousy, among others—and are likely to contribute to a lack of harmony. Our people have experienced generations of loss from which we are only now beginning to recover. This sense of loss and the inter-generational grief that is a part of it are strong elements affecting the balance of our families.

Third Quadrant: Physical

While for the individual we think of the physical area as concerning the body, in family it also means the family structure and roles. Kinship expressed in how we relate to our kin, how we act as a system and how we sustain each other will greatly influence the balance in our lives.

The role of fathers is part of the balance, one that can contribute strength to the family system whether the father is present in the home or not. In a recent study of American Indian families which looked at child neglect and the factors which either contributed to or helped prevent it, the role of fathers was found to be central. When the father was involved in the family, child neglect was much less likely to be present. The father did not have to be present in the home for the positive effect to be felt. He only had to remain a contributing member of the family and to maintain relationships with his children. Non-custodial dads take note: your continuing relationship with your children contributes to positive outcomes. Families are better able to be resilient if they include dads.

One thing that kin often do together is eat. Our special cultural or family foods, our use of foods to mark special occasions and our rituals around eating together are all central to the health of the family.

Fourth Quadrant: Spiritual

Spiritual influences in the family include both positive and negative learned practices. The positive practices are those we learn from various spiritual disciplines or teachers: faith, prayer, meditation, healing ceremonies or even positive thinking. They are the things we learn to do to bring about a positive spiritual outcome or to bring positive spiritual intervention. Negatively learned practices are things like curses or bad medicine. Even things like sin, promotion of chaos and perpetuation of confusion could be considered learned negative spiritual behaviors. These are things that people do to invoke negative spiritual outcomes or negative spiritual intervention.

Here, our teachings and the spiritual institutions play a great role. Usually there are learned positive practices meant to counter the negative practices in ourselves or from someone else. Often, what is considered positive in one person's faith is considered negative in another's, and the lines between the two become blurred by emotion. In Indian communities, the churches and/or traditional spiritual ways play a significant role in shaping the spiritual practices of the family.

In the relational worldview, human behavior is also influenced by spiritual forces beyond our own making. Luck, grace, helping spirits and angelic intervention are a few of the terms used to describe getting just the right help at just the right time. One does not have to believe in or practice any spiritual discipline to believe in or experience the phenomenon. Bad luck, bad spirits, ghosts, the devil and misfortune are a few of the terms used to describe things that bother people no matter what their spiritual practices. These forces are often turned back or controlled through prayer, rituals or ceremonies.

All Together

In the relational view the causal factors are considered together. It is the interdependence of the relationships with all factors taken at once that gives understanding of the behavior. It is the constant change and interplay between various forces that account for resilience. We can count on the system's natural tendency to seek harmony. We can promote resilience by contributing to the balance. Services need not be targeted to a specific set of symptoms but rather targeted toward restoration of balance. Family support services are an example of adding to the balance.

It is not, then, our extended family or church or survival skills or any other single factor that provides family harmony. It is the complex interplay between all of these factors. Getting in harmony and staying in harmony is the task.

Two Ways of Helping

In the Western European linear assessment, we are taught to *examine* a problem by splitting the factors into independent linear cause and effect relationships. This has value in the development of knowledge of each factor and does tend to give us specific interventions to try. However, such splitting tends to leave us with incomplete knowledge and services which fail to acknowledge the spirit. In the linear view, the person owns or is the problem. In the relational view, the problem is circumstantial and resides in the relationship between factors. The person is not said to have a problem but to be out of harmony. Once harmony is restored the problem is gone. In the linear model we are taught to treat the person, and in the relational model we are taught to treat the balance.

Today, the linear model dominates delivery of family services, yet almost half or more of all Indian clients hold a relational worldview. In Indian child welfare we have an opportunity to work within the relational worldview, to work with traditional methods of helping and healing that focus on the restoration of balance and harmony.

The medicine person, elder or spiritual teacher usually work in these ways. They may work in the realm of the mind with advice, counsel or with storytelling and dream work. They may work in the physical with herbs, fasting, sweat lodge or diet. They might work on the spiritual with ceremonies, healing rituals or by teaching. Always, they become part of the context of the person being helped and add to the balance with their presence and willingness to help.

It is important for ICW workers to honor their own cultures in any services which intervene, assess and attempt to help Indian families.

Blood Ties

By Linda Hodges

AMES, Iowa. If the Indian Child Welfare Act of 1978 had been law when my husband and I were ready to start our family, we could not have raised our son.

In 1969, we read an article in the *New York Times* about the need for permanent homes for American Indian children. We had a strong interest in Indian culture, so we specifically requested an Indian baby.

When we learned that the Arizona Department of Public Welfare had approved us for a 4-month-old Apache boy, we checked the circumstances. His mother was 22, unmarried, an alcoholic and had two older children.

We didn't think to ask whether she had an extended family that could raise him.

The Indian Child Welfare Act all but ended adoptions like ours.

Under the law, when an Indian mother relinquishes her child, "in the absence of good cause to the contrary," her extended family receives special preference for adoption, followed by other members of her tribe, then by other Indian groups. If her tribe opposed it, she couldn't relinquish her child to a white family.

State courts, however, have differed in their interpretation of "good cause to the contrary." There have been instances where placing a child in a Caucasian home has been in itself considered "good cause."

Congress is debating whether to weaken or to strengthen the Indian Child Welfare Act. In May, the House passed the Adoption Promotion and Stability Act, intended to make adoption more affordable and to ease all interracial adoptions. Indian rights groups opposed a provision of the bill that would have weakened the Indian Child Welfare Act: the amendment would have limited tribal jurisdiction to those Indian children whose biological parents had significant social, cultural or political ties to the tribe.

In the Senate, the Committee on Indian Affairs scrapped the provision.

On Tuesday, Senator John McCain of Arizona introduced a substitute bill, supported by Indian tribes and adoption lawyers, that insures that tribes will be informed when any Indian child is placed for adoption though it limits the time they have to respond.

Though it may sound odd, I'm happy that the Senate version is the one likely to prevail, because my son's recent reunion with his birth family convinces me that its approach is better.

Like many adopted children, Andrew wanted to learn about his origins. Last May, at age 26, he met his birth family for the first time. The photos he brought back from the reservation show a world far different from the quiet Midwestern university town where he was raised: brush-covered hills dotted with ancient saguaro cactus, modest homes whose front yards are filled with worn-out cars, women wearing traditional dresses preparing traditional foods.

Andrew learned that both his parents died years ago in alcohol-related incidents, but he found a brother, grandmother, great-grandmother and dozens of aunts, uncles and cousins. They gave him a welcome home party and showered him with gifts. He felt comfortable with them. Only the language they usually spoke set him apart. He enrolled in the tribe, is thinking of moving to the reservation and wants to be buried in the cemetery where his birth parents rest.

He learned that his family never wanted his mother to sign him away. He was told that her decision to relinquish two of her three children for placement in non-Indian homes caused such a rift with her family that, while under the influence of alcohol, she took an overdose of sleeping pills and died. The family never stopped searching for the missing children.

Although Andrew grew up happy in our home, the positive change in my son once he touched his roots, and the ease with which he entered the lives of his large family, makes me think that the pull of the ingrained cultural memory is stronger than even the most loving adoptive bonds.

Before lawmakers encourage adoptions of Indian children by non-Indian families, before they remove tribal jurisdiction over child custody proceedings, before state courts interpret "good cause" as economic superiority, they need to acknowledge the strength of the biological and cultural ties that Indian tribes can offer their own children.

Linda Hodges is a food and travel writer. This article first appeared in the *New York Times* Op-Ed Section, July 19, 1996. Used with permission.

Cultural Differences

By Lailan Young

An excerpt from *The Naked Face*

If you are French or Scottish and you pat the head of a neighbor's son, you are making a friendly gesture and probably have a satisfactory relationship with the people living next door.

If you were to pat the head of a child, teenager, or anyone at all in Thailand, your gesture would be taken as an insult, degrading to the other person and causing him/her to lose face.

Every year millions of people travel to a foreign country on business, to visit relatives and friends, or for their vacations. All of us make mistakes, putting our foot into it because we are not aware of cultural differences and local attitudes or practices.

Many embarrassing errors and dreadful *faux pas* inadvertently committed by travelers abroad concern the face. Since no one likes to lose face, or to be insulted to their face, there now follows a selection of facial gestures and an explanation of their significance in various parts of the world. Although the list is not a complete one, it could be useful to anyone planning visits to the countries included in this selection.

Head & Face...	Pat the head of someone; tousle someone's hair	A friendly gesture	Western countries
		To insult or degrade someone	Thailand, Burma, Fiji, Indonesia, Singapore
	Hit one's forehead with an open palm	Exasperation	Western countries
	Rock the head gently side to side	"Yes, I'm listening"	India, Bangladesh
	Nod the head up and down	To indicate "yes"	Most countries
		To indicate "no"	Iran and most of Greece, India and Bangladesh
	Shake the head side to side	To indicate "yes"	Bulgaria, Serbia, Turkey, Sri Lanka
	Chin flick; brush the backs of the fingers under the chin then outward	"I don't know the answer"	Argentina, Portugal, Brazil
		To signal impatience or disgust	Italy
		"Go away! You're a pest"	France

Head & Face...

Jerk the chin up	To indicate "no"	Turkey, Greece, Ghana, Malta, North Africa, southern Italy
	To indicate "yes"	India
	"Come here, I've something to tell you"	Australia, Scandinavia, Germany
	"I've forgotten"	Paraguay
Nod the head backwards while clicking the tongue	To indicate "no"	Saudi Arabia, Abu Dhabi, Dubai, Yemen, Somalia, northern Egypt, Tunisia, Bulgaria
Tap the forehead near the temple	To indicate that someone is very intelligent, or has a lot of common sense	Western Europe; English-speaking countries
	"I'm thinking about it" and "leave it to me"	South America; English-speaking countries
Rotate the index finger against the temple or pulse points	"He/she is crazy!" "A screw is loose"	Bulgaria; English-speaking countries
Rotate index finger into the cheek	To signal admiration; for example, when a beautiful girl walks past	Italy
	"That's crazy"	Germany
Tap the middle of one's forehead	"He/she is crazy!"	Holland, South Africa, parts of Indonesia

Mouth....	Stick out the tongue	To mock or deride someone	English-speaking countries
		An involuntary sign of concentration	Universal
		To greet a friend	Tibet
	Giggle	Amusement	Universal
		Sexual frustration	Universal
		Embarrassment; women often cover their mouths with the hand or a piece of clothing when they giggle	China, Taiwan, Japan, Hong Kong, Malaysia, India, Bangladesh, Tibet, Nepal, Philippines, Singapore, Pakistan
	Slowly lick the lips	Sexual invitation	Widespread
		"I'm hungry" (for food)	English-speaking countries
	Blow on an imaginary flute	To signal that someone is too talkative or boring	France
	Cover the mouth with a white gauze mask	In a hospital operating theater	Nearly universal
		Fear of air pollution	China, cyclists in Western countries
		To prevent passing germs to others	Japan
	Spitting	To insult someone by spitting in their face or in the general direction of the body	Nearly universal
		A natural way of expelling body waste by spitting on floors, pavements, or into spittoons located in public places	China
	Cover the mouth with the hand	To politely cover a yawn	Widespread
Because it is rude to display an open mouth; for example, cover the mouth when laughing or using a toothpick		Women in China, Japan, Indonesia, Thailand, Korea, Burma	
Against eating in the street	Vulgar	France, Poland	
Against using fingers to eat	Unnecessary, vulgar	France, Japan, Bolivia	
Purse the lips and point with the mouth at an object	Because it is rude to point with the finger	Philippines	

Eyes...

Do not stare at others	Because it is rude	Australia, Britain, Ireland, New Zealand, Thailand, Japan, Korea, Western Europe, North America, Zimbabwe
Stare at someone	The only way to find out something	China, Taiwan, Pakistan, Saudi Arabia
Avoid eye contact	As a general practice	Africa, Caribbean
	As a gesture of respect or deference	Britain, North America, Japan, South Africa, Ghana
	By women in order to avoid a suggestion of romantic interest, if men are present	Zambia, Columbia, Mali, Turkey and Moslem countries
	Embarrassment	England
Winking	"I'm in the know" and "We share a secret"	North America, Ireland, Australia, New Zealand, Western Europe
	Impolite gesture	Hong Kong
	Flirtatious signal	Western countries
	"I'm not serious, I'm kidding"	North America, Australia, Britain
Touch the outer corner of the eye	"I know what you're up to" "You can't fool me"	France, Britain
	"Take care, be alert"	Italy
	Expression of disappointment	Croatia, Bosnia, Serbia, Albania
Remove sunglasses when entering a home or if speaking to someone	Because it is impolite to look at someone with "dark eyes"	Indonesia, South Korea, Japan
Quick jerky movements behind closed eyelids	Dreaming	Universal

Nose....	Tap the nose	"I know, but don't tell anyone"	Britain
		"Look out! Take care!"	Italy
	Wrinkle the nose	If there is a bad smell	Western countries
		Expression of disgust	Western countries
	Thumb the nose	To insult, mock or jeer at another	Nearly universal
	Pinch the nose	If there is a bad smell	Nearly universal
		If a scheme, project or product is seen as a failure	North America, Britain, Australia, New Zealand
		An insulting gesture	Tunisia
	Make a circle with thumb and index finger and put it over the nose	To indicate that someone is drunk	France
	Push the nose up with the index and middle finger	It's so easy that I can do it with the fingers stuck up my nose	France
Blow one's nose	To clear it	Widespread	
	Only in private, never in public because it's considered rude	Korea, Japan	
	Never at the dinner table because it is rude	Malaysia	

Ears....	Flick or touch the earlobe	To signal that another person is effeminate	Italy
	Tug or squeeze at one's own earlobe	Apologize to superiors for an error; for example breaking a glass object	India
		Submission; for example, younger brother to older brother	India
		As self punishment for a misdemeanor; for example, a child speaks out of turn in the school classroom	India
		To express appreciation	Brazil
	The index finger makes circular motions around the ear	To signal that someone or something is crazy or stupid	North America
		To signal to someone "you're wanted on the telephone"	South America, Holland, South Africa
	Cup an ear with one hand	"I can't hear you"	Nearly universal

This is as good a moment as any to give advice to anyone who is planning to do business in Asian countries, in particular Thailand, China and Japan. Never show or express anger by raising your voice or displaying it on your face. Quiet explanation or discussion of a problem will probably induce the company's representative to sign the contract and do business with you, but any shouts, swearing or cursing will fall on deaf ears. If you display anger in these countries, you will lose face, not the man or woman who is the target of your temper. The same rules apply to tourists: if you shout or lose your temper the hotel employee will not cooperate, and then you will feel murderous.

The Naked Face: The Essential Guide to Reading Faces, by Lailan Young, St. Martin's Press, June 1994.

Young has assembled the latest psychological and physiological information into a guide that's designed to show readers exactly what a person is like from his/her facial characteristics. Includes over 200 illustrations and eight pages of photos.

Examples of Folk Medicine in Southeast Asia (Vietnam, Cambodia, Laos)

By Thu-Van Nguyen

Courtesy of the Cross Cultural Health Care Program, Seattle, WA.

PRACTICES	KNOWN AS	TREATMENT FOR	MATERIALS	HOW TREATMENT IS DONE
1. "Scratching the wind," "rubbing out the wind," "coining" or "expelling the wind"	<ul style="list-style-type: none"> • <i>Cao gio</i> (V) • <i>Khoot Lom</i> (L) • <i>Kosh Kchoi</i> (C) 	Headache, colds, pain, muscle ache, nausea and vomiting	<ul style="list-style-type: none"> • A coin or boat spoon • Menthol balm • Wintergreen or other oils 	The back, stomach or inner arms are rubbed vigorously with the edge of a coin in a downward stroke.
2. "Fingering" or "pinching"	<ul style="list-style-type: none"> • <i>Giut, Bat gio</i> (V) • <i>Chap kchoi</i> (C) 	Expel the "bad wind," headache, pain, dizziness	<ul style="list-style-type: none"> • Index finger • Tiger balm 	The skin on the forehead, neck or arms is pinched between the thumb and index finger to the point of producing an abrasion.
3. Cutting	<ul style="list-style-type: none"> • <i>Cat le</i> (V) • Not popular in Laos and Cambodia 	Pain, muscle ache	<ul style="list-style-type: none"> • Pins, needles or pieces of broken crystal • Cotton ball • 90% alcohol solution or Vietnamese folk liquor 	<ul style="list-style-type: none"> • The skin of the sore spots or focal points that are related to the illness is pierced with the sterilized needles. • The bad blood is squeezed to relieve the malady. • This is usually done by a skilled practitioner.
4. Burning	<ul style="list-style-type: none"> • <i>Ouch</i> (C) 	Abdominal pain	<ul style="list-style-type: none"> • Incense 	The abdominal area is quickly touched with incense.
5. "Cupping," vacuum sucking cup	<ul style="list-style-type: none"> • <i>Giac hoi</i> (V) • <i>Keo dood loom</i> (L) • <i>Boun Kchoi</i> (C) 	Muscle pain of the chest and back; general discomfort	<ul style="list-style-type: none"> • Vacuum cups/ "venthouses" (inherited from the French) • 90% alcohol solution and cotton ball • Forceps and matches 	<ul style="list-style-type: none"> • Soak the cotton ball wrapped around the tip of the forceps or a wire in alcohol and light the cotton ball with match. • Run the burning cotton ball all over the inside of the cup quickly and press the cup firmly upon the afflicted areas creating a vacuum or suction. The cup will stick to the skin for a few seconds until the exhausted air pressure is restored. The cup will leave a red-purple circle burn and bruised mark when removed. • The severity of the illness can be determined by the severity of the mark left on the skin.
6. Medicated tape or adhesive plaster	<ul style="list-style-type: none"> • <i>Thuoc dan salonpas</i> (V) 	Headache and muscle pain	<ul style="list-style-type: none"> • Ready-made tape 	Apply to the forehead or neck.
7. Stimulating and vigorous massage	<ul style="list-style-type: none"> • <i>Dam bop</i> (V) • <i>Kourk</i> (C) 	Body ache and stiffness	<ul style="list-style-type: none"> • Hand fist 	Use hand fist and strength to pound on the aching areas.

Vietnam (V), Cambodia (C), Laos (L)

To Separate Fact from Fiction

Contrary to widespread erroneous belief, contrary to widespread negative stereotyping, and contrary to regrettable practices in some Islamic societies where anti-Islamic culture traditions have won over Islamic teachings and where women are subdued (and men even more so), this information has been written with the objective of briefing you on the true Islamic teachings regarding women laid down by the Quran and prophet Mohammad over 14 centuries ago.

- ✓ Islam declared women and men equal.
- ✓ Islam condemned pre-Islamic practices degrading and oppressing women.
- ✓ The same injunctions and prohibitions of Islam equally apply to both sexes.
- ✓ Islam gave women the right of inheritance and the right of individual independent ownership unhampered by father, husband, brother, son or anyone else.
- ✓ Islam gave women the right to accept or reject a marriage proposal free from pressure, and by mutual agreement to specify in the marriage contract that she has the right to divorce (if she misses that option she has the right to seek court divorce if she deems the marriage to have failed beyond repair).
- ✓ Islam does not require a woman to change her name at marriage.
- ✓ Islam protects the family and condemns the betrayal of marital fidelity. It recognizes only one type of family: husband and wife united by authentic marriage contract.
- ✓ *“Heaven is at the feet of mothers,”* is a basic Islamic teaching.
- ✓ *“The best of you are the kindest to their wives and I am your best to mine,”* is a teaching by prophet Mohammad.
- ✓ Islam enjoins sound morality in thinking, behavior and appearance. Dress fashions and social patterns that reduce woman to a sex object and exploit her as such are not acceptable to Islam.
- ✓ The observance of chastity and moral standards is equally demanded by Islam from both men and women. *“Women are the siblings of men,”* is a saying of prophet Mohammad.

Published by Islamic Center of Southern California. For more information, please contact: Islamic Center of Southern California, 434 S. Vermont Avenue, Los Angeles, CA 90020, (213) 382-9200.

Heterosexual Privilege

By Linda Ketner

In 1989, Peggy McIntosh wrote an article, “White Privilege,” dealing with the unacknowledged privileges of being white. Her view was that among Caucasians, there were many special and unearned assets that accrued because of their skin color—assets that could be counted on each day, but about which white people remained largely oblivious.

Her premise intrigued me and I began thinking about heterosexuals and the many unearned assets and advantages accorded them based on their sexual orientation. Having “passed” for heterosexual for many years before “coming out,” I knew firsthand.

Heterosexual privilege, like white privilege, seems to operate largely unconsciously, with no malice. There are everyday ways in which heterosexual people enjoy unearned privilege without even recognizing their advantages.

Below you’ll find an abbreviated list of some daily effects of heterosexual privilege—advantages that attach somewhat more to sexual orientation than to skin color, class, religion, or geographical location.

If I Am a Heterosexual...

1. I can go into a music store and find the language of my sexual orientation represented in the lyrics.
2. Television and movies reflect my relationships in widely diverse and nonstereotypical ways.
3. My children are given texts and information at school that validates my sexual orientation.
4. Society encourages me to marry and celebrates my commitment.
5. As a responsible and loving parent, I won’t lose my children in a custody battle because of my sexual orientation.
6. I can easily buy postcards, books, greeting cards, and magazines featuring relationships like mine.
7. I don’t have to worry about being fired or denied housing because of my sexual orientation.
8. I can be sure that if my spouse is in the hospital and incapacitated, I can visit and will be consulted about any decisions that need to be made.
9. Insurance provided by my employer covers my spouse and children.
10. Hand-holding with my love is seen as acceptable and endearing.
11. I can serve my country in the military without lying or keeping silent about my family.
12. I can keep pictures of my loved one on my desk at work without fear of reprisal.
13. I will receive all of my deceased spouse’s estate, tax-free.
14. I never need to change pronouns when describing the events of my life in order to protect my job, my family, or my friendships.

15. If I'm a teenager, I can enjoy dating, first loves, and all the social approval of learning to love appropriately.
16. If I'm called to work with children or to serve God (in most denominations), I don't have to violate my integrity and lie in order to keep my job.
17. As a responsible and loving adult, I can adopt without lying about my sexual orientation.
18. I feel welcomed and accepted in my church.
19. I can be certain that my children won't be harassed because of my sexual orientation.
20. I can count on a community of friends, strangers, and institutions to celebrate my love and my family, mourn my losses, and support my relationships.

Certainly, none of the "privileges" listed for heterosexuals should be denied to the holders. Expectations that neighbors will be decent to you and that your sexual orientation will not cost you your job, your children, or your life should be the norm in any principled society.

Having spent a great deal of my life fighting for the rights of other groups, in 1994, I "came out" as a lesbian and began advocating for the rights of "my" group. Coming out is an important part of the process of eliminating heterosexual privilege, because typically there is a complicity of silence between gay people and straight friends, coworkers, or family. Some know that we're gay, but we tacitly agree not to talk about it. As more of us begin to tell the truth of discrimination and let people see inside our lives, hopefully the response will not be sympathy, but new allies in our struggle for social justice and civil rights.

I believe that most heterosexuals would not choose to be entitled, but they are simply unaware of the preferential treatment they receive and the more than one thousand discriminatory laws that are aimed at homosexuals. Bringing the injustices to consciousness is the first step in correcting these violations of core American values. What will you do with such knowledge? What personal acts of courage are you willing to commit in the name of justice?

Linda Ketner is President of Alliance for Full Acceptance, a nonprofit organization of gay and straight South Carolinians working to eliminate prejudice and achieve full civil rights and social justice for gay, lesbian, bisexual, and transgender people.

The Relationship of Sexism to Other Forms of Oppression

	PEOPLE OF COLOR	OLD PEOPLE & CHILDREN	POOR PEOPLE	LESBIANS & GAYS	JEWISH PEOPLE	WOMEN
Isolation	Redlining. Lack of police protections and social service response.	High rises become ghettos. Separate medical care.	Housing projects. No access to transportation, childcare.	Forced to stay closeted. Some neighborhoods unsafe.	Excluded from clubs and communities. Quota systems defined which jobs were allowed.	Need a man for protection. Women out alone are whores.
Emotional Abuse	Racist language. Called "lazy." Whites deny worth of other cultures. Ridicule other language.	Ignored. Ideas not listened to. Talked about while present as if they weren't in room. Patronized.	Blamed for their poverty. Considered lazy.	Viewed as sexual pervers. Public taunting.	Stereotyped. Anti-Semitic remarks.	Called names. Treated as sex objects. Called dumb.
Economic Abuse	Last hired. Poor paying jobs. First laid off.	Low priority for government funding. Mail fraud schemes aimed at old people.	Welfare regulations keep people down. Use fact that they need money to invade their lives.	Discrimination in employment.	Corporate environment is anti-Jewish.	Low paying jobs, paid less than a man for the same job.
Sexual Abuse	Pornography racist. No protection from rape. Seen as sex machines.	High incidence in care facilities for old and young. Children exploited in pornography, incest.	Less police protection.	Accused of child molestation. Ridiculed as not being "real" men or women.	Male attitudes toward Jewish girls as prime to be used sexually.	Rape, incest, marital rape, pornography.
Privilege of Status	Access to school and job. Assumption that white culture is only one that exists.	Non-income producing, thus, non-productive, thus, not part of the mainstream.	Middle-class values seen as most valid and important.	Heterosexuality is openly displayed; considered flaunting by gays.	Non-recognition of Jewish holidays; assumption of Christianity.	Subservient to men. Bible used as a tool to keep women in their place.
Threats	Police brutality.	Threat of violence. Complaints not taken seriously.	Social workers threaten to terminate benefits.	Police harassment.	Swastikas painted on synagogues.	Threats of harm.
Using Children	Less investigation needed to terminate parental rights.		Welfare threatens to take children to gain compliance.	Taken away in custody battles.		Economic security bargained away in exchange for custody in divorce.
Intimidation	Police stops and checks. More arrests.	Elderly fear being out at night. Easy targets.	Court system works differently for those who can't afford attorneys.	Homophobia rarely challenged publicly. AIDS seen as homosexual disease.		Police don't protect women.
Violence	Genocide, lynching, "Trail of Tears," police brutality.	Spanking. Sexually abusing kids. Mugging elders.	Hospitals won't admit critically ill. Slum buildings burn, killing people.	Gay bashing. Gay killings.	Burn Synagogues. Denial of Holocaust. "Night of Broken Glass."	Battering, rape.

From the manual *In Our Best Interest: A Process for Personal and Social Change*. Available through Domestic Abuse Intervention Project, 202 East Superior St., Duluth, MN 55802.



Annotated Bibliography of Books for Increasing Cultural Sensitivity

Bell, Derrick

Faces at the Bottom of the Well: The Permanence of Racism

New York, NY: Basic Books (1992)

Derrick Bell is a law professor at Harvard School of Law. He writes about racism using short fiction as his medium. He is able to create discussions about issues of racism in a way that is entertaining and thought-provoking at the same time.

Derman-Sparks, Louise & Phillips, Carol B.

Teaching/Learning Anti-Racism: A Developmental Approach

New York, NY: Teachers College Press (1997)

This book is an excellent combination of information that will assist the reader not only in his/her own personal learning and journey, but also to better understand the issues of racism. In addition to offering practical applications for teaching, the authors include an outline and description of their class as well as responses from their students over the years.

Hacker, Andrew

Two Nations: Black and White, Separate, Hostile, Unequal

New York: Charles Scribner's Sons (1992)

This book describes the realities of the experiences of the races in American society. Andrew Hacker, a professor of political science at Queens College, New York, provides an informative and provocative look at the issues of race and class in America. This is a good book to help develop a clearer perspective on where we stand as a nation.

Lazarre, Jane

Beyond the Whiteness of Whiteness: Memoir of a White Mother of Black Sons

Durham: Duke University Press (1997)

Jane Lazarre is on the faculty of Writing and Literature at Eugene Lang College, at the New School for Social Research in New York. This background is clearly evident in the quality of her writing in this book. She is a Jewish woman who married an African American man, and together they raised two sons. It is the experience of seeing American society as it relates to her sons and what she learned about white privilege that makes this a very important book. This book is recommended as an important component in increasing one's knowledge about racism and sexism in America.

Mazel, Ella

“And Don’t Call Me a Racist!” A Treasury of Quotes on the Past, Present, and Future of the Color Line in America

Lexington, MA: Argonaut Press (1998)

This book is available without charge to nonprofit organizations for educational purposes. Telephone: 781-674-2056. Fax: 781-674-2059.

Rutstein, Nathan

Racism: Unraveling the Fear

Washington, DC: The Global Classroom (1997)

This book is a frank discussion about the issues of racism and the barriers that exist to our ability to ameliorate it in our society. It is recommended for those looking for additional perspectives as they continue on their personal journeys.

Compiled by Joan Jenkins, Executive Director CIP/Connecticut CASA.

Websites with Relevant Information for CASA/GAL Volunteer Work

CHILD WELFARE

Administration for Children & Families (ACF)

This site provides online fact sheets that describe ACF-funded activities, projects, shelters, resource centers, community/school-based programs, Head Start, welfare reform, and much more. www.acf.dhhs.gov/programs/opa/facts/

Administration for Children & Families (ACF)—Children’s Bureau

Part of the Department of Health and Human Services, the ACF Children’s Bureau provides federal reports on child maltreatment, current initiatives, and special events. www.acf.dhhs.gov/programs/cb/

American Humane Association

American Humane Association is a network of individuals and organizations working to prevent cruelty, abuse, neglect, and exploitation of children and animals and to assure that their interests and well-being are fully, effectively, and humanely guaranteed by an aware and caring society. www.americanhumane.org

American Professional Society on the Abuse of Children (APSAC)

APSAC works to ensure that everyone affected by child maltreatment receives a professional response by providing scholarly and clinical materials. This site includes information on state chapters, legislation, and additional resources. www.apsac.org

Child Abuse Prevention Network

This site is for professionals in the field of child abuse and neglect. Child maltreatment, physical abuse, psychological maltreatment, neglect, sexual abuse, and emotional abuse and neglect are their key areas of concern. They provide unique and powerful tools for all workers to support the identification, investigation, treatment, adjudication, and prevention of child abuse and neglect. <http://child.cornell.edu>

Child Trauma Academy—CIVITAS Child Trauma Programs

Central to the Child Trauma Academy is its mission to improve the systems that educate, nurture, protect, and enrich children. Current research projects, training activities, publications, and progress reports are included in this site. www.childtrauma.org

Child Welfare League of America (CWLA)

CWLA is an association of public and private nonprofit agencies that assist abused and neglected children and families through a wide range of services. The site offers information on their programs, publications, and upcoming conferences and trainings. www.cwla.org

Institute for Children

The Institute for Children is a foster care and adoption think tank that would like to reshape foster care and adoption in America so that every child will have the chance to grow up in a permanent, loving family. Their site includes findings of individual states and information about legislation. www.forchildren.org

Kempe Center

This site was designed to provide a clinically based resource for training, consultation, program development and evaluation, and research regarding all forms of child abuse and neglect. The center is committed to multidisciplinary approaches to improving the recognition, treatment, and prevention of all forms of abuse and neglect. www.kempecenter.org

Missing & Exploited Children's Training Programs

The Missing and Exploited Children's Training Programs serve law enforcement, social workers, prosecutors, judges, probation officers, and elected officials. Courses are offered on many topics, including child abuse and exploitation investigative techniques; child abuse and exploitation team investigative process; child sexual exploitation; and responding to reports of missing and abducted children. www.foxvalley.tec.wi.us/ojdp

National Center for Missing & Exploited Children

The National Center for Missing and Exploited Children website offers success stories, educational resources, and current events. The "About Us" section has a list of topics varying from child pornography to services for law enforcement. www.missingkids.org

National Children's Advocacy Center

This agency provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach. www.ncac-hsv.org

National Clearinghouse for Child Abuse & Neglect (NCCAN)

NCCAN is a national resource for professionals seeking information on child maltreatment, all aspects of child abuse and neglect, prevention identification, treatment of child abuse, and other child welfare issues. Their excellent website provides informational databases, links, and current highlights. www.calib.com/nccanch/

National Sex Offender Registry

Child Awareness Services opened this website of accessible links to individual states' searchable databases of registered sex offenders in the United States and other select countries. www.sexoffender.com

Prevent Child Abuse (PCA)

PCA is a nationally recognized organization for the prevention of child abuse through media, training, and technical assistance. The site has several links/resources, along with child abuse facts and special events. www.preventchildabuse.org

Disability Resources

Children with Disabilities

Written for families, care-providers, and interested individuals, this site is a good resource for information about advocacy, education, employment, health, housing, recreation, technical assistance, and transportation for children who have developmental, physical, and emotional disabilities. www.childrenwithdisabilities.ncjrs.org

Internet Resource for Special Children

The IRSC website provides information relating to the needs of children with disabilities on a global basis in order to provide valuable information for parents, family members, caregivers, friends, educators, and medical professionals who interact with children who have disabilities. This page has an extensive set of links to information on different disabilities, health issues, legal issues, and general information. www.irsc.org/disability.htm

National Network for Child Care

Written by a developmental psychologist, this website provides information about children with disabilities and offers tips on how to care for children with disabilities.

www.nncc.org/diversity/spec.ADA.html

Special Child

This site is written for parents and caregivers of children with special needs, and contains real life stories and legal cases regarding children with special needs. There is also a bulletin board available for people to engage in conversation about children with disabilities. www.specialchild.com

Domestic Violence

Family Violence Prevention Fund (FVPF)

FVPF is a national nonprofit organization that focuses on domestic violence education, prevention, and public policy reform. This site includes fact sheets on the effects of domestic violence on children, full text articles, and other relevant links. www.endabuse.org

The Minnesota Center Against Violence & Abuse (MINCAVA)

MINCAVA operates an electronic clearinghouse that provides scholarly papers on battered spouses and their children, a searchable database on the link between child maltreatment and woman battering, and links to additional resources. www.mincava.umn.edu

Violence Against Women Resources

This site includes documents that address provisions of the Violence Against Women Act; issues related to child custody and protection; the overlap between child maltreatment and abuse of women; and child witnesses of domestic violence. www.vaw.umn.edu

Medical/Psychological

American Academy of Child & Adolescent Psychiatry

The American Academy of Child and Adolescent Psychiatry works to assist parents and families in understanding developmental, behavioral, emotional, and mental disorders affecting children and adolescents. The website includes journal information, facts, resources, and information on legislation. www.aacap.org

American Academy of Pediatrics (AAP)

AAP offers materials for professionals working in the field of child abuse, including policy statements, a program on the visual diagnosis of child physical abuse, and resources for prevention, recognition, and treatment. www.aap.org

The Arc

This organization is devoted to advocacy for all people with disabilities, originally focused on mental retardation. The site includes topics such as the Americans with Disabilities Act, managed care, fetal alcohol syndrome, and the human genome project. www.thearc.org

The Barr-Harris Children's Grief Center

The center offers help for children facing the pain of death, divorce, separation, or abandonment, and provides a list of books/links for school professionals, parents, and advocates who deal with children's grief. www.barrharris.org

Fetal Alcohol Syndrome (FAS)

This site provides information on fetal alcohol syndrome, fetal alcohol effects, and alcohol-related birth defects, as well as information on prevention methods and teaching students with these problems. <http://fasalaska.com>

I Am Your Child

The “I Am Your Child” campaign has involved the nation’s leading experts in early childhood and neurodevelopment in an ongoing effort to educate families, professionals, and policymakers about the crucial role of early childhood in creating healthy children. This site has a wealth of information about early childhood and brain development. www.iamyourchild.org

Internet Mental Health

This site contains links for common disorders, organizations, search engines, and medical sites. www.mentalhealth.com

National Alliance for the Mentally Ill

This organization provides resources to improve the lives of people with mental illnesses and their families. Legal issues, medical information, and many other fact sheets are included in the website. www.nami.org

The National Center for Post-Traumatic Stress Disorder

This program of the U.S. Department of Veterans Affairs offers a broad range of activities, including research, training, and public information. The site includes an index of worldwide literature on PTSD. www.ncptsd.org/facts/

Online Medical Dictionary

This resource allows you to search for information on any medical term through a wide search and can also link you to a multilingual dictionary and a drug database. www.medterms.com

Trauma Information Pages

Dr. David Baldwin’s Trauma Pages focus primarily on emotional trauma and traumatic stress, including post-traumatic stress disorder, whether following individual traumatic experience(s) or a large-scale disaster. The site includes information on trauma resources, bookstore, articles, and links. www.trauma-pages.com

School Issues

Children and Adults with Attention Deficit Disorder (CHADD)

CHADD works to improve the lives of people with attention-deficit/hyperactivity disorder through education, advocacy, and support. Their site offers great information on ADD and disability issues in the legislature. www.chadd.org

Learning Disability Resource Guide

An interactive learning disability resource guide for parents, teachers, and students, this site provides a wealth of recent articles and legislation. www.ldonline.org

Substance Abuse

Addiction Links Page (Directory)

This comprehensive site provides links to virtually every relevant topic on substance abuse, as well as links to fact sheets and statistics. www.drugnet.net/metaview.htm#general

Bridge to Understanding

This is the most complete resource on the web for information about programs, facilities, and schools helping young people who are not meeting expectations due to emotional, behavioral, or addiction problems. www.bridgetounderstanding.com

Center for Substance Abuse Treatment

This site includes new forms of treatment, general information, and publications, and offers a link to area professionals. www.samhsa.gov

Center on Addiction & Substance Abuse

Topics on this site include the economic and social costs of substance abuse and its impact on lives; what works in prevention, treatment, and law enforcement; individual and institutional responsibility for combating substance abuse and addiction; the tools helpers need to succeed; and the goal of removing the stigma of abuse and replacing shame and despair with hope. www.casacolumbia.org

National Association of Children of Alcoholics

The mission of NACA is to advocate for all children and families affected by alcoholism and other drug dependencies. This mission drives all of their programs and materials to help children of alcoholics. www.health.org/nacoa/

National Clearinghouse for Alcohol & Drug Information

This site includes the latest research, facts and figures, upcoming conferences, an online catalog of materials, and other links. www.health.org

Other Issues

Adolescence Directory Online (ADOL)

This electronic guide provides information regarding adolescent issues and secondary education, including mental health risk factors for adolescents. www.education.indiana.edu/cas/adol/mental.html

Connect for Kids

Connect for Kids is a virtual encyclopedia of information for adults who want to make communities a better place for kids. Most topics include information on substance abuse, schools, and media issues. www.connectforkids.org

Facts for Families

Facts for Families offers information for parents and families on issues affecting children and adolescents, such as depression, teen suicide, step-family problems, and child sexual abuse. www.aacap.org/info_families/index.htm

Juvenile Firesetting Intervention Resource Site

The goal of this site is to prevent youth fire tragedy through education, intervention, and mental health support, and to facilitate the exchange of information on the topic of youth firesetting. www.sosfires.com

KidSource Online

This information service for parents and educators who focus on health, education, and recreation includes useful books, articles on learning disabilities, and links. www.kidsource.com

National Association of Social Workers (NASW)

NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. www.naswdc.org

Youth & Family Directory

Search this directory to find youth and family programs and services in your own neighborhood and nationwide. www.youthtreeusa.com

CULTURAL INFORMATION

Appalachian Focus

Appalachian Focus is a nonprofit organization intent upon involving those persons most immediately and directly impacted by the problems of Central Appalachia in defining the cause of the problems, identifying barriers to solutions to the problems, and designing actions to solve the problems. It offers a great series of articles that analyze in detail the problems of the area. www.appalachianfocus.org

Biracial Identity

This website provides legal definitions of biracial individuals, testimonies, fact sheets and statistics on biracial families, and information on children's school issues. www.geocities.com/Athens/Oracle/1103

Center for the Study of Biracial Children

The Center for the Study of Biracial Children produces and disseminates materials for and about interracial families and biracial children. The center provides advocacy, training, and consulting. Its primary mission is to advocate for the rights of interracial families, biracial children, and multiracial people. www.csbc.cncfamily.com

Cultural Competence Website

This site contains information, resources, and links to other sites, provided by the Center for Effective Collaboration and Practice. www.air.org/cecp/cultural

Culture Resources: Middle Eastern American

This site is a part of Central Michigan University's website and offers many links for understanding and learning about Middle Eastern American culture, including cultural information about Iranians, Arabs, Jews, Persians, etc. www.malt.cmich.edu/eslcorr_meresc.htm

Interracial Voice

This site includes information and resources on interracial people. Included are poets' writing samples, relationship forums, discrimination information, and information on building diversity. www.webcom.com/~intvoice/add_site.html

Peace Corps: Culture Matters Workbook

This cross-cultural workbook is fully accessible from the Internet and was designed for Peace Corps volunteers, but provides an excellent resource for cross-cultural awareness in America as well as learning how to interact with people of other cultures in a respectful and successful manner. The workbook contains such chapters as “Understanding Culture,” “American Culture and Diversity,” and “Styles of Communication.” Each chapter contains many resources.

www.peacecorps.gov/www/culturematters/

African American Children & Families

Black Families

This site provides a wide array of information for African American families, as well as many links to other sites of interest. www.blackfamilies.com

Footsteps: Celebrating African American History and Achievement

This online magazine celebrates the heritage of African Americans and explores their contributions to our culture. www.footstepsmagazine.com

National Black Child Development Institute (NBCDI)

NBCDI’s website includes information on membership, public policy, resources, and a calendar of upcoming events. www.nbcdi.org

Asian American Children & Families

Asian Nation

This site contains multiple resources concerning Asian history, culture, immigration, and contemporary issues in America. www.asian-nation.org

National Korean American Service and Education Consortium

This national organization seeks to educate and empower Korean American communities nationwide. www.nakasec.org

ESL Resources

Center for Applied Linguistics

This site provides resources for a better understanding of culture through language. There are many professional articles addressing such topics as adult ESL, bilingual education, dialects and Ebonics, immigrant education, and heritage language. You can also access several links and databases. www.cal.org

Clearinghouse on Rural Education & Small Schools

This site contains information on migrant education, American Indian and Alaskan Native education, and Mexican American education. It is a good tool for learning about the education system and what resources are available. www.ael.org/eric/index.htm

ESL Magazine Online

This online magazine is written for teachers or other members of the community who work with ESL students. The site provides current articles, back issues, and links to resources for people who work with ESL students. www.eslmag.com

National Center for ESL Education

This site is dedicated to adults who speak English as their second language. The page contains many resources including articles, links to other related organizations, and suggested readings to learn how to work with adults who speak English as a second language.

www.cal.org/nclere/sc.htm

European American Children & Families

Center for the Study of White American Culture

The center supports cultural exploration and self-discovery among white Americans and encourages a dialogue among all racial and cultural groups concerning the role of white American culture in the larger American society. The center operates on the premise that knowledge of one's own racial background and culture is essential when learning how to relate to people of other racial and cultural groups. A premise of this site is that the task of building genuine and authentic relationships across racial and cultural lines is crucial to the future well-being of America.

www.euroamerican.org

Culture Resources: European American

Central Michigan University put together this site to provide access to many links regarding European American culture. The links address issues regarding the diversity of European American culture in the United States, including information regarding Albanians, Irish, Russians, Slavs and East Europeans, Italians, etc. www.malt.cmich.edu/eslcorr_euresc.htm

European American Resources

This page offered by Santa Clara University contains a variety of resources and links regarding a wide range of European American cultures. You can also access other websites with general cultural information, electronic journals, scholarly materials, and reference materials.

www.scu.edu/SCU/Programs/Diversity/euros.html

Gay Men & Lesbian Women

Coalition for Positive Sexuality

This site offers information about sexuality for teens, both homosexual and heterosexual.

www.positive.org

Homosexuality: Common Questions & Statements Addressed

This site offers resources and links to an array of information about sexual orientation.

hcqsa.virtualave.net/resource.html

Human Rights Campaign

The largest national lesbian and gay political organization, the HRC envisions an America where lesbian and gay people are ensured of their basic equal rights. They lobby the federal government on gay, lesbian, and AIDS issues; educate the public; participate in election campaigns; organize volunteers; and provide expertise and training at the state and local level. This site has upcoming legislation and informational material. www.hrcusa.org

Lesbian.org

Lesbian.org promotes lesbian visibility on the Internet, and includes political and cultural resources as well as additional links. www.lesbian.org

Lesbian Mothers Support Society

This site includes parenting articles, children's resources, adoption information, and other links. www.lesbian.org/lesbian-moms/

National Gay & Lesbian Task Force (NGLTF)

NGLTF is a national progressive organization working for the civil rights of gay, lesbian, bisexual, and transgender people. Their site contains updated information on GLBT law and current issues. www.nglftf.org

National Gay & Lesbian Task Force Youth Institute

The NGLTF Youth Institute offers young people the opportunity to learn the skills necessary to create change. www.youth.org/loco/nglftfyi/

Youth Assistance Organization/Youth Action Online (YAO)

Youth Action Online is a service run by volunteers, created to help self-identifying gay, lesbian, bisexual, and questioning youth. YAO exists to provide young people with a safe space online to be themselves. <http://youth.org>

Immigration Resources

American Immigration Resources on the Internet

This site provides many links to reference materials on legal issues, resources, and organizations on immigrant issues in America. www.immigration-usa.com/resource.html

Center for Immigration Studies

An excellent resource for many current immigrant issues, this site contains informative articles explaining important topics that arise in U.S. immigration and a forum for asking questions about immigration. www.cis.org

The Immigration & Naturalization Service

This site provides resources on the legal aspects of immigration and naturalization. There is also a glossary of immigration and naturalization legal terms available. www.ins.usdoj.gov/graphics/

Latino Culture

Hispanicbiz.com

This site provides information about the Hispanic culture, specifically in business. www.hispanicbusiness.com

Hispanic Online Latino Links

This site includes information on culture, entertainment, politics, reference materials, and other Internet sites. www.hisp.com/links.html

Latino Website

UCLA's Latino website offers a great library and links to all aspects of Latino culture. www.sscnet.ucla.edu/csrc/library/pathfind.htm

Native American Links

National Indian Child Welfare Association

The public policy section of NICWA's website provides information on how specific child welfare laws impact Indian children. The site also provides links to other information on Native American culture. www.nicwa.org

NativeWeb

This site contains over three thousand links to various aspects of Native American culture and history. www.nativeweb.org

WWW Virtual Library – American Indians

This is a virtual library of the Indian culture with an index of resources on the web, including culture, history, language, health, and art. www.hanksville.org/NAresources

LAW & ADVOCACY

American Bar Association Center on Children & the Law

The goal of the ABA Children's Law Division is to improve the lives of children through advances in law, justice, knowledge, practice, and public policy. This site includes child welfare tips and great child advocacy links. www.abanet.org/child/home.html

Best Interest Newsletter

This newsletter offers news and resources for professionals and volunteers who advocate for the best interests of abused and neglected children. The site includes information on legal issues, medical topics, web resources, and legislation. www.childadvocacy.com

Children Now

Children Now utilizes the mass media to make children a top priority across the country. They work to improve the quality of news and entertainment media for children and about children's issues. www.childrennow.org

Foster Care Youth United

This is a teen-written foster care magazine that discusses issues facing children throughout the foster care system. Their goal is to train, inform, and provide a voice for teens through print journalism. www.youthcomm.org

Foster Parent Community

This foster parent resource provides articles, website links, and information on local foster parent associations. Links include grandparent and relative caregiver links, attachment disorders, medical links, adoption, HIV, educational issues, FAS, and ADD/ADHD. www.fosterparents.com

Hear My Voice

Hear My Voice is a unique coalition of volunteer child advocates and professionals in the areas of law, mental health, and the media. The site lists the recent success stories of difficult child advocacy cases. www.hearmyvoice.org

Indian Child Welfare Law Center

Their mission is to work with the Indian community to preserve and reunite Indian families by providing culturally appropriate legal services to Indian children, parents, extended family members, and tribes in cases governed by the Indian Child Welfare Act of 1978, and to serve as a community development resource for ICWA education, advocacy, and public policy. www.glrain.net/icwalc

Juvenile Justice Center

The American Bar Association Juvenile Justice Center is dedicated to monitoring the legislative, fiscal, policy, and administrative changes rapidly emerging in juvenile justice systems across the nation. www.abanet.org/crimjust/juvjus/home.html

National Association of Child Advocates (NACA)

NACA is the only national organization devoted to building the capacity of state and local child advocacy organizations. Founded in 1984, NACA is a nationwide network of child advocacy organizations working at the increasingly critical level of America's statehouses, county commissions, and city councils. www.childadvocacy.org

National Association of Counsel for Children (NACC)

NACC is a nonprofit professional membership organization dedicated to quality representation and protection of children in the legal system. Their purpose is to assist attorneys and other professionals in their work with children in the legal system. At the same time, NACC carries out a policy agenda designed to improve the legal system for children. This site provides advocacy links and upcoming events. www.naccchildlaw.org

National Center for Youth Law (NCYL)

NCYL provides information, training, and consultation on youth law matters to legal services for attorneys and other professionals serving poor children and youth. Its areas of expertise include abuse and neglect, termination of parental rights, public benefits for children, children's health, and the rights of children living in institutions. www.youthlaw.org

National Children's Alliance

NCA's Children's Advocacy Centers (CACs) are community-based programs that bring together representatives from law enforcement, juvenile court counselors, mental health, and other service providing agencies to address the investigation, treatment, and prosecution of child abuse cases. www.nca-online.org

National Court Appointed Special Advocate (CASA) Association

The website for the national child advocacy organization, this site includes information about the work of CASA programs as well as a library with links about several important topics impacting children, including HIV, cultural awareness, and advocacy. www.casanet.org or www.nationalcasa.org

Office of Juvenile Delinquency Prevention

This site offers links to the latest facts and figures on juvenile justice, delinquency prevention, and violence, and includes many of their publications, grant options, and local resources. www.ojjdp.ncjrs.org

Social Work & Social Services Website

This comprehensive site offers a wide variety of online resources of interest to social workers and those in the social services fields. www.gwbweb.wustl.edu/websites.html

Voices for the Children

This site provides a link to a summary of the Adoption and Safe Families Act, as well as a link to a chat room for others interested in this topic. www.voices4children.org

CHAPTER 4

Understanding Families – Part 1

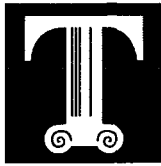


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CHAPTER 4

Understanding Families – Part 1



Homework for the Session

Begin to gather information about the community resource selected during the previous training session. Reports on community resources will be presented during the session addressing Chapter 8, Practicing the CASA/GAL Volunteer Role: Gathering Information.



Goal

In this chapter, I will learn a strengths-based approach to understanding families and children. I will learn about child abuse and neglect—definitions, indicators, and risk factors. I will consider the issue of mental illness and how it impacts families.



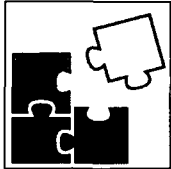
Objectives

By the end of this chapter, I will be able to...

- ✓ Identify the strengths and resources of families.
- ✓ Use cultural norms and community standards as a framework for understanding families.
- ✓ Specify risk factors associated with child abuse and neglect.
- ✓ Recognize how mental illness impacts families and children.



UNIT 1: Family Strengths



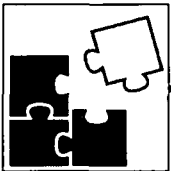
Activity 4A: Your Families

Write down both a strength and a deficit (weakness) of your own family (either your family of origin or your current family).

In the large group, share either a strength or a deficit.

Remember the question about whether the glass is half-full or half-empty? You can ask yourself a similar question about the families you will be working with as a CASA/GAL volunteer. If you look at a family through a “resource” lens, you focus on identifying the strengths; if you look through a “deficit” lens, you focus on the problems. *All families have strengths.* Using a resource lens has many advantages; it creates more options and it empowers and supports children and families.

Seeing the Strengths & Resources in Families



Activity 4B: A Closer Look at the Resource Lens

Listen as the facilitator compares the resource lens to the deficit lens. As a group, we’ll answer the following question:

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

Your ability as a CASA/GAL volunteer to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case. The resource lens can be understood dynamically by asking the following questions as you assess the family:

- How has this family solved problems?
- What activities have family members completed?
- How are family members coping with their present circumstances?

The following chart details the differences between a focus on family strengths and family deficits.

Resource Lens vs. Deficit Lens...	If I look through a RESOURCE LENS, I am likely to...	If I look through a DEFICIT LENS, I am likely to...
	<ul style="list-style-type: none"> ✓ Look for the good ✓ Empower families ✓ Create options ✓ Listen ✓ Focus on strengths ✓ Put the responsibility on the family ✓ Acknowledge progress ✓ See the family as expert ✓ See the family invested in change ✓ Help identify resources ✓ Avoid labeling ✓ Inspire with hope 	<ul style="list-style-type: none"> ✓ Look for deficits ✓ Take control or rescue ✓ Give ultimatums/advice ✓ Tell ✓ Focus on problems ✓ See the family as incapable ✓ Wait for the finished product ✓ See service providers as experts ✓ Impose change/limits ✓ Expect inaction or failure ✓ Label ✓ Deflate family's hope

Adapted from materials developed by the Portland CASA program.

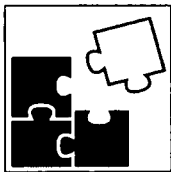
UNIT 2: Resources in Families

People in different 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 mores for living in the world;
- ✓ **Informal support systems:** networks, clubs, or kinship ties provide a safety net (e.g., money in tight times, child care for a sick child, job advice);
- ✓ **Healthy relationships:** can nurture and support; and
- ✓ **Role models:** provide appropriate examples of and practical advice on achieving success.

Using a strengths-based approach means acknowledging the resources that do exist within a family and tapping into them. While the CASA/GAL volunteer may impact the financial status of a family through advocating for a referral to a program such as job training, it is far more likely that the volunteer's influence will be exerted to access other resources. Some examples of this are identifying a tutor for the child, advocating for medical care, assisting the family in locating culturally appropriate support systems, and connecting them with role models in their community.

The “Hidden Rules” of Socioeconomic Class



Activity 4C: “Hidden Rules”—A Quiz

Part 1: Take a few minutes to work through the three quizzes on the following pages. You will not be asked to share specifics about your answers.

Could You Survive in Poverty?

Directions: Put a check by each item you know how to do.

	1. I know which churches and areas of town have the best rummage sales.
	2. I know which rummage sales have “bag sales” and when.
	3. I know which grocery stores have the best sales on which days.
	4. I know how to physically fight and defend myself.
	5. I know how to get a gun.
	6. I know how to keep my clothes from being stolen at the Laundromat.
	7. I know how to get someone out of jail.
	8. I know what problems to look for in a used car.
	9. I know how to live without a checking account.
	10. I know how to live without electricity and a phone.
	11. I know how to use a knife as scissors.
	12. I can entertain a group of friends with my personality and my stories.
	13. I know what to do when I don’t have money to pay the bills.
	14. I know how to move in half a day.
	15. I know how to get and use food stamps or an electronic card for benefits.
	16. I know where the free medical clinics are.
	17. I am very good at trading and bartering.
	18. I can get by without a car.

Could You Survive in Middle Class?

Directions: Put a check by each item you know how to do.

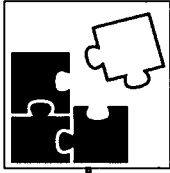
	1. I know how to get my children into Little League, piano lessons, soccer, etc.
	2. I know how to set a table for guests.
	3. I know which stores are most likely to carry the clothing brand my family wears.
	4. My children know and wear the best current name brands in clothing.
	5. I know how to order in a nice restaurant.
	6. I know how to use a credit card, checking account, and savings account—and I understand what an annuity is. I understand term life insurance, disability insurance, and 20/80 medical insurance policy, as well as house insurance, flood insurance, and replacement insurance.
	7. I talk to my children about going to college.
	8. I know how to get one of the best interest rates on my new car loan.
	9. I understand the difference between principal, interest, and escrow statements on my house.
	10. I know how to help my children with their homework and do not hesitate to call the school if I need additional information.
	11. I know how to decorate the house for the different holidays.
	12. I know how to get a library card.
	13. I know how to use the different tools in the garage.
	14. I repair items in my house almost immediately when they break—or know a repair service and call it.

Could You Survive in Wealth?

Directions: Put a check by each item you know how to do.

<input type="checkbox"/>	1. I can read a menu in French, English, and another language.
<input type="checkbox"/>	2. I have several favorite restaurants in different countries of the world.
<input type="checkbox"/>	3. During the holidays, I know how to hire a decorator to identify the appropriate themes and items with which to decorate the house.
<input type="checkbox"/>	4. I know who my preferred financial advisor, legal service, designer, domestic-employment service, and hairdresser are.
<input type="checkbox"/>	5. I have at least two residences that are staffed and maintained.
<input type="checkbox"/>	6. I know how to ensure confidentiality and loyalty from my domestic staff.
<input type="checkbox"/>	7. I have at least two or three "screens" that keep people who I do not wish to see away from me.
<input type="checkbox"/>	8. I fly in my own plane, the company plane, or the Concorde.
<input type="checkbox"/>	9. I know how to enroll my children in the preferred private schools.
<input type="checkbox"/>	10. I know how to host the parties that "key" people attend.
<input type="checkbox"/>	11. I am on the boards of at least two charities.
<input type="checkbox"/>	12. I know the hidden rules of the Junior League.
<input type="checkbox"/>	13. I support or buy the work of a particular artist.
<input type="checkbox"/>	14. I know how to read a corporate financial statement and analyze my own financial statements.

"Hidden Rules Quiz" from *A Framework for Understanding Poverty*, Ruby K. Payne, Ph.D., Baytown, TX: RFT Publishing Co., 1998. Used with permission.



Activity 4C: “Hidden Rules”—A Quiz

Part 2: Did you relate to the “hidden rules” for one or more socioeconomic class as identified by this exercise? We’ll hear responses from anyone who would like to share.

What are the implications of knowing the “hidden rules” for CASA/GAL volunteer work? We’ll answer in the large group.

“Hidden rules” are the unspoken understandings between individuals within one socioeconomic group (class) that helps them recognize if others fit in or are a member of that socioeconomic class.

No matter the class, the rules of socioeconomic class are so “hidden” that they are taken for granted by class members. People assume that everyone knows what they know. Hidden rules govern much of a person’s immediate assessment of an individual and his/her capabilities. People typically assess others from their own worldview. This is often a factor that keeps an individual from moving upward in a career—or even getting a particular position in the first place.

Evaluations of “intelligence” or how a person approaches school or work may be expressions of hidden rules more than any true measure of ability. Many of the attitudes that children and families bring with them are an integral part of their life situation coupled with their culture and belief systems. Middle-class solutions, typical of “the system,” should not necessarily be imposed when other appropriate and workable solutions can be found that better suit a particular family’s worldview.



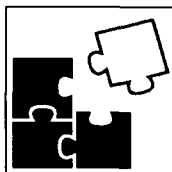
UNIT 3: Understanding Families Through Culture

The Cultural Sensitivity Lens

Another lens that you need to use when you look at a family is the lens of cultural sensitivity. Family structure, rules, roles, customs, boundaries, communication styles, problem-solving approaches, and values may be based on cultural norms and/or accepted community standards. “Cultural norms” are behavioral expectations that are based on cultural beliefs and practice. “Community standards” are the shared values and expectations of a group of people living in geographical proximity.

It is important to understand the role of the extended family in raising children. In many cultures, including Indian ones, extended family may be expected to play an extensive role.

As a CASA/GAL volunteer, your assessment of a family’s situation will be affected by whether you focus on strengths or deficits and by your awareness of how cultural issues can impact your ability to see the situation objectively. In the next activity, you will use the three lenses—strengths/resources, deficits, and culture—to evaluate a family situation.



Activity 4D: How Do You See the Parker-Solano Family?

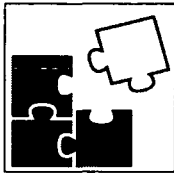
Divide into two groups. Think about the family in the Parker-Solano training case. One group will name as many of this family’s strengths as they can. Note each strength on a card and post your cards on the flipchart page titled “Parker-Solano Family Resources.” Refer to the case in your manual for assistance. The other group will use the deficit lens and name as many of this family’s deficits as they can. Note each deficit on a card and post your cards on the flipchart page titled “Parker-Solano Family Deficits.”

After you have posted the resources and deficits, work in your group to answer the discussion questions below. Select someone to report your responses to the large group.

- What was the impact of the lens you used on your feelings about the family? On your assessment of the family? On what you might recommend to be in the children’s best interests?
- What cultural issues do you see in this situation?
- How do you think the family in this case might be the same or different from families you will work with as a CASA/GAL volunteer?

As a CASA/GAL volunteer, you will work with families who all have strengths that they can choose to employ to follow the orders of the courts and, ultimately, to become reunited with their children and end their involvement with the child protective services system.

The Strengths in Families Worksheet on the following pages assesses a family using both a resource lens and a culturally sensitive lens. This worksheet is an excellent tool for you to use when working with the families of the children to whom you are appointed as an advocate. It is helpful to let the family tell you about what they see as their strengths. You can also share with the family some of the strengths you identify in order to encourage them to begin to view themselves as having strengths.



Activity 4E: Strengths in Families Worksheet

Read the worksheet that follows. In pairs, look at each category in the worksheet and name one way that you might gather that information.

We will hear a sample of your suggestions in the large group.

STRENGTHS IN FAMILIES WORKSHEET

Parent-Child Relationship	1. Parent shows empathy for the child.
	2. Parent responds appropriately to the child's verbal and nonverbal signals.
	3. Parent has the ability to put the child's needs ahead of his/her own.
	4. When they are together, the child shows comfort in the parent.
	5. The parent has raised the child for a significant period of time.
	6. In the past, the parent has met the child's basic physical and emotional needs.
	7. Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.
	8. The parent uses positive, nonviolent discipline.
<p>The first items focus on the parent's relationship with the child because the quality of the parent/child bond is one of the strongest predictors of the success or failure of treatment (Wasserman 1986). 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. The ability to put the child's needs before the parent's own is crucial. Irrespective of culture, prognosis is good for parents who have the "ability to accept significant responsibility for their contribution to the development of the problem or their past failure to deal with it" (Steinhauer 1983).</p>	
Parental Support System	9. The parent has positive, significant relationships with other adults who seem free of overt pathology (e.g., spouse, parents, friends, relatives).
	10. The parent has a meaningful support system that can help him/her now (e.g., church, job, counselor).
	11. Extended family is nearby and capable of providing support.
<p>All families require a positive support system to survive adversity. Items 9 through 11 reflect the quality of the parent's relationships with the 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 (Horejsi 1992). Resolution of the problems may lie in the hands of the elders in other ethnic groups (Rottman 1982).</p>	

Past Support System	12. Extended family history shows family members able to help appropriately when one member is not functioning well.
	13. Relatives came forward to offer help when the child needed placement.
	14. Relatives have followed through on commitments in the past.
	15. There are significant other adults, not blood relatives, who have helped in the past.
	16. Significant other adults have followed through on commitments in the past.
	Items 12 through 16 look at extended family and friendships that have been helpful in the past and can be tapped again. In this section, the CASA/GAL volunteer needs to assess whether this family system has demonstrated healthy coping abilities in the past consistent with their cultural norms.
Family History	17. The family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis.
	18. The parent's own history shows consistency of parental caretaker.
	19. The parent's history shows evidence of his/her childhood needs being met adequately.
	Items 17 through 19 look at the parent's own history and cultural heritage. To answer number 17, it is important to know to what extent the family has identified with and participated in its ethnic community.
Parent's Self-Care	20. Parent's general health is good.
	21. Parent uses medical care for self appropriately.
	22. Parent's hygiene and grooming are consistently adequate.
	23. Parent has a history of stability in housing.
	24. Parent has a solid employment history.
	25. Parent has graduated from high school or possesses a GED.
	26. Parent has skills that contribute to employability.
	Items 20 through 26 highlight the parent's ability to function in an adult mode (according to the expectations of his/her culture) in areas that contribute to his/her parental functioning.

Child's Development	27. Child shows age-appropriate cognitive abilities.
	28. Child demonstrates an age-appropriate attention span.
	29. Child shows evidence of conscience development.
	30. Child has appropriate social skills.
	31. Major behavioral problems are absent.
<p>Finally, items 27 through 31 focus on the functioning of the child. The more a child's behavior challenges the parent, the more difficulty the parent will have feeling successful. The stress of parenting a difficult child increases the risk of a relapse to old behaviors and emotions.</p>	

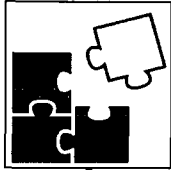
Adapted from *Concurrent Planning: From Permanency Planning to Permanency Action*, Linda Katz, Norma Spoonemore, and Chris Robinson, Seattle: Lutheran Social Services of Washington and Idaho, 1994.

(Note: When using the Strengths in Families Worksheet in domestic violence situations, keep the following information in mind: Batterers often isolate the victim, thus preventing easy flight. The current parental support system may be very limited due to the isolation. The past support system may be a better predictor of possible help. It is also important to build up the current support system by identifying resources, such as a faith community or community agencies, that can help the victim and children. Also, if the parent has been a victim of domestic violence and was forced to flee to shelters or move frequently, a lack of stable housing or employment history should not be used against him/her. Domestic violence is a topic that will be addressed at some length in the next chapter of this training.)

UNIT 4: Stress in Families

As a CASA/GAL volunteer, you need to understand the families of the children with whom you will work so you can succinctly, accurately, and objectively describe the entire family situation. This ability to clearly view the situation is a critical step in making recommendations about what the child needs.

At some point all families encounter change, stress, and perhaps even crisis—the family moves, a parent is laid off, child-care arrangements fall through, a new step-family comes into being, the car breaks down, a child becomes ill, the rent is increased, and on it goes. The families you will encounter in your work as a CASA/GAL volunteer are, by definition, under stress and are likely to be in crisis—if for no other reason than that the state is now involved in determining whether their child remains in their care and custody.



Activity 4F: Assessing Your Own Stress Level

This activity will help you assess your own stress level and determine whether you have a high, medium, or low probability of illness and/or mental health problems in the near future, using the Social Readjustment Rating Scale. Take a few minutes to complete the following “stress test” to assess your stress level. Use this as a tool to understand your own strengths and needs. You will not be asked to share your results.

Later in training, during Chapter 10, you will work on ways to build personal support to stay healthy as you do this important CASA/GAL volunteer work.

The Social Readjustment Rating Scale:

Directions: For each event that occurred in your life within the past 12 months, record the corresponding score in the box in front. If an event occurred more than once, multiply the score for that event by the number of times the event occurred, and record that score. Total all the scores and compare to the range of scores to determine whether your susceptibility to illness and mental health problems in the near future is low, mild, moderate, or high.

✓	LIFE EVENT	VALUE
	1. Death of spouse (significant other).	100
	2. Divorce.	73
	3. Marital Separation.	65
	4. Jail Term.	63
	5. Death of close family member.	63
	6. Personal injury or illness.	53
	7. Marriage.	50
	8. Fired at work.	47
	9. Marital reconciliation.	45
	10. Retirement.	45
	11. Change in health of family member.	44
	12. Pregnancy.	40
	13. Sex difficulties.	39
	14. Gain new family member.	39
	15. Business readjustment.	39
	16. Change in financial status.	38
	17. Death of a close friend.	37
	18. Change to different line of work.	36
	19. Change in number of arguments with spouse (significant other).	35
	20. Mortgage or loan for major purchase (home, etc.).	31
	21. Foreclosure of mortgage or loan.	30

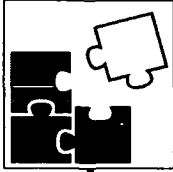
Assessing Your Stress Level...

22. Change in responsibilities at work.	29
23. Son or daughter leaving home.	29
24. Trouble with in-laws.	29
25. Outstanding personal achievement.	28
26. Spouse begins or stops work.	26
27. Begin or end school.	26
28. Change in living conditions.	25
29. Revision of personal habits.	24
30. Trouble with boss.	23
31. Change in working hours or conditions.	20
32. Change in residence.	20
33. Change in schools.	20
34. Change in recreation.	19
35. Change in church activities.	19
36. Change in social activities.	18
37. Mortgage or loan for lesser purchase (car, tv, etc.).	17
38. Change in sleeping habits.	16
39. Change in number of family get-togethers.	15
40. Change in eating habits.	15
41. Vacation.	13
42. Christmas.	12
43. Minor violation(s) of the law.	11

Your Susceptibility to Illness & Mental Health Problems:

- LOW** = less than 149
- MILD** = 150 to 200
- MODERATE** = 200 to 299
- HIGH** = more than 300

Adapted from the Social Readjustment Rating Scale, *Journal of Psychosomatic Research*, T. H. Holmes & R. H. Rahe, 1967.



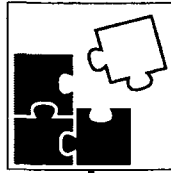
Activity 4G: Assessing Stress in the Parker-Solano Family

Now, as a group, put yourselves in the shoes of Suzanne Solano, the mother in the Parker-Solano training case. How do you think she would score? High, medium, or low? What factors influenced your response?

There is a certain level of stress that comes with a family's involvement in the child protective services system. Additionally, many individuals and families have to deal on a daily basis with the stress of societal prejudice because they are people of color, gay or lesbian, poor, disabled, or Jewish; because they do not speak English fluently; or because of many other "differences."

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.

UNIT 5: Risk Factors Associated with Child Abuse & Neglect

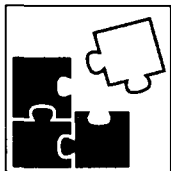


Activity 4H: Why Do People Abuse and/or Neglect Their Children?

In the large group, name as many reasons as you can that might cause parents to abuse or neglect their children. This is a brainstorm—there are no right or wrong answers. The facilitator will list all ideas on the flipchart.

What questions or observations do you have?

The source of child maltreatment is typically some combination of people, environment, opportunity, and needs. Risk factors for child abuse and neglect include child-related factors, parent/caretaker-related factors, social-situational factors, family factors, and triggering situations. These factors frequently co-exist. Poverty is often a complicating issue, creating problems in a family and reducing the resources they have for addressing problems. Poverty in and of itself is not child neglect.



Activity 4I: Conditions That May Lead to Abuse & Neglect

Part 1: Read the material that follows on conditions that may lead to abuse and neglect. What are your questions?

Part 2: Divide into five groups and draw a number that corresponds to one of the five factors in the list of conditions that may lead to abuse and neglect. Name the issues present in the Parker-Solano training case that match the factor assigned to your group. Select one member of your small group to report your responses back to the large group.

Again in your small groups, name one reason that knowing these conditions will be helpful to you as you take your first case. Name a reason that these conditions will still be helpful to you on your fifth case. We'll hear your responses in the large group.

Conditions That May Lead to Abuse & Neglect

Child-Related Factors

- **Chronological age of child:** Fifty percent of abused children are under the age of three; ninety percent of deaths are under one year of age; first-born children are most vulnerable;
- **Mismatch** between child's temperament or behavior and parent's relating style and expectations;
- **Physical or mental disabilities;**
- **Attachment problems** or separation from parent during critical periods or reduced positive interaction between parent and child;
- **Premature birth or illness at birth:** Financial stress, inability to bond, parental feelings of guilt, failure, or inadequacy; and/or
- **Unwanted child or child who reminds parent of absent partner or spouse.**

Parent/Caretaker-Related Factors

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

Social-Situational Factors

Abuse occurs in the family context. It is important therefore to understand the factors that may affect the family unit as a whole.

- **Structural/economic factors:** The stress of poverty, unemployment, little mobility, and poor housing can be instrumental in a parent's ability to adequately care for a child. The child needs to be protected from separation from his/her family solely because of stressed economic conditions. Middle- and upper-income abusive parents may use the excuse of job or financial stress as well—abuse is not limited to families in poverty;
- **Domestic violence:** Children may be injured while trying to intervene to protect a battered parent or while in the arms or proximity of a parent being assaulted;
- **Values and norms** concerning violence and force, including domestic violence: acceptability of corporal punishment and of family violence;
- **Devaluation of children and other dependents;**
- **Overdrawn values of honor between men,** with intolerance of perceived disrespect (“dissing”);
- **Abnormal child-rearing practices** (e.g., genital mutilation of female children, father sexually initiates female children);
- **Cruelty in child-rearing practices** (e.g., putting hot peppers in child's mouth, depriving child of water, confining child to room for days, or taping mouth with duct tape for “back talk”); and/or
- **Institutional manifestations of all of the above** in law, health care, education, welfare system, sports, entertainment, etc.

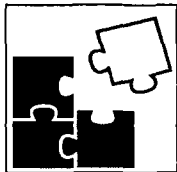
Family Factors

- **Domestic violence** can indicate an inability of one parent to protect the child from another's abuse because the parent is also being abused;
- **Stepparent, or blended, families are at greater risk:** There is some indication that adult partners who are not the parents of the child are more likely to maltreat. Changes in family structure can also create stress in the family;
- **Single parents are highly represented in abuse and neglect cases:** Economic status is typically lower in single-parent families, and the single parent is at a disadvantage in trying to perform the functions of two parents;
- **Adolescent parents are at high risk because their own developmental growth has been disrupted:** They are ill-prepared to respond to the needs of the child because their own needs have not been met;
- **Child-rearing styles** that are punishment-centered have greater risk of promoting abuse;
- **Scapegoating** of a particular child will tend to give the family permission to see that child as the “bad” one; and/or
- **Adoptions:** Late in childhood, special needs, or with a temperamental mismatch; Indian children not culturally matched or given a culturally responsive placement.

Triggering Situations

Any of the factors above can contribute to a situation in which an abusive event occurs.

- **There has been no systematic study of what happens to trigger abusive events.**
 - Some instances are acute, happen very quickly, and end suddenly.
 - Other cases are of long duration.
- **Examples of possible triggering situations include:**
 - A baby who will not stop crying;
 - Frustration with toilet training;
 - An alcoholic who is fired from a job;
 - A mother who, after being beaten by her partner, cannot make contact with her own family;
 - Being served an eviction notice;
 - The cessation of prescription drug used to control mental health problem;
 - Law enforcement is called to the home in a domestic violence situation, whether by the victim or a neighbor; and
 - A parent who was disrespected in the adult world later takes it out on the child.



Activity 4J: Which Situation Is Hardest?

On the following questionnaire, rank your top three choices for the situation that would be the hardest for you to work with. After you have made your choices, pair up and answer the following questions:

- ✓ What situations did you pick and why?
- ✓ How might your values, thoughts, and feelings about these situations impact your effectiveness as a CASA/GAL volunteer?

We'll share a sample of your responses in the large group.

Which Situation Is Hardest?

Which situation would you find hardest to work with?

1. A parent who spends most of her money on drugs.
2. A parent who believes his wife/partner deserves the beatings he gives her.
3. A parent who lies to you.
4. A parent who fondles his four-year-old child.
5. A parent who used drugs during her pregnancy.
6. A parent who refuses to take the medication that controls his mood swings.
7. A parent who left his children in the car in a parking lot while he went drinking at bars until closing time.
8. A parent who won't leave the man who physically abuses her in front of her children.
9. A parent who is so depressed she doesn't get out of bed for weeks at a time, which means her children do not eat regularly.

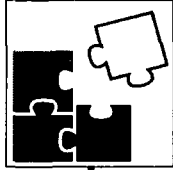
These descriptions include situations of mental illness, substance abuse, and domestic violence—three factors that put children at high risk for abuse and neglect. Consider these statistics:

- ✓ Estimates are that fifty percent of men who batter their female partners also abuse the children in the home.
- ✓ Fifty to eighty percent of all substantiated child abuse and neglect cases involve some degree of substance abuse by the child's parents.

From Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family. American Psychological Association, 1996.

The rest of this chapter and the following chapter examine individually mental illness, substance abuse, domestic violence, and poverty to see how they impact the families and children with whom the CASA/GAL volunteer works. The chapters explore what the CASA/GAL volunteer can do when faced with these issues in families.

UNIT 6: The Impact of Mental Illness on Children & Families



Activity 4K: Mental Illness

The last unit examined many factors that contribute to the abuse and neglect of children. Some of these included depression, character disorder, and psychiatric illness. There are many other mental health issues that impact specific individuals and their families. Read the material that follows on issues of mental illness in families.

Now, look back at the list from the questionnaire in the previous activity, “Which Situation Is Hardest?” In the large group, we’ll identify which situations may involve mental health issues. Together we will name one possible recommendation for working with a family in each situation involving mental illness.

Issues of Mental Illness in Families

The Facts

- ✓ Today, in the United States, over thirty-five million people suffer from some sort of mental illness.
- ✓ Mental illness affects one in four families and is more prevalent than cancer and heart and lung disease combined.
- ✓ The vast majority of people with a mental illness are not dangerous.
- ✓ Mental illness is treatable with various combinations of therapy and drugs.

Statistics from the National Resource Center on Child Maltreatment, www.gocwi.org/NRCCM.

Definition

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

Ethnic & Cultural Considerations

There is increasing recognition that the standards for research and definitions of health and illness (and treatment) are biased because they are derived from a white, middle-class perspective. Although special efforts were made in the development of the *DSM-IV* (the standard medical diagnostic resource) to incorporate cultural information to try to reduce bias, it is important to remember that the assessment and treatment of mental illness are ethnically and culturally biased.

Causes

There is no single model or perspective that accounts for all instances of mental illness. Some disorders have a predominately biological or neurological basis; others seem to be more related to life experiences and trauma, or difficulties in communication. Many see the genesis of a mental illness as a complex interaction between innate or inherited traits and stressors. The most helpful stance for a CASA/GAL volunteer to take is to accept that mental illness affects the whole person—mentally, physically, psychologically, socially, emotionally, and spiritually.

Impact on Children & Families

The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may be a result of misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in U.S. culture. Untreated mental illness can lead to isolation and despair for individuals and families. A parent may be so incapacitated by anxiety or depression that he/she is unable to care for his/her child. Or a parent may have hallucinations or delusions, which make him/her a danger to himself/herself, or his/her children. Regardless of the type of disorder, people suffering from mental illness have a diminished ability to cope with the normal demands of life. The degree to which their functioning is impaired varies from mild to severe. It is important to note that with medication and/or therapy, most people with mental illness can function normally.

In addition to understanding mental illness, it is critical to have some idea of the parent's level of functioning in order to make recommendations that address the likelihood that parents can remedy the problems that initiated their involvement with the child protective services system. A person's level of functioning can be affected by many factors; some, 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 (the term formerly used was mentally retarded) or specific learning disabilities. These limitations, just like physical ones, have a range of severity. At the mild end, parents with diminished intellectual capacity may not be able to understand the court system with its complex language or the many written documents presented to them by the child protective services agency. At the severe end of the scale, parents with grave intellectual limitations may not be able to provide basic daily care for themselves, much less for a child. The CASA/GAL volunteer must look beyond IQ or any other diagnostic term to assess how a parent functions on a day-to-day basis.

Treatment

Availability of mental health treatment varies and its effectiveness depends on a variety of factors. People are unique, possessing their own strengths, weaknesses, and cultural differences. A well-designed treatment plan takes these differences into account. Healers and practices from the person's cultural tradition (e.g., the use of prayer or meditation) can be included with other, more "Western," approaches, which might include specialized inpatient treatment (e.g., for substance abuse), medication, individual and/or group counseling, self-help groups (e.g., Alcoholics Anonymous, Overeaters Anonymous, and other Twelve Step programs), and education or training (e.g., parenting classes, anger management training).

What Can a CASA/GAL Volunteer Do?

It is not your task to diagnose mental illness. However, it is important to be aware of warning signs or indicators so that you can alert the caseworker about your concerns. How will you know mental illness when you see it? Your own internal cues are your best initial indicators that something is "off" or "not right" about a person.

Following are some indicators that may point to the need for professional assessment:

Social Withdrawal

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

Depression

Includes loss of interest in once pleasurable activities; expressions of hopelessness or apathy; excessive fatigue and sleepiness, or inability to sleep; changes in appetite and motivation; pessimism (such as perceiving the world as "dead"); thinking or talking about suicide; a growing inability to cope with problems and daily activities.

Thought Disorders

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

Expression of Feelings

Such as hostility from a person formerly passive and compliant; 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

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

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

In your capacity as a CASA/GAL volunteer:

- ✓ You can recommend a mental health assessment of a parent or child; and
- ✓ You may request consultations with a parent's mental health care providers.

Although the parent's mental health providers are ethically and legally required to maintain their client's confidentiality, they may be willing—with their client's permission—to talk with you about their perspective on the situation and any concerns you have. Your CASA/GAL volunteer supervisor will be able to answer your questions about gaining access to this confidential information.

“

The Advocate

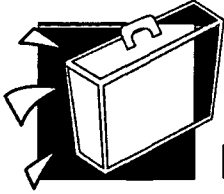
This is not about
rescue, so as to feel good
when the child lights up with a
smile.

This is not about
the comfort of compassion.

This is hard work,
struggling with ripped families
and children in clouds of pain,
anger dancing round their heart
in the turmoil of a world
made crazy. This is caring,
yes, but also what is just,
what should be demanded.

It takes love
and a certain measure of courage,
and in the simple act
of person helping person,
it becomes extraordinary.

By Mercedes Lawry.



HOMEWORK

Community Resources...

Reminder—Assignment for a later session of training

Earlier in training, you selected an agency to research. A worksheet was provided as a tool to assist you in gathering information about services provided, access to services, etc.

This activity was assigned early in training to allow time for you to gather the information. You will share the materials and information that you gather during the Chapter 8 training session, when community resources will be introduced.



CHAPTER 5

Understanding Families – Part 2



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CHAPTER 5

Understanding Families – Part 2



Homework for the Session

Continue to gather information about the community resource selected during a previous training session. Reports on community resources will be presented during the session addressing Chapter 8, Practicing the CASA/GAL Volunteer Role—Gathering Information.



Goal

In this chapter, I will increase my understanding of and my ability to assess the families and family situations of the children with whom I will work as a CASA/GAL volunteer. In particular, I will consider the issues of substance abuse, domestic violence, and poverty and how these issues impact families.



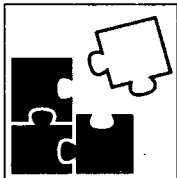
Objectives

By the end of this chapter, I will be able to...

- ✓ Recognize how substance abuse and domestic violence impact families and children.
- ✓ Appreciate how my personal values and biases about substance abuse and domestic violence can affect my objectivity regarding risks for the child.
- ✓ Better understand the reality of poverty for children and families in the United States.
- ✓ Separate myths about poverty from reality and understand why poverty is a risk factor for children.
- ✓ Understand that poverty is a circumstance in which various cultures act in different ways and that my own economic class background contributes to my worldview.
- ✓ Describe why the “minimum sufficient level of care” standard is in the best interest of the child.

UNIT 1: The Impact of Substance Abuse/Chemical Dependency on Children & Families

Substance Abuse/Chemical Dependency Issues



Activity 5A: Substance Abuse

Part 1: Think of friends, family members, and/or colleagues who are substance abusers. As you think of these people, make two lists.

What are their strengths? Why do you like them?

How does their substance abuse impact their lives?

We'll hear a sample of your responses in the large group.

Part 2: Listen as the facilitator gives a brief overview about substance abuse as an issue that impacts many of the families with whom you will be working.

Adapted from an exercise developed by Judy Udell.

Substance abuse was cited in the previous chapter as one of the factors that contribute to abuse and neglect. Psychoactive substances, including alcohol, whether legal or illegal, impact and alter moods, emotions, thought processes, and behavior. These substances are classified as stimulants, depressants, narcotics, cannabis, or hallucinogens based on the effects they have on the people who take them.

Definitions

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. Chemical dependency, also called addiction, involves loss of control over the use of the substance, continued use despite adverse consequences, development of increasing tolerance to the substance, and withdrawal symptoms when the drug use is reduced or stopped. The description of the illness that is most widely accepted is summarized by the American Society of Addiction Medicine (ASAM). Substance-related disorders encompass the following six dimensions:

- ✓ The potential for acute intoxication and withdrawal;
- ✓ The possibility of biomedical conditions and complications;
- ✓ Emotional/behavioral conditions;
- ✓ The possibility for, but resistance to, treatment;
- ✓ The potential for relapse and/or continued use; and
- ✓ The possibility of recovery.

Causes

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

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

(Note: Both the criteria for defining substance dependence and substance abuse and a chart describing commonly used substances and other information about substance abuse can be found in the Resource Materials section of this chapter.)

Treatment

The field of addiction treatment, of necessity, recognizes the totality of the individual’s life situation. Treatment should be tailored to the needs of the individual and guided by an individualized treatment plan based on a comprehensive biopsychosocial assessment of the affected person, as well as his/her family. Treatment spans a continuum of services depending on the severity of the addiction, starting with a basic referral to Twelve Step programs and then moving to outpatient counseling, intensive outpatient/day-treatment programs, and inpatient/residential programs.

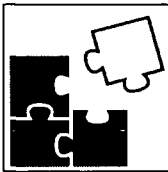
Treatment programs use a number of modalities, which include assessment; individual, group, and family counseling; educational sessions; aftercare/continuing-care services; and referral to Twelve Step or Rational Recovery support groups. Recovery is a process—and relapse is part of the disease of addiction.

The process of recovery includes holding the addict/alcoholic accountable for what they do while they are using. While it is important to act in an empathetic manner toward the person with the illness, the addict/alcoholic must be held accountable for his/her 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

Some estimates indicate that as many as fifty to eighty percent of substantiated child abuse and neglect cases involve some degree of substance abuse by the child's parents. It is helpful to remember that the child of a parent with abuse/addiction problems still loves his/her parent, even though the parent may have abused or neglected the child.

Adapted from materials by Stephen Bogan, M.A., Department of Social and Health Services, Olympia, WA.



Activity 5B: Substance Abuse & Parenting

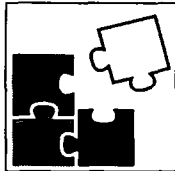
As a group, brainstorm possible effects of substance abuse on parenting ability. The facilitator will list all responses on a flipchart page. We'll compare your list to the list that follows.

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 his/her ability to parent effectively, a child may suffer in a number of ways:

- A parent's overriding involvement with alcohol and other drugs may leave the parent 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.
- 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 health care.
- 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 (churches, 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.
- A child may be placed at increased risk for sexual abuse with the parent's substance-abusing friends coming in and out of the home.

- Eventually, a parent's substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.
- Consistent 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 own substance abuse.



Activity 5C: What the Child Experiences

Individually, read the following section about children's experiences of a parent's substance abuse.

In your small groups, decide how you might respond to the following situations as a CASA/GAL volunteer:

- A fifteen-year-old child says, "My mom and her boyfriend smoke grass on weekends."
- You learn that the ten-year-old child you represent taught his foster sister how to smoke crack.
- A four-year-old child, whose mother is in jail after a third offense for driving under the influence, asks you, "Why is Mommy in jail? Is she bad?"

We'll share a sample of your ideas for each situation in the large group.

What the Child Experiences

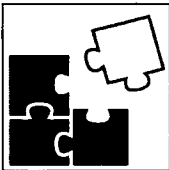
From a child's perspective, a parent's substance abuse is usually characterized by the following:

- ✓ **Broken Promises**
To go somewhere with the family, do something with the children, not drink that day, not get high on some occasion. The children grow up thinking they are not loved or important enough for their parents to keep their promises.
- ✓ **Inconsistency & Unpredictability**
With rules and limits that seem to change with the occasion, and parents who can be loving one moment and abusive the next.
- ✓ **Shame & Humiliation**
As alcohol or drugs take over and suddenly turn an otherwise lovely parent into a loathsome embarrassment.
- ✓ **Tension & Fear**
Because the children never know what will happen next. Children of substance-abusing parents typically feel unsafe at home, the environment in which they should feel most protected.

- ✓ **Paralyzing Guilt & an Unwarranted Sense of Responsibility**
For the problem. Many children think they cause their parents' behavior. Part of the disease is to blame someone else for it, and the children grow up thinking that if they were better students, more obedient, neater, more reliable, or nicer to their siblings, the problem would disappear.
- ✓ **Anger & Hurt**
About being neglected, mistreated, and deemed less important than the alcohol or drugs. The children grow up with a profound sense of abandonment.
- ✓ **Loneliness & Isolation**
Because the family tries desperately to deny or hide the problem and often will not even discuss it among themselves. The children, with no one to talk to about the most important thing in their lives, think they are the only ones with this problem.
- ✓ **Lying as a Way of Life**
To constantly cover for the failure of the parent, or account for his/her deviant behavior.
- ✓ **Feeling Responsible**
To organize and run the home and care for younger siblings.
- ✓ **Feeling Obligated**
To hide the problem from authorities in order to protect the parent.

Adapted from *When Your Parent Drinks Too Much: A Book for Teenagers*, Eric Ryerson, New York: Facts on File, Inc., 1985.

Children in substance-abusing families need significant treatment to address these issues and begin to heal their wounds. The CASA/GAL volunteer can advocate for counseling from a provider who has expertise in working with substance abuse issues.



Activity 5D: Finding a Balance

After reading the section that follows on key points for a CASA/GAL volunteer to consider, divide into two groups. Using the Parker-Solano training case, do the following exercise:

- One group takes the position of Suzanne, who needs twelve additional months of treatment and sobriety so she can have a reasonable chance at long-term recovery.
- The other group takes the position of a CASA/GAL volunteer and advocates that the children cannot wait twelve months to see if their mother can provide a permanent home for them.

Work in your groups to develop and document support for your position. You will present and defend your position in the large group.

Key Points a CASA/GAL Volunteer Should Consider

In deciding whether a child can return home to a family where substance abuse occurs, a number of 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; and
- Treatment prognosis and/or length of sobriety.

A dilemma that often arises is the conflict between the legal mandate for permanence (ASFA), as well as the child's need for permanence, and the long-term treatment (including inpatient treatment) that may be needed by substance-abusing parents. If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster care. Although it is often the only available option, the child may feel punished when he/she is placed in foster care or away from the parent. The focus should be to support success in treatment, not punish the parent by withholding the child.

What Can a CASA/GAL Volunteer Do?

Educate yourself about the power of addiction and about resources such as Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Al-Anon, and Alateen. 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:

- 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 child care while parents are in treatment;
- Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, and child support;
- When a child is in foster care, frequent visitation in a homelike atmosphere; and/or
- Assistance for the parent seeking to flee a domestic violence perpetrator, such as obtaining a protective order, alternative housing, and other necessary steps. Substance-abusing domestic violence victims are more likely to remain sober away from the abuser.

UNIT 2: The Impact of Domestic Violence on Children & Families

Domestic Violence Issues

The Problem

An estimated two to six million women are victims of domestic violence in the United States each year. The violence ranges from threats of violence to slaps to hitting to severe beating, rape, and even murder. Ninety-five percent of assaults on spouses or ex-spouses are committed by men against women. Victims and perpetrators are from all age, racial, socioeconomic, sexual orientation, educational, occupational, geographic, and religious groups.

Statistics from *Understanding Violence Against Women*. Nancy Crowell and Ann Burgess. Washington, DC: National Research Council/National Academy Press, 1996.

As a CASA/GAL volunteer, it is important to be aware of the possibility that domestic violence exists in the families of the children with whom you are working. 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 “presents” better than the victim;
- ✓ The victim may “present” as angry and frustrated;
- ✓ There is generally no “record” of the violence; or
- ✓ 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 spouse 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 not doing so may be the placement of children in foster care.

Definition

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use to control their current or former intimate partners (i.e., spouse, girlfriend/boyfriend, lover, etc.). Domestic violence does occur with women abusing men or in same-sex relationships, but abuse by men victimizing women is the most common.

Causes

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

Domestic violence is learned behavior; it is a *choice*.

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

Legal System Response

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

Whether a case proceeds in either or both of these venues is dependent on a number of factors, many of which are beyond the victim's control. There is a wide variance in availability and willingness of court personnel to act in domestic violence cases. 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 due to safety reasons often discourages law enforcement personnel from giving these cases their immediate attention. Thus the victim gets revictimized.

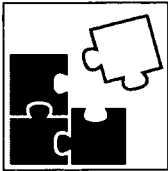
The other setting in which the legal system and domestic violence may intersect is a court hearing regarding allegations of child abuse and/or neglect. The CASA/GAL volunteer should be aware that a determination of domestic violence within the child's home will significantly influence placement decisions and what is expected of the non-abusing parent to retain/regain custody. The standard risk assessment conducted by child welfare agencies to evaluate whether a child needs to be removed from his/her home generally includes domestic violence as a factor that negatively relates to the child's safety at home. A child found to be living in a violent home is more likely to be removed. A child abuse or neglect case also may be substantiated against the battered parent for "failure to protect" the child because the victim did not leave the batterer, even though the victim lacks 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 relationship.* In addition to fear, the lack of shelter, protection, and support creates barriers to leaving. Other barriers include lack of employment and legal assistance; being immobilized by psychological and physical trauma; cultural/religious/family values; continuing to hope and believe the perpetrator's promises to change; and being told by others

(police, friends, family, counselors, etc.) that the violence is the victim's fault and that she could stop the abuse by simply complying with her abuser's demands. Leaving a violent relationship is often a process that takes place over time, as the victim can access resources she needs. The victim may leave temporarily many times before making a final separation.

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



Activity 5E: Domestic Violence—A Case Study

In your small groups, name factors that might have kept Suzanne Solano in relationships characterized by domestic violence—returning again and again to a violent relationship or finding herself in new relationships with different men who abuse her.

Still in your small groups, answer the following questions:

- What might be the impact on Suzanne of a CASA/GAL volunteer's recommendation that Suzanne's children not be around her abusive partner?
- If Suzanne chooses to leave her abusive partner, what further support might her family need?

We'll hear your factors and responses to the questions in the large group.

Impact on Children

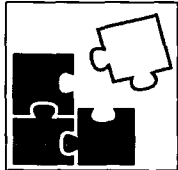
Lenore Walker, author of *Battered Women*, describes the world of children who grow up in violent homes:

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

Children in families where there is domestic violence are at great risk of becoming victims of abuse themselves. Studies indicate this group is fifteen times more likely to experience child abuse than children in nonviolent homes are. Over half of children in families where the mother is battered are also abused. In some cases, children may try to intervene and protect their mothers, getting caught in the middle of the violence. In most cases, however, children are also targets of the violence.

At least seventy-five percent of children whose mothers are battered witness the violence. In some cases, the batterer deliberately arranges for the child to witness it. The effect on children's development can be just as severe for those who witness abuse as for those who are abused. Witnessing violence at home is even more harmful than witnessing a fight or shooting in a violent neighborhood. It has the most negative impact when the victim or perpetrator is the child's parent or caregiver.

Statistics from "Children: The Forgotten Victims of Domestic Violence." Janet Chiancone, *ABA Child Law Practice Journal*, July 1997.



Activity 5F: Effects of Domestic Violence on Children

Read the following stories told by mothers whose children witnessed domestic violence. Then read the section "What Can a CASA/GAL Volunteer Do?" As you read, note which suggestions would be helpful to Annette's children, to Jocelyn's children, and to Cheryl's. Share your responses with your small groups.

As a large group, we'll hear a sample of your responses and answer the question, What else might you recommend for these children and their families?



In the Words of Their Mothers...

Annette

The kids were carrying a dreadful secret. If they talked, they would lose their dad, and they would be responsible for "breaking up" the family. If they didn't talk, they felt like they were taking part in my abuse. The kids were torn to pieces by the time we left him. And even that didn't end it. Every time he had visitation, he'd grill them about me, and he was always trying to make them choose between him and me. He'd coach them on things he wanted them to say to me and then they'd have to decide: "Should I say it or not?" He tried to turn them into weapons in his war on me.



In the Words of Their Mothers...

Jocelyn

One morning after my husband left for work, my sons were in their room and as I cleaned the kitchen, I realized that they were role-playing one of our fights. My youngest called his brother a “rotten *#@*” and I wanted to die. Over the years the imitation continued. The older one wanted to beat up his dad for me and tried on a few occasions. But the younger one walked around the house calling me a fat pig. Eventually he started to hit me. That was too much. It opened my eyes. I wouldn’t tolerate this behavior from an eight-year-old, so why was I tolerating it from my husband? I realized that my kids were growing up with a totally distorted image of what a family is, what a normal mom is, what a normal dad is, what love is. They’d already learned to disrespect women—to disrespect me.

Cheryl

One day my husband laid into me because I was delayed at the church and I wasn’t home with dinner on the table when he came in from work. He cursed me out and carried on, and afterwards my son said to me, “I’d be mad too if I came home and my wife wasn’t there.” He was only nine years old. I hated the way he thought about women and the way he talked to me, and I realized that if we stayed there he was going to wind up thinking and acting just like his father.

When Love Goes Wrong: What to Do When You Can't Do Anything Right. Ann Jones and Susan Schechter, New York: Harper Collins, 1992.

What Can a CASA/GAL Volunteer Do?

Child advocates have reason to 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 1995 report compiled by the U.S. Advisory Board on Child Abuse and Neglect, “[D]omestic violence is the single, major precursor to child abuse and neglect fatalities in the U.S.”

The CASA/GAL volunteer’s task is even more complex than usual when partner abuse is a factor in family relationships. The history and severity of family violence will figure into any recommendation for placement of a child. Many professionals in the field of domestic violence believe that you cannot protect the child unless you also protect the primary nurturer/victim (usually the mother). As part of that perspective, they advocate for placement of the child with the mother regardless of other factors, saying that to do otherwise further victimizes her at the hands of the system.

However, the CASA/GAL volunteer must take a broader view. 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. The CASA/GAL volunteer should assess the situation with a clear understanding of domestic violence dynamics but, in the end, must make a recommendation based solely on the best interest of the child.

As a CASA/GAL volunteer, you should seek resources for children from violent homes. They need positive role models and supportive environments that will help them develop social skills and address feelings about the violence in a constructive manner. They need opportunities to learn that there are nonviolent ways to address conflict. Specialized counseling programs, therapy, domestic violence victim support groups, youth mediation training, and relationships with supportive mentors can help children adopt alternative, nonviolent ways to resolve conflicts.

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 noncoercive, nonintrusive manner.

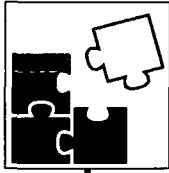
The foremost issue is the safety of the child. Be alert to any signs that domestic violence has recurred or even that contact between the batterer and the victim is ongoing if that might compromise the child's safety.

(Note: You can find further information in the section "Domestic Violence: Safety Tips for You and Your Family," which appears in the Resource Materials section of this chapter.)

UNIT 3: Poverty—The Facts for Children

Socioeconomic status, or class, is a major difference that greatly defines how people live in the world. There are many myths and stereotypes associated with being poor. To separate myths from reality, it is important to look at what we do know about children and poverty in the United States. For instance, a three-person family was considered “poor” in 1998 if they earned less than \$13,003, but the average income for poor families with children was less than \$9,000 or \$747 a month, \$172 a week, or less than \$25 a day to meet all basic needs: food, clothing, shelter, health care, etc.

From The State of America's Children: Yearbook 2000, Children's Defense Fund. Boston: Beacon Press, 2000.



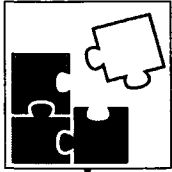
Activity 5G: Poverty—The Numbers

Consider the above statistics about poverty. If you had \$13,000 a year to live on, what changes, if any, would you and your family have to make? Share your changes with a partner.

We'll hear from those who want to share their responses.



UNIT 4: Poverty—Myths & Risks



Activity 5H: Thinking It Over

Read the sections that follow: “Key Facts About American Children,” “Why Are Poor Children More Likely to Be in the System?” and “Native American Families: Issues of Poverty.” Working again in pairs, consider possible answers to three of the following questions. There are many possible answers for each question.

- What effect might living in poverty have on access to education, health care, and daycare?
- What effect might current poverty have on the likelihood of future poverty?
- Is poverty viewed differently in different communities, geographic regions, neighborhoods, and/or religions? Why or why not?
- Are the experiences of poor families of color distinct from those of poor white families? What about Native American families? Why are race and income level interconnected issues?

We will hear a sample of answers for each question in the large group. In the next unit, we’ll examine these issues in more depth.

Key Facts About American Children

1 in 2...

- Preschoolers has a mother in the labor force.
- Will live in a single-parent family at some point in childhood.
- Never completes a single year of college.

1 in 3...

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

1 in 4...

- Lives with only one parent.
- Was born poor.

1 in 5...

- Is poor now.
- Lives in a family receiving food stamps.
- Is born to a mother who did not graduate from high school.
- Has a foreign-born mother.

1 in 6...

- Is born to a mother who did not receive prenatal care in the first three months of pregnancy.
- Has no health insurance.

1 in 7...

- Has an employed person in the family but is still poor.

1 in 8...

- Never graduates from high school.
- Is born to a teenage mother.

1 in 12...

- Lives at less than half the poverty level.
- Has a disability.

1 in 13...

- Was born with low birthweight.

1 in 24...

- Lives with neither parent.

1 in 26...

- Is born to a mother who received late or no prenatal care.

From *The State of America's Children: Yearbook 2000*, Children's Defense Fund, Boston: Beacon Press, 2000.

Why Are Poor Children More Likely to Be in the System?

The majority of children the CASA/GAL volunteer works with will be living at or below the poverty level. Developing a better understanding of the realities of poverty will assist you in being a better advocate. *Keep in mind, knowing people's socioeconomic status—like knowing their race, ethnicity, or other group membership—does not necessarily mean you can predict their attitudes or behavior.* However, knowing their socioeconomic status does help to 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 the poor 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 more “mandated reporters,” increasing the likelihood that serious issues of child maltreatment and neglect will be investigated.

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

Children living in families in poverty are more likely:

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

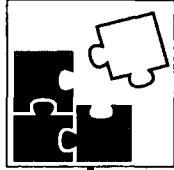
Poverty in the first years of life can have critical consequences. Research in brain development shows the importance of the first years of life for a person’s overall emotional and intellectual well-being. Poor children face a greater risk of impaired brain development due to their increased exposure to a number of other risk factors. These risk factors include:

- ✓ Inadequate nutrition;
- ✓ Parental substance abuse;
- ✓ Maternal depression;
- ✓ Exposure to environmental toxins (because of where they are forced to live); and
- ✓ Poor quality daycare.

Children who live in poverty are far more likely to have both reports of abuse and substantiated incidents of abuse in their lives. While poverty is not the causal agent of the abuse, it is a risk factor that cannot be ignored or overlooked in its importance.



UNIT 5: Generational vs. Situational Poverty



Activity 5I: Walk a Mile in Someone Else's Shoes

Read the following information that distinguishes generational poverty from situational poverty. Examine the chart “Socioeconomic Class: Value Differences,” which describes some of the cultural themes/“hidden rules” in generational poverty.

In your small groups, answer the following questions:

- How might class values affect your response to each of these situations?
 - You are driving to a job interview when you notice someone on the side of the road with a flat tire—obviously needing assistance. If you stop to help, you will not be on time for your interview.
 - Unexpectedly you receive \$5,000. What will you do with it?
 - You are seventeen years old and have to choose between completing high school or taking a job in a new factory in your town.
- How might understanding class values help you in your work as CASA/GAL volunteer?

We will hear a sample of your answers in the large group.

Many of the families that come to the attention of the child protection system live in generational rather than situational poverty. The term “generational poverty” means that a person has been in poverty for at least two generations, while “situational poverty” is defined as a lack of resources due to a particular event such as divorce, death, or chronic illness. As with all materials that describe groups of people, this material is generalized and does not necessarily apply to any one individual. There is often the stereotype that families in generational poverty are not working hard enough. As we already stated, most people who are living at or below the poverty level are working families. They work for minimum wage or less without access to health care and many other benefits considered standard to the middle class.

Many people living in generational poverty have functioning families. They have demonstrated the ability to parent appropriately and to meet their own and their children’s basic needs. They fully utilize the nonfinancial resources at their disposal.

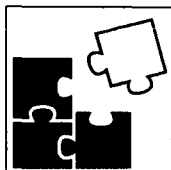
Other families with generational poverty have fewer resources and are more despondent and hopeless. A lack of autonomy and an inability to make choices have become the “norm” in their lives. They may feel left out of a society that places so much emphasis on material possessions. They may feel angry, frustrated, or cheated by the circumstances of their lives.

Moving out of poverty is not possible without some type of support. If none is available, people become frustrated and hopeless. This hopelessness is sometimes expressed by an attitude that says, "Society owes me something." If you become frustrated by how the family of the child you represent thinks, consider their perspective for a moment—walk a mile in their shoes. *Most people are doing the very best they can, with the resources they have, in the difficult situations they encounter.*

Socioeconomic Class: Value Differences

This chart shows some of the differences in attitudes and beliefs (the hidden rules) between individuals living in poverty and those with middle-class incomes. Remember that such characterizations are generalizations and are only helpful in understanding a culture from the "big picture" perspective. Individuals and families have their unique differences. Some cultural themes in generational poverty impact the work of the CASA/GAL volunteer.

		IN POVERTY...	IN THE MIDDLE CLASS...
Value Differences...	Destiny	<i>I am not in a position to control my life.</i>	<i>My actions affect my future.</i>
	Time/Money	<i>Live in the present.</i>	<i>Plan for the future.</i>
	Language	<i>Getting the point across is most important (without "putting on airs").</i>	<i>Getting the point across with proper grammar is most important.</i>
	Driving Force	<i>Survival, relationships.</i>	<i>Work, achievement.</i>



Activity 5J: Leaving Poverty—The Parker-Solano Case

Read the following material about roadblocks to leaving poverty. In pairs, answer the following questions about Suzanne Solano, the mother in the Parker-Solano training case:

- Is Suzanne Solano’s poverty situational or generational?
- Does she have any of the four research-based reasons to leave poverty?
- What resources does Suzanne Solano’s family need?

We will hear a sample of your responses to each question in the large group.

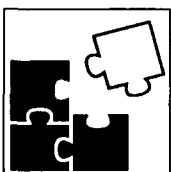
Leaving Poverty: Roadblocks to Change

Research shows that individuals leave poverty for one of four reasons:

1. They have a clear goal or vision of something they want to be or have;
2. Their personal situation is so painful that they are willing to take big risks;
3. They have a role model who builds their confidence, teaches them that they have choices, and shows them a more complete range of life’s possibilities; or
4. They have a specific recognized talent or ability that provides an opportunity for them.

Being in poverty is rarely about a lack of intelligence or ability. Many individuals stay in poverty because they don’t know there is a choice or have no access to the resources that they need.

Adapted from A Framework for Understanding Poverty, Ruby K. Payne, Ph.D., Baytown, TX: RFT Publishing Co., 1998.



Activity 5K: Ideas for Change

Read the following information about welfare reform. In small groups, consider this question:

- ✓ How is the five-year TANF time limit likely to affect children coming into care?

We’ll hear a sample of responses in the large group.

Welfare Reform

During the past two decades there has been a substantial increase in the number and percentage of poor young children in the United States. The poverty rate for young children has grown among all racial and ethnic groups in urban, suburban, and rural areas. In 1997, twenty-two percent of young children in America lived in poverty. The United States' poverty rate for young children is substantially higher than that of other major Western industrialized nations. Since 1980, the percentage of children living in families with moderate income has fallen while the percentage of children at both extremes (those in wealth and those in extreme poverty) has risen.

The enactment of welfare reform (technically called the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) ended Aid to Families with Dependent Children (AFDC) and federal entitlement to assistance for eligible needy families with children, and created the Temporary Assistance for Needy Families (TANF) block grant to the states.

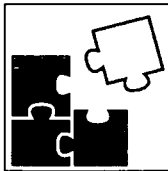
The goals of TANF are to:

- ✓ Provide support to poor families so that children may be cared for in their own homes or in the homes of relatives;
- ✓ Reduce the need for governmental benefits by promoting job readiness, work, and marriage and family guidance; and
- ✓ Prevent and reduce pregnancies outside of marriage and encourage the formation and maintenance of two-parent families.

Under TANF, states are given greater flexibility over the design and implementation of their welfare programs, but are required to impose work requirements and enforce a five-year limit on the receipt of federal assistance. Since 1996, welfare programs in the United States have changed profoundly with a dramatic reduction in the number of individuals participating in and receiving assistance from the TANF program. However, while large percentages of individuals on the welfare caseload are entering employment, many issues connected to job retention and adequacy of income are emerging. It is too soon to tell—and beyond the scope of this training—what the full implications are for families living in or near poverty.

From the National Center for Children in Poverty website, <http://cpmcnet.columbia.edu/dept/nccp>.

UNIT 6: The Importance of Family to a Child



Activity 5L: The Importance of Family to a Child

Read the material that follows. Underline anything that concerns you.

In the large group, we will hear your concerns.

Why the “Minimum Sufficient Level of Care” Standard Is Important

Children grow up best in families. To develop into functional, emotionally stable adults, they need that unique sense of belonging that comes from being part of a family. Children need that safety net that only the unconditional acceptance of family can provide. They need that knowledge of and connection to their cultural/ethnic heritage that is learned within the family.

Based on information from *Beyond Rhetoric: A New American Agenda for Children and Families*. National Commission on Children. Washington, D.C.: Government Printing Office, 1991.

When a child’s biological family is unable to meet these needs, what then? What is in the child’s best interest? These are not easy questions to answer. The CASA/GAL volunteer starts with the assumption that a child’s own family is usually the best setting for raising and nurturing that child. This is true even if the family’s lifestyle, beliefs, resources, and actions are radically different from the volunteer’s. *As long as the child’s family meets or can be helped to meet the minimum sufficient level of care required for the safety of that child, the child belongs with his/her family.*

As discussed in Chapter 1, a minimum sufficient level of care (MSL) means that all basic needs are met and the child is not harmed physically, sexually, or emotionally. On the other hand, the optimum level of care means that the child has considerably more than the minimum: things like a library card, tutoring, tennis lessons, a community of faith, Little League, Scouts, college, a loving extended family. The state intervenes when basic needs are not met—not when a family is unable or unwilling to provide an optimal level of care.

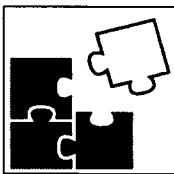
In considering what the minimum sufficient level of care is for any one child, it is important to remember the key parameters of this standard, which were introduced in Chapter 1:

1. It relates to a particular child.
2. It is a set of minimum conditions, not an ideal situation.
3. 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.
4. It remains the same when considering removal as when considering reunification.

The idea that a minimum sufficient level of care should be the standard for families is often difficult for CASA/GAL volunteers to embrace. It feels counterintuitive, almost like it defies common sense. Volunteers are tempted to ask, “Wouldn’t any child be better off in a family without the limitations that are present in this situation?” The truth is that most would not. The overwhelming sense of loss that children suffer when removed from their home—loss of love, of security, of the familiar, of their heritage, of control in their lives; feelings of worthlessness; and the almost unendurable pain of separation—is far worse for most children. Despite the bad things that have happened in their lives, most children in the system love their families and want desperately to be reunited with them. In some ways, that is not strange at all. Take a moment to think back to your own childhood. Whatever it was like, how would you have felt if a stranger came one day to take you away to live with a “better” family?

If parenting hovers at the minimum sufficient level of care, the child protective services system and the court likely will not get involved. If parental care drops below the minimum sufficient level of care (meaning the child’s basic needs are not being met and/or the child is being abused), the child protective services system steps in. Once the system has intervened, the responsibilities of the parent (e.g., seek substance abuse treatment, learn parenting skills) and those of the child protective services agency (e.g., provide visitation, financial aid, etc.) are spelled out in agreements that are enforced by court orders.

Ideally, these agreements will help the parent move at least to a minimum sufficient level of care, and hopefully beyond. The steps in these agreements with parents need to be in small, manageable segments. Appropriate resources need to be available to support changes that the parent makes. If the steps are too big or complex, the parent may give up, causing the family situation to deteriorate and the child to lose the chance to ever return home. It is also helpful if these agreements are written in a way that allows success to be measured. For example, a parent can “attend parenting classes” for six months without ever making a change in behavior. If the agreement specifies that the parent is “able to describe and apply five ways to discipline their child without spanking,” both the parent and any observer will be able to tell whether the task gets accomplished. CASA/GAL volunteers should routinely ask the question of both parents and case managers, “How will you know when this requirement is met?”

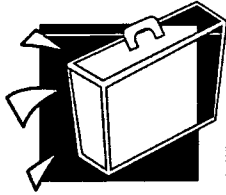


Activity 5M: Understanding Families Wrap-Up

Draw a slip of paper from the facilitator. On your slip will be one half of a description of a concept we covered in Chapters 4 and 5, Understanding Families. Find the person in class who has the other half of your concept. Tape your halves together on the wall and stand with your concept.

When all the halves have been put together and posted, take turns reading your concepts to the class.

We’ll answer any remaining questions you have about these two chapters.



HOMEWORK

Community Resources...

Please complete the following assignment.

There is no specific homework for the next session. Many of the activities for the session will rely on the material in the Parker-Solano training case. You may wish to skim the material again (found in the Resource Materials for Chapter 1) prior to the next session.

Reminder—Assignment for a later training session

Earlier in training, you selected an agency to research. A worksheet is provided as a tool to assist you in gathering information on services provided, access to services, etc.

This activity was assigned early in training to allow time for you to gather the materials. You will share the materials and information you gather during the Chapter 8 training session, when community resources will be introduced.





RESOURCE MATERIALS

Included in this section:

Criteria for Substance Dependence & Substance Abuse	5-33
Information on Drugs & Their Effects	5-35
Understanding Domestic Violence: The Equality Wheel and the Power & Control Wheel	5-37
Domestic Violence: Safety Tips for You & Your Family	5-39

Criteria for Substance Dependence & Substance Abuse

Substance Dependence (a.k.a., Chemical Dependency or Addiction)

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same twelve-month period:

1. Tolerance, as defined by either of the following:
 - a need for markedly increased amounts of the substance to achieve intoxication or desired effect, or
 - markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as manifested by either of the following:
 - the characteristic withdrawal syndrome for the substance, or
 - the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. The substance is often taken in larger amounts or over a longer period than was intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
5. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of the substance use.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Substance Abuse

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same twelve-month period *and* the symptoms have never met the criteria for Substance Dependence for this class/type of substance:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children).
2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).

3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

From Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Fourth Edition, American Psychiatric Association, Washington, D.C.: American Psychiatric Press, Inc., 2000.

Information on Drugs & Their Effects

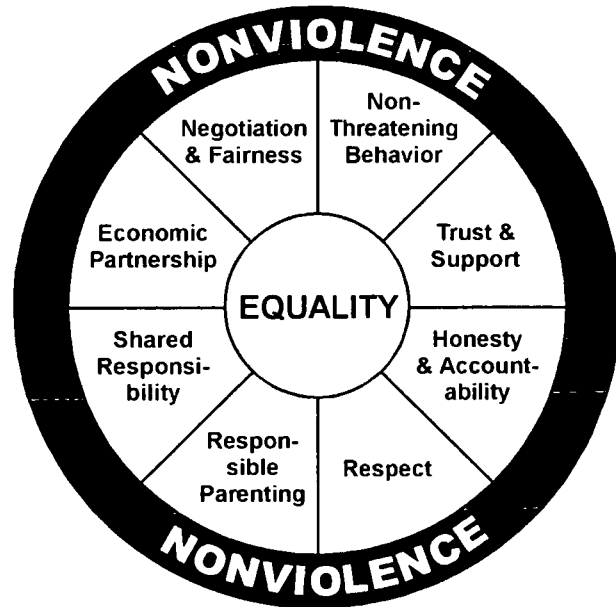
	DRUGS	POPULAR NAMES	METHODS OF USE	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE
Depressants	Alcohol	Booze, Liquor, Spirits	Oral	<ul style="list-style-type: none"> slurred speech 	<ul style="list-style-type: none"> shallow respiration
	Methaqualone	Quaalude, Sopor, Ludes, 714s	Oral, Injected	<ul style="list-style-type: none"> disorientation loss of memory 	<ul style="list-style-type: none"> cold and clammy skin
	Benzodiazepines	Diazepam, Dalmane, Librium, Valium, Tranks	Oral, Injected	<ul style="list-style-type: none"> loss of inhibitions impaired judgement 	<ul style="list-style-type: none"> weak and rapid pulse
	Barbiturates	Seconal, Nembutat, Stumblers, Downers, Goofballs	Oral, Injected		<ul style="list-style-type: none"> coma possible death
Cannabis	Marijuana	Weed, Pot, Grass, Acapulco Gold, Sinsemilla, THC	Oral, Smoked	<ul style="list-style-type: none"> difficulty concentrating euphoria short-term memory loss 	<ul style="list-style-type: none"> fatigue paranoia
	Hashish	Hash, Hash Oil	Oral, Smoked	<ul style="list-style-type: none"> loss of depth perception increased appetite disoriented behavior lack of motivation lowered productivity 	<ul style="list-style-type: none"> possible psychosis
Stimulants	Cocaine	Coke, Flake, Snow, Crack	Snorted, Injected, Smoked (freebased)	<ul style="list-style-type: none"> increased alertness excitation euphoria 	<ul style="list-style-type: none"> agitation increased body temperature
	Amphetamines	Dexedrine, Desoxyn, Biphentamine, Crystal, Meth, Speed, Crank, Uppers	Oral, Injected, Snorted	<ul style="list-style-type: none"> increased pulse rate increased blood pressure loss of appetite insomnia 	<ul style="list-style-type: none"> hallucinations convulsions possible death
	Nicotine	Cigarettes, Snuff, Smokes, Chew	Oral, Smoked	<ul style="list-style-type: none"> dilated pupils 	
Hallucinogens	LSD	Mickey Mouse, Acid, Microdot, Blotter Acid, Paper Acid	Oral	<ul style="list-style-type: none"> illusions hallucinations 	<ul style="list-style-type: none"> longer and more intense "trip" episodes
	Mescaline & Peyote	Mesc, Buttons, Cactus	Oral, Injected	<ul style="list-style-type: none"> poor perception of time and distance 	<ul style="list-style-type: none"> "awake" coma bizarre behavior
	Amphetamine variants	2, 5-OMA, PMA, STP, MDA, Ecstasy, Adam & Eve	Oral, Injected		<ul style="list-style-type: none"> violence psychosis possible death
	PCP	Angel Dust, Hog	Oral, Injected, Sniffed, Smoked (usually w/Marijuana)		
	Other	Psilacybin, DMT, DET	Oral, Injected, Smoked, Sniffed		
Narcotics	Opium	Paragoric, Dover's Powder, Parepectolin	Oral, Smoked	<ul style="list-style-type: none"> euphoria drowsiness 	<ul style="list-style-type: none"> slow and shallow breathing
	Morphine	Big M, Drugstore Dope	Oral, Injected, Smoked	<ul style="list-style-type: none"> respiratory depression constricted pupils 	<ul style="list-style-type: none"> clammy skin convulsions
	Codeine	Robitussin A-C, Empirin Compound w/Codeine	Oral, Injected	<ul style="list-style-type: none"> nausea 	<ul style="list-style-type: none"> coma possible death
	Heroin	Smack, Stuff, Horse, Dope, Boy	Injected, Sniffed, Smoked		
	Methadone	Dolophine, Methadose, Dome, Medicine	Oral, Injected		



Understanding Domestic Violence

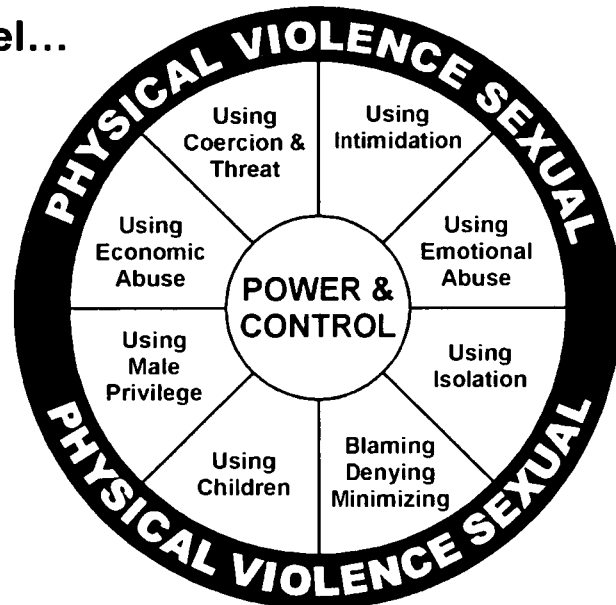
The Equality Wheel...

Healthy relationships are based on the belief that two people in a relationship are partners with equal rights to have their needs met and equal responsibility for the success of the partnership. In this equality belief system, violence is not an option because it violates the rights of one partner and jeopardizes the success of the relationship. The dignity of both partners is built up in a relationship based on equality.



The Power & Control Wheel...

Abusive relationships are based on the mistaken belief that one person has the right to control another. When the actions described in the spokes of this wheel don't work, the person in power moves on to actual physical and sexual violence. The relationship is based on the exercise of power to gain and maintain control. The dignity of both partners is stripped away.





Domestic Violence: Safety Tips for You & Your Family

If You Are in Danger, Call 911 (or your local police emergency number)

To find out about help in your area call the National Domestic Violence Hotline:

1-800-799-SAFE or 1-800-787-3224 (TTY)

Whether or not you feel able to leave an abuser, there are things you can do to make yourself and family safer.

In an Emergency

If you are at home and you are being threatened or attacked:

- Stay away from the kitchen (the abuser can find weapons, like knives, there).
- Stay away from bathrooms, closets or small spaces where the abuser can trap you.
- Get to a room with a door or window to escape.
- Get to a room with a phone to call for help; lock the abuser outside if you can.
- Call 911 (or your local emergency number) right away for help; get the dispatcher's name.
- Think about a neighbor or friend you can run to for help.
- If a police officer comes, tell him/her what happened; get his/her name & badge number.
- Get medical help if you are hurt.
- Take pictures of bruises or injuries.
- Call a domestic violence program or shelter (some are listed here); ask them to help you make a safety plan.

How to Protect Yourself at Home

- Learn where to get help; memorize emergency phone numbers.
- Keep a phone in a room you can lock from the inside; if you can, get a cellular phone that you keep with you at all times.
- If the abuser has moved out, change the locks on your door; get locks on the windows.
- Plan an escape route out of your home; teach it to your children.
- Think about where you would go if you need to escape.
- Ask your neighbors to call the police if they see the abuser at your house; make a signal for them to call the police, for example, if the phone rings twice, a shade is pulled down or a light is on.
- Pack a bag with important things you'd need if you had to leave quickly; put it in a safe place, or give it to a friend or relative you trust. Include cash, car keys & important information such as court papers, passport or birth certificates, medical records & medicines, immigration papers.

- Get an unlisted phone number.
- Block caller ID.
- Use an answering machine; screen the calls.
- Take a good self-defense course.

How to Make Your Children Safer

- Teach them not to get in the middle of a fight, even if they want to help.
- Teach them how to get to safety, to call 911, to give your address & phone number to the police.
- Teach them who to call for help.
- Tell them to stay out of the kitchen.
- Give the principal at school or the daycare center a copy of your court order; tell them not to release your children to anyone without talking to you first; use a password so they can be sure it is you on the phone; give them a photo of the abuser.
- Make sure the children know who to tell at school if they see the abuser.
- Make sure that the school knows not to give your address or phone number to *anyone*.

How to Protect Yourself Outside the Home

- Change your regular travel habits.
- Try to get rides with different people.
- Shop and bank in a different place.
- Cancel any bank accounts or credit cards you shared; open new accounts at a different bank.
- Keep your court order and emergency numbers with you at all times.
- Keep a cell phone & program it to 911 (or other emergency number).

How to Make Yourself Safer at Work

- Keep a copy of your court order at work.
- Give a picture of the abuser to security and friends at work.
- Tell your supervisors—see if they can make it harder for the abuser to find you.
- Don't go to lunch alone.
- Ask a security guard to walk you to your car or to the bus.
- If the abuser calls you at work, save voice mail and save e-mail.
- Your employer may be able to help you find community resources.

Using the Law to Help You

Protection or Restraining Orders

- Ask your local domestic violence program who can help you get a civil protection order and who can help you with criminal prosecution.

In Most Places, the Judge Can...

- Order the abuser to stay away from you or your children.
- Order the abuser to leave your home.
- Give you temporary custody of your children & order the abuser to pay you temporary child support.
- Order the police to come to your home while the abuser picks up personal belongings.
- Give you possession of the car, furniture, and other belongings.
- Order the abuser to go to a batterers' intervention program.
- Order the abuser not to call you at work.
- Order the abuser to give guns to the police.

If You Are Worried About Any of the Following, Make Sure You...

- Show the judge any pictures of your injuries.
- Tell the judge that you do not feel safe if the abuser comes to your home to pick up the children to visit with them.
- Ask the judge to order the abuser to pick up and return the children at the police station or some other safe place.
- Ask that any visits the abuser is permitted are at very specific times so the police will know by reading the court order if the abuser is there at the wrong time.
- Tell the judge if the abuser has harmed or threatened the children; ask that visits be supervised; think about who could do that for you.
- Get a certified copy of the court order.
- Keep the court order with you at all times.

Criminal Proceedings

- Show the prosecutor your court orders.
- Show the prosecutor medical records about your injuries or pictures if you have them.
- Tell the prosecutor the name of anyone who is helping you (a victim advocate or a lawyer).
- Tell the prosecutor about any witnesses to injuries or abuse.
- Ask the prosecutor to notify you ahead of time if the abuser is getting out of jail.

Be Safe at the Courthouse

- Sit as far away from the abuser as you can; you don't have to look at or talk to the abuser; you don't have to talk to the abuser's family or friends if they are there.
- Bring a friend or relative with you to wait until your case is heard.
- Tell a bailiff or sheriff that you are afraid of the abuser and ask him/her to look out for you.
- Make sure you have your court order before you leave.
- Ask the judge or the sheriff to keep the abuser there for a while when court is over; leave quickly.

- o If you think the abuser is following you when you leave, call the police immediately.
- o If you have to travel to another state for work or to get away from the abuser, take your protection order with you; it is valid everywhere.

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CHAPTER 6

Understanding Children

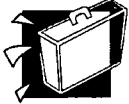


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CHAPTER 6

Understanding Children



Homework for the Session

There is no new homework for this session. Many of the activities for this session rely on the material in the Parker-Solano training case. You may wish to skim the material again prior to this session.



Goal

In this chapter, I will learn about child development, attachment, separation, permanence, resiliency, and other issues for children.

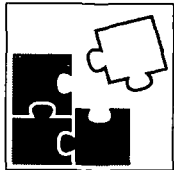


Objectives

By the end of this chapter, I will be able to...

- ✓ Analyze a child's needs using Maslow's hierarchy of human needs as a framework.
- ✓ Identify age-appropriate behavior for children from birth through adolescence.
- ✓ Name behavioral signs of attachment and lack of attachment in children.
- ✓ Recognize typical reactions of children and their parents to separation and loss.
- ✓ Understand a child's need for permanence.
- ✓ Identify warning signs of educational, emotional, and psychological issues that might require professional assessment and/or treatment.
- ✓ Describe the concept of resiliency and identify protective factors.

UNIT 1: What All People Need



Activity 6A: Human Needs

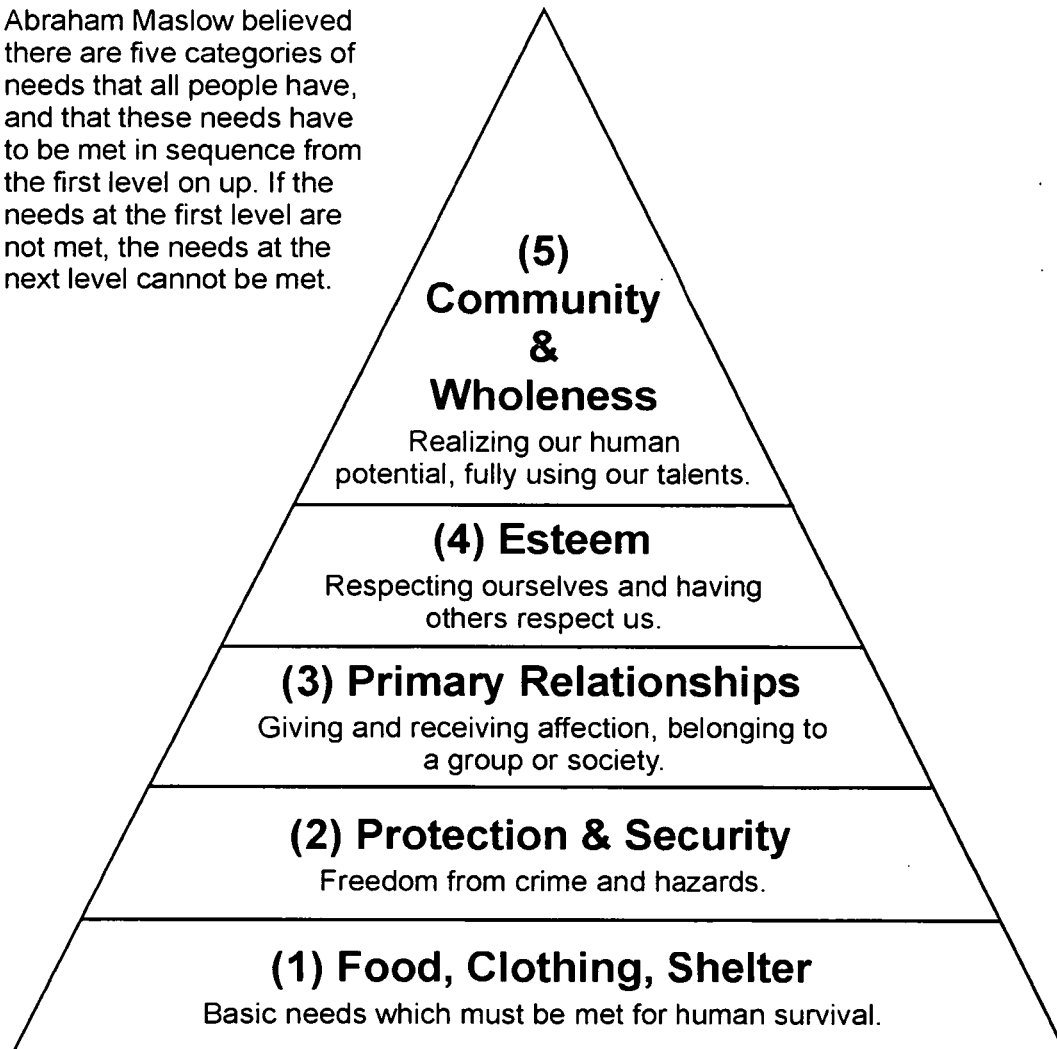
On a card or piece of scratch paper, write three things you need in your life. Share your list in your small group.

Read the information on the following page that outlines Abraham Maslow's theory of human needs, often called "Maslow's hierarchy of needs." With your small group, analyze which categories your three needs fall under on the hierarchy.

In the large group, we'll hear the number of needs each small group has in each category.

Hierarchy of Needs

Abraham Maslow believed there are five categories of needs that all people have, and that these needs have to be met in sequence from the first level on up. If the needs at the first level are not met, the needs at the next level cannot be met.



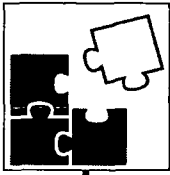
Motivation and Personality, Abraham Maslow, New York: Harper & Row, 1960.

The first two categories of needs are self-explanatory. In the third level, primary relationships, Maslow stated that people need to experience love and a feeling of belonging. They need to give and receive affection and belong to a group or to a society.

Sound primary relationships make it possible for people's need for esteem—the fourth of Maslow's categories of need—to arise. Self-esteem and esteem from others allow people to feel self-confident and self-worthy. Without such respect in their lives, people feel inferior and worthless. When the need for esteem is met, the need for self-actualization surfaces. Maslow called this level "community and wholeness." At this level, people strive to realize their potential and exercise their talents to the fullest. Maslow noted that most people do not reach self-actualization because they never fully satisfy their needs for love and esteem.

The Needs of Children

Children represented by CASA/GAL programs come to the court's attention because their most basic needs—for protection and security—are not being met by their parents or caretakers. To make sure these children are protected from maltreatment, many of them are removed from their homes and their primary relationships. Usually, parents are their children's advocates—a CASA/GAL volunteer is needed only when the parents cannot fill that advocacy role for their children. Later, this chapter will look more closely at the consequences of disturbing children's attachments to their primary caretakers, even if the removal from home is necessary to ensure the children's protection.



Activity 6B: The Needs of Children

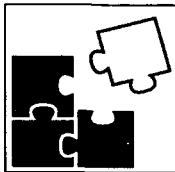
As a group, what would you add to the following list of things that all children need? The facilitator will add your ideas to the list of needs on the flipchart.

Among the Things That Children Need Are...

- ✓ Food
- ✓ Shelter
- ✓ Security
- ✓ Clothing
- ✓ Protection
- ✓ Medical Care
- ✓ Education
- ✓ Nurturing
- ✓ Family Connections, Including Culture
- ✓ Stability
- ✓ What Else?

Important Points About Children's Needs

- To advocate for a child, the CASA/GAL volunteer must keep the child's needs clearly in mind. The child's needs are paramount.
- Human needs can be ordered in a sequential hierarchy (i.e., Maslow's survival, security, primary relationships, esteem, and community/wholeness).
- Healthy growth and development depend on adequately meeting more basic needs before other needs can be addressed (e.g., the development of friendships depends on more basic needs being met).
- Children's needs depend on their age, stage of development, attachment to their family/caregivers, and reaction to what is happening around them.
- The essence of the role of the CASA/GAL volunteer is to identify the child's unmet needs and then find the appropriate person or service to meet those needs.



Activity 6C: The Needs of Damien & Ben

Divide into two groups—one group assigned to Damien and one to Ben, the children in the Parker-Solano training case.

Damien's Group: Think about Damien, the younger child in the Parker-Solano case. As a CASA/GAL volunteer, which of the needs that appear on the flipchart list for the previous activity would you wish to address for Damien? Make a list of your responses and share with your small group.

With your small group, analyze where Damien's needs fall on Maslow's hierarchy of needs.

Ben's Group: There are unique issues for a CASA/GAL volunteer working with a child who has reached adolescence. Read the following material on working with adolescents. Refer to the list of tips for assisting youth in the transition to adulthood. With a partner, go through the tips and identify one strategy for each tip that you might use if you were appointed as Ben's CASA/GAL volunteer. Refer back to Maslow's hierarchy of needs and identify at which level Ben's current needs fall.

In the large group, we'll hear a sample of responses from each of the groups.

Working with Adolescents

Working with adolescents presents unique challenges for the court system and the CASA/GAL volunteer. In many states, children above a certain age are to receive notice of court hearings in which their permanent plan will be addressed. The CASA/GAL volunteer can help the young person decide the best way to participate in these events. It empowers the young person to have a voice in planning for his/her own future. Additionally, in every court proceeding, the

CASA/GAL volunteer advocates for the child's needs *and* informs the court of the child's wishes. A relationship built on trust is essential if the CASA/GAL volunteer is to know the young person well enough to inform the court regarding these issues.

To help adolescents become healthy, self-sufficient adults, a plan should be created that enhances their opportunities to participate in meaningful independent- or transitional-living programs that meet their special needs. The CASA/GAL volunteer can play a special role with a young person as he/she prepares to live independently. If the CASA/GAL volunteer has a relationship with the child that is built on mutual trust, he/she may be the person that the young person turns to when making choices and decisions about the future. Also, the CASA/GAL volunteer should see that the caseworker arranges for the child to be informed about puberty and what is happening to his/her body during this time of rapid change.

“

Did You Know That...

According to a study of ex-foster children in Wisconsin twelve to eighteen months after they left foster care, half were employed, a third were on welfare, a fifth of the girls had given birth, and more than a quarter of the boys had been imprisoned.

American Bar Association Center on Children and the Law, 1999.

Tips for Assisting Youth in the Transition to Adulthood

- Paint a positive and realistic picture of the future;
- Respect the grief that comes from loss of family;
- Tailor services to their needs;
- Don't leave them hanging—advocate for resources;
- Help them understand their rights and responsibilities, and what you see as best for them;
- Involve them in decisions;
- Help them develop support systems—lifelong connections; and
- Know what permanence means to them; it can mean having something and someone to fall back on—adequate support systems to meet emotional, financial, scholastic, and intellectual needs.

Materials for this unit were adapted from "Litigating the Independent Living Case." Kathi Grasso. *ABA Child Law Practice*, October 1999.

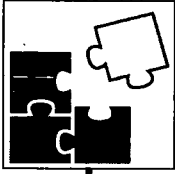
UNIT 2: How Children Grow & Develop

When children's needs are being met appropriately, they are able to grow and develop optimally. It is important in your work as a CASA/GAL volunteer to be able to assess age-appropriate behavior for children from birth through adolescence. This unit examines materials on growth and development that will be a resource to you in your work.

How Children Grow & Develop

1. No two children are alike. Each one is different. Each child is a growing, changing person.
2. Children are not small adults. They do not think, feel, or react as grown-up people do.
3. Children cannot be made to grow. On the other hand, they cannot be stopped from growing.
4. Even though children will grow in some way no matter what care is provided for them, *they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development.*
5. Most children roughly follow a similar sequence of growth and development. For example, children scribble before they draw. But no two children will grow through the sequence in exactly the same way. Some will grow slowly while others grow much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in language development but less advanced, or even delayed, in motor coordination.
6. During the formative years, the more successful a child is at mastering the tasks of a particular stage of growth, the more prepared he/she will be for managing the tasks of the next stage. For example, the better a child is able to control behavior impulses that he/she has as a two-year-old, the more skilled he/she will be at controlling behavior impulses he/she has as a three-year-old.
7. Growth is continuous, but it is not always steady and does not always move smoothly forward. You can expect children to slip back or regress occasionally.
8. Behavior is influenced by needs. For example, the active fifteen-month-old baby touches, feels, and puts everything into his/her mouth. His/her whole person is responding to a growth need; he/she is not intentionally being a nuisance who gets into everything.
9. Children need to feel that they are loved, that they belong, that they are wanted. They also need the self-confidence that comes from being able to meet situations adequately.
10. It is important that experiences that are offered to children fit their own maturity level. If a child is pushed ahead too soon, and if too much is expected of him/her before he/she is ready, failure may discourage him/her. On the other hand, a child's growth may be impeded if parents or caregivers do not recognize when he/she is ready for more complex or challenging activities. Providing experiences that tap into skills that the child feels confident in, as well as some new skills that will challenge him/her, will provide the balance of activities that facilitates healthy growth.

Resources for Child Caring, Inc., Minnesota Child Care Training Project, Minnesota Department of Human Services, 1986.



Activity 6D: Ages & Stages

Consider which of the following age groups you have the most interest in or experience with:

- birth to six months,
- six to twelve months,
- twelve to eighteen months,
- eighteen months to three years,
- three to five years,
- six to nine years,
- ten to fifteen years, or
- sixteen to twenty-one years.

Divide into small groups according to the age group that you select. The facilitator will give each group an envelope, which contains cards with behaviors written on them. Several different age groups' behaviors are represented in each envelope. Trade cards with the other groups until you have a set of cards that you think is descriptive of the age group you have chosen. (Don't peek at the chart on the next page during this part of the activity!) After every group has finished collecting their cards, check your work by referring to the child development chart on the following pages.

In the large group, we will share what you discovered and answer any questions you have.

Child Development....

	0 to 6 Months	6 to 12 Months	12 to 18 Months
COGNITIVE	Recognition of mother; no concept of past or future; reaches for familiar people or toys.	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.	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.
PSYCHOLOGICAL	Attachment to mother/ caretaker; totally dependent; totally trusting; learns intimacy.	Separation from mother; 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.	Early social development; egocentric; accepts limits; develops self-esteem (love from family); plays by self.
MORAL	None.	None.	Fear of authority figures.
SEXUAL	Erections possible; both sexes can be stimulated.	Generalized genital play.	Continued generalized genital play.
MOTOR	Sucking; hands clenched/ grip; neck muscles develop; pulls at clothing; laughs/ coos.	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.	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.

Child Development...

18 to 36 Months

3 to 5 Years

6 to 9 Years

COGNITIVE

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...?"; 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.

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.

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.

PSYCHOLOGICAL

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.

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.

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.

MORAL

Knowledge of preferences of authority figures.

Self-esteem dependent on authority figures; follows peers' fads; negotiates to get needs met.

Has a conscience; refinements in moral development.

SEXUAL

Continued generalized genital play; early sex-role development.

Generalized genital play in males; masturbation to orgasm in females is possible; early experimentation; gender identity established.

Defenses reduce experimentation, but some continues.

Child Development...		18 to 36 Months	3 to 5 Years	6 to 9 Years
		MOTOR	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.	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.

Child Development...		10 to 15 Years	16 to 21 Years
		COGNITIVE	Can engage in inductive and deductive logic; neurons are present; understands hypothetical situations; conflicts with parents increase.
PSYCHOLOGICAL	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.	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.	
MORAL	Moral development is legalistic; recognition of principles (e.g., justice); selection of role models.	Identifies with moral principles, rules, and limit testing; experimentation with sex and drugs; examination of inner experiences.	

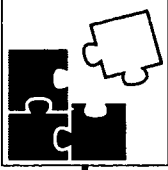
		10 to 15 Years	16 to 21 Years
Child Development...	SEXUAL	Puberty; sex organs mature; males ejaculate and have wet dreams; both sexes able to masturbate to orgasm with fantasies; girls develop physically sooner than boys; may display shyness, blushing, and modesty.	Feelings of love and passion; development of more serious relationships; sense of sexual identity established ¹ ; increased capacity for tender and sensual love.
	MOTOR	Greater body competence (e.g., physical coordination); manual dexterity; growth patterns vary.	Heightened physical power, strength, coordination.

Chart compiled by Katie Thompson, Elon College student intern, NC Guardian ad Litem Program. Sources include: "Infant and Toddler Development," Dr. Maureen Vandermaas-Peeler, Elon College; "Child Development," Ray Newnam, Ph.D.; "LD In Depth," LD OnLine, www.ldonline.org; "Growing Up," Pasternak and Kroth; "Your Child's Growth: Developmental Milestones," American Academy of Pediatrics, www.aap.org; and "Normal Adolescent Development," American Academy of Child and Adolescent Psychiatry, www.aacap.org.

¹ Materials about working with gay and lesbian youth appear in the Resource Materials section of this chapter.

In using tools such as the preceding child development chart, keep in mind that:

- ✓ There is a wide range of typical behavior, and at any particular age twenty-five percent of children will not have reached the behavior or skill, fifty percent will be showing it, and twenty-five percent will already have mastered it;
- ✓ Some behaviors may be typical—in the sense of predictable—responses to trauma, including the trauma of separation as well as abuse and neglect;
- ✓ Prenatal and postnatal influences may alter development;
- ✓ Other factors, including culture, current trends, and values, also influence what is defined as typical; and
- ✓ A CASA/GAL volunteer needs to become aware of his/her own values, attitudes, and perceptions about what is typical in order to be more objective and culturally sensitive when assessing a child's needs.



Activity 6E: Ages & Stages—Damien & Ben

This activity uses the same two groups from Activity 6C. Keeping in mind the principles of development that we reviewed earlier, complete the following activity.

Damien's Group: Think about Damien, the younger child in the Parker-Solano case. Using the child development chart, try to place Damien's developmental level in each of the areas discussed: cognitive, psychological, moral, sexual, and motor. Is he on target? What might a CASA/GAL volunteer do to gather additional information in order to assess Damien? What might help Damien in any areas in which he is lagging behind?

Ben's Group: Think about Ben, the older child in the Parker-Solano case. Using the child development chart, try to place Ben's developmental level in each of the areas discussed: cognitive, psychological, moral, sexual, and motor. Is he on target? What might a CASA/GAL volunteer do to gather additional information in order to assess Ben? What might help Ben in any areas in which he is lagging behind?

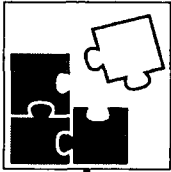
In the large group, we'll hear a sample of the responses from each group.

Ben's Developmental Needs...		Think of an example from the Parker-Solano case that illustrates this area of development.	Identify sources of information or materials for further assessment in this area.	Identify resources to help child in this area.
	COGNITIVE			
	PSYCHOLOGICAL			
	MORAL			

Damien's Developmental Needs...

MOTOR	SEXUAL			
MOTOR	SEXUAL			
		Think of an example from the Parker-Solano case that illustrates this area of development.	Identify sources of information or materials for further assessment in this area.	Identify resources to help child in this area.
	COGNITIVE			
	PSYCHOLOGICAL			
	MORAL			
	SEXUAL			
	MOTOR			

UNIT 3: Attachment



Activity 6F: The Attachment Cycle

Listen as the facilitator shares a summary of what attachment means in child development and what the risks are for children who lag developmentally or lose the ability to attach to a parent or caretaker.

Look at the diagram of the cycle of attachment that follows while the facilitator shares examples of children who did not develop a healthy attachment to their caregiver or situations where an established attachment was broken.

Following each example, the group will decide where in the cycle the disruption occurred.

What Is Attachment?

Attachment can be defined as:

- The psychological connection between people that permits them to have relational 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 trust that develops between the child and the person(s) he/she interacts with most frequently.

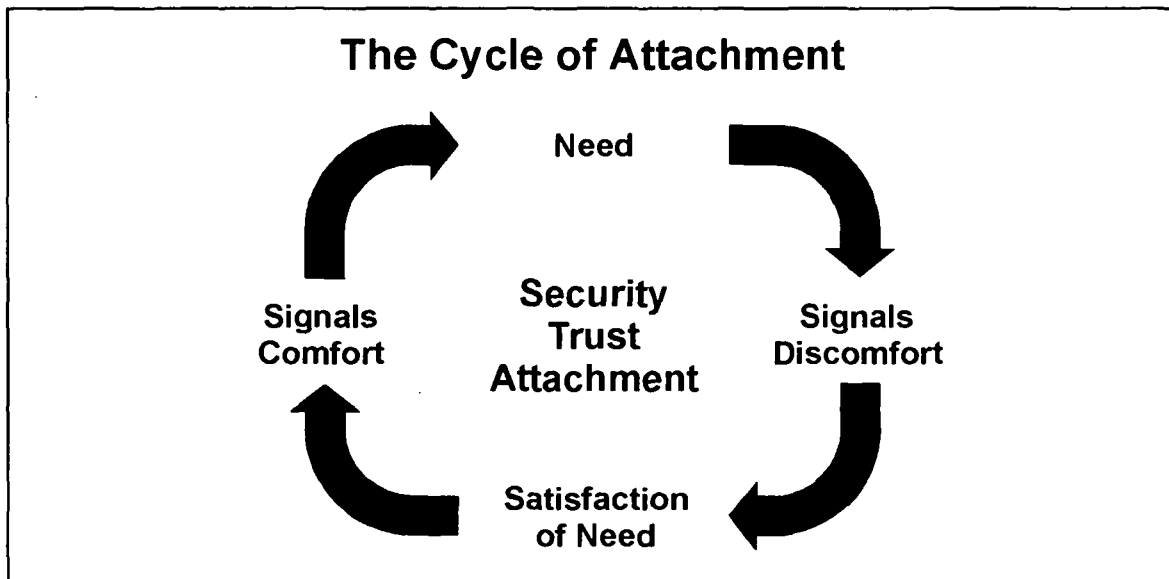
Attachment is a skill that begins to be learned shortly after birth and develops intensely throughout the first three years of life. After the age of three, children can still learn how to attach; however, this learning is more difficult. The child's negative experiences with bonding will strongly influence the child's response to caregivers and other individuals throughout the child's lifetime.

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

1. The child's genetic predisposition;
2. The conditions under which the child is taught; and
3. The child's "teachers" (the parents or caretakers).



Healthy attachments are not based on genetic ties to or the gender or culture of the caretaker. They are based on the nature of the relationship between the child and the caretaker.



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

The basic needs of many of the children in the CASA/GAL program have not been met. Some children may cry for hours at a time, or may get hit when they do cry. This could result in a child who does not cry when hungry and does not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away or fight to avoid being close with another individual. When this type of child is distressed, he/she may not seek out a caregiver for soothing or comfort, or may be indiscriminate—seeking satisfaction from any potential caregiver, including a total stranger.

It is very important to understand the normal process of attachment because the experiences of most of the children in the child protection system increase the likelihood that they will have attachment problems, which may or may not rise to the level of a reactive attachment disorder.

Think about what you have observed in a healthy relationship between a child and parent. There is a distinct cycle of infant attachment development: (1) expressing a need (by crying); (2) having that need met (feeding, diapering, holding); (3) growing familiar with the person who meets the need; and (4) trusting that the caretaker will be there every time. This leads to “bonding” with that person, the trusted caretaker. This is the healthy attachment cycle.

Reactive Attachment Disorder

Some children with extreme attachment issues develop reactive attachment disorder (RAD). It is thought that only a small percentage of maltreated infants will be diagnosed with this disorder. It is important to learn some of the following warning signs because many children who have been abused or neglected have less severe attachment issues that may still impair their ability to form healthy relationships.

- Superficially engaging and charming child.
- Indiscriminately affectionate with strangers.
- Destructive of self, others, things.
- Developmentally behind, even in favorable environments.
- Will not make eye contact.
- Not cuddly with parents.
- Cruel to animals, siblings.
- Lacks cause-and-effect thinking.
- Has poor peer relations.
- Is inappropriately demanding or clingy.
- Engages in stealing, lying.
- Has poor impulse control.
- Has abnormal speech patterns.
- Fights for control over everything.

“Children at Risk for Reactive Attachment Disorder: Assessment, Diagnosis and Treatment.” Keith Reber. *Progress: Family Systems Research and Therapy*, 1996, Volume 5, (pp. 83-98). Encino, CA: Phillips Graduate Institute.

There are many factors that can contribute to the lack of healthy attachments. A lack of attachment may be due to a substance abuse issue, the immaturity of the caretaker, a mental health issue, or other problems that parents experience. An attachment may be broken when a child loses contact because he/she may have been moved many times, or when visitation does not occur frequently and on a regular basis when the child is very young. At the most serious end of the continuum is reactive attachment disorder. Note the list of warning signs above. If you have concerns about a child, an assessment by a qualified mental health professional should be considered, and possibly requested.

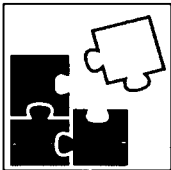
(Note: Additional materials about reactive attachment disorder are found in the Resource Materials section of this chapter.)



UNIT 4: Separation

Understanding typical reactions of children and their parents to separation and loss provides motivation for the CASA/GAL volunteer in fulfilling an advocacy role. Integrating this understanding about separation and loss with information on child development, behavior, attachment, and a child's sense of time allows CASA/GAL volunteers to more accurately assess a child's needs.

When children are removed from their homes, no matter how strong or weak the attachment, they feel isolated and detached. Not only do they worry about not seeing their parents, but they also suffer from fears of losing peer groups and siblings, changing schools, or missing something as simple as their bed or toys.



Activity 6G: The Separation Experience for Children

Listen as the facilitator reads the following scenario.

Afterward, take a few minutes to remember that this isn't a true story for you. If you would like, share with the group the feelings you experienced as you imagined being removed from your home and your parents?

In pairs, answer the following questions. How would this experience have felt different...

- If the foster parents were of a different race?
- If they were very old?
- If the foster mom was in a wheelchair?
- If both foster parents were women?

We will hear a sample of your responses.

Separation Experience Scenario

For the next few minutes, imagine the experience of being a child who is removed from his/her home as a result of the local child protection agency filing a petition for abuse or neglect. Sometimes this exercise makes people feel sad or uncomfortable as they think about experiences that they have had, or as they feel how difficult it is for a child experiencing separation from his/her parents. If you need to open your eyes or leave the room at any point, please do so.

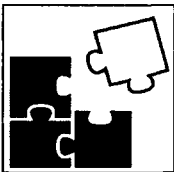
Now, sit comfortably and close your eyes as you visualize yourself as a four-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when

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.

There are a number of things that a CASA/GAL volunteer can do to help a child who is experiencing difficulty with the separation from his/her parents. Children in the foster care system are damaged every time they are moved from one place to another. Each placement increases the likelihood of irreversible damage to the child's emotional and psychological health. However, because a child's safety has to be the primary consideration, sometimes he/she must be moved for protection. A CASA/GAL volunteer is generally not assigned to the case until the child has been removed from the home. Once you are appointed, you can advocate that the child not experience multiple placements.



Activity 6H: Separation—What a CASA/GAL Volunteer Can Do

Read the following description of separation anxiety disorder and the list of things the CASA/GAL volunteer can do to help. Then, in your small group, think about what you might add to the list.

We'll hear all responses.

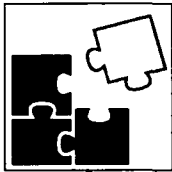
Separation Anxiety Disorder

While all children would be expected to show signs of distress if removed from their homes, some children have extreme reactions. In a child with separation anxiety disorder, the feelings of anxiety become so intense that they interfere with the child's ability to perform daily activities. Typically, the child will think morbid thoughts about being harmed or never being able to see his/her caretaker again. Below, you will find several characteristics of a child who suffers from separation anxiety disorder. He/she may have:

- ✓ Recurrent excessive distress when separation from home or caretakers occurs or is anticipated;
- ✓ Persistent and chronic worry about losing a caretaker or that person being hurt;
- ✓ Persistent worrying that an event will lead to separation from a caretaker (e.g., getting lost or being kidnapped);
- ✓ Reluctance or refusal to go to school because of the fear of separation;
- ✓ Excessive fear of being alone at home or elsewhere without a caretaker;
- ✓ Reluctance or refusal to go to sleep without being near a caretaker or when away from home;
- ✓ Nightmares involving separation; and/or
- ✓ Complaints of physical symptoms (headaches, stomachaches, nausea, vomiting) when separation from a caretaker takes place or is anticipated.

What a CASA/GAL Volunteer Can Do...

- Advocate for additional therapeutic services;
- Explain to the child when he/she might see his/her parent (but don't make promises!);
- Take a strong stand against a court hearing continuance; and/or
- Advocate for a maximum amount of visitation, when appropriate.



Activity 6I: The Separation Experience for Parents

Read the following material about a parent's feelings about the separation experience. In pairs, list similarities you notice between a parent's and a child's experiences with separation. We'll hear a sample of responses in the large group and together answer the question:

- How might knowing this information about the separation experience for parents impact a CASA/GAL volunteer's recommendations for visitation and his/her expectations about the parent's compliance with court orders?

A Parent's Feelings About the Separation Experience

Following is one parent's description of the feelings she experienced when her children were placed in foster care. Knowledge about parents' feelings, coupled with helping parents express their feelings, leads to more meaningful contact with parents. The CASA/GAL volunteer will often observe a similar reaction to the separation experience in both the parent and the child because grief and loss are experienced universally as a series of emotions including denial, anger, sadness, and, eventually, acceptance. Sometimes these reactions proceed in the order outlined below; sometimes people skip around or cycle back to a previous stage as they work through their personal reaction to grief and loss.

STAGE 1: Denial

When the loss of your child hits you, it is like going into shock. You may cry, feel shaky, and find it hard to hear what people are saying to you. You can't think of anything except the child who has been placed. You take care of the rest of the family or go to work like a sleepwalker without really knowing what you're doing. You wonder what your child is doing now. *If you have a car and know where the foster home is, you may drive by just to be sure it is there.*

You wonder if the foster parents are taking good care of your child and doing all the things the way he/she is used to. You may think you hear your child or see him/her in his/her old room. You remember all the good times, even if there weren't very many. You try to keep busy and not think at all, but you keep coming back to your last glimpse of your child. This shock usually lasts from a few days to a few weeks. Other people may try to be comforting to you, but you feel distant to and "outside" the rest of the world.

STAGE 2: Anger

As you come out of the numbness of shock, you experience sadness, anger, and physical upset. You might lose your appetite, or you might eat constantly. It may be hard to fall asleep. You may increase your use of alcohol, cigarettes, or sleeping pills. You may find yourself suddenly tearful "over nothing." You are afraid of what people think of you.

You are angry at perfect strangers on the street because it is you going through this and not them. You are angry with God. If your child was placed in foster care against your wishes—or even if he/she wasn't—you are furious at the social agency, the court, and everybody there. You are mad at yourself and go over and over and over in your mind what happened to see what you could have done to make it different. You can't come up with anything, but you can't quit thinking about it either.

You are angry at your child and feel he/she was difficult on purpose. You tell yourself you are glad your child is gone and never want him/her back. You think how nice it is without him/her. Above all, you resent your child for making you go through all this pain.

You get scared at how angry you are or feel guilty about the anger and start avoiding your child or your work. But it is normal to feel angry when things are not the way you would like them to be. Anger sometimes helps you act to change things. When anger doesn't help, you learn to give it up and try something else to get what you want. You might stay with being angry because it hurts less than the next step, which is despair.

STAGE 3: Sadness

When the anger has worn off, you go into the blues. You may feel you don't care about anybody or anything. It isn't worth getting up each day, and nothing interests you. You may feel worthless and no good. You might think about suicide. You might get ill.

If you are a single parent and all your children have been placed, you may feel desperately lonely. You don't know who you are without your children to care for, or what to do with your day with no one to fix meals for. The world seems barren and silent, and you feel empty and hollow.

You might feel guilty because there is less stress with the child out of the home. You might find you can survive without your child, but feel bad because of it.

STAGE 4: Acceptance

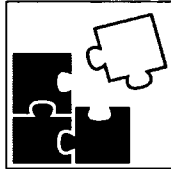
One day things just seem to be better. You begin eating and sleeping well again. You miss your child but are now more realistic about his/her being in foster care. You again pay attention to the house, your work, and the rest of the family. You get interested in keeping your agreements about visiting your child and making your appointments with your caseworker. You begin to realize that you may actually have more time with your child now and feel better when you're with him/her than you did before the foster care, when you were trying to handle too much. You begin to see that both you and your child need relationships with others to deal with the loneliness, and now you have some energy for that.

Adapted from *The Parents' Guide to Foster Family Care*, Barbara Rutter, New York: Child Welfare League of America, 1978.



UNIT 5: Permanence for Children

Understanding a child's need for permanence can guide the CASA/GAL volunteer's advocacy for placement and services that are in the best interest of the child, honoring the child's sense of time.



Activity 6J: Permanence for Children

You will begin your examination of the meaning of permanence for children by watching the video “The Adoption and Safe Families Act (ASFA) of 1997: The Essential Voice of Child Advocates.”

As you watch this video, think about the issues that have been addressed in this chapter so far: what children need, how children grow and develop, attachment, separation, a child's sense of time, and other issues of childhood. A child's need for permanence is the guiding light in the work of the CASA/GAL volunteer.

Following the video, the facilitator will review the material that follows, giving an overview of how you will put this information into action during a case.

Permanence

All children need a “parent,” a primary attachment figure who will care for them through life's ups and downs, protect them, and guide them now and into adulthood. In our culture, typically the parents are a father and mother, but one or more other caring adults who are willing to commit unconditionally to the child can also meet the child's need for permanence. A primary goal of the CASA/GAL volunteer is to advocate for a safe, permanent home as soon as possible, honoring the child's sense of time. While there is never a guarantee of permanence, having such intentions can ensure that you are working toward a plan that supports permanence.

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

There are two possible “permanent” resolutions:

- 1. Return to parent, or**
- 2. Adoption by a relative or non-relative.**

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

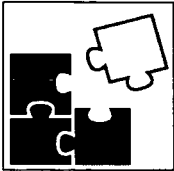
- 3. Placement and custody or guardianship with relatives.**

(Note: Some Indian people have a strong bias against adoption, and certain tribes do not approve of adoption. This creates a special situation when considering the permanent options for an Indian child. In some cases, placement with an Indian custodian can truly be considered permanent.)

Concurrent Planning

Given these possible outcomes, the CASA/GAL volunteer encourages what is called “concurrent planning,” a plan to work toward reunification while exploring other permanent options from the very beginning of the case. A CASA/GAL volunteer starts the case with the end in mind. 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.

(Note: Additional materials about permanence and concurrent planning can be found in the Resource Materials section.)



Activity 6K: How Many Placements?

Taking into account the issues that are raised for children when they are moved, think about the Parker-Solano training case. Consider the following questions:

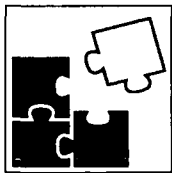
- When Ben was initially removed, Damien remained in the home. What issues does this raise for these children?
- Similarly, at the end of the case, Damien is living with his father and Ben is still in an out-of-home placement. What issues does this raise for these children?

In the large group, we'll discuss your responses.

UNIT 6: Educational, Emotional & Psychological Issues for Children

The issues explored in this section can impact any child, not just those who have come to the attention of the child protective services system as a result of abuse or neglect. It is not the purpose of this training to make you an expert in child development or psychology, but to help you recognize warning signs that might indicate the need for evaluation and treatment by an educational specialist or qualified mental health professional.

(Note: There are additional materials about each of these issues in the Resource Materials section of this manual.)



Activity 6L: Researching an Issue

Using the cards provided, write down concerns or questions you have about each of the following topics. Post your cards near the signs for each topic.

1. Learning Disabilities
2. Attention-Deficit/Hyperactivity Disorder
3. Special Education Services
4. Childhood Depression
5. Conduct Disorder
6. Post-Traumatic Stress Disorder
7. Fetal Alcohol Syndrome
8. Professional Assessment of Children

Decide which of these eight topic areas you know the most about and join with others who also selected that topic. In your small group, review the materials that follow and the additional information on each topic in the Resource Materials section of this chapter. Draw on your own experience to answer the questions on your group's chart and to identify two major issues related to your topic for a CASA/GAL volunteer to consider. Elect a representative from your group to participate on a panel.

Listen as the panel members answer the questions on their chart and identify two major issues for a CASA/GAL volunteer to consider.

Afterward, we'll address questions.

School Issues

Chaos in the lives of the children with whom you will work as a CASA/GAL volunteer often results in the neglect of educational concerns. Parents or caregivers may not be available to help with homework, attend school conferences, or make referrals for evaluation when concerns arise. Children entering foster care often have school issues. Addressing these issues can allow a more positive experience for a child who hasn't known the rewards of success in school.

For CASA/GAL volunteers, teachers who see the children 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 the child's progress in school, you may discover that your child has special educational needs and should be referred for an evaluation. In some areas, there may be an abundance of available resources for special-needs children, and in other areas, you may have to advocate for the creation of needed resources.

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

Learning Disabilities

Following, you will find a list of possible indicators of specific learning disabilities. Children with learning disabilities are typically of average to above-average intelligence; they simply process information differently. Keep in mind that the earlier a child is diagnosed, the better his/her chances are to enjoy and succeed in school and life!

EARLY WARNING SIGNS	
Pre-School	Grades K-4
<ul style="list-style-type: none">✓ Late talking✓ Slow vocabulary growth✓ Inability to find the right word✓ Trouble learning numbers, alphabet, days of the week✓ Extremely restless✓ Poor ability to follow directions✓ Trouble interacting with peers	<ul style="list-style-type: none">✓ Slow to learn connections between letters and sounds✓ Confuses basic words (run, eat, want)✓ Makes consistent reading and spelling errors including letter reversal (b/d)✓ Transposes number sequences and confuses arithmetic signs✓ Slow recall of facts✓ Slow to learn new skills, relies heavily on memorization✓ Impulsiveness, lack of planning✓ Unstable pencil grip✓ Trouble learning about time

Attention-Deficit/Hyperactivity Disorder

Many children have specific learning disabilities/challenges as described in the previous section. For some children these may be paired with other disorders such as attention-deficit/hyperactivity disorder (AD/HD)—previously called attention-deficit disorder (ADD) and attention-deficit hyperactivity disorder (ADHD). This disorder may also be present in children without learning disabilities. The main characteristics of children with AD/HD include hyperactivity, a short attention span, distractibility, an impulsive nature, and constant motion. This disorder is more common in boys than girls, and the symptoms are typically present before the age of seven. Several diagnostic criteria must be met before a child can be diagnosed with AD/HD, including that the behaviors must occur in more than one setting and over a period of time.

The best news about AD/HD is that it is a treatable disorder. Through the use of medication, special education programs, counseling, and parent training, children's behavior can be greatly improved and they can become better able to concentrate. This results in better relationships with peers, teachers, and family members.

Special Education of Children

After a child is diagnosed with special learning needs, you may hear the term “Individualized Education Program (IEP).” The IEP is a written document that guides both teachers and parents in the appropriate education of the child for a period of one year. There is a required meeting at least once each year for review of this document. Teachers, caseworkers, parents, foster parents, CASA/GAL volunteers, and other people who interact with the child should be invited to this meeting, where they discuss what type of services the child needs and the frequency with which the child should receive these services.

If a child is in the custody of the local child protection agency, he/she must be assigned an education surrogate/surrogate parent—a trained community member who advocates for appropriate educational services for the child. The surrogate parent gives permission for testing and for services to meet the needs of the child. Some counties have a list of people who are qualified to assume the role of the surrogate parent, and with training, foster parents or CASA/GAL volunteers may be permitted to assume this role.

Other Issues That Affect Children

The children with whom you will be working may exhibit symptoms or behaviors that require professional assessment. A specific behavior may be a warning sign of a particular problem but may also be attributable to a variety of other causes. *It is critical that the CASA/GAL volunteer not try to diagnose.* A referral to a competent mental health professional is the best course of action if you learn about or observe red flags as you complete your initial investigation and as you continue to monitor the child's situation.

Following are some of the possible diagnoses that may apply to the children with whom you work.

Grief & Depression

Many of the children in the CASA/GAL program experience a tremendous amount of sadness after being removed from their homes. Despite their strong emotions, often children cannot verbally express their persistent feelings of sadness and emptiness. At earlier developmental stages, abstract thinking and vocabulary do not exist. Children may not know why they feel sad; they simply do. Some key behaviors to look for are loss of appetite and change in sleeping patterns. Listed below you will find several characteristics of grief and depression:

- Sudden drop in school performance;
- Loss of appetite;
- Suicidal thoughts;
- Expressions of fear or anxiety;
- Aggression, refusal to cooperate, antisocial behavior;
- Use of alcohol or drugs;
- Outbursts of shouting, complaining, unexplained irritability, or crying;
- Withdrawal; and
- Change in sleep patterns.

If these characteristics are present in a child with whom you are working, request that an assessment be completed by a qualified mental health professional who can diagnose and treat childhood depression. The local child protection agency will need to make the referral for this assessment.

Conduct Disorder

Children with conduct disorder show a chronic disregard for the norms and rules of society. Oftentimes this disorder is ignored and the child is simply labeled a juvenile delinquent. However, children with conduct disorder have underlying emotional problems that need to be dealt with in a therapeutic setting. Below you will find a list of common conduct disorder behaviors. A child needs an assessment if he/she displays several of these behaviors within a six-month time frame.

- Starting fights;
- Skipping school;
- Constantly lying;
- Forcing sexual activity;
- Breaking into homes, cars, or offices;
- Setting fires; and
- Cruelty to animals or humans.

Through counseling, children can begin to appreciate the effect their behavior has on others and learn new ways to get their needs met without harming others.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder, otherwise known as PTSD, develops as a reaction to a terrifying event or series of events, such as severe child abuse or witnessing domestic violence. PTSD typically appears within six months of the event and can last for many years. Symptoms of PTSD are placed into three categories.

Intrusion (re-experiencing the trauma)	Avoidance/Numbing (avoidance of things that remind one of the trauma)	Hyperarousal (increased tenseness and heightened awareness)
<ul style="list-style-type: none"> ● Flashbacks and/or nightmares in which the person experiences the same feelings of distress that took place during the initial event. 	<ul style="list-style-type: none"> ● Avoids close emotional ties. ● Supersensitive to activities or situations that remind one of the trauma. ● Feelings of numbness. 	<ul style="list-style-type: none"> ● Exaggerated startled response (jumpy and easily startled). ● Irritable and explosive. ● Hypervigilance (always being watchful of potential danger).

Therapy or a combination of therapy and medication can relieve some of these symptoms and provide temporary relief from the trauma of this disorder. Ideally, both the memories of the trauma and the symptoms will fade after a period of therapy and/or medication. As with any other childhood disorder, it is critical to have a competent professional assess the child. Post-traumatic stress disorder, reactive attachment disorder, separation anxiety disorder, and simple anxiety are often misdiagnosed as attention-deficit/hyperactivity disorder. Currently, there is great controversy about the possible overdiagnosis—and overmedication—of children with AD/HD. Obtaining a second opinion is good practice. The more relevant information the CASA/GAL volunteer gathers, the more likely he/she is to understand the needs of the child and to make appropriate recommendations to the court.

Fetal Alcohol Syndrome

Fetal alcohol syndrome, better known as FAS, is described as a set of particular facial features, growth deficiencies, and central nervous system damage resulting from alcohol exposure during pregnancy. Mothers who do not receive prenatal care and who regularly consume alcohol during pregnancy have an increased risk of delivering a child who has FAS. Some physical characteristics at birth include a poor sucking reflex, small eyes, thin upper lip, cleft palate, heart defects, and possible joint deformities.

Psychological Assessment of Children

During a case, recommendations may be made for children to undergo psychological assessment. Assessment is a process, not just a series of tests. The reasons why assessment is recommended, the particular instruments (tests) used, the individual conducting and evaluating the instruments, the timing of the assessment in the context of the child's life, and the intended uses of the assessment are all important parts of this process. Following is a brief overview of reasons that children are referred for assessment.

(Note: Information about the instruments used in assessments appears in the Resource Materials section of this chapter.)

Reasons for Assessment

Children are referred for psychological assessment for many reasons, including:

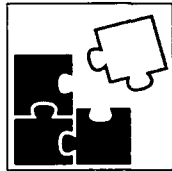
1. **Dysfunctional and negative behavior**, such as tantrums, a demanding personality, excessive crying and whining, delinquency, defiance of rules and limits.
2. **Developmental concerns**, such as perceptual and motor problems, speech and learning problems, delayed development, school readiness determination.
3. **Educational problems**, such as inadequate performance and progress, aggressive behavior, dislike or disinterest in school.
4. **Sleeping and eating problems**, such as infant feeding and nursing problems, excessive crying, bulimia, anorexia nervosa, over- and undereating, and any suspected nutritional deficiencies that may be contributing to learning problems, sleep and behavior problems, fatigue.
5. **Toilet training problems**, including any manifestations of encopresis (soiling), enuresis (bedwetting), or excessive fear of going into the bathroom.
6. **Behavioral issues**, such as poor self-control, lack of motivation, irresponsibility, lying, stealing, dependence/independence conflict, setting fires, “mean” behavior toward animals and others, self-inflicted injuries, sexuality issues.
7. **Family problems**, such as sibling conflict, dysfunctional communication, inadequate support system in social relationships and skills, attachment and separation problems, aggressiveness, and abuse. Problems of change prompted by divorce, custody issues, separation, adoption, termination of parental rights, moving, visitation issues, grieving and death issues. Problems related to how the child learns and processes information that the family presents (the belief system within the family leading to attitude, temperament). Parents’ negative feelings for the child, poor relationship indicators, conflict over discipline, family arguing.
8. **Medical considerations**, such as psychophysiological reactions to stress, adjustment to illness of a child or family member, terminal illness of the child or family member, physical or sexual abuse, neglect, drug and alcohol abuse by child or other family member.
9. **Psychiatric manifestations**, including personality disorder, cyclothymic mood disturbance (alternate periods of elation and depression), disassociation and psychic numbing (emotional shutting down and flat affect), excessive fears, harming others, and psychotic behavior such as hallucinations and thought disorder.

UNIT 7: Resiliency

Resiliency & Its Relationship to High-Risk Children

Not all children subjected to lives of severe adversity go on to suffer problems or disorders. While experiencing several risk factors certainly increases the likelihood of developing problems, some children rise above the risks. This is resiliency. In short, resiliency theory suggests that certain children (and adults) have qualities of personality, family, relationships, outlooks, and skills that allow them to rise above enormous hardship. Resilient people are those who escape the ravages of poverty, abuse, unhappy homes, parental loss, disability, or many of the other all too common risk factors known to set many people on a course of life anguish. Numerous studies of resilient people have identified the presence of the same protective factors—aspects of the child, their family, or their experience that help resilient youth succeed in their lives, while other high-risk children succumb to the risks present in their lives.

(Note: Additional information about resiliency and protective factors can be found in the Resource Materials section of this chapter.)



Activity 6M: Resiliency

Read the following chart of the psychosocial risk and protective factors that help some children overcome multiple risk factors. In new pairs, check off the protective factors that you believe can be changed or influenced. For example, a person cannot do much to become the first-born child, but he/she could become a better reader.

As a CASA/GAL volunteer, how could you impact those protective factors that you checked on behalf of your child?

In the large group, we will hear two ideas from each pair.

RISK FACTORS

PROTECTIVE FACTORS

Early Development

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

Childhood Disorders

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

Family Stress

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

Parental Disorders

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

Experiential

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

Social Drift

- Academic failure or drop-out
- Negative peer group
- Teen pregnancy, if female

Early Development

- “Easy” temperament
- Positive attachment to mother
- First born
- Independence as a toddler

Family

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

Child Competencies

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

Child Social Skills

- Gets along with other children
- Gets along with adults
- “Likeable” child
- Sense of humor
- Empathy

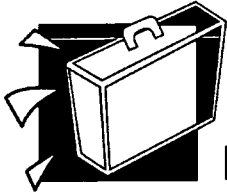
Extra-Familial Social Support

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

Outlooks & Attitudes

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

Adapted from materials by Marci White, Methodist Home for Children, Raleigh, NC, 1999.



HOMework

Community Resources...

Reminder—Assignment for a later session of training

Earlier in training, you selected an agency to research. A worksheet was provided as a tool to assist you in gathering information about services provided, access to services, etc.

This activity was assigned early in training to allow time for you to gather the information. You will share the materials and information that you gather during the Chapter 8 training session, when community resources will be introduced.

If you are having any trouble collecting information, be sure to ask for help from the staff of your local program.



RESOURCE MATERIALS

Included in this section:

Working with Gay & Lesbian Youth	6-43
Reactive Attachment Disorder	6-45
Separation Anxiety Disorder	6-47
“Permanent” Resolutions	6-49
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Working with Gay & Lesbian Youth

Lesbian, gay, bisexual, and transgender¹ youth as a population are often at greater risk for neglect and/or abuse, discrimination, and dependency problems due to prejudice based on a lack of understanding and acceptance by the dominant cultural group. Consider these statistics:

- Eleven and a half percent of gay and lesbian youth report being physically attacked by family members;
- Fifty percent of gay and lesbian youth are rejected by their parents due to their sexual orientation;
- It is estimated that twenty-six percent of gay and lesbian youth are forced to leave their homes because of conflict with their families over their sexual orientation;
- Gay, lesbian, bisexual, and transgender youth are two to three times more likely to attempt suicide than heterosexual youth; and
- Forty-two percent of homeless youth identify themselves as gay, lesbian, bisexual, or transgender.

The result of these alarming figures is that many youth feel very lonely and isolated. These young people need additional resources and advocacy that may not be available in certain communities due to discrimination and/or a lack of services. CASA/GAL volunteers can advocate for additional services and educate themselves about lesbian, gay, bisexual, and transgender youth.

To gain a better understanding, it helps to consider what it means to be lesbian, gay, bisexual, or transgender. Clinical psychologist Rob Eichberg describes homosexuality well when he says:

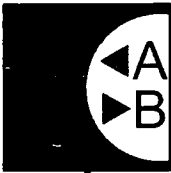
Some of us are heterosexual and others of us are homosexual and no one really knows why. Though many people might desire to do away with homosexuality in themselves or in others, there are now, have always been, and always will be lesbians and gay men. Being attracted to one's own sex is as natural for someone who is homosexual as being attracted to the opposite sex is for someone who is heterosexual. Much like the differences in the colors of our hair, eyes, or skin; the shape of our bodies; or being right- or left-handed; it is not good or bad, right or wrong, or better or worse to be homosexual or heterosexual—it just is.

From *Coming Out*, Rob Eichberg, New York: Plume, 1990.

¹ Definitions of these specific terms can be found in the Glossary of this manual.



Reactive Attachment Disorder



Difficulty forming loving, lasting, intimate relationships, due to a failure to attach, to bond, or to trust a primary caregiver during the first two years of life.

What Causes Reactive Attachment Disorder (RAD)?

Any of the following factors, especially occurring to a child during the first two years of life, puts a child at high risk of developing an attachment disorder:

- ✓ Maternal drug and/or alcohol use during pregnancy;
- ✓ Premature birth;
- ✓ Abuse (physical, emotional, sexual);
- ✓ Neglect;
- ✓ Sudden separation from primary caretaker (illness or death of mother, chronic illness or hospitalization of child);
- ✓ Undiagnosed and/or painful illness (colic, chronic ear infections);
- ✓ Frequent moves or placements;
- ✓ Inconsistent or inadequate daycare;
- ✓ Chronic maternal depression;
- ✓ Teenage mothers with poor parenting skills; and/or
- ✓ Drug-addicted infant.

What Are the Signs of Reactive Attachment Disorder?

Although the following symptoms may be seen in many children, a child suffering from reactive attachment disorder will display all or most of them:

- ✓ Manipulative, superficially engaging, or charming;
- ✓ Abnormal eye contact;
- ✓ Indiscriminately affectionate with strangers;
- ✓ Lacking ability to give and receive affection;
- ✓ Extreme control battles often manifest in covert or “sneaky” ways;
- ✓ Destructive to self, others, animals, material things;
- ✓ Accident prone;

- ✓ Stealing;
- ✓ Hoarding or gorging food, abnormal eating patterns;
- ✓ Preoccupation with fire, blood, gore;
- ✓ Lack of impulse control and cause-and-effect thinking (frequently acts hyperactive);
- ✓ Learning lags and speech disorders, abnormal speech patterns;
- ✓ Lack of conscience;
- ✓ Crazy, chronic, obvious lying;
- ✓ Poor peer relationships;
- ✓ Persistent nonsense questions and incessant chatter; and/or
- ✓ Inappropriately demanding and clingy.

What Treatments Are Available?

Children need extensive treatment to learn how to trust, thus enabling them to love. The most recent treatment of choice is attachment therapy. It uses a combination of therapeutic techniques, such as body therapies, psychodynamic techniques, holding techniques, and grief and loss work. The treatment of choice for RAD is a highly controversial issue. In any case, these children need extensive treatment at an early age in order to make up for the neglect they received in utero and as infants.

Separation Anxiety Disorder



Excessive anxiety about being away from home or separated from people to whom one is attached.

What Causes Separation Anxiety Disorder?

The disorder may be triggered by life stress, such as the death of a relative, friend, or pet; geographic move; or a change in schools.

What Are the Signs of Separation Anxiety Disorder?

Separation anxiety disorder lasts at least a month, causing significant distress or impairment in functioning; the duration of the disorder reflects its severity.

A child suffering from separation anxiety disorder may:

- ✓ Experience great distress (crying, clinging, panic) when separated from home or people to whom he/she is attached;
- ✓ Need to know the whereabouts of these people;
- ✓ Be preoccupied with fears that something terrible will happen to them;
- ✓ Be uncomfortable traveling alone;
- ✓ Refuse to attend school or camp or to visit a friend's house;
- ✓ Be unable to stay alone in a room;
- ✓ Cling to a parent or shadow the parent around the house;
- ✓ Have difficulty at bedtime;
- ✓ Be reluctant to sleep alone;
- ✓ Experience nightmares that reveal the anxiety; and/or
- ✓ Experience physical problems (nausea, stomachaches, dizziness).

What Treatments Are Available?

The child should receive a thorough evaluation before treatment is started. For some children, medication can significantly reduce the anxiety and allow them to return to school. These medications may also reduce the physical symptoms. Generally, psychiatrists use medications as an addition to psychotherapy. Both psychodynamic play therapy and behavioral therapy have been found helpful in reducing anxiety disorders. In psychodynamic play therapy, the therapist helps the child work out the anxiety by expressing it through play. In behavioral therapy, the child learns to overcome fear through gradual exposure to separation from the parents.



“Permanent” Resolutions

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

Return to Parents

- Have issues that brought the child into care been addressed by the agency?
- Have the parents made the changes that the child protective services agency requested?
- Has the CPS caseworker observed and documented a reduction of risk?
- What have the visits we observed told us about the parents’ ability to care for the child?
- Have we considered recommending a trial placement as a way to observe actual changes in child care?
- Have new issues that relate to risk been observed and addressed?
- Has CPS changed the rules or “raised the bar” in reference to expectations that are not related to risk?
- Would CPS remove this child today?
- Is this a multi-problem family that is likely to relapse?
- What services can be put in place to prevent relapse?
- Have the legal and/or biological fathers been identified?
- Have we recognized the child’s grief and need to reconnect to the family of origin?

Adoption

- Are we ready to proceed with a termination of parental rights (TPR) case?
- Do legal grounds exist?
- Have we also considered the best interest issues that must be presented to the judge?
- How long will the court process take?
- Have the parents been asked to release the child for adoption?
- Is the child already living with caretakers who are willing and able to adopt?
- Are there relatives who are available to adopt?
- How soon can the child be placed?
- Who can help the child through the placement process?
- Have we assessed and evaluated the child’s particular needs and strengths?
- What is the child’s relationship with his/her siblings?
- Should the child be placed with siblings? Can the child be placed with siblings?
- Have we identified a placement option that will be able to meet the child’s needs?
- Have the child’s ethnic and cultural needs been considered and addressed?
- Are we holding up the child’s placement waiting for a specific type of family?
- Are the child’s needs so severe that finding appropriate parents is unlikely?
- Is the child able to accept “parenting”?

Materials created by Jane Malpass, Consultant, NC Division of Social Services, and Jane Thompson, Attorney, NC Department of Justice. Used with permission.



Placement with Relative or Kin

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

- Have the relatives/kin been carefully evaluated? Is there a written home study?
- What are the parents' thoughts and wishes in reference to this relative?
- What will be the ongoing relationship with the parents?
- Will the parents create problems with the placement or compromise the child's safety?
- Will the relative be able to protect the child from hostile or inappropriate parental behavior?
- Will the relative be able to be positive about the parent to the child?
- Will there be an "unofficial" return to the biological parents?
- Will this relative support the present service plan?
- If the plan changes, will the relative support the change?
- How will visitation be accomplished?
- Are the relatives able to understand and cooperate with agency expectations?
- Have the relatives of both parents been considered, regardless of the removal home?
- Is placement with relatives a way we can protect the child's roots in his/her community?
- Will placement with a particular relative mean that the child must leave the community?
- Will placement with a particular relative mean that the child will lose other important relative or kinship ties?
- Will a relative placement mean that the child will have to endure another move?
- What losses will the child experience if another move is required?
- Have we considered sibling attachments, as well as any "toxic" sibling issues?
- Is this potential caretaker related to all the siblings?
- Is this relative able and willing to take all the siblings?
- Will placement with the siblings be positive for this child?
- Will this placement support the child's ethnic and cultural identity?
- Is this seen as permanent by the potential caretakers?
- Would this relative consider adoption?
- Are there the same issues in the extended family that existed with the parents?
- What preplacement relationship existed?
- Does the child have any attachment to these relatives?
- Have the child's wishes been considered?

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Long-Term Foster Care: An Impermanent Solution

Despite the advocacy efforts of CASA/GAL volunteers and the hard work by caseworkers, many children remain in foster care and a family is not found for them. These children live in foster homes or group homes—or move from placement to placement during their time in care.

Long-term foster care becomes the plan for older or difficult children for whom there is no identified family. Sometimes these children are actually placed in a family setting but their caregivers do not want to adopt them. In any case, when the plan is permanent foster care, what the child 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. 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?

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Principles of Permanence

There are many principles that you can follow as the child's advocate to ensure that the child in the system will not be forgotten. A number of these are listed below. Following them will ensure that your advocacy is focused on permanence for the child.

- **Constantly examine your own value system.**
Understand the difference between poor parenting and abuse and neglect. Make sure that you can accept a variety of parenting styles, even those that include behavior of which you do not approve.
- **Carefully examine the CPS case record.**
Understand the issues that brought the child into foster care. Ask agency staff about anything that does not make sense.
- **Ask the parents why they think they lost custody of their child.**
Do not assume that they understand or agree with the agency's reasons.
- **Recognize that the "system" should be operating on the child's sense of time.**
Help others to hear the clock that is ticking that childhood away.
- **Understand grief and the effects on children of moving and waiting.**
Keep permanent resolution as the focus of your efforts.
- **Stay child-centered and family-focused.**
Children need a permanent family—theirs, if possible—but not if it means the loss of their childhood.
- **Recognize parents' strengths, but do not ignore their failings.**
Advocate to return the child when the parents have "fixed" what brought their child into care. Advocate for termination of parental rights if the conditions persist.
- **Be a team player.**
Attend reviews, continue to investigate and assess, and share with the caseworker and the court what you learn.
- **Aggravate the system if you have to—be a catalyst for change.**
- **Work for justice—act with mercy.**

Contributed by Jane Malpass, Consultant, NC Division of Social Services, and Jane Thompson, Attorney, NC Department of Justice.



Learning Disabilities



Inability to acquire, retain, or broadly use specific skills or information, resulting from deficiencies in attention, memory, or reasoning, and affecting academic performance.

What Causes Learning Disabilities (LD)?

Many types of learning disabilities exist, and no single cause accounts for them. However, the basis of all learning disabilities is believed to be abnormal brain function. An estimated three to fifteen percent of school children in the United States may need special educational services to compensate for learning disabilities. Boys with learning disabilities outnumber girls five to one.

What Are the Symptoms of Learning Disabilities?

A child suffering from a learning disability may:

- ✓ Have problems coordinating vision with movement;
- ✓ Be clumsy at physical tasks (cutting, coloring, buttoning, tying shoes, running);
- ✓ Have problems with visual perception;
- ✓ Have problems with phonologic processing (recognizing sequences or patterns and distinguishing among sounds);
- ✓ Have problems with memory, speech, reasoning, and listening;
- ✓ Have problems with reading, arithmetic, or writing (most learning disabilities are complex, with deficiencies in more than one area);
- ✓ Be slow to learn the names of colors or letters, to assign words to familiar objects, to count, and to progress in other early learning skills;
- ✓ Exhibit delayed learning to read and write;
- ✓ Have a short attention span and memory span;
- ✓ Have difficulty with printing and copying (activities that require fine motor coordination);
- ✓ Have difficulty communicating and controlling impulses;
- ✓ Have discipline problems; and/or
- ✓ Be easily distracted, hyperactive, withdrawn, shy, or aggressive.

How Is a Learning Disability Diagnosed & Treated?

A doctor examines the child for any physical disorders. The child then takes a series of intelligence tests, both verbal and nonverbal, including testing for reading, writing, and arithmetic skills. Psychological testing is the final step of evaluation. No drug treatment has much effect on academic achievement, intelligence, and general learning ability. However, certain drugs, such as methylphenidate, may improve attention and concentration. The most useful treatment for a learning disability is an education that is carefully tailored to the individual child.

Attention-Deficit/Hyperactivity Disorder



Excessive, long-term, and pervasive behaviors, including distractibility (poor sustained attention to tasks), impulsivity (impaired impulse control and delay of gratification), or hyperactivity (excessive activity and physical restlessness).

What Causes Attention-Deficit/Hyperactivity Disorder (AD/HD)?

AD/HD is not caused by poor parenting, family problems, poor teachers or schools, too much TV, food allergies, or excess sugar. AD/HD is very likely caused by biological factors that influence neurotransmitter activity in certain parts of the brain and have a strong genetic basis. Approximately four to six percent of the U.S. population has AD/HD; however, if one person in a family is diagnosed with AD/HD, there is a twenty-five to thirty-five percent probability that another family member also has AD/HD.

What Are the Signs of AD/HD?

The American Psychiatric Association's *Diagnostic and Statistical Manual* recently renamed the disorders formerly known as ADD and ADHD to be AD/HD.

AD/HD includes three subtypes:

1. A predominantly inattentive subtype (formerly ADD). Signs include:
 - Easily distracted by irrelevant sights and sounds;
 - Failing to pay attention to details and making careless mistakes;
 - Rarely following instructions carefully and completely; and
 - Losing or forgetting things like toys, pencils, books, and tools needed for a task.
2. A predominantly hyperactive-impulsive subtype (formerly ADHD). Signs include:
 - Feeling restless;
 - Fidgeting and squirming;
 - Running, climbing, leaving a seat in situations where sitting or quiet behavior is expected;
 - Blurting out answers before hearing the entire question; and
 - Having difficulty waiting in line or for a turn.
3. A combined subtype, which is the most common of the three.

AD/HD refers to all types of attention-deficit disorders, both with and without hyperactivity. To be considered for a diagnosis of AD/HD, these behaviors must appear before age seven and last for at least six months. The level of disturbance must occur more frequently and in a more severely pronounced manner than among other children in the same age group. And above all, these behaviors must create a real handicap in at least two areas of a child's life, such as school, home, or a social setting.

What Treatments Are Available?

Clinical experience has shown that the most effective treatment for AD/HD is a combination of medication and therapy or counseling to learn coping skills and adaptive behaviors. The most well known treatments of AD/HD are psychostimulants, such as Ritalin and Dexedrine, and some antidepressants that affect the levels of dopamine, noradrenaline, and serotonin in the central nervous system. Taken in normal doses, stimulants can result in decreased appetite, stomachaches, agitation, irritability, and insomnia for some children. The long-term effects of taking these drugs are not yet known.

Medications can result in an improvement in core symptoms such as impulsive behavior and inattention as well as improved school and social performances. For that reason, treatment for AD/HD is more effective when regular use of drugs is combined with behavior treatment. Reward systems for appropriate behavior or performance, teaching parents child-management skills, and therapy that instructs parents and teachers in improved contingency management skills can help most children. Children who regularly take their medication and practice behavior techniques routinely do better than those who rely on stimulants alone.

When Should a Person Seek Help?

Since many children exhibit occasional inappropriate or hyperactive behaviors, widespread confusion has arisen about the diagnosis and treatment of AD/HD. Due to those uncertainties, parents and guardians should not attempt to diagnose their children. Children who are responding to stressful family situations, are bored in the classroom, or are passing through certain stages of development may appear inattentive, hyperactive, or impulsive—yet they do not have AD/HD.

To determine whether a child needs to be examined by a physician, psychologist, or other medical specialist, you should consider several critical questions:

- ✓ Are the child's troublesome behaviors excessive, long-term, and pervasive?
- ✓ Do they occur more often than in his/her peers?
- ✓ Are his/her behaviors a continuous problem and not just a response to a temporary situation?
- ✓ Do his/her behaviors occur in several settings, or only in one specific place, such as the playground or school?

You should talk to the child's teacher to get a clearer reading on the child's daily behaviors. You should also seek a consultation with a health professional to rule out other possible psychological problems, such as depression or a learning disorder.

Special Education Services

The Individuals with Disabilities Education Act:

What Is the Individuals with Disabilities Education Act (IDEA)?

The **Individuals with Disabilities Education Act (IDEA)**, a federal law originally passed in 1975 as PL 94-142 and amended in 1984, 1990, and 1997, mandates that all eligible 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 based on their unique needs in the least restrictive environment appropriate. IDEA also provides guidelines for determining what related services are necessary and outlines a “due process” procedure to make sure needed services are provided.

Who Is Eligible for Services Under IDEA?

Children ages three through twenty-one who need special education and related services because of a disabling condition are eligible. Eligibility for services is determined through “nondiscriminatory evaluation.” This requires that school districts use testing materials free from racial or cultural discrimination and presented in the child’s native language or means of communicating. Tests must be chosen that assess the child’s actual abilities if sensory, motor, or language impairments are present. Evaluations cannot be based solely on one general test, such as an intelligence test, and the child is to be assessed across all areas related to the disability by a “multidisciplinary team.”

An appropriate education may include an out-of-district or private school placement if the school district cannot provide appropriate services in the district. The courts have also ruled, however, that an “appropriate” education is not always the same as the “best” education as long as the education services adequately meet the child’s needs.

What Is an IEP?

An IEP refers to the Individualized Education Program. This is a written, legal document that describes the specialized educational plan and related services to be provided to the student. It is developed in a team meeting in which all members of the IEP team decide what is an appropriate education for the child who needs services. The team can include the CASA/GAL volunteer, also acting as the education surrogate/surrogate parent. The main goal of the IEP meeting is to discuss the educational needs of the student and write a program that identifies goals and objectives and related services needed for the year.

What Is the School’s Responsibility in Developing an IEP?

The local education agency is responsible for:

- ✓ Contacting parents about the need for an IEP:
- ✓ Setting a date, time, and location to meet that is convenient for everyone on the team, including the parent(s) or family member(s);

- ✓ Designating an official from the school district to be involved in and to conduct the meeting and ensure the team decisions are implemented;
- ✓ Inviting *all* members of the IEP team;
- ✓ Ensuring that the meeting is held, the IEP written, and placement decisions made; and
- ✓ Making sure that the IEP is reviewed at least annually and revised if necessary.

What Is the Parent’s Role in Developing the IEP?

In IDEA, the term “parent” refers to the child’s biological parent, a guardian, a person acting as the parent of a child (such as the grandparents), or a surrogate parent appointed if the child is a ward of the state or the parent is unavailable.

IDEA ensures that parents are equal partners in the IEP process. School personnel and parents must work toward the common goal of developing an effective education program for the child.

Parents should prepare for the meeting by reviewing their child’s past education records. IDEA ensures that parents are permitted to inspect and review records in a timely manner. Parents should also have in mind goals or objectives based on what they see as needed, and they may want to talk with their child’s teacher before the meeting. The IEP should describe the student’s educational goals and objectives, related services needed, and the school placement decision. If parents are dissatisfied with any aspect of the IEP and are unable to resolve the problem, they may request mediation and, if necessary, pursue due process hearing options guaranteed by the law. Parents may obtain assistance in preparing for and/or attending IEP meetings from the local chapter of organizations, such as the Arc or LDA, for parents of children who have a disability. Many communities also have advocacy organizations specifically serving the disabled. Every state also has a protection and advocacy (P and A) agency.

Who Should Be Involved in IEP Meetings?

IDEA requires that every IEP meeting, whether it is the initial meeting or a review, include:

- ✓ A person from the school district, other than the student’s teacher, who is qualified in special education or special education supervision;
- ✓ The student’s teacher;
- ✓ One or both of the student’s parents, family members, or guardians;
- ✓ The student, when appropriate;
- ✓ Someone qualified to interpret the instructional implications of evaluation (this may be one of the school personnel above); and
- ✓ Other people who are involved in the education of the student as identified by the school or the parent.

A meeting may be held without a parent attending if the parent is unable or unwilling to do so. The district must, however, invite the parents and document its attempts to set a time and place where all persons can attend. Parental absence from the meeting is not necessarily construed as reflecting dissatisfaction or disagreement, and IEP decisions, including school placement, will be made by the school in their absence.

What Is Included in an IEP?

IDEA requires that the following items be included in the IEP:

- ✓ A statement of the student's present levels of educational performance;
- ✓ A statement of the yearly goals and the instructional objectives that need to be met to achieve these goals;
- ✓ A statement of the special education and related services that will be provided to the student as well as how much the student will participate in regular educational programs;
- ✓ The dates these services will begin and how long they will last;
- ✓ For each student age sixteen and over, transition services that will be provided; and
- ✓ What the school must do to enable the student to meet the objectives, how this is to be measured, and annually, whether the objectives from the previous year's IEP have been met.

When Is It Appropriate for the Student to Participate?

Students need to participate in the IEP process as much as they can (some older children with mental handicaps may not have the intellectual ability to understand this process). Their opinions, preferences, and choices need to be part of the decision-making process. The chance to choose areas of instruction, based on their preferences, will help them develop skills that lead to independence and self-determination. Of course, there are several factors that limit how much students participate, including their age and their ability to make adequate decisions. However, almost all students can participate in some way in their IEP process.

What Is to Be Reviewed at IEP Meetings?

Each student's progress related to his/her Individualized Education Program must be reviewed yearly to determine current progress and future needs. The review needs to consider the general progress of the student, staff and parental concerns about the student's progress, whether objectives are reached according to the measures described in the IEP, and what changes need to be made to meet the student's needs.

Any significant changes in the student's program after the initial or annual IEP meeting necessitates another IEP meeting. IDEA requires that parents receive written notice whenever the district proposes or refuses to initiate or change anything related to the child's identification, evaluation, program, or placement.

Additionally, parents and educators should ensure that goals are functional and chronologically age appropriate, and that they prepare students for adulthood.

What Is Meant by Placement in the Least Restrictive Educational Environment?

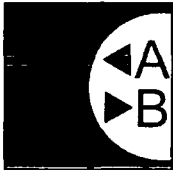
The decision to place a student with a disability in a particular education program must be based on the factors specified during the IEP process. This decision must be reviewed at least annually, and placement may change if the child's education program or needs change.

IDEA requires that students with disabilities be educated with students who do not have disabilities to the greatest extent appropriate. The law states that “unless a child’s individualized education program requires some other arrangement, the child is (to be) educated in the school which he/she would attend if not disabled” [Section 121a.522(c)]. It requires that removal of the child from the regular classroom occur only when education in regular classes “with the use of supplementary aids and services cannot be achieved satisfactorily” [Section 121a.550(2)].

The Arc and other organizations interpret “least restrictive” as representing instruction in the regular classroom to the greatest extent possible or appropriate. Families need, through the IEP process, to ensure that adequate accommodation and support are provided before alternative placement is considered and that time spent outside of the regular classroom is based upon functional considerations such as community integration and instruction. The Arc is opposed to student’s placement in segregated facilities, as they do not provide opportunities for learning from nondisabled role models, although the law and many other parents and professional organizations support a full continuum of placements being available.

Adapted from materials created by the Exceptional Children’s Assistance Center, 1998-99.

Childhood Depression



A feeling of intense sadness beyond an appropriate length of time.

What Causes Childhood Depression?

Children who develop major depression are likely to have a family history of the disorder, often a parent who experienced depression at an early age. Depression in children can be triggered by events or problems, such as the death of a parent, a friend moving away, difficulty in adjusting to school, difficulty making friends, or drug or alcohol abuse. However, some children become depressed without profoundly unhappy experiences.

What Are the Symptoms of Childhood Depression?

The defining features of depression in children are the same as they are for adults. However, recognition and diagnosis of the disorder are more difficult in youth because expression of the symptoms varies with youth's developmental stage, and children may have difficulty properly identifying and describing their internal emotional or mood states. Therefore, symptoms of depression may manifest in children as the following:

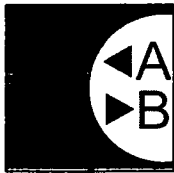
- ✓ Frequent vague, nonspecific physical complaints, such as headaches, muscle aches, stomach-aches, or tiredness;
- ✓ Frequent absences from school or poor performance in school;
- ✓ Talk of or efforts to run away from home;
- ✓ Outbursts of shouting, complaining, unexplained irritability, or crying;
- ✓ Being bored;
- ✓ Lack of interest in playing with friends;
- ✓ Among older youth, alcohol or substance abuse;
- ✓ Social isolation, poor communication;
- ✓ Fear of death;
- ✓ Extreme sensitivity to rejection or failure;
- ✓ Increased irritability, anger, or hostility;
- ✓ Reckless behavior; and/or
- ✓ Difficulty with relationships.

Five or more of these symptoms must persist for two or more weeks before diagnosis of depression is indicated.

What Treatments Are Available?

Treatment often combines short-term psychotherapy, medication, and targeted interventions involving the home or school environment. In order to prevent the recurrence of depression, it is recommended that treatment be continued for at least six months after the remission of symptoms.

Conduct Disorder



A repetitive and persistent pattern of behavior in which children or adolescents violate the rights of others or violate norms and rules appropriate to their age.

What Causes Conduct Disorder?

Researchers have not yet discovered what causes conduct disorders, but they continue to investigate several psychological, sociological, and biological theories. Psychological and psychoanalytical theories suggest that aggressive, antisocial behavior is a defense against anxiety, an attempt to recapture the mother-infant relationship, the result of maternal deprivation, or a failure to internalize controls. Sociological theories suggest that conduct disorders result from a child's attempt to cope with a hostile environment, to get material goods that come with living in an affluent society, or to gain social status among friends. Other sociologists say inconsistent parenting contributes to the development of the disorders. Finally, biological theories point to a number of studies that indicate children could inherit a vulnerability to the disorders. Children of criminal or antisocial parents tend to develop the same problem. Other biologists believe that male hormones or problems in the central nervous system could contribute to the erratic and antisocial behavior. None of these theories can fully explain why conduct disorders develop. Most likely, an inherited predisposition and environmental and parenting influences all play a part in the illness.

What Are the Signs of Conduct Disorder?

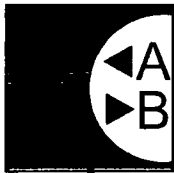
Children who have demonstrated at least three of the following behaviors over six months should be evaluated for possible conduct disorder:

- ✓ Steals, without confrontation (e.g., forgery) and/or by using physical force (e.g., muggings, armed robbery, purse-snatching, or extortion);
- ✓ Consistently lies (other than to avoid physical or sexual abuse);
- ✓ Deliberately sets fires;
- ✓ Is often truant from school or absent from work;
- ✓ Has broken into someone's home, office, or car;
- ✓ Deliberately destroys the property of others;
- ✓ Has been physically cruel to animals and/or to humans;
- ✓ Has forced someone into sexual activity with him/her;
- ✓ Has used a weapon in more than one fight; and
- ✓ Often starts fights.

What Treatments Are Available?

Treatments, including behavior therapy and psychotherapy (either individual or group sessions), are aimed at helping young people realize and understand the effect their behavior has on others. Some children also suffer from depression or attention-deficit/hyperactivity disorder; use of medications as well as psychotherapy has helped lessen their symptoms of conduct disorder. Moralizing and threatening do not work. Often the most successful treatment is to separate the child from a damaging environment and to administer strict discipline.

Post-Traumatic Stress Disorder



Re-experiencing a very distressing event that has overwhelmed a child's coping mechanism and has created intense feelings of fear and helplessness.

What Causes Post-Traumatic Stress Disorder (PTSD)?

A child who experiences a catastrophic event may develop PTSD. A stressful or traumatic event involves a situation where someone's life has been threatened or severe injury has occurred, such as experiencing or witnessing one of the following:

- ✓ Physical or sexual assault or abuse;
- ✓ Family and community violence;
- ✓ Severe accidents;
- ✓ Life-threatening illnesses; or
- ✓ Natural disasters (flood, fire, earthquakes).

A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s).

What Are the Signs of PTSD?

PTSD affects how a child feels and acts. Signs of stress may include the following:

1. A child may re-experience the trauma by:
 - Talking about the trauma over and over again;
 - Including trauma-related events in play;
 - Dreaming about the trauma;
 - Feeling like the trauma is happening all over again; and/or
 - Becoming very distressed when reminded of the trauma.
2. A child might withdraw from the trauma experience by:
 - Avoiding thoughts or feelings about the trauma;
 - Avoiding activities associated with the trauma;
 - Forgetting parts of the trauma;
 - Losing skills such as toilet training or language skills;
 - Wanting to be alone more than usual;
 - Becoming less affectionate toward others; and/or
 - Feeling like there is nothing to look forward to in the future.

3. A child may experience restlessness and agitation, such as:
- Having difficulty falling asleep or staying asleep;
 - Becoming easily angered, irritable, or jumpy;
 - Having concentration problems;
 - Expressing fear (fear of being left alone or sleeping alone);
 - Becoming overly watchful and easily startled; and/or
 - Reporting physical complaints when reminded of the trauma.

What Treatments Are Available?

Treatment of PTSD in children generally involves “talking therapies” (such as cognitive behavioral therapy, family therapy, or brief psychotherapy) and may include the prescription of medication by a psychiatrist.

Fetal Alcohol Syndrome



A combination of particular facial features, growth deficiency, and central nervous system damage resulting from alcohol exposure during pregnancy.

What Causes Fetal Alcohol Syndrome (FAS)?

A fetus exposed to any amount of alcohol may suffer from fetal alcohol syndrome. Alcohol causes physical damage to the central nervous system. The risk of severe birth defects increases with the amount of alcohol consumption. However, even small amounts of alcohol can be harmful; therefore, women are recommended to avoid alcohol during the entire pregnancy.

What Are the Symptoms of FAS?

A child with this condition will have one or more of these effects:

- ✓ Poor sucking ability;
- ✓ Poor sleeping habits;
- ✓ Irritability from alcohol withdrawal;
- ✓ Unusually small body, head, eyes, or jaw;
- ✓ Cleft palate;
- ✓ Heart defects;
- ✓ Hip dislocation and other joint deformities;
- ✓ Mental retardation;
- ✓ Learning disabilities;
- ✓ Speech and language difficulties;
- ✓ Hyperactivity;
- ✓ Inappropriate emotional responses;
- ✓ Problems with fine and gross motor skills;
- ✓ Memory deficit or “quirky memory”;
- ✓ Inability to generalize from one situation to another;
- ✓ Easily stimulated or distracted;
- ✓ Difficulty with cause and effect;
- ✓ Seeming lack of remorse;
- ✓ Lack of boundaries;

- ✓ Overly affectionate;
- ✓ Hyper/under sensitivity to touch, sound, light, and textures; or
- ✓ Hygiene problems.

What Treatments Are Available?

There is no cure for fetal alcohol syndrome. However, children with FAS can be helped. The treatment involves recognizing the symptoms and addressing the problems by providing medical and dental care or placing them in special school programs.

Professional Assessment of Children

Tools for Assessment

The selection of instruments (tests) to be administered to a child must be appropriate for the purpose of the evaluation and must take into consideration the child's age and any special handicaps such as sensory deficits, physical or motor impairments, or speech disorders. Tests should also be culturally appropriate or at least be free of cultural bias.

Other factors of importance in selecting tests for individual examination are determined by the attributes of the tests. Among those to be considered in choosing one test in preference to another are:

- **Validity**
How well does the test measure what it is said to measure?
- **Reliability**
How consistently are the test results reproduced when the same individual is re-tested? When the test is broken up via the split-half method and compared with itself, is it internally consistent?
- **Standardization**
The test norms should be derived from a representative sample of the population to whom the test is to be applied.
- **Objectivity**
An objective test involves specific responses to specific requests or situations. A standard set of directions is followed for administering and scoring the test. Any departures from these prescribed procedures must be reported.

(Note: No single test score is conclusive; professionals look for several sources of data to support conclusions they draw from the tests.)

Brief Descriptions of Some Commonly Used Assessment Tools

The following list of assessment tools is in no way intended to be complete. It does, however, give some examples of the types of instruments that may be used. The CASA/GAL volunteer is not expected to have an expert's knowledge of the use of assessment instruments. However, some familiarity with the types of instruments being used may help guide research and further discovery on behalf of the child.

Developmental Scales

Denver Developmental Screening Test (1 month–6 years)

Quick assessment of personal, social, fine motor, adaptive, language, and gross motor development.

Gesell Developmental Schedules (2 ½ years–6 years)

Thirteen tests assessing wide range of developmental factors in preschoolers. Assesses behavior and emotional and physical development. Used for screening, early intervention, or diagnosis.

Bayley Scales of Infant Development (2 months–30 months)

Two-scale test for infant mental and motor development and a behavior rating. Assesses early mental and psychomotor development. Used in the diagnosis of normal versus retarded development.

Intelligence Tests

Wechsler Intelligence Scale for Children–Revised (WISC-III) (5 years–15 years)

Twelve subtests divided into two major divisions yielding a verbal IQ, performance IQ, and full scale IQ for children tested individually. Provides verbal and nonverbal scales.

Wechsler Preschool & Primary Scale of Intelligence (WPPSI-II) (2 years–6 ½ years)

Ten standardized subtests divided into verbal and nonverbal scales to assess cognitive and reasoning abilities. Scores converted to deviation quotient comparing subject to age peers.

Stanford-Binet Intelligence Scale (SB-IV) (2 years–Adult)

Measures overall cognitive abilities. Emphasis at lower ages on sensorimotor performance; at school age and above, highly dependent on verbal skills. Verbal and nonverbal tests assess verbal reasoning, abstract/visual reasoning, quantitative comprehension, and short-term memory. Can be used to substantiate scores from group tests, to provide more comprehensive assessment, and when a subject has physical, language, or personality disorders that prevent group testing. Results can help identify subjects who would benefit from specialized learning environments.

Leiter International Performance Scale (2 years–18 years)

Multiple-item nonverbal task assessment of intelligence. Individual performance scale. Covers range of functions, non-timed, nonverbal, assumed to be culture-free. Useful for children with speech or language difficulties.

Wechsler Adult Intelligence Scale–Revised (WAIS-R) (16 years–Adult)

Eleven subtests yielding verbal IQ, performance IQ, and full scale IQ. Verbal and nonverbal scales. Popular and well-standardized test but considered not useful for exceedingly superior or for retarded.

Vocabulary

PPVT

Point to response nonverbal multiple-choice selection of picture associated to word spoken by examiner. Measures receptive vocabulary for Standard American English, estimates verbal ability, and assesses academic aptitude. Also used with English as a Second Language (ESL) students, mentally retarded, and gifted students. Vulnerable to deficit in visual/perceptual functions. Scores converted to mental ages, deviation IQ.

Full Range PVT

Similar to Peabody. Assesses individual intelligence when scores are converted to mental age and tables are available for comparable Wechsler Verbal IQ. May be used in testing special populations such as physically handicapped, uncooperative, aphasic, or very young subjects.

Perceptual- or Visual-Motor Integration Tests

Bender Visual-Motor Gestalt Test (3 years–Adult)

A paper-pencil test, untimed. Assesses visual-motor functions. Evaluates developmental problems in children, learning disabilities, retardation, psychosis, and organic brain disorders. Visual-perception, visual-motor integration, motor skill, and organizational ability are tapped by copying figures. Also used as projective test.

Illinois Test of Psycholinguistic Abilities (ITPA) (2 years–10 years)

Ten subtests evaluate child's cognitive and perceptual abilities in communication, auditory, psycholinguistic process of visual reception, levels of organization, sequential memory, association of symbols, ordering recall, discrimination and conceptualization of similarity, and closure.

Frostig Developmental Test of Visual Perception (pre-kindergarten)

Forty-one-item paper-pencil test assessing eye-motor coordination, figure-ground, form constancy, discrimination of position in space, and reproduction of spatial relationships. Evaluates children referred for learning difficulties or neurological handicaps.

Goodenough-Harris Drawing Test (3 years–15 years)

Assesses mental ability through nonverbal technique and drawing tasks. Revisualization, ability to reproduce representation of human figures. Developmental age scores. Also used as projective device.

Benton Revised Visual Retention Test (8 years–Adult)

Measures visual memory. Utilizes ten cards depicting one or more geometric forms exposed ten seconds. Assesses revisualization, spatial perception, and perceptual-motor reproductions. Scored for number correct and number of errors. Used as supplement to visual mental examinations.

Memory for Designs (Graham-Kendall) Test (8 ½ years–Adult)

Assesses revisualization and visual-motor coordination. Fifteen cards with simple geometric figures, each exposed five seconds, to be reproduced. Used to differentiate between functional behavior disorders and those associated with brain injury.

Auditory Processing Tests

Illinois Test of Psycholinguistic Abilities (ITPA) (2 years–10 years)

Assesses specific psycholinguistic abilities and disabilities in children. Facilitates assessment of child's abilities for remediation. Ten subtests of auditory-reception, association, sequential recall, grammatic closure, sound-blending, and verbal expressiveness. Assess decoding, ordering, memory, ability to analyze and synthesize parts-to-whole.

Goldman-Friscoe-Woodcock Test of Auditory Discrimination (4 years–Adult)

Diagnoses an individual's ability to hear clearly under increasingly difficult listening conditions. Twelve subtests measure auditory election, attention, discrimination, memory, and sound-symbol skills. Intersensory integration is involved in multiple-choice response to pictures associated with recorded words. Used for instructional planning.

Kinesthesia & Tactile Perception

Southern California Sensory Integration Tests (4 years–10 years)

Measures an individual's ability to see, touch, and move in a coordinated manner. Seventeen-item paper-pencil and task assessment tests measuring visual, tactile, and kinesthetic perception, and different types of motor development. Used to identify the degree and type of disorder often associated with learning and emotional programs, minimal brain dysfunction, and cerebral palsy.

Reitan-Indiana Neuropsychological Battery for Children (5 years–Adult)

Assesses brain-behavior functioning in children. Includes subtests of sensory perception, intersensory manual form perception, tactile localization, tactile-kinesthetic perception, learning, and recall. Used for clinical evaluations.

Motor Tests

Southern California Sensory Integration Test (4 years–10 years)

Five of six subtests require imitation of patterned movements, body positions, or response to verbal requests.

Southern California Motor Accuracy Tests (4 years–8 years)

Measures degree of accuracy in drawing a pencil line over a printed line. Used in diagnosis of perceptual-motor dysfunction in atypical children. Used in clinical evaluations.

Lincoln Oseretsky Motor Development Scale (6 years–14 years)

Measures motor development. Tests fine and gross motor skills. Used to supplement information obtained from other techniques concerning intellectual, social, emotional, and physical development.

Purdue Perceptual Motor Survey (6 years–10 years)

Range of postural, motor, body image, and form perception measures.

Frostig Developmental Test of Visual Perception (3 years–10 years)

Eye-motor coordination subtests measure skill of visually guided movements.

Bayley Scales of Infant Development, Motor Scale (2 months–30 months)

Assesses developmental levels of motor patterns, including prehension and locomotion.

Academic Skills & School Achievement

STANDARDIZED TESTS GIVEN BY SCHOOLS:

All measure reading, math, and writing skills.

- **Iowa Test of Basic Skills (ITBS)**
- **Washington Assessment of Student Learning (WASL)**

TESTS GIVEN BY SPECIALISTS:

Woodcock-Johnson Psychoeducational Battery (W-JPEB)

Twenty-seven-test battery. Evaluates individual cognitive ability, scholastic achievement, and interest level. Used to diagnose learning disabilities for instructional planning, vocational rehabilitation, and counseling.

Wide-Range Achievement Test–Revised (WRAT-R)

Three paper-pencil subtests, which measure basic educational skills of word recognition, spelling, and arithmetic. Identifies individual learning difficulties. Used for educational placement, measuring school achievement, vocational assessment, and job placement and training.

Peabody Individual Achievement Test (PIAT)

Four-hundred-item test of mathematics, reading, comprehension, and general information. Provides an overview of individual scholastic attainment. Used to screen for areas of weakness requiring more detailed diagnostic testing.

Adaptive Behavior Scales

Vineland Social Maturity Scale–Revised

One-hundred-seventeen-item interview covering eight categories of self-help in general, eating, dressing, communication, self-direction, socialization, and locomotion. Measures successive stages of social competence and adaptive behavior. Used to measure individual differences, which may be significant in cases of mental deficiencies and emotional disturbances, in order to plan therapy or individual education.

Woodcock-Johnson Scales of Independent Behavior (SIB) (2 years–Adult)

Assesses functional behavior, self-help skills, and communication skills. Usually used with developmentally delayed individuals.

A.A.M.D. Adaptive Behavior Scale (3 years–6 years)

Assesses social and daily living skills of children whose adaptive behavior indicates possible mental retardation, emotional disturbance, or other learning handicaps. Used for screening and instructional planning.

Personality & Social/Emotional Functioning

A variety of tests can be used to examine various personality or emotional hypotheses about children. These tests include the following:

The Achenbach Child Behavior Checklist (CBCL) (2 years–16 years)

Assesses behavioral problems and competencies of children and adolescents. Evaluates child behavioral problems from subject's perspective with Youth Self-Report (for ages 8–11 years), from parent's point of view with Child Behavior Checklist, and from teacher's perspective on classroom behavior with Teacher Report Form. Direct Observation Form used by experienced observer to rate on basis of a series of at least six ten-minute observation periods.

Behavioral Assessment Scale for Children (BASC) (2 ½ years–18 years)

Assesses the range of behavior for typically developing children in order to look for areas of psychological damage.

Minnesota Multiphasic Personality Inventory–Adolescent Version (MMPI-A)

(Adolescents–Adults)

One-hundred-fifty-item true/false test of ten clinical variables or factors. Assesses individual personality. Used for clinical diagnosis and research on psychopathology.

Children's Depression Inventory (8 years–13 years)

Twenty-seven-item pencil-paper inventory measuring overt symptoms of child depression such as sadness, anhedonia, suicidal ideation, and sleep and appetite disturbance. Assesses severity of depression in children and adolescents. Also used to measure progress during treatment.

Various Projective Tests

TAT, CAT, Robert's Apperception Test for Children, Piers-Harris Children's Self-Concept Scale, Sentence Completion Test

Used with caution, as they are not standardized. They can be helpful when used with other sources and by a trained clinician.

Adapted from *Tests: A Comprehensive Reference for Assessments in Psychology, Education and Business*, second edition, Richard C. Sweetland, Ph.D., and Daniel J. Keyser, Ph.D., general editors. Kansas City, MO: Test Corporation of America, 1986. Updated for NCASAA by Peggy Tribble, Ph.D., May 2000.

Resiliency: The 40 Developmental Assets

The Search Institute's Framework for Looking at Protective Factors

In an effort to identify the elements of a strengths-based approach to healthy development, Search Institute developed the framework of developmental assets. This framework identifies forty critical factors for young people's growth and development. When drawn together, the assets offer a set of benchmarks for positive child and adolescent development. The assets clearly show important roles that families, schools, congregations, neighborhoods, youth organizations, and others in communities play in shaping young people's lives.

External Assets

SUPPORT:

1. **Family support:** Family life provides high levels of love and support.
2. **Positive family communication:** Young person and his/her parent(s) communicate positively and young person is willing to seek advice and counsel from parent(s).
3. **Other adult relationships:** Young person receives support from three or more non-parent adults.
4. **Caring neighborhood:** Young person experiences caring neighbors.
5. **Caring school climate:** School provides a caring, encouraging environment.
6. **Parent involvement in schooling:** Parent(s) are actively involved in helping young person succeed in school.

EMPOWERMENT:

7. **Community values youth:** Young person perceives that adults in the community value youth.
8. **Youth as resources:** Young people are given useful roles in the community.
9. **Service to others:** Young person serves in the community one hour or more per week.
10. **Safety:** Young person feels safe at home, school, and in the neighborhood.

BOUNDARIES & EXPECTATIONS:

11. **Family boundaries:** Family has clear rules and consequences, and monitors the young person's whereabouts.
12. **School boundaries:** School provides clear rules and consequences.
13. **Neighborhood boundaries:** Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role models:** Parent(s) and other adults model positive, responsible behavior.
15. **Positive peer influence:** Young person's best friends model responsible behavior.
16. **High expectations:** Both parent(s) and teachers encourage the young person to do well.

CONSTRUCTIVE USE OF TIME:

17. **Creative activities:** Young person spends three or more hours per week in lessons or practice in music, theater, or the arts.
18. **Youth programs:** Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
19. **Religious community:** Young person spends one or more hours per week in activities in a religious institution.
20. **Time at home:** Young person is out with friends, “with nothing special to do,” two or fewer nights per week.

Internal Assets

COMMITMENT TO LEARNING:

21. **Achievement motivation:** Young person is motivated to do well in school.
22. **School engagement:** Young person is actively engaged in learning.
23. **Homework:** Young person reports doing at least one hour of homework every school day.
24. **Bonding to school:** Young person cares about his/her school.
25. **Reading for pleasure:** Young person reads for pleasure three or more hours per week.

POSITIVE VALUES:

26. **Caring:** Young person places high value on helping other people.
27. **Equality and social justice:** Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity:** Young person acts on convictions and stands up for his/her beliefs.
29. **Honesty:** Young person “tells the truth even when it is not easy.”
30. **Responsibility:** Young person accepts and takes personal responsibility.
31. **Restraint:** Young person believes it is important not to be sexually active or to use alcohol or other drugs.

SOCIAL COMPETENCIES:

32. **Planning & decision-making:** Young person knows how to plan ahead and make choices.
33. **Interpersonal competence:** Young person has empathy, sensitivity, and friendship skills.
34. **Cultural competence:** Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
35. **Resistance skills:** Young person can resist negative peer pressure and dangerous situations.
36. **Peaceful conflict resolution:** Young person seeks to resolve conflict nonviolently.

POSITIVE IDENTITY:

- 37. Personal power:** Young person feels he/she has control over “things that happen to me.”
- 38. Self-esteem:** Young person reports having high self-esteem.
- 39. Sense of purpose:** Young person reports that “my life has a purpose.”
- 40. Positive view of personal future:** Young person is optimistic about his/her personal future.

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CHAPTER 7

Communicating as a CASA/GAL Volunteer



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CHAPTER 7

Communicating as a CASA/GAL Volunteer



Homework for the Session

Continue to gather information regarding the community resource you selected to report on in the next training session.



Goal

In this chapter, I will practice communication skills for interviewing children, working collaboratively with others on the case, and dealing with conflict. I will increase my understanding of confidentiality issues for CASA/GAL volunteers.



Objectives

By the end of this chapter, I will be able to...

- ✓ Name the elements of basic communication.
- ✓ Describe how to establish rapport and trust with children.
- ✓ Identify different styles of dealing with conflict.
- ✓ Practice a collaborative approach to dealing with conflict.
- ✓ Apply the rules of confidentiality to CASA/GAL volunteer work.



UNIT 1: Basic Communication



Random House Dictionary defines...

RESPECT as...

- Esteem, admiration
- Proper courtesy
- The condition of being esteemed

CREDIBILITY as...

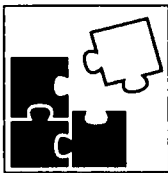
- Being believable
- Effective or reliable

There are many people with whom you will come into contact during your investigation and monitoring of a child's case. A relationship 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 the CASA/GAL volunteer's ability to advocate for children. Good communication skills require:

- ✓ **Self-awareness, and**
- ✓ **Sensitivity to the attitudes and behaviors that others bring to the interaction.**

Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.



Activity 7A: Ways People Communicate

In pairs, review "The Basics of Communication," which presents information about ways people communicate. What would you add?

We'll share a sample of your responses in the large group.

The Basics of Communication

Communication is the human connection. It is the tie that binds us together. What would you add to this list of ways people communicate?

- Spoken words
 - Written words
 - Listening
 - Eye contact
 - Body language (posture and space)
 - Tone of voice
 - Silence
- _____
 - _____
 - _____
 - _____
 - _____
 - _____

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

One way to look at communication, both sending and receiving, is to think of it as occurring through several channels:

1. **Verbal:** One channel is the actual words spoken, the elements we traditionally think of as language and refer to as "communication."
2. **Nonverbal:** A second is the nonverbal channel. The meaning of a message is in the nonverbal packaging as well as in the words. The nonverbal code can be easily misread.
3. **Feelings:** The third channel is made up of the feelings that are experienced in the course of an interaction. The verbal and nonverbal channels can be directly observed. The "feelings" channel is not easy to observe.

Ideally, the three channels match—there is no conflict between what someone says, what is conveyed by his/her body language, and what he/she feels. This is called congruence. When a person who feels distrust for you speaks to you of that distrust and uses body language that matches both speech and feelings, that person's communication is congruent.

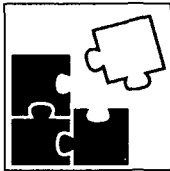
When someone's words and behavior are not congruent, there is a discrepancy between the verbal, nonverbal, and feelings parts of his/her message. This is called a double-level message. For example, a person communicates a double-level message when she says, "I love you" in a sarcastic tone of voice. Her words are saying one thing but her tone is saying the very opposite. Sometimes such miscommunication stems from cultural differences in language and expression.

Whenever there is this kind of discrepancy between the verbal, the nonverbal, and the feelings components of a message, the receiver of the message will tend to believe the nonverbal. Given all the variables involved, it is easy to see why misunderstandings occur between people.

As a CASA/GAL volunteer, you will practice the art of watching for wordless messages to see if the verbal and nonverbal messages match or are congruent. It is important to “hear” the silent messages. There are few, if any, nonverbal signals that consistently have the same meaning. Nonverbal communication incorporates cultural norms and actual body language. For example, the use of eye contact can convey different messages depending on a person’s culture. In some cultures, a person who makes direct and sustained eye contact is perceived as honest and forthright, while in other cultures this same behavior would be perceived as rude and disrespectful.

Listening for meaning requires three sets of ears—one set for hearing facts, one for hearing feelings, and a third for “seeing” what you hear.

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



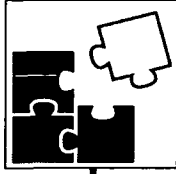
Activity 7B: The Basics of Communication

In order to explore these communication concepts further, consider some popular advertising campaigns in which the verbal message advertises a product while the picture accompanying the ad suggests that if you use this product, all kinds of wonderful things will happen. In your small groups, take a few minutes to recall some examples of such a double-level message in an advertising campaign for a product, a political candidate, a travel destination, or other subjects of popular advertising. We’ll share a selection of your responses.

In the large group, we’ll name some of the advantages of congruent communication for the CASA/GAL volunteer role.

Communicating with Children

Knowledge about communication is important to the specific ways you will gather information from children. Older children can talk about their situations and their wishes, but the younger children CASA/GAL volunteers represent do not have verbal and developmental skills sufficient to express their needs and wishes. Regardless of the verbal skills of the child, CASA/GAL volunteers include observations about the child as a vital part of their investigations.



Activity 7C: Your Observations About Children

Part 1: Think of a time you knew what a child's mood was just by observing the child as he/she entered a room where you were. In your small groups, describe the behaviors that indicated how the child was feeling. List the behaviors on the flipchart.

We'll review what you posted.

Part 2: Read the section that follows, "Considerations for Observations." As a group, answer the following questions:

- In addition to the things the group posted on the chart, how else can you learn about what children are feeling?
- How do these ways differ from the ways you learn about what adults are thinking and feeling?
- Have you ever been wrong in your assumptions?

Considerations for Observations

Because it is impossible to observe everything a child does, it is important to think about what specific information you want to know about the child while trying to keep your mind open to unexpected information. Following are some general questions to keep in mind when observing young children. Reading over these questions several times before you begin your observation will help you remember what to look for.

- 1. What is the specific situation in which the child is operating?**
What other activities are going on? What are the general expectations of the group at the moment and what is the general atmosphere of the room—calm, noisy, boisterous, quiet?
- 2. What is the child's approach to materials and activities?**
Is the child slow in getting started or does he/she plunge right in? Does the child use materials in the usual way or does he/she use them in different ways, exploring them for the possibilities they offer?
- 3. How interested is the child in what he/she is doing?**
Does the child seem intent on what he/she is doing or does the child seem more interested in what others are doing? How long is his/her concentration span? How often does he/she shift activities?
- 4. How much energy does the child use?**
Does the child work at a fairly even pace or does he/she work in "spurts" of activity? Does the child use a great deal of energy in manipulating the materials, in body movements, or in talking?

5. What are the child's body movements like?

Does the child's body seem tense or relaxed? Are movements jerky, uncertain, or poorly coordinated?

6. What does the child say?

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

7. What is the child's affect (visual emotions)?

What are the child's facial expressions like? Does he/she appear frustrated? Happy?

8. How does the child get along with other children?

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

9. What kinds of changes are there between the beginning and the end of an activity?

Does the child's mood change during that period?

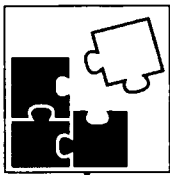
10. What is the child's relationship with you?

11. What is the child's relationship with others: parents, caseworker, attorney, foster parents, etc.?

12. What seems "different" or "troubling" about this child as compared with other children of the same age?

13. Are there issues that you think should be checked out by a professional (vision, hearing, cognitive development, physical development, dental health, etc.)?

Adapted from "Assessing a Child's Welfare." Eunice Snyder, ACSW, and Keetje Ramo, ACSW, School of Social Work, Eastern Washington University, 1984.



Activity 7D: Reflection/Clarification Phrases

Read the list of reflection and clarification phrases that follows. Circle the phrases that you think will be most helpful to you in soliciting information from a child.

We'll share a sample of your responses in the large group.

FOR REFLECTING WHAT YOU UNDERSTAND

- It sounds like you feel...
- So you're feeling...
- And that made you feel...
- I hear you saying...
- You seem to be feeling...
- I get the feeling that you...
- If I understand you right, you...
- Let me see if I'm with you so far, you...
- So what you're saying...
- Is that what you're saying?
- My impression is... Does that fit?
- Would it be accurate to say that...?
- I'm sensing that you...
- Sounds like there's a wish in there...
- The part I understand is...

FOR EXPLORING WHAT YOU DON'T UNDERSTAND

- The part that isn't clear to me is...
- I wonder if you're feeling...
- Could you tell me...?
- Can you say more about...?
- What does that mean to you?
- I can't tell if you feel...or if you feel...
- What (How) is that for you?
- I don't quite get what you mean, is it...?
- What does... mean (to you)?
- How do you view that?
- For example...?
- Do you have a specific example in mind?
- When do you feel that way?
- Are you feeling that now?
- Can you expand on that idea?
- How do you mean that?
- I'm not clear on what you mean by...

"Feeling Phrases" by Michigan CASA.

Introducing Yourself as a CASA/GAL Volunteer

One of the first tests of your communication skills as a CASA/GAL volunteer will occur when you introduce yourself and describe your role. The following is a sample of how you might introduce yourself to a family, either in written or verbal form:

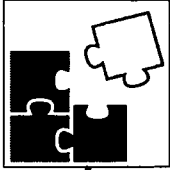
A CASA/GAL Volunteer—Who Is That?

I am your child's CASA/GAL volunteer. I am an unpaid volunteer. *The term guardian ad litem is Latin for "guardian at law" or "guardian while under litigation," which is a legal description of my job—to provide a voice for your child in court.*¹ I do this work because I care about children and families, and I want to help.

I am not a CPS caseworker and the CASA/GAL program is not part of CPS. However, I will talk to your caseworker to get background information about your child's situation. I will also talk to you, other family members, teachers, and anyone else who is important to your child. After I have gathered information, I will write a report for the judge, recommending what I believe is in your child's best interest. Nothing in my report will be kept secret from you. You (or your attorney) will receive a copy of my report.

Please be open with me about anything important in your child's life. You may be the best source of information I will have to help me understand what is best for your child. If you wish to contact me, feel free to leave me a message at the CASA/GAL program office.

¹ If you are not a guardian ad litem, the phrase in italics does not apply.



Activity 7E: Introducing Yourself as a CASA/GAL Volunteer

In trios, using the concepts you just reviewed, write what you would say to introduce yourselves to...

A nineteen-year-old mother of an infant alleged to be abused.

A nine-year-old child.

Your next-door neighbor.

Using what you wrote, take turns introducing yourself as a CASA/GAL volunteer. During the “introductions,” one member of the trio plays the role of the mother, child, or neighbor. The remaining member of the trio serves as the observer.

After each turn, give feedback to the CASA/GAL volunteer. The volunteer should first share what he/she liked about the introduction, then what he/she would change the next time. The other two people should then share what went well and offer suggestions for improvement. Pay attention to nonverbal communication!

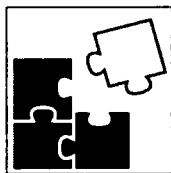
What are your questions?

This activity was contributed by Norma Laughton, NC GAL District Administrator.

UNIT 2: Establishing Rapport & Trust with Children

In order to be an effective advocate, a CASA/GAL volunteer must perform a thorough independent investigation of a child's situation. In the course of that investigation, you will meet and talk with the child, the child's family, the child's extended family and neighbors, and the professionals who are working with the child and his/her family.

Developing rapport and trust with the child is one of your most important responsibilities. It is the foundation of your relationship with the child. You can only fulfill the responsibility of assessing what the child needs *and* what the child wants if you have established a relationship that allows the child to honestly share his/her feelings.



Activity 7F: Establishing Relationships

In pairs, take turns telling each other about a child in your life who really trusts you. What are three ways you think this trust evolved? Write your three factors on separate cards. Post your cards on the flipchart. We'll review what you post.



Random House Dictionary defines...

RAPPORT as...

- A relationship, especially a harmonious or sympathetic one.

TRUST as...

- Reliance on the integrity, ability, etc., of a person or thing.
- Confident expectation, hope.
- The responsibility imposed on a person in whom confidence is placed.

“

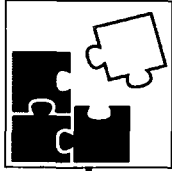
“CASA/GAL volunteers should know that the children have been hurt. So even if you get a cold shoulder, just understand that they don't know who to trust. Don't think they are bad, it is just a security wall.”

Words spoken by a sixteen-year-old about the CASA/GAL volunteer relationship with a child.

The children for whom CASA/GAL volunteers advocate have been traumatized by the abuse or neglect that brought them to the attention of Child Protective Services and by all of the life changes that have occurred as a result of agency intervention. The CASA/GAL volunteer is likely to be one more new person in a long line of new people in the child's life.

A relationship characterized by rapport and trust...

- ✓ Should be built on a sincere interest in the child as a person as well as the child's well-being;
- ✓ Takes time and energy and actively listening to the child's words and observing his/her nonverbal cues;
- ✓ Needs regular nurturing;
- ✓ Requires honesty in all communication with the child; and
- ✓ Is developed for the benefit of the child, not the adult.

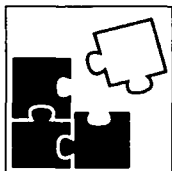


Activity 7G: Establishing Relationships with Children of Different Ages

Review the allegations from the two petitions in the Parker-Solano training case (see page 1–36 for allegations related to Ben and page 1–45 for allegations related to Damien). In your small groups, list what you would do to establish rapport and trust with Damien and Ben. What differences do you see?

We'll share your responses in the large group.

Young Child (Damien)	Older Child (Ben)



Activity 7H: Establishing Rapport & Trust—A Case Example

Read the following “Dear Abby” column. In pairs, answer the following questions:

- How might the child feel talking to you, especially at the first meeting?
- What can you do to help the child feel comfortable?
- What additional strategies can you use to gather information from the child?
- Is it more important for you to get information from this child or to support this child?

We'll share a sample of your responses in the large group.

Promises, Promises —A Child’s View of Incest: Young Victim’s Private Ordeal Becomes a Public Nightmare

By Abigail Van Buren,
Universal Press Syndicate,
1987

DEAR ABBY: Recently my husband and I heard Norman Early, the district attorney from Denver, speak on the criminal justice system—from the victim’s point of view.

He read the enclosed account of a victim of incest. Her name is “Cindy” and she is 12. I thought it worthy of inclusion in your column. I hope you agree.

Mary Dean Armstrong

DEAR MARY: I do. And here it is:

Promises, Promises—A Child’s View of Incest

I asked you for help and you told me you would if I told you the things my dad did to me. It was really hard for me to say all those things, but you told me to trust you—then you made me repeat them to 14 different strangers.

I asked you for privacy and you sent two policemen to my school in front of everyone, to “go downtown” for a talk in their black and white car—like I was the one being busted.

I asked for you to believe me, and you said that you did, then you connected me to a lie detector, and took me to court where lawyers put me on trial like I was a liar. I can’t help it if I can’t remember times or dates or explain why I couldn’t tell my mom. Your questions got me confused—my confusion got you suspicious. I asked you for help and you gave me a doctor with cold metal gadgets and cold hands... just like my father, who said it wouldn’t hurt, just like my father, who said not to cry. He said I look fine—good news for you. You said, bad news for my “case.”

I asked you for confidentiality and you let the newspaper get my story. What does it matter that they left out my name when they put in my father’s and our home address? Even my best friend’s mother won’t let her talk to me anymore.

I asked for protection and you gave me a social worker who patted my head and called me “Honey” (mostly because she could never remember my name). She sent me to live with strangers in another place, with a different school.

Do you know what it’s like to live where there’s a lock on the refrigerator, where you have to ask permission to use the shampoo, and where you can’t use the phone to

call your friends? You get your own puppy grow up. used to hearing, “Hi, I’m your new social worker, this is your new foster sister, dorm mother, group home.” You tiptoe around like a perpetual guest and don’t even get to see

Do you know what it’s like to have more social workers than friends?

Do you know what it feels like to be the one that everyone blames for all the trouble? Even when they were speaking to me, all they talked about was lawyers, shrinks, fees and whether or not they’ll lose the mortgage. Do you know what it’s like when your sisters hate you, and your brother calls you a liar? It’s my word against my own father’s. I’m 12 years old and he’s the manager of a bank. You say you believe me—who cares, if nobody else does?

I asked you for help and you forced my mom to choose between us—she chose him, of course. She was scared and had a lot to lose. I had a lot to lose too—the difference was you never told me how much. I asked you to put an end to the abuse—you put an end to my whole family. You took away my nights of hell and gave me days of hell instead. You exchanged my private nightmare for a very public one.

**Feelings by Cindy,
age 12; put into words
by Kee McFarlane**

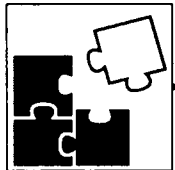
UNIT 3: Using a Collaborative Approach



The word “collaboration” comes from the roots “co” (meaning together) and “labor” (meaning work).

As a CASA/GAL volunteer, you will interact and communicate with many people who hold many different opinions and beliefs about children and families. Often, addressing a difference of opinion or challenging a firmly held belief will be an integral part of your advocacy. The CASA/GAL program encourages volunteers to use a collaborative approach in working with families and with other agencies and organizations in the community. As you work together on a common plan to ensure that the child is in a safe, permanent home, you will see that the collaborative approach brings more creative energy and resources to a situation or problem.

At its best, collaboration means different people or groups working together toward a goal they all agree on, with everyone doing what they do best, within the guidelines set by agency policy. As people from various agencies work together with families, they get to know each other and understand each other’s services and approaches. It is important that you only accept activities that fall within the duties of the CASA/GAL volunteer and that you advocate for others to complete activities that fall within their mandated roles (e.g., CASA/GAL volunteers generally do not provide transportation, supervise visits, or do home studies).



Activity 7I: Successful Collaboration

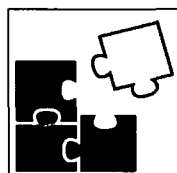
When agencies can successfully collaborate, the child and all of the participants in the collaboration win. Using this positive approach greatly increases the chance that the child will find permanence without unnecessary delays.

Listen as the facilitator provides a general overview of what it means to use a collaborative approach and reviews the list of keys to successful collaboration.

What do you think this information might mean in your work as a CASA/GAL volunteer?

Keys to Successful Collaboration

- ✓ **Developing a Partnership**
The people or agencies in a collaboration need to develop mutually respectful relationships that allow for the development of trust.
- ✓ **Assessing Reasons for Collaborating**
The next step is to help the collaborators clarify their reasons for working together and identify contributions each can offer to the plan. This is an ongoing process.
- ✓ **Setting Goals & Making a Written Plan**
It is valuable to write down the goals and the steps needed to reach these goals, indicating who will be responsible for each activity.
- ✓ **Learning & Practicing Skills**
Group members may need to learn some new skills in order to reach the goals of the group. You can teach each other and invite additional assistance as needed.
- ✓ **Celebrating Accomplishments**
Be sure to take the time to celebrate your joint accomplishments with the families, workers, and others who have supported the collaboration.



Activity 7J: Practical Pitfalls of Collaboration— & How to Turn Them into Advantages

Take turns reading aloud from the following section. As a group, answer the questions after each pitfall and share some ideas about how these pitfalls might impact your work as a CASA/GAL volunteer.

Practical Pitfalls of Collaboration—& How to Turn Them into Advantages

Collaborating on Tasks That Really Don't Require Collaboration

If you are looking for the fastest way to get a simple task done, don't collaborate on it. If, on the other hand, you want to accomplish something that one person or agency can't do alone or that will have much more impact if done with others, this is the time to consider collaboration.

- ✓ **When might it be worth taking the extra time to use a collaborative approach?**

Underestimating How Much Time It Takes to Collaborate

When you begin collaborating (whether it is with a family or with another agency), first talk over your goals. If you agree on goals, then talk over who will do what, and when. Draft a simple work plan and list both the tasks and how long you think each will take. It takes time to collaborate!

- ✓ **Why is it helpful to estimate the time it will take to complete a work plan?**

Lack of Clarity of Leadership

The way leadership is handled will make the difference between success and failure for a collaboration. Every group of interagency collaborators needs to figure out how they will make decisions, and who will take responsibility for each task.

- ✓ **What can you do to ensure that issues of responsibility and leadership are determined at the start of a collaboration?**

“Turf” Issues

Understanding why people and agencies are often so touchy about their turf can help you know how to handle turf issues. Every person has an “identity”—the part of us that says, “I am this, I do that.” Work is a big part of many people’s identity, and many agency workers’ identities are intertwined with the services their agencies provide. Because of these “identity issues,” caseworkers often feel blamed or criticized personally when the CASA/GAL volunteer asks for more services or calls attention to delays. The CASA/GAL volunteer can separate the person from the problem by saying, “I know you have done what you can. How can we get this service for the child?” When identities are threatened, it becomes very difficult to collaborate. When you or your collaborators seem to be getting caught up in turf issues, bring yourself (and your collaborators) back to the reason why you are collaborating: to find a safe, permanent home, preferably with the child’s family, as soon as possible, honoring the child’s sense of time.

- ✓ **This is a particularly tricky one for citizen volunteers who are working with agency professionals. What can you do to move things forward while understanding that people’s identities are often very much wrapped up in the work that they do?**

Leaving Out Key People or Agencies

If you are beginning a collaboration either with a family or with another agency, be careful not to accidentally leave out important people or agencies. Ask collaborators you trust who the key players are. It is worthwhile to bring families into the decision-making process whenever possible, even though this requires extra time and effort.

- ✓ **What would you do if you discovered that you had inadvertently left out a key decision-maker?**

Lack of a Common Vision

Lack of a common goal and differences in ideas about how best to reach that goal are the most frequent collaboration pitfalls, whether you are working with an individual family or with an interagency group. Taking the time to explore the vision and develop goals everyone supports will pay off in the long run.

- ✓ **Why does it work well for the CASA/GAL volunteer to be a leader in keeping everyone focused on a common vision?**

Lack of Agreed-Upon Ground Rules

Many potential collaborations fail because participants don't take the time to establish some ground rules everyone involved can agree on. The process of agreeing on ground rules is as important as the list you come up with. Ground rules generally include expectations regarding confidentiality, participation, time frames, and other expectations of group members.

- ✓ **Why should ground rules be set right from the start?**

Lack of Skill in Working Constructively with Conflict

Conflict is inevitable in collaborations. It can even be a benefit because it can help the group understand each person's or agency's point of view. Good communication skills will go a long way toward resolving conflict. These skills include listening well, reflecting what another person tells you (to make sure you understand), and expressing your own thoughts and feelings respectfully.

- ✓ **Why are good listening skills a key to addressing conflict?**

Lack of Appropriate Incentive

In the best situations, people want to collaborate on behalf of a child just because they see a need and want to help. In reality, it is often unrealistic to expect the families or other agencies to put much time into collaborating unless they can benefit in some way. People and agencies already have too much to do without taking on new projects. Incentives can help the collaboration process by encouraging people to join and stay with the effort. If you are the one calling people together to discuss a possible collaboration, you can begin by briefly explaining what you are concerned about, what you want to do about it, and why you need their help. Then you can ask for their ideas and reasons for joining in (and what would keep them away from collaborating). This first step works equally well with families and other agencies.

- ✓ **How can the CASA/GAL volunteer help others to see the benefits of using a collaborative approach?**

The materials for this unit were adapted from *Empowerment Skills for Family Workers*. Christiann Dean, Cornell Empowering Families Project, August 1996. Used with permission.

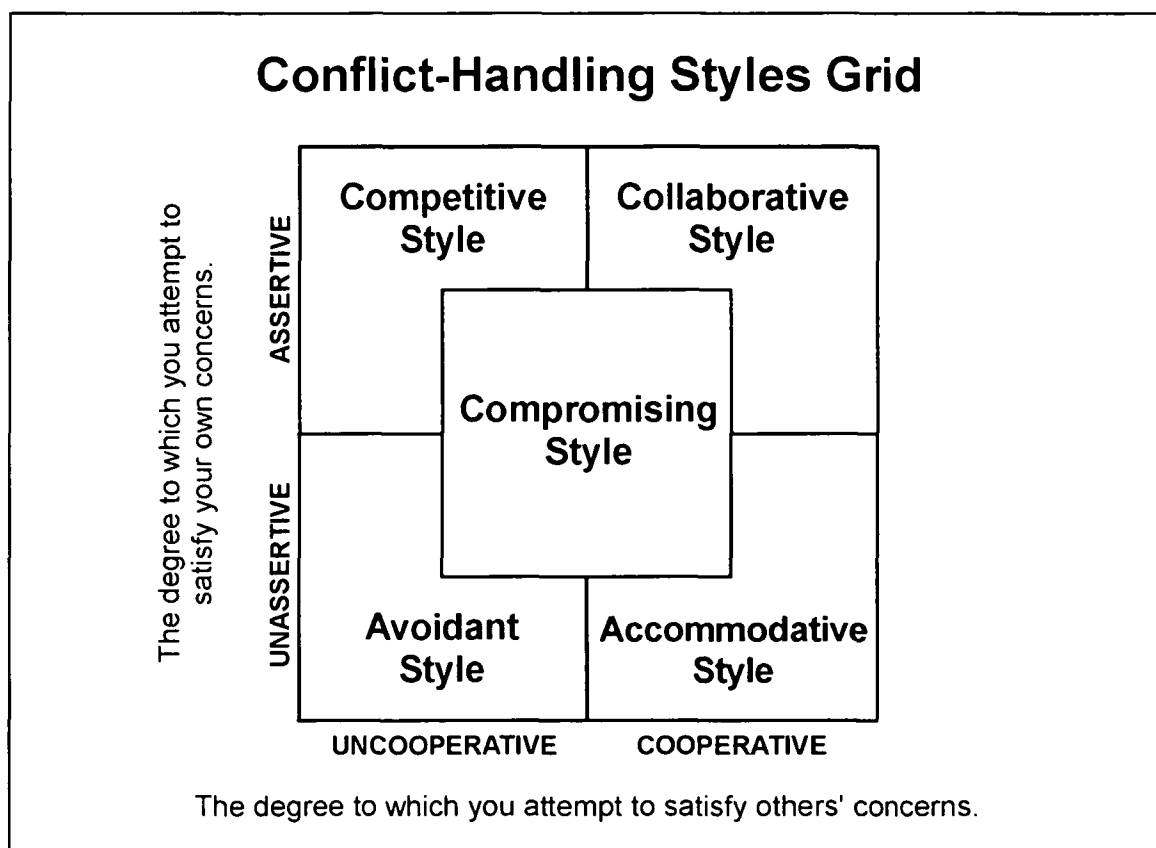
As a CASA/GAL volunteer, you will collaborate often with the parents or relatives of a child, as well as with professionals from the agencies that serve children and their families. Collaboration means starting where the other person is instead of where you would like them to be. It is about listening, often listening more than you speak—and when you do speak, paying attention to the words you use. It is important to use “people-first” language. “People-first” language recognizes that people should not be reduced to their conditions. People have disabilities or illnesses—they are not the illness (e.g., “a person who has an addiction to drugs” versus “the drug addict”). Using adjectives that describe a person’s condition as nouns often results in a derogatory label beginning with the word “the” (e.g., people who do not earn enough money to meet their needs become “the poor” or “the disadvantaged”). With this in mind, you are encouraged to ask about concerns, look for strengths, question labels, and work with people as collaborators.

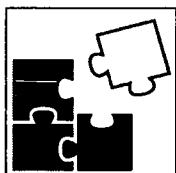


UNIT 4: Dealing with Conflict

The common root of all conflicts is the incompatibility between the concerns of two or more parties. Not only do the different parties in a child abuse/neglect case have different roles and perspectives, they may have—or perceive that they have—incompatible concerns. In your role, there will be times when you will need to address a difference of opinion or challenge someone's firmly held belief. When you are in a conflict situation, one way to deal with conflict is to recognize that you can choose among different styles of handling conflicts based on your own personal style, the style of others involved in the conflict, and the nature of the conflict itself. Different situations may call for different strategies.

One approach to describing these styles for handling conflict, based on a system developed by Kenneth Thomas and Ralph Kilmann, is used extensively in business and educational programs. A person's style in dealing with a particular conflict depends on the degree to which he/she attempts to satisfy his/her own concern (by acting assertively or unassertively) and to satisfy the other party's concern (by acting cooperatively or uncooperatively). When these two considerations are put together, they can form a grid:





Activity 7K: Conflict Management Styles

Read the following outline of the five conflict management styles. Share with a partner which style you:

- Use the most;
- Like using the most;
- Use the least; and
- Feel the least comfortable using.

We'll tally responses to determine the most prevalent style for all four categories.

The Competitive Style

Someone using this style is very assertive or even aggressive and is interested in getting his/her own way. The rationale might go something like this: "I don't care what others think, I'm going to make sure I get my way." You satisfy your concern at the expense of others, by forcing people to do it your way, arguing, and pulling rank. You use your power to achieve your objective; and if you have enough power you can succeed.

This style is useful when:

- The issue is important to you or you feel you must act quickly to get your way immediately; or
- You feel confident you will win because you have the power or position to do so.

The Avoidant Style

In this style you don't assert yourself, you don't cooperate, or you avoid the conflict entirely. You don't attempt to satisfy your own or the other's concern. Instead, you sidestep the issue by ignoring it, passing the buck, delaying, or using other tactics. For example, "Why don't we tackle this next week when we can look at this with fresh eyes."

This style is useful when:

- You are in a no-win situation or tensions are too high and you feel a need to cool down;
- You don't have enough information and have the option of waiting; or
- You believe the situation will resolve itself in time.

The Accommodative Style

You work cooperatively with others without trying to assert your own concerns. You sacrifice your own concern in order to satisfy another's concern by agreeing, conceding, taking pity on that person, or otherwise giving in. For example, "This is not important enough to me to argue about it."

This style is useful when:

- It is more important to maintain a relationship with someone than to get the matter decided your way;
- You want to keep the peace and maintain harmony; or
- The outcome is more important to the other person than to you.

The Compromising Style

You give up a little bit of what you want to get the rest of what you want, and the other parties do the same. You do this by making concessions and exchanges, and bargaining to come up with a compromise solution to which you can each agree. The emphasis is not on win-win; rather, you acknowledge, “We can’t both get what we want so let’s work out something we can live with.”

This style is useful when:

- Neither party has the energy for collaboration;
- You have mutually exclusive goals; or
- A compromise will make a relationship or agreement work, and you’d rather have that than nothing at all.

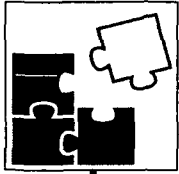
The Collaborative Style

You get actively involved in working out a conflict by asserting what you want, while still trying to cooperate with the other person. If the parties have the time and see the issue as important enough, this is a good way to find a win-win solution that satisfies the needs of all parties. It is a more complicated approach, and the key to successful collaboration involves taking the time to look at underlying issues and needs in order to find some way to meet them. All parties have to make a time commitment, and they have to be able to clarify their wants, express their needs, listen to others do the same, and then explore alternatives and agree to solutions. Together the parties might search for new alternatives or work out good compromises once all the issues are understood. For example, “I think if we take some time and talk things out, we can come up with a solution that works for all of us.”

This style is useful when:

- Parties are clear about the problem and what they want;
- Parties are willing to work together as equals to come up with a solution; or
- The issues are important to all parties and no one is willing to let go entirely.

Adapted from *Resolving Conflict: With Others and Within Yourself*. Gini Graham Scott, Oakland, CA: New Harbinger Publications, 1990.



Activity 7L: Keys to Communication & Principled Negotiation

Part 1: Review the following material on conquering conflict and using principled negotiation. What are your questions?

The Keys to Communicating to Conquer Conflict

The way you communicate—and set the stage to help others communicate—can go a long way toward avoiding a conflict or dissipating one. The basic keys include the following:

- ✓ Pay attention to nonverbal cues that suggest a discrepancy between what the speaker is thinking or feeling and what he/she is saying. Bring these issues out in the open.
- ✓ Watch for hidden or incorrect assumptions—your own or the other person’s. Bring them out in the open so mistakes can be corrected. Use reflective listening—state back what you believe you heard the other person say and ask if you understood correctly.
- ✓ Work toward open channels of communication. Say what you think or feel diplomatically, and encourage the other party to open up and talk to you, too.
- ✓ Be clear. If something is unclear to you, ask for clarification so you understand. And if someone else seems unclear, check this out and then provide the necessary explanations yourself.
- ✓ Learn to listen well. Do so with interest and concern and respect. You want to show empathy, and to indicate that the speaker is being heard and understood. Also, listen attentively without interruption or judgment. From time to time reflect back what you heard to show the other person you’re following the conversation.
- ✓ Express your own feelings and needs in a non-threatening way, using “I” statements. Avoid “you” statements, which can make the other person feel judged, put down, or blamed. An “I” statement is one in which the speaker takes responsibility for their feelings, such as “I feel worried when you come home late.” An example of a “you” statement would be “you make me feel worried when you come home late. An “I” statement is less likely to put the receiver on the defensive, thus keeping channels of communication open.

Adapted from *Resolving Conflict: With Others and Within Yourself*, Gini Graham Scott. Oakland, CA: New Harbinger Publications, 1990.

Principled Negotiation

Principled negotiation is a method through which issues are decided on their merits rather than through a haggling process focused on what each side says it will and won't do. The method of principled negotiation can be boiled down to four basic points:

1. PEOPLE: Separate the people from the problem.

There is an eighty-twenty rule of negotiating for agreement: Listen eighty percent of the time and talk twenty percent of the time. By using effective communication skills, by listening without interruptions, by asking questions, by not arguing, by admitting your own errors, and by empathizing with the others involved, conflict can be resolved. If you are dealing with an angry person, in order to allow yourself and the other to separate out real issues, do the following:

- Change the environment (e.g., move to a different place for your meeting);
- Schedule a series of short meetings (e.g., spend fifteen minutes, and if the person is still angry, schedule again for the next day, and so on, until the anger is dissipated); and
- Don't be afraid to bring in a mediator if necessary to help resolve the dispute.

2. INTERESTS: Focus on interests, not positions.

Find out the background behind each position, then step back from the positions to see what the interests are. Ask "Why is that position important? What's getting in the way of accepting my position?" Then make positive statements. Say what you do want rather than what you don't want.

3. OPTIONS: Generate a variety of possibilities before deciding what to do.

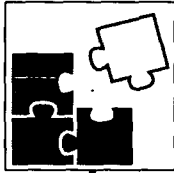
Have suggestions available, but don't get too tied to them. Brainstorm, don't evaluate. Be encouraging. Keep a list in case you decide on a mutual solution that doesn't work. Watch out for "killer phrases," such as "You did a really good job today, but..." or "We tried that before and it won't work." Use building phrases, such as "We haven't tried that yet."

4. CRITERIA: Insist that the result be based on some objective standard.

Ask "How will we know if the solution works? How will we measure the success?" Everyone should agree on criteria focusing on success of the solution not the process. Remember, individuals don't fail, solutions do. If you are dealing with attitudes, figure out the behavior that attitude is affecting. Reason together which standards are acceptable to all.

After going through the negotiation process, check the objective criteria within two weeks. Finally, remember you cannot resolve all conflicts this way (about five percent don't work) but try this process first.

Adapted from *Getting to Yes*, Roger Fisher, William Ury, and Bruce Patton, New York: Penguin Books, 1991.



Activity 7L: Keys to Communication & Principled Negotiation

Part 2: Read the following two case scenarios, and in groups of three, role-play one of these scenarios. One person should play the CASA/GAL volunteer, one the other participant (caseworker or psychologist), and one the observer. These conflict scenarios are based on real situations.

The CASA/GAL volunteer and the caseworker or psychologist are to resolve their conflict situation. The observer is to ask the players the following questions:

- What happened in the role-play that helped to resolve the conflict?
- What happened in the role-play that created barriers to resolving the conflict?
- What would you like to do differently next time?
- What style of conflict management was used?

We will hear your observations in the large group.

Conflict Resolution Scenario 1

CASA/GAL Volunteer

You are a new CASA/GAL volunteer on a case involving twin three-year-olds. You are having a disagreement with a caseworker regarding the need for developmental evaluations. The state has legal custody of the children. The maternal grandmother, who has physical custody of the girls, has reported to you that the girls have hardly any verbal skills. You have met the girls and they only seem to know a few words. You believe that a professional in child development should decide if the children need evaluations.

The grandmother has no transportation and is caring for two other school-age children. She appears to you to be overwhelmed and genuine in asking for help. She is willing to attend the evaluations but needs help setting them up and getting there. You feel it is a CPS responsibility to set up the evaluations and transport the girls.

Caseworker

You have worked as a caseworker for the state for five years. You have some very difficult cases that are taking a great deal of your time and your caseload has been soaring. Your department has just been reorganized—again—and you have a new supervisor who is very concerned about budget and has been complaining about the high incidence of referrals for outside services (such as developmental evaluations). You don't believe that evaluations on these children are really necessary; you have had some experience with twins whose language development was delayed because they had developed their own ways of communicating with each other and believe that is the situation here. You have also had some contact with the grandmother and are not convinced that she will follow through with plans.

Adapted from material from the North Carolina Guardian ad Litem volunteer training curriculum.

Conflict Resolution Scenario 2

Psychologist

For the past six months, you have been providing therapy to a mother whose seven-year-old daughter is in foster care because the mother was so depressed she was unable to care for her properly. The mother has been making good progress in therapy and she reports that visits with her daughter have gone well. You feel that she is ready for longer visits and that weekend overnight visitations with her daughter would enhance the connection between them and prepare for the child's return to the home.

CASA/GAL Volunteer

The foster parent has reported to you that since the child returned from the visit with her mother at which the weekend overnight was announced, the child has developed night terrors, has begun to wet her bed again, and has begged the foster mother not to make her go. While you support visitation, you believe that an overnight visit is too abrupt a change for the child.



UNIT 5: Confidentiality Revisited

Should I Share Information with Someone Else About This Child or This Case?

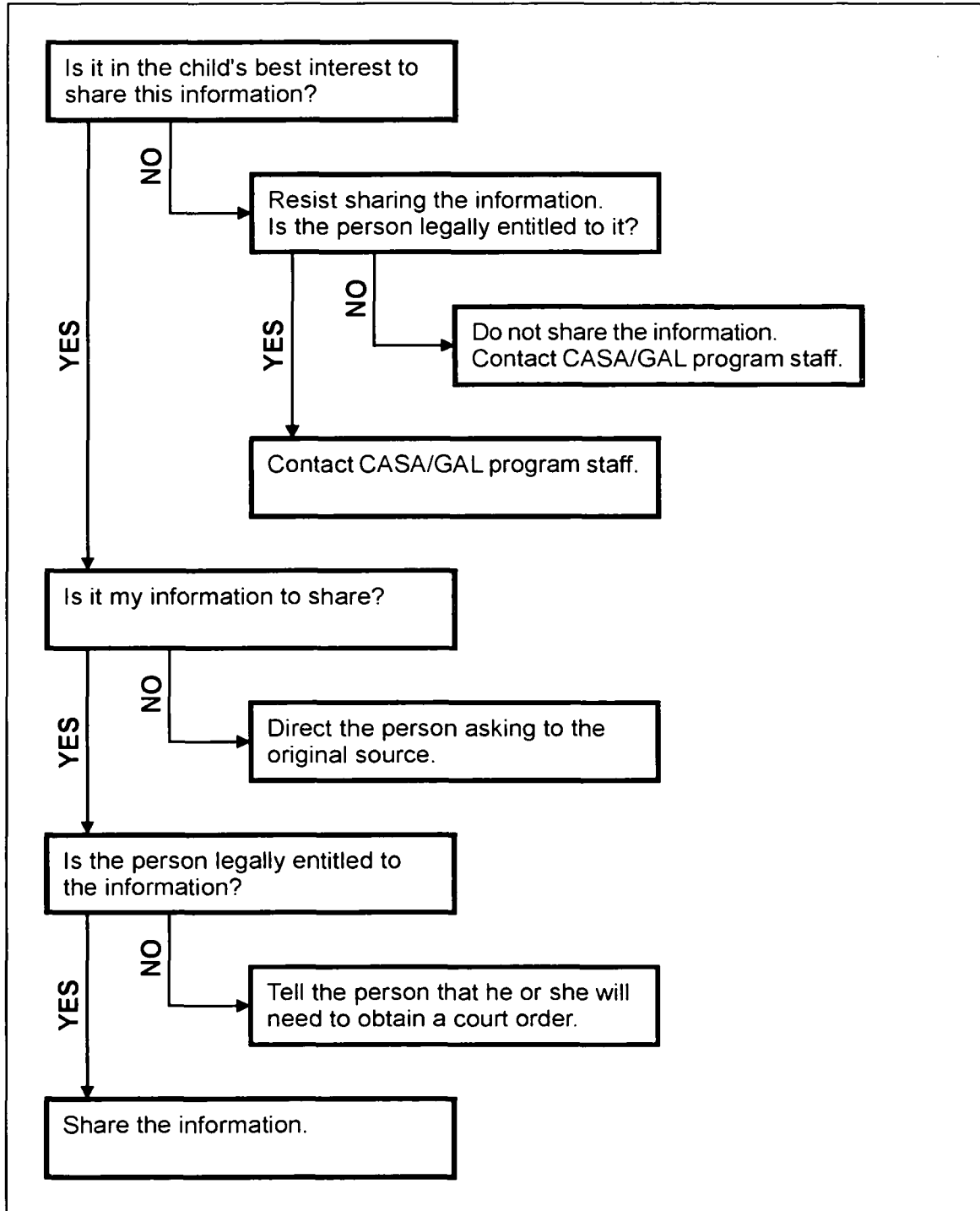
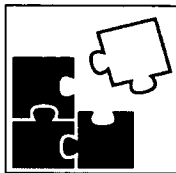


Chart contributed by Diane Robinson, State Director, Arkansas CASA.

Sharing Information with Foster Parents

Foster parents may seek information from you about the children in their care. 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 must include, at a minimum, the names and addresses of the child's health care provider and school, the child's immunization record, known medical problems, medications, school record with current grade level performance, and other relevant health and education information (e.g., behavioral problems and/or disabilities). In order to provide adequate care, foster parents do need to know relevant information regarding the child. However, foster parents have a contractual relationship with the child protective services agency or a private licensing agency. As a CASA/GAL volunteer, you are not the foster parents' source of information about the child's case nor are you their advocate. Your job is to focus on the child's needs. It is your obligation as a CASA/GAL volunteer to keep your child informed about the case, but it is not your duty to keep the foster parents informed. Suppose, however, 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 staff to determine the best approach, the CASA/GAL volunteer should contact the caseworker and state a clear expectation that this critical background information be shared with the current foster care provider.



Activity 7M: What to Tell the Foster Parent

Working in trios, role-play a situation with a foster parent. Each person should take a turn as a foster parent, a CASA/GAL volunteer, and an observer. Select three cards for your group. After you have chosen roles for the first role-play, the foster parent asks the question on his/her card and the CASA/GAL volunteer answers. The foster parent may follow up with an additional question if clarification is needed.

After the CASA/GAL volunteer and the foster parent have talked...

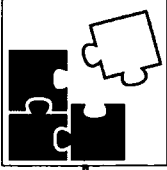
The observer asks the volunteer...

- What did you like about your answer?
- What would you like to change?

The observer asks the foster parent...

- How did you feel about the volunteer's response?

Follow the same process for the remaining two cards, taking a different role each time. In the large group, we'll generate some additional volunteer responses for the tough situations you encountered.



Activity 7N: Confidentiality Dilemmas

Questions of confidentiality for the CASA/GAL volunteer are often not clear-cut or easily recognized. This activity uses five scenarios to illustrate situations that test the limits of confidentiality.

Working with a partner, select one of the following case scenarios. Make sure each of the five scenarios is selected by at least one pair, or if the group is small, each pair should do two scenarios. Read the scenario and answer these questions:

- What confidentiality breach do you see?
- What problems could this cause for the child?
- What problems could this cause for the outcome of the case?
- What problems could this cause for the CASA/GAL volunteer?
- What problems could this cause for the CASA/GAL program?

In the large group, each pair will share a summary of the scenario they considered and their answers.

SCENARIO 1

A CASA/GAL volunteer was in the program office after a court hearing. She overheard another volunteer talking to program staff about a case in which a four-year-old girl was going to be placed for adoption as soon as her parents' rights were terminated. The first volunteer mentioned this adoption possibility to a friend who wanted very much to adopt a child. This friend then called CPS to inquire about adopting the four-year-old girl.

SCENARIO 2

CASA/GAL volunteer Trent Watson was investigating the case of fourteen-year-old Jason Street, whose teacher, Mr. Davis, was demonstrating an active interest in his well-being. Mr. Davis asked Trent to keep him informed of things learned in the investigation that would be helpful for him as a mentor to Jason. Trent discovered that Jason's parents both had substance abuse problems and that Jason had recently revealed to his therapist that he had been sexually abused by a family friend who was attending a party at his parents' home. The parents had no knowledge of the sexual abuse. Trent shared all this information with Mr. Davis.

SCENARIO 3

Volunteer Shirley Colston was at her neighborhood swimming pool. A neighbor, Stephanie Moore, asked Shirley what she did as a CASA/GAL volunteer. Shirley thought Stephanie would be a great CASA/GAL volunteer and decided to give her an example of what activities she had done on a recent case. Shirley gave no case names and slightly changed the facts in the case to preserve confidentiality. However, as Stephanie heard the altered details of the case, she still recognized the similarities to an open CPS case involving her cousin.

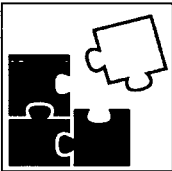
SCENARIO 4

CASA/GAL volunteer Tonya Mills was at home working on her court report. She had all of her case notes on her kitchen table when her friend Caitlyn Taylor stopped by for coffee. While Tonya was preparing the coffee, Caitlyn read the top page of Tonya's case notes and learned the name of the family and several facts about the case. Later that day, Caitlyn was talking to her friend Amy Cole and mentioned the case to her. Amy is the juvenile court clerk in the county where the case is open.

SCENARIO 5

Eleven-year-old Johnny Barker came to the attention of the court for neglect when he ran away from home because he wanted to quit school. Johnny told his CASA/GAL volunteer, Jack, that he needed to tell him something but that Jack must promise not to tell. Jack made that promise. Johnny divulged that he and his mom had frequently been victims of his father's violent abuse. Jack later realized that he needed to share the information with the court so that Johnny would not be returned home to a dangerous situation.

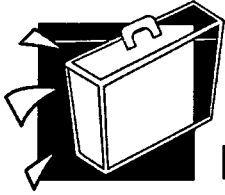
The scenarios were contributed by Alma Brown, NC GAL Western Regional Administrator.



Activity 70: Confidentiality Motto

Take a few minutes to think of a CASA/GAL volunteer "confidentiality motto." Write your motto below.

We'll hear a sample of the mottoes in the large group.



HOMEWORK

Please complete the following assignments.

Think of any child you know (including your own child), who you will see between today and the next session. On the chart below, list three things you want to learn about the child (such as how his/her day has been) and how you think you can learn each thing.

What I Want to Learn	How I Think I Will Learn It
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

“Interview” the child before the next session. Make notes. During the next session, we’ll compare your expectations to your accounts of your actual interview experience.

Reminder—Assignment for the next training session

Earlier in training, you selected an agency to research. A worksheet was provided as a tool to assist you in gathering information on services provided, access to services, etc.

This activity was assigned early in training to allow time for you to gather the materials. You will share the materials and information you gather during the next training session, when community resources will be introduced.

If you are having any trouble collecting information, be sure to ask for help from the staff of your local program.

CHAPTER 8

Practicing the CASA/GAL Volunteer Role—Gathering Information

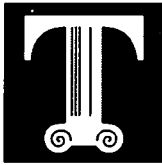


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CHAPTER 8

Practicing the CASA/GAL Volunteer Role—Gathering Information



Homework for the Session

Each of you has been doing some research on one community agency and its services. During this training session, you will be asked to share the materials and information you gathered.



Goal

In this chapter, I will learn about the elements of a child's court case, become familiar with court forms, and practice the skills necessary to gather the information needed to be an effective advocate.



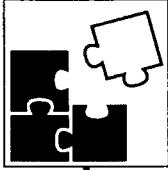
Objectives

By the end of this chapter, I will be able to...

- ✓ Describe how a CASA/GAL volunteer is appointed to a case.
- ✓ Develop a plan to gather information about a case.
- ✓ Practice conducting a CASA/GAL volunteer interview.
- ✓ Identify community resources that might be effective in addressing the needs of children and families.
- ✓ Apply the requirements of the Indian Child Welfare Act to a case.



UNIT 1: How a CASA/GAL Volunteer Is Appointed to a Case



Activity 8A: CASA/GAL Volunteer Appointment & First Steps

Part 1: Listen as the facilitator describes how your CASA/GAL program assigns cases to volunteers. What are your questions?

The Petition

The petition is the document that Child Protective Services files to initiate a child abuse or neglect court case. A juvenile petition contains the (1) name, (2) date of birth (DOB), and (3) address of the juvenile; (4) the name and (5) last known address of his/her parent, guardian, or custodian (including Indian custodian, if applicable); (6) the name of the juvenile's tribal affiliation, if any; and, (7) the alleged facts that invoke the court's jurisdiction over the juvenile.

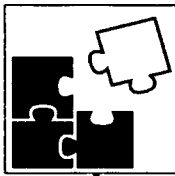
The Order to Appoint a CASA/GAL Volunteer

The appointment order is the official court document that assigns a CASA/GAL volunteer to a child abuse and/or neglect case. A judge signs the order, which authorizes the CASA/GAL volunteer to perform the duties required by federal and state statutes. The order also states that the CASA/GAL volunteer is ordered not to disclose to anyone any confidential information about the child or family in the case unless authorized by court order or law. The appointment order allows the CASA/GAL volunteer access to the information he/she needs in order to perform his/her role.

How a CASA/GAL Program Assigns Cases to Volunteers

Each local program has its own protocol for assigning cases. Part of your initial training includes learning how you will be assigned to your first case. After a case has been assigned to you, the staff of the CASA/GAL program will provide some basic information about the child and the family. Some of the first information that you will receive may include the forms listed on the next page. Not all court jurisdictions use all of these forms. State and local laws and procedures dictate what forms are used. The local program will share the forms with which you should be familiar.

- ✓ Juvenile petition;
- ✓ Affidavit as to status of minor child;
- ✓ Court order regarding custody (if the child is taken into CPS custody);
- ✓ Juvenile summons;
- ✓ Notice to the parent(s) regarding the right to a lawyer;
- ✓ Notice to the tribe;
- ✓ CASA/GAL volunteer appointment order; and/or
- ✓ Order on the need for continued custody (if the child is taken into CPS custody).



Activity 8A: CASA/GAL Volunteer Appointment & First Steps

Part 2: On the following pages, you will find a summary of the second training case, an outline of the hearings in the case, and information from the court forms that will provide you with the background that you need in order to understand and perform your role. The case is designed to unfold throughout this chapter as you learn and practice the steps that you will take as you start on your own first case—from the initial investigation through the monitoring stage and ending with permanence for the child. Copies of actual court forms relevant to each stage will be shared as handouts as you move through the material.

Please read the material on the Brandi Underwood case. As you read, consider what potentially helpful information is found in each document. Use the margins to note pieces of information that seem particularly useful or important. Also note any questions that you have. Take note of the allegations of what happened, people who might be resources in the case, and some brief historical notes about the family. We will address your questions as a group and share a sample of the important information that you noted.

(Note: It may be helpful to create a system for yourself of margin notes with a check (✓) indicating an important point and a question mark (?) indicating something that is not quite clear.)

Introduction to the Brandi Underwood Case

This case is about a child, Brandi Underwood (DOB January 29, 1997), who came into the custody of Child Protective Services on November 11, 2001, when she was almost five years old. The allegations in the petition were for abuse and neglect. The child had multiple bruises, a dislocated elbow, and a broken arm. The injuries occurred while she lived with her father, David Underwood, and his live-in girlfriend, Trisha Scott, who is the alleged perpetrator. Ms. Scott was seven months pregnant at the time of the petition.

David Underwood and the biological mother, Geneva Underwood, separated six months earlier, when the mother became aware that the father was seeing Ms. Scott. The mother and father had lived together in North Carolina since August 1999, and there was one previous substantiated referral to CPS for neglect by the mother. The family received case management services for a period of six months (November 2000 to May 2001), and the mother refused to cooperate with CPS throughout. The case closed when the mother agreed that the father, who had cooperated with CPS, would have primary caretaking responsibility for Brandi. At the time of the petition, the mother, who is Native American, was living in Oklahoma to be near her own mother and other relatives and tribal members of the Big River Nation. When she left North Carolina, she had agreed to a placement for Brandi with Mr. Underwood in order to have time to get on her feet in hopes of having the child with her at a later date. At the time the petition was filed, she had not seen the child in six months.

Upon the filing of the current petition, the initial plan for this child is for her to remain in foster care while CPS works with the mother and father toward reunification with one of them. As a concurrent plan, Child Protective Services plans to investigate relatives or tribal members for possible placement if the parents are not able to ensure the child's safety and provide a minimum sufficient level of care in a reasonable amount of time. Child Protective Services has identified Millie Hansen, the maternal grandmother in Oklahoma, as a relative interested in caring for this child. The CASA/GAL volunteer will start with the assumption that reunification with one parent is the best plan. The CASA/GAL volunteer will also independently investigate alternatives for permanence, respecting the child's sense of time and cultural identity, if the parents do not respond to the requirements for reunification.

The Brandi Underwood training case is a composite piece, based on a case shared by Iris Derrick, NC GAL District Administrator, and Carol Williams, NC GAL Program Assistant, with adaptations for training use made by the NC Eastern Region Program Supervisors—Kathleen Foreman, Clair Jacobi, Eva Rogers, Chris Stokes, Sue Adams, Laurie Strickland, Danda Frady, Anna Hamburg, and Ruth Kravitz. Additional ICWA adaptations (including references to the fictitious Big River Nation) were made by Marion Hallum, of Alaska CASA, for the Curriculum Advisory Committee. All names and identifying information have been changed.

HEARING DATE CHECKLIST

Case Name: Brandi Underwood

File #: 01J167

Emergency Custody Hearing Date: 11/15/01 (first emergency custody hearing held within 7 days of order being signed, unless continued for up to 10 business days with consent of parent & CASA/GAL volunteer)

Continued Custody Hearings: 11/22/01 (within 7 business days, unless waived)

12/20/01 (within 30 days, unless waived)

_____ (30 days if adj. postponed)

12/28/01

Adjudication Hearing Date: (contd.) (within 60 days of custody)

2/7/02

Disposition Hearing: 2/7/02 (no time frame, often held immediately following the adjudication)

First Review: 3/28/02 (within 90 days of disposition)

Second Review: 5/30/02 (within 6 months of 1st review)*

Third Review: _____ (every 6 months thereafter)*

**Generally replaced by permanency planning hearings*

Permanency Review: _____ (within 12 months of custody)

Permanency Hearing: _____ (30 days after order)
(required as a result of an order ceasing reasonable efforts)

Second Permanency Review: _____ (within 6 months)

_____ (every 6 months thereafter)

Termination of Parental Rights: _____

Post-TPR: _____ (within 6 months of TPR)

_____ (every 12 months thereafter)

Review of Placement Plan: _____ (within 6 months of relinquishment by parent or when TPR is pending or when no placement is found and TPR petition filed, and every 6 months thereafter)

Upon receiving news of the petition, CASA/GAL program staff contacted a CASA/GAL volunteer, Michael Howell, and he agreed to take the case. An appointment order was obtained and a case file was prepared by the CASA/GAL program office. It contained the following documents:

The Petition

The petition in the case contained identifying information about Brandi and her parents and caretaker. Brandi is believed to be an Indian child within the meaning of the Indian Child Welfare Act (ICWA). Her tribal affiliation (through the mother) may be the Big River Nation of Oklahoma. She has no tribal affiliation through her father. The following allegations of abuse and neglect were contained in the petition:

The juvenile is an **ABUSED JUVENILE**, in that the juvenile's parent, guardian, custodian, or caretaker:

- ✓ Has inflicted or allowed to be inflicted on the juvenile a serious physical injury by other than accidental means; and
- ✓ Has created or allowed to be created a substantial risk of serious physical injury to the juvenile by other than accidental means.

The specific facts alleged are:

- That on or about September 30, 2001, the named minor suffered various injuries, including bruises on her right and left arm, bite marks to right arm, bite mark to right hand, marks to left hand, cut upper lip, bruises to left and right side of her face near her neck, bruises to her lower back and buttocks, bruises to her right and left knees and legs, and bruises to her right and left shoulder blades. That the named minor's injuries are not consistent with the explanations by the named minor's father and caretaker.
- That on or about November 10 or 11, 2001, the named minor suffered a dislocated elbow and a broken upper right arm.
- That on or about November 10 or 11, 2001, the named minor suffered various injuries, including bruises on her buttocks, both sides of her face, both of her shoulders, and her right arm.
- That the Petitioner requests that an Order to Assume Custody be assigned placing the named minor child in the emergency custody of the Dunlap County Child Protective Services Agency. Removal from the parents' care is necessary to prevent imminent danger of serious emotional or physical damage to the child.
- That this Petition has not been filed to circumvent the provisions of Chapter 50A, the Uniform Child Custody Jurisdiction and Enforcement Act.

The juvenile is a **NEGLECTED JUVENILE**, in that the juvenile:

- ✓ Does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker; and
- ✓ Lives in an environment injurious to the juvenile's welfare.

The specific facts alleged are that the named minor has received injuries that cannot be adequately explained by the father or the caretaker (*see abuse allegations*).

The Affidavit as to the Status of the Minor Child

This document names the places the child has lived during the past five years and the people with whom she has lived. It is not found in every case file, but if it can be obtained, it is a useful document for locating names and addresses of relatives and kin (people who may or may not have a biological relationship but are concerned about the child's well-being).

FROM	TO	ADDRESS	Name of Person Lived With	Present Address of Person
5/01	Present	Rt. 9, Box 1267, Ravensford, NC	Father and girlfriend	Same
10/99	5/01	Rt. 9, Box 1267, Ravensford, NC	Mother and father	Mother—918 Corvallis Ave. Pawnee, OK 74058
8/99	10/99	1402 Major St, Ravensford, NC (apartment: looking for house)	Mother and father	See above
4/99	8/99	4975 Walnut Hill Rd, Pawnee, OK 74058	Millie Hansen and parents	Millie Hansen—same
1/98	4/99	Camp Riverside Military Base, OK	Parents	See above

The Order for Emergency Custody

This court order was signed by the judge on November 11, 2001, and authorizes CPS, law enforcement, or others authorized by local statute to assume custody of Brandi. It allows the child to be placed in a licensed foster home, a home otherwise authorized by law to provide temporary residential care, or a facility operated by CPS. This order can be used to place a child with a relative if that relative is named in the order. The plan for Brandi is for foster care, as no member of the child's extended family is immediately available for placement. The order for emergency custody also sets an emergency custody hearing for November 15, 2001. In addition, this order authorizes CPS to arrange for and consent to any medical, surgical, remedial, educational, psychological, or psychiatric testing, treatment, or evaluation, including CME (Child Medical Evaluation) or CMHE (Child Mental Health Evaluation), that CPS determines to be appropriate for the juvenile.

The Summons (or Notice)

This court document notifies the parent(s)/caretaker(s)/Indian custodian about any prehearing conference that is scheduled; the date, time, and place of the emergency custody hearing; and the date, time, and place of the hearing on the petition. It is served on the parent(s)/caretaker(s)/Indian custodian by law enforcement to ensure that he/she is aware of the situation involving the child and to inform him/her of the right to an attorney.

The summons states:

- ✓ A Petition has been filed alleging that the juvenile named above is abused and neglected.

The notice to parent(s) about the parent's right to a lawyer¹ states:

- You have a right to be represented by a lawyer at all stages of the proceeding. If you want a lawyer and cannot afford to hire one, the court will appoint a lawyer to represent you. You may hire a lawyer of your choice at any time, or you may waive the right to a lawyer and represent yourself.
- You may contact the Clerk of Court immediately to ask for a court-appointed lawyer.
- If you want a court-appointed lawyer, you are encouraged to contact immediately the following lawyer who has been temporarily assigned to represent you. At the first hearing, the court will determine whether you qualify for a court-appointed lawyer. If you do not qualify, the lawyer named below will be released.

¹ The right to an attorney is not the same in every court jurisdiction. If state or local law does not provide for the appointment of counsel for an indigent parent, ICWA provides a means for payment of appointed counsel for the parent of an Indian child.

Additionally, the summons notifies the parent(s) about what might happen as a result of this court action.

If the court determines that the allegations of the petition are true, the court will conduct a dispositional hearing to consider the needs of the juvenile and enter an order designed to meet those needs and the objectives of the state. The dispositional order, or a later order, may:

- ✓ Remove the juvenile from the custody of a parent, guardian, or custodian, stepparent, adult member of the juvenile's household, or adult relative entrusted with the juvenile's care (if the child was not removed at an earlier stage);
- ✓ Order the parent to pay child support if custody of the juvenile is placed with someone other than the parent;
- ✓ Place legal or physical custody of the juvenile with the parent, stepparent, adult member of the juvenile's household, or adult relative entrusted with the juvenile's care on the condition that that individual undergo medical, psychiatric, psychological, or other treatment;
- ✓ Require that the juvenile receive medical, psychiatric, psychological, or other treatment and that the parent, guardian, custodian, stepparent, adult member of the juvenile's household, or adult relative entrusted with the juvenile's care participate in the treatment;
- ✓ Require the parent, stepparent, adult member of the juvenile's household, or adult relative entrusted with the juvenile's care to undergo psychiatric, psychological, or other treatment or counseling;
- ✓ Order the parent, stepparent, adult member of the juvenile's household, or adult relative entrusted with the juvenile's care to pay for treatment that is ordered for the juvenile or that individual; and
- ✓ Upon a motion in the cause and a hearing, order termination of parental rights.

The Notice to the Tribe

In any involuntary proceeding in a state court, where the court knows or has reason to know that an Indian child is involved, the party seeking the foster care placement of an Indian child must notify the Indian child's tribe of their right to intervention. The notice informs the tribe that CPS is seeking to adjudicate the child an abused and neglected juvenile and notifies the tribe of the time, date, and location of the next hearing as well as how and where to inform the court if the tribe wishes to intervene.

The Order to Appoint the CASA/GAL Volunteer

This order specifically appoints the CASA/GAL volunteer and the program to the case and lists the duties as assigned by law or court rule. This order allows the CASA/GAL volunteer to obtain information about the child and his/her family, whether or not that information is considered confidential.

The Order for Continued Custody

This order is issued by the judge at the first emergency custody hearing. In Brandi's case, the court made findings of fact that active efforts were made by CPS to provide remedial services and rehabilitative programs to prevent the breakup of the Indian family and that these efforts proved unsuccessful.

- ✓ Both parents received previous case management services from November 2000 to May 2001 with a focus on parenting skills. The mother did not cooperate with this intervention.
- ✓ A protection plan was signed by the father and girlfriend after CPS opened this investigation on September 30, 2001.
- ✓ That plan was violated on or about November 10 or 11, 2001.
- ✓ The mother has been contacted in Oklahoma and will come to North Carolina as soon as she can make arrangements. She may not be an appropriate caretaker due to concerns that arose in the course of previous involvement with her by this agency. The result of that work was to place primary caretaking responsibility with the father, as the mother refused to cooperate with the agency.

Also, the court found that there is a reasonable factual basis to believe that the matters alleged in the petition are true, and

- ✓ The juvenile has suffered physical injury or sexual abuse.
- ✓ The juvenile is exposed to substantial risk of physical injury or abuse because the parent, guardian, custodian, or caretaker has created conditions likely to cause injury or abuse, or has failed to provide or is unable to provide adequate supervision or protection.

There is clear and convincing evidence, including testimony of qualified expert witnesses, that continued custody of the child by the parent is likely to result in serious emotional or physical damage to the child.

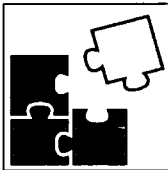
Based on the above findings of fact, the court concluded as a matter of law that grounds for continued emergency custody do exist.

Finally, the court concluded that the best interest of the juvenile would be served by continuing the juvenile in the custody of CPS pending further hearings.

UNIT 2: Planning the Investigation & Gathering Information

Sources of Information

The chart that follows lists possible sources of information and the type of information and assistance that you might receive from each. Every case is unique and unfolds in its own way, requiring different information in order to meet the needs of that child. The work of the CASA/GAL volunteer—conducting interviews, gathering facts, writing reports, testifying in court, advocating for the child, monitoring the case—has a significant impact on the case outcome. Each piece of the work is important. You will now see how each aspect will help you fulfill the mission of finding a safe, permanent home for the child, respecting the child’s sense of time.



Activity 8B: Sources of Information

Listen as the facilitator reviews the chart that lists sources of information on a case. It will be helpful to refer to this chart as you plan your investigation. You may wish to make some notes in the margins as you listen. Specific community resources will be introduced later in this chapter. What are your questions?

	SOURCE	TYPE OF INFORMATION/ASSISTANCE
Child...	Child Interviews <i>(Please note that it is not the role of the 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.)</i>	<ul style="list-style-type: none"> ● If verbal, children can: <ul style="list-style-type: none"> ▪ Discuss history of their family situation; ▪ Provide information about relationships (parents, families, foster families); ▪ Discuss wishes and desires for future; ▪ Identify challenges or areas in need of help; ▪ Share likes/dislikes; and ▪ Discuss visits with parents, siblings, other family.
	Child Observations <i>(visits with parents, visits with siblings, child in current setting, child at school or daycare, etc.)</i>	<ul style="list-style-type: none"> ● All children’s behavior can be observed for information relating to: <ul style="list-style-type: none"> ▪ Affect; ▪ Moods, mood changes; ▪ Developmental stages; ▪ Verbal ability; ▪ Relationships, interactions with others; and ▪ Intellectual ability.

SOURCE		TYPE OF INFORMATION/ASSISTANCE	
Parents & Family...	Parents	<ul style="list-style-type: none"> ● Advise them that you have been appointed to the case. ● Ask them to express their version of the events stated on the petition. ● Let them describe any omissions or extenuating circumstances they feel are important. ● Ask them about their child's developmental milestones, joys, fears, etc. ● Ask for specific information about the child's behavior related to: <ul style="list-style-type: none"> ▪ Visitations with parents and siblings; ▪ Adjustments in school; ▪ Behavior problems and strengths; and ▪ Medical concerns. ● Adjustment to separation/loss. ● Ask about background of parents. 	
	Family	<ul style="list-style-type: none"> ● Can describe what they saw happening as it relates to the life of the child. ● May be able to identify potential resources for the child and family. 	

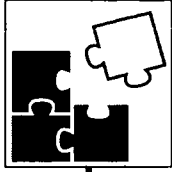
SOURCE		TYPE OF INFORMATION/ASSISTANCE	
Tribe*...	Tribe	<ul style="list-style-type: none"> ● Advise the tribe you have been appointed. ● Discuss potential service resources. ● Find out who you should talk with to discuss enrollment issues. ● Determine who you should talk to regarding potential transfer of jurisdiction. ● Find out if anyone is going to appear for the tribe and if the tribe is going to formally intervene, send a representative, or make a written recommendation. If so, discuss recommendations. ● Ask if there is anyone you can talk to about potential cultural responses to the current family problem. ● Talk with any of the extended family or members of the tribe who may be a potential placement alternative for the Indian child. 	

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

Professionals...

SOURCE	TYPE OF INFORMATION/ASSISTANCE
Child Protective Services Caseworkers	<ul style="list-style-type: none"> ● Documentation, case record. ● Case plan within thirty days of placement. ● Names, addresses, and phone numbers of other principals in the case. ● Advice on how you might make contacts (e.g., with foster parents). ● Discuss your observations. ● Discuss community or educational resources. ● Discuss progress of case plan.
Attorneys for the Parents <i>(If the CASA/GAL volunteer is represented by counsel, the attorney should contact all other attorneys for the volunteer.)</i>	<ul style="list-style-type: none"> ● Advise him/her that you have been appointed. ● Advise how you can be contacted. ● Make arrangements through attorney how to talk to his/her clients.
CPS Agency Attorney/ Prosecutor	<ul style="list-style-type: none"> ● Advise him/her you have been appointed to case. ● Advise him/her how you can be contacted.
Attorney for CASA/GAL Volunteer or for the Child* <i>(* if there is one appointed)</i>	<ul style="list-style-type: none"> ● Assists you with the legalities of the case. ● Addresses complex legal situations particular to the case. ● Works with the other attorneys on the case. ● Assistance in negotiating settlements in preparation for trial. ● Files legal documents. ● Subpoenas witnesses.
Foster Parents	<ul style="list-style-type: none"> ● Specific information about the child's daily life and about the child's behavior related to: <ul style="list-style-type: none"> ▪ 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; and ▪ Adjustment to separation/loss.
Legal Personnel	<ul style="list-style-type: none"> ● Criminal records, other court records.

Professionals...	SOURCE	TYPE OF INFORMATION/ASSISTANCE
	Child's Teacher	<ul style="list-style-type: none"> ● Child's behavior at school. ● Educational problems or delays, strengths. ● Changes in behavior. ● Child's appearance. ● Peer relationships. ● Grades. ● Parental involvement. ● Likes/dislikes. ● Attendance prior/post removal. ● School nurse reports. ● School counselor reports.
	Medical Personnel	<ul style="list-style-type: none"> ● Child's medical condition as related to the abuse. ● Past medical history, medical records. ● Follow-up services that may be required to address medical conditions resulting from abuse and/or neglect. ● A particular medical condition that should come to the attention of the caseworker, foster parents, courts, etc. ● Contact with parent(s), if any.
	Psychological/Psychiatric Professionals	<ul style="list-style-type: none"> ● Nature of referral information they received. ● How they came to a particular conclusion. ● What the diagnosis means in practical terms and how progress is measured. ● Discrepancies in opinion. ● Possible counseling or therapeutic models being recommended for the child, parents, family, etc.



Activity 8C: Planning Your Investigation

Having information from the petition and being familiar with the affidavit as to the status of the child, the emergency custody order, the order for continued custody, and the appointment order will help you plan your investigation. Following is an example of a chart for an initial investigation plan that can be a helpful tool for listing the questions you will want answered during your investigation, brainstorming all possible sources that might be able to answer your questions, and prioritizing the questions based on what you think you need to know first. When you work on a case, organize your materials in whatever way works best for you. The plan for your investigation will be different in every case because every child's situation is unique.

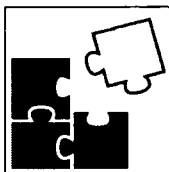
In pairs, complete an initial investigation plan for the Brandi Underwood case. Use the "Sources of Information" chart and the information from the documents on the preceding pages to plan your investigation. In the first column, list the questions you want answered during your investigation. Brainstorm all possible sources that might be able to answer your questions and write those sources in the second column. Prioritize the questions based on what you think you need to know first.

In the large group, we will hear the question that is your first priority, as well as possible sources of information to answer it.

Initial Investigation Plan...

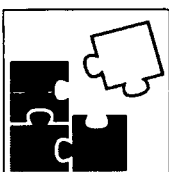
Date of Next Court Hearing:		
Type/Purpose of Hearing:		
Court Report Is Due:		
Questions I Would Like Answered	Possible Sources of Information	Priority #
A)		
B)		
C)		
D)		
E)		
F)		
G)		
H)		
I)		
J)		

(Note: A copy of this form is provided for future use in the Resource Materials section of this chapter.)



Activity 8D: Obtaining Documents & Reports

On the cards provided, list the information sources from your initial investigation plan (both people and other sources) that you do not know how to access. Hand in your cards. During the unit on community resources, a staff member will describe how each source can be accessed in your county.



Activity 8E: Organizing Your Time

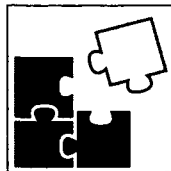
Part 1: Imagine that you received a call today asking you to take a case. Your investigation must be completed in two weeks in order to turn in your report to the CASA/GAL program office in sufficient time for the staff to read it, give you feedback, allow you to make changes, and copy and distribute it to the parties in the case, all before the court hearing.

Given the personal and professional commitments you have already made, decide how much time you have for your investigation. Using Brandi's case, complete the chart that follows, indicating the time you have available and how you plan to spend your investigation time.

Part 2: In the large group, note one thing that surprised you as you completed your chart.

DAY	TIME AVAILABLE	WHAT I PLAN TO DO...
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Day 8		
Day 9		
Day 10		
Day 11		
Day 12		
Day 13		
Day 14		Submit final court report to office (fax, mail, email, deliver)

UNIT 3: A Successful CASA/GAL Volunteer Interview



Activity 8F: Talking with Children

Following the last chapter on communicating as a CASA/GAL volunteer, you were assigned to think of any child you know (including your own child) who you would see before this class. On a chart like the one below, you listed three things you wanted to learn about the child (such as how his/her day has been) and how you thought you would learn each thing. Turn to that chart on the last page of Chapter 7, and compare your expectations to your actual interview experience.

What I Wanted to Learn	How I Learned It
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Interview Stages & General Interviewing Principles

The National Court Appointed Special Advocate Association (NCASAA) suggests the following interview stages and general interview principles for volunteer court advocates to use in planning and conducting their interviews.

Greeting

- Identify yourself and clarify or confirm the role of the CASA/GAL volunteer;
- Create a cooperative, respectful, and professional climate; and
- Have your goals clearly in mind.

Opening

The opening provides the interviewee with a clear understanding of what to expect. In the opening, you set the context for the interview by:

- Explaining the reason for the interview;
- Agreeing with the interviewee how much time will be allotted to the interview; and
- Summarizing what you hope to learn during the interview.

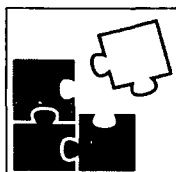
Body

In this stage, you explore for information and responses related to your goal for the interview. The interview develops through dialogue and questioning:

- Begin with broad, general, open-ended questions to facilitate participation and responses. An example of an open-ended question would be, “How would you describe your family?” or “Why do you think your children are in foster care?” Such questions don’t have a right or wrong answer and encourage open sharing of information—perhaps very different information than the interviewer anticipates.
- Move to more specific, closed questions to sort and refine information and zero in on a topic. An example of a closed question would be, “Is your aunt still living nearby?” or “When do you expect to have a job?”

Closing

- Recap information learned and review any agreements you have made with the interviewee; and
- Let them know if and when they may expect to hear from you again, when requested.



Activity 8G: CASA/GAL Volunteer Interviews

Part 1: As a CASA/GAL volunteer, you make initial contacts with the child, the parents, and the foster parents—in whatever order is most relevant to the case. In almost every case, the CPS caseworker will be one of the first people you interview. You will also often include the child’s teacher (in this case, the daycare teacher) and the child’s therapist (although this resource may not be part of your initial plan if the child has not been in therapy prior to coming into care). In cases involving an Indian child, you will also interview the tribal representative.

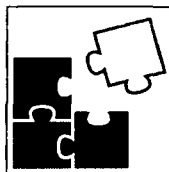
Consider the Brandi Underwood training case and brainstorm several questions for the following people: the CPS caseworker, the tribal representative, and Brandi’s daycare teacher. Write two questions for each person and post them on the corresponding flipchart.

Part 2: In trios, draw a card to see which person your group will interview. Keeping the interview stages and principles in mind and using the group’s questions, plan a fifteen-minute interview.

You will be conducting these interviews as a team, five minutes per interviewer. Decide who will interview first, second, and third. Then, conduct your interview. A professional, program staff member, or experienced CASA/GAL volunteer will play the part of the interviewee. Team members should take notes during each interview.

After the interview, summarize what your team learned from the person you interviewed. What other information do you think the person you interviewed could have given you? What leads did you get that you need to follow up on?

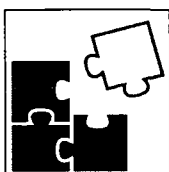
We’ll hear a sample of your responses in the large group.



Activity 8G: CASA/GAL Volunteer Interviews

Part 3: We'll also hear from the people you interviewed:

- ✓ What went well in your interview?
- ✓ What other relevant questions could your interviewers have asked you?
- ✓ What suggestions for change do you have for your interviewers as they prepare to conduct future interviews?



Activity 8H: Preparing Your Questions

As you plan your initial investigation, you will often identify one person as an information source for more than one question. In planning an interview with that person, it is helpful to write down your questions so that you cover all of the topics that seem important for your investigation. To better prepare you for this situation, turn to your initial investigation plan. In pairs, each of you should select one person you listed as an information source for more than one question. Plan an interview with that person. Write your questions on the sheet on the next page. Remember to use language that is clear and nonjudgmental. Ask open-ended questions rather than questions that can be answered with a "yes" or "no." Avoid leading questions (e.g., "You wouldn't leave your child alone, would you?"). Remember the age, maturity, and/or intellectual level of the person being interviewed. With your partner, check to be sure you covered everything you hope this person can answer for you.

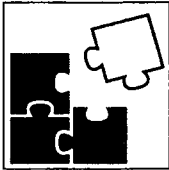
We'll review a sample of your interview plans.

Interview Questions...

Person to be interviewed:

1.
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2.
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3.
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4.
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5.
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6.
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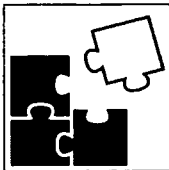
UNIT 4: Community Resources



Activity 8I: Community Resources

Earlier in training, you were assigned a community resource and asked to gather information about that agency. Take turns presenting your information about community resources now.

As you listen, keep the Brandi Underwood case in mind. Consider which resources might be useful to her or to her parents/caretaker.



Activity 8J: Resources for Brandi

Part 1: On the following pages are excerpts from the Child Protective Services file and other documents that were gathered as part of the initial investigation in Brandi Underwood's case. Read these materials, noting in the margins the questions you will want to answer as you carry out your investigation. Also, identify Brandi's needs and the resources in her family, her tribe, and her community that are available to meet her needs.

Part 2: Complete the worksheet below with the people in your small group.

THE NEEDS OF THE CHILD	RESOURCES FOR THE CHILD	RESOURCES FOR THE MOTHER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Note: One particularly helpful tool for a CASA/GAL volunteer is to construct a time line that begins when Child Protective Services first encountered the family and highlights all the significant events in the case. This will help you visualize the progress being made—and keep the child's sense of time in the forefront of your thinking about the case. Also, writing down the family tree is frequently very helpful to track down individuals.)

Excerpt from Child Protective Services Case Notes: Dunlap County Child Protective Services

Record Name: Brandi Underwood
Date of Birth: 01/29/97
Report Date: 09/30/01
Case #: 057700

History

One previous referral (October 16, 2000) substantiated for neglect. Child left unsupervised in the home by mother. Case open for case management services to caseworker Lakeitha Colbert from November 2000 to May 2001. Focus of work on helping mother understand the child's needs based on her stage of development. Mother is immature and doesn't fully understand the responsibility of caring for child. She is an enrolled member of the Big River Nation of Oklahoma; this is the first time she has lived anywhere other than on or near the Big River Reservation. Father works long hours and spends his time with friends, leaving mother isolated with no phone or car. Mother refused help, insisting that she knew everything there was to know about her child. The father was cooperative with CPS and, as the case closed, he agreed to assume primary caretaking responsibility for the child.

Background

Received report on September 30, 2001, (*see Protective Services Incident Report*) that child had bruises on her neck resembling finger marks, under her chin, along her waistline, and on her arms and legs. The child also had what looked like bite marks on her right arm. The bruising occurred while Trisha Ann Scott, David Underwood's live-in girlfriend, was trying to wash Brandi's hair in the shower. Both Mr. Underwood and Ms. Scott admit that they bite Brandi when she bites them. They both signed a protection plan saying they would not use corporal punishment and that Ms. Scott would not be left alone with the child. Abuse by Ms. Scott was substantiated, as was neglect for inappropriate discipline of Brandi by her father. The case was transferred to caseworker Elizabeth Livingston for case management services on November 9, 2001.

November 11, 2001

TC from Ann Crutchfield, Wee Care Daycare

Received report that Brandi was having difficulty using her arm the previous day and appeared to be in pain. The reporter had advised the father to take the child to the hospital. He did not take her and made light of the child's obvious pain. He said she is a liar and a great little actress. Ann thinks child needs to be seen at the hospital.

3:00 PM

Caseworker met dad at the daycare and accompanied him and the child on a trip to the hospital emergency room. At that time, it was discovered that the child had a dislocated elbow, a broken right arm, multiple bruises on her face, neck, shoulders, lower back and bottom. This was a clear violation of the protection plan. Dunlap County CPS assumed temporary custody of Brandi and she was placed in a non-native foster home with Peter and Lucy Bennett, 983 Sandy Ridge Ct., Archway, NC 22362 (598-7787). (*Note: In some jurisdictions CPS has the authority to assume custody on a temporary basis while in others the petition must be filed first and a court order granted for the agency to assume custody.*)

November 12, 2001

TC to foster mom

Brandi is making a good adjustment to the home. She is interacting well with the other children. She has stated to the foster mom that she does not want to go back home. She is favoring her arm but is improving. Child saw Dr. Putnam at Indian Health Services earlier today accompanied by a social work intern.

TC to mother

Informed mother that Brandi was taken into custody and that there is a hearing on November 15. Mother confirmed that she is a member of the Big River Nation of Oklahoma. I told her I would call the tribe to notify them of the hearing and that my attorney would send official notice to the tribe. Mother says she will be present at court.

TC to Big River Nation

Spoke to the tribal representative for child abuse/neglect cases, Jean Moore. Jean will call to participate in the hearing on November 15. She says the tribe will file a formal notice of intervention with the court. I asked Jean to let me know about relatives or Indian foster homes that may be placement options for Brandi.

TC from Dr. Putnam

Dr. Putnam recommended that Brandi's arm continue to stay in a sling and heal with the help of gravity.

November 15, 2001

Court

Emergency custody hearing held today with both parents and Ms. Scott present. The Big River Nation representative participated by phone. Ms. Scott had retained her own attorney and both parents were appointed attorneys by the judge. Ms. Scott is seven months pregnant with Brandi's father's child. She has admitted to law enforcement that she caused the injuries and has been charged with misdemeanor child abuse. The stories remain highly inconsistent. Brandi to remain in CPS custody. Judge asked for a second opinion about the child's injuries to be certain that the medical plan is sufficient. Father was very preoccupied with wanting more visits. The mother was upset that the court would not send the child with her today. After she calmed down, she met with caseworker and arranged for a short visit today. Mom drove to CPS and caseworker went to get child and met mom at CPS.

Child visit with biological mother

Following the court hearing, mom went to CPS to see child. The caseworker talked to child on the way and explained that she would see her mom. Child said she wanted to see only Grandma Millie, the maternal grandmother. Although the child didn't seem interested in seeing mom and was initially very shy and quiet, she warmed up eventually and let mom read her a book. Scheduled another visit for November 23 at 11:00 AM at CPS.

November 19, 2001

Child visit with father

When the caseworker arrived at the foster home, Brandi was in the corner crying that she did not want to go. The foster mother told the caseworker that this had been going on since she got up in the morning. The caseworker explained to Brandi that she would not have to go home today and that the caseworker would stay with her through the entire visit. Brandi was sobbing so hard she was choking, while at the same time crying that she did not want to see her daddy. It took the caseworker and the foster mother about twenty minutes to get her in the car. She cried all the way to Ravensford. She also asked the caseworker several times not to tell her daddy she did not want to see him. When Mr. Underwood came in the room for the visit, Brandi acted like things were fine. After the visit was over, the caseworker asked Brandi if she wanted to visit with her dad again sometime and she said, "No!" She could not tell the caseworker why.

Case Plan – Father

Caseworker returned to the office and met with father regarding the case plan and a plan for visitation. He signed it after making comments (*see the excerpt from CPS case plan and the visitation agreement that follow these notes*).

November 20, 2001

Interview with child

Brandi does not talk about the incident specifically except to say, "Trisha and Daddy said it is okay to say I don't know what happened." When specifically asked by this caseworker what has happened, she gets very upset and says she doesn't want to talk about it, she wants to talk about happy things. She has said several times that she does not want to see her daddy or Trisha again. She always follows that statement with, "But don't tell them I said that or I will be in trouble." It appears to the caseworker that she recognizes she is in a safe place and doesn't want to leave.

Appointment with Dr. Worth (for second opinion). Doctor took an x-ray and agreed that gravity would heal the arm. Scheduled follow-up appointment on November 24, 2001.

November 22, 2001

Court

All parties present and represented. Judge LaGrande plans to preside over all hearings regarding this case. She was pleased with the second opinion and talked about how resilient children are in both their bodies and their spirits. CPS custody continued and both parents ordered to comply with CPS case plans. CASA/GAL volunteer will attend visit with mother tomorrow.

November 23, 2001

Child visit with biological mother

Child was initially hesitant for this visit but did not cry or make a big fuss. The visit went better than the first. Brandi and Ms. Underwood seemed to display affection for each other. When it was time for Ms. Underwood to leave after the second visit, Brandi became very upset and was crying for her mom to stay. Brandi had a difficult time leaving and cried all the way back to Archway. Mother agreed to come in later that day to work on a case plan. She plans to return to Oklahoma tomorrow because she gets too upset being around the father and his pregnant girlfriend. She says she will get counseling there and fix up a home for Brandi. We will discuss those issues when she completes her plan.

Case Plan – Mother

The mother was willing to agree to anything that the caseworker suggested and felt that it was all “a piece of cake.” Caseworker reminded her that she had some difficulty complying with case management services previously and always said the right thing. Now it was time to follow through. Caseworker called CPS in Pawnee County, Oklahoma, and learned about resources available for therapy and parenting classes. They will assist mom in arranging for services as a courtesy to the Dunlap County CPS. Mom will have Millie Hansen contact this caseworker to be considered as a possible placement if the parents do not succeed in regaining custody of Brandi. Mother switched between blaming herself, blaming her husband, blaming CPS, and how easy it would be to get Brandi back, how unfair we were, etc. She seems very immature. I stressed again that this child needs one of the parents to be ready to make a home for her soon. I also explained the Interstate Compact process and that we would have to go through those procedures before placing the child with either her or her mother.

November 24, 2001**Child visit with father**

The foster mother reported that Brandi had been complaining that she did not want to go on the visit. The foster mother also noted that whenever Brandi thinks she is going to see her father, she develops a stomachache. The CASA/GAL volunteer accompanied the caseworker to pick up Brandi for this visit. At first, she stated that she did not want to go and pouted, but did get in the car. Brandi was fine during the visit. Mr. Underwood asked Brandi if Trisha could come next time and Brandi told him no. Brandi later told the caseworker and CASA/GAL volunteer that she did not want to see Trisha.

Scheduled appointment with Janet Lentz (child therapist at Pearson MHC) for therapy screening for December 4, 2001.

DATE: 9/30/01

Protective Services Incident Report
DUNLAP COUNTY

PAGE 1

INCIDENT #: 4906
TYPE REPT: Abuse, Neglect
RESPONSE TIME: 24 hours

SOURCE OF REF: Daycare Personnel
(not provided in all jurisdictions)

ALLEGED VICTIM(S): (see attached if additional victims)

ADDRESS:

1. Brandi Underwood
DOB: 01/29/97
RACE: Biracial
(Caucasian/Native American)
SEX: Female

AGE: 4

Rt. 9, Box 1267
Ravensford, NC 22357

2. None

AGE:

DOB:
RACE:
SEX:

PARENT/GUARDIAN(S):

ADDRESS:

1. David Elder Underwood
PHONE #: 762-4975

2. Geneva Underwood
PHONE #: (912) 663-7441

AGE: 26

Rt. 9, Box 1267
Ravensford, NC 22357

AGE: 23

918 Corvallis Ave
Pawnee, OK 74058

ALLEGED PERPETRATOR(S):

ADDRESS:

1. Trisha Ann Scott
DOB: 10/09/78
RACE: Caucasian
SEX: Female

AGE: 20

Rt. 9, Box 1267
Ravensford, NC 22357

2. None

AGE:

DOB:
RACE:
SEX:

ALLEGATION NOTES:

Reporter called saying that child came to school today with multiple bruises resembling finger marks on her neck, under her chin, along her waistline, and on her arms and legs. She also has what appears to be bite marks on her right arm. The father dropped the child off at the center in the morning; he stated that his girlfriend, Trisha Scott, had tried to wash Brandi's hair in the shower and had left some finger marks. The child was holding her arm and whimpering but the father did not appear concerned about these signs of physical discomfort. After he left, the child stated, "Trisha hurt me bad and made me cry."

DATE: 9/30/01

Protective Services Incident Report
DUNLAP COUNTY

PAGE 2

INCIDENT #: 4906
TYPE REPT: Abuse, Neglect
RESPONSE TIME: 24 hours

SOURCE OF REF: Daycare Personnel

Where is the child now?	Daycare Center.
Is the child in immediate danger? Describe:	No.
Other relative, persons, agencies involved?	Mother lives in Oklahoma. Previous CPS treatment case for leaving child unattended (open 11/00-5/01)
Who else has firsthand knowledge of the situation?	Unknown.
Are records or documentation available?	CPS, Case # 057700 (see 10/00 Incident Report # 2005)
Has reporter discussed concerns with family? Response?	Mentioned concern this morning about child feeling sore and looking pretty bruised. Father seemed more interested in getting to work.
Does family know report is being made? If yes, how?	No.
What has been done to resolve the problem?	Past investigation and case was in Treatment Unit focusing on parenting skills for 6 mos.
How long has the problem been going on? CPS history/previous record?	Past investigation and Treatment Services.
Is the family violent? How?	Unknown. Referral raises concerns.
When was reporter's last contact with family?	This morning when father dropped child at daycare.
What prompted the report being made today?	Reporter thinks child was hurt since she left school yesterday, although it is not the first time bruises have been noted.
Where do parents work?	Father does construction work for Brian Link, Link Building Co., 762-1199.
Others in home?	Unknown. It sounds as if girlfriend lives there. No other children known to reporter.
Directions to alleged victim's home?	See front for address. About 4 miles out on Rt. 9 on left—white trailer with large green mailbox.

Family Services Case Plan & Visitation Agreement (with Father)

The family services case plan that was signed by the caseworker, the father, and Trisha Scott on November 19, 2001, stated that the permanent plan was for “reunification with a parent.” The alternative permanent plan (or concurrent plan) was for placement with the maternal grandmother, a placement that would require a home study through the Interstate Compact on the Placement of Children (ICPC), as would a placement with the mother. The father stated his opposition to either option but couldn’t come up with an alternative and agreed to the plan. Following is the information contained in the plan:

This agreement is made for the purpose of assisting both the agency and the family to identify needs and achieve changes to assure the goal of a safe and permanent home for this child. All parties will talk about this plan and the progress made toward achieving the objectives on a regular basis. Changes may be made when the family circumstances change or a court order is issued. At that point, and at points where progress is assessed, the plan may be continued, rewritten, or discontinued. The goal will be achieved when the family is able to provide a safe home. This agreement will last until February 19, 2002.

If these objectives and activities have not been successfully completed, then other steps to ensure protection and permanence for the child will be discussed and other action will be taken. It should be understood that the concurrent plan is the obligation of the agency in order to achieve permanence for the child. The alternative plan is appropriate because the maternal grandmother would keep the child within her family and culture. She has expressed an interest in this child and the child asks about her grandmother often and fondly. There is, however, a concern that she does not see Mr. Underwood in a positive light. *(Note: The child’s sense of time must be respected as CPS assesses the parents’ individual progress toward reunification.)*

On November 10, 2001, a case decision was made by CPS that the child is abused and neglected. The specific reasons for this are:

That the child’s injuries were not adequately explained by the father or caretaker. That their (father and girlfriend/caretaker) stated forms of discipline are inappropriate. Additionally, the father failed to protect the child from the girlfriend/caretaker or to see a need for protection.

On November 11, 2001, the child was removed from the home. The specific reasons for this are:

That the child was severely injured during the course of this investigation in violation of the protection plan that was signed on October 1, 2001. The mother’s history with this agency precludes immediate placement with her.

Family Strengths

Both parents have expressed an interest in parenting this child. The mother has extended family and members of her tribe willing to assist in the care—or to raise the child if the parents cannot. The parents both express a willingness to enter into this agreement and participate in parenting class, therapy, and any other recommended services.

The family services case plan spells out the conditions or needs, the objectives, the activities that are to be completed by the parent(s), the services to be provided by CPS, target dates, and the person responsible for each activity. For Brandi, her case management plan included:

CONDITION/NEED: For the child to be provided with a safe and permanent home.

OBJECTIVE: Brandi will be disciplined in an appropriate manner at all times.

ACTIVITIES: (include services to be provided by CPS)

1. Mr. Underwood and Ms. Scott will attend parenting classes arranged by CPS beginning on December 9, 2001, follow through with recommendations, and demonstrate an increased understanding of age-appropriate discipline techniques. By January 31, 2002. Father and caretaker.
2. Absolutely no physical discipline will be used on Brandi. Ongoing. Father.
3. Mr. Underwood and Ms. Scott will seek counseling to work on relationship issues as well as parenting issues. Ongoing. Father and caretaker.
4. Caseworker will provide information to Mr. Underwood and Ms. Scott concerning age-appropriate discipline and expectations. By December 17, 2001. E. Livingston.

The plan also allowed for comments by the caseworker and parent(s):

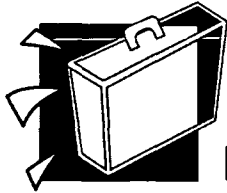
Caseworker Comments

“Mr. Underwood and Ms. Scott seem very eager to comply with anything that I ask. Their ability to follow through and to demonstrate their changed behavior in relation to Brandi is what I hope to see. We are setting a very short time period for this plan in order to find both safety and permanence for Brandi as quickly as possible.”

Father’s Comments

“I can’t imagine leaving Trisha, with her being seven months pregnant. I will go to classes and counseling as long as they don’t tell me I have to choose between Trisha and Brandi. Trisha will sign this agreement and work on it even though you say she is not required to. We are a team and we both want Brandi back. The caseworker seems fair. I do not want her mom to have her. She’s a meth addict and prostitutes herself to get drugs. I should know. You need to check it out.”

On the same date, the father signed a visitation agreement stating that he would visit one time each week at CPS in their Family Room for an hour and a half. Brandi is to be picked up by the caseworker and brought to the agency. The father to meet at agency. The foster mother is willing to supervise visits with the father at a public place like a park. This will be addressed at the next court hearing. Until then, the plan will be for visits supervised by the caseworker.



HOMEWORK

Looking Ahead...

Please complete the following assignment.

Read Chapter 9, Unit 3, "Appearing in Court."





RESOURCE MATERIALS

Included in this section:

FORM CASA/GAL Volunteer Interview with Child in Placement	8-39
FORM CASA/GAL Volunteer Interview with Parent(s)	8-41
FORM CASA/GAL Volunteer General Interview Form	8-43
FORM Initial Investigation Plan	8-45
Indian Child Welfare Act (ICWA) [25 U.S.C. §§ 1901-1903, 1911-1923, 1951]	8-47



CASA/GAL Volunteer Interview with Child in Placement...

Although you wish to gather information from the child, it is important to build rapport first and not bombard him/her with questions. Make it more of a conversation that takes place over several visits.

Name of Child:	Date & Time:
Place of Interview:	CASA/GAL Volunteer:
Placement Phone #:	Case Name:
Name of Interviewer:	File #:

1. The child's feelings about...

- **This placement:**

- **Whether he/she feels safe here:**

- **His/her sibling(s):**

- **Being separated from his/her parent(s):**

- **Visitation and telephone contact with parents and siblings:**

2. The child's interests/hobbies/friends: (to establish strengths and to discover ways to support the child and normalize his/her experience in care)

3. This child has already discussed the allegations in the petition with the following persons:

(Note: It is not the CASA/GAL volunteer's role to re-interview the child about those allegations unless the child wants to discuss them—and even then proceed cautiously because the child may have already been traumatized by multiple interviews, and/or there may be criminal matters pending.)

Unsolicited, the child provided the following additional information about the underlying allegations:

4. The child would like the following needs to be addressed or options to be explored:

5. The other people living in this home are:

6. The child's sleeping arrangements are:

7. The child's after-school arrangements are:

8. The child has medical or mental health needs which are being addressed by:

9. The child's primary caretaker provided the following information about the child...

- Sleeping habits:
- Eating habits:
- Interactions with other family members:
- School performance and attitude toward school:
- Other:

10. Other relatives or family friends who might be resources on this case are:

11. My observations about this child are:

CASA/GAL Volunteer Interview with Parent(s)...

Prior to scheduling an interview with the parent, inform the attorney for the parent of your intentions to meet with his/her client. In the initial discussion with the parent, explain that the CASA/GAL volunteer does not work for CPS and is in a neutral, objective role. Acknowledge how difficult the situation is for the parent as well as the child/children.

Name of Parent:	Date & Time:
Place of Interview:	CASA/GAL Volunteer:
Name of Interviewer:	Case Name:
	File #:

1. The parent provided the following general information about the child/children:

2. The parent provided the following specific information about the child/children:

- **School performance concerns:**

- **Medical/dental treatment needs:**

- **Special needs:**

- **Other concerns:**

3. Information about the history of this family includes:

CASA/GAL Volunteer Interview with Parent(s)...

4. Events leading to CPS involvement include:

5. Services provided by CPS to the family include:

6. Services the parent believes would be helpful are:

7. The parent's goals include:

8. Tribal affiliation, and tribal advocates:

9. Other:



Initial Investigation Plan...

Date of Next Court Hearing:		
Type/Purpose of Hearing:		
Court Report Is Due:		
Questions I Would Like Answered	Possible Sources of Information	Priority #
A)		
B)		
C)		
D)		
E)		
F)		
G)		
H)		
I)		
J)		

INDIAN CHILD WELFARE ACT

[25 U.S.C. §§ 1901–1903, 1911–1923, 1951]

SECTION 1901. Congressional Findings

Recognizing the special relationship between the United States and the Indian tribes and their members and the Federal responsibility to Indian people, the Congress finds—

- (1) that clause 3, section 8, article I of the United States Constitution provides that “The Congress shall have Power ♦♦♦ To regulate Commerce ♦♦♦ with Indian tribes” and, through this and other constitutional authority, Congress has plenary power over Indian affairs;
- (2) that Congress, through statutes, treaties, and the general course of dealing with Indian tribes, has assumed the responsibility for the protection and preservation of Indian tribes and their resources;
- (3) that there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children and that the United States has a direct interest, as trustee, in protecting Indian children who are members of or are eligible for membership in an Indian tribe;
- (4) that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies and that an alarmingly high percentage of such children are placed in non-Indian foster and adoptive homes and institutions; and
- (5) that the States, exercising their recognized jurisdiction over Indian child custody proceedings through administrative and judicial bodies, have often failed to recognize the essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families.

SECTION 1902. Congressional Declaration of Policy

The Congress hereby declares that it is the policy of this Nation to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operation of child and family service programs.

SECTION 1903. Definitions

For the purposes of this chapter, except as may be specifically provided otherwise, the term—

- (1) “child custody proceeding” shall mean and include—
 - (i) “foster care placement” which shall mean any action removing an Indian child from its parent or Indian custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated;

- (ii) “termination of parental rights” which shall mean any action resulting in the termination of the parent-child relationship;
- (iii) “preadoptive placement” which shall mean the temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of adoptive placement; and
- (iv) “adoptive placement” which shall mean the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

Such term or terms shall not include a placement based upon an act which, if committed by an adult, would be deemed a crime or upon an award, in a divorce proceeding, of custody to one of the parents;

- (2) “extended family member” shall be as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent;
- (3) “Indian” means any person who is a member of an Indian tribe, or who is an Alaska Native and a member of a Regional corporation as defined in *section 1606 of Title 43*;
- (4) “Indian child” means any unmarried person who is under age eighteen and is either a) 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;
- (5) “Indian child's tribe” means a) the Indian tribe in which an Indian child is a member or eligible for membership or b), in the case of an Indian child who is a member of or eligible for membership in more than one tribe, the Indian tribe with which the Indian child has the more significant contacts;
- (6) “Indian custodian” means any Indian person who has legal custody of an Indian child under tribal law or custom or under State law or to whom temporary physical care, custody, and control has been transferred by the parent of such child;
- (7) “Indian organization” means any group, association, partnership, corporation, or other legal entity owned or controlled by Indians, or a majority of whose members are Indians;
- (8) “Indian tribe” means any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary because of their status as Indians, including any Alaska Native village as defined in *section 1602(c) of Title 43*;
- (9) “parent” means any biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include the unwed father where paternity has not been acknowledged or established;
- (10) “reservation” means Indian country as defined in *section 1151 of Title 18* and any lands, not covered under such section, title to which is either held by the United States in trust for the benefit of any Indian tribe or individual or held by any Indian tribe or individual subject to a restriction by the United States against alienation;
- (11) “Secretary” means the Secretary of the Interior; and
- (12) “tribal court” means a court with jurisdiction over child custody proceedings and which is either a Court of Indian Offenses, a court established and operated under the code or custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child custody proceedings.

SECTION 1911. Indian Tribe Jurisdiction Over Indian Child Custody Proceedings

- (a) Exclusive Jurisdiction.** An Indian tribe shall have jurisdiction exclusive as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing Federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.
- (b) Transfer of Proceedings; Declination by Tribal Court.** In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child not domiciled or residing within the reservation of the Indian child's tribe, the court, in the absence of good cause to the contrary, shall transfer such proceeding to the jurisdiction of the tribe, absent objection by either parent, upon the petition of either parent or the Indian custodian or the Indian child's tribe: Provided, That such transfer shall be subject to declination by the tribal court of such tribe.
- (c) State Court Proceedings; Intervention.** In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child, the Indian custodian of the child and the Indian child's tribe shall have a right to intervene at any point in the proceeding.
- (d) Full Faith and Credit to Public Acts, Records, and Judicial Proceedings of Indian Tribes.** The United States, every State, every territory or possession of the United States, and every Indian tribe shall give full faith and credit to the public acts, records, and judicial proceedings of any Indian tribe applicable to Indian child custody proceedings to the same extent that such entities give full faith and credit to the public acts, records, and judicial proceedings of any other entity.

SECTION 1912. Pending Court Proceedings

- (a) Notice; Time for Commencement of Proceedings; Additional Time for Preparation.** In any involuntary proceeding in a State court, where the court knows or has reason to know that an Indian child is involved, the party seeking the foster care placement of, or termination of parental rights to, an Indian child shall notify the parent or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, such notice shall be given to the Secretary in like manner, who shall have fifteen days after receipt to provide the requisite notice to the parent or Indian custodian and the tribe. No foster care placement or termination of parental rights proceeding shall be held until at least ten days after receipt of notice by the parent or Indian custodian and the tribe or the Secretary: Provided, That the parent or Indian custodian or the tribe shall, upon request, be granted up to twenty additional days to prepare for such proceeding.
- (b) Appointment of Counsel.** In any case in which the court determines indigency, the parent or Indian custodian shall have the right to court-appointed counsel in any removal, placement, or termination proceeding. The court may, in its discretion, appoint counsel for the child upon a finding that such appointment is in the best interest of the child. Where State law makes no

provision for appointment of counsel in such proceedings, the court shall promptly notify the Secretary upon appointment of counsel, and the Secretary, upon certification of the presiding judge, shall pay reasonable fees and expenses out of funds which may be appropriated pursuant to *section 13 of this title*.

- (c) Examination of Reports or Other Documents. Each party to a foster care placement or termination of parental rights proceeding under State law involving an Indian child shall have the right to examine all reports or other documents filed with the court upon which any decision with respect to such action may be based.
- (d) Remedial Services and Rehabilitative Programs; Preventive Measures. Any party seeking to effect a foster care placement of, or termination of parental rights to, an Indian child under State law shall satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful.
- (e) Foster Care Placement Orders; Evidence; Determination of Damage to Child. No foster care placement may be ordered in such proceeding in the absence of a determination, supported by clear and convincing evidence, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.
- (f) Parental Rights Termination Orders; Evidence; Determination of Damage to Child. No termination of parental rights may be ordered in such proceeding in the absence of a determination, supported by evidence beyond a reasonable doubt, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

SECTION 1913. Parental Rights, Voluntary Termination

- (a) Consent; Record; Certification Matters; Invalid Consents. Where any parent or Indian custodian voluntarily consents to a foster care placement or to termination of parental rights, such consent shall not be valid unless executed in writing and recorded before a judge of a court of competent jurisdiction and accompanied by the presiding judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian. The court shall also certify that either the parent or Indian custodian fully understood the explanation in English or that it was interpreted into a language that the parent and Indian custodian understood. Any consent given prior to, or within ten days after, birth of the Indian child shall not be valid.
- (b) Foster Care Placement; Withdrawal of Consent. Any parent or Indian custodian may withdraw consent to a foster care placement under State law at any time and, upon such withdrawal, the child shall be returned to the parent or Indian custodian.
- (c) Voluntary Termination of Parental Rights or Adoptive Placement; Withdrawal of Consent; Return of Custody. In any voluntary proceeding for termination of parental rights to, or adoptive placement of, an Indian child, the consent of the parent may be withdrawn for any reason at any time prior to the entry of a final decree of termination or adoption, as the case may be, and the child shall be returned to the parent.

- (d) **Collateral Attack; Vacation of Decree and Return of Custody; Limitations.** After the entry of a final decree of adoption of an Indian child in any State court, the parent may withdraw consent thereto upon the grounds that consent was obtained through fraud or duress and may petition the court to vacate such decree. Upon a finding that such consent was obtained through fraud or duress, the court shall vacate such decree and return the child to the parent. No adoption which has been effective for at least two years may be invalidated under the provisions of this subsection unless otherwise permitted under State law.

SECTION 1914. Petition to Court of Competent Jurisdiction to Invalidate Action Upon Showing of Certain Violations

Any Indian child who is the subject of any action for foster care placement or termination of parental rights under State law, any parent or Indian custodian from whose custody such child was removed, and the Indian child's tribe may petition any court of competent jurisdiction to invalidate such action upon a showing that such action violated any provision of *sections 1911, 1912, and 1913 of this title*.

SECTION 1915. Placement of Indian Children

- (a) **Adoptive Placements; Preferences.** In any adoptive placement of an Indian child under State law, a preference shall be given, in the absence of good cause to the contrary, to a placement with 1) a member of the child's extended family; 2) other members of the Indian child's tribe; or 3) other Indian families.
- (b) **Foster Care or Preadoptive Placements; Criteria; Preferences.** Any child accepted for foster care or preadoptive placement shall be placed in the least restrictive setting which most approximates a family and in which his special needs, if any, may be met. The child shall also be placed within reasonable proximity to his/her home, taking into account any special needs of the child. In any foster care or preadoptive placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with—
- (i) a member of the Indian child's extended family;
 - (ii) a foster home licensed, approved, or specified by the Indian child's tribe;
 - (iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
 - (iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.
- (c) **Tribal Resolution for Different Order of Preference; Personal Preference Considered; Anonymity in Application of Preferences.** In the case of a placement under *subsection (a) or (b) of this section*, if the Indian child's tribe shall establish a different order of preference by resolution, the agency or court effecting the placement shall follow such order so long as the placement is the least restrictive setting appropriate to the particular needs of the child, as provided in *subsection (b) of this section*. Where appropriate, the preference of the Indian child or parent shall be considered: Provided, That where a consenting parent evidences a desire for anonymity, the court or agency shall give weight to such desire in applying the preferences.

- (d) **Social and Cultural Standards Applicable.** The standards to be applied in meeting the preference requirements of this section shall be the prevailing social and cultural standards of the Indian community in which the parent or extended family resides or with which the parent or extended family members maintain social and cultural ties.
- (e) **Record of Placement; Availability.** A record of each such placement, under State law, of an Indian child shall be maintained by the State in which the placement was made, evidencing the efforts to comply with the order of preference specified in this section. Such record shall be made available at any time upon the request of the Secretary or the Indian child's tribe.

SECTION 1916. Return of Custody

- (a) **Petition; Best Interests of Child.** Notwithstanding State law to the contrary, whenever a final decree of adoption of an Indian child has been vacated or set aside or the adoptive parents voluntarily consent to the termination of their parental rights to the child, a biological parent or prior Indian custodian may petition for return of custody and the court shall grant such petition unless there is a showing, in a proceeding subject to the provisions of *section 1912 of this title*, that such return of custody is not in the best interests of the child.
- (b) **Removal From Foster Care Home; Placement Procedure.** Whenever an Indian child is removed from a foster care home or institution for the purpose of further foster care, preadoptive, or adoptive placement, such placement shall be in accordance with the provisions of this chapter, except in the case where an Indian child is being returned to the parent or Indian custodian from whose custody the child was originally removed.

SECTION 1917. Tribal Affiliation Information & Other Information for Protection of Rights From Tribal Relationship; Application of Subject of Adoptive Placement; Disclosure by Court

Upon application by an Indian individual who has reached the age of eighteen and who was the subject of an adoptive placement, the court which entered the final decree shall inform such individual of the tribal affiliation, if any, of the individual's biological parents and provide such other information as may be necessary to protect any rights flowing from the individual's tribal relationship.

SECTION 1918. Reassumption of Jurisdiction Over Child Custody Proceedings

- (a) **Petition; Suitable Plan; Approval by Secretary.** Any Indian tribe which became subject to State jurisdiction pursuant to the provisions of the Act of August 15, 1953 (67 Stat. 588), as amended by Title IV of the Act of April 11, 1968 (82 Stat. 73, 78), or pursuant to any other Federal law, may reassume jurisdiction over child custody proceedings. Before any Indian tribe may reassume jurisdiction over Indian child custody proceedings, such tribe shall present to the Secretary for approval a petition to reassume such jurisdiction which includes a suitable plan to exercise such jurisdiction.
- (b) **Criteria Applicable to Consideration by Secretary; Partial Retrocession.**

- (1) In considering the petition and feasibility of the plan of a tribe *under subsection (a) of this section*, the Secretary may consider, among other things:
 - (i) whether or not the tribe maintains a membership roll or alternative provision for clearly identifying the persons who will be affected by the reassumption of jurisdiction by the tribe;
 - (ii) the size of the reservation or former reservation area which will be affected by retrocession and reassumption of jurisdiction by the tribe;
 - (iii) the population base of the tribe, or distribution of the population in homogeneous communities or geographic areas; and
 - (iv) the feasibility of the plan in cases of multitribal occupation of a single reservation or geographic area.
- (2) In those cases where the Secretary determines that the jurisdictional provisions of *section 1911(a) of this title* are not feasible, he is authorized to accept partial retrocession which will enable tribes to exercise referral jurisdiction as provided in *section 1911(b) of this title*, or, where appropriate, will allow them to exercise exclusive jurisdiction as provided in *section 1911(a) of this title* over limited community or geographic areas without regard for the reservation status of the area affected.
- (c) Approval of Petition; Publication in Federal Register; Notice; Reassumption Period; Correction of Causes for Disapproval. If the Secretary approves any petition under *subsection (a) of this section*, the Secretary shall publish notice of such approval in the Federal Register and shall notify the affected State or States of such approval. The Indian tribe concerned shall reassume jurisdiction sixty days after publication in the Federal Register of notice of approval. If the Secretary disapproves any petition under *subsection (a) of this section*, the Secretary shall provide such technical assistance as may be necessary to enable the tribe to correct any deficiency which the Secretary identified as a cause for disapproval.
- (d) Pending Actions or Proceedings Unaffected. Assumption of jurisdiction under this section shall not affect any action or proceeding over which a court has already assumed jurisdiction, except as may be provided pursuant to any agreement under *section 1919 of this title*.

SECTION 1919. Agreements Between States & Indian Tribes

- (a) Subject Coverage. States and Indian tribes are authorized to enter into agreements with each other respecting care and custody of Indian children and jurisdiction over child custody proceedings, including agreements which may provide for orderly transfer of jurisdiction on a case-by-case basis and agreements which provide for concurrent jurisdiction between States and Indian tribes.
- (b) Revocation; Notice; Actions or Proceedings Unaffected. Such agreements may be revoked by either party upon one hundred and eighty days' written notice to the other party. Such revocation shall not affect any action or proceeding over which a court has already assumed jurisdiction, unless the agreement provides otherwise.

SECTION 1920. Improper Removal of Child From Custody; Declination of Jurisdiction; Forthwith Return of Child: Danger Exception

Where any petitioner in an Indian child custody proceeding before a State court has improperly removed the child from custody of the parent or Indian custodian or has improperly retained custody after a visit or other temporary relinquishment of custody, the court shall decline jurisdiction over such petition and shall forthwith return the child to his parent or Indian custodian unless returning the child to his parent or custodian would subject the child to a substantial and immediate danger or threat of such danger.

SECTION 1921. Higher State or Federal Standard Applicable to Protect Rights of Parent or Indian Custodian of Indian Child

In any case where State or Federal law applicable to a child custody proceeding under State or Federal law provides a higher standard of protection to the rights of the parent or Indian custodian of an Indian Child than the rights provided under this subchapter, the State or Federal court shall apply the State or Federal standard.

SECTION 1922. Emergency Removal or Placement of Child; Termination; Appropriate Action

Nothing in this subchapter shall be construed to prevent the emergency removal of an Indian child who is a resident of or is domiciled on a reservation, but temporarily located off the reservation, from his parent or Indian custodian or the emergency placement of such child in a foster home or institution, under applicable State law, in order to prevent imminent physical damage or harm to the child. The State authority, official, or agency involved shall insure that the emergency removal or placement terminates immediately when such removal or placement is no longer necessary to prevent imminent physical damage or harm to the child and shall expeditiously initiate a child custody proceeding subject to the provisions of this subchapter, transfer the child to the jurisdiction of the appropriate Indian tribe, or restore the child to the parent or Indian custodian, as may be appropriate.

SECTION 1923. Effective Date

None of the provisions of this subchapter, except *sections 1911(a), 1918, and 1919* of this title, shall affect a proceeding under State law for foster care placement, termination of parental rights, preadoptive placement, or adoptive placement which was initiated or completed prior to one hundred and eighty days after November 8, 1978, but shall apply to any subsequent proceeding in the same matter or subsequent proceedings affecting the custody or placement of the same child.

SECTION 1951. Information Availability to & Disclosure by Secretary

- (a)** Copy of Final Decree or Order; Other Information; Anonymity Affidavit; Exemption From Freedom of Information Act. Any State court entering a final decree or order in any Indian child adoptive placement after November 8, 1978, shall provide the Secretary with a copy of such decree or order together with such other information as may be necessary to show—
- (1)** the name and tribal affiliation of the child;
 - (2)** the names and addresses of the biological parents;
 - (3)** the names and addresses of the adoptive parents; and
 - (4)** the identity of any agency having files or information relating to such adoptive placement.

Where the court records contain an affidavit of the biological parent or parents that their identity remain confidential, the court shall include such affidavit with the other information. The Secretary shall insure that the confidentiality of such information is maintained and such information shall not be subject to the Freedom of Information Act (5 U.S.C. 552), as amended.

- (b)** Disclosure of Information for Enrollment of Indian Child in Tribe or for Determination of Member Rights or Benefits; Certification of Entitlement to Enrollment. Upon the request of the adopted Indian child over the age of eighteen, the adoptive or foster parents of an Indian child, or an Indian tribe, the Secretary shall disclose such information as may be necessary for the enrollment of an Indian child in the tribe in which the child may be eligible for enrollment or for determining any rights or benefits associated with that membership. Where the documents relating to such child contain an affidavit from the biological parent or parents requesting anonymity, the Secretary shall certify to the Indian child's tribe, where the information warrants, that the child's parentage and other circumstances of birth entitle the child to enrollment under the criteria established by such tribe.

CHAPTER 9

Practicing the CASA/GAL Volunteer Role—Reporting & Monitoring



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CHAPTER 9

Practicing the CASA/GAL Volunteer Role—Reporting & Monitoring



Homework for the Session

For this session, you read “Appearing in Court,” Unit 3 of this chapter. Consider which tips might be most helpful to you when you appear in court. We will share your selections and answer any questions during this session.



Goal

In this chapter, I will practice the skills necessary to write an effective court report, appear in court, and monitor a case.



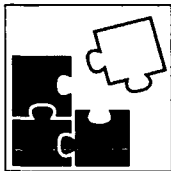
Objectives

By the end of this chapter, I will be able to...

- ✓ Take notes and organize information on a case.
- ✓ Develop appropriate recommendations.
- ✓ Write a court report.
- ✓ Prepare for appearing in court.
- ✓ Monitor a case from the dispositional order until the child is in a safe, permanent home.
- ✓ Apply the principles of the Indian Child Welfare Act to my CASA/GAL volunteer work.

UNIT 1: Organizing Information

As a CASA/GAL volunteer, you will gather information from many different sources during the course of your investigation and monitoring of a case. People and their stories run together. Facts can become cloudy, especially if the case is not scheduled for court for some time. It is vital that you keep accurate and thorough notes about the date and content of each case contact, whether it is a planned interview, an impromptu visit to a school, a phone call, or a review of a record.



Activity 9A: Note Taking

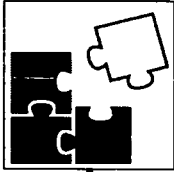
Review the list below of important factors to include in note taking. In the large group, we'll answer the following questions:

- ✓ What would you add?
- ✓ Why do you need each piece of information?

Important Factors to Include in Note Taking

- Person interviewed;
- Date/time;
- Place (parent's home, job, jail, etc.);
- Observations;
- Feelings expressed;
- Facts;
- Summary of what happened;
- Plan of action by the other person;
- Plan of action by you; and
- Decisions.

Ultimately, the information you gather will be used to formulate recommendations about what is in the child's best interest. Your written court report and testimony are the vehicles by which these recommendations are presented to the court. Clear, fact-based reports and recommendations will enhance the judge's ability to make good decisions about the child you represent.



Activity 9B: Completing the Investigation for the Brandi Underwood Case

Part 1: Imagine that you have been appointed as the CASA/GAL volunteer for the Brandi Underwood training case, which was introduced in the last chapter. You have already reviewed a number of documents related to the case and you have begun to make an investigation plan.

The following pages contain excerpts from the CASA/GAL volunteer's interview notes. After the notes, there is a report from a therapist and from a parent educator regarding Brandi's case. Read the following pages, noting in the margin your thoughts about these questions:

- Do you need additional information before you can make fact-based recommendations about what is in Brandi's best interest at this time?
- What are Brandi's needs?
- What resources are available in the family to meet those needs? In the tribe? In the community?
- What time frame is reasonable given the child's sense of time?

You will ask yourself these questions over and over as you advocate for a permanent plan for each child.

We'll hear a sample of your responses and answer any questions you have.

(Note: You should not keep "process" notes in the file in case the file is ever subpoenaed to court. Your thoughts as you work through a case are often highly subjective. Processing the case is critical in making a plan, but the notes should be used for designing interviews or creating other plans and then should be destroyed. When destroying any records regarding the case, it is important to guard the confidentiality of the material by shredding paper documents. The volunteer's "process" notes are included here to illustrate the planning process that you should use to determine the next steps. These "process" notes appear in italics so you can identify which notes would not be kept as part of the case file.)

CASA/GAL Volunteer Notes (11/12/01 to 11/30/01)

November 12, 2001

TC from CASA/GAL program administrator

Received copies of the juvenile petition alleging physical abuse and neglect of four-year-old Native American/Caucasian female. She has a broken arm, dislocated elbow, and many bruises. Emergency hearing date set for November 15, 2001. Child sees orthopedic doctor, Dr. Putnam at Indian Health Services Clinic. Father and his girlfriend live in a mobile home park near Ace Hardware, on Rt. 9, off of Highway 70. Dad's live-in girlfriend is the alleged perpetrator. Caseworker is Elizabeth Livingston (798-1400 x27). Child is currently in the home of Peter and Lucy Bennett, foster parents, address 983 Sandy Ridge Ct., Archway, NC 22362; phone number 598-7787.

In first incident of abuse that initiated this case, dad acknowledged responsibility for Brandi's current injuries. He signed a protection plan saying that he would not use any corporal punishment and would instruct his girlfriend likewise. Yesterday, caseworker went to see Brandi after receiving reports of new bruises. After doctor examined the child and found multiple bruises as well as a broken arm, CPS decided to take custody.

Mom lives in Oklahoma, has a past Child Protective Services history here, and will be arriving here day after tomorrow. She is an enrolled member of the Big River Nation. CPS felt that she is not appropriate for immediate placement due to concerns from the past case management work with her. The result of that intervention was for the mother to place the child with the father and move to Oklahoma to be near her family so that she could "get her life together." Father reports that she is a meth addict and prostitute. She stated on the phone to the caseworker that she attends the community college and is supported by her mother and other relatives who live in Oklahoma.

Caseworker has already asked Trisha and David to attend parenting classes that are available beginning in early December.

November 15, 2001

Court

Sat in on first hearing of Underwood case. Judge Karen LaGrande presiding. Parents with appointed attorneys, Jonathon Wilson for mother and Martin Ramsey for father. Trisha Scott retained private counsel, K. William Maxwell, to represent her in both the criminal and the juvenile matter. Jean Moore, the Big River Nation ICWA worker, was on the phone. CASA/GAL program staff approached all three respondents' attorneys for permission for the CASA/GAL volunteer to interview parents and caretaker and was given the okay. Judge requested a second opinion on the injuries to the child. Next hearing set for November 22.

Observed father and girlfriend along with child's mother. Mother hasn't seen child in six months. Father concerned with visitations. This was preliminary contact with father and girlfriend. Gave name and contact number to Geneva Underwood (mom) and made initial contact with Elizabeth Livingston from CPS after court case conclusion. Received case notes from CASA/GAL program staff, including some history on the family.

November 15, 2001

Conversation with David Underwood, father

Admits that he needs work on his parenting skills. He stated that they were going to attend therapy and that he wants to see the child. Dad did not take any blame for the injuries that Brandi received. Trisha supposedly made a confession to the district attorney. Trisha is seven months pregnant with David's child. He said, "Don't make me choose between my two babies."

November 16, 2001

TC to foster mom

Made initial phone call to Lucy Bennett (foster mom) to schedule visit with Brandi and make introductions. Visits scheduled for Sunday at 1:00 PM. Ms. Bennett commented that the orthopedic surgeon saw Brandi on November 12. Doctor advised that because of the age of the child and growth process, he would not recommend surgery at this time. Bones should realign naturally. The foster mother has had other Native American children in her home and recognizes and supports Brandi's need to maintain her culture.

NOTES – Some Questions That I Think Need to be Answered

- ✓ *If girlfriend caused the injuries, did dad know—or should dad have known?*
- ✓ *Why hasn't mom seen child in six months? Is there a bond that has withstood that long separation?*
- ✓ *Are there any illnesses or other mitigating factors that may need to be considered?*

PLAN – Some Thoughts About Meeting with Brandi's Father

- ✓ *Meet in a neutral place and without girlfriend.*
- ✓ *Ask for an explanation of the injuries and who he thinks is responsible.*
- ✓ *Ask open-ended questions: Would you tell me what happened? Tell me about Brandi's mother. What are your plans with Trisha? When is the baby due? How do you think Brandi will react to the baby?*
- ✓ *Ask for references—or people who can verify what happened.*
- ✓ *Ask father about Brandi's Native heritage—what does he know?*

November 16, 2001 – 8:00 PM

TC to father

Called father and set up meeting with him after work on November 17. He works construction in Little Creek subdivision and will meet at McDonald's near his work at 5:30 PM.

November 17, 2001

Meeting with father

Met with David Underwood as planned and allowed the conversation to start where he felt comfortable. Items touched on briefly consisted of:

- When they lived in Oklahoma and how it was there. They lived with his mother-in-law on the Big River Reservation. He did not like it and felt like an outsider, so he insisted they move back to his hometown in North Carolina. He says CPS here gave him custody because mom uses meth and is a prostitute. When I asked what court had settled the matter, he admitted it wasn't a legal arrangement. He says he plans to seek custody.
- Various allegations regarding his wife, Geneva. He says she took off to Oklahoma when CPS gave him the child and she never calls about Brandi.
- Love for his daughter.
- Brief explanation of incidents leading to the child abuse charges (against Trisha).
- Says Brandi lies a lot.
- He is or was primary disciplinarian.
- Admitted biting child as punishment for her biting people first.
- Admitted paddling her bottom with hand and may have slipped and hit her back.
- Denied seeing bruises of a serious nature.
- Did not believe injuries serious enough to warrant taking child to hospital until morning.

NOTES – Questions I Would Like to Ask the Child

None about the actual abuse—CASA/GAL volunteers do not re-interview a child, especially when there are criminal charges that might mean there are already many interviews and interviewers. I would like to observe her with her father, his girlfriend, mother, and others to get an idea

if she is frightened. Because she is almost five years old, she is likely to be verbal but not to understand or be able to explain her feelings about all that has happened to her. She might also think every child is treated that way. I'll try to make her comfortable by doing things with her, like drawing pictures and having her tell me about them. I'll ask her about things she likes, things she's good at, and I won't touch on sensitive issues during the first visit unless she initiates the conversation.

November 21, 2001

Visit with child

Initial visit to Ms. Bennett, foster parent, and Brandi. Made introductions and sat on floor with Brandi to get acquainted. Brought some art supplies (stickers, coloring book, and crayons) as tools to get to know her. After she appeared comfortable, I explained my role in the simplest terms that I could. She is a sweet (and very intelligent) little girl. Observed her demeanor. I noticed she did not make much eye contact (could this be cultural?). She has been in good spirits since her arrival in foster care and immediately formed a connection with Ms. Bennett. She has communicated some distress from her injuries. I did ask her if she missed her daddy, and she replied, "No"—she said she would like to live with Ms. Bennett from now on. But daddy could visit for a little while and then go back home. She voiced the same response concerning her mother, although she said she could visit for two weeks. She passed her family's residence while returning from the doctor's office and (according to the foster mother) exclaimed, "That is where I live. Let's stop and get my things so I won't have to go back again." When Brandi was asked if she missed her grandmother (this is the mother's mother in Oklahoma), she revealed that she missed her Grandma Millie a lot, especially having her call her by her Indian name, "Little Star." Brandi calls her grandmother "Grandma Star." Recalling events around her grandma elicited a happy response from Brandi.

NOTES

After hearing the father's comments several days ago, making observations of each of the players, along with discussions with Ms. Bennett (foster mom), and actually seeing the child, my position is that further investigation is in order and that the child cannot be returned to father without some services being put in place. He could use parenting class and says CPS worker has enrolled him and Trisha. He seems like an angry man and should get some counseling.

PLAN – Some Next Steps

- ✓ *Talk to medical personnel and obtain records regarding child's injuries.*
- ✓ *Interview mother, dad's girlfriend, CPS caseworker, ICWA worker.*
- ✓ *Explore resources for assessing parents and for improving their understanding of child development and appropriate discipline.*

November 22, 2001

Court, continued custody hearing

Mother was present from Oklahoma, and I gave her a card with the office number and asked for a time to meet with her to hear her ideas about what is best for Brandi. She became pretty defensive and asked what David had been saying about her. I explained my role and told her that I would keep an open mind. I again stated that my job was to look after Brandi's best interest.

She did not understand why she could not take the child back to Oklahoma today. CPS worker from previous involvement, Lakeitha Colbert, was put on the stand and testified that the child had been referred because she was heard screaming in home and no one answered knock on the door. Law enforcement was called and they forced lock and found child in crib (and too old to be in crib) with wet and soiled underwear. Child had clearly been crying for a long time. Mother returned a short while later and said she had run to the neighbor's to use the phone. Case was substantiated and sent to Ms. Colbert for case management. Child Protective Services focused on helping mother understand what was minimally sufficient care for the child. She seemed to expect the child to fend for herself. She insisted throughout that she hadn't done anything wrong and knew what was best for her child.

Mother left the courtroom upset and I was unable to schedule a meeting. The caseworker said there is a visit at CPS tomorrow, and I will plan to observe and then schedule time with mom.

November 23, 2001

Visitation with biological mom, Geneva Underwood

Met caseworker and child at CPS to observe the visitation. I met for a few minutes with Elizabeth Livingston, caseworker, while we waited for the mom prior to the start of the visit. According to the CPS worker, the child was very reluctant to go on any form of visit and it took the CPS worker and the foster mom several minutes to get her in the car. This child had not seen her mother in six months. When the mother arrived, Brandi did not seem to mind seeing her mother but did not seem very excited either. She began to play and interact with her as the time went on. Toward the end of the visit, Brandi climbed onto mom's lap as they read a story together. Child requested to see mother again in the next few days; mother seemed pleased with visit.

Geneva explained that she will be working with a therapist in Oklahoma and that she is also planning on attending parenting classes taught by the therapist. Mother wanted to know when Brandi could come and live with her. She said that David was violent with her when they were together, and that Brandi isn't safe with him. Mom also stated that she would be willing to go back to Oklahoma, find a better paying job, and find a larger house. Mom will be back in town for the adjudication and encouraged me to contact her therapist. From the conversation and observation, Geneva seemed very appropriate with Brandi.

November 26, 2001

TC with CASA/GAL program office

Criminal background check done on dad (they will mail a copy). It includes only local violations of 2000 failure to pay child support and a fifty-five in a forty-five speeding violation in 1999. Contact with his past probation officer by the staff indicates a more extensive record in other states, including a 1991 DUI, 1995 simple assault, and several motor vehicle violations including a past speeding violation, no insurance, and driving while license revoked. According to what this probation officer learned when he first interviewed David, he also had a juvenile record for malicious mischief showing a long history of problem behaviors. The probation officer felt that David thought it made him tough to have been in so much trouble. It seems that he has some anger and authority issues that the therapy might address. I will contact the probation officer directly to add to my understanding of these issues. There was no record for Geneva Underwood.

NOTES

I discussed with Violet Merrick, administrator for the CASA/GAL program, whether I should try to tell the child about what went on in court. I am not sure that she can really understand what court means, although she has definite feelings about who should take care of her. I will answer any questions that she asks but will not raise the topic of court unless she initiates the discussion.

November 29, 2001

Received criminal check

CRIMINAL BACKGROUND CHECK ON DAVID UNDERWOOD DUNLAP COUNTY CLERK'S OFFICE

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/
000 DUNLAP
111501 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED
CRITERIA- NAME: UNDERWOOD, DAVID S=SEX R=RACE DOB:

UNDERWOOD, DAVID, ELDER RT9 BOX 1267 S=M R=W DOB=030875 99CR 012465
OF:111799 (T) OPERATE VEH NO INS GUILTY 21798 CRS
OF:111799 (T) SPEEDING 55 IN A 45 GUILTY 21798 CRS
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: PROBATION TRANSFERRED FROM OKLAHOMA 0899 - TO1298

UNDERWOOD, DAVID, ELDER RT9 BOX 1267 S=M R=W DOB=030875 99CR 012679
OF:031400 (M) FAILURE TO PAY CHILD SUPPORT GUILTY 51900 CRS
FINE/COSTS\$200MOS REST\$ SENT: - TYPE: PROB: NONE
SPEC.COND: \$150 MONTHLY TO CURRENT PAY ADDL \$50 MONTHLY TO ARREARS

November 30, 2001

Foster home visit with Brandi

Brandi is a very sweet, strong child and appears to be very upbeat. She stated again that she does not want to go home and wants to stay there forever. According to the foster mother an arrangement was made for the father and mother to visit with her at separate times, with the caseworker supervising for the first few times. Foster mother feels comfortable with them meeting her at a neighborhood park but does not want to reveal where she lives. She is willing to provide supervision as long as the parents are respectful. This would allow for more visitation. Child did not show a great deal of affection to mother or father, but definitely more with mom. Brandi said that it was okay for them to come and visit, but then they had to go home. Brandi again spoke very highly of her "Grandma Star" and asked for her to come visit.

Summary of Additional CASA/GAL Volunteer Notes (to 2/7/02)

In addition to the interviews described above, the CASA/GAL volunteer spoke at length with the grandmother to gain her perspective and to clarify the information about whether she fully supports Geneva financially. He also spoke with Jean Moore, the ICWA worker representing the Big River Nation, to find out more about Geneva's family history, maternal relatives, social services available on the reservation, the status of Brandi's tribal membership, and the Big River Nation's culture. Additionally, he spoke with the attorney for the program/child, who

had talked to each of the parents' attorneys about what they would seek at the adjudication and disposition hearings. He spoke regularly with the caseworker to share information and to compare their assessments of the parents' potential and what was best for the child. He spoke with the reporter, who knew the child well because she works at the child's daycare center. He also contacted the father's boss and the child's therapist. Through these many interviews, the CASA/GAL volunteer obtained a great deal of information about the case.

The adjudication and disposition hearings were initially set for December 28, 2001, but were continued to February 7, 2002, because there wasn't enough time to hear the case. The CASA/GAL volunteer continued to investigate the case in order to write a thorough report for the court. Some pieces of that investigation are included for you to assess as the case unfolds. Following is a summary of the information from the CASA/GAL volunteer notes:

The father went to parenting class (as did his girlfriend) as arranged by CPS, attending every session and getting a very positive report. Their child was born on January 16, 2002. By the time of the adjudication, he had not yet followed through with the counseling as he had stated was his plan. Additionally, he had not shown up for a psychological evaluation appointment the caseworker scheduled as was required in his family services case plan but maintained that he planned to do so. The CASA/GAL volunteer was concerned that there was much more to be understood about this man. In reading his record, there was a criminal history which suggests some authority issues and anger issues. The CASA/GAL volunteer found the father to be superficially charming but questioned his sincerity because his current behavior and responses didn't mesh with the child's fear of him or with his wife's reports of his past behavior in relation to her. These discrepancies led the CASA/GAL volunteer to request additional assessment of the father.

The mother was in North Carolina briefly and then returned to Oklahoma to follow up with counseling and parenting classes the secondary caseworker in Oklahoma was assisting her with as well as to prepare her home for placement of her child. The CASA/GAL volunteer was hopeful about the mother although there are some concerns. The father maintains that the mother is a prostitute and meth addict and that she is gone for long hours and often stays out all night. The mother claims to be attending the community college (although she has no classes right now) and to be looking for work. She claims that her mother supports her although she has her own apartment. She appears to be quite immature and responds to the CASA/GAL volunteer like an adolescent would—she seems to be defensive and to give only the minimum amount of information for any question. It will be hard to really get to know her or to see if she follows through on her agreement with CPS since she lives in another state. She has a good relationship with the child and seems to be willing to learn to be an adequate parent. The question is whether she can grow up soon enough to care for this child.

The Big River Nation representative, Jean Moore, reported that Brandi is eligible for enrollment in the tribe, but is not yet an enrolled member. She will meet with Ms. Underwood and assist her in enrolling Brandi. Ms. Moore stated that she felt Millie Hansen would be an appropriate placement for Brandi. Ms. Hansen has been in recovery from her alcoholism for five years, and is very active in the recovery movement within the tribe. She continues to attend AA meetings on the reservation and is a sponsor for others in AA. Ms. Moore feels that Millie can keep Brandi connected to her Indian culture and acquaint her with her many relatives who live on or near the reservation. Ms. Moore also noted that the Big River Nation offers a variety of social services through its health clinic that can support the family should Brandi be placed with her mother or grandmother. Ms. Moore said she has heard rumors of Geneva's drug use and prostitution, but she did not know whether these allegations are true.

The concurrent plan, in case neither the mother nor father is ready in the next few months, is to consider the maternal grandmother or another relative. The child cannot wait forever for them to “get their acts together.” A referral to the Interstate Compact on the Placement of Children (ICPC) will have to be made by CPS to assess both the mother’s and the grandmother’s situations.

Ann E. Lindell, M.A., L.M.F.T

Indian Health Services Center
221 Professional Circle, Pawnee, OK 74058
(912) 663-2880

February 4, 2002

Elizabeth Livingston
Dunlap County CPS
900 W. Graham St.
Ravensford, NC 22357

RE: Geneva Underwood

Dear Elizabeth,

These comments are being shared with you prior to the upcoming dispositional hearing regarding Brandi Underwood's abuse. As per our conversation, I wanted to confirm the time and energy Ms. Underwood has devoted to learning how to be a better parent. She has attended weekly sessions since December 3, 2001. Our counseling has focused primarily on relational issues, communication, problem solving, and realistic expectations of children. Additionally, she attends an ongoing, weekly parenting class offered through our clinic. I, fortunately, have spent fifteen years working with children from birth to age six and their families and therefore am aware of the lack of information this single mother possessed. In addition to her counseling and parent education work with me, I was able to arrange for Ms. Underwood to volunteer at an excellent tribal Head Start center, where she can practice her new skills and observe a number of children at various stages of development.

We have spent a portion of our therapy sessions dealing with issues that stem from Ms. Underwood's family background. The verbal abuse, obsessive control, possessiveness, and lack of structure gave Geneva a distorted view of parenting. Ms. Underwood's mother dealt with her controlling husband by turning to alcohol, although she has now reportedly been sober for five years. Ms. Underwood's father is deceased. Ms. Underwood denies any substance abuse on her part. A lot of her frustration with Mr. Underwood grew out of his perceived rigid expectations that children must always do what they are told. She lived with a dad who said, "There are no ifs, ands, or buts about it," and she remembers the price she paid for her mistakes. Ms. Underwood has learned different skills in the parenting classes, and she has more realistic expectations of age-appropriate behaviors for children.

In addition to therapy and education classes, we have been able to offer an experiential situation where Ms. Underwood could observe positive discipline, redirection, nurturing, and healthy structuring of small children. In the Head Start center, Geneva gained a wealth of knowledge about child management. Geneva plans to continue volunteering in Head Start where, under supervision, she is being given the opportunity for hands-on experience. According to Geneva, "It was never a question of whether or not I cared for Brandi. I just didn't know what else to do."

I feel that this mother is still fairly immature and will need support, preferably from her family. She is just beginning to scratch the surface of her personal issues and to rebuild relationships with her mother and other family members. I believe it is important that she maintain her cultural ties. The goal is that she will become a self-sufficient adult who is capable of successfully caring for herself and of raising a healthy child. With monitoring and support, she can begin to care for Brandi and to provide a positive atmosphere conducive to this child's development. I believe that she is highly motivated and should be given an opportunity to work toward full custody of her child. If further information would be helpful, do not hesitate to call.

Respectfully,

Ann E. Lindell

Ann E. Lindell, M.A., L.M.F.T.



The Right Path Parenting Class Final Summary

FACILITATOR: Patricia Johnson
SUPERVISOR: Grace Pope

Trisha Ann Scott and David Elder Underwood both completed the eight-week session of the Right Path Parenting Class (12/9/01, 12/16/01, 12/23/01, 12/30/01 absent, 1/6/02, 1/13/02, 1/16/00 makeup, 1/20/02, 1/27/02). Trisha and David participated in the group discussions, asked and answered questions appropriately.

During the fourth session Trisha and David were absent. The session was completed with a home visit on January 16 from 5:30-7:30 PM. This absence was excused, but Trisha and David insisted that they make up the session.

“What Is Discipline,” “3-Strike Rule,” “Good Discipline Practices,” and the “Shaking, Hitting and Spanking” video were all discussed. After watching the video, both discussed that they had made several mistakes with David’s daughter and if given the opportunity they will do everything differently. Both were able to point out their mistakes in rearing her.

On the last night of the class, Trisha and David took the Right Path Quiz and both did exceptionally well. It is evident by their papers that they studied and had learned the material. A certificate of completion was presented to each of them.

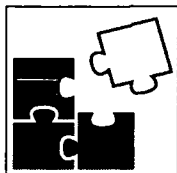
Respectfully,

Patricia Johnson

Patricia Johnson
January 28, 2002

Grace Pope

Grace Pope



Activity 9B: Completing the Investigation for the Brandi Underwood Case

Part 2: In your small groups, determine which items on the responsibilities checklist below have been completed, which are not relevant for Brandi's case, and which remain to be done. Still in your small groups, create a plan that will allow you to complete your investigation in preparation for writing your first court report. A form for that plan follows the responsibilities checklist. You may want to refer to the initial investigation plan that you created in Chapter 8. Are there questions listed there that have not yet been answered? What additional questions do you have? Where might you find answers?

We'll share all of your plans in the large group.

Responsibilities Checklist for the CASA/GAL Volunteer

Review this list periodically while investigating and monitoring a case to ensure that your representation of the child is thorough and focused on the needs of the child.

1. Review petition with CASA/GAL program staff. Request copies of any hospital records, police reports, photos, protective services investigations, and other documentation. Carefully review all CPS records—be sure to ask for past or closed records.
2. Meet with the child—no matter how old or young.
3. Meet with the parents—get permission from each parent's attorney if they are represented. If the CASA/GAL volunteer is represented by an attorney, the parents' attorney(s) should be contacted by the attorney for the CASA/GAL volunteer.
4. If there is a non-respondent parent or custodian (i.e., a parent or custodian not involved in the court case), talk with that person.
5. Meet with the teacher, daycare worker, baby sitter, or any person who has had substantial contact with the child on a frequent basis.
6. Talk with the caseworker. Review CPS agency records.
7. Appear at all hearings and have evidence ready to present.
8. If there has been no physical examination of the child by a physician, and one is warranted, request one.
9. If there has been no psychological evaluation of the child or the parents, and one is warranted, request one.
10. Attend all staffings (e.g., meetings about the situation at school, Child Protective Services, mental health center) related to the child.

11. Talk with psychologists and medical caregivers involved with the child and obtain their written reports.
12. Determine what, if any, special problems or needs the child has (e.g., counseling, a special school program, transportation, after-school care, homemaker services, medical treatment, etc.).
13. Assist in developing resources for the child that meet his/her needs, and contact appropriate agencies or persons. This might be for special educational needs (e.g., tutoring), social needs (e.g., a mentor, a sports team, or scouting opportunity), placement needs (e.g., contacting a relative), medical or psychological treatment needs, or resources for any other identified need.
14. Meet with the child at least once a month to determine how the child feels about what is going on in his/her life in order to determine best interest and whether the child can and should be in the courtroom.
15. Meet with the attorney for the program/child to discuss the facts, evidence, and witnesses needed for hearing; to discuss your recommendations for disposition; and to make a joint determination about whether the child should be present in the courtroom either as a witness or to observe the proceedings.
16. Draft and review written recommendations for court with the attorney for the program/child.
17. Work with the attorney for the program/child in exploring an agreement that parties can present to the court.
18. If necessary, prepare child for court hearing and for testimony; appear on behalf of child; and assist the attorney for the program/child in presenting evidence on behalf of child, including child support, visitation, and medical or psychological treatment.
19. Inform the child about the outcome of all court hearings and keep the child updated about other aspects of the case.
20. Continually monitor case, repeating above activities to ensure orders of the court are being followed by all parties and current needs of the child are being met. Make a determination as to whether the parents are correcting the situation that led to the petition and/or removal, simply “going through the motions,” or ignoring the requirements for reunification.
21. Contact the attorney for the program/child if child needs an early review.
22. Appear at all subsequent hearings.
23. Review permanent plan to insure that it complies with ASFA guidelines and is in the best interest of the child.
24. Keep in touch with CASA/GAL volunteer supervisor for guidance and support.
25. If parental rights have been terminated, review plans for permanent placement, requesting information and consulting with Child Protective Services so that appropriate placement occurs without delay.
26. If the child is an Indian child, make sure the tribe or Bureau of Indian Affairs has been notified of the case.
27. If the child is an Indian child, make sure the child’s tribal enrollment rights are protected.
28. If the child is an illegal alien, make sure residency papers are applied for.

Investigation Plan...

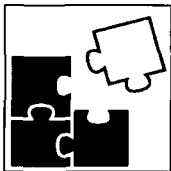
Date of Next Court Hearing:		
Type/Purpose of Hearing:		
Court Report Is Due:		
Questions I Would Like Answered	Possible Sources of Information	Priority #
A)		
B)		
C)		
D)		
E)		
F)		
G)		
H)		
I)		
J)		

(Note: A copy of this form is provided for future use in the Resource Materials section of this chapter.)

UNIT 2: Writing Court Reports & Making Effective Recommendations

A CASA/GAL volunteer court report is the culmination of your work as a CASA/GAL volunteer. It 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. Judges rely on the information in CASA/GAL volunteer court reports as they make their decisions. The court report becomes part of the official court record and may be introduced and considered as evidence.

Child-focused and fact-based written reports are submitted to the court for all hearings except emergency custody hearings and adjudicatory proceedings (this varies somewhat by jurisdiction). CASA/GAL volunteer court reports are shared with all parties and such other individuals who are authorized by law to receive them. In this unit, you will have the opportunity to practice organizing the information you have gained during your investigation and writing the court report for your first disposition hearing.



Activity 9C: The Elements of a CASA/GAL Volunteer Court Report

Listen as the facilitator reviews the standard elements of a CASA/GAL volunteer court report. The following outline lists the elements that should be considered for inclusion. Each CASA/GAL program will have specific instructions about the preferred format for the local court system.

The CASA/GAL Volunteer Report to the Court: Standard Elements

1) Introductory Information

Names of the parties, name(s) of the child(ren), whether child(ren) is of Indian descent; the petition date, months in placement, number of placements, and current placement of the child. (*Note: This information is usually contained on the cover of your report.*)

2) History

A brief factual history of the prior court involvement including current court-ordered services. (*Note: The history may or may not be included in reports after the disposition depending on local guidelines. Reports following the disposition tend to be shorter in length because the judge can refer to previous reports for background information. At a minimum, the current court-ordered services should be listed.*)

3) Facts

This section includes:

- Dates and places where the CASA/GAL volunteer had contact with the child;
- People and professionals contacted; reports or records reviewed, requested, or read; dates of contacts; and
- Compliance with previous court orders.

4) Description of the needs and wishes of the child

This section includes all needs of the child that must be met in order to achieve a safe, permanent home and eliminate the need for continued court involvement. Based on interviews, records, and visits with the child, the CASA/GAL volunteer lists the unique needs of the child, including, but not limited to: mental, emotional, and physical health; placement to achieve safety and permanence; the need to connect with family and friends; the need to preserve the bond between an Indian child and his/her tribe; and educational and financial needs. The wishes of the child are included if the child is able to articulate them.

5) Description of the available resources within the family to meet the child's needs

This section identifies family members who are able and willing to meet or help meet each need identified in the previous section.

6) Description of the available resources in the community/tribe to meet the needs of the child

The CASA/GAL volunteer names the community/tribal resources to meet the needs of the child that the family is unable to meet.

7) Issues for the court's attention to protect and promote the best interest of the child

This section identifies for the court the services that are needed by the child that are not available and previous orders of the court with which parties have not complied. It includes a summary argument for how volunteer came to his/her recommendations.

8) Recommendations that promote the best interest of the child

This element of the court report specifically lists recommendations for meeting each need of the child listed in Section 4 above.

9) Next court date

The CASA/GAL volunteer requests the court set a specific date for the next hearing in accordance with the best interest of the child and statutory requirements. *(Note: In some judicial districts, the CASA/GAL volunteer suggests a period of time rather than a specific date.)*

10) Signature of CASA/GAL volunteer and date

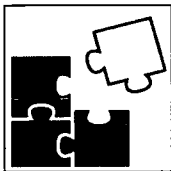
The signature of the CASA/GAL volunteer is an affirmation that the recommendations and information contained in the written court report are the volunteer's work product.

11) Signature of CASA/GAL program staff (*optional*)

The signature of the program staff signifies that the staff member has reviewed the volunteer's court report and finds the contents and recommendations in accordance with the law, CASA/GAL program standards, and the philosophy of the CASA/GAL program.

Created by Cy Gurney, NC Guardian ad Litem East Regional Administrator.

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. However, CASA/GAL program staff or attorneys may not change the volunteer's report and/or recommendations without the volunteer's consent unless the report is contrary to the law (local, state, or federal statute), CASA/GAL program standards, or endangers the child—and then only after consulting with the volunteer.



Activity 9D: Writing a Report for the Brandi Underwood Case

In your small groups and using the Brandi Underwood case as an example, complete the outline below for writing a court report. Your notes do not need to be in full sentences; just jot down the key pieces of information that should be presented in each section. Work through the outline with your small group.

In the large group, we will review each section.

Writing a court report is a process that can be broken down into steps. Following is an outline that can guide you as you consider each of the standard elements that should be included. Each case is unique and this format can be modified as needed to stress important factors in your particular child's situation.

Using this outline will help you:

- ✓ Sort important from superfluous information, and sort for themes, consistent patterns;
- ✓ Distinguish subjective (interpretation and judgment) from objective (factual) information, and include appropriate information in your reports; and
- ✓ Follow protocol and format established by your program in writing reports.

CASA/GAL Volunteer Report to the Court Outline

COVER: Introductory Information

The following information should be contained on your court report cover or at the beginning of your report, depending on local program guidelines. All reports should include:

- Names of the parties;
- Name(s) of the child(ren);
- Whether child(ren) is of Indian descent;
- Petition date and nature of allegations in the petition (abuse and/or neglect);
- Months in placement;
- Number of placements; and
- Current placement of the child(ren).

BODY OF THE REPORT: History

A brief factual history of the prior court involvement.

Summary of the matter(s) before the court/case status and current court-ordered services.

(Note: The history may or may not be included in reports after the disposition depending on local guidelines. Reports following the disposition tend to be shorter in length because the judge can refer to previous reports for background information. At a minimum, the current court-ordered services should be listed.)

THE FACTS:

Persons Contacted (including name, date & location)

Relationship to Child(ren)

Persons Contacted (including name, date & location)	Relationship to Child(ren)
<hr/>	<hr/>
<hr/>	<hr/>
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Reports or records reviewed, requested, or read.

Compliance or noncompliance with previous court orders.

Compliance or noncompliance with visitation plan.

Changes in circumstances of child(ren) or family.

THE NEEDS & WISHES OF THE CHILD(REN):

Include all needs of the child that must be met in order to achieve a safe, permanent home and eliminate the need for continued court involvement. Based on interviews, records, and visits with the child, list the unique needs of the child. Include the wishes of the child if he/she is able to articulate them. *(Note: In some jurisdictions, children have their own counsel to advocate for their wishes.)*

Placement

Educational

Psychological, Emotional, Health, or Care Needs

Contact with Family or Friends (the visitation plan)

Safety/Protection

Financial/Material Needs

Wishes of the Child(ren) (if able to articulate)

Other (child support, contact with the tribe, etc.)

THE AVAILABLE RESOURCES WITHIN THE FAMILY TO MEET THESE NEEDS:

Identify family members who are able and willing to meet or help meet each need identified in the previous section. The family can and will offer...

THE AVAILABLE RESOURCES IN THE COMMUNITY/TRIBE TO MEET THESE NEEDS:

Name the community/tribal resources to meet the needs of the child that the family is unable to meet. The community/tribe can and will offer...

ISSUES FOR THE COURT'S ATTENTION:

Identify any gaps between the needs of the child and services available to meet those needs. Identify if CPS has made reasonable/active efforts to promote family reunification.

RECOMMENDATIONS TO PROTECT & PROMOTE THE BEST INTERESTS OF THE CHILD(REN):

Custody

Visitation, Contact

Treatment Recommendations (for child, parents, siblings, other caretakers), Other Referrals

Protection, Safety

Other Recommendations (including whether the court should/shouldn't make findings that reasonable active efforts are being made, relieving of CASA/GAL volunteer, case closure, termination of parental rights, etc.)

NEXT COURT DATE:

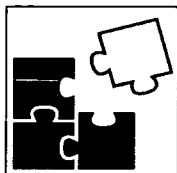
Request that the court set a specific date or specific time frame for the next hearing in accordance with the best interest of the child and statutory requirements.

SIGNATURE OF CASA/GAL VOLUNTEER & DATE:

Your signature is an affirmation that the recommendations and information contained in the written court report are the product of your work.

SIGNATURE OF CASA/GAL PROGRAM STAFF: (optional)

The signature of the program staff signifies that the staff member has reviewed your court report and finds the contents and recommendations in accordance with law, CASA/GAL volunteer standards, and the philosophy of the CASA/GAL program.

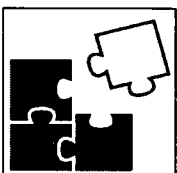


Activity 9E: Oral Recommendations Worksheet

You need to be prepared to respond when the judge asks, “Does the CASA/GAL volunteer have a recommendation in this matter?”

Working individually, prepare a summary of your recommendations using the space below. Be able to explain, without using your notes, the reasons, data, or justification behind your conclusions or recommendations.

In pairs, take turns presenting your recommendations and giving feedback. You will have two minutes to make your presentation, so keep your comments clear and concise. The feedback should start with the presenters sharing what they liked about what they did, then what they would change. Follow this with the partners sharing what went well and then offering suggestions for improvement.



Activity 9F: The Report

The following CASA/GAL volunteer court report contains each of the elements that you addressed in the outline. For the identifying information, the CASA/GAL volunteer would prepare a cover sheet or add the information to the top of the first page, depending on local practice.

Read the report. A court report is a personal product of the individual CASA/GAL volunteer and will reflect his/her style. There is no one right court report. Keys to success are being thorough and specific; reporting facts and getting the information firsthand; and making specific recommendations that flow from the facts. As stated earlier, another key to success is following local guidelines and submitting your report on time to allow the CASA/GAL program staff the time to review and comment on your report.

What are your questions?

CASA/GAL Volunteer Report to the Court

Re: Brandi Underwood, DOB 1/29/97 (age 5)

February 7, 2002

History

The CPS record showed one previous neglect report that was substantiated for improper care and supervision. The mother had left the child at home unattended when she was three-and-a-half years old. The family received case management services from Child Protective Services from November 2000 through May 2001. The record indicates that the mother was not cooperative, stating throughout the agency's involvement that she had done nothing wrong and was a competent caretaker. She was observed to be very immature and isolated from support systems. The father, who resided with the mother at that time, was often gone for long hours, leaving the mother with no phone, no money, no car, and a young child to care for by herself. CPS closed the case after six months, with the parents living together and the father assuming primary caretaking responsibility for Brandi.

A month later, in June 2001, the mother left the child with the father after discovering his involvement with Ms. Scott. She moved back home to Oklahoma where she hoped to establish a future home for Brandi. Ms. Scott learned that she was pregnant with Mr. Underwood's child and moved into the home with Brandi and him. A report made to CPS on September 30, 2001, resulted in a substantiation of abuse and neglect on November 8, 2001. On November 11, 2001, the discovery of additional injuries to the child resulted in the filing of the petition that is before the court today for adjudication and disposition. The case was continued from the original adjudication hearing date of December 28, 2001, due to lack of court time. In accordance with ICWA the court found on November 22, 2001, that Brandi is of Indian descent and the Big River Nation was notified.

The Facts

Reports & Records Read

- Juvenile petition alleging physical abuse and neglect; and
- Physician's report (Central Carolina Indian Health Services Clinic) and hospital photographs.

Persons Contacted

Relationship to Child/Children

Brandi Underwood	Child (observed on: 11/21/01, 11/23/01, 11/30/01, 12/14/01, 1/8/02, 2/5/02)
Foster Mother	Current caretaker
Geneva Underwood	Biological mother
David Underwood	Biological father
Trisha Scott	Father's girlfriend, caretaker
Elizabeth Livingston	CPS, Children's Services (current case)
Lakeitha Colbert	CPS, Children's Services (previous case)
Jean Moore	Big River Nation ICWA worker
Janet Lentz	Pearson Mental Health, child's therapist
Millie Hansen	Maternal Grandmother
Brian Link	Father's employer
Ann Lindell	Mother's therapist
Ann Crutchfield	Daycare teacher
Sgt. Joe McCone	Police officer
Patricia Johnson	Parenting class instructor

The Facts (cont.)

This child came to the attention of CPS because of injuries that were not adequately explained by the father and his girlfriend, the primary caregivers. She was initially reported on September 30, 2001, for severe bruising and bite marks. The father signed a protection plan indicating that he would not use physical punishment on Brandi and that he would not leave the child alone with Ms. Scott, his live-in girlfriend. The plan was violated when the child sustained new injuries. On November 11, 2001, Brandi was examined at the emergency room, where doctors found a broken upper right arm, a dislocated elbow, and numerous bruises. She was taken into CPS custody on that date.

The mother, Geneva Underwood, was living in Oklahoma at the time of the petition and had not seen Brandi in six months. The mother came to North Carolina on November 14, 2001, and had several visits with Brandi. Initially, there was a hesitation on the part of the child, but she remembered her mother and quickly warmed up. The child lit up whenever Grandma Millie, her maternal grandmother, was mentioned. The mother entered into a service agreement with CPS and returned to Oklahoma to accept services there. Dunlap County CPS requested that the Pawnee County CPS in Oklahoma assist her in obtaining services. The mother asked for physical placement and legal custody of her child.

The father, David Underwood, and his girlfriend, Trisha Scott, take some responsibility for the injuries to the child. Their explanations minimize the harm done and do not explain the nature of the injuries that occurred over a period of time. There are criminal charges of misdemeanor child abuse pending against Ms. Scott. Both David and Trisha need to address anger management in counseling. David has verbalized that he will not give up Trisha, who gave birth to his child last month.

At the time of the petition, Ms. Scott appeared to have considerable influence over Mr. Underwood regarding how to raise Brandi. Both individuals are from a military background and believe that Brandi should be a disciplined, well-mannered machine. Brandi was forbidden to run around the house, speak out of turn, or eat outside of the kitchen, and received severe consequences (whipping with a switch) if she broke the rules. The couple now acknowledges that some of their expectations were unrealistic and that their discipline was harsh. They say that parenting class has given them this insight. Their instructor reported that both seem to understand the information regarding appropriate parenting of a child.

The child has been observed by the CASA/GAL volunteer on six occasions, twice in the foster home, twice on a visit with the mom, and twice with the dad. She interacts in a friendly manner with other children in the home and has regained complete use of her arm. According to the daycare teacher, Brandi is outgoing, helpful, and playful. The child made statements to the CASA/GAL volunteer, the foster mother, and to CPS that her dad can visit her for a little while, but then he should go home without her. Brandi is less anxious about visiting with her mother and is now eager for those contacts. She also has a very positive response to memories of Grandma Millie, the maternal grandmother in Oklahoma. When this grandmother was mentioned, Brandi stated, "I love her and she loves me."

The Needs & Wishes of the Child

- Brandi needs to be in an environment where she feels emotionally and physically safe.
- Brandi needs caregivers who understand the developmental issues of a five-year-old and are interested and motivated to learn more about the developmental stages and needs of children.
- Brandi needs to be encouraged to tell those she trusts about what she feels, needs, and wants without fear of punishment.
- Brandi needs someone she trusts to talk to her about the living arrangements of the mother and father and what this means in terms of her visits with them.
- Brandi needs one caregiver that will make sure she is not harmed in the future and who has her best interests in mind.
- Brandi needs to be in an environment that is culturally appropriate and supportive.

Available Resources Within the Family to Meet These Needs

MOTHER: Geneva Underwood

Has recently demonstrated her interest and motivation through her behavior with her child and her compliance with CPS expectations. She admits to not always making the best parenting and life decisions; she denies allegations made by the father of drug use and prostitution. Ms. Underwood is supported financially by her mother and other relatives who are able and willing to provide child care and other supportive services for her. She has begun counseling and parenting classes in Oklahoma.

FATHER: David Underwood

Has attended parenting classes and has expressed a willingness to seek a psychological evaluation and counseling, but has not yet followed through with appointments arranged by the caseworker.

GIRLFRIEND: Trisha Scott

The father's live-in girlfriend attended parenting classes with Mr. Underwood and agrees to participate in counseling.

The father and his girlfriend are willing to do these things even if Brandi is not placed with them. The father's ongoing involvement with Ms. Scott, the recent birth of their child, and Brandi's reluctance to live with her father mean that reunification with him would not be in the child's best interest at this time. Additionally, he has never acknowledged responsibility for the abuse or for his failure to protect Brandi. He should be encouraged to continue with all of the positive efforts and ordered to undergo a psychological evaluation and counseling.

GRANDMOTHER: Millie Hansen

The maternal grandmother in Oklahoma is willing to undergo an ICPC home study in order to be considered as a permanent placement for Brandi should reunification with a parent prove unsuccessful. Ms. Hansen has maintained contact with the caseworker and with Brandi throughout this case.

Available Resources Within Community/Tribe to Meet These Needs

- CPS placed the child in a suitable foster home until the child is reunified with a parent or until it is found to be in her best interest to be placed with a relative.
- The child continues to receive medical care for the injuries sustained from the abuse.

- Brandi is in counseling with Janet Lentz at Pearson Mental Health Center. She has ongoing appointments to assist her with the emotional trauma and with the transition into her permanent placement. The mother feels that therapy for the child is readily available in Oklahoma, and CPS there agreed to offer courtesy assistance with resources for the mother.
- The father and Ms. Scott already completed a series of parenting classes that were recommended to them by CPS. There are resources for obtaining a psychological evaluation and a number of counselors who can address any needs identified in such an evaluation.
- The mother is receiving counseling and parenting classes from Ann Lindell, a therapist in Oklahoma.
- The tribe has social services available to assist the mother and Brandi if she is placed with her mother or grandmother.

Issues for the Court's Attention

Ample resources exist in the family, the community, and the tribe to meet the needs of this child. Despite this, the issues of severe physical abuse and the failure to protect the child require ongoing involvement by the child protective services system. The family is complying with the individual terms of the CPS plan but has not made adequate progress on acknowledging and remedying the underlying problems.

A Plan of Transition

This child has been traumatized and needs a period of adjustment and support with any new caretakers. At this point, she does not trust adults to tell her the truth as evidenced by her fears about being sent home with her father despite verbal reassurance that this would not happen. I believe that the foster mother can assist with the transition, although I worry that if we wait too long the child will have separation problems when she has to leave the foster home. This child is young and needs permanence quickly.

Are the mother's uncertain job and school situations, and her lack of plans for child care, issues for this court?

Geneva Underwood's sole income comes from her mother's generosity. The mother says she is a student although she admits she is not in school at this time. I have also been told that she uses drugs and sometimes prostitutes herself, but she denies this. She states that she is looking for work. The real issue is the need for clear plans for financial support and adequate child care when the mother is not available. After a period of adjustment, it would be beneficial to child and mother if she were gainfully employed so that she could provide for some of the child's financial care and serve as an appropriate role model.

Supervised Visits

David Underwood and Geneva Underwood do not agree on many issues, and animosity is present so it will be difficult to make a plan that works if the child is placed with a parent. The fact that they are in two different states complicates the matter. Both parents' visits have been supervised by CPS to date. Currently visitation is with the father but not with his girlfriend. With the new baby, it is important to consider Brandi's place within that part of her family. With the pending criminal matter, visitation with the girlfriend should not be allowed unless the child's therapist recommends otherwise. The father's visits should continue to be supervised unless the child's feelings about those visits change and unless the child's therapist recommends that they be unsupervised. The foster mother is willing to supervise visits with either parent if they occur at a neutral place, such as a park. This will allow Brandi to see the parent and foster parent working together for her care, and visits will not feel as unnatural as having the caseworker supervise.

Visitation with Biological Mom Out of State

During the upcoming months, the mother should come to North Carolina on a regular basis to build her relationship with the child and to participate in the child's therapy. CPS should pay for her transportation as needed. If the visits with the mother and Brandi continue to go well, she could move to unsupervised visits when the child's therapist feels this is appropriate. Any change from supervised to unsupervised visits will require court approval and can be considered at the first review, which should be held within two months of this date.

Recommendations to Protect & Promote the Best Interest of the Child

1. Brandi still needs a neutral and safe home, and that is to be in the home of the foster family, even though the foster family does not fall within the placement preferences of ICWA. Custody should remain with CPS, and the CASA/GAL volunteer should be informed of any changes in the child's circumstances. Any change of placement must be initiated through the court.
2. Brandi wishes to see her parents but only if she feels safe and sure that she is not going home with them. At this time and for the next two months, I am recommending weekly visits with parents (separately) to be supervised by CPS staff or the foster parent. Weekly visits may not be practical for Ms. Underwood since she lives out of state, and therefore should be supplemented by frequent phone contact.
3. Since Brandi is the victim in a criminal case against the girlfriend, I would recommend no visits with Ms. Scott at this time, unless the child's therapist recommends that visitation is in her best interest.
4. Brandi needs to continue therapy sessions at Pearson Mental Health Center with Janet Lentz so the therapist can gain Brandi's trust. This will help the parties determine issues such as future placement, visitation, and other important matters in Brandi's life.
5. Brandi needs to have parents who are financially able to provide for her. Both parents need to financially support their own needs and the needs of Brandi. Child support issues need to be addressed by the court.
6. It is in Brandi's best interest that her father, David Underwood, obtain a psychological evaluation and follow any recommended counseling.
7. It is in Brandi's best interest that all parental figures learn more about child development, appropriate discipline, and how to work together on behalf of the child.
8. It is in Brandi's best interest that her cultural ties be supported, especially through contact with her maternal grandmother, Millie Hansen.
9. To determine the next steps in this case for placement, visitation, and services, I recommend this case be calendared in sixty days.

Respectfully submitted,

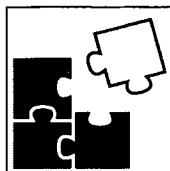
Michael C. Howell

Michael C. Howell,
CASA/GAL Volunteer

February 7, 2002



UNIT 3: Appearing in Court



Activity 9G: Homework Review—Appearing in Court

For homework, you read the section of the training manual below that addresses appearing in court. What was the most helpful piece of information that you learned?

We will hear your answers and address any questions you have about that material now.

It's Monday morning. You have spent the last few months investigating your case, talking to your child's caseworker, her teachers, and her health care providers, visiting with her and her foster family, and interviewing her parents. You have worked very hard the last two weeks preparing your court report. Now it's time to go to court, yes, C-O-U-R-T.

If just the thought of going into a courtroom has your palms sweating and your heart racing, then take a few deep breaths and sit back. Here is what you need to know about surviving in the courtroom.

(Note: Many of the words related to court procedures may be unfamiliar to you. The Glossary contains a definition of many of the terms that are used in this section.)

Preparation: Getting Ready for Court

Once you have completed your investigation, prepared your court report, and talked to your attorney (if you have one), your case is ready for court. Now you need to get yourself ready for court. This means being well informed and forewarned about the court process, which the following material is intended to do.

APPEARANCE—“What do I wear?”

This is probably not your most serious concern, but since the judge's first impression of you will be based on your appearance, it deserves discussion. Impressions given to the judge are crucial so you should dress professionally and conservatively. Business suits or jackets and ties for men and business suits, dresses, skirts or slacks and blouses for women are appropriate.

DEMEANOR—“How should I act?”

Your demeanor in court is also important. One word sums it up: *respect*. Anytime you are in the courtroom—even when your case is not being heard—conduct yourself in a respectful, professional manner. A helpful rule: if you would not do it in your place of worship or in front of your mother, do not do it in court. Some particular warnings:

- ✓ Do *not* bring food or drinks into the courtroom.
- ✓ Do *not* chew gum or have anything in your mouth that will need to be spit out.
- ✓ Do *not* smoke in the courthouse.
- ✓ Do *not* use your cellular phone or even have it turned on when you are in the courtroom.
- ✓ Do *not* have your pager turned on while you are in the courtroom (unless it is a silent pager).
- ✓ Turn off your watch alarm.

Show respect for everyone in the courtroom. This rule applies regardless of whether you disagree with them, do not personally care for them, or actually dislike them. Finally, be especially respectful of the judge and mind the bailiff, who will tell you when to sit, when to stand, and when to be quiet.

The Court Process

THE CALENDAR—Your Case Is Not the Only Matter Scheduled for the Day

In many jurisdictions, court starts with the judge setting the calendar. The judge will usually begin by “calling” the calendar. This means that the judge will read the name of each case on the calendar. After the judge reads a case name, the attorneys and any party who is not represented by an attorney will stand up, tell the court the status of the case, and estimate how long the matter will take. Once the judge finishes calling the calendar, he will determine the order of the cases. This is known as “setting the calendar.”

Sometimes there are more cases scheduled for the day than can be heard. The judge may be able to make this determination during calendar call and will announce, at that time, what cases will be continued. Sometimes, however, attorneys underestimate how long a case will take and the judge cannot determine until later in the day that a case will be continued. What does this mean? Well, it may mean that you have sat in court all day and your case was not heard. Frustrating? Yes. Avoidable? To some extent, but remember, the judicial process is not an exact science. Be patient, but by all means let your attorney know in advance if you have other commitments for that day. If your case is continued, it will be scheduled for hearing at another time.

THE HEARING—“The Judge Just Called My Case! What Happens Now?”

“Where Do I Sit?”

If possible, the CASA/GAL volunteer sits in a place in the courtroom that helps demonstrate their objectivity. Your local program will describe the customary seating arrangement in your courtroom.

“Where Is the Jury?”

In juvenile proceedings, there is generally no jury (except in some contested termination of parental rights hearings in some court jurisdictions). In the vast majority of CASA/GAL volunteer cases, the judge will make the final decision regarding the case. In some jurisdictions, a case is “conferenced” by the parties before the scheduled hearing, an agreement reached, and a consent order presented to the judge.

THE HEARING BEGINS

Telling the Truth

The attorney who scheduled the hearing¹ briefly tells the court about the case and why there is a hearing² scheduled. The attorney will then call his/her first witness to the stand. Before taking the stand, the witness will be sworn in. As a witness, you have the option of swearing on the Bible to tell the truth or affirming that the testimony you are about to give will be the truth. If you prefer to affirm your testimony, simply inform your attorney prior to the hearing. Also note that it is not uncommon for all witnesses—regardless of when they will be called to testify during the proceedings—to be sworn in before any witness is called to the stand.

In less formal settings—such as a dispositional hearing or a review hearing—some judges do not require that witnesses be sworn in or that they take the stand. In this case, the witness remains seated next to his/her attorney to testify or share his/her recommendations.

Telling Your Story

DIRECT EXAMINATION

A witness may be questioned in several stages. First, the attorney who called the witness to the stand will question the witness on direct examination. This type of questioning is generally open-ended, allowing the witness to fully explain his/her answers. The purpose of direct examination is to present the judge with evidence to support the position of the attorney who called the witness to the stand. For this reason, it is possible that someone other than the attorney for the program will call you as a witness. Do not be alarmed or suspicious if this happens, but heed the warnings outlined in the section below on cross-examination. A helpful rule is to answer only what is asked.

The child’s attorney or the attorney for the CASA/GAL program, if one is appointed, is usually the one who will call you to the stand. If you do not have an attorney, the attorney for the party most closely aligned with your position will call you as a witness. When this is the case, you will know the questions that he/she intends to ask. Do not, however, think that you can script your testimony. The unexpected—such as objections or questions from the judge—can, does, and, in all probability, will occur. If you have concerns about any particular area of your testimony, review it with the attorney prior to the hearing.

¹ This is usually the attorney for Child Protective Services or the state, but it could be the attorney for the child, the attorney for the CASA/GAL program, or an attorney for one of the parents.

² A case can be scheduled for hearing for many reasons. In a juvenile case, the routine hearings are emergency custody hearings, adjudication and disposition hearings, review hearings, permanency planning hearings, hearings on termination of parental rights petitions, and post-TPR review hearings.

CROSS-EXAMINATION (Don't Take It Personally)

Once a witness has been questioned on direct examination by the attorney who called the witness to testify, then all the other attorneys and unrepresented parties have the opportunity to question the witness. This is called cross-examination. Cross-examination involves closed questions and is usually conducted by using leading questions. Where direct examination is used to elicit testimony supporting one's position, the primary purpose of cross-examination is to expose any weaknesses in the witness's testimony or to make the witness appear less credible to the judge. Cross-examination is also an opportunity for an attorney to elicit positive information about the attorney's client that probably did not come out on direct examination.

Because the purpose of cross-examination is to discredit the witness's testimony, the attorney may try to cast doubt upon the thoroughness of an investigation, the witness's interpretation of the facts, and perhaps whether the witness's judgment and actions were clouded by his/her feelings about the parents. Be prepared for this and discuss with your attorney any concerns you may have about any statements you may have made or action taken that might subject you to attack on cross-examination.

Although you may feel that the person who is cross-examining you is personally attacking you, it is very important that you do not take the questions personally. If you view cross-examination as a personal attack, you will appear defensive and unprofessional—an impression to be avoided at all costs. Remember that the attorney is merely doing what he/she believes needs to be done to represent his/her client.

Being cross-examined is perhaps the most difficult part of appearing in court. This is due in part to the fact that you do not know what you will be asked, and with each question, you may—at least subconsciously—wonder what the cross-examiner's agenda is. Do not try to figure out an attorney's motive for asking a question. If you heed the warnings and advice given below, you will survive the examination with flying colors!

Be wary of these cross-examination styles and tactics:

- 1. Rapid-Fire Questions:** This is where the attorney asks a string of leading questions in rapid succession, giving the witness little time to answer. This tactic is designed to confuse or upset the witness or to force inconsistent answers. Your response: Take control. Always remember that you can slow the pace down, you can take control. Take time to consider the question and be deliberate in answering. Some techniques to consider: ask to have the question repeated or pause before answering each question (in fact, it is always a good idea to take a second or two to think about the question before responding).
- 2. Compound Questions:** Sometimes a witness will be asked a question that really contains more than one question. For example, "Isn't it true that you never talked to the mother and that she tried to schedule an appointment with you?" This tactic is designed to confuse the witness or to force inconsistent answers. When a compound question is asked, your attorney should object. If not, you should tell the judge that the question requires a two-part answer and proceed to answer each question. "I never talked with the mother because she never returned my phone calls and I am not aware that the mother ever tried to schedule an appointment with me."
- 3. Lulling the Witness:** In this scenario, the attorney lulls the witness into a false sense of security by being overly friendly and familiar. Your response: Stay alert. Remember, when you are being cross-examined, the purpose is to discredit or diminish the effect of your testimony.

4. **Condescending Counsel:** This tactic is where the attorney is very benevolent to you and over-sympathetic to the point of ridicule. Basically it is a condescending attitude. It is used to give the impression that you are inept, lack confidence, or may not be a reliable witness. Your response: Stay calm. Do not let any anger or frustration show. Defeat this tactic by being firm and decisive with your response.
5. **Staring at the Witness:** Sometimes during cross-examination, an attorney will pause after a witness has answered a question and stare at the witness, as if expecting the witness to say more. Your response: Do not speak until the attorney asks you another question. Stay calm. Stay focused.
6. **Badgering the Witness:** This is just what it sounds like. In this scenario, the attorney gets in your face (not literally), shouts, and/or demeans you. Quite often, this tactic is used in conjunction with rapid-fire questions. This technique is used to make the witness become angry and defensive and to lose control. Your response: Stay calm. Speak in a deliberate voice, as unemotionally as possible. Your attorney will object as soon as this style of questioning is apparent.
7. **Demanding a “Yes” or “No” Response to a Question:** Attorneys are taught to ask questions that call for a “yes/no” response on cross-examination. That is the only response the attorney wants. The attorney does not want you to explain to the court all the details surrounding the issue in question. Your response: When a “yes/no” response will either confuse the court or leave out important details, fully answer the question. If the attorney asks the court to order you to answer “yes” or “no,” do not fret. Your attorney will have an opportunity on redirect examination to elicit a full explanation from you about the matter.

REDIRECT OR REBUTTAL EXAMINATION

Once all the attorneys have completed their cross-examination of a witness, the attorney who called the witness to the stand has an opportunity to ask more questions of the witness. This is called redirect or rebuttal. If there were new issues raised on cross-examination, redirect examination gives the witness a chance to clear up any confusion and to more fully explain the issues.

RE-CROSS-EXAMINATION

Following a redirect examination, any issue raised on redirect may be addressed by more cross-examination of the witness. Again, all of the attorneys who did not call the witness to the stand have an opportunity to again cross-examine the witness. This is called recross-examination.

QUESTIONS FROM THE JUDGE

The judge is permitted to ask questions of a witness at any phase of the examination. The judge may ask a question in the middle of an examination or following any phase of the examination. If the judge asks a question, look him/her in the eye and respond with respect, even if the information is negative to your position.

Objections—“What Did I Do Wrong?”

During an examination of a witness—be it direct, cross, redirect, or recross—the attorneys who are not questioning the witness may voice an objection to any question asked. Do not be alarmed. This does not mean that you have done anything wrong. It simply means that the attorney is informing the judge that he does not think the question is legally appropriate or proper. If this happens while you are testifying, stop talking and do not answer the question until the judge rules on the objection. If the judge sustains the objection, you should not answer the question at all. Wait for the attorney to ask another question. If the judge overrules the objection, you should then proceed to answer the question.

General Rules of Testifying

These rules apply to all phases of your examination, but are especially important during the cross-examination phase.

- **Listen very carefully to the question.**
- **Understand the question.**

Always make sure you understand the question before you attempt to answer it. If you did not hear the question, ask the attorney to repeat the question. If the question is not clear, tell the attorney that you do not understand the question and ask him/her to clarify the question or rephrase it.
- **Answer only the question asked.**

Do not volunteer additional information or discuss tangential matters unless the question calls for a “yes/no” response and such a response would mislead the court. This is especially important on cross-examination. For example, if the question is “Do you know John Doe?” limit your answer to “yes,” “no,” or “I don’t know.” Let the attorney ask any follow-up questions, such as “How do you know John Doe?” One important exception to this rule: if you feel that your answer needs to be explained, do not answer “yes” or “no.” Proceed to give a full response or consider beginning your response by saying, “That question cannot be answered with a ‘yes’ or a ‘no,’” or “The response to that question requires an explanation.”
- **Do not guess when answering a question.**

If you do not know the answer to a question, do not be afraid to say to the court, “I don’t recall” or “I don’t know.” Do not attempt to guess at the answer or say, “I think so.” It is better to say that you do not know something than to risk discrediting yourself by guessing.
- **Do not give an opinion unless it is requested.**

For example, if you are asked, “Where does Johnny want to be placed?” your answer would vary depending on whether you have the information. If you do not know, do not say, “I think he would like to be...” However, if you are asked, “Where do you think Johnny should be placed?” then you are being asked for your opinion and can answer, “I believe that Johnny should be placed...”
- **Make sure your testimony is heard.**

Try to speak a little louder, slower, and more distinctly than you would usually speak. Avoid nodding or shaking your head in response to a question; the answer to each question must be spoken aloud. Also, avoid the use of “uh-huh” when you mean to answer “yes” or “no.”

Miscellaneous

OTHER COURT PROCEEDINGS—“I’ve Just Received a Subpoena!”

In addition to the juvenile proceeding for which you were appointed, it is not uncommon for there to be other court proceedings involving the same facts and circumstances that brought the child you represent into care. For example, there may be criminal charges of child abuse against one or both of the parents of the child you represent. There may also be court proceedings unrelated to the facts and circumstances that brought the child into care, but which are related to the child, such as a domestic dispute between the child’s mom and dad. When this happens, an attorney involved in these other court proceedings may subpoena you for trial or deposition because he/she believes that you may have information that would be important to his client’s case.

The most important consideration regarding your testimony in other proceedings is *confidentiality*. By law, CASA/GAL volunteers must keep all information regarding the case confidential, and no disclosure may be made except by court order or unless provided by law. So what do you do if you receive a subpoena?

1. Inform your case supervisor and attorney (if you have one) that you have received a subpoena.
2. Respond to the subpoena by showing up at the designated time and place.
3. Proceed with caution when called to testify. Your obligation of confidentiality extends to information about a specific case. If you are asked a question unrelated to a specific case—for example, a question about you and your background or a general question relating to work as a CASA/GAL volunteer—you may answer the question. If you are asked a question about a specific case—even an innocent question like “Are you the CASA/GAL volunteer for Johnny Doe?”—you should *not* answer the question. In response to these types of questions, you should inform the judge that you are not at liberty to discuss any information about a specific case. You might use the following language:

“I respectfully decline to answer the question since I am not at liberty to discuss any information about a specific case.”

Once you have informed the court of your obligation of confidentiality, the judge may order you to testify, in which case you may—in fact must—do so because you now have the judge directing you to answer the question. If in doubt about whether to respond to a particular question, assert your duty of confidentiality and let the judge direct you to answer (or not). To the extent that you are permitted to testify in other court proceedings, the general rules for testifying are the same as when testifying in a juvenile proceeding.

Material for this unit created by Debra Sasser, Associate Counsel, NC Guardian ad Litem Program, 1999.

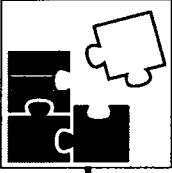
UNIT 4: Monitoring a Case

As a CASA/GAL volunteer, you remain actively involved in a case until the case closes with the child in a safe, permanent home. One of your most important duties is to monitor your case—to check regularly on how things are going. Earlier in training, you reviewed the CASA/GAL volunteer responsibilities for monitoring cases.

1. To conduct follow-up investigations to ensure that the orders of the court are being properly executed by:
 - Reviewing the court order;
 - Visiting the child regularly and maintaining sufficient contact with parents, relatives, foster parents, and agency personnel to determine if the orders of the court are being properly executed;
 - Verifying accuracy of information gained during follow-up investigation;
 - Notifying staff and attorney for the child if the orders of the court are not being properly executed; and
 - Contacting those who are responsible for carrying out the orders of the court to address issues surrounding noncompliance.
2. To report to the court when the needs of the juvenile are not being met by:
 - Identifying facts and changes in situation that may necessitate the case's return to court.
3. To protect and promote the best interest of the juvenile until formally relieved of the responsibility by the court by:
 - Regularly monitoring the child in his/her home setting, evaluating appropriateness of placement and whether the child is receiving court-ordered services, and identifying any unmet needs;
 - Identifying facts and changes in the situation that may necessitate the case's return to court; and
 - Determining if additional services are needed for the child.

From the NC Guardian ad Litem volunteer training curriculum.

It is sometimes difficult to maintain the momentum that exists when you are first assigned to a case. Partnering with program staff can help you remain involved and inspired to advocate effectively throughout the life of the case.



Activity 9H: Monitoring the Brandi Underwood Case

Part 1: You monitor and check on things every day in your personal life. You can apply the same successful monitoring methods and tools from your daily life to the monitoring of your CASA/GAL volunteer cases.

On the following pages, read the information about the outcome of both the adjudicatory and disposition hearings, which were held one after the other on February 7, 2002. The judge scheduled a review hearing for six weeks later, on March 28, 2002. The CPS court report for the first review hearing is included here and provides an update on the progress of the parents. A psychological evaluation on the father follows the CPS report. There is also a request to the CASA/GAL program in Oklahoma for courtesy assistance. At the last hearing, the judge issued an order allowing the CASA/GAL volunteer in North Carolina to release information to the CASA/GAL program in Oklahoma. Each of these documents provides important information regarding the current status of the case.

The Adjudication Order

A court order was issued containing the following information as stated by the judge:

For purposes of adjudication, the Court finds as follows:

1. The Court has jurisdiction over the parties and the subject matter.
2. Based on the evidence presented, the following facts have been proven by clear and convincing evidence:
 - That the Petitioner is a citizen and resident of Dunlap County, North Carolina.
 - That the Respondent/Father and Respondent/Scott are citizens and residents of Dunlap County, North Carolina, and at the time the Petition was filed, the named minor child was residing in Dunlap County, North Carolina.
 - That the Respondent/Father is the natural parent of the named minor child.
 - That the Respondent/Scott was a caretaker for the named minor child.
 - That the Mother is a resident of Pawnee County, Oklahoma, and was not present at the time that any of the injuries upon the named minor child were inflicted.
 - That the juvenile, Brandi Underwood, is a minor child born on January 29, 1997.
 - That the Petitioner was present and was represented by Kenneth P. Merrill, Jr., Attorney at Law.
 - That the CASA/GAL volunteer was present and was represented by William G. Pierce III, Attorney at Law.
 - That the Respondent/Father was present and was represented by Martin Ramsey, Attorney at Law.
 - That the Respondent/Caretaker was present and was represented by K. William Maxwell, Attorney at Law.

- That the Respondent/Mother was present and was represented by Jonathon Wilson, Attorney at Law.
 - That the Big River Nation has intervened and was present and represented by Jean Moore, ICWA worker.
 - That active remedial efforts have been made to promote reunification and prevent the breakup of the family, but these have been unsuccessful and it would be contrary to the welfare of the child to return home at this time.
3. That no party present at the hearing objected to the Court receiving into evidence the following documents for purposes of adjudication:
- Statement from Trisha Scott dated November 12, 2001;
 - Verified Petition dated November 11, 2001, regarding Brandi Underwood by Thomas Parker, Social Work Program Manager, Dunlap Co. CPS;
 - Court summary dated February 7, 2002, submitted by Elizabeth Livingston with attached letters regarding Mr. Underwood and Ms. Scott's attendance at parenting class and the mother's participation in counseling/parenting education;
 - Medical report from Dr. Putnam, Central Carolina Indian Health Services Clinic; and
 - Photographs of the injuries to the named minor submitted by Dunlap County CPS.

The Court adopts the factual statements contained in said documents and incorporates said documents into this order as is fully set out herein.

1. That on or about September 30, 2001, the named minor suffered various injuries, including bruises on her right and left arm, bite marks to right arm, bite mark to right hand, marks to left hand, split upper lip, bruises to left and right side of her face near her neck, bruises to her lower back and buttocks, bruises to her right and left knees and legs, and bruises to her right and left shoulder blades.
2. That the named minor's injuries are not consistent with the explanations by the named minor's father and caretaker.
3. That on or about November 10 or 11, 2001, the named minor suffered a dislocated elbow and a broken upper right arm.
4. That on or about November 10 or 11, 2001, the named minor suffered various injuries including bruises on her buttocks, both sides of her face, both of her shoulders, and her right arm while in the care of Trisha Scott, caretaker, or the named minor's father. That no other adult had caretaking responsibility of the named minor during this time.
5. That Trisha Scott has been charged with misdemeanor child abuse as a result of these incidents.
6. That the Respondent/Father has had a child with Ms. Scott and intends to live with her.
7. That the Respondent/Mother has not convinced this court that she has a satisfactory situation in Oklahoma for the care of the child nor has she convinced this court that she can be a responsible parent for this child. According to the mother's own testimony, she is unemployed, is currently not attending classes, and relies solely on her mother for her financial support.
8. That this Petition was not filed to circumvent the provisions of Chapter 50A, The Uniform Child Custody and Jurisdiction Act.

As a matter of law, the Court concludes that:

The juvenile is within the juvenile jurisdiction of the Court as an:

- Abused juvenile.**
- Neglected juvenile.**

It is therefore **ORDERED** that the case:

- Be dismissed.**
- Proceed to disposition.**

The Disposition Order

After considering the evidence, the court makes the following findings of fact:

1. That active efforts to provide remedial services and rehabilitation to prevent or eliminate the need for removal of the named minor child from her home have been made. The following services have been provided: visitation between the named minor and both the Father and Mother; telephone contact between the named minor and the Father, Mother, and Caretaker; foster care services; counseling services for the named minor; and social work services including a Family Services Agreement for both the Father and the Mother to include referrals to parenting classes, counseling, and psychological evaluation.
2. That the Father and the Mother have each indicated a desire for the placement of the named minor in their respective homes. There is clear and convincing evidence that custody of the child by the parents at this time is likely to result in serious emotional or physical damage. CPS is making efforts to comply with the placement requirements of 25 U.S.C. § 1915 (B).
3. That the Respondent/Father and Respondent/Caretaker have cooperated with the Dunlap County CPS in completing parenting classes. That the Respondent/Father has not yet obtained a psychological evaluation as agreed to in the Family Services Plan or sought any counseling.
4. That the Respondent/Mother has cooperated with the Dunlap County CPS in beginning both counseling and parenting classes. That the Respondent/Mother has not yet obtained gainful employment or returned to school.
5. That it is in the best interest of the named minor child that her care, custody, and control be placed with the Petitioner, Dunlap County Child Protective Services.

The Court concludes as a matter of law that the best interest of the juvenile would be served by the following disposition:

It is therefore ordered:

1. That legal and physical custody of Brandi Underwood remain with Dunlap County Child Protective Services.
2. That Dunlap County Child Protective Services continue to provide remedial services to promote reunification to David Underwood and Geneva Underwood.

3. That Dunlap County Child Protective Services request that the Big River Nation or Child Protective Services in Pawnee County, Oklahoma, provide courtesy foster care services to Geneva Underwood.
4. That David Underwood obtain a psychological evaluation and follow any recommendations.
5. That Geneva Underwood continue counseling and parenting classes with Ann E. Lindell.
6. That Brandi Underwood continue to receive counseling from Janet Lentz, Pearson Mental Health Center.
7. That the parents participate in the child's counseling as requested.
8. That visitation with the father and mother continue to be supervised, allowing for supervision by the foster parent.
9. That both parents be allowed unsupervised telephone calls with the minor child.
10. That visitation with Trisha Scott be supervised by Child Protective Services.
11. That the parents register at the Dunlap County Child Support Enforcement Office for payment of child support on behalf of this child.
12. That this matter is set on for Review on March 28, 2002, and all parties were given notice of said Hearing in open Court.

SUMMARY FOR THE COURT

**Prepared by Elizabeth Livingston
Dunlap County Child Protective Services**

March 28, 2002

In the Matter of: Brandi Underwood
DOB: 1/29/97 (5 years old)

Background of the Case

Dunlap County Child Protective Services first became involved with this family on October 16, 2000, when a referral was received alleging that the child had been left at home unattended by the mother. The case was substantiated for neglect. The family received case management services for a period of six months, ending in May 2001. The mother moved to Oklahoma in June 2001, leaving the child in the care of the father.

On September 30, 2001, a new referral was received alleging that the child had received various injuries, including bruises on her right and left arm, bite marks on the right arm, marks on her left hand, a split upper lip, and bruises to her right and left shoulder blades. The father signed a protection plan and the child was allowed to remain in the home. The father's girlfriend, Trisha Scott, was not to be a caretaker of the child. Abuse and neglect were substantiated and the case was transferred to the current caseworker on November 9, 2001. Within two days, the child was taken into CPS custody because of a new report of additional injuries. The child had multiple bruises, a dislocated elbow, and a broken upper right arm.

On February 7, 2002, the child was adjudicated to be abused and neglected. She has remained in CPS custody in the initial foster care placement to date. The case was set for review for this date.

Present Circumstances of the Child

Brandi continues to do very well in her foster home. There is no lingering evidence of her injuries. Reports from the home and her daycare indicate that she is an active child who is generally happy, playful, and very talkative. She remains in therapy as this court process continues to assist her with the transition into a permanent placement. Her therapist, Janet Lentz, is generally very pleased with her progress although concern remains regarding her fear of her father and Ms. Scott.

Ms. Scott gave birth to Brandi's half-sister in January, which created some upheaval for Brandi. She had a period of bed-wetting and temper tantrums although she verbally expressed delight about the baby and appeared to enjoy holding her and being the big sister. The symptoms have subsided in the past month. Visits with the father were very regular until the birth of the baby. They continue to create some anxiety for Brandi, who needs assurance each time that she will return to the foster home. In the past two months, the father has missed two appointments and cancelled one, adding to the child's anxiety about these visits.

Visits with the mother have proven to be very difficult because of the geographic distance. There were two fairly positive visits when the child first came into care. The mother signed an agreement that she would return one time each month for several days, and that at least

two visits would be arranged each time. I have arranged for transportation and the mother has agreed to come once in January, twice in February, and once in March. She has failed to come for three of the four times, appearing only for the first February visit, which occurred when she was here for the adjudicatory hearing. She did not call until the scheduled date to inform the caseworker that she would not come for the other three visits. The child is no longer informed of the visits because she builds up expectations as well as anxiety and then is let down. The mother called to say that she would come to North Carolina for this court proceeding and she requested a visit while she is here.

Present Circumstances of the Parents:

On February 7, 2002, the following orders were made during the dispositional hearing of the current case. The child is to remain in CPS custody. The father is to obtain a psychological evaluation and follow any recommendations. Both parents are to register at Child Support Enforcement for the payment of child support. The mother is to continue with counseling and parenting classes. The child is to remain in counseling and both parents were ordered to participate as requested. The mother is to obtain stable employment or to enroll in classes that would lead to such employment. All visitation is to be supervised. The foster mother or CPS can supervise the parent's visitation. Any visitation with Ms. Scott must be supervised by CPS. The parents are allowed unsupervised telephone calls with the child.

The father cooperated in the development of a case plan on November 19, 2001. Although she was not required to do so, Ms. Scott also participated and agreed to all components of the plan. A major focus of the plan is for the father to learn and use appropriate discipline with his child. Mr. Underwood and Ms. Scott successfully completed the Right Path Parenting Class. They can discuss what they learned and state that it was helpful in thinking about how they will raise their new baby. The father has not shown an interest in using new techniques with Brandi. Even with supervision and limited contact, he becomes frustrated with her very quickly and yells at her or belittles her by saying things like, "You are a baby if you can't tie your shoes yet," or "Are you trying to get me in trouble again?" Trisha has only visited twice and showed very little interest in Brandi. The father completed a psychological evaluation and the report, dated March 16, 2002, is attached. The results are quite disturbing and the prognosis for treatment is not good. The recommendations are for in-depth therapeutic treatment and for lengthy monitoring of his parenting relationship with Brandi to assess his parenting abilities and ability to protect. A number of warning signs such as his criminal history and his lack of candor in the evaluation are cause for concern in terms of this agency's ability to adequately monitor his progress.

A case plan was developed with the mother on November 23, 2001. She eagerly accepted every suggested task and stated that it would be easy for her to comply with all requirements. She seemed mostly to want to please the caseworker as she worked on the plan. She also tended to want to place blame for all of her problems, sometimes on herself and sometimes on others. This mother is fairly juvenile in her demeanor. The mother did enter therapy and, at the time of the dispositional hearing on February 7, 2002, was able to provide the court with a very positive report regarding her personal counseling as well as the parenting skills that she was learning. Since that time, the mother has not shown any consistent movement toward fulfilling the requirements of her case plan. She says she couldn't get the classes she needs this semester and that she is looking for work. She has not, however, kept scheduled appointments with the CPS in Oklahoma and has produced no documentation regarding either school or work. The mother has not visited since the last court hearing.

Last month Ms. Underwood was arrested for DUI and possession of a controlled substance (methamphetamine). I have asked the caseworker in Oklahoma to arrange for a substance abuse evaluation and urine testing for the mother.

On a brighter note, the maternal grandmother, Millie Hansen, has been in regular contact with this agency and with Brandi. She has requested a home study and is interested in providing a home for Brandi if her daughter does not turn things around quickly. A study will have to be requested through the Interstate Compact on the Placement of Children. Ms. Hansen is willing to travel to North Carolina to become reacquainted with the child in person. She appears to be responsible, financially stable, and to have a sincere love for her granddaughter. The only concern is that she tends to minimize her daughter's lack of responsibility, and might have trouble creating clear boundaries regarding the relationships. If placement with her becomes the plan, it should be through adoption so that she will have the parental authority to raise Brandi.

The ICWA worker from the Big River Nation, Jean Moore, has been very helpful to this agency. Ms. Moore reports that the Big River Nation supports the placement with Ms. Hansen and that the tribe has numerous services available on the reservation to support the placement, such as child care and counseling. Ms. Moore has also provided a list of other maternal relatives and tribal members who would be appropriate placements for Brandi should Ms. Hansen's home not be approved for placement through the ICPC.

Reasonable/Active Efforts

Circumstances existed at the time of removal which prevented Dunlap County Child Protective Services from providing protective services to the child in her home because the nature and circumstances of the allegations did not allow the child to remain in the home. The agency was planning to offer treatment services when a more severe incident took place.

A permanency planning meeting was held on December 10, 2001. The plan was reunification with one of the parents. The requirements of their case plans were stated and discussed. David Underwood and Trisha Scott expressed concern about the child being sent to Oklahoma. They state that the mother's lifestyle is not appropriate. The team explained the Interstate Compact on the Placement of Children process, which would include a home study. The plan remains reunification. The parents were reminded that CPS creates a concurrent plan because the child cannot wait forever for the parents to be ready. In this case, the concurrent plan is for adoption by the maternal grandmother, Millie Hansen, if she is approved after a home study done by the Pawnee County CPS in Oklahoma through the Interstate Compact on the Placement of Children.

Agency Plan

The plan at this time is for reunification with a parent. The concurrent plan is for adoption by a relative. At this time, Millie Hansen, the maternal grandmother, appears to be an appropriate relative. Any placement with the mother or grandmother will require a referral through the Interstate Compact on the Placement of Children.

Recommendations

1. That custody of the child remain with Dunlap County Child Protective Services for placement in foster care.
2. That the plan of Dunlap County Child Protective Services for a permanent home for the child be approved by the court.
3. That the court order home studies of the mother and maternal grandmother through the Interstate Compact on the Placement of Children.
4. That Dunlap County Child Protective Services shall be and is hereby authorized to arrange for, provide, and consent to medical, surgical, dental, psychiatric, psychological, educational, or other remedial evaluations or treatment for the child.
5. That each parent be required to cooperate in the development of a case plan and to comply with all of the tasks set forth therein.
6. That the child continue in counseling and that the parents cooperate with counseling as requested.
7. That the parents appear at the Child Support Enforcement Agency and register for the payment of child support.
8. That this matter shall be reviewed within 90 days at 9:00 AM on Thursday, May 30, 2002, in the First Floor Courtroom, Criminal Courts Building, 100 Court Street, Ravensford, North Carolina, before the Honorable Karen LaGrande.

Respectfully submitted,

Elizabeth Livingston

Elizabeth Livingston, MSW
Foster Care Caseworker
Dunlap County CPS

Missy Seagrove

Missy Seagrove
CPS Supervisor
Dunlap County CPS

Carolina Psychological Resources

109 E Main Street, Suite B
Archway, NC 22362
Phone (602) 598-4304
Fax (602) 598-4306

March 16, 2002

Ms. Elizabeth Livingston, MSW
Dunlap County Child Protective Services
900 W Graham St.
Ravensford, NC 22357

RE: David Underwood, Psychological Evaluation

Dear Ms. Livingston,

Thank you for the referral of Mr. David E. Underwood for psychological evaluation in regards to his ability to protect and adequately parent his child, Brandi Underwood. I saw him for both clinical interviews and testing on 2/16/02, 2/23/02, and 3/2/02 in my office. Testing instruments included the Minnesota Multiphasic Personality Inventory–2 (MMPI-2) and the Millon Clinical Multiaxial Inventory–III (MCMI-III).

I also had available for examination copies of the CPS chart, which I read rather thoroughly.

Interview & Test Results: In my opinion, Mr. Underwood related to me in an overly familiar and friendly manner as if he hoped to “charm” me and make a favorable impression. He told me several times that he was seeing me (despite the fact that CPS had arranged the evaluation) because he had been told, “You’re the best in Dunlap County.” These attempts to ingratiate himself were, in my opinion, not subtle and thus not particularly skillful. In addition, a certain entitlement might be said to be present in his tendency (both at CPS and at our clinic) to bypass the receptionist area and come directly back to the private offices.

On each occasion that I saw Mr. Underwood, he presented with a bright mood and in an extroverted manner. He is verbally facile and would appear to be of at least average intelligence. His speech was logical, coherent, and goal-directed. There was no evidence of any psychosis or thought disorder.

Since you are aware of what is known about his background and current circumstances, I won’t repeat those details here. However, I would like to specify several situations in which I believe Mr. Underwood failed to report information in a fully consistent or truthful manner. For example, when filling out the section of our clinic’s intake forms where it asks patients to list dates and court actions for any current or prior arrests/convictions, Mr. Underwood listed only one previous conviction for failure to pay child support, failing to mention several other items of his criminal history as available from the local criminal background check. He also denied a 1991 DUI (driving while under the influence of alcohol) even though, again, it is clearly listed on the background check.

The record contains a summary that states that Mr. Underwood “stated that he attempted suicide when he was in the sixth grade, again when he was in the eighth grade, and again when he was in tenth grade.” The record also cites a hospitalization for depression while in the military.

Two examples regarding recent behaviors involve his parenting and his drinking pattern. In our first interview he acknowledged that he bit Brandi on the arm to teach her not to bite, while denying that he currently consumed either drugs or alcohol. Then, during the course of our final interview some four weeks later, he denied biting his child while noting that “I drink brews [beer].”

Mr. Underwood's MMPI profile is only marginally valid and reflects a relatively unsophisticated effort to distort the test results by presenting an overly favorable self-view or a "good impression" pattern. His elevated L score suggests that he has, perhaps consciously, endorsed many items that claim highly virtuous personality characteristics which, in their extreme, are very unlikely and therefore create suspicion about his willingness to cooperate with the evaluation. Assessment situations that frequently produce this pattern include child custody evaluations, personnel screening, and physical injury litigation in which the individual is attempting to proclaim a great deal of personal virtue and few or no psychological symptoms.

This defensive stance also suggests that Mr. Underwood is not very introspective or insightful about his own behavior. The client with a validity profile like Mr. Underwood's is likely to have little awareness of his difficulties. He is likely to be rigid and inflexible in his approach to problems and may not be open to psychological self-evaluation. He is likely to project an excessively positive self-image and to be somewhat arrogant and intolerant of others' failings. He is unlikely to seek psychological treatment or to cooperate fully with treatment if it is implemented.

Because of their marginal validity, the clinical scales are not a rich source of information. His clinical profile does suggest the presence of the following personality characteristics: pleasure seeking, impulsive, proneness to rule infractions, and high-risk behavior that may make him vulnerable to clashes with authority at times.

His clinical profile suggests that he is quite outgoing and sociable, is gregarious and enjoys attention.

It is interesting to *speculate* what his profile might look like if he had not been so defensive. The shape of his clinical profile if preserved and simply elevated would suggest a forty-three high point configuration. The forty-three profile is typical of people with a lot of chronically suppressed anger that tends to be discharged abruptly and at times possibly even explosively. They tend to demand attention and approval from others. They may be outwardly conforming but inwardly rebellious.

The MCMI-III response tendencies are very consistent with the MMPI-2 findings: that is, Mr. Underwood's responses suggest an effort to present a socially acceptable appearance or a resistance to admitting personal shortcomings. Inclined to view psychological problems as a sign of emotional or moral weakness, he may protectively deny any unseemly traits or symptoms. This probably reflects either a broad-based concern about being appraised unfavorably by others or an active suspicion of the arcane motives of psychological inquiry. His response style (as revealed in the validity scales) renders the clinical scales of the MCMI-III essentially devoid of meaningful or interpretable results.

Summary & Recommendations: The central finding of this evaluation—as revealed consistently across the interviews, psychological testing, and the file review—is that Mr. Underwood has not been fully revealing. This in itself is important information. After all, a modicum of reliability, truthfulness, and trust is required in both good parenting and in developing and monitoring any plans that would return the child to a home where Mr. Underwood was present.

More ominously, his lack of truthfulness, when combined with certain other features, such as his criminal record (including a fair number of recent driving violations), his glib and superficial charm, manipulateness and self-aggrandizement, poor impulse control, and early behavior problems (in the military, for example) suggest the presence of a personality disorder with antisocial, narcissistic, and paranoid elements.

Confusion about the accuracy of his reported history of depression is also troubling. Was he exaggerating or making up psychological problems in order to elicit sympathy or other benefits from the military or is he lying now by denying a true history of serious mental illness so as to "look good"?

Treatment for people with Mr. Underwood's personality problems is not easy and usually requires a rather lengthy course of psychotherapy with a skilled therapist (Sara Homes would meet the therapist criterion). This treatment could be provided in a couples, group, or individual format (or some combination). Mr. Underwood has several important strengths (e.g., his personableness, his reported positive behaviors on jobs, and his wish to succeed in life) that could be built upon in treatment.

Any return of the child to Mr. Underwood's care should involve lengthy monitoring of his willingness and ability to protect the child and to learn positive discipline skills. His full and open cooperation with said monitoring and with the above-mentioned treatment should be a condition of returning the child to his care.

Thanks again for the referral. Please don't hesitate to call if you have any questions.

Sincerely,

William S. Lawson

William S. Lawson, Ph.D.
Clinical Psychologist

A Child's Advocate
In Court



Dunlap County CASA/GAL Program

P.O. Box 317
Ravensford, NC 22357
Phone (602) 487-1600
FAX (602) 487-2142

Violet Merrick, CASA/GAL Program Administrator

April 6, 2002

Ms. Diane Christopher
Oklahoma CASA/GAL Association
11th Judicial Circuit
3302 NW 27th Avenue North Annex
Pawnee, Oklahoma 74058

Dear Ms. Christopher:

As per our conversation on this date, enclosed is information I hope will be helpful in making an assessment of the situation involving Brandi Underwood. The plan has been for reunification with the mother, who also lives in your jurisdiction. She came to North Carolina and entered into a service agreement that is being monitored by the CPS in Pawnee County. Her progress has been slow and we are working on a concurrent plan that would allow this child to leave foster care and reside with her maternal grandmother if she cannot be with her mother. The hope is that the mother will continue to progress so that she can eventually resume custody of this child. The court issued an order allowing the release of information to your program. A request to the Interstate Compact on the Placement of Children regarding possible placement with Millie Hansen will be made by Dunlap County Child Protective Services prior to actual placement. This request is to assess the appropriateness of the concurrent plan. If placement with the grandmother would not be in the child's best interest, the CASA/GAL volunteer will seek other options.

The CASA/GAL volunteer, Michael C. Howell, is hoping that through your investigation he can assess whether placement with Ms. Hansen is an appropriate plan if the parents continue to make insufficient progress toward reunification. Ms. Hansen can be reached by telephone at (323) 646-0010 and her residence is 4975 Walnut Hill Rd., Pawnee, OK 74058. Written CASA/GAL volunteer court reports are enclosed to give you some background regarding the situation. Michael is interested in learning whether the grandmother has adequate housing, whether her health is good, and whether she understands that her daughter is not ready to parent Brandi at this time. She has been fairly protective of her daughter and we need to know whether she can put the child first. The issues that you might want to address with her regarding the mother are:

- That the mother may have misled the court, CPS, and the CASA/GAL volunteer with statements that she has not, nor would she, engage in drug use or prostitution while Brandi was in her care. What is Ms. Hansen's reaction to hearing that her daughter appears to be withholding information? We are trying to get a feel for the strength of the grandmother's allegiance to her daughter.
- Also, what is Ms. Hansen's plan regarding the mother's contact with the child? If the mother is to provide some child care—and in preparation for eventual placement with her—what arrangements are being made for Brandi during the time the mother is working and for what duration of time?

- Ms. Underwood has stated on numerous occasions that her family was supporting her financially. However, she has never provided any proof of this; we think now she should verify the assistance she receives from family. Are there other relatives who can help with the care of Brandi?
- Mr. Underwood and Ms. Scott, the father and his girlfriend, remain in Ravensford, North Carolina. What arrangement has Ms. Underwood made, or would Ms. Hansen make, for Brandi to have contact with her father? Since the date that the child came into CPS custody, Ms. Scott has been prohibited from having contact with Brandi, but Mr. Underwood has been allowed visitation. What would Ms. Hansen's plan be regarding contact with Ms. Scott?

We realize that the court must wait to determine the appropriateness of an out-of-state placement until there is a home study done through the Interstate Compact on the Placement of Children. The information that we seek will help us determine if our concurrent plan is appropriate and viable. Thank you for all of your help.

Sincerely,

Violet Merrick

Violet Merrick,
CASA/GAL Program Administrator

Big River Nation Report to the Court

Re: Brandi Underwood (DOB 1/29/97, age 5)
March 28, 2002

History

The Big River Nation was contacted on November 12, 2001, by Elizabeth Livingston of the Dunlap County CPS in North Carolina. Ms. Livingston informed this writer, ICWA Case Manager Jean Moore, that Dunlap County CPS had assumed emergency custody of Brandi Underwood, a child believed to be a member of the Big River Nation.

After checking tribal membership records, I determined that Brandi Underwood (DOB 1/29/97) is the biological child of David Underwood and Geneva (Hansen) Underwood. Geneva Underwood is an enrolled member of the Big River Nation of Oklahoma. Although Brandi is eligible for membership in the Big River Nation, she is not yet enrolled.

The Big River Nation Council met and passed a resolution authorizing this writer to intervene on behalf of the tribe in the juvenile case pending in North Carolina.

Family Background

David Underwood and Geneva Hansen met and married while David was stationed at the Camp Riverside Military Base near the Big River Nation Reservation. Their daughter, Brandi, lived with her parents in base housing until she was a toddler. At that time, the Underwoods reportedly had to leave base housing suddenly and they moved in with Brandi's maternal grandmother, Millie Hansen, who lives on the reservation. After several months, Brandi and her parents abruptly moved to North Carolina. Since that time, Brandi and her mother have returned frequently to the reservation to visit relatives.

In June 2001, Ms. Underwood moved alone back to the reservation. She reports she decided to leave her husband after discovering he was having an affair and his mistress was pregnant with his child. Ms. Underwood says that throughout her marriage her husband was physically abusive to her and to Brandi, and that he would not allow her to take Brandi with her when she left.

Geneva Underwood is the youngest of four children born of Max and Millie Hansen. She was raised on the Big River Nation Reservation. As a teenager, Geneva had a reputation for being somewhat wild and received several suspensions from school as a result of alcohol use. There is a history of substance abuse in Geneva's family. Her mother is a recovering alcoholic and has been sober for five years. Her brother is currently incarcerated on drug-related charges. Geneva's sisters, who are sober and healthy, still live on the reservation, as does her mother. Her father is deceased.

In addition to her maternal grandmother, aunts, and uncle, Brandi has numerous cousins and great aunts and uncles on the reservation.

Placement

The Big River Nation supports the case plans outlined for David and Geneva Underwood. However, neither parent has made sufficient progress that would enable Brandi to return home at this time. Currently Brandi is placed in a non-Indian foster home in North Carolina. Such a placement does not comply with the placement preferences of the Indian Child Welfare Act. The Big River Nation would like to see Brandi placed with a relative as soon as possible.

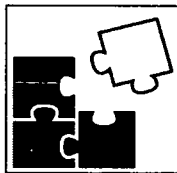
Maternal grandmother, Millie Hansen, is very interested in placement if Brandi cannot be returned to a parent in the near future. Ms. Hansen is a respected member of the Big River Nation, where she is very active in the sobriety movement. Ms. Hansen also participates in a variety of traditional cultural activities and is proud to teach traditional crafts and cooking to younger members of the tribe. Brandi would benefit greatly from the stability offered by Ms. Hansen, and would also have the opportunity to understand and experience her tribal heritage. The Big River Nation Council strongly supports placement with Millie Hansen.

Services

The Big River Nation operates a number of programs on the reservation that could assist Brandi and her family. Therapy, child care, education, and medical services are all readily available. In addition, this writer is available to provide case management services to support Brandi and her family and ensure Brandi's needs are met.

Recommendations

- Brandi Underwood should be placed with Millie Hansen.
- Dunlap County CPS should continue to provide family reunification services to Geneva Underwood.
- We are opposed to termination of parental rights and in favor of permanent guardianship.



Activity 9H: Monitoring the Brandi Underwood Case

Part 2: Considering the documents you have just read, work in pairs to identify what additional resources are needed to meet the needs of this child. What do you think you would recommend at the next court hearing? Name two things you will need to monitor in Brandi's case.

We'll hear all responses in the large group.

Part 3: The final document is a brief summary describing the conclusion of the training case. At every step, the child's needs for safety and permanence should be considered while respecting the child's sense of time. After you have read the conclusion of the case, we'll brainstorm as a group what additional resources are needed and what you will recommend at the next court hearing.

The Brandi Underwood Case: Conclusion

During the court review on May 30, 2002, the judge found that the parents had not made sufficient progress toward reunification. The mother had discontinued therapy and refused to provide any documentation regarding work or school. She also refused to undergo a substance abuse evaluation and did not show up for drug screening. The father was arrested for assault on a female for a domestic violence incident with Trisha Scott. Problems with visitation arose for both the mother and father. The mother refused to travel to North Carolina without a promise of reunification. Despite repeated warnings, the father made promises to Brandi about when she would come to live with him. At the request of Brandi's therapist, visitation was suspended until the parents met with her to address her concerns. Neither parent complied with this requirement. Child Protective Services and the CASA/GAL volunteer both recommended that the concurrent plan be followed and that this child be placed with the maternal grandmother.

The judge had previously ordered that CPS make a referral through the ICPC for a home study of Millie Hansen, the maternal grandmother. Additionally, the judge had ordered the release of information about the case to the Oklahoma CASA/GAL program. The CASA/GAL program in North Carolina requested information about the grandmother as a courtesy from the Oklahoma CASA/GAL program. The information received was positive. The ICPC home study was approved and the judge ordered placement with Millie Hansen.

CPS filed a termination of parental rights proceeding for both parents so that the child could be freed for adoption by her grandmother. The termination of parental rights was granted in August 2002. This gave the child the permanence that she needed with clear boundaries about who was the "parent" who would care for her. The grandmother remained committed to an "open" adoption so that Brandi would always have access to her biological parents—who loved her but could not care for her.





RESOURCE MATERIALS

Included in this section:

CASA/GAL Volunteer Worksheet for Permanency Hearing	9-61
CASA/GAL Volunteer Court Report Format: Preparing a Permanency Hearing Report to the Court	9-63
CASA/GAL Volunteer Court Report Format: Preparing a Termination of Parental Rights Report to the Court	9-65
FORM Investigation Plan	9-67



CASA/GAL Volunteer Worksheet for Permanency Hearing....

RE:	DOB:	File #:
Is it likely for the juvenile to be returned home immediately or within the next six months, and if not, why is it not in the juvenile's best interest to return home?		
Should legal guardianship with a relative or some other suitable person be established, and if so, what rights and responsibilities should remain with the parents?		
Should adoption be pursued, and if so, are there any barriers to the juvenile's adoption?		
Should the juvenile remain in the current placement or be placed in another permanent living arrangement? Why?		
If there has already been one or more permanency planning hearings, has Child Protective Services made reasonable efforts since the last hearing to implement the permanent plan for the juvenile?		
Is there any other information the court should have in order to make this decision?		
Has the juvenile been in placement outside the home for 15 of the most recent 22 months?		
Is there any reason that the filing of a petition for termination of parental rights is not in the best interest of the child?		

Adapted from a form created by Barbara King, District Administrator, NC Guardian ad Litem Program.



CASA/GAL Volunteer Court Report Format: Preparing a Permanency Hearing Report to the Court

Cover Sheet

- ✓ Complete all information on standard court report cover sheet.
 - Hearing title is “Permanency Planning Hearing.”

The Facts

- ✓ Prepare a chronology of efforts to reunify child with parent or place the child with relatives.
 - Describe parent’s participation/failure to comply with court orders.
 - History of family and reunification viability.
- ✓ List all contacts/witnesses and any record obtained or examined and all visits with the child.

Permanent Plan for the Child (Needs of the Child)

- ✓ Describe each child’s needs in terms of what has happened, age of the child, aspects of time element required by the Adoption and Safe Families Act of 1997 (which requires that all children in CPS caseload have a permanent plan within twelve months of entering the system).
 - Describe why a permanent plan for this child is necessary.
 - If applicable, cite alternative placement options; however, if there are no viable relative placements, then the course of action is to seek termination of parental rights to free the child for adoption. State what the child wants (if age appropriate).

Issues for the Court’s Attention

- ✓ Address concerns about the child’s sense of time and need for permanence.

Recommendations

- ✓ Same as standard court report with a stress on recommendation about best permanent plan for the child.

Adapted from a form created by Jean Hawley, District Administrator, NC Guardian ad Litem Program.



CASA/GAL Volunteer Court Report Format: Preparing a Termination of Parental Rights Report to the Court

Cover Sheet

- ✓ Complete all information on standard court report cover sheet.
- ✓ In child's placement history, use dates of placement to bring attention to the length of time the child has resided in any specific placement.

The Facts

- ✓ List place and date of all visits with children, before describing the status of each child separately.
- ✓ List all contacts/witnesses and any record obtained or examined.
- ✓ Summarize the case from the filing of the petition to the present time, delineating court activity, dates, compliance issues, etc. Use bold lettering for findings of abuse, neglect, or dependency.
- ✓ Highlight specific facts that support the grounds.
- ✓ Justify the TPR action or why it should be denied.
- ✓ Elaborate on facts that support the best interest of the child.

The Needs of the Child

- ✓ Explain what termination will provide for the child. Address issues of permanence, age of child, literature on attachment/separation issues, concern about delays, etc.
- ✓ Explain to the court any current unmet needs of the child.

Available Resources

- ✓ Is there a plan for adoption? What resources can that family offer that address the unmet needs of the child?
- ✓ Describe community resources available to address the child's needs.

Issues for the Court's Attention

- ✓ The primary issues in a TPR are:
 - Do the grounds that are alleged in the petition exist?
 - Is it in the child's best interest for the TPR to be granted?
- ✓ The court can also address issues of unmet needs, visitation and/or a goodbye visit, and services to be provided to the child.

Recommendations

- ✓ Grant or deny TPR.
- ✓ Custody with _____.
- ✓ Child Protective Services proceed with adoption placement.
- ✓ Recommendations about ongoing services and/or unmet needs.
- ✓ Next court date within ninety days with same judge.

Adapted from a form created by Jean Hawley, District Administrator, NC Guardian ad Litem Program.

Investigation Plan...

Date of Next Court Hearing:		
Type/Purpose of Hearing:		
Court Report Is Due:		
Questions I Would Like Answered	Possible Sources of Information	Priority #
A)		
B)		
C)		
D)		
E)		
F)		
G)		
H)		
I)		
J)		



CHAPTER 10

Pulling It All Together



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CHAPTER 10

Pulling It All Together



Goal

In this chapter, I will identify my support systems, learn about safety, become familiar with local office procedures, and review my personal training expectations and the course material.



Objectives

By the end of this chapter, I will be able to...

- ✓ Identify resources that will support me in my work as a CASA/GAL volunteer.
- ✓ Follow local CASA/GAL program office procedures for case assignment, obtaining records, submitting court reports, and documenting hours and expenses.
- ✓ Understand how a child's sense of time requires moving quickly to achieve permanence.
- ✓ List the principles of permanence.
- ✓ Identify any of my expectations that were not met in training, and address—or make a plan to address—any remaining expectations.



UNIT 1: Building Support & Self-Confidence

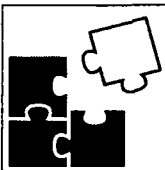
In taking care of yourself as a CASA/GAL volunteer, there will be times when you need to share or vent your feelings about the cases on which you are working. It may be important to vent your feelings of frustration about how slowly the system responds to the needs of children, the lack of local resources for children and families, or your disappointment with a judicial or child protective services decision on your case. However, please call CASA/GAL program staff or other volunteers if you need to vent. Family and friends can, in general, support your efforts, but they must not be called upon to listen, brainstorm, or commiserate regarding the details of your case.

There will also be times when you need to step back from your CASA/GAL volunteer work to re-energize yourself, regain your objectivity, and renew your enthusiasm. Doing this will make you a better volunteer.

What does the following statement mean to you?



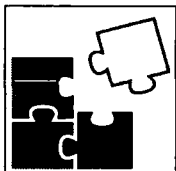
“You cannot take care of anyone else unless you are taking care of yourself.”



Activity 10A: Self-Care for Volunteers

Consider the statement above. Think of something you have done recently that was just for you. If nothing comes to mind, think of something you are planning to do for yourself in the next month. Share your response with a partner.

Success in this work requires a strong internal and external support system and self-confidence. This confidence is built on the determination you feel to carry out the mission of the program. It is also built on the many personal strengths you bring to the work.



Activity 10B: Building Confidence

In your small groups, share with each other something you do well that is related to this volunteer work. What has allowed you to feel confident about your ability? Identify factors that contribute to your sense of confidence. Help each other think of ways to increase these feelings.

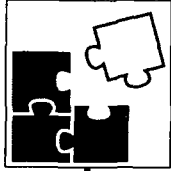
Write down both the thing(s) you do well and what you will do to increase your feelings of confidence.

Things I Do Well:

What Will Increase My Feelings of Confidence:

If a time comes that your case doesn't go as you hope or you feel frustrated with this work, read the things you wrote about what you do well and what helps increase your feelings of confidence. Remind yourself that you are a capable person who has a great deal to offer to your community. That is also a good time to call CASA/GAL program staff and/or some of the people you have gotten to know in training—they will understand your need for support.

UNIT 2: Volunteer Safety

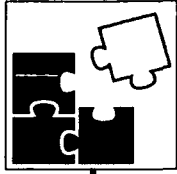


Activity 10C: A Personal Safety Plan

Part 1: Listen as the facilitator talks about volunteer safety and reads the list of personal safety tips below.

This program is highly invested in keeping you—the CASA/GAL volunteers—safe. If you ever have a question or concern about the safety of any aspect of your work or if you feel apprehensive or fearful, you should immediately consult with CASA/GAL program staff. As you read the following list, you will notice these safety tips are mostly common sense and good advice whether you are doing CASA/GAL volunteer work or not.

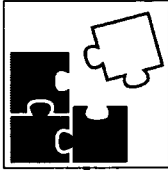
- ✓ Be assertive and confident, but not aggressive. Don't look vulnerable.
- ✓ In an unfamiliar situation, wear sensible clothing that is easy to move in.
- ✓ Think ahead. Know the situation and location in order to look confident.
- ✓ It is sometimes wise to initially meet a parent or another person in a neutral place, especially if you are uncomfortable.
- ✓ Be aware of the immediate area.
- ✓ Make sure someone knows the location and duration of your visit and the time of return. If plans change, call and let that person know.
- ✓ If necessary, travel in pairs.
- ✓ You may want to avoid carrying a purse.
- ✓ Keep car windows up and doors locked if you feel unsafe.
- ✓ Do not carry a weapon—it can be turned against you. Carry a whistle or some other noisemaker if that makes you feel safer.
- ✓ Trust your instincts. If you are really uncomfortable, take protective action—walk away.
- ✓ Don't walk alone near places where someone can hide or in dark areas at night.
- ✓ Don't walk through a group of hostile people. If necessary, cross the street to pass them.
- ✓ Never give out too much personal information about yourself or your family, especially phone numbers and addresses. Remember that all correspondence and communication should flow through the CASA/GAL program office.



Activity 10C: A Personal Safety Plan

Part 2: In the large group, brainstorm additional ideas about how to increase your personal safety.

UNIT 3: Getting the Necessary Support & Supervision



Activity 10D: CASA/GAL Program Staff

Listen to an overview of the support needed by and available to you in the work you do as a CASA/GAL volunteer. What would you add? On the line below, name one person you will call on if you have questions about your first case:

CASA/GAL volunteers need support in the work they do. Their work touches many disciplines—child abuse and neglect, criminal justice, child growth and development, family systems, social services, and the law. Few people are experts in all these fields. CASA/GAL volunteers come from all walks of life and have various work and educational backgrounds. They are effective advocates because they work energetically and creatively to improve the lives of abused and neglected children. They need support and encouragement as they make recommendations to the court about what is in the best interests of the children for whom they 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 are a source of resources and answers to questions that you encounter, as well as a source of support in your work. They are ultimately accountable for the work done on all the program's cases.

✓ **In-Service Training**

It is helpful 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 twelve hours per year of in-service training. Local program staff will outline the resources available for in-service training.

✓ **Peer Relationships**

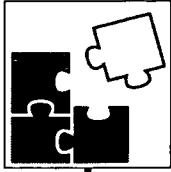
Within program guidelines, working with other CASA/GAL volunteers is an effective way to strategize, problem-solve, and get moral support in this work.

✓ **Self-Care/Personal Support Network**

Because of the time demands, stress, and frustrations that can be part of this job, it is important to have social and emotional support, and to take care of yourself so you don't burn out.



UNIT 4: CASA/GAL Program Office Procedures



Activity 10E: Local Administrative Procedures

Every CASA/GAL program office has specific procedures for case assignment, obtaining records, submitting court reports, documenting hours and expenses, and any other required administrative work. The National CASA standards for your case file are listed below.

Listen as CASA/GAL program staff review local procedures related to case assignment, obtaining case forms or records about your case, submitting court reports, and making requests for reimbursement, etc.

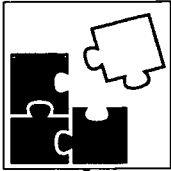
In the large group, we'll hear your questions.

National CASA Standards Regarding Case Records

- ✓ For each child served, the CASA/GAL program maintains a case record that includes:
 - Biographical or other identifying information;
 - Background on the nature of the problem or reason for referral by the court;
 - Court reports and any court orders related to the service being provided; and
 - The service plan.
- ✓ Entries made in the case record are specific, factual, and pertinent to the nature of the service. These include:
 - Current contact entries; and
 - Periodic progress notes or summaries.
- ✓ Records for all children served are kept up to date.
- ✓ The CASA/GAL program requires volunteers to turn in their case records, including all notes, when the case is closed.



UNIT 5: Children—The Heart of the Matter



Activity 10F: On Being a Good CASA/GAL Volunteer

Listen as the facilitator shares with you the words of Judge Dale Wolf about what it means to do the work of a CASA/GAL volunteer and to do it well.

Then take turns reading “A CASA/GAL Volunteer Is...”

On Being a Good CASA/GAL Volunteer

By Judge Dale Wolf

What is a good CASA/GAL volunteer? We will always be stressing the need for training, to be familiar with local court processes, to be well-grounded in concepts surrounding permanency planning and developmental needs of children. And you will frequently hear us urge you to keep abreast of the ever-expanding state and federal laws and regulations impacting families and juvenile courts.

But I think it is also important to reflect on some of the more basic and yet most important things that can contribute to being a good CASA/GAL volunteer.

1. Bring lots of spirit and enthusiasm to your position, but leave certain luggage behind—such as a rigid and unexpanding middle-class value system.
2. Hopefully you, yourself, will have a stable life, prompting you to be quite secure with yourself, but not smug.
3. Be curious and inquisitive—the type of person who wants to do hands-on investigation. You will have lots of contact with other people and, in many ways, you are the “eyes and ears of the court.”
4. Question everything. Remember that while there may be some embarrassing questions, there are no dumb questions. Keep asking yourself whose needs are being served by proposed plans. Force everyone to explore alternatives thoroughly.
5. Be assertive, independent, and in some instances, downright stubborn. Do not be afraid to make enemies because that will sometimes go with the territory. Do not be intimidated by or back down from attorneys, caseworkers, school personnel, or the other multitude of “professionals” you will encounter.

6. While being assertive, remain flexible and open to negotiations. Keep in mind your task of trying to find solutions to problems (*bearing in mind that some people see their role as trying to find problems with the solutions...*).
7. Strive to be punctual, at both court appearances and in meeting deadlines for filing reports. Strive for a flexible time schedule. Remember that important things also happen on weekends and late at night.
8. Preferably, you will not be an attorney. Having been an attorney guardian ad litem myself and having worked with both attorney guardian ad litem programs and volunteer or lay CASA/GAL volunteer programs, I can express to you my own personal observations. Possessing a law degree confers no special knowledge about the needs of children or the important factors underlying a child's welfare. If you happen to be an attorney who has also gone through the formal CASA/GAL volunteer training, I wouldn't hold such a title against you. However, enjoying the title of "lawyer" would not cause me to have great expectations.
9. Above all else, bring with you a good dose of common sense, coupled with an uncompromising love and respect for two of our greatest national resources—our children and our families.

Excerpted from "Critical Issues in Permanency Planning" by the Honorable Dale Wolf. Judge Wolf has been a trial court judge for twenty-three years in Minnesota's Sixth Judicial District and is chambered in Carlton, Minnesota. Used with permission.

A CASA/GAL Volunteer Is...

- ✓ Being told you're the only intelligent person involved and the only one who understands.
- ✓ Being told you're just as stupid as everyone else involved is, and to mind your own business.
- ✓ Having a fifteen-year-old ask for a hug.
- ✓ Having a fourteen-year-old ask if he could live with you if he runs away.
- ✓ Being endlessly exposed to colds, flu, colds, strep, colds, chicken pox, colds, pink eye, colds.
- ✓ Meeting some of the extraordinary people who are foster parents.
- ✓ Being slobbered on by a zillion dogs and cats.
- ✓ Losing your car in the parking lot for the fifth time in a month.
- ✓ Spending dozens of hours talking to dozens of people to get ready for trial and then settling out of court on the first day.
- ✓ Waiting for people to return your phone calls.
- ✓ Having a hearing start on time—the one time you're late.

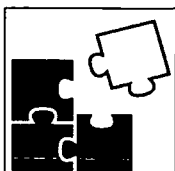
A CASA/GAL Volunteer Is...

- ✓ Being sensitized to what it really means to be trapped in the welfare system with not much hope of ever getting out.
- ✓ Being told by an irate parent that he could never get a fair hearing because you have the judge wrapped around your little finger.
- ✓ Getting phone calls from friends saying, "I saw this story in the paper—what's really going on?" and not being able to say, even if you know.
- ✓ Lying awake until 3:00 AM, wondering "What if?"
- ✓ Having a six-year-old call and say, "Why haven't you come to visit me? Did the judge fire you?"
- ✓ Getting phone calls from parents saying, "Do we really have to do what the judge says?"
- ✓ Driving thirty miles to a foster home in a blizzard and finding that the kids were moved the day before.
- ✓ Having the answers to "Why is it snowing?" "Why are dinosaurs green?" and "Why does my mommy hit me?"
- ✓ Talking to a sixteen-year-old for an hour and finding out she has as many kids as you do.
- ✓ Having your own family say, "Are you ever planning on doing the laundry again?"
- ✓ Being able to ignore the bugs in the cupboard and still drink the coffee.
- ✓ Filling out monthly reports when you've forgotten half the odometer readings.
- ✓ Driving all the way downtown for a hearing only to learn it's been cancelled.
- ✓ Discovering places in the county you never knew existed.
- ✓ Getting phone calls saying, "Thank you."
- ✓ The frustration of failing and the satisfaction of having a case dismissed because everything is going well.
- ✓ Having a staff member say, "I've got another case that needs your special touch—will you do it?"

Compiled by Susan Stacy, Coordinator of Volunteers, Hennepin County Guardian ad Litem Program, Minneapolis, Minnesota.
Used with permission.

A Child's Sense of Time: The Impact of Court Continuances

In every recommendation that you make for the children you work with, consider the child's sense of time. The system tends to move very slowly and it is often the CASA/GAL volunteer who makes the most compelling argument for moving more quickly to achieve permanence.



Activity 10G: A Child's Sense of Time

Read the following information about what time means to a child. Share with a partner a personal experience that illustrates the difference in your perception of time now and when you were five or ten years old.

We'll hear a sample of your responses.

The following excerpt was prepared for the National Council of Juvenile and Family Court Judges:

When litigation proceeds at what attorneys and judges regard as a normal pace, children often perceive the proceedings as extending for vast and infinite periods.

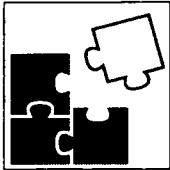
The passage of time is magnified for children in both anxiety levels and direct effect. Three years is not a terribly long period of time for an adult. For a six-year-old, it can mean the difference between finding an adoptive family and failing to gain permanence because of age. If too much time is spent in foster care during these formative years, lifetime problems can be created.

Court delays caused by prolonged litigation can be especially stressful to abused and neglected children. The uncertainty of not knowing whether they will be removed from home, whether or when they will go home, when they might be moved to another foster home, or whether and when they may be placed in a new permanent home are frightening.

The Publication Development Committee, Victims of Child Abuse Project, Honorable David E. Grossmann, Chairman, RESOURCE GUIDELINES: Improving Court Practice in Child Abuse and Neglect Cases, Reno, Nevada: National Council of Juvenile and Family Court Judges, 1995. Italics added for emphasis.

Court continuances may be requested frequently, but ***unless they are beneficial to the child's interest, the CASA/GAL volunteer should oppose them.*** A child's sense of time is very different from an adult's. If an infant or toddler waits for a hearing, that wait is a significant portion of his/her life. Likewise, a school-aged child who is uprooted from school and friends does not view a month (or three or four) as a short period of time.

Children should not be separated from their parents any longer than necessary, nor should they have to wait for a permanent, out-of-home placement any longer than necessary. The faster a child's case is moved through the system, the less the child has to suffer. CASA/GAL volunteers should always push the judge to set the next court date as soon as is practical, guided by what needs to be accomplished prior to that date rather than in response to what is convenient for the adults involved in the hearing. In order to address the child's need for a faster, more efficient process, the federal and state statutes since 1997 have put tighter time limitations on various stages of the proceedings.



Activity 10H: Principles of Permanence

Following is a list of principles of permanence for child advocates. Each principle is critical in achieving permanence for children. As you read the list, which principle of permanence means the most to you in your understanding of the CASA/GAL volunteer role? The principles are posted around the training room. Stand by the principle that you selected.

In the large group, we'll share what the principle you selected means to you.

There are many principles that you can follow as the child's advocate to ensure that the child in the system will not be forgotten. A number of these are listed below. Following them will ensure that your advocacy is focused on permanence for the child.

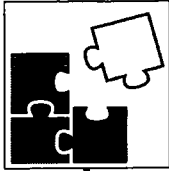
PRINCIPLES OF PERMANENCE

- Constantly examine your own value system.
- Carefully examine the CPS case record.
- Ask the parents why they think they lost custody of their child.
- Recognize that the "system" should be operating on the child's sense of time.
- Understand grief and the effects on children of moving and waiting.
- Stay child-centered and family-focused.
- Recognize parents' strengths, but do not ignore their failings.
- Be a team player.
- Aggravate the system if you have to—be a catalyst for change.
- Work for justice—act with mercy.

Contributed by Jane Malpass, Consultant, NC Division of Social Services, and Jane Thompson, Attorney, NC Department of Justice.



UNIT 6: Expectations & Evaluation



Activity 10I: Your Expectations of Training

Review the expectations chart that you brainstormed as a group during the first training session. Remove from the flipchart (or cross out) any expectations you posted that were met during the training.

The facilitator will address—or make a plan to address—any remaining expectations.



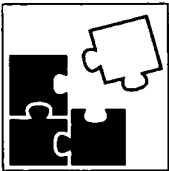
*“We are guilty of many errors and many faults,
but our worst crime is abandoning the children,
neglecting the fountain of life.*

*Many of the things we need can wait.
The child cannot.*

*Right now is the time
bones are being formed, blood is being made,
senses are being developed.*

*To the child we cannot answer “Tomorrow.”
The child’s name is “Today.”*

Gabriela Mistral, Nobel Prize-winning poet from Chile.



Activity 10J: Training Evaluation

Please complete the following training evaluation so that we can continue to improve the training for future CASA/GAL volunteers.

CASA/GAL Volunteer Pre-Service Training

Please give us your honest feedback about this training program. Your suggestions will help us continue to improve training for volunteers.

Participant Evaluation...	<p>1. Overall, I thought the training was...</p> <p style="text-align: center;"> completely effective very effective effective not very effective not effective at all </p>
	<p>2. When I think about taking my first case as a CASA/GAL volunteer, I feel...</p> <p style="text-align: center;"> completely prepared very prepared prepared not very prepared not prepared at all </p>
	<p>3. As a CASA/GAL volunteer, these are some of the major concepts I want to remember...</p>
	<p>4. These are some of the questions that training answered for me...</p>
	<p>5. These are some questions that I still have...</p>
	<p>6. For me, the best part of the training was...</p>

Participant Evaluation...

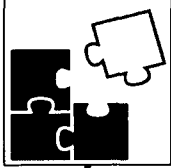
7. For me, the worst part of the training was...

8. If I could change anything about the training to make it more effective I would...

9. A part of the training I would never want to see changed is...

10. Additional comments...

UNIT 7: A Course Review—Essential Concepts for the CASA/GAL Volunteer



Activity 10K: Course Review—CASA/GAL Volunteer Jeopardy

Divide into teams of three to five people, with no more than six teams total. The facilitator will roll a die to see which team will start (e.g., die shows three; team three begins) and that team (e.g., team three) chooses a category and dollar amount. The team that is currently playing should choose a spokesperson to state their responses.

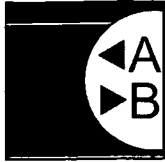
Look at the transparency on the overhead with the “answers” for the chosen category. Remember to answer in the form of a question. It is fine to refer to your training manual. You have about twenty to thirty seconds to answer. If the team that is playing answers correctly, play proceeds to the next highest numerical team (e.g., team four) to choose a new category/dollar amount. If the answer is incorrect or is not posed in the form of a question, the die should be rolled to see which of the remaining teams will have an opportunity to provide a correct response (e.g., die shows one; team one gets a chance). This step will be repeated until a team answers correctly. Once a correct answer is obtained, play proceeds to the team number following the one that originally chose the category/amount (e.g., team four).

After all categories/dollar amounts have been chosen, Final Jeopardy is played. Each team announces its total amount of money prior to teams placing their bets. Each team then determines how much (up to the total) they will wager, and writes the wager amount on an index card, which is turned in to the emcee. The Final Jeopardy “answer” is displayed on the overhead, and each team must write the “question” on an index card in the time allotted and turn it in to the emcee. Beginning with the team with the least money, each team’s wager will be announced, then their “question.” If the team responded correctly, they receive the amount wagered; if incorrect, they lose that amount. After all teams’ responses have been announced, the money will be totaled and the winning team announced. The real winners are the children who benefit from your new knowledge and skills that will be used to advocate for their best interests.

Adapted from materials contributed by the Alaska CASA program.

Congratulations on completing training—and welcome to the CASA/GAL volunteer program! Thank you.





GLOSSARY

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.

Adjudication

The process of giving 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 while maintaining genetic and psychological connections to their birth family.

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. *See Chapter 2 for additional information.*

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

Persistent feelings of apprehension or fear resulting in decreased perception of well-being and ability to function.

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 express or exhibit symptoms of inattention, distraction, restlessness, inability to sit still, and difficulty concentrating. 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. Some persons with autism are unable to speak at all, or if they do, use peculiar patterns of language. Autism is a physical disorder that distorts the way the brain processes information. Causes of autism include trauma at birth, prenatal viruses, encephalitis, spinal meningitis, tuberous sclerosis, and rubella (German measles). Autism occurs in ten of every ten thousand births. Four out of five autistic persons are boys.



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.

Battered Women

Women who are victims of nonaccidental physical and psychological injury inflicted by a partner. There is often a relationship between partner abuse and child abuse, with both occurring in the same family.

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.

Bisexual

Attracted to both men and women.

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 supervising 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; athetosis, involuntary exaggerated movements of the arms, legs, and head; and ataxia, poor sense of balance and depth perception. Cerebral palsy may occur with other handicaps.

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. *See Chapter 2 for additional information.*

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 cause on behalf of children and/or families. This could involve finding and facilitating services for specific cases, developing new services, or promoting program coordination. 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.

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 either the witness 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; it afflicts about fifteen percent of adults and many children. Depression can be difficult to diagnose because of its various origins, manifestations, and degrees of severity. Endogenous depression results from biochemical changes in the brain; reactive depression seems to be triggered by a life event such as a death or loss of property. 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. Unrecognized depression in young children may be characterized by chronic fatigue or boredom; inability to achieve at their intellectual potential; reluctance to leave home to go to school; and hyperactivity. 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 eighteen 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; and
7. Ability to partially support self.

Some examples of developmental disabilities are the lifetime conditions of mental retardation, cerebral palsy, epilepsy, autism, and severe dyslexia.



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.

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. Dissociation may become a preferred or automatic response in children who live in a chaotic, chronically stressful, or traumatizing environment. It is these children'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 functioning 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 personality 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.

Dominant Group/Culture

The "mainstream" culture in a society, consisting of the people who hold the power and influence.

Down's Syndrome

The most prevalent genetic abnormality associated with mental retardation. It accounts for about thirty-three percent of all forms of genetically based mental retardation. Each year in the United States, some seven thousand children of all socioeconomic groups are born with Down's syndrome, representing an average rate of one in eight hundred births. Down's syndrome most commonly results from the presence of an extra number twenty-one chromosome.



Due Process

The rights of persons involved in court proceedings to be treated with fundamental 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, facility operated by Child Protective Services, or other 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 one percent of the general U.S. population. The disorder occurs more frequently in children than in adults. In about eighty percent 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. However, 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 where 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 only permitted to testify 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 retardation, 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. The incidence of FAS in the United States is about one in 750 births. Nearly all of these cases involve mothers who drink heavily—more than 445 drinks per month or more than five drinks on any single occasion (Kruse, J. (1984) “Alcohol Use During Pregnancy,” *Journal of Family Practice*.). 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.

Fragile X Syndrome

An inherited genetic condition associated with mental retardation. It is identified by a break or weakness on the long arm of the X chromosome. Since this is an abnormality of a sex chromosome, mothers are carriers and their sons are at risk of being affected. Daughters are at risk of being carriers and sometimes of mild infection. The disorder is not transmitted from father to son.

Gay Man

A male homosexual.

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

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.



Hearsay

Secondhand information that a witness only heard about from someone else and did not see or hear directly. Hearsay is not admitted in court because it is not trustworthy, as well as 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 homosexuality or homosexuals.

IEP (Individualized Education Plan)

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 eighteen 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 based on their unique needs in the least restrictive environment possible. All children ages three through twenty-one who need special education and related services because of a disabling condition are eligible.

Interstate Compact

Agreement between all fifty 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 constitutional 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 his/her eighteenth birthday and is not married, emancipated, or a member of the armed services of the United States.

Laceration

A jagged cut or wound.

Leading Question

A question that suggests an answer or puts words in the mouth of the 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.



Lesbian Woman

A female homosexual.

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.

Mental Retardation

Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior. It becomes apparent during the developmental period, thus adversely affecting a child's educational performance, and is a lifelong condition.

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 five. 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 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

Marked emotional disorder without loss of contact with reality and a history of relatively normal developments.

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, possibly as a reaction to chronic learning difficulties.

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 thirty 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 Protective Services 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 supervision 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 ten percent of all abusive or neglectful parents are psychotic.

Race

A subgroup of people possessing a combination of physical characteristics of genetic origin.

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 Child Protective Services 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 juvenile is not to be returned home, then reasonable efforts means the diligent and timely use of permanency planning services by Child Protective Services 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 fifty 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

A mental disorder that afflicts persons of all ages, races, and economic levels. The term refers to a group of disorders that have common characteristics but likely are caused by various factors—brain chemistry, hormonal imbalance, inherited predisposition, violent childhood, highly stressful adult life. Basic to schizophrenia is a distorted thought pattern. Persons sometimes hear nonexistent voices or music or see nonexistent images. Their perceptions do not fit their reality, and they may react inappropriately or without any visible emotion at all. With the help of new medications aided by psychotherapy, schizophrenia can be controlled so that persons with the disorder can maintain employment and live with their families.

Sexual Abuse

Engaging a child in any activity for that 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 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 he/she is testifying. It is usually a chair beside the judge's bench, usually with a low "modesty screen." 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 standardized 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

A subpoena is 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 protective services 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 by another responsible adult.

Supplemental Security Income (SSI)

Monthly financial benefits provided to dependent, handicapped 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)

Welfare payments to families in need (formerly known as AFDC), which are subject to five-year limits. Several million dollars of federal funding to implement reforms within the social services system for such things as sexual assault prevention, domestic violence grants, sex offender registry, and several other direct service projects.



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 hereditary, neurobehavioral disorder with symptoms including tics, obsessive-compulsive behaviors, dyslexia, confrontational behavior, sleep problems, phobias, depression and mood swings, panic attacks, short temper, inappropriate sexual behaviors, and alcohol, drug, food, and other addictions. Tourette syndrome is sometimes misdiagnosed as attention-deficit/hyperactivity disorder, or the child is believed to be a victim of child physical or sexual abuse because the behavioral abnormalities are similar.

Transgender

Exhibiting the appearance and behavioral characteristics of the opposite sex.

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.

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 Protective Services 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 credible 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 within 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 protective services 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."

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