The National CASA Association
Volunteer Training Curriculum

Volunteer Manual
2007 REVISION

CASA
Court Appointed Special Advocates
FOR CHILDREN
THE NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION

Office of Juvenile Justice and Delinquency Prevention
U.S. Department of Justice

American Legion Child Welfare Foundation
**Acknowledgments**

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How to Use the Volunteer Manual

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

The manual begins with an overview of the CASA/GAL volunteer role, the need for volunteer advocates, and the history of child advocacy in the United States. It then moves into specific skills and knowledge you need in order to work effectively with children and families. Next, you learn about the specific steps you will follow once you are assigned to a case, from gathering information and taking notes to writing court reports and monitoring a case. The final chapter covers procedural information and gives you a chance to review the information and skills you have learned. The material in each chapter builds on knowledge gained in previous chapters, and information and tasks progress from simple to complex.

Each chapter centers on a series of activities. These activities are designed with the understanding that different people learn differently. For instance, some people are highly visual learners, while others learn best when hearing material read aloud or when connecting movement and action to the learning process. Each chapter includes activities that appeal to various learning styles. The activities are designed to help you learn new material, relate it to what you already know, apply what you’ve learned, and consider how you will use it in the future. Activity instructions appear in boxes and are frequently followed by text or worksheets.
The curriculum’s **case studies** allow you to apply what you are
learning to a case. You will use the Harris-Price case, which appears at
the end of Chapter 1, to apply material from Chapters 1–7. You will
use the Kaylee Moore case, which unfolds throughout Chapters 8 and
9, as you practice various aspects of the CASA/GAL volunteer role. An
optional activity in Chapter 10 uses a third case as a wrap-up for the
entire curriculum.

The facilitator will assign **homework** at the end of each chapter.
The homework is an essential tool; it allows you to apply what you’ve
learned, explore topics in more depth, or prepare for the next session.

Throughout the Volunteer Manual you will find **Learn More!** references
in the margins. These point you to websites or to the curriculum’s
Resource Materials for more in-depth exploration of a particular topic.

The **Glossary** at the back of the Volunteer Manual defines terms that
appear in the curriculum as well as those that you will encounter during
your work as a volunteer.

A list of **Web Resources** appears at the back of the Volunteer Manual
and on the Resource Materials CD. Organized by topics covered in
Chapters 1–7, this list points to a wealth of websites where you can find
additional information about topics related to CASA/GAL volunteer
work.

Also organized by chapter, the **Resource Materials CD** contains
articles that provide in-depth exploration of topics touched on in the
Volunteer Manual. If you do not have access to a computer with a CD
drive, please tell the facilitator and make arrangements to access the
Resource Materials in another form.

Throughout the curriculum the facilitator will provide additional
**handouts**, some of which provide information specific to your local
area or tribal program. Insert the handouts in the appropriate chapter
in the Volunteer Manual, so you can refer back to them in the future.

The facilitator will hand out **time sheets** during the first training
session. Use this time sheet to keep track of the time you spend training,
traveling to and from class, doing homework, and so on, for the length
of the training. This will help you become accustomed to tracking your
volunteer hours. The facilitator will collect these time sheets at the end
of the training course.
# Table of Contents

## CHAPTER 1
**Introducing the CASA/GAL Volunteer Role**
- Unit 1  Welcome  ................................................. 1-3
- Unit 2  Understanding Child Abuse & Neglect  .................. 1-6
- Unit 3  Principles & Concepts That Guide CASA/GAL Volunteer Work ................................................. 1-8
- Unit 4  Looking Ahead ............................................. 1-12
- The Harris-Price Case ........................................... 1-17

## CHAPTER 2
**Introducing the Law, the Child Protection System & the Courts**
- Unit 1  The Development of Child Abuse & Neglect Laws ......................................................... 2-3
- Unit 2  Introducing CPS & the Court Process ......................................................... 2-12
- Unit 3  The Roles in a Juvenile Court Case ......................................................... 2-19

## CHAPTER 3
**Developing Cultural Competence**
- Unit 1  Diversity ...................................................... 3-4
- Unit 2  Cultural Heritage ...................................................... 3-9
- Unit 3  Personal Values ...................................................... 3-11
- Unit 4  Culturally Competent Child Advocacy ...................................................... 3-14
- Unit 5  Developing an Action Plan ...................................................... 3-18

## CHAPTER 4
**Understanding Families—Part 1**
- Unit 1  Family Strengths ...................................................... 4-3
- Unit 2  Understanding Families Through Culture ...................................................... 4-8
- Unit 3  Stress in Families ...................................................... 4-10
- Unit 4  Risk Factors for Child Abuse & Neglect ...................................................... 4-12
- Unit 5  The Impact of Mental Illness on Children & Families ...................................................... 4-16
- Unit 6  The Impact of Domestic Violence on Children & Families ...................................................... 4-19

## CHAPTER 5
**Understanding Families—Part 2**
- Unit 1  The Impact of Substance Abuse/Addiction on Children & Families ...................................................... 5-4
- Unit 2  Poverty—The Facts for Children ...................................................... 5-14
- Unit 3  The Importance of Family to a Child ...................................................... 5-18
CHAPTER 1

Introducing the CASA/GAL Volunteer Role

CONTENTS
Homework Recap, Goal & Objectives ........................................ 1-2
UNIT 1 Welcome ................................................................. 1-3
UNIT 2 Understanding Child Abuse & Neglect ......................... 1-6
UNIT 4 Looking Ahead .......................................................... 1-12
Homework ........................................................................... 1-16
The Harris-Price Case ......................................................... 1-17
HOMEWORK RECAP

Prior to beginning work on this chapter, you should read the Harris-Price training case. This case is not based on one particular family, but is a composite of experiences of families involved in the child protective services system. A copy of this case appears at the end 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 active participant in this training program. Additionally, I will learn how to recognize child abuse and neglect. Finally, 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 . . .

✓ Describe the CASA/GAL volunteer mission of advocating for children
✓ Articulate what constitutes child abuse and neglect
✓ Explain what is meant by “best interest” and “minimum sufficient level of care”
✓ Define the CASA/GAL volunteer role and the parameters of the volunteer-child relationship
✓ Identify attitudes, values, and skills that will help me perform my CASA/GAL volunteer work
✓ Describe what is expected of me during the training and identify my expectations for this training course
Welcome to CASA/GAL volunteer training. This training is designed to provide you the opportunity to acquire 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, and many of them 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. As a CASA/GAL volunteer, you will provide that voice, sharing with the court both the child’s wishes and your 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 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:** The facilitator will show a video that gives a broad overview of the difference that CASA/GAL volunteers can make in a child’s life. As you watch the video, think about Ben, Robert, and Rose, the children in the Harris-Price training case, which you read for homework. Consider how Norma Jackson, their CASA/GAL volunteer, is making a positive difference in their lives.

**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, return to the large group and introduce yourself to your fellow participants by sharing your name and one word that describes your reason for volunteering.

**Activity 1B: The History & Mission**

Read the following material about the history of the CASA/GAL volunteer role and the mission of the National CASA Association. Then listen as the facilitator presents information about the history and mission of your local CASA/GAL program. Consider whether these statements are in line with your goals for volunteering.
**History of the CASA/GAL Volunteer Role**

**GUARDIAN AD LITEM**

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

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

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

**VOLUNTEER GUARDIANS AD LITEM**

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

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

**NATIONAL CASA**

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

Hallmarks of a CASA/GAL volunteer program include:

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

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

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

National CASA standards describe the major criteria the CASA/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
CHAPTER V1-6  | Introducing the CASA/GAL Volunteer Role

Did You Know That . . .

- There are more than 870,000 cases of abuse documented each year.
- More than 1,250 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 5 years old.
- 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 18.
- Between 80% and 90% of our prison population reports being victims of abuse.


Activity 1C: Seeing the Whole Child

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

Activity 1D: The Continuum of Abuse

Part 1: Child abuse can be seen as part of a continuum of behaviors. At the low end of the continuum are behaviors you might consider poor parenting or disrespectful behavior; at the high end are behaviors that lead directly or indirectly to the death of a child.

On the flipcharts at the front of the room, the facilitator has created continuums for physical abuse, emotional/verbal abuse, sexual abuse, and neglect. In the large group, think of behaviors that you consider abusive or neglectful, and discuss where on the flipchart continuums they would fall.

Part 2: Look at the handout that contains your state statute(s) defining abuse and neglect. Still in the large group, identify which behaviors listed on the flipchart meet the legal definition of abuse or neglect and which do not. You will learn more about child abuse and neglect laws in Chapter 2.

Activity 1E: Indicators of Abuse

Read the following chart, which describes different kinds of abuse and neglect and lists indicators of each type of abuse. Share any questions you have in the large group.

Child abuse is an act of commission.
Child neglect is an act of omission.

LEARN MORE!

For more information on child neglect, child physical abuse, and child sexual abuse, see the fact sheets in the Chapter 1 Resource Materials.
## Recognizing Abuse

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Abuse</strong></td>
<td>Intentionally harming a child, use of excessive force, reckless endangerment.</td>
</tr>
<tr>
<td></td>
<td>• Unexplained bruises, welts, and scars</td>
</tr>
<tr>
<td></td>
<td>• Injuries in various stages of healing</td>
</tr>
<tr>
<td></td>
<td>• Bite marks</td>
</tr>
<tr>
<td></td>
<td>• Unexplained burns</td>
</tr>
<tr>
<td></td>
<td>• Fractures</td>
</tr>
<tr>
<td></td>
<td>• Injuries not fitting explanation</td>
</tr>
<tr>
<td></td>
<td>• Internal damage or head injury</td>
</tr>
<tr>
<td><strong>Sexual Abuse</strong></td>
<td>Engaging a child in any activity for an adult’s own sexual gratification.</td>
</tr>
<tr>
<td></td>
<td>• Age-inappropriate sexual knowledge</td>
</tr>
<tr>
<td></td>
<td>• Sexual acting out</td>
</tr>
<tr>
<td></td>
<td>• Child disclosure of abuse</td>
</tr>
<tr>
<td></td>
<td>• Excessive masturbation</td>
</tr>
<tr>
<td></td>
<td>• Physical injury to genital area</td>
</tr>
<tr>
<td></td>
<td>• Pregnancy or STD at a young age</td>
</tr>
<tr>
<td></td>
<td>• Torn, stained, or bloody underclothing</td>
</tr>
<tr>
<td></td>
<td>• Depression, distress, or trauma</td>
</tr>
<tr>
<td></td>
<td>• Extreme fear</td>
</tr>
<tr>
<td><strong>Emotional Abuse</strong></td>
<td>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, and unworthy of love and protection, the natural birthrights of all children.</td>
</tr>
<tr>
<td></td>
<td>• Habit disorders (thumb sucking, biting, rocking, enuresis)</td>
</tr>
<tr>
<td></td>
<td>• Conduct disorders (withdrawal or antisocial behavior)</td>
</tr>
<tr>
<td></td>
<td>• Behavior extremes</td>
</tr>
<tr>
<td></td>
<td>• Overly adaptive behavior</td>
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<tr>
<td></td>
<td>• Lags in emotional or intellectual development</td>
</tr>
<tr>
<td></td>
<td>• Low self-esteem</td>
</tr>
<tr>
<td></td>
<td>• Depression, suicide attempts</td>
</tr>
<tr>
<td><strong>Neglect</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Physical Signs:</strong></td>
<td>• Malnourishment</td>
</tr>
<tr>
<td></td>
<td>• Missed immunizations</td>
</tr>
<tr>
<td></td>
<td>• Lack of dental care</td>
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<tr>
<td></td>
<td>• Lack of supervision</td>
</tr>
<tr>
<td></td>
<td>• Consistent dirtiness</td>
</tr>
<tr>
<td></td>
<td>• Constant tiredness/listlessness</td>
</tr>
<tr>
<td><strong>Material Signs:</strong></td>
<td>• Insufficient/improper clothing</td>
</tr>
<tr>
<td></td>
<td>• Filthy living conditions</td>
</tr>
<tr>
<td></td>
<td>• Inadequate shelter</td>
</tr>
<tr>
<td></td>
<td>• Insufficient food/poor nutrition</td>
</tr>
</tbody>
</table>
What Is “Best Interest”?  

**Activity 1F: Understanding “Best Interest”**

**Part 1:** Listen as the facilitator introduces the principle of “best interest.”

THE “BEST INTEREST” PRINCIPLE—WHAT IT MEANS:

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

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

Judges use the “best interest of the child” standard when making their decisions in child abuse and neglect cases. Child welfare and juvenile court practitioners and scholars have debated the meaning of “best interest of the child” for years. Books have been written on the subject; however, there is still no concise legal definition for this standard.

In cases where the Indian Child Welfare Act (ICWA) applies, the law presumes that it is always in the best interest of an Indian child* to have the tribe determine what is best for the child’s future. You will learn more about ICWA in Chapter 2.

**Part 2:** Look at National CASA’s statement about the “best interest” principle. Identify key words or phrases that will be important to you in your role as a CASA/GAL volunteer.

THE “BEST INTEREST” PRINCIPLE—WHAT NATIONAL CASA SAYS:

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

*This curriculum uses the terms “Indian child” and “Indian custodian” in accordance with the legal definitions set out in the Indian Child Welfare Act.*
What Is “Minimum Sufficient Level of Care” (MSL)?

Activity 1G: Understanding MSL

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

- What other issues should be considered in determining if a parent can provide a minimum sufficient level of care?
- How do you think the MSL standard benefits children?

In the large group, the facilitator will ask to hear some of your responses.

Removing 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 the law and good practice require that agencies keep the child in the home when it is possible to do so and still keep the child safe. Children should be removed only when parents cannot meet the “minimum sufficient level of care.” This standard describes what must be in place for the child to remain in his/her home. The same standard is also used to determine whether or not parents have made sufficient progress so that a child can be safely returned to the family home. The minimum sufficient level of care is determined by a number of factors, each of which must be looked at specifically in relation to the case at hand.

Factors to consider include:

THE CHILD’S NEEDS

Is the parent providing for the following needs at a basic level? (We’ll address children’s needs in more depth in Chapter 6.)

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

SOCIAL STANDARDS

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

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

WHY THE MSL STANDARD IS USED

- 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 the Adoption Assistance and Child Welfare Act).
- It is possible for parents to reach.
- It provides a reference point for decision makers.
- It protects (to some degree) from individual biases and value judgments.
- It discourages unnecessary removal from the family home.
- It discourages unnecessarily long placements in foster care.
- It keeps decision makers focused on what is the least detrimental alternative for the child.
- It is sensitive across cultures.
COMMUNITY STANDARDS

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

Here are some examples: The age at which a child can be safely left alone varies significantly from urban to suburban to rural communities. The age at which a child is deemed old enough to care for other children is largely determined by cultural and community norms. Even something as simple as sending a 9-year-old child to the store might fall within or outside those standards, depending on neighborhood safety, the distance and traffic patterns, the weather, the child’s clothing, the time of day or night, the ability of the child, and the necessity of the purchase.

Communities can be geographical or cultural. An example of a nongeographical, cultural community is a Native American tribe in which members live in a variety of locales but still share a common child-rearing standard. According to the Indian Child Welfare Act, the minimum sufficient level of care standard must reflect the community standards of the tribe of the Indian child.

The Role of the CASA/GAL Volunteer

**Activity 1H: Key Components of the Volunteer Role**

Listen as the facilitator describes the four key components of the CASA/GAL volunteer role, which are listed below. In the large group, go through your local program’s volunteer job description and point out examples of each type of activity.

You will explore all aspects of your role in greater depth throughout the rest of this training.

**INVESTIGATION**

You carry out an objective 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 the child by making recommendations regarding the child’s best interests in a written court report.

**MONITORING**

You keep track of whether the orders of the court and 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 CASA/GAL Volunteer’s Relationship with the Child

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

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

Activity 1I: Volunteer-Child Relationship Dilemmas

The facilitator will provide CASA/GAL Volunteer-Child Relationship Dilemma cards. Select one and read the dilemma. The facilitator will ask for volunteers to read aloud the situations on their cards. In the large group, brainstorm possible solutions to each dilemma.
Activity 1J: Attitudes & Skills That Enhance CASA/GAL Volunteer Work

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

Follow along as the facilitator presents information on attributes that will help you in your role as a CASA/GAL volunteer.

PROFESSIONALISM

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

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

INTERPERSONAL COMPETENCE

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

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

CULTURAL COMPETENCE

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

What you do not understand may lead to inaccurate interpretations. Understanding your own culture and the differences between cultures will allow you to best serve children and their families. Your life experience (culture, era, geography, race, education, sexual orientation, socioeconomic status, family dynamics, etc.) has led you to develop a particular perspective. Your unique perspective always influences how you interpret what you observe. The more aware you become of your personal perspective, the better able you will be to understand that others have different perspectives. In observing children and families, it is important to understand that your perspective on families and parenting is likely to be different from those with whom you are working. (You will explore cultural competence in greater depth in Chapter 3.)

Adapted from materials from CASA for Children, Inc., Portland, Oregon.
Activity 1K: Expectations

Read the material that begins below, including the training overview and the chapter-by-chapter course outline. Then, divide into small groups and describe your personal expectations of this training to your group. Write each expectation on a card, initial your cards, and post your cards on the chart labeled “Expectations.” During the last training session you will return to the “Expectations” chart to see if your expectations for this training were met.

Overview

THE SITUATION THAT CALLS FOR THE TRAINING

As you have learned in this chapter, you will need 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 a single goal: 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

3. Under the guidance of the CASA/GAL program staff:
   - Conduct an independent investigation to gather facts and continue researching the case 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
   - Monitor the case until the child is in a safe, permanent home

TIME FRAME

To meet National CASA Association standards, local CASA/GAL programs will schedule at least 30 hours of pre-service training (in addition to time spent observing in court) with the goal of preparing volunteers to be thorough, effective, and autonomous child advocates.
CONTENT & OBJECTIVES

A chapter-by-chapter outline of this training appears below. Throughout the training the facilitator will address local program needs and applicable state, tribal, or local laws, standards, and/or regulations. The glossary at the end of this manual defines terms commonly used in matters of child welfare and the juvenile court system. Find the glossary and bookmark it; you will be learning a lot of new terms.

CHAPTER 1
Introducing the CASA/GAL Volunteer Role
   Unit 1 Welcome
   Unit 2 Understanding Child Abuse & Neglect
   Unit 3 Principles & Concepts That Guide CASA/GAL Volunteer Work
   Unit 4 Looking Ahead

CHAPTER 2
Introducing the Law, the Child Protection System & the Courts
   Unit 1 The Development of Child Abuse & Neglect Laws
   Unit 2 Introducing CPS & the Court Process
   Unit 3 The Roles in a Juvenile Court Case

CHAPTER 3
Developing Cultural Competence
   Unit 1 Diversity
   Unit 2 Cultural Heritage
   Unit 3 Personal Values
   Unit 4 Culturally Competent Child Advocacy
   Unit 5 Developing an Action Plan

CHAPTER 4
Understanding Families—Part 1
   Unit 1 Family Strengths
   Unit 2 Understanding Families Through Culture
   Unit 3 Stress in Families
   Unit 4 Risk Factors for Child Abuse & Neglect
   Unit 5 The Impact of Mental Illness on Children & Families
   Unit 6 The Impact of Domestic Violence on Children & Families

CHAPTER 5
Understanding Families—Part 2
   Unit 1 The Impact of Substance Abuse/Addiction on Children & Families
   Unit 2 Poverty—The Facts for Children
   Unit 3 The Importance of Family to a Child
CHAPTER 6
Understanding Children
   Unit 1  The Needs of Children
   Unit 2  How Children Grow & Develop
   Unit 3  Attachment & Resilience
   Unit 4  Separation
   Unit 5  Permanence for Children
   Unit 6  Psychological & Educational Issues for Children

CHAPTER 7
Communicating as a CASA/GAL Volunteer
   Unit 1  Developing Communication Skills
   Unit 2  Communicating with Children
   Unit 3  Dealing with Conflict
   Unit 4  Understanding Confidentiality

CHAPTER 8
Practicing the CASA/GAL Volunteer Role—
Gathering Information
   Unit 1  How a CASA/GAL Volunteer Is Appointed to a Case
   Unit 2  Planning the Investigation & Gathering Information
   Unit 3  A Successful CASA/GAL Volunteer Interview
   Unit 4  Investigating a Case

CHAPTER 9
Practicing the CASA/GAL Volunteer Role—
Reporting & Monitoring
   Unit 1  Community Resources
   Unit 2  Writing Court Reports &
          Making Effective Recommendations
   Unit 3  Appearing in Court
   Unit 4  Monitoring a Case

CHAPTER 10
Pulling It All Together
   Unit 1  Self-Care for Volunteers
   Unit 2  Support from CASA/GAL Program Staff
   Unit 3  Focusing on the Needs of the Child
   Unit 4  Training Wrap-Up
Activity 1L: John’s Story

Watch John’s story from “Powerful Voices: Stories by Foster Youth,” and answer the following questions in your small group:

- Who provided support to John?
- What role did John’s CASA/GAL volunteer play in his life?

Share any questions you have in the large group.

Homework

RESOURCE MATERIALS EXPLORATION

Look at the Chapter 2 Web Resources or the Chapter 2 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to the next training session, write up a brief description of the resource on an index card provided by the facilitator.

MEDIA REPORTS ON CHILD ABUSE

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.
The Harris-Price Case

KATHY PRICE’S STORY
Every day I wake up at 5 a.m. so I can get Rose, my baby, dressed and fed and get Ben and Robert up and ready for school. I take Rose to daycare and make sure the boys leave for school. Ben’s a big help—sometimes he has dinner ready when I get home. I work long days. I clean at a motel and I also wash dishes at the restaurant around the corner. I get minimum wage. My jobs aren’t so great, but I need every penny and can’t miss a day. Sometimes after the kids go to sleep I have a drink or two. It helps me sleep and is the only thing that helps my aching back—cleaning is hard work. My sister nags me about it, but it’s not like alcohol is illegal or anything.

The day Child Protective Services (CPS) took my kids was awful. The night before, I had run out of formula for Rose, so after I put her to bed I went to get some. The boys were watching TV and Ben was in charge. That formula is really expensive. I was out of vodka, too, and so I stopped to buy some. After that, I didn’t have enough money for the formula. So I took a can—no big deal. But the lady saw me and they called the cops. They arrested me—for a can of formula! Worst of all, I was already on probation, so I’m really afraid they’re going to throw the book at me.

BEN’S STORY
That night, Mom left to go to the store and didn’t come home. I didn’t know why. I went to bed, but when I woke up she still wasn’t there. I knew I would be in big trouble if I missed school, and Mom would be in trouble too. But I couldn’t leave Rose at home alone! I called the school and pretended to be my dad and said I was sick. It was true—I

According to the 2000 US Census, more than 6.5 million families (9.2%) live below the poverty line. More than 2.5 million children (17%) under 5 years old live in poverty.
have asthma and I was having trouble breathing. I know I’m supposed to take some stuff for it, but Mom can’t pay for it. I don’t think my dad helps her out at all.

Anyway, that morning Rose was crying and crying. I tried to change her diaper, but I don’t think I did it right and we didn’t have any formula for her. I tried giving her some of my cereal, and she ate a little. I was really scared. I didn’t know where Mom was.

**ROBERT’S STORY**

I was scared that day, too. Ben was mad about missing school, but not me. The other kids tease me a lot—probably because I’m “mixed.” My mom is white and my dad is black. My dad is a soldier and just got back from Iraq. I think he’s living with my grandmother.

**OFFICER GOODEN’S STORY**

We got a call from a neighbor who said there was a lot of noise in the downstairs apartment. When I got there, it was pretty sad. Both the boys were crying and scared and the baby was hollering like crazy. She stank—her diaper was dirty. I felt sorry for those kids. I know their mom, and she just disappears sometimes. She always comes back though. There was nothing I could do for them, so I called CPS.

**BOB JOHNSON’S STORY**

I’ve been a CPS caseworker for five years. Officer Gooden called CPS because three kids were in an apartment without an adult. He told me their names, so before I left the office I checked our records. We had a file on them. Earlier in the year Kathy Price had signed an agreement that she wouldn’t leave the baby without an adult present. While I was at the apartment, Carol Hill arrived. I knew from the file that she was Kathy’s sister. Kathy had called her from jail and asked her to come over to get the kids. She said Kathy was still in jail because they’d also charged her with violating probation by having the vodka. Carol had a home study the last time we took the kids, so she took Ben with her.

**CAROL HILL’S STORY**

I was happy to be able to take Ben—he’s a good kid. I couldn’t take the others, though. I’ve got two kids of my own and we live in a small place.

Kathy’s trouble. She drinks too much. I only hear from her when there’s another crisis.

**KATHY’S STORY**

I got out of jail and found out that CPS had taken my kids. I went to the motel to report for work, but that jerk of a manager fired me for being late again. Then, the next day, I had to go to court. That judge wouldn’t let my kids come home with me! I couldn’t believe it. He said I could visit them. My own kids!
JASON HARRIS’S STORY

Ben is my son. He’s a good kid and all, but I have a new family now—my wife and I have a new baby. I can’t get involved in Ben’s life and support my wife and baby. They have to come first. I know it’s not Ben’s fault that his mother is so messed up, but I want to steer clear of anything having to do with Kathy.

ERNIE PRICE’S STORY

I just got back from being overseas. I sent money to Kathy while I was gone—to help her out with Robert. She moves so much, though, that it came back to me. I didn’t know where else to send it. I’ve been looking for work since I got back, but it’s hard to find a job. I’m living with my mother.

I don’t even know if Rose is mine. She has my name, but this is the first I’ve even heard about her. Kathy and I divorced a year and a half ago—about the time I left to go overseas.

I love Robert, though. He’s my boy. I want him to come live with me and my mom. If Rose is mine, I’ll take care of her, too.

NORMA JACKSON’S STORY

My supervisor at the CASA/GAL program called to tell me about the Harris-Price children and to ask if I could take the case. She said a hearing was coming up right away. I agreed to do it and was appointed as the CASA/GAL volunteer at the first hearing. At that same hearing Judge Romero found that reasonable efforts had been made to prevent the need to remove the children from their home and that, given Kathy Price’s current circumstances and past history, there was sufficient reason to remove the children. The judge ordered a home study for Anita Dashee’s home—Ms. Dashee is Ernie Price’s mom, and he’s currently living with her. The judge also ordered a paternity test for Rose. He left Ben in Carol Hill’s home for the time being. Judge Romero also ordered that all the parents fill out forms containing their financial information and return them to the court in ten days.

After court I introduced myself to CPS caseworker Bob Johnson and the various attorneys. I got permission to meet with the children’s parents, and set up a time to meet with Mr. Johnson to talk about the case.

When I approached Ben’s father, Jason Harris, in the hallway after court, he didn’t even want to talk to me—he said he wanted a new life. He told me he had gotten clean and didn’t want anything to do with Kathy or her kids.

I set up separate times to meet with Kathy Price, Carol Hill, and Ernie Price. I also need to get in touch with Anne Franklin, the foster mother, to set up a time to talk and to meet with Robert and Rose.

When I met with Bob Johnson a few days later, he said that his first priority was trying to get Kathy Price sober. I brought up the fact that she’d been working pretty steadily and always had an appropriate apartment. Still, Bob said, her drinking was causing problems. He’d gotten police reports where she’d been arrested for public drunkenness,
The National Center for Educational Statistics reports that 21% of adults in the United States read at literacy level 1. Literacy level 1 is defined as the ability for an adult to sign his/her name, identify the name of a country in a short article, locate one piece of information in a sports article, locate the expiration date on a driver’s license, and total the amounts on a bank deposit. Adults who have reading skills at level 1 usually cannot locate eligibility information on a table of employee benefits, locate an intersection on a street map, identify and enter background information on a social security card application, and calculate the total cost of purchase on an order form.

and this wasn’t the first time she’d left the kids alone. The night she was arrested, she hadn’t told the police the kids were at home alone—it was abandonment, he said. And he pointed out that she’d failed to get medical care for Ben’s asthma. He also said that she hadn’t filled out the forms to get the kids on Medicaid and to get child support from the fathers. I asked whether she was literate, and he said, “Barely.”

When I met Kathy, I asked her what had happened the day CPS took her kids. I also asked her about Ben’s medication. She told me that she had taken him to the clinic, but after she’d taken a whole day off work and taken two buses to get there, the people at the clinic told them they needed to change the appointment. Kathy doesn’t have a phone, so the clinic couldn’t reach her ahead of time. She and Ben couldn’t get in to see the doctor that day or get the medicine. She said she couldn’t afford to lose work time like that.

When I met Ernie, he reported that he had just received a job offer as a car mechanic. His mother said she’d help Ernie with Robert and with Rose, if she’s his daughter. He expressed his excitement at getting to reconnect with Robert. The home study on Ernie Price and Anita Dashee turned out fine.

I met Robert and Rose at the home of their foster mother, Anne Franklin. When I got there, Robert was coloring at the kitchen table. He seemed nervous and wouldn’t talk to me at first. I explained who I was and why I was there, and I asked him if he liked seeing his father. His face lit up and he immediately said yes. He said he missed Ben a lot. When I asked him about his visit with his mom, he said it was okay and wouldn’t say anything more.

When I asked Anne Franklin how the kids were doing, she said they were doing okay. She reported that Rose had terrible diaper rash when she arrived at her home, but it’s clearing up now. But Ms. Franklin is worried about Rose—she is 9 months old, but she isn’t sitting up or crawling, and she never makes a sound, except when she’s crying.

Next I went to see Ben at the home of his aunt, Carol Hill. I explained my role to him, and he wanted to know if I was going to make him move back with his mom. I asked him if that was what he wanted. He said he loved his mom and wanted to see her, but it was hard for her to take care of them and he liked living in the country with his aunt. Ben was afraid he wouldn’t get to see Robert and Rose, so I explained that the judge said he was allowed to visit his brother and sister. Ben also said he worried about not being able to stand up for Robert when other kids picked on him at school. Then Ben said he was tired and wanted to go to his room.

I asked Ms. Hill how she thought Ben was adjusting to the new arrangement. She said he seemed to like the open space where she lived and he got along well with his cousins. She said she’d taken him to her family physician and he had started to take the medication that had been prescribed a while back. So far, it had helped his breathing but made him feel jittery. She related that Ben was going to start at a new school next week. When I asked her about Kathy, she said Kathy never contacted her unless she was in trouble.
After meeting with all these people, I called my supervisor to discuss the case, ask her a few questions, and talk about my recommendations.

**My recommendations for the next hearing are as follows:**

- Robert should be placed with his father and grandmother.
- Rose should be placed with her father and grandmother, if the paternity test shows that Ernie Price is the father. Otherwise, Rose should stay in her current foster placement, and CPS should attempt to identify her father.
- Ben should stay with his aunt.
- Kathy Price should undergo a substance abuse assessment and follow the recommendations made.
- Kathy Price should attend parenting classes.
- Ernie Price should attend parenting classes.
- Sibling visits should occur, at least weekly.
- CPS should arrange a developmental assessment for Rose.
- Kathy Price should have access to the children’s educational records and be apprised of events, but Carol Hill should be the educational decision maker for Ben and Ernie Price should be the educational decision maker for Robert.
- Jason Harris should pay child support for Ben.

I called Bob Johnson at CPS to discuss the case again. The CPS case plan goal for Rose and Ben is reunification with Kathy Price. The concurrent plan for Ben is adoption or guardianship with his aunt. The concurrent plan for Rose is placement with Ernie Price, placement with biological paternal family member (if Ernie Price is not the father), or termination of parental rights and adoption. The case plan for Robert is placement with his father.

After the next hearing, and in preparation for the future hearings, I will continue to monitor a bunch of things in the case. I plan to call my CASA/GAL program supervisor and ask for her help in creating a list of people to talk to in order to keep track of what’s happening in the case.

**My current list of things to monitor in this case includes the following:**

- Sibling visitation/separation issues
- Robert’s placement with his father and grandmother
- Both Kathy Price’s and Ernie Price’s compliance with the case plan and court orders
- Results of Rose’s developmental assessment
- Results of paternity test for Rose
- Ben’s and Robert’s educational progress

According to various studies, it has been estimated that up to 60% of children in foster care experience some type of developmental delay. Children who enter care with a developmental delay are more likely to remain in care for a longer time period than children entering care without a developmental delay.
CHAPTER 2
Introducing the Law, the Child Protection System & the Courts

CONTENTS
Homework Recap, Goal & Objectives ........................................ 2-2
UNIT 1 The Development of Child Abuse & Neglect Laws ............. 2-3
UNIT 2 Introducing CPS & the Court Process ............................ 2-12
UNIT 3 The Roles in a Juvenile Court Case ............................... 2-19
Homework .............................................................................. 2-25
Chapter 2
Introducing the Law, the Child Protection System & the Courts

Homework Recap

Resource Materials Exploration

Look at the Chapter 2 Web Resources or the Chapter 2 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to this training session, write up a brief description of the resource on an index card provided by the facilitator.

Media Reports on Child Abuse

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.

Goal

In this chapter, I will increase my understanding of child abuse and neglect issues and the development of child advocacy laws. 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 how the history and development of child abuse and neglect laws affect policy and law today

✓ Identify applicable state, tribal, and local laws and understand how these laws guide the work of the CASA/GAL volunteer

✓ Explain how a child abuse or neglect case enters the child protection system

✓ Recognize the different hearings and what occurs at each point in the juvenile court process

✓ Identify the roles and perspectives of the various people in a child abuse or neglect court case
Activity 2A: Mary Ellen’s Story

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

Mary Ellen’s Story

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

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

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

Upset by the child’s screaming, a neighbor told a mission worker about Mary Ellen. The mission worker could find no one to intervene; at the time, laws protecting children were not systematically enforced.

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

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

> My father and mother are both dead. I don’t know how old I am. . . . I call Mrs. Connolly mamma. I have never had but one pair of shoes, but I cannot recollect when that was. . . . My bed at night has only been a piece of carpet stretched on the floor underneath a window. . . . Mamma 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. . . . She struck me with the scissors and cut me; I have no recollection of ever having been kissed by any one—have never been kissed by mamma. . . . Whenever mamma went out I was locked up in the bedroom. . . . I do not want to go back to live with mamma 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 citizens called a community meeting and formed an association “for the defense of outraged childhood.” That association gave rise to the Society for the Prevention of Cruelty to Children, which was formally incorporated the year after Mary Ellen’s situation came to light.
Part 2: In pairs, discuss how you felt as you listened to Mary Ellen’s story. On the cards or scrap paper the facilitator provides, each of you should write one word that describes your feelings.

Still in pairs, answer the following questions:

- Why do you think Mary Ellen’s situation happened?
- How is Mary Ellen’s story different from the ones you learned about through the media accounts that you gathered for homework?
- How is it similar?

In the large group, hold up the card with the feeling you wrote. What do you observe?

Activity 2B: The Development of Child Abuse & Neglect Laws

Part 1: Listen as the facilitator presents a brief history of attitudes toward and treatment of children.

Historical Treatment of Children

Historically, many cultures did not value children. There are exceptions to this, of course, and some cultures have respected and protected children throughout history.

Many practices that were once accepted or condoned would be considered abusive today, such as:

- Treating children as “property” with no rights

  “The justice of a master or father is different from that of a citizen; for a son or a slave is property and there can be no injustice to one’s property.” — Aristotle

- Harsh physical discipline

  “If one beats a child until it bleeds then it will remember; but if one beats it to death, the law applies.” — 13th-century saying

- Infanticide—the willful killing of a child—particularly of weak or “deformed” infants and of female children

- Dubious child-rearing practices, such as swaddling for prolonged periods or early marriage of children

  “We went the next day into the town and to the house of the merchant and he said, ‘My daughter is 13 years old and no longer a child and she is fit for marriage.’” — Pearl S. Buck, The Good Earth
Some cultures honored and supported children by:

- Punishing the mistreatment or murder of children
  
  *The Code of Hammurabi (1780 B.C.E.)*

- Opposing physical discipline
  
  “A loving parent’s hands should be as soft as feathers and not cast iron, and should not break bones.” — Ghana

  “A whipped child loses courage and his soul withers and dwindles away until he dies. For the soul of a child is a tender thing and easily hurt.” — Havasupai

Deeply embedded in the history of many industrialized societies, including the United States, were “antichild” practices such as:

- Indentured servitude and child slavery
- Orphan trains
- Boarding schools for Native American children
- Child labor in mines and factories

**Part 2:** Follow along on the poster as the facilitator gives an overview of the development of child abuse and neglect laws. During the presentation, the facilitator will fill in information about the development of state, tribal, and local laws. In the large group, share what stands out to you.

Child-focused policies are relatively new.

- 1899: First juvenile court (Chicago) placed dependent and delinquent children in homes for wayward youth or reform schools
- 1910: Development of X-ray technology, which eventually allowed doctors to detect subdural (under the skin) injuries and untreated fractures
- 1938: First legal rights of children—Fair Labor Standards Act imposed restrictions on working hours and conditions
- 1962: Dr. C. Henry Kempe created the diagnosis for battered child syndrome
- 1965: Mandatory reporting laws in place in all states

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

The chart on the next page outlines information about federal child abuse and neglect laws.

**LEARN MORE!**

Detailed summaries of the federal laws that impact your work as a CASA/GAL volunteer appear in the Chapter 2 Resource Materials.
Federal Child Abuse & Neglect Laws


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
- Maintain the confidentiality of child protective services records

**For CASA/GAL volunteers:**
- Learn whether you, as a CASA/GAL volunteer, are a mandated reporter.
- Learn whether the guardian ad litem has to be an attorney in your state.

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

- Recognizes that Indian children have special rights as members of sovereign nations within the United States
- Responded to congressional hearings in the 1970s that revealed a pattern of public and private removal of Indian children from their homes, undermining their families and threatening tribal survival and Native American cultures
- Was designed to implement the federal government’s trust responsibility to the nations by protecting and preserving the bond between Indian children and their tribe and culture
- Sets up placement preference schemes for foster care placements and adoptions of children who have been determined to be Indian children
- Establishes the right of certain entities, including the tribe and the Indian custodian, if one exists, to appear as parties to child welfare cases
- Determines when and if a case should be transferred to tribal court
- Describes rights of the Indian child and the child’s tribe

**For CASA/GAL volunteers:**
- Ask whether every child has Native heritage.
- Investigate tribal resources and services that can be of great benefit to the child.
- Be aware that jurisdiction can be transferred to the tribal court.
- Pay attention to the heritage and identity needs of the child.
- Remember that ASFA timelines (see next page) do not apply to Indian children.
- Keep in mind that ICWA takes precedence over other federal and state law.
# Federal Child Abuse & Neglect Laws

<table>
<thead>
<tr>
<th>Year</th>
<th>Law Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>Adoption Assistance and Child Welfare Act</td>
<td>Requires states to: &lt;br&gt; - Recruit culturally diverse foster and adoptive families &lt;br&gt; - Comply with the Indian Child Welfare Act &lt;br&gt; - Establish standards for foster family homes and review the standards periodically &lt;br&gt; - Set goals and a plan for the number of children who will be in foster care for more than 24 months &lt;br&gt; - 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 &lt;br&gt; - Have a data collection and reporting system about the children in care &lt;br&gt; For CASA/GAL volunteers: &lt;br&gt; - Consider possible placements that respect the child’s cultural heritage but do not limit his/her options. &lt;br&gt; - Learn the name of the data collection system used in your state: ____________________________ &lt;br&gt; - Learn how to access this information: ____________________________&lt;br&gt; ____________________________</td>
</tr>
<tr>
<td>1990</td>
<td>Indian Child Protection and Family Violence Prevention Act</td>
<td>Establishes federal requirements for the reporting and investigation of child abuse and neglect on tribal lands &lt;br&gt; - Requires background checks on individuals who have contact with Indian children (including foster and adoptive families) &lt;br&gt; - Authorizes funding for tribal child abuse prevention and treatment programs</td>
</tr>
<tr>
<td>1993</td>
<td>Court Improvement Legislation</td>
<td>Encourages reform in the court system</td>
</tr>
<tr>
<td>1994</td>
<td>Multi-Ethnic Placement Act (MEPA)</td>
<td>The goals of this law are to: &lt;br&gt; - Decrease the time children wait to be adopted &lt;br&gt; - 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 &lt;br&gt; - Facilitate the development of a diverse pool of foster and adoptive families</td>
</tr>
<tr>
<td>1996</td>
<td>Child Abuse Prevention and Treatment Act (CAPTA) Amended</td>
<td>Amended to include Court Appointed Special Advocates as guardians ad litem</td>
</tr>
<tr>
<td>1997</td>
<td>Adoption and Safe Families Act (ASFA), Public Law 105-89</td>
<td>This act embodies three key principles: &lt;br&gt; - The safety of children is the paramount concern. &lt;br&gt; - Foster care is a temporary setting and not a place for children to grow up. &lt;br&gt; - Permanency planning should begin as soon as the child enters foster care. The act directs timelines within which the child welfare system operates: &lt;br&gt; - Requires permanency plan within 12 months &lt;br&gt; - Requires dispositional hearing within 12 months of placement &lt;br&gt; - Requires court reviews every six months</td>
</tr>
<tr>
<td>1997</td>
<td>Volunteer Protection Act</td>
<td>Limits liability of volunteers</td>
</tr>
<tr>
<td>1999</td>
<td>Foster Care Independence Act</td>
<td>Addresses needs of older youth in foster care, particularly those aging out of the system</td>
</tr>
</tbody>
</table>
THE INDIAN CHILD WELFARE ACT

It is critical 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, you should always ask if the child you are working with has Native heritage, even if the child does not “look Indian.” By identifying Indian children and monitoring ICWA compliance, you can help ensure that the Indian child’s cultural and familial needs will be fully considered by the court.

ICWA resources:

✓ The CASAnet website, www.casanet.org. An ICWA section provides articles and more in-depth information.


✓ National CASA staff, staff@nationalcasa.org. National CASA program specialists can answer questions and provide information regarding ICWA.

OTHER LAWS THAT AFFECT CASA/GAL VOLUNTEER WORK

In your work as a CASA/GAL volunteer, you will encounter other federal laws that have an impact on child abuse and neglect cases. Following are a few of them:

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

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

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

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

The Victims of Child Abuse Act of 1990 (VOCAA) protects the privacy rights of child victims or witnesses during the investigation or prosecution of a federal crime.
Activity 2C: Your State Child Abuse & Neglect Laws

**Part 1:** Read the information that follows about the legal requirements for state definitions of child abuse and neglect.

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
- Statutes for governing the juvenile court for determination of abuse and neglect

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. State laws are largely based on the requirements of federal legislation, such as CAPTA. Each state legislature must make its own decisions about how to meet the requirements of federal laws and the needs of the state.

According to definitions of child abuse and neglect on the Child Welfare Information Gateway website:

*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.”*

*The term sexual abuse includes: “The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or 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 the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.”*

**Part 2:** In small groups, go through the handout containing your state’s child abuse and neglect definitions (first introduced in Chapter 1) and mandatory reporting statutes. How do your state definitions comply with the CAPTA requirements? How do they go beyond CAPTA requirements? In the large group, ask any questions you have about state laws.

---

**LEARN MORE!**

To find out more about your state’s laws, go to the Child Welfare Information Gateway State Statutes Search website, www.childwelfare.gov/systemwide/laws_policies/search/index.cfm, where you can search by state for statutes related to abuse and neglect, permanency planning, foster care, and adoption.
Activity 2D: Principles & Values That Guide the Law

Part 1: Read the following information about the principles that guide child abuse and neglect laws and regulations.

Principles That Guide Child Abuse & Neglect Laws and Regulations

- Federal laws and regulations shape delivery though policies and dollars.
- States are responsible for the child protection function.
- Current federal regulations establish the policies for states when responding to child abuse and neglect:
  - Children are first, and foremost, protected from abuse and neglect.
  - Children are safely maintained in their homes whenever possible and appropriate.
  - Children have permanency and stability in their living situations.
  - The continuity of family relationships and connections is preserved for children.
  - Families have enhanced capacity to provide for their children’s needs.
  - Children receive appropriate services to meet their education needs.
  - Children receive appropriate services to meet their physical and mental health needs.

From the United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau.

Part 2: Our values as individuals and as a society affect our response to children at risk. In crafting laws, legislators try to strike a balance between competing values. You will consider these same values as you advocate for children.

On the following page is a series of continuums representing some of these competing values. Put an X on the spot along each continuum that indicates which value is more important to you and how strongly you feel about it. After you’ve ranked yourself, go to the front of the room and put an X where you fall on the corresponding flipchart.
Needs of child | Rights of parents

State intervention | Privacy of family

Immediate safety | Consequences of separation

Punishment of abuser | Keeping family intact

**Part 3:** In the large group, discuss the following questions:

- What do you notice about where you as a group rank your values?
- How do you think your values will shape your advocacy? How might your advocacy influence the values you currently hold?
Activity 2E: How a Case Enters the System

Part 1: Read the following four child abuse report scenarios.

SCENARIO 1

Mrs. Delma Barnes lives next door to Sharon Frazier and her daughter Taysia, who is seven. Mrs. Barnes called the child protection agency 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 didn’t like being spanked. The case was screened out by the intake worker, so there was no investigation.

SCENARIO 2

Joey, age 3, attends daycare, where a staff member noticed a mark on his leg that looked suspicious. The daycare worker, being concerned, called the child protection agency 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 or neglected; therefore, the case was not substantiated and was closed.

SCENARIO 3

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

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

When interviewed by the caseworker, Arlene admitted that Tom drank beer but said he didn’t do drugs anymore. She denied that she drank or did drugs herself. She told the caseworker that sometimes they fought, “but who doesn’t?” She said that Tom didn’t hurt her and had never hit her. She was surprised that the 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 bought them what they needed. Even though he and Arlene did fight sometimes, he said, he would never hit her. Tom denied using drugs but told the caseworker that he would drink a beer whenever he wanted.

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

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, North Carolina.

**SCENARIO 4**

Dr. Valerie Alajuwon called the child protection agency hotline and stated she had examined and admitted 15-month-old Alexa James, who was brought in by her mother, Sheila Washington, and Sheila's 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. 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.

**Part 2:** Listen as the facilitator presents information about the four stages cases go through to enter the system. In the large group, discuss the questions for each stage and record the answers in the space provided.
STAGE 1: REPORTING SUSPECTED ABUSE OR NEGLECT

- Someone in the community reports to the child protection agency or, in some areas, to law enforcement that they suspect a child is being abused or neglected.

Question: Who reported suspected abuse in the four scenarios you read?

Scenario 1 reporter: ________________________________
Scenario 2 reporter: ________________________________
Scenario 3 reporter: ________________________________
Scenario 4 reporter: ________________________________

STAGE 2: SCREENING REPORTS OF SUSPECTED ABUSE OR NEGLECT

- The child protection agency or, in some areas, law enforcement investigates and intervenes in all circumstances where the allegations, if proven, would fit the legal definition of abuse or neglect. 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 or neglect, the reporter is notified that there will be no investigation. The reporter may be referred to outreach services or other agencies as appropriate.

Question: In which scenario was the report screened out before the investigation stage? Why?

Report screened out: ________________________________
Reason: __________________________________________

STAGE 3: INVESTIGATING REPORTS OF SUSPECTED ABUSE OR NEGLECT

- The child protection agency 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.

Question: In which scenario was the case closed after investigation? Why?

Case closed: ______________________________________
Reason: __________________________________________

STAGE 4: INTERVENING IN CONFIRMED CASES OF ABUSE OR NEGLECT

- If the investigation confirms abuse or neglect, the child protection agency then determines whether protective services should be provided or if a petition needs to be filed. Petitions are filed when the agency 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.

**Question:** In which scenario was a petition filed? Why?

Petition filed: ______________________________________________________

Reason: _____________________________________________________________

**Part 3:** Listen as the facilitator shares national, state, and local statistics about the number of cases in the system and the numbers of cases screened out at various stages of this process. What do you notice?

### Cases in the System

In 2004, an estimated total of 3 million referrals, involving approximately 5.5 million children, were made to CPS agencies across the country.

- **Screened in to be investigated:** 62.7%
- **Screened out:** 37.3%
- **Unsubstantiated:** 60.7%
- **Substantiated or indicated:** 28.7%
- **Received other finding:** 10.6%
- **Removed from home:** 19%
- **81% remaining in home**

An estimated 268,000 children were removed from their homes as a result of child maltreatment investigations.

Activity 2F: The Juvenile Court Process

Listen as the facilitator gives an overview of the juvenile court process in your jurisdiction. The flowchart entitled “A Child’s Journey Through the Child Welfare System” gives a general overview of how cases progress through the court system. Chapters 8 and 9 will cover the court process in more detail. In the large group, ask any questions you have about the process.

The Juvenile Court Process

Court is a series of steps, a series of hearings—each building on what has occurred before.

For a typical child abuse case, the steps are as follows:

✓ When a case meets the definitions of child abuse or neglect set out in the law, the allegations of abuse or neglect will be listed in a formal document and filed in court.

✓ At the first hearing the judge will make a series of decisions:
  • Whether the allegations are serious and appear to meet the definitions in the law
  • Whether it is safe for the child to live with the parent while the matter is being resolved
  • If the child won’t be living with the parent, whether visits will be allowed
  • When the next hearings will take place
  • In some states, whether the case will be referred for mediation

✓ Parents will be given a chance to answer the allegations.
  • If they admit the allegations, the judge will make official findings about what has happened to the child. The judge will order the parents to do things that will correct the problems that brought the family to court, such as counseling, parenting classes, or chemical dependency evaluation and treatment.

✓ The parents can deny the allegations and then the case will go to trial.
  • Attorneys will enter documents into evidence.
  • Witnesses will testify about what they have seen or heard.
  • The judge will consider all the evidence and make a decision about whether the allegations have been proven. If not proven, the case will be dismissed. If proven, the judge will order the parents to do things that will correct the problems that brought the family to court.
✓ Once the judge orders the case plan (treatment plan), CPS and the CASA/GAL volunteer will monitor the situation and there will be review court hearings to see how things are going.

✓ If the problems are corrected and it is safe for the child, the child will be returned to live with the parent and the case will be dismissed from court jurisdiction.

✓ If the problems continue—usually because the parents cannot or will not follow through with the requirements of the case plan—the court will have to look to other options to keep the child safe, such as placing the child permanently with a relative or placing the child for adoption by a new family.

**CIVIL CASES VS. CRIMINAL CASES**

Civil actions are brought to court by individuals or the government to seek various remedies—for instance, damages for injuries or enforcement of contracts. If the defendant is found liable, the court can order him/her to pay compensation, take certain steps, or stop certain conduct. The court cannot send a defendant in a civil case to prison, except for contempt of court. The legal standard of proof is “preponderance of the evidence”—meaning that the allegations are more likely than not to have occurred.

**Child protection cases are civil matters.**

In criminal cases, the government brings an action against an individual alleging that a crime has been committed. If the defendant is found guilty, the court can order fines, restitution, probation, participation in treatment programs, incarceration (prison), or in some states, the death penalty. Given the severity of potential consequences, the legal standard of proof is higher than in civil cases. Allegations in criminal cases must be proven “beyond a reasonable doubt.”

**A parent might also be charged criminally for hurting a child—for example, for sexually assaulting the child. This court process would be separate from the child welfare case.**
A Child’s Journey Through the Child Welfare System

Abuse or neglect is reported and the agency investigates

- **Unfounded:** Case is closed
- **Substantiated:**
  - Agency recommends removal from home
  - Agency sends child home with supervision or support services
  - Agency sends child home without services

**Preliminary protective hearing:** Court determines initial placement

- Court sends child home without services
- Court sends child home with supervision or support services
- Court orders child to be removed from home

**Adjudicatory and dispositional hearing(s):** Court determines placement & permanency plan

- Child’s family works on plan to be reunited with child

- Court places child in foster family home
- Court places child in group home, shelter, or residential facility
- Court places child in the home of a relative

**Court reviews progress every 6 months and holds permanency hearing after 12 months**

- Birth family completes reunification plan: Child returns home
- Birth family does not complete reunification plan

**Court terminates parents’ rights (possible appeals follow)**

- Court places child in permanent home (adoptive, relative, or guardian)
- Child remains in foster care and may receive independent living services

- Court holds adoption or guardianship hearing
- Case closed: Child has permanent home (adoptive, relative, or guardian)

- Child remains in foster care until age 18, or in some states age 21, with no permanent home

- Case closed: Child has “aged out”

**LEARN MORE!**

To read a detailed written summary of the process outlined in the chart, see the article “A Child’s Journey Through the Child Welfare System” in the Chapter 2 Resource Materials.

Time frames in chart are based on standards required by the Adoption and Safe Families Act (ASFA).

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Activity 2G: Who Participates in a Case?

Listen as the facilitator describes the roles of those involved in a court case, which are outlined below. As you listen, note in the margin any differences in your jurisdiction and use the space provided to write in information relevant to your jurisdiction. If you have questions, share them 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 intervention from the child protection agency.
  • The areas the child needs addressed include safety/protection, placement if the child is out of the home, family contact, belonging to a family, financial support, a support system, education, mental health, and physical health.
  • The child needs the court intervention to be focused and timely.
  • The child needs services provided that will meet his/her needs.
  • Other ________________________________

CASA/GAL VOLUNTEER

In my area this person is called ______________________________

✓ What does the CASA/GAL volunteer do in the case?
  • 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
  • Be the voice of the child’s expressed wishes
  • Other ________________________________

✓ What does the CASA/GAL volunteer bring to the case?
  • An interest in improving the life of the child through the court process
  • Time, energy, and focus
• Longevity (he/she often stays on the case from beginning to end)
• An “outside the system” point of view and an independent perspective
• The community’s standard for the care and protection of its children
• Other __________________________________________
✓ When is the CASA/GAL volunteer involved in the case?
• In my jurisdiction: ________________________________

ATTORNEY FOR THE CASA/GAL PROGRAM OR CHILD
In my jurisdiction this attorney represents [circle one]:

The child’s wishes
The child’s best interest
The CASA/GAL program
✓ What does the attorney for the program/child do in the case?
• 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 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 the attorney represents the program rather than the child directly)
• File legal documents relevant to the child’s case
• Other __________________________________________
✓ What does the attorney for the program/child bring to the case?
• Legal expertise, facilitation and negotiation skills, and courtroom experience
✓ When is the attorney for the program/child involved in the case?
• From the petition filing through the end of the court case

PARENTS/CARETAKERS NAMED IN THE PETITION
In my area this person is called ________________________________
✓ Why are the parents/caretakers involved in the case?
• They have been forced into this court action because the child protection agency asked the court to intervene to protect the child from maltreatment and/or to have his/her basic needs met.
• They need to comply with the child protection agency’s intervention plan and correct the conditions that led to the child’s removal, thereby effectively protecting their child and/or enabling their child to return home.

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

✓ What do the parents/caretakers bring to the case?

• Love for the child; family ties; history of parenting; abilities, resources, and skills as parents; interactions with the child and each other; mental, emotional, and physical health or illness; support system; housing and income; and their own issues/problems

ATTORNEY FOR THE PARENT/CARETAKER

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

• 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

• File legal documents relevant to the case

• Other ________________________________

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

• Legal expertise, facilitation and negotiation skills, and courtroom experience

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

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

CHILD PROTECTION AGENCY CASEWORKER

In my area this person is called ________________________________

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

• The caseworker has completed a risk assessment process and, based on risk and/or substantiated allegations of abuse and/or neglect, has determined the need for court intervention. The caseworker petitioned the court to intervene on the child’s behalf because:

  ° He/she has developed an intervention plan with the family, which has not resulted in eliminating the risk that child maltreatment will recur, or

  ° Due to risk of imminent danger, he/she has removed the child from his/her home to ensure the child’s safety.

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

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

- **Other**

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

- Training in analyzing risk, assessing service needs, and providing guidance to families
- Direct services for families to provide them with the knowledge, skills, and resources necessary for change
- Links to other service providers so that the family can access resources outside the child protective services system

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

- From the initial contact with the family and/or child until the agency's services are no longer needed

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

In my area this person is called ______________________________

In my jurisdiction this attorney represents [circle one]:

- The child protection agency
- The county
- The state

✓ What does this attorney do in the case?

- Represent the position of the agency/county/state in court
- Protect the agency/county/state from liability
- Advise the agency/county/state regarding its responsibilities as outlined in the law
- File legal documents relevant to the case
- **Other**

✓ What does this attorney bring to the case?

- Legal expertise, facilitation and negotiation skills, and courtroom experience

✓ When is this attorney involved in the case?

- From the petition filing through the end of the case
**INDIAN CHILD’S TRIBE**

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

- Represent to the court 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 they 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 the child’s ties to the tribe and its resources
- Where appropriate, offer or require that the tribe take jurisdiction of the matter
- File legal documents when it is necessary
- Other ______________________________________________________

✓ What does the tribe bring to the case?

- A very special perspective on preservation of the child’s ties to the tribe
- Knowledge of relevant cultural practices and culturally relevant services that can be considered as potential resources for the child

**JUDGE**

✓ What does the judge do in the case?

- 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
- Close the court case when there is no longer a need for court intervention or the permanent plan has been achieved
- Other ______________________________________________________

✓ When is the judge involved in the case?

- From the request for emergency custody at the petition filing until the court case is closed (or, if the child is not removed from home, from the arraignment or adjudication hearing, depending on jurisdiction, until the court case is closed)
Activity 2H: Roles in the Harris-Price Case

The names of the people involved in the Harris-Price case are posted around the room. The facilitator will hand out cards with anonymous quotes on them. Go stand by the name of the person you think is most likely to have said the quote given to you. When everyone has chosen a place to stand, take turns reading your quotes aloud and explaining why you chose the person you did. The facilitator will add relevant information about the roles played by the different characters in the Harris-Price case.
**Homework**

**RESOURCE MATERIALS EXPLORATION**

Look at the Chapter 3 Web Resources or the Chapter 3 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to the next training session, write up a brief description of the resource on an index card provided by the facilitator.

**CULTURAL EXPLORATION**

Prior to the next session, read the articles about cultural competence issues assigned and provided by the facilitator. The facilitator will let you know which cultural groups in your community you should be familiar with as a GASA/GAL volunteer. As you read the articles, note any questions or ideas you have 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. 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 your communities. In order to gain a broader understanding of a particular cultural group, consider doing research on your own.
CHAPTER 3

Developing Cultural Competence

CONTENTS

Homework Recap, Goal & Objectives ......................................... 3-2

UNIT 1 Diversity ................................................................. 3-4

UNIT 2 Cultural Heritage ......................................................... 3-9

UNIT 3 Personal Values ......................................................... 3-11

UNIT 4 Culturally Competent Child Advocacy ................................. 3-14

UNIT 5 Developing an Action Plan ................................................. 3-18

Homework. ................................................................. 3-21
HOMEWORK RECAP

RESOURCE MATERIALS EXPLORATION

Look at the Chapter 3 Web Resources or the Chapter 3 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to this training session, write up a brief description of the resource on an index card provided by the facilitator.

CULTURAL EXPLORATION

Prior to beginning work on this chapter, read the articles about cultural competence issues assigned and provided by the facilitator. The facilitator will let you know which cultural groups in your community you should be familiar with as a GAS/GAL volunteer. As you read the articles, note any questions or ideas you have 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. 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 your communities. In order to gain a broader understanding of a particular cultural group, consider doing research on your own.

GOAL

In this chapter, I will become familiar with some of the current thinking regarding cultural competence, diversity, and the adverse effects of bias and discrimination. I will better understand my cultural influences and personal biases, and I will strive to increase my cultural competence 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 and develop a working vocabulary related to diversity issues
✓ Explain how diversity and cultural competence among CASA/GAL volunteers benefit children and families
✓ Explore my identity and my culture’s effects on my values, attitudes, and behaviors
✓ Recognize how becoming culturally competent can help me to avoid stereotyping
✓ Explore the causes and effects of disproportionality in the juvenile court and foster care systems
✓ Identify and apply culturally competent practices in my work with children and families
✓ Identify community resources that will increase my understanding and appreciation of diversity
✓ Determine the steps I can take to increase my cultural competency and to demonstrate the high value I place on culturally competent child advocacy
✓ Recognize that becoming culturally competent is a lifelong process
As a general term “diversity” refers to difference or variety. In the context of CASA/GAL volunteer work “diversity” refers to differences or variety in people’s identities or experiences: ethnicity, race, national origin, language, gender, religion, ability, sexual orientation, socioeconomic class, and so on. The term “cultural competence” refers to the ability to work effectively with people from a broad range of backgrounds, experiences, and viewpoints.

The United States is becoming increasingly multicultural. According to the 2000 US Census, approximately 30% of the population currently belongs to a racial or ethnic minority group. The Census Bureau projects that by the year 2100, non-Hispanic whites will make up only 40% of the US population. The facilitator will tell you about the demographics in your state and local area. As you work through this chapter, keep in mind the particular cultural groups with whom you will work as a CASA/GAL volunteer.

Understanding issues related to diversity and culturally competent child advocacy is critical to your work as a CASA/GAL volunteer. It can enhance your ability to see things from new and different perspectives and to respond to each child’s unique needs. Developing cultural competence is a lifelong process. This chapter offers a starting point for understanding key issues, and the case studies and examples throughout this manual encourage continued exploration.

**Activity 3A: Cultural Pursuit**

Follow the directions for Cultural Pursuit, which the facilitator will provide as a handout. When one of you has found the answers for 20 of the 25 squares, come back to the large group and share your experiences. The facilitator will share the answer key.

Individually, consider the following questions:

- Were there any surprises about who 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?

Share your observations with the group.

**Cultural Pursuit**

Read the following chart and initial any boxes that describe you. Next, ask others to initial remaining boxes that describe them. Be prepared to share in the large group what you know and any new information that you discover.
Activity 3B: The Value of Diversity

Read the excerpt, “Our Vision,” from National CASA’s philosophy statement. Then read the signs posted around the room that list the principles that guide National CASA’s efforts and goals related to achieving diversity within the CASA/GAL network.

In the large group, the facilitator will ask a few of you to share briefly which principle you think is most important and why, and will then address your questions or observations about the vision statement or any of the principles.
Our Vision

The National Court Appointed Special Advocate Association “stands up” for abused and neglected children.

Building on our legacy of quality advocacy, we acknowledge the need to understand, respect, and celebrate diversity including race, gender, religion, national origin, ethnicity, sexual orientation, socioeconomic status, and the presence of a sensory, mental, or physical disability. We also value diversity of viewpoints, life experiences, talents, and ideas.

A diverse CASA/GAL network helps us to better understand and promote the well-being of the children we serve. Embracing diversity makes us better advocates by providing fresh ideas and perspectives for problem solving in our multicultural world, enabling us to respond to each child’s unique needs.

GUIDING PRINCIPLES FOR ACHIEVING A DIVERSE CASA/GAL NETWORK

1. Ethnic and cultural background influences an individual’s attitudes, beliefs, values, and behaviors.

2. Each family’s characteristics reflect adaptations to its primary culture and the majority culture, the family’s unique environment, and the composite of the people and needs within it.

3. A child can be best served by a CASA/GAL volunteer who is culturally competent and who has personal experience and work experience in the child’s own culture(s).

4. To understand a child, a person should understand cultural differences and the impact they have on family dynamics.

5. No cultural group is homogenous; within every group there is great diversity.

6. Families have similarities yet are all unique.

7. In order to be culturally sensitive to another person or group, it is necessary to evaluate how each person’s culture impacts his/her behavior.

8. As a person learns about the characteristic traits of another cultural group, he/she should remember to view each person as an individual.

9. Most people like to feel that they have compassion for others and that there are new things they can learn.

10. Value judgments should not be made about another person’s culture.

11. It is in the best interest of children to have volunteers who reflect the characteristics (i.e., ethnicity, national origin, race, gender, religion, sexual orientation, physical ability, and socioeconomic status) of the population served.
Developing a working vocabulary related to issues of diversity can help you communicate more effectively with other people and examine where you have more to learn.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ableism</td>
<td>Discrimination or prejudice based on a limitation, difference, or impairment in physical, mental, or sensory capacity or ability</td>
</tr>
<tr>
<td>Ageism</td>
<td>Discrimination or prejudice based on age, particularly aimed at the elderly</td>
</tr>
<tr>
<td>Bias</td>
<td>A personal judgment, especially one that is unreasoned or unfair</td>
</tr>
<tr>
<td>Biracial</td>
<td>Of two races; usually describing a person having parents of different races</td>
</tr>
<tr>
<td>Classism</td>
<td>Discrimination or prejudice based on socioeconomic status</td>
</tr>
<tr>
<td>Cultural Dominance</td>
<td>The pervasiveness of one set of traditions, norms, customs, literature, art, and institutions, to the exclusion of all others</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>The ability to work effectively with people from a variety of cultures, ethnicities, races, religions, classes, sexual orientations, and genders</td>
</tr>
<tr>
<td>Cultural Group</td>
<td>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</td>
</tr>
<tr>
<td>Cultural Sensitivity</td>
<td>An awareness of the nuances of one’s own and other cultures</td>
</tr>
<tr>
<td>Culturally Appropriate</td>
<td>Demonstrating both sensitivity to cultural differences and similarities and effectiveness in communicating a message within and across cultures</td>
</tr>
<tr>
<td>Culture</td>
<td>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</td>
</tr>
<tr>
<td>Disability</td>
<td>A limitation, difference, or impairment in a person’s physical, mental, or sensory capacity or ability. Many communities prefer the term “differently abled” over “disabled.”</td>
</tr>
<tr>
<td>Discrimination</td>
<td>An act of prejudice or a manner of treating individuals differently due to their appearance, status, or membership in a particular group</td>
</tr>
<tr>
<td>Disproportionality</td>
<td>Overrepresentation or underrepresentation of various groups in different social, political, or economic institutions</td>
</tr>
<tr>
<td>Dominant Group/</td>
<td>The “mainstream” culture in a society, consisting of the people who hold the power and influence</td>
</tr>
<tr>
<td>Culture</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>The classification of a group of people who share common characteristics, such as language, race, tribe, or national origin</td>
</tr>
<tr>
<td>Ethnocentrism</td>
<td>The attitude that one’s own cultural group is superior</td>
</tr>
<tr>
<td>Gender</td>
<td>A social or cultural category generally assigned based on a person’s biological sex</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>A person’s sense of being masculine, feminine, or some combination thereof</td>
</tr>
<tr>
<td>Heterosexism</td>
<td>An ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, or relationship</td>
</tr>
<tr>
<td>Homophobia</td>
<td>Fear of, aversion to, or discrimination against homosexuality, homosexuals, or same-sex relationships</td>
</tr>
<tr>
<td><strong>Cultural Diversity Vocabulary</strong></td>
<td></td>
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<tr>
<td>----------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Institutional Racism</strong></td>
<td>Biased policies and practices within an organization or system that disadvantage people of a certain race or ethnicity</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>The form or pattern of communication—spoken, written, or signed—used by residents or descendants of a particular nation or geographic area or by any body of people. Language can be formal or informal and includes dialect, idiomatic speech, and slang.</td>
</tr>
<tr>
<td><strong>Minority</strong></td>
<td>The smaller in number of at least two groups. Can imply a lesser status or influence and can be seen as an antonym for the words “majority” and “dominant.”</td>
</tr>
<tr>
<td><strong>Multicultural</strong></td>
<td>Designed for or pertaining to two or more distinct cultures</td>
</tr>
<tr>
<td><strong>Multiracial</strong></td>
<td>Describing a person, community, organization, etc., composed of many races</td>
</tr>
<tr>
<td><strong>National Origin</strong></td>
<td>The country or region where a person was born</td>
</tr>
<tr>
<td><strong>Person of Color</strong></td>
<td>Usually used to define a person who is not a descendant of people from European countries. Individuals can choose whether or not to self-identify as a person of color.</td>
</tr>
<tr>
<td><strong>Prejudice</strong></td>
<td>Overgeneralized, oversimplified, or exaggerated beliefs associated with a category or group of people, which are not changed even in the face of contrary evidence</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>A socially defined population characterized by distinguishable physical characteristics, usually skin color</td>
</tr>
<tr>
<td><strong>Racism</strong></td>
<td>The belief that some racial groups are inherently superior or inferior to others; discrimination, prejudice, or a system of advantage and/or oppression based on race</td>
</tr>
<tr>
<td><strong>Sexism</strong></td>
<td>Discrimination or prejudice based on gender or gender identity</td>
</tr>
</tbody>
</table>
| **Sexual Orientation** | Describes the gender(s) of people to whom a person feels romantically and/or sexually attracted:  
*Heterosexual:* Attracted to the other gender  
*Homosexual:* Attracted to the same gender (i.e., gay or lesbian)  
*Bisexual:* Attracted to either gender |
| **Socioeconomic Status** | Individuals’ economic class (e.g., poor, working-class, middle-class, wealthy) or position in society based on their financial situation or background |
| **Stereotype** | A highly simplified conception or belief about a person, place, or thing, based on limited information |
| **Transgender** | Describes a person whose gender identity differs from his/her assigned gender and/or biological sex |
| **Transsexual** | A person whose gender identity differs from his/her assigned gender and/or biological sex. Many transsexuals alter their biological sex through hormones and/or surgery. |
| **Values** | What a person believes to be important and accepts as an integral part of who he/she is |
| **Xenophobia** | A fear of all that is foreign, or a fear of people believed to be “foreigners” |
Most people are knowledgeable and open about some aspects of their culture. About other aspects, they may have either less information or a heightened sense of privacy. In some matters they might fear judgment or discrimination. People from the dominant culture may not recognize their own values, behaviors, or traditions as cultural at all—they may think of them simply as “normal.”

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

**Activity 3C: What’s in a Name?**

Names are an important element of identity. Perhaps your first or last name has family or cultural significance, or maybe you have changed your name to better reflect who you are. In pairs, tell each other about your name. You may want to include:

- Who gave you your name? Why?
- What is the ethnic origin or meaning of your name? Does your name have cultural significance?
- Is the ethnic origin of your name different from 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? Have you taken a name different from the one you were given at birth?

Share highlights from your stories in the large group.
Activity 3D: Exploring Your Culture & Perceptions

Part 1: In new pairs, choose three of the categories from the list below. Think about your culture and life experiences, and describe yourself, your family of origin, or your current family situation to your partner.

After you’ve shared, reflect individually on the following questions:

• How did you choose the three categories you shared? Are there categories that you would have been uncomfortable sharing in this group?
• What contributes to your feelings of safety when you are asked to disclose personal information?

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

Part 2: In your same pairs, now imagine that you are the parent of a child just placed in foster care and you are describing yourself to someone who has power over your life—for instance, the caseworker, the judge, or an attorney. When you describe yourself to this person, what might you leave out or try to make fit what you think might be more acceptable to them? If you often had to do this, what do you think would happen to these parts of yourself?

Share your experiences in the large group.

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, discuss the following questions:

• How might your position as a CASA/GAL volunteer affect your ability to establish rapport, communicate effectively, and gather accurate information?
• How do your personal values impact your ability to be unbiased?
Exploring the meaning and place of values in your work on behalf of children can assist you in seeing the range of values that people hold and the variety of reasons people have for their beliefs. It also increases your understanding that people can hold values very different from yours and be equally thoughtful and caring in their reasoning. Even when individuals appear to have similar values, they may actually have very different perspectives and reasons for having them.

Your work as a CASA/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—for instance, through 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 and families with whom you work. You need to acknowledge the plurality of values in your community and demonstrate respect for this diversity.

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

**Activity 3E: Recognizing Your Values**

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

When you receive a completed Values Statement Exercise, do not identify whether you received your form or someone else’s. Spend a moment, alone, noticing if the answers in front of you are similar to or different from yours.
Part 2: Around the room are posted signs representing four possible responses to the values statements: strongly disagree, disagree, agree, and strongly agree. As the facilitator reads each statement, go to the sign that represents the answer on the sheet you have been given. With others in the group at your sign, think of the three most rational or respectful reasons a person might hold this belief. It may be especially difficult to come up with respectful reasons a person might hold a belief that is very different from your own, but remember that someone else in the room holds this belief. Show respect. This activity is an opportunity to walk in someone else’s shoes, and perhaps gain insight into why people have beliefs that differ from 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 going through all 14 statements, share any remaining concerns or questions in the large group.
### Values Statement Exercise

<table>
<thead>
<tr>
<th></th>
<th>I believe there should be a 10 p.m. curfew for all children 16 years of age and under.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>strongly disagree</td>
</tr>
<tr>
<td>2.</td>
<td>I believe every child should be able to sleep in his/her own bed.</td>
</tr>
<tr>
<td>3.</td>
<td>I believe a safe home is a happy home.</td>
</tr>
<tr>
<td>4.</td>
<td>I believe the judicial system is unfair to people of color.</td>
</tr>
<tr>
<td>5.</td>
<td>I believe a gay or lesbian couple should be able to adopt children.</td>
</tr>
<tr>
<td>6.</td>
<td>I believe that interracial adoption is wrong.</td>
</tr>
<tr>
<td>7.</td>
<td>I believe a family that prays together stays together.</td>
</tr>
<tr>
<td>8.</td>
<td>I believe a parent's use of corporal punishment reflects his/her inability to communicate with children.</td>
</tr>
<tr>
<td>9.</td>
<td>I believe that mothers who stay in abusive relationships are guilty of child abuse.</td>
</tr>
<tr>
<td>10.</td>
<td>I believe people who use or abuse drugs should be incarcerated.</td>
</tr>
<tr>
<td>11.</td>
<td>I believe that people on welfare are generally lazy.</td>
</tr>
<tr>
<td>12.</td>
<td>I believe teen parents cannot do an adequate job.</td>
</tr>
<tr>
<td>13.</td>
<td>I believe drinking alcohol during pregnancy is child abuse.</td>
</tr>
<tr>
<td>14.</td>
<td>I believe that all children deserve safe and permanent homes.</td>
</tr>
</tbody>
</table>
In the context of the CASA/GAL volunteer role, cultural competence is the ability to work effectively with people from a variety of backgrounds. It entails being aware and respectful of the cultural norms, values, traditions, and parenting styles of those with whom you work. Striving to be culturally competent means cultivating an open mind and new skills and meeting people where they are, rather than making them conform to your standards.

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

Developing cultural competence is a lifelong process through which you’ll make some mistakes, get to know some wonderful people in deeper ways, and become a more effective CASA/GAL volunteer.

Activity 3F: Expanding Your Cultural Knowledge—Homework Review

For homework, you read some articles that shared information and insights about the experiences and cultures of several different cultural groups, including those that are a part of your local community. Remember that these articles contain generalizations and cannot adequately describe any one person, family, or cultural group. Think about how difficult it might be to decide what to include and what to leave out if you were writing an article about your own cultural group.

In your small groups, answer the following questions:

- What did you find surprising or interesting in your reading?
- What did you learn that will help you in your role as a CASA/GAL volunteer?

Share highlights from your discussion in the large group.

Activity 3G: Stereotyping vs. Cultural Competence

Part 1: In your small group, discuss the following:

- 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.
Part 2: Read the material below about stereotyping. In the large group, identify how stereotyping might affect your ability to be an effective advocate for a child.

**Stereotyping vs. Cultural Competence**

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

As an advocate, you need to examine your biases and recognize they are based on your own life and do not usually reflect what is true for the stereotyped groups. Everyone has certain biases. Everyone stereotypes from time to time. Developing cultural competence is an ongoing process of recognizing and overcoming these biases by thinking flexibly and finding sources of information about those who are different from you.
Activity 3H: Disproportionality in Child Advocacy

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

Listen as the facilitator highlights some facts about racial imbalances that exist nationally in the juvenile court and foster care systems. The facilitator will also share with you state or local statistics that demonstrate whether/how disproportionality is an issue in your area.

In the large group, answer the following questions:

- What do you think causes disproportionality in the child welfare system?
- How might stereotyping or bias result in disproportionality?
- How can culturally competent child advocacy help eliminate disproportionality in the system?

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

- Children of color make up almost two-thirds of the 540,000 children in the foster care system, although they constitute just over one-third of the child population in the US.
  

- The number of white children entering foster care in a given year is greater than the number of African American children. Yet, African American children make up a disproportionate, and increasing, share of those who remain.
  
  Adoption and Foster Care Analysis and Reporting System (AFCARS) data.

- The percentage of Hispanic children in foster care more than doubled from 7% in 1982 to 17% in 2002.
  
  Families for Kids Project and AFCARS data.

- Children of color experience a higher number of placements than white children, and they are less likely to be reunified with their birth families.
  
10 Benefits of Practicing Culturally Competent Child Advocacy

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

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

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

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

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

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

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

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

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

10. Allows all participants to be heard objectively

Adapted from a document created by CASA for Children, Inc., Portland, Oregon.

WORKING WITH LGBT YOUTH

Because of homophobia and transphobia in their homes, schools, and social settings, LGBTQ youth enter the foster care system at a disproportionate rate. . . . Once in the foster care system, LGBTQ youth are often neglected and/or discriminated against by facility staff and peers, facilitated by inadequate policies, protections, support services and staff sensitivity.

— National Center for Lesbian Rights

LEARN MORE!

For more information on the special challenges LGBTQ youth face and how to work effectively with them, see the fact sheets about sexual orientation and youth in the Chapter 3 Resource Materials.
Activity 3I: An Action Plan for Increasing Cultural Competence

Part 1: There are many resources in your community for increasing your cultural competence. Consider going to the following places to learn more:

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

Can you think of any other resources for expanding your cultural competence? Share your ideas in the large group.

Part 2: Read the information on the next page about becoming more culturally competent and think about what steps you will take to improve your skills in these areas. On the worksheet that follows, write down the steps you will take. This plan is for you and will not be shared with the group.
Tips on How to Become More Culturally Competent

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

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

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

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

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

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

7. Practice the communication loop; don’t rely on your perceptions of what is being said.

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

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

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

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

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

13. Have fun and keep your sense of humor!

Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.
## My Action Plan

*I will increase my cultural competence by . . .*

<table>
<thead>
<tr>
<th>UNIT</th>
<th>ACTION</th>
<th>DEADLINE</th>
<th>HELP NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>5</td>
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</tbody>
</table>
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**

**RESOURCE MATERIALS EXPLORATION**

Look at the Chapter 4 Web Resources or the Chapter 4 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to the next training session, write up a brief description of the resource on an index card provided by the facilitator.

**MENTAL ILLNESS & DOMESTIC VIOLENCE**

Read the information on mental illness and domestic violence that appears in Units 5 and 6 of Chapter 4. Note any questions you have in the margins.

**COMMUNITY RESOURCES**

Select one agency 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. One question you might ask, in addition to general questions about access to the agency, is how the agency addresses the needs of your local community and the people from different cultures that make up that community.

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 that introduces community resources (Chapter 9).

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 research. Bring back the information you gather and share it with the rest of the training class. Have fun and good luck!

<table>
<thead>
<tr>
<th>Resource Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Days/Hours of Operation:</td>
<td></td>
</tr>
<tr>
<td>Type of Services Available:</td>
<td></td>
</tr>
<tr>
<td>Who Is Eligible for Services:</td>
<td></td>
</tr>
<tr>
<td>Costs of Services:</td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 4

Understanding Families
—Part 1

CONTENTS

Homework Recap, Goal & Objectives ................................. 4-2

UNIT 1 Family Strengths.................................................. 4-3

UNIT 2 Understanding Families Through Culture ............... 4-8

UNIT 3 Stress in Families............................................... 4-10

UNIT 4 Risk Factors for Child Abuse & Neglect ............... 4-12

UNIT 5 The Impact of Mental Illness on Children & Families ... 4-16

UNIT 6 The Impact of Domestic Violence on Children & Families ... 4-19

Homework................................................................. 4-27
HOMEWORK RECAP

RESOURCE MATERIALS EXPLORATION

Look at the Chapter 4 Web Resources or the Chapter 4 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to this training session, write up a brief description of the resource on an index card provided by the facilitator.

MENTAL ILLNESS & DOMESTIC VIOLENCE

Read the information on mental illness and domestic violence that appears in Units 5 and 6 of this chapter. Note any questions you have in the margins.

COMMUNITY RESOURCES

Begin to gather information about the community resource you selected during the previous training session. You will present your report on community resources during the session addressing Chapter 9.

GOAL

In this chapter, I will learn a strengths-based approach to understanding families and children. I will learn about indicators and risk factors for child abuse and neglect, and I will consider how stress, mental illness, and domestic violence impact 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
✓ Recognize how times of stress and crisis affect families and children
✓ Identify risk factors associated with child abuse and neglect
✓ Explain how mental illness and domestic violence impact families and children
✓ Examine how my personal values and biases about mental illness and domestic violence can affect my objectivity regarding the best interest of the child
Activity 4A: Your Families
Write down both a strength and a weakness of your family (either your family of origin or your current family).
In the large group, the facilitator will ask for a few volunteers to share either a strength or a weakness.

Activity 4B: Identifying Family Strengths
Look at the illustration that follows. Note 12 to 15 positive aspects of the household pictured. In the large group, share your observations.

Used with permission from the artist, Camille Doucet.
Activity 4C: Resources vs. Deficits

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

Listen as the facilitator compares the resource lens and the deficit lens.

In the large group, answer the following question:

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

### Resources vs. Deficits

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

Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.
Seeing the Strengths & Resources in Families

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

Following are a few questions you can ask when using the resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have family members completed?
- How are family members coping with their present circumstances?

Activity 4D: Seeing the Strengths in the Harris-Price Family

With a partner, read through the entries on the Strengths in Families Worksheet, which follows. As you read, consider the strengths of the family in the Harris-Price training case.

In the large group, discuss the following questions:

- Which of the strengths listed are present in the Harris-Price family?
- If you don’t know whether or not a particular strength exists in this family, how might you gather information to find out?
- How would looking only at strengths or only at deficits affect your recommendations for this family?
Strengths in Families Worksheet

PARENT-CHILD RELATIONSHIP

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>1.</td>
<td>The parent shows empathy for the child.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>2.</td>
<td>The parent responds appropriately to the child's verbal and nonverbal signals.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>3.</td>
<td>The parent is able to put the child’s needs ahead of his/her own.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>4.</td>
<td>When they are together, the child shows comfort in the parent.</td>
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</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>5.</td>
<td>The parent has raised the child for a significant period of time.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>6.</td>
<td>In the past, the parent has met the child’s basic physical and emotional needs.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>7.</td>
<td>The parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>8.</td>
<td>The parent uses positive, nonviolent discipline.</td>
<td></td>
</tr>
</tbody>
</table>

PARENTAL SUPPORT SYSTEM

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>9.</td>
<td>The parent has positive, significant relationships with other healthy adults (e.g., spouse, parents, friends, relatives).</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>10.</td>
<td>The parent has a meaningful support system that can help him/her (e.g., church, job, counselor).</td>
<td></td>
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<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>11.</td>
<td>Extended family is nearby and capable of providing support.</td>
<td></td>
</tr>
</tbody>
</table>

PAST SUPPORT SYSTEM

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>12.</td>
<td>Extended family history shows family members able to help appropriately when one member is not functioning well.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>13.</td>
<td>Relatives came forward to offer help when the child needed placement.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>14.</td>
<td>Relatives have followed through on commitments in the past.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>15.</td>
<td>There are significant other adults, not blood relatives, who have helped in the past.</td>
<td></td>
</tr>
<tr>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>16.</td>
<td>Significant other adults (who are not blood relatives) have followed through on commitments in the past.</td>
<td></td>
</tr>
</tbody>
</table>
Strengths in Families Worksheet

FAMILY HISTORY

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

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 childhood history shows consistency of parental caretaker.
19. The parent’s history shows evidence of his/her childhood needs being met adequately.

PARENT’S SELF-CARE

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

20. The parent’s general health is good.
22. The parent’s hygiene and grooming are consistently adequate.
23. The parent has a history of stability in housing.
24. The parent has a solid employment history.
25. The parent has graduated from high school or possesses a GED.
26. The parent has skills that contribute to employability.

CHILD’S DEVELOPMENT

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

27. The child shows age-appropriate cognitive abilities.
28. The child demonstrates an age-appropriate attention span.
29. The child shows evidence of conscience development.
30. The child has appropriate social skills.
31. Major behavioral problems are absent.

Activity 4E: The Cultural Sensitivity Lens

Listen to the facilitator explain the importance of viewing families through the cultural sensitivity lens in your work as a CASA/GAL volunteer.

In the large group, share other examples of cultural differences in family structures, family roles, parenting styles, or other family norms that you may encounter in your work with families.

The Cultural Sensitivity Lens

Another essential tool to use when looking at families is the cultural sensitivity lens. Strengths don’t look the same in every family. Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parenting techniques, and values may be based on cultural norms and/or accepted community standards.

For instance, many Western cultures believe that children should have a bed to themselves, if not an entire room. In contrast, many other cultures believe that such a practice is detrimental to child development and potentially dangerous.

Additionally, in the United States the ideal of the nuclear family still dominates. However, in many communities extended family takes on a greater role in child rearing, and family may include members of a faith community or others who are not blood relatives.

People in different cultures and socioeconomic classes may use different skills and resources to deal with stress and problems. Material goods are one kind of resource, but some individuals and cultures prize other resources above material wealth. For example:

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

LEARN MORE!

For additional material on cultural variation in parenting practices, see “Culture Clash” and “Ethnopediatrics” in the Chapter 4 Resource Materials.
Activity 4F: Billy’s Story

Read the home-visit summary written by a CASA/GAL volunteer below:

During the home visitation, I observed that Billy’s grandmother seemed to play an overly important role in Billy’s life, and in fact it was she who did the majority of parenting while I was there. When talking with his grandmother, Billy never looked at her directly and always spoke with a bowed head. It appeared that he was afraid of her and did not want to get within arm’s reach. I observed in Billy’s family some signs of disrupted attachment in that Billy did not kiss or hug his grandmother even though he had not seen her for several weeks. I also observed that the living quarters did not adequately provide for Billy’s need to have a space of his own. He shared a room with several other people. I would therefore recommend that Billy’s stay in foster care continues and that supervised visitations continue until the family can get more settled and provide for Billy’s emotional and physical needs.

Consider that Billy’s family is Native American. In small groups, answer the following questions:

• What additional information does this CASA/GAL volunteer need?
• How might this information change the CASA/GAL volunteer’s interpretation of Billy’s family situation?
• How might it change the CASA/GAL volunteer’s recommendations?

Share some of your responses in the large group.
Just as all families have strengths, at some point all families encounter change, stress, and perhaps even crisis—the family moves, a parent is laid off, childcare arrangements fall through, a new stepfamily comes into being, the car breaks down, a child becomes ill, the rent goes up, and on it goes. The families you will encounter in your work as a CASA/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.

Some families cope well and adapt effectively to stress and crisis; others do not and become overwhelmed. Families that are not able to cope well are often isolated from resources, face a variety of challenges, and are stressed by numerous problems that compound one another. These families may develop patterns that lead to and then perpetuate abuse and neglect.

**Activity 4G: Stress Level Assessment**

**Part 1:** Take a few minutes to complete the following “stress test” to assess your stress level. You will not be asked to share your results.

**Part 2:** Again using the assessment that follows, determine Kathy Price’s stress level. In the large group, answer the following questions:

- How many additional points would you give to having your child removed from your home by the child welfare system?
- How might understanding the stress level of a family affect your recommendations?
## Stress Level Assessment

For each event that has 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.

<table>
<thead>
<tr>
<th>LIFE EVENT</th>
<th>YOU</th>
<th>KATHY</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of spouse or partner</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>2. Divorce</td>
<td></td>
<td></td>
<td>73</td>
</tr>
<tr>
<td>3. Marital or relationship separation</td>
<td></td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>4. Jail term</td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>5. Death of close family member</td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>6. Personal injury or illness</td>
<td></td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>7. Marriage</td>
<td></td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>8. Fired at work</td>
<td></td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>9. Marital or relationship reconciliation</td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>10. Retirement</td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>11. Change in health of family member</td>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>12. Pregnancy</td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>13. Sex difficulties</td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>14. Gain new family member</td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>15. Business readjustment</td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>16. Change in financial status</td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>17. Death of a close friend</td>
<td></td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>18. Change to different line of work</td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>19. Change in number of arguments with spouse or partner</td>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>20. Mortgage or loan for major purchase (home, etc.)</td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>21. Foreclosure of mortgage or loan</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>22. Change in responsibilities at work</td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>23. Son or daughter leaving home</td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>24. Trouble with in-laws</td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>25. Outstanding personal achievement</td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>26. Spouse or partner begins or stops work</td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>27. Begin or end school</td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>28. Change in living conditions</td>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>29. Revision of personal habits</td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>30. Trouble with boss</td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>31. Change in working hours or conditions</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>32. Change in residence</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>33. Change in schools</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>34. Change in recreation</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>35. Change in religious activities</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>36. Change in social activities</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>37. Mortgage or loan for lesser purchase (car, TV, etc.)</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>38. Change in sleeping habits</td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>39. Change in number of family get-togethers</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>40. Change in eating habits</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>41. Vacation</td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>42. Major holiday celebration</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>43. Minor violation(s) of the law</td>
<td></td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

Your Susceptibility to Illness and Mental Health Problems:

- **LOW** = less than 149
- **MILD** = 150 to 200
- **MODERATE** = 200 to 299
- **HIGH** = more than 300

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?

Activity 4I: Conditions That May Lead to Abuse & Neglect

Read the material that follows on conditions that may lead to abuse and neglect. In small groups, go through your assigned section and put a check mark next to the issues present in the Harris-Price training case. In the large group, share your answers and any questions that arose in the discussion with your group.

Conditions That May Lead to Abuse & Neglect

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

CHILD-RELATED FACTORS

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

PARENT/CARETAKER-RELATED FACTORS

- **Low self-esteem**: Neglectful parents often neglect themselves and see themselves as worthless people.
- **Abuse as a child**: Parents may repeat their own childhood experience if no intervention occurred in their case and no new or adaptive skills were learned.

- **Depression** may be related to brain chemistry and/or a result of having major problems and limited emotional resources to deal with them. Abusive and neglectful parents are often seen and considered by themselves and others to be terribly depressed people.

- **Impulsiveness**: Abusive parents often have a marked inability to channel anger or sexual feelings.

- **Substance abuse**: Drug and/or alcohol use serves as a temporary relief from insurmountable problems but, in fact, creates new and bigger problems.

- **Character disorder or psychiatric illness**

- **Ignorance of child development norms**: A parent may have unrealistic expectations of a child, such as expecting a 4-year-old to wash his/her own clothes.

- **Isolation**: Abusive and neglectful families may tend to avoid community contact and have few family ties to provide support. Distance from, or disintegration of, an extended family that traditionally played a significant role in child rearing may increase isolation.

- **Sense of entitlement**: Some people believe that it’s acceptable to use violence to ensure a child’s or partner’s compliance.

- **Mental retardation or borderline mental functioning**

**SOCIAL-SITUATIONAL FACTORS**

- **Structural/economic factors**: The stress of poverty, unemployment, restricted mobility, and poor housing can be instrumental in a parent’s ability to adequately care for a child. The child needs to be protected from separation from his/her family solely because of stressed economic conditions. Middle- and upper-income parents may experience job or financial stress as well—abuse is not limited to families in poverty.

- **Values and norms** concerning violence and force, including domestic violence; acceptability of corporal punishment and of family violence

- **Devaluation of children and other dependents**

- **Overdrawn values of honor**, with intolerance of perceived disrespect

- **Unacceptable child-rearing practices** (e.g., genital mutilation of female children, father sexually initiating 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”)

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

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

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

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

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

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

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

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

TRIGGERING SITUATIONS

Any of the factors above can contribute to a situation in which an abusive event occurs.

There has been no systematic study of what happens to trigger abusive events. Some instances are acute, happen very quickly, and end suddenly. Other cases are of long duration. Examples of possible triggering situations include:

- A baby will not stop crying.
- A parent is frustrated with toilet training.
- An alcoholic is fired from a job.
- A mother, after being beaten by her partner, cannot make contact with her own family.
- A parent is served an eviction notice.
- A prescription drug used to control mental illness is stopped.
- Law enforcement is called to the home in a domestic violence situation, whether by the victim or a neighbor.
- A parent who was disrespected in the adult world later takes it out on the child.
Activity 4J: Examining What Challenges You

On the following questionnaire, rank your top three choices for the situation that you would find the hardest to work with. What are your “hot buttons”? After you have made your choices, pair up and answer the following questions:

- Which 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.

Case Situations

Which three situations would you find most challenging to work with?

- A parent who spends most of her money on drugs
- A parent who believes his wife/partner deserves the beatings he gives her
- A parent who lies to you
- A parent who fondles his 4-year-old child
- A parent who used drugs during her pregnancy
- A parent who refuses to take the medication that controls his mood swings
- A parent who left his children in the car in a parking lot while he went drinking at bars until closing time
- A parent who won’t leave the man who physically abuses her in front of her children
- A parent who is so depressed she doesn’t get out of bed for weeks at a time, which means her children miss meals and school

These descriptions include situations of mental illness, substance abuse, and domestic violence—factors that may put children at risk for abuse and neglect. Consider these statistics:

- Studies have shown that child abuse occurs in 30% to 60% of [domestic] violence cases that involve families with children.
  

- Studies have shown that between one-third and two-thirds of child maltreatment cases involve substance abuse.
  

In the rest of this chapter and the following chapter, you will examine mental illness, domestic violence, substance abuse, and poverty to see how they impact the families and children with whom you will work. The chapters explore what you can do when faced with these issues in families.
Activity 4K: Mental Illness

For homework you read the material that follows on issues of mental illness in families. Share any questions you have about this information. Then look back at the list from the questionnaire in the previous activity. In the large group, identify which situations may involve mental health issues. Name one possible recommendation you might make as a volunteer in each situation involving mental illness.

Issues of Mental Illness in Families

THE FACTS

- An estimated one in five adults in the United States suffers from a diagnosable mental disorder in any given year.
  

- The vast majority of people with a mental illness are not dangerous.

- Mental illness is treatable with various combinations of therapy and drugs.

DEFINITION

Definitions of mental illness have changed over time, across cultures, and across national—and even state—boundaries. Mental illness is diagnosed based on the nature and severity of an individual’s symptoms. If a person meets the diagnostic criteria as set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM), 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 both a psychiatric disorder and a substance abuse problem.

CAUSES

No single model or perspective accounts for all instances of mental illness. Some disorders have a predominately biological or neurological basis; others seem to be related to life experiences, trauma, or difficulties in communication. The most helpful stance for you to take in your CASA/GAL volunteer work 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 result from misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in US culture. It may also result from a lack of access to treatment. There may not be treatment available in a person’s community, or the person may not be able to pay for it.
Untreated mental illness can lead to isolation and despair for individuals and families. Some parents may be so incapacitated by anxiety or depression that they are unable to care for their children. Or some may have hallucinations or delusions, which make them a danger to themselves, or their children. It is critical for you as a CASA/GAL volunteer to focus less on a parent’s diagnosis and more on his/her ability to provide a safe home for the child. The degree to which a parent’s functioning is impaired will vary from mild to severe. It is important to note that with medication and/or therapy most people with mental illness can function normally.

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

**TREATMENT**

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

**WHAT 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 that may affect the health or safety of the child so that you can alert the child protective services caseworker about your concerns. How will you know mental illness when you see it? Your 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

[LEARN MORE!]

For more information on specific mental illnesses, check out the National Institute of Mental Health website at [www.nimh.nih.gov](http://www.nimh.nih.gov).
• **Depression**
  Includes loss of interest in once pleasurable activities; expressions of hopelessness or apathy; excessive fatigue and sleepiness, or inability to sleep; changes in appetite and motivation; pessimism; thinking or talking about suicide; a growing inability to cope with problems and daily activities

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

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

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

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

In your capacity as a CASA/GAL volunteer:

• You can recommend a mental health assessment of a parent or child.

• You may request consultations with a parent’s or a child’s mental health care providers. Although the parent’s mental health providers are ethically and legally required to maintain their client’s confidentiality, they may be willing—with their client’s permission—to talk with you about their perspective on the situation and any concerns you have. Your CASA/GAL volunteer supervisor will be able to answer your questions about gaining access to this confidential information.

• When you encounter resistance to a label, diagnosis, or treatment, you can become aware of ethnic and cultural considerations. The standards for research and definitions of health, illness, and treatment have historically derived from a white, middle-class perspective.
Activity 4L: The Lisa Recording

Part 1: Listen to the audio recording of a child’s call to 911 during a domestic violence episode. In the large group, discuss how you think Lisa is affected by the situation.

Part 2: For homework you read the following section about domestic violence. Share any questions you noted about the material.

Domestic Violence Issues

THE PROBLEM

- Estimates of violence against a current or former spouse, boyfriend, or girlfriend range from nearly 1 million to 4 million incidents each year.
  
  
- Domestic violence is statistically consistent across racial and ethnic boundaries.
  
  
- In 2001, women accounted for 85% of the victims of intimate partner violence and men accounted for approximately 15% of the victims.
  
  
- As many as 95% of domestic violence perpetrators are male.
  

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

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

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

DEFINITION

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

CAUSES

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

Domestic violence is learned behavior; it is a choice.

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

LEGAL SYSTEM RESPONSE

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

Whether a case proceeds in civil court or criminal court is dependent on a number of factors, many of which are beyond the victim’s control. Availability and willingness of court personnel to act in domestic violence cases vary widely. Unless judges and attorneys, including prosecutors, have been educated about the dynamics of domestic violence, protective laws are inconsistently enforced. The repeated pattern of the abused spouse bringing charges and subsequently dropping them often discourages law enforcement personnel from giving these cases their immediate attention. Thus the victim is 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. As a CASA/GAL volunteer, you should be aware that a determination of domestic violence within the child’s home will
significantly influence placement decisions and what is expected of
the nonabusing parent to retain/regain custody. The standard risk
assessment conducted by child welfare agencies to evaluate whether
a child needs to be removed from his/her home generally includes
domestic violence as a factor that negatively relates to the child’s safety
at home. A child found to be living in a violent home is more likely to
be removed. A child abuse or neglect case also may be substantiated
against the battered parent for “failure to protect” the child because the
victim did not leave the batterer, even if the victim lacked the resources
to do so or it was not safe to do so.

BARRIERS TO LEAVING A VIOLENT RELATIONSHIP

For people who have not experienced domestic violence, it is hard to
understand why the victim stays—or returns again and again to reenter
the cycle of violence. The primary reason given by victims for staying
with their abusers is fear of continued violence and the lack of real
options to be safe with their children. This fear of violence is real; domestic
violence usually escalates when victims leave their relationships. In addition
to fear, the lack of shelter, protection, and support creates barriers to
leaving. Other barriers include lack of employment and legal assistance;
immobilization by psychological or physical trauma; cultural/religious/
family values; hope or belief in the perpetrator’s promises to change;
and the message from others (police, friends, family, counselors, etc.)
that the violence is the victim’s fault and that she could stop the abuse
by simply complying with her abuser’s demands. Leaving a violent
relationship is often a process that takes place over time, as the victim
can access resources she needs. The victim may leave temporarily many
times before making a final separation.

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

IMPACT ON CHILDREN

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

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

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


THE CYCLE OF VIOLENCE

The cycle of violence can happen many times in an abusive relationship. Each stage lasts a different amount of time in the relationship, with the total cycle taking from a few hours to a year or more to complete. Emotional abuse is present in all three stages.

A person does not need to have experienced the following behaviors to be in an abusive relationship. These are some examples of abusive behaviors. There are many more not listed.

### Phase 1: Tension Building

**Batterer may:**
- Pick fights
- Act jealous and possessive
- Criticize, threaten
- Drink, use drugs
- Be moody, unpredictable
- Be crazy-making

**Partner may:**
- Feel like she's walking on eggshells
- Try to reason with the batterer
- Try to calm the batterer
- Try to appease the batterer
- Keep silent, try to keep children quiet
- Feel afraid or anxious

### Phase 2: Crisis

**Batterer may:**
- Verbally abuse
- Sexually assault
- Physically abuse
- Increase control over money
- Restrain partner
- Destroy property, phone
- Emotionally assault

**Partner may:**
- Experience fear, shock
- Protect self and children
- Use self-defense
- Call for help
- Try to flee, leave
- Pray for it to stop
- Do what is necessary to survive

### Phase 3: Calm

**Batterer may:**
- Ask for forgiveness
- Promise it won't happen again
- Stop drinking, using drugs
- Go to counseling
- Be affectionate
- Initiate intimacy
- Minimize or deny abuse

**Partner may:**
- Forgive
- Return home
- Arrange for counseling
- Feel hopeful
- Feel manipulated
- Blame self
- Minimize or deny abuse

Activity 4M: Effects of Domestic Violence on Children

Read the following stories told by mothers whose children have 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. Discuss your responses in your small groups.

In the large group, share a sample of your responses and answer the following 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.

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 8-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 9 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.

**What Can a CASA/GAL Volunteer Do?**

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

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

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

*Seek resources for children from violent homes.* Children need:

- Positive role models and supportive environments that will help them develop social skills and address feelings about the violence in a constructive manner

- Help adopting alternative, nonviolent ways to address and resolve conflict (through specialized counseling programs, therapy, domestic violence victim support groups, youth mediation training, and relationships with supportive mentors)

*Recommend help for parents.*

- Try to ensure that domestic violence victims are treated fairly by the legal system and not further blamed in child abuse/neglect proceedings.

- Advocate in your community for things like housing, emergency shelters, legal procedures, and court advocates that increase the safety of mothers and children and support the autonomy of the adult victim.

- Encourage parenting classes for battered parents focused on empowering them to become more effective parents and teaching them how to help children cope with the consequences of witnessing domestic violence.

- Advocate for treatment programs for batterers followed by parenting classes focused on how to parent in a noncoercive, nonintrusive manner.

*Be alert to any signs that domestic violence has recurred or even that contact between the batterer and the victim is ongoing if that might compromise the child’s safety. The foremost issue is the safety of the child.*
Understanding Domestic Violence

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.

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.

Connection Between Family Violence & Abuse of Pets

- It is estimated that 83% of homes with abused or neglected children also have abused or neglected pets.


  The abuser may threaten to harm or kill the family pet to ensure the child’s silence or compliance. . . . Some children may even allow themselves to be victimized to save their companion animal from being harmed or killed.

  Many women in abusive homes are hesitant to flee with their children to a place of safety because of prior threats made by the abuser toward companion animals in the home. If a companion animal is
left behind in the home, abusers may use the pet as a pawn to force their domestic partners or children to return home. When companion animals can be placed in a safe environment . . . abused family members are more likely to leave the abusive home.


As a CASA/GAL volunteer, you can observe a family’s relationship with their companion animals and ask children whether anyone has threatened to harm their pets. Children are often more willing to talk about a pet than about themselves.

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.

— Mercedes Lawry
Homework

POVERTY—THE NUMBERS

In 2004, $15,219 was the federal poverty threshold for a three-person family. A three-person family earning less than $7,610 lived in “extreme poverty” (less than half the federal poverty level). In that year, more than 5.5 million children lived in extreme poverty. These families earned less than $634 a month, $146 a week, or $20 a day to meet all basic needs: food, clothing, shelter, health care, etc.


Consider the above information about the federal poverty level. Assume you have $15,000 a year to live on. Using the cost-of-living information the facilitator distributes and the Monthly Budget Worksheet, devise a monthly budget for $1,250 that includes expenses for housing, utilities, food, clothing, transportation, entertainment, childcare, and medical expenses. Think about what strengths or abilities a person needs in order to live on $15,000 a year.

COMMUNITY RESOURCES

Reminder: Earlier in training, you selected an agency to research. The facilitator provided a worksheet 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 9 training session, when community resources will be introduced.
# Monthly Budget Worksheet

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<td>Other</td>
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$1,250
CHAPTER 5
Understanding Families
—Part 2

CONTENTS
Homework Recap, Goal & Objectives .......................... 5-2

UNIT 1 The Impact of Substance Abuse/Addiction
  on Children & Families ......................................... 5-4

UNIT 2 Poverty—The Facts for Children ........................ 5-14

UNIT 3 The Importance of Family to a Child .................... 5-18
  Homework ......................................................... 5-20
HOMEWORK RECAP

POVERTY—THE NUMBERS

In 2004, $15,219 was the federal poverty threshold for a three-person family. A three-person family earning less than $7,610 lived in “extreme poverty” (less than half the federal poverty level). In that year, more than 5.5 million children lived in extreme poverty. These families earned less than $634 a month, $146 a week, or $20 a day to meet all basic needs: food, clothing, shelter, health care, etc.


Consider the above information about the federal poverty level. Assume you have $15,000 a year to live on. Using the cost-of-living information the facilitator distributes and the Monthly Budget Worksheet, devise a monthly budget for $1,250 that includes expenses for housing, utilities, food, clothing, transportation, entertainment, childcare, and medical expenses. Think about what strengths or abilities a person needs in order to live on $15,000 a year.

COMMUNITY RESOURCES

Continue to gather information about the community resource you selected during a previous training session. You will present your reports on community resources during the session addressing Chapter 9.

GOAL

In this chapter, I will increase my understanding of families and my ability to assess the family situations of the children I will encounter as a CASA/GAL volunteer. In particular, I will consider the issues of substance abuse by parents/caregivers and poverty and how these issues impact families and children.
OBJECTIVES

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

✓ Identify how substance abuse/addiction impacts families and children

✓ Examine how my personal values and biases about substance abuse/addiction can affect my objectivity regarding the best interest of the child

✓ Explain why poverty is a risk factor for children

✓ Describe why the “minimum sufficient level of care” standard is in the best interest of the child
Activity 5A: Substance Abuse

Part 1: Think of friends, family members, or colleagues who abuse one or more substances. 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?

Share your responses with a partner.

Part 2: Listen to the presentation on substance abuse and addiction. Afterward, the facilitator will inform you about the drugs most commonly abused in your community.

Substance Abuse/Addiction Issues

THE PROBLEM

- In 1999, 85% of states named substance abuse as one of the top two problems (the other was poverty) challenging families reported to child welfare agencies for child maltreatment.
- More than half of children in foster care have parents with substance abuse problems.
- In 80% of substance-abuse-related cases, the child’s entry into foster care was the result of severe neglect.


DEFINITIONS

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

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

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

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

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

TREATMENT

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

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

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

IMPACT ON CHILDREN

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

  National Center on Addiction and Substance Abuse at Columbia University, No Safe Haven, 1999.

It is helpful to remember that children of parents with abuse/addiction problems still love their parents, even though the parents may have abused or neglected them. However, the volunteer must always consider the impact that substance abuse has on children.
<table>
<thead>
<tr>
<th>Substance Category</th>
<th>Examples of Commercial &amp; Street Names</th>
<th>DEA Schedule*</th>
<th>How Administered**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CANNABINOIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hashish</td>
<td>boom, chronic, gangster, hash, hash oil, hemp</td>
<td>I</td>
<td>swallowed, smoked</td>
</tr>
<tr>
<td>marijuana</td>
<td>blaze, blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, referee, sinsemilla, skunk, weed</td>
<td>I</td>
<td>swallowed, smoked</td>
</tr>
<tr>
<td><strong>DEPRESSANTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>barbiturates</td>
<td>Amytal, Nembutal, Seconal, phenobarbital; barbs, reds, red birds, phennies, toowie, yellows, yellow jackets</td>
<td>II, III, V</td>
<td>injected, swallowed</td>
</tr>
<tr>
<td>flunitrazepam***</td>
<td>Rohypnol; forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies</td>
<td>IV</td>
<td>swallowed, snorted</td>
</tr>
<tr>
<td>methaqualone</td>
<td>Quaalude, Sopor, Parest; ludes, mandrex, quad, quay</td>
<td>I</td>
<td>injected, swallowed</td>
</tr>
<tr>
<td><strong>DISSOCIATIVE ANESTHETICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketamine</td>
<td>Ketalar SV; cat Valiums, K, Special K, vitamin K</td>
<td>III</td>
<td>injected, snorted, smoked</td>
</tr>
<tr>
<td>PCP and analogs</td>
<td>phencyclidine; angel dust, boat, hog, love boat, peace pill</td>
<td>I, II</td>
<td>injected, swallowed, smoked</td>
</tr>
</tbody>
</table>

*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in six months, and may be ordered orally. Most Schedule V drugs are available over the counter.

**Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

***Associated with sexual assaults.

**Intoxication Effects:**
- Cough, frequent respiratory infections; impaired memory and learning; increased heart rate; anxiety; panic attacks; tolerance, addiction

**Potential Health Consequences:**
- Reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration
- For barbiturates—sedation, drowsiness
- For benzodiazepines—sedation, drowsiness
- For methaqualone—euphoria

- For GHB—drowsiness, nausea, vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death
- For methaqualone—depression, poor reflexes, slurred speech, coma

- For PCP and analogs—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug’s effect
- For GHB—drowsiness, nausea, vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death
- For methaqualone—depression, poor reflexes, slurred speech, coma

- For PCP and analogs—loss of appetite, depression

**Intoxication Effects:**
- Increased heart rate and blood pressure, impaired motor function

- For ketamine—at high doses, delirium, depression, respiratory depression and arrest

- For PCP and analogs—possible decrease in blood pressure and heart rate, panic, aggression, violence

- For PCP and analogs—loss of appetite, depression
### Commonly Abused Drugs

<table>
<thead>
<tr>
<th>Substance Category</th>
<th>Substance Name</th>
<th>Examples of Commercial &amp; Street Names</th>
<th>DEA Schedule*</th>
<th>How Administered**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HALLUCINOGENS</strong></td>
<td>LSD</td>
<td>lysergic acid diethylamide; acid, blotter, boomers, cubes, microdot, yellow sunshines</td>
<td>I</td>
<td>swallowed, absorbed through mouth tissues</td>
</tr>
<tr>
<td></td>
<td>mescaline</td>
<td>buttons, cactus, mesc, peyote</td>
<td>I</td>
<td>swallowed, smoked</td>
</tr>
<tr>
<td></td>
<td>psilocybin</td>
<td>magic mushroom, purple passion, shrooms</td>
<td>I</td>
<td>swallowed</td>
</tr>
</tbody>
</table>

**Intoxication Effects:** altered states of perception and feeling

*For LSD and mescaline*—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors

*For psilocybin*—nervousness, paranoia

**Potential Health Consequences:** nausea, persisting perception disorder (flashbacks)

*For LSD*—persistent mental disorders

<table>
<thead>
<tr>
<th><strong>OPIOIDS AND MORPHINE DERIVATIVES</strong></th>
<th>Substance Name</th>
<th>Examples of Commercial &amp; Street Names</th>
<th>DEA Schedule*</th>
<th>How Administered**</th>
</tr>
</thead>
<tbody>
<tr>
<td>codeine</td>
<td>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine; Captain Cody, Cody, schoolboy; (with glutethimide) doors and fours, loads, pancakes and syrup</td>
<td>II, III, IV</td>
<td>injected, swallowed</td>
<td></td>
</tr>
<tr>
<td>fentanyl and fentanyl analogs</td>
<td>Actiq, Duragesic, Sublimaze; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash</td>
<td>I, II</td>
<td>injected, smoked, snorted</td>
<td></td>
</tr>
<tr>
<td>heroin</td>
<td>diacetylmorphine; brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse</td>
<td>I</td>
<td>injected, smoked, snorted</td>
<td></td>
</tr>
<tr>
<td>morphine</td>
<td>Roxanol, Duramorph; M, Miss Emma, monkey, white stuff</td>
<td>II, III</td>
<td>injected, swallowed, smoked</td>
<td></td>
</tr>
<tr>
<td>opium</td>
<td>laudanum, paregoric; big O, black stuff, block, gum, hop</td>
<td>II, III, V</td>
<td>swallowed, smoked</td>
<td></td>
</tr>
<tr>
<td>oxycodone HCL</td>
<td>OxyContin; Oxy, O.C., killer</td>
<td>II</td>
<td>swallowed, snorted, injected</td>
<td></td>
</tr>
<tr>
<td>hydrocodone bitartrate, acetaminophen</td>
<td>Vicodin; vike, Watson-387</td>
<td>II</td>
<td>swallowed</td>
<td></td>
</tr>
</tbody>
</table>

**Intoxication Effects:** pain relief, euphoria, drowsiness

*For codeine*—less analgesia, sedation, and respiratory depression than morphine

*For heroin*—staggering gait

**Potential Health Consequences:** nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, addiction, unconsciousness, coma, death

*For LSD*—persistent mental disorders
### Commonly Abused Drugs

<table>
<thead>
<tr>
<th>Substance Name</th>
<th>Examples of Commercial &amp; Street Names</th>
<th>DEA Schedule*</th>
<th>How Administered**</th>
</tr>
</thead>
<tbody>
<tr>
<td>amphetamine</td>
<td>Biphedrine, Dexedrine; bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers</td>
<td>II</td>
<td>injected, swallowed, smoked, snorted</td>
</tr>
<tr>
<td>cocaine</td>
<td>cocaine hydrochloride; blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot</td>
<td>II</td>
<td>injected, smoked, snorted</td>
</tr>
<tr>
<td>MDMA</td>
<td>Adam, clarity, ecstasy, Eve, lover’s speed, peace, STP, X, XTC</td>
<td>I</td>
<td>swallowed</td>
</tr>
<tr>
<td>methamphetamine</td>
<td>Desoxyn; chalk, crank, crystal, fire, glass, go fast, ice, meth, speed, crystal meth</td>
<td>II</td>
<td>injected, swallowed, smoked, snorted</td>
</tr>
<tr>
<td>methylphenidate</td>
<td>Ritalin; Jiff, MPH, R-ball, Skippy, the smart drug, vitamin R</td>
<td>II</td>
<td>injected, swallowed, snorted</td>
</tr>
<tr>
<td>nicotine</td>
<td>cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, bidis, cloves, kretks, chew</td>
<td>NA</td>
<td>smoked, snorted, taken in snuff and spit tobacco</td>
</tr>
</tbody>
</table>

**Intoxication Effects:** increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness

**Potential Health Consequences:** rapid or irregular heartbeat; increased metabolism; decreased appetite, weight loss, heart failure, nervousness, insomnia

For amphetamine—tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance; addiction, psychosis

For cocaine—increased temperature; impulsive behavior, aggressiveness, tolerance; addiction, psychosis

For MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings

For methamphetamine—aggression, violence, psychotic behavior

### OTHER COMPOUNDS

<table>
<thead>
<tr>
<th>Substance Name</th>
<th>Examples of Commercial &amp; Street Names</th>
<th>DEA Schedule*</th>
<th>How Administered**</th>
</tr>
</thead>
<tbody>
<tr>
<td>anabolic steroids</td>
<td>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise; roids, juice</td>
<td>III</td>
<td>injected, swallowed, applied to skin</td>
</tr>
</tbody>
</table>

**Intoxication Effects:** no intoxication effects

**Potential Health Consequences:** hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; in adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics

| Inhalants | Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isooamyl, isobutyl, cyclohexyl); laughing gas, huffing, poppers, snappers, whippets, whiplets | NA            | inhaled through nose or mouth |

**Intoxication Effects:** stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing

**Potential Health Consequences:** unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death

Adapted from material created by the National Institute on Drug Abuse, www.nida.nih.gov.
Activity 5B: Substance Abuse & Parenting

In the large group, brainstorm possible effects of substance abuse on parenting ability. The facilitator will list all responses on a flipchart page. Compare your answers 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 may be emotionally and physically unavailable to the child.

- A parent’s mental functioning, judgment, inhibitions, and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect, including sexual abuse.

- A substance-abusing parent may “disappear” for hours or days, leaving the child alone or with someone unable to meet the child’s basic needs.

- A parent may spend the family’s income on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing, and healthcare.

- The resulting lack of resources often leads to unstable housing, which results in frequent school changes, loss of friends and belongings, and an inability to maintain important support systems (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.

- Eventually, a parent’s substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.

- 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 substance abuse.

- Prenatal exposure to alcohol or other drugs may impact a child’s development.
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 15-year-old child says, “My mom and her boyfriend smoke dope on weekends.”
- You learn that the 10-year-old child for whom you advocate taught his foster sister how to smoke crack.
- A 4-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?”

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**
  Parents may break their promises to go somewhere with the family, do something with the children, not drink that day, or 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**
  Rules and limits may seem to change constantly, and parents may be loving one moment and abusive the next.

- **Shame & Humiliation**
  Alcohol or drugs may take over and suddenly turn an otherwise lovely parent into a loathsome embarrassment.

- **Tension & Fear**
  Because the children of substance-abusing parents never know what will happen next, they typically feel unsafe at home, the environment in which they should feel most protected.

- **Paralyzing Guilt & an Unwarranted Sense of Responsibility**
  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, their parents would not use alcohol/drugs.

- **Anger & Hurt**
  Children may feel neglected, mistreated, and less important in their parents’ lives than the alcohol or drugs. They grow up with a profound sense of abandonment.
• **Loneliness & Isolation**  
Because the family denies or hides 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**  
Children may feel they have to constantly cover for the failure of the parent, or account for his/her deviant behavior.

• **Feeling Responsible**  
Often children feel that it is their job to organize and run the home and care for younger siblings.

• **Feeling Obligated**  
Children feel they must hide the problem from authorities in order to protect the parent.


Children in substance-abusing families need help to address these issues and begin to heal their wounds. The CASA/GAL volunteer can advocate for thorough assessment and treatment by a provider who has expertise in working with substance abuse issues.
Activity 5D: Finding a Balance

Part 1: Read the case summary below and then listen as the facilitator presents key points to consider in deciding whether to recommend that a child return home to his/her family.

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

Can the Child Return Home?
Key Points to 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
• Treatment prognosis and/or length of sobriety

A dilemma that often arises is the conflict between the legal mandate (and the child’s need) for permanence (ASFA) and the long-term treatment (including inpatient treatment) that substance-abusing parents may need. If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster care. Although 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 to punish the parent by withholding the child.

Part 2: The facilitator will divide you into two groups: One group is to make an argument for terminating Vanessa’s parental rights so Amber can be adopted by her foster parents; the other is to make an argument for giving Vanessa more time to show she can parent Amber. Share your arguments in the large group.
**What a CASA/GAL Volunteer Can Do**

Educate yourself about the power of addiction and about resources such as Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Al-Anon, Alateen, and Nar-Anon. Support those family members who are willing to deal with the substance abuse problem, even if the person with the substance dependence is not.

Services for which you might advocate include:

- Thorough assessment with recommendations for treatment
- Substance abuse treatment services (especially programs where the child can be with the parent, if appropriate)
- Home-based services to build family skills
- Relocation out of an environment where drug or alcohol use is pervasive
- Financial assistance and childcare while parents are in treatment
- Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, job training, and child support
- When a child is in foster care, frequent visitation in a homelike atmosphere or a natural setting such as a park
- Assistance for the parent seeking to flee a domestic violence perpetrator—for example, obtaining a protective order, securing alternative housing, and taking other necessary steps (substance-abusing domestic violence victims are more likely to remain sober away from the abuser)

**LEARN MORE!**

For more information on making permanency recommendations for children when parental substance abuse is involved, see the article “The Treatment Perspective in Permanency Decisions for Substance Abusing Parents” in the Chapter 5 Resource Materials.
Socioeconomic status, or class, is a major factor that greatly defines how people live in the world. According to the Children’s Defense Fund, at the end of 2004 more than 13 million US children lived in poverty. There are many myths and stereotypes associated with being poor. To separate myths from reality, it is important to look at what we do know about children and poverty in the United States.

**Activity 5E: Children in Poverty**

Listen as the facilitator shares information about how poverty affects children in the United States. Then fill in the blanks as the facilitator talks about children in your state or local community.

**Key Facts About American Children**

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

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

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

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

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

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

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

1 IN 12 . . .
- Has a disability

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


**KEY FACTS ABOUT CHILDREN IN MY COMMUNITY**

____ children live in my state.

____ % of children in my state/community live in poverty, and

____ % live in extreme poverty, their families earning incomes less than half the federal poverty level.

____ % of children under age 5 live in poverty in my state/community.

____ % of teens in my state/community have dropped out of high school.

____ % of children in my state/community live in homes where no parent has full-time, year-round employment.

____ children in my state/community do not have health insurance.

____ adults and children in my state/community receive Temporary Assistance for Needy Families (TANF).

____ is the maximum monthly TANF cash assistance payment for a family of three in my state.

____ children in my state/community live in families that receive food stamps.

____ children in my state/community receive free/reduced lunch.

____ families in my state/community live in subsidized housing.

**LEARN MORE!**

Activity 5F: Thinking It Over

Read the section “Why Are Poor Children More Likely to Be in the System?” Consider this material along with the information from the previous two activities. With a partner, pick three of the following questions to answer. There are many possible answers for each question.

- What effect might living in poverty have on access to education, healthcare, and daycare?
- What effect might current poverty have on the likelihood of future poverty?
- Is poverty viewed differently in different communities, geographic regions, neighborhoods, and/or religions? Why or why not?
- Are the experiences of poor families of color distinct from those of poor white families? What about Native American families? Why are race and income level interconnected issues?

The facilitator will ask for a few volunteers to share in the large group.

Why Are Poor Children More Likely to Be in the System?

The majority of children you will encounter as a CASA/GAL volunteer will be living at or below the poverty level. Developing a better understanding of the realities of poverty will assist you in being a better advocate. Keep in mind, knowing people’s socioeconomic status—like knowing their race, ethnicity, or other group membership—does not necessarily mean you can predict their attitudes or behavior. However, knowing their socioeconomic status does help you better understand their life experience, specifically some of the hardships they face.

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

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

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

Poverty in the first years of life can have critical consequences. Research in brain development shows the importance of the first years of life for a person’s overall emotional and intellectual well-being. Poor children face a greater risk of impaired brain development due to their increased exposure to a number of other risk factors. These risk factors include:

- Inadequate nutrition
- Parental substance abuse
- Maternal depression
- Exposure to environmental toxins (because of where they are forced to live)
- Low-quality daycare

Children who live in poverty are far more likely to have both reports of abuse and substantiated incidents of abuse in their lives. While poverty is not the causal agent of the abuse, it is a risk factor.

**Activity 5G: Poverty vs. Neglect**

Complete the sentences in each of the following examples:

A family does not have a refrigerator. Is this a child safety issue?
Yes, if ______________________________________________________
No, if ______________________________________________________

A family lives in a rental unit with holes in the floor. Is this a child safety issue?
Yes, if ______________________________________________________
No, if ______________________________________________________

A family lives in a car. Is this a child safety issue?
Yes, if ______________________________________________________
No, if ______________________________________________________

A family does not have a regular pediatrician. Is this a child safety issue?
Yes, if ______________________________________________________
No, if ______________________________________________________

In the large group, describe the factors you considered as you finished each sentence.
Activity 5H: The Importance of Family to a Child

Read the material below and share your responses to the following questions:

• Is there anything about the concept of minimum sufficient level of care (MSL) that concerns you?
• Why is the MSL standard in the best interest of children?

Why the Minimum Sufficient Level of Care (MSL) 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 the safety net that only the unconditional acceptance of family can provide. They need the knowledge of and connection to their cultural/ethnic heritage that is learned within the family.


Most children you serve as a CASA/GAL volunteer will go home. It is your role to advocate for the services necessary so the child can go home safely. If the child cannot be returned home safely, what is in the child’s best interest? This is not an easy question to answer. As a CASA/GAL volunteer, you start with the assumption that a child’s 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 yours. 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, a community of faith, sports, Scouts, music lessons, 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:

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 reunification as when considering removal.
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, as though it defies common sense. You may be 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 homes—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 terribly painful 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. 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 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., to seek substance abuse treatment or learn parenting skills) and those of the child protective services agency (e.g., to provide visitation, arrange counseling, 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. The steps in these agreements with parents need to be small and measurable. 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. If the steps are not measurable, success cannot be determined. For example, a parent can “attend parenting classes” for six months without ever making a change in behavior. If the agreement specifies that the parents are “able to describe and apply five ways to discipline their child without spanking,” both the parents and any observer will be able to tell whether the task gets accomplished. As a CASA/GAL volunteer, you should routinely ask the question of both parents and case managers, “How will you know when this requirement is met?”

Activity 5I: Understanding Families Wrap-Up

Consider the Harris-Price case in light of the material you’ve learned in the last two chapters. Imagine that Kathy Price doesn’t show up for a hearing. Think of 10 legitimate reasons why she might have missed the hearing. In the large group, share your reasons.
Activity 5J: Michelle’s Story
Watch Michelle’s story from “Powerful Voices: Stories by Foster Youth,” and respond to the following questions in the large group:

- What role did Michelle’s family play in her life?
- How can you as a CASA/GAL volunteer help children maintain family connections?

Share any remaining questions you have about Chapters 4 and 5.

Homework
PSYCHOLOGICAL & EDUCATIONAL ISSUES
Read the descriptions in the Chapter 6 Resource Materials of common psychological and educational issues that affect children. Consider the following questions in preparation for the Chapter 6 session:

- How will this information assist you in your work as a CASA/GAL volunteer?
- What collaborations will you need to form in order to be a more effective advocate?
- What is one question you have about the reading?
- What more do you need to know about children?

COMMUNITY RESOURCES
Reminder: Earlier in training, you selected an agency to research. The facilitator provided a worksheet 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 9 training session, when community resources will be introduced.
CHAPTER 6
Understanding Children

CONTENTS
Homework Recap, Goal & Objectives .......................... 6-2

UNIT 1 The Needs of Children ................................. 6-4

UNIT 2 How Children Grow & Develop ......................... 6-8

UNIT 3 Attachment & Resilience .............................. 6-12

UNIT 4 Separation .............................................. 6-15

UNIT 5 Permanence for Children .............................. 6-21

UNIT 6 Psychological & Educational Issues for Children ........ 6-26

Homework ......................................................... 6-28
HOMEWORK RECAP

PSYCHOLOGICAL & EDUCATIONAL ISSUES
Read the descriptions in the Chapter 6 Resource Materials of common psychological and educational issues that affect children. Consider the following questions in preparation for this session:

• How will this information assist you in your work as a CASA/GAL volunteer?

• What collaborations will you need to form in order to be a more effective advocate?

• What is one question you have about the reading?

• What more do you need to know about children?

COMMUNITY RESOURCES
Continue to gather information about the community resource you selected during a previous training session. You will present your reports on community resources during the session addressing Chapter 9.

GOAL
In this chapter, I will learn about child development, attachment, separation and loss, permanence, and resiliency in order to advocate effectively for a child. I will also become familiar with a range of educational, emotional, and psychological issues that affect children.
OBJECTIVES

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

✓ Identify age-appropriate behavior for children from birth through adolescence
✓ Name behavioral signs of attachment and lack of attachment in children
✓ Describe the concept of resiliency and identify protective factors
✓ Recognize typical reactions of children and their parents to separation and loss
✓ Articulate a child’s need for permanence
✓ Recognize psychological issues that affect children and identify indicators that a child might need professional assessment
✓ Describe educational challenges faced by children in foster care
Children served by CASA/GAL programs come to the court’s attention because their parents or caretakers are not meeting their most basic needs—for food, clothing, shelter, or security. Usually, parents are their children’s advocates—a CASA/GAL volunteer is needed only when the parents or caregivers cannot fulfill that advocacy role. To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children’s safety, it does have consequences. Later in this chapter, we will look more closely at the effects of disturbing children’s attachments to their primary caretakers.

**Activity 6A: The Needs of Children**

**Part 1:** Listen as the facilitator explains Abraham Maslow’s theory of human needs, often called “Maslow’s hierarchy of needs.”

**Part 2:** In the large group, brainstorm a list of things that all children need. The facilitator will record the list on a flipchart. Answer the following question:

- Which of the needs on the list are child protection issues?

**Maslow’s Hierarchy of Needs**

Maslow’s first two categories are self-explanatory. The third level, primary relationships, refers to people’s need to experience love and a feeling of belonging. People need to give and receive affection and belong to a group or to a society. Sound primary relationships make it possible for people’s need for esteem—the fourth of Maslow’s categories of need—to arise. Self-esteem and esteem from others allow people to feel self-confident and self-worthy. Without such respect in their lives, people feel inferior and worthless. When the need for esteem is met, the need for self-actualization surfaces. Maslow called this level “community and wholeness.” At this level, people strive to realize their potential and exercise their talents to the fullest. Maslow noted that most people do not reach self-actualization because they never fully satisfy their needs for love and esteem.
Maslow’s 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 one level are not met, the needs at the next level cannot be met.


**IMPORTANT POINTS ABOUT CHILDREN’S NEEDS**

- To be an effective CASA/GAL volunteer, you must keep the child’s needs clearly in mind. The child’s needs are paramount.

- Healthy growth and development depend on adequately meeting basic needs (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 your role as a CASA/GAL volunteer is to identify the child’s unmet needs and to advocate for those needs to be met.

**Activity 6B: The Needs of Ben, Robert & Rose**

**Part 1:** Assume you are the CASA/GAL volunteer for Robert and Rose, the younger children in the Harris-Price training case. In small groups, list Robert’s and Rose’s needs and answer the following questions:

- Which of the needs that appear on the flipchart list for the previous activity would you wish to address for Robert? Which would you wish to address for Rose?

- Where do Robert’s needs fall on Maslow’s hierarchy? Where do Rose’s fall?

In the large group, share your responses.
Part 2: Now, assume you are the CASA/GAL volunteer for Ben, the eldest child in the Harris-Price case. As a CASA/GAL volunteer working with a child who has reached adolescence, you will face unique issues. Read the following material on working with adolescents and review the list of tips for assisting youth in the transition to adulthood. On which tip would you focus when working with Ben? Why?

In the large group, share your responses.

Working with Adolescents

Young people are empowered when they have a voice in planning for their future. There are many opportunities to involve adolescents in planning, but in order to do so, you must build a trusting relationship with them. You must get to know the young people for whom you advocate well enough to understand their needs and their wishes for the future. In your role as a CASA/GAL volunteer, you will communicate the youth’s wishes to the judge. You will also communicate your recommendations, which may or may not be the same as the youth’s wishes. The important thing is to ensure that the youth’s voice is present in the court system. Many states require that children above a certain age receive notice of court hearings in which their permanent plan will be addressed. As a CASA/GAL volunteer, you can help young people decide the best way to participate in these events. To help adolescents become healthy, self-sufficient adults, their permanent plan should enhance their opportunities to participate in meaningful planning for their future. This planning may be about educational goals, occupational goals, or transitional-living programs that meet their unique needs. Most importantly, all adolescents need a meaningful connection with at least one healthy adult. In your role you can assist the youth in staying connected to the adult(s) who will be there for them in the long run.

TIPS FOR ASSISTING YOUTH IN THE TRANSITION TO ADULTHOOD

- Help them develop support systems and lifelong connections to family and other significant adults.
- Help them form a positive and realistic picture of the future.
- Respect the grief that comes from loss of their family.
- Tailor services to their needs.
- Advocate for resources—don’t leave them hanging.
- Help them understand their rights and responsibilities.
- Explain what you see as best for them and why.
- Involve them in decisions.
• Make sure someone is talking with them about puberty and relationships.

• Know what permanence means to them. According to Casey Family Programs, one element of permanence is “a permanent connection with at least one adult who provides love; unconditional commitment; lifelong support; a safe, stable and secure parenting relationship; and a legal relationship if possible.”

Materials for this section were adapted from “Litigating the Independent Living Case,” Kathi Grasso, ABA Child Law Practice, July 1999.

**Did You Know That . . .**

• Approximately 20,000 youth age out of foster care each year.

• The most recent federal study, which was completed a decade ago, found that two years after leaving the system, almost half the young people who “aged out” of foster care had not completed high school and less than half were employed. Not surprisingly, 40% of these foster care “graduates” had become a “cost to the community” (on either welfare or prison rolls) and only 17% were completely self-supporting.

• According to a study of foster children in the Midwest who had “aged out” of the system, two-thirds of 19-year-olds were not in school; fewer than half were employed; more than one-third were neither in school nor employed; more than one-third had received food stamps and more than a fourth had received TANF; one-third had been arrested since leaving care; less than half had health insurance; and one in seven had been homeless at least once since discharged from care.
  Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19, Chapin Hall Center for Children, 2005.

**Activity 6C: Peter’s Story**

Watch Peter’s story from “Powerful Voices: Stories by Foster Youth,” and in the large group discuss what Kevin, his CASA/GAL volunteer, did to help get Peter’s needs met and to support his transition.
When children’s needs are 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 provides information on growth and development that will be a resource to you in your work.

### Activity 6D: Ages & Stages

Consider which of the following age groups you have the most interest in or experience with:

- Birth to 6 months
- 6 to 12 months
- 12 to 18 months
- 18 months to 3 years
- 3 to 5 years
- 6 to 9 years
- 10 to 15 years
- 16 to 21 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. After every group has finished collecting their cards, check your work by referring to the Child Development Chart that the facilitator provides. A copy of this chart appears in the Chapter 6 Resource Materials as well.

In the large group, share what you discovered and any questions you have.
**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 from a consistent figure in their life.*

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 better children are at mastering the tasks of one stage of growth, the more prepared they will be for managing the tasks of the next stage. For example, the better children are able to control behavior impulses as 2-year-olds, the more skilled they will be at controlling behavior impulses they experience as 3-year-olds.

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, active 15-month-old babies touch, feel, and put everything into their mouths. That is how they explore and learn; they are not intentionally being a nuisance.

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 learning new things.

10. It is important that experiences that are offered to children fit their maturity level. If children are pushed ahead too soon, and if too much is expected of them before they are ready, failure may discourage them. On the other hand, children’s growth may be impeded if parents or caregivers do not recognize when they are ready for more complex or challenging activities. Providing experiences that tap into skills in which children already feel confident as well as offering some new activities that will challenge them gives them a balance of activities that facilitates healthy growth.

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*Resources for Child Caring, Inc., Minnesota Child Care Training Project, Minnesota Department of Human Services.*
Activity 6E: Ages & Stages—Rose

In pairs, look back at the Harris-Price case in Chapter 1. Using the Child Development Chart from Activity 6D, try to place the developmental level of 9-month-old Rose. Make notes in the chart on the next page for each of the areas of development: cognitive, psychological, moral, sexual, and motor. Consider these questions:

- Is Rose on target?
- What might a CASA/GAL volunteer do to gather additional information in order to assess her?
- What might help her in any areas in which she is lagging behind?

As you complete this activity, keep in mind the principles of development from the section “How Children Grow and Develop.” Also, remember that as a CASA/GAL volunteer you are not expected to be a child development expert. Rather, you need to be aware of typical child development so you will know when to recommend an assessment by a child development professional.

In the large group, the facilitator will ask for a few volunteers to share responses.

When observing a child’s development, keep in mind these key points:

- There is a wide range of typical behavior. At any particular age 25% of children will not exhibit the behavior or skill, 50% will show it, and 25% 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.
- As a CASA/GAL volunteer, you need to become aware of your values, attitudes, and perceptions about what is typical in order to be more objective and culturally sensitive when assessing a child’s needs.
### Rose’s Developmental Needs

<table>
<thead>
<tr>
<th>COGNITIVE</th>
<th>Sources of information or materials for further assessment</th>
<th>Resources to help child</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYCHOLOGICAL</td>
<td></td>
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<tr>
<td>MORAL</td>
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<tr>
<td>SEXUAL</td>
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<td>MOTOR</td>
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</tbody>
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**An example from the Harris-Price case**
Activity 6F: The Importance of Attachment

Listen as the facilitator presents information about the importance of attachment in child development and the risks for children who lag developmentally or lose the ability to attach to a parent or caretaker.

In the large group, share any questions you have.

What Is Attachment?

Attachment is an emotional and psychological connection between two people that endures through space and time. In child development, attachment refers to a strong, enduring bond of trust that develops between a child and the person(s) he/she interacts with most frequently.

Attachment develops intensely throughout the first three years of life. After age 3, children can still learn how to attach; however, this learning is more difficult. The child’s negative experiences with bonding will strongly influence the child’s response to caregivers and other individuals throughout the child’s lifetime.

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

1. The child’s genetic predisposition
2. The conditions under which the child is cared for
3. The child’s parents or caretakers

Healthy attachments are based on the nature of the relationship between the child and the caretaker. They are not based on genetic ties to or the gender or culture of the caretaker.

Attachment behaviors may look different in different cultures. Keep this in mind as you work with children and families as a CASA/GAL volunteer.

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

### Activity 6G: Resilience & Protective Factors

Read the chart on the following page detailing the risk factors and protective factors that influence a person's response to adversity. As you read, put a check mark by the protective factors that you believe can be influenced. For example, a person cannot do much to become the firstborn child, but he/she could become a better reader. Then, pick two of the protective factors you checked and answer the following question:

- What is one action you can take as a CASA/GAL volunteer to strengthen this protective factor for a child?

In the large group, the facilitator will ask for a few volunteers to share their ideas for action.

### What Is Resilience?

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

### Risk Factors

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

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

**Family Stress**
- Family on public assistance or 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 dropout
- Negative peer group
- Teen pregnancy, if female

### Protective Factors

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

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

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

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

**Extrat familial Social Support**
- Adult mentor outside family
- Support for child at school
- Support for child at church, mosque, synagogue, etc.
- 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

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Adapted from materials by Marci White, Methodist Home for Children, Raleigh, North Carolina, 1999.
Understanding typical reactions of children and their parents to separation and loss provides motivation for fulfilling your CASA/GAL volunteer role. By integrating this understanding about separation and loss with information on child development, behavior, attachment, and a child’s sense of time, you will be able to assess a child’s needs more accurately.

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 fear losing their peer groups and siblings, changing schools, or missing something as simple as their bed or toys.

**Activity 6H: The Separation Experience for Children**

Listen as the facilitator reads the scenario that follows. Afterward, take a few minutes to reflect on the child’s story. 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 parent was in a wheelchair?
- If the foster parents were of a different faith?
- If both foster parents were women?

In the large group, share your responses.

**The Separation Experience**

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.

Sit comfortably and close your eyes as you visualize yourself as a 4-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when you are bad, whether you have enough food at home, how much your daddy drinks, and how often he hits your mommy. You are pretty sure you are going to be in a lot of trouble because the lady said she had to tell your parents that she talked to you. You can barely eat your dinner and your mom is already mad about that. Your dad is drinking another beer, which usually is a bad sign.
There is a knock on the door and that same lady is standing there with a policeman. Now you know you are really in big trouble. She tells your mom and dad that she is taking you away with her. Will they put you in jail? She sits near you at the table and tells you not to worry. She asks your mom or dad to get some clothes together. She asks if there is any special toy or blanket that might help you sleep better. You just can’t imagine what it will be like to sleep in jail with all of those mean people that were there with your dad the last time he went.

But the lady doesn’t take you to jail. The policeman and the lady take you to a big house in another part of the town. They are chatting and laughing on the way. You can tell they are trying to be nice, but you are really scared. The lady walks you to the door and another lady opens it up. She has a big smile on her face and takes your bag of stuff and says, “Come right in.” Behind her is a man. He is smiling, too. There are a bunch of other kids who are all looking at you. The new lady says, “Welcome. This is your new home. We are so glad to have you.” She keeps smiling and seems really nice, but there must be some mistake. You didn’t ask for a new home . . . you already have a mom and dad . . . you don’t have brothers and sisters . . . this isn’t your room . . . and what is this food that they are giving you? You realize that this is all your fault and that your mom and dad must be really mad now. You wonder if you’ll ever see them again.

As a CASA/GAL volunteer, there are a number of things you can do to help children who are experiencing difficulty with the separation from their parents. Children in the foster care system are damaged every time they are moved from one place to another. Each placement increases the likelihood of irreversible damage to their emotional and psychological health. However, because a child’s safety has to be the primary consideration, sometimes he/she must be moved for protection. A CASA/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 6I: Separation Anxiety Disorder**

Listen to the presentation on separation anxiety disorder and how it affects children. In the large group, share any questions you have.

**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 participate in daily activities.
WARNING SIGNS

Following is a list of characteristics of a child who suffers from separation anxiety disorder:

• 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 worry that an event will lead to separation from a caretaker (e.g., getting lost or being kidnapped)
• Reluctance or refusal to go to school, camp, or a friend’s house because of the fear of separation
• Clinging to a parent or shadowing the parent around the house
• Excessive fear of being alone in the child’s room, the child’s house, or elsewhere
• Reluctance or refusal to go to sleep without being near a caretaker or when away from home
• Nightmares involving separation
• Complaints of physical symptoms (headaches, stomachaches, nausea, vomiting) when separation from a caretaker takes place or is anticipated
• Enuresis (bed wetting) and encopresis (soiling)

TREATMENTS 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 play therapy and behavioral therapy have been found helpful in reducing anxiety disorders. In 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.

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 court hearing continuances
• Advocate for a maximum amount of visitation, when appropriate
• Advocate for permanency so the predictability and security of a primary attachment is restored
Activity 6J: Separation & Loss in the Harris-Price Case

Taking into account the issues that are raised for children when they are moved, consider the Harris-Price case. Remember that Ben, Robert, and Rose are not placed together in their emergency foster care placement. In the large group, share your responses to the following questions:

- What issues does this separation raise for Ben?
- How is it different for Robert?
- Since Rose can’t tell you how she is feeling, what might be some signs that the separation is affecting her negatively?

Activity 6K: 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. Share your responses in the large group and together answer the question:

- How might knowing this information about the separation experience for parents impact your recommendations for visitation and your expectations about the parent’s compliance with court orders?
A Parent’s Feelings About the Separation Experience

Following is a description of what it’s like to have your children removed from your home and placed in foster care. Knowledge about parents’ feelings leads to more meaningful contact with parents. You may often observe that both a parent and a child have a similar reaction to the separation experience 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 reactions 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 taken. 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 from 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 might start using drugs, or increase your use. 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 sadness.

**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 taken, 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.

Understanding a child's need for permanence can guide your recommendations for placement and services that are in the best interest of the child, honoring the child's sense of time.

Activity 6L: Kadia’s Story

Part 1: Watch Kadia’s story from “Powerful Voices: Stories by Foster Youth.” As you watch this video, think about the issues that have been addressed in this chapter so far, including children's needs and development, attachment, resilience, and separation. A child's need for permanence is the guiding light in the work of the CASA/GAL volunteer.

In the large group, identify some of the ways Kadia's CASA/GAL volunteer helped her find permanence.

Part 2: Listen as the facilitator presents the material that follows and gives 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. One of your primary goals is to advocate for a safe, permanent home as soon as possible, honoring the child’s culture and sense of time. While there is never a guarantee of permanence, having such intentions can ensure that you are working toward a plan that supports permanence.

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

There are two possible “permanent” resolutions:

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

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

3. Placement and custody or guardianship with relatives

It is important to know that some Native Americans have a 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.

Additional information about permanence can be found in the Chapter 6 Resource Materials.
CONCURRENT PLANNING

Given these possible outcomes, your role is to encourage what is called “concurrent planning,” which means working on two plans at the same time from the very beginning of a case: one to return the child home and another to find an alternative permanent placement. Traditionally, case management in child welfare has consisted of efforts to reunite children with their parent(s), and if those efforts failed, a second plan would be pursued. This created a process that kept many children in foster care for too many years.

Concurrent planning was developed as an alternative that moves a case more quickly through the system with better results. The concurrent planning approach is family-centered, with parents involved in decision making from the start. Throughout the case, parents are regularly given direct, culturally sensitive feedback about their progress. From the start of the case, while providing services to the parents, the caseworker explores kinship options, the applicability of the Indian Child Welfare Act, and possible foster/adoptive situations for the child.
There are only two truly permanent resolutions: return to parents and adoption. These resolutions are most possible when the following questions can be answered and the underlying issues they suggest have been dealt with.

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

Materials created by Jane Malpass, consultant, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice. Used with permission.
Placement with Relative or Kin: Questions to Consider

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

- Have the relatives/kin been carefully evaluated? Is there a written home study?
- What are the parents’ thoughts and wishes in reference to this relative?
- What will be the ongoing relationship with the parents?
- Will the parents create problems with the placement or compromise the child’s safety?
- Will the relative be able to protect the child from hostile or inappropriate parental behavior?
- Will the relative be able to be positive about the parent to the child?
- Will there be an “unofficial” return to the biological parents?
- Will this relative support the present service plan?
- If the plan changes, will the relative support the change?
- How will visitation be accomplished?
- Are the relatives able to understand and cooperate with agency expectations?
- Have the relatives of both parents been considered, regardless of the removal home?
- Is placement with relatives a way we can protect the child’s roots in his/her community?
- Will placement with a particular relative mean that the child must leave the community?
- Will placement with a particular relative mean that the child will lose other important relative or kinship ties?
- Will a relative placement mean that the child will have to endure another move?
- What losses will the child experience if another move is required?
- Have we considered sibling attachments, as well as any “toxic” sibling issues?
- Is this potential caretaker related to all the siblings?
- Is this relative able and willing to take all the siblings?
- Will placement with the siblings be positive for this child?
- Will this placement support the child’s ethnic and cultural identity?
- Is this seen as permanent by the potential caretakers?
- Would this relative consider adoption?
- Are there the same issues in the extended family that existed with the parents?
- What 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: Questions to Consider

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?

Materials created by Jane Malpass, consultant, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice. Used with permission.
The issues explored in this unit can impact any child, not just those who have come to the attention of the child welfare system. It is not the purpose of this training to make you an expert in child development or child psychology, but to help you recognize warning signs that might indicate the need for evaluation. It is critical that you do not try to diagnose. A referral to a competent 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.

Activity 6M: Psychological & Educational Issues—Homework Review

Listen as the facilitator answers the questions you posted at the beginning of this session. The facilitator will also briefly highlight the material below about reasons you might recommend an assessment for a child.

Reasons for Assessment

During a case, you may wish to recommend that a child 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 tests, the timing of the assessment in the context of the child’s life, the information available from caregivers familiar with the child’s behaviors and needs, and the intended uses of the assessment are all important parts of this process. 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 of 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 (bed wetting), 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 the 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), dissociation and psychic numbing (emotional shutting down and flat affect), excessive fears, harming others, and psychotic behavior such as hallucinations and thought disorder

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**Activity 6N: Educational Advocacy for Robert**

Read the section below entitled “Education Challenges for Children.” Then imagine you are the CASA/GAL volunteer for Robert, the 9-year-old middle child in the Harris-Price case. When Robert moves in with his father, he transfers to a new school. There the teachers find that he is falling behind his peers.

In pairs, answer the following questions to determine what you might do to advocate for Robert’s educational needs:

- Who would you talk to about Robert’s school experience?
- What might be affecting Robert’s learning?
- How would you find out what might help Robert?
- Are there services you might recommend to help him catch up in school?

In the large group, share your ideas.

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**Education Challenges for Children**

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

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

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

**Homework**

**RESOURCE MATERIALS EXPLORATION**

Look at the Chapter 7 Web Resources or the Chapter 7 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to the next training session, write up a brief description of the resource on an index card provided by the facilitator.

**COMMUNITY RESOURCES**

**Reminder:** Earlier in training, you selected an agency to research. The facilitator provided a worksheet 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 9 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 7

Communicating as a CASA/GAL Volunteer

CONTENTS

Homework Recap, Goal & Objectives ........................................... 7-2

UNIT 1 Developing Communication Skills. ................................. 7-3

UNIT 2 Communicating with Children ....................................... 7-11

UNIT 3 Dealing with Conflict .................................................. 7-15

UNIT 4 Understanding Confidentiality ................................... 7-23

Homework .............................................................................. 7-28
HOMEWORK RECAP

RESOURCE MATERIALS EXPLORATION

Look at the Chapter 7 Web Resources or the Chapter 7 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to this training session, write up a brief description of the resource on an index card provided by the facilitator.

COMMUNITY RESOURCES

Continue to gather information regarding the community resource you selected to report on in the Chapter 9 training session.

GOAL

In this chapter, I will practice communication skills that will help me interview and observe children, deal with conflict, and work collaboratively with others on a case. I will increase my understanding of confidentiality and privacy issues as they relate to building a trusting relationship with the children and families I will encounter in my CASA/GAL volunteer work.

OBJECTIVES

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

✓ Name the basic elements of effective communication
✓ Recognize that communication patterns differ across cultures
✓ Observe children and establish rapport and trust
✓ Identify different styles of dealing with conflict
✓ Practice a collaborative approach in my work as a CASA/GAL volunteer
✓ Apply the rules of confidentiality
You will come into contact with many people during your investigation and monitoring of a child’s case. Relationships characterized by respect and credibility will assist you in doing your job. Respect is earned as others on the case see your commitment to the child and to your role as a CASA/GAL volunteer. Credibility is established when you do what you say you will do in a timely manner, when you make recommendations built on well-researched and independently verified information, and when you maintain your proper role as the child’s advocate.

Effective communication is critical to your ability to advocate for children. Good communication requires:

- Self-awareness
- Sensitivity
- Skills

Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.

Activity 7A: Ways People Communicate

Part 1: As a group, brainstorm a list of ways people communicate. The facilitator will record your responses on a flipchart.

Then, using this list, fill in your responses to the following questions:

Which of these methods of communication are my strengths?

________________________________________________________________________
________________________________________________________________________

Which of these methods of communication challenge me?

________________________________________________________________________
________________________________________________________________________

What is one strategy I can use to communicate more effectively, build on my strengths, and improve in areas that challenge me?

________________________________________________________________________
________________________________________________________________________

Part 2: Read the following information about the basics of communication and underline the key points. If you have questions, share them in the large group.

“Respect” can be defined as esteem or admiration.

“Credible” can be defined as being believable or reliable.
The Basics of Communication

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

Communication has three components:

1. **Verbal**: The verbal component refers to the actual words spoken, the elements we traditionally think of as language and refer to as “communication.”

2. **Nonverbal**: The nonverbal component refers to gestures, body movements, tone of voice, and other unspoken means of conveying a message. The nonverbal code can be easily misread.

3. **Feelings**: This component refers to the feelings that are experienced in the course of an interaction. While the verbal and nonverbal components can be directly observed, the feelings component is not easy to observe.

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

As a CASA/GAL volunteer, you will communicate with children, their families, caseworkers, and others involved in a case. It is important that you understand how to convey your message consistently using all three components of communication—verbal, nonverbal, and feelings. It is also essential that you learn to observe whether people’s verbal and nonverbal messages match or are congruent. It is important to “hear” the silent messages. Listening for meaning requires three sets of ears—one set for receiving the message that is spoken, one for receiving the message that is conveyed silently, and one for receiving the feelings of the sender.

Adapted from “Learning to Listen to Trainees,” Ron Zemke, and “Learn to Read Nonverbal Trainee Messages,” Charles R. McConnell.
Activity 7B: Cross-Cultural Communication

Read the information below and consider the chart describing the cultural meanings of different types of nonverbal communication, including postures, expressions, and body movements. In pairs, list three ways you communicate nonverbally that could be misinterpreted by a person from a different culture or could make a person from a different culture uncomfortable.

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________

Nonverbal Communication Across Cultures

When dealing with families from different cultures, it is important to keep in mind that the meaning of an action may differ with the culture. 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. As a CASA/GAL volunteer, you must learn to communicate with families and children within the terms of their culture and language—to treat families as the families would like to be treated, not as you would like to be treated.
## Nonverbal Communication

### HEAD & FACE

<table>
<thead>
<tr>
<th>Gesture</th>
<th>Meaning</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pat the head of someone; tousle someone’s hair</td>
<td>A friendly gesture</td>
<td>Western countries</td>
</tr>
<tr>
<td>To insult or degrade someone</td>
<td>Thailand, Burma, Fiji, Indonesia, Singapore</td>
<td></td>
</tr>
<tr>
<td>Nod the head up and down</td>
<td>To indicate “yes”</td>
<td>Most countries</td>
</tr>
<tr>
<td>To indicate “no”</td>
<td>Iran and most of Greece, India and Bangladesh</td>
<td></td>
</tr>
<tr>
<td>Shake the head side to side</td>
<td>To indicate “yes”</td>
<td>Bulgaria, Serbia, Turkey, Sri Lanka</td>
</tr>
<tr>
<td>Tap the forehead near the temple</td>
<td>To indicate that someone is very intelligent, or has a lot of common sense</td>
<td>Western Europe; English-speaking countries</td>
</tr>
<tr>
<td>“I’m thinking about it” and “Leave it to me”</td>
<td>South America; English-speaking countries</td>
<td></td>
</tr>
<tr>
<td>Rotate the index finger against the temple or pulse points</td>
<td>“He/she is crazy!” “A screw is loose!”</td>
<td>Bulgaria; English-speaking countries</td>
</tr>
<tr>
<td>Tap the middle of one’s forehead</td>
<td>“He/she is crazy!”</td>
<td>Holland, South Africa, parts of Indonesia</td>
</tr>
</tbody>
</table>

### MOUTH

<table>
<thead>
<tr>
<th>Gesture</th>
<th>Meaning</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stick out the tongue</td>
<td>To mock or deride someone</td>
<td>English-speaking countries</td>
</tr>
<tr>
<td>An involuntary sign of concentration</td>
<td>Universal</td>
<td></td>
</tr>
<tr>
<td>To greet a friend</td>
<td>Tibet</td>
<td></td>
</tr>
<tr>
<td>Giggle</td>
<td>Amusement</td>
<td>Universal</td>
</tr>
<tr>
<td>Embarrassment; women often cover their mouths with the hand or a piece of clothing when they giggle</td>
<td>China, Taiwan, Japan, Hong Kong, Malaysia, India, Bangladesh, Tibet, Nepal, Philippines, Singapore, Pakistan</td>
<td></td>
</tr>
<tr>
<td>Cover the mouth with the hand</td>
<td>To politely cover a yawn</td>
<td>Widespread</td>
</tr>
<tr>
<td>Because it is rude to display an open mouth; for example, cover the mouth when laughing or using a toothpick</td>
<td>Women in China, Japan, Indonesia, Thailand, Korea, Burma</td>
<td></td>
</tr>
<tr>
<td>Eat in the street</td>
<td>Vulgar</td>
<td>France, Poland</td>
</tr>
<tr>
<td>Use fingers to eat</td>
<td>Unnecessary, vulgar</td>
<td>France, Japan, Bolivia</td>
</tr>
</tbody>
</table>

### EYES

<table>
<thead>
<tr>
<th>Gesture</th>
<th>Meaning</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stare at someone</td>
<td>Rude behavior</td>
<td>Australia, Britain, Ireland, New Zealand, Thailand, Japan, Korea, Western Europe, North America, Zimbabwe</td>
</tr>
<tr>
<td>The only way to find out something</td>
<td>China, Taiwan, Pakistan, Saudi Arabia</td>
<td></td>
</tr>
<tr>
<td>Avoid eye contact</td>
<td>As a general practice</td>
<td>Africa, Caribbean</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>As a gesture of respect or deference</td>
<td>Britain, North America, Japan, South Africa, Ghana</td>
</tr>
<tr>
<td></td>
<td>By women in order to avoid a suggestion of romantic interest, if men are present</td>
<td>Zambia, Colombia, Mali, Turkey and Muslim countries</td>
</tr>
<tr>
<td></td>
<td>Embarrassment</td>
<td>England</td>
</tr>
<tr>
<td>Wink</td>
<td>“I’m in the know” and “We share a secret”</td>
<td>North America, Ireland, Australia, New Zealand, Western Europe</td>
</tr>
<tr>
<td></td>
<td>Impolite gesture</td>
<td>Hong Kong</td>
</tr>
<tr>
<td></td>
<td>Flirtatious signal</td>
<td>Western countries</td>
</tr>
<tr>
<td></td>
<td>“I’m not serious, I’m kidding”</td>
<td>North America, Australia, Britain</td>
</tr>
<tr>
<td>Remove sunglasses when entering a home or if speaking to someone</td>
<td>Because it is impolite to look at someone with “dark eyes”</td>
<td>Indonesia, South Korea, Japan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NOSE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrinkle the nose</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Thumb the nose</td>
</tr>
<tr>
<td>Pinch the nose</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Push the nose up with the index and middle finger</td>
</tr>
<tr>
<td>Blow the nose</td>
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<tr>
<td></td>
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<tr>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>EARS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tug or squeeze at one’s own earlobe</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Make circular motions around the ear with the index finger</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Adapted from *The Naked Face*, Lailan Young, New York: St. Martin's, 1994.
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 speak limited English or none at all. Whether you 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 professional 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 a 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 their 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 7C: Introducing Yourself as a CASA/GAL Volunteer**

**Part 1:** 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 facilitator will hand out helpful resources for introducing yourself to children and families. Here is one example of what you might say to introduce yourself to a family:

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

Using what you’ve learned about communication so far in this unit, write what you would say to introduce yourselves to . . .

**Kathy Price.**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**Ben Harris.**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**Robert Price’s teacher.**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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

As the speaker, think about what you would like to convey and how best to convey it. Keep in mind the strategy you identified in Activity 7A. Consider tone of voice, posture, language, etc. As the listener, try to reflect back what you hear. If necessary, ask the speaker to clarify his/her point.

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

In the large group, share any questions you have.

Adapted from an activity contributed by Norma Laughton, North Carolina GAL district administrator.
Activity 7D: Observing Children

Part 1: In small groups, look at the photos of children. What fact-based observations can you make about how each child might be feeling? Record the behaviors and expressions that you believe indicate how the child is feeling. Compare your responses. Share a sample of your group’s responses in the large group.

Child 1: ________________________________________________________

Child 2: ________________________________________________________

Child 3: ________________________________________________________

Child 4: ________________________________________________________

Child 5: ________________________________________________________

Child 6: ________________________________________________________

Child 7: ________________________________________________________

Part 2: Read the following section, “Considerations for Observations.” In the large group, answer the following questions:

• In addition to observing behaviors and expressions, what other ways 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?

• How might your observations be influenced by your assumptions?
Considerations for Observations

Knowledge about communication is important to the specific ways you will gather information from children. Some children can talk about their situations and their wishes, but other children do not have verbal and developmental skills sufficient to express their needs and wishes. Because the verbal skills of children vary, fact-based observations about a child are a vital part of your investigation and court report as a CASA/GAL volunteer.

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

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

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

3. **How interested is the child in what he/she is doing?**
   Does the child seem intent on what he/she is doing or does the child seem more interested in what others are doing? How long is his/her concentration span? How often does he/she shift activities?

4. **How much energy does the child use?**
   Does the child work at a fairly even pace or does he/she work in spurts of activity? Does the child use a great deal of energy in manipulating the materials, in body movements, or in talking?

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

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

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

8. **How does the child get along with other children?**
   Does the child play alone, with only certain children, or with a variety of children? Is the child willing or unwilling to share toys? Does the child always initiate or always follow along with group ideas?
9. **What kinds of changes are there from the beginning to 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, dental health, cognitive development, physical development, psychological development, etc.)?


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**Activity 7E: Establishing Rapport & Trust with Children**

Read the following information on establishing rapport and trust with children. Name three concrete things you can do to establish rapport and trust with the children you will encounter as a CASA/GAL volunteer. Share your ideas in the large group.

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________

---

**Establishing Rapport & Trust**

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
- Involves actively listening to the child’s words and observing his/her nonverbal cues
- Needs regular nurturing
- Requires honesty in all communication with the child
- Is developed for the benefit of the child, not the adult

The children for whom CASA/GAL volunteers advocate have been traumatized by the abuse or neglect that brought them to the attention of the court. Rapport and trust are essential in these situations to help the child feel safe and secure. Trust can be defined as confident expectation, or belief in another person’s integrity.

---

“Rapport” can be defined as a relationship, especially one of mutual trust or understanding. “Trust” can be defined as confident expectation, or belief in another person’s integrity.
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 16-year-old about the CASA/GAL volunteer relationship with a child.

of the child protective services system and by all of the life changes that have occurred as a result of agency intervention. As a CASA/GAL volunteer, you are likely to be one more new person in a long line of new people in the child’s life.

In order to be an effective advocate, you must perform a thorough independent investigation of a child’s situation and best interests (not the allegations that brought the child into care). 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. Respecting privacy is critical to establishing a trusting relationship. You can assess what the child needs and what the child wants only if you have established a relationship that allows the child to honestly share his/her feelings.

**Activity 7F: José L.’s Story**

Watch José L.’s story from “Powerful Voices: Stories by Foster Youth.” In the large group, respond to the following questions:

- How did José’s CASA/GAL volunteer break his trust?
- What could she have done differently?
As a CASA/GAL volunteer, you will be gathering information from various sources in order to form your recommendations on behalf of the child you represent. It is inevitable that these various sources will hold different points of view and, in some cases, will come in conflict with you or with each other. Many of us are wary of conflict. It may stir up uncomfortable feelings and negative associations. Our past experience with conflict may lead us to believe that it is destructive. We may try to avoid it, or we may feel inadequate to the task of addressing and resolving it.

But conflict is a natural part of life, and it can be a positive and constructive force. It can clear the air, help us articulate our point of view, and help to define a problem in a way that ignoring it never can. What follows is some information about how to manage conflict that may help remove some of its negative associations and help us see its positive aspects.

Whether we are aware of it or not, we all have a preferred style of handling conflict. We most likely learned it within our family of origin, and we keep at it because it feels part of who we are, how we do things. It’s a familiar response that we do not often examine. But, as you will see, each of the conflict styles described below is available to all of us. Think of them as tools in a toolbox. Just as different jobs call for different tools, so different situations call for different conflict management styles.

**Activity 7G: Conflict Management Styles**

*Part 1:* Listen as the facilitator gives an overview of the five conflict management styles. As you listen, think about which style you use the most, which you use the least, which you like the most, and which you are least comfortable using.

**Conflict Management Styles**

The following framework, developed by Kenneth Thomas and Ralph Kilmann to describe conflict management styles, is used extensively in business and educational programs. A person’s style in dealing with a particular conflict depends on the importance of the task or topic at hand and the importance of the relationship between the two parties in conflict.

**DIRECTING—“WHAT I SAY GOES” OR “THIS IS NOT NEGOTIABLE”**

You are confident that you know the best way, so you don’t bargain or give in. You may feel that you need to stand up for what you believe is right. You may also feel you need to pursue your concerns rather than the other person’s concerns.

**Potential Uses:**

- When immediate action is needed
- When safety is a concern
- When you believe you are right

“Conflict” can be defined as the perception that desired outcomes are mutually exclusive.
Potential Limitations:
- Intimidates people and can force them to react against your position
- Does not allow others to participate in the decision-making process

AVOIDING—“DON’T MAKE WAVES” OR “THIS ISN’T WORTH THE BOther”

You don’t address conflict because you are attempting to be diplomatic or because you want to address it at another time.

Potential Uses:
- When confrontation is too damaging
- When a cooldown period might be helpful
- When you want to buy time to prepare
- When you believe the situation will resolve itself in time

Potential Limitations:
- Important issues might not get addressed
- The conflict might escalate or return later

ACCOMMODATING—“IT DOESN’T MATTER TO ME”

You yield to the other person’s point of view for the sake of a positive relationship. You may give in for now but expect to get your way another time when the matter is more important to you.

Potential Uses:
- When the relationship is more important than the issue
- When you want to keep the peace and maintain harmony
- When the outcome is more important to the other person than it is to you

Potential Limitations:
- If used too often, your needs don’t get met

COMPROMISING—“LET’S SPLIT THE DIFFERENCE” OR “HALF A LOAF IS BETTER THAN NONE”

You seek a middle ground that everyone can agree on. Each party must give up something to reach an agreement that each can live with. Compromising is often quick and easy, and most people know how to do it.

Potential Uses:
- When parties of equal strength have mutually exclusive goals
- When all else fails

Potential Limitations:
- May avoid discussion of real issues
- Everyone may walk away dissatisfied
COLLABORATING—“TWO HEADS ARE BETTER THAN ONE” OR “LET’S WORK IT OUT”

You work with the other parties to explore your disagreement, examine alternative solutions, and attempt to find a mutually satisfying solution (“win-win”) rather than telling them what you think is best or right.

Potential Uses:
- When everyone’s needs are worth meeting
- When you want to improve relations between parties
- When parties are willing to learn from each other’s point of view

Potential Limitations:
- This method takes time
- It will not work unless everyone is willing to participate
- It requires trust

Adapted from the Thomas-Kilmann Mode Instrument.

One way to determine which style is the most effective in any given situation is to weigh the importance of the relationship against the task or topic at hand (see chart that follows). For example, the accommodating style is most effective when the relationship is more important than the task (e.g., one person lets another choose the movie they’ll see because it’s the company that’s important, not the movie). Conversely, the directing style is most effective when the task is important and the relationship is not (e.g., a police officer evacuating a burning building won’t be concerned if you like him, just that you escape safely).

Many of us fall back on the same conflict management style out of habit, but the relative weight of task and relationship will vary from situation to situation. It’s important to consider each instance and use the most appropriate style. Each style will be useful to you at different times in your work as a CASA/GAL volunteer.
Activity 7G: Conflict Management Styles

Part 2: In small groups, read the scenarios below and identify which conflict management style is used by the various people in each scenario. Would a different style have produced a better result in any of the scenarios?

“A BARKING DOG DOES NOT BITE”

Mr. Smith has a Chihuahua, Tiny, in his home that is his only company. There have been several complaints to the police about the barking. Mr. Smith does not understand why his neighbors complain so much because he says Tiny only barks when someone he doesn’t know comes onto the property. Mr. Smith wants his neighbors to leave him alone. He says his neighbors are too picky and not very friendly. The dog is Mr. Smith’s best friend since his wife died two years ago. He misses her terribly and feels very alone.

Mrs. Ross lives next door to Mr. Smith. Her bedroom faces Mr. Smith’s yard, where he keeps his dog. She has had it with hearing the dog all day because she works at night and has to get her rest in the daytime. She has gone to Mr. Smith and told him exactly what he needs to do. She wants Mr. Smith to get rid of the dog. She has gone to the police, but they don’t do anything. She is thinking of going to the town council and forcing Mr. Smith to put the dog to sleep.

Mr. Melrose lives on the other side of Mr. Smith. He doesn’t think Mr. Smith should have to get rid of his dog, but doesn’t want Tiny to bark so much—it is getting more and more annoying. If Mr. Smith would just train Tiny, the situation would be much better. He has gotten calls from Mrs. Ross urging him to support her point of view, but he hasn’t said anything to Mr. Smith because he doesn’t want to hurt his feelings.

“THE LONELY ORANGE”

Luisa is doing her weekly shopping at the supermarket, tired from a double shift at work. As she is checking her list, she sees that she still needs an orange for a recipe she wants to make. When she gets to the produce section, she sees that there is only one left and as she reaches for it . . . another hand moves to grab it! It is Sam, who has come into the store for just a few items and is in a hurry to get back home. Luisa and Sam each feel they got to the orange first and that their reason for wanting it is the most important.

Luisa is making a special cake with orange frosting for her daughter Elena’s seventh birthday. She had promised it to her and really wants to follow through because she has been working so many hours lately and hasn’t been able to spend much time with her. She really needs the zest for her special recipe.

Sam is in a hurry to get back home to his dad, who is staying with him as he recovers from an operation. Sam has been trying, without much success, to get his dad to drink plenty of liquids and just tonight his dad asked for “a little glass of fresh-squeezed orange juice.”
As Luisa and Sam explain to each other why it’s so important that they each respectively get the orange, they realize they need different parts of the orange. After splitting the cost, Luisa takes a chunk of the rind, and Sam takes the rest of the orange.

“JLO VS. GODZILLA”

Tyrone and Sonia are making plans for the weekend. They can only go out one night because of school and family obligations. Tyrone wants to go to the arcade because he heard that they just got in the latest action game and his friends will be there. Sonia hates arcade games and thinks the newest ones are too violent. Besides, Tyrone gets going with his friends and she feels left out. She wants to see the latest Jennifer Lopez movie because it’s supposed to be very romantic. Tyrone isn’t into that mushy stuff, but agrees to go because he wants to spend time with Sonia and she really wants to see it.

“JUST A LITTLE BIT LONGER . . . ”

Nick asks his mom for a later curfew. Currently, he can stay out till 11 p.m. on Friday and Saturday nights, but has to be in the house by 9 p.m. on school nights. Because his friends live in other communities, he often has to leave by 10 on a weekend night in order to make sure he is home by 11. This means he misses out on the end of the game they are watching or has to leave a party way too early. Besides, his friends are starting to tease him about being on a “short leash.” He wants to stay out till 1 a.m. Nick doesn’t care about the weekday curfew because he has a lot of homework and school activities always end early.

Nick’s mom is concerned that he will want to be out late every night, not just weekends, and she wants to make sure he does his homework and gets enough sleep. Besides, she doesn’t want him out on the road at “all hours.” She thinks 1 a.m. is too late and the thought of waiting for him to come home so late (she can’t sleep when he is out) makes her feel exhausted.

Nick and his mom talk it over and settle on a midnight curfew for weekends, keeping the same curfew for weeknights. They agree to revisit this decision next year.

Activity 7H: Successful Collaboration

Listen as the facilitator provides a general overview of what it means to use a collaborative approach. Take turns reading aloud the list of keys to successful collaboration.

Using a Collaborative Approach

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

The word “collaboration” comes from the roots “co” (meaning together) and “labor” (meaning work).
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).

When agencies collaborate successfully, 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.

**KEYS TO SUCCESSFUL COLLABORATION**

- **Develop a Partnership**
  The people or agencies in a collaboration need to develop mutually respectful relationships that allow for the development of trust.

- **Assess Reasons for Collaborating**
  Collaborators need to clarify their reasons for working together and identify contributions each can offer to the plan. This is an ongoing process.

- **Set Goals and Make a Written Plan**
  Parties should write down the goals and the steps needed to reach these goals, indicating who will be responsible for each activity.

- **Learn and Practice Skills**
  Group members may need to learn some new skills in order to reach the goals of the group. Collaborators can teach each other and invite additional assistance as needed.

- **Celebrate Accomplishments**
  All parties should take the time to celebrate their joint accomplishments with the families, workers, and others who have supported the collaboration.

**LEARN MORE!**

For more information on collaboration and negotiation, see the Chapter 7 Resource Materials.
“PEOPLE-FIRST” LANGUAGE

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.

Activity 71: Conflict in CASA/GAL Volunteer Work

Read the following two case scenarios, and in groups of three, pick one of these scenarios to role-play. One of you will play the CASA/GAL volunteer, one the professional (caseworker or psychologist), and one the observer. These conflict scenarios are based on real situations.

The CASA/GAL volunteer and the professional 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 did you use?

Share your observations in the large group.
**CONFLICT MANAGEMENT SCENARIO 1**

**CASA/GAL Volunteer**

You are a new CASA/GAL volunteer on a case involving twin 3-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 seem to know only 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 MANAGEMENT SCENARIO 2**

**Psychologist**

For the past six months, you have been providing therapy to a mother whose 7-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.
Activity 7J: 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. The facilitator will share with you the definitions and rules in your area. 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,
Confidentiality Flowchart

Should I share information with someone else about this child or this case?

Is it in the child’s best interest to share this information?

- NO
  - Resist sharing the information. Is the person legally entitled to it?
    - NO
      - Do not share the information. Contact CASA/GAL program staff.
    - YES
      - Contact CASA/GAL program staff.

- YES
  - Is it my information to share?
    - NO
      - Direct the person asking to the original source.
    - YES
      - Is the person legally entitled to the information?
        - NO
          - Tell the person that he/she will need to obtain a court order.
        - YES
          - Share the information.

Chart contributed by Diane Robinson, former state director, Arkansas CASA.
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/or 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.

SHARING INFORMATION WITH FOSTER PARENTS

As a CASA/GAL volunteer, you are not the foster parents’ source of information about the child’s case nor are you their advocate. Your job is to focus on the child’s needs. It is your obligation to keep your child informed about the case, but it is not your duty to keep the foster parents informed.

Foster parents may seek information from you about the children in their care, but foster parents’ contractual relationship is with the child protective services agency or a private licensing agency. In order to provide adequate care, foster parents do need to know relevant information regarding the child. In fact, federal law requires that the child protective services agency provide the foster parent with the child’s health and education records at the time of placement. The records should be updated periodically and each time the child is moved to another placement. These records must include, at a minimum, the following:

- Names and addresses of the child’s healthcare provider and school
- The child’s immunization record, known medical problems, and medications
• The child’s school record with current grade level performance
• Other relevant health and education information (e.g., behavioral problems and/or disabilities)

There may be instances, however, where you have information that would help a foster parent care for a child. Suppose, for instance, that you know the child has a history of sexual victimization and that he/she has been moved from an earlier foster home after being found in bed with a younger child. The current foster parent does not have this information and there is another young child in the home. In such a case, it is clearly in the best interest of both the child and other children in the home that this information be shared. After discussing the issue with staff to determine the best approach, you should contact the caseworker and state a clear expectation that this critical background information be shared with the current foster care provider. As a CASA/GAL volunteer, you should not share this information yourself.

Activity 7K: Confidentiality Dilemmas

Questions of confidentiality in your role as a CASA/GAL volunteer are often not clear-cut or easily recognized. This activity uses six scenarios to illustrate situations that test the limits of confidentiality.

The facilitator will divide the class into six groups and assign each a scenario. 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 or program?
• How might this situation create conflict? As the CASA/GAL volunteer, how could you resolve it?

In the large group, share a summary of the scenario you considered and your answers to the questions.

Scenario 1

CASA/GAL volunteer Susan Wong was visiting 6-year-old Haley at her foster home. The foster mother, Shera Franklin, told Susan that Haley was extremely agitated after her most recent visit with her dad. Shera wanted to know what had happened at the visitation. She also wanted to know the details of why Haley came into care and whether Susan was going to recommend that she be returned to her family. Susan answered all of Shera’s questions.
SCENARIO 2
CASA/GAL volunteer Janie Bell was in the program office after a court hearing. She overheard another volunteer talking to program staff about a case in which a 4-year-old girl was going to be placed for adoption as soon as her parents’ rights were terminated. Janie 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 4-year-old girl.

SCENARIO 3
CASA/GAL volunteer Trent Watson was investigating the case of 14-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 4
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 5
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 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 and mentioned the case to her. Amy is the juvenile court clerk in the county where the case is open.

SCENARIO 6
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, North Carolina GAL western regional administrator. Names do not represent real people.
**Homework**

**THE KAYLEE MOORE CASE**

Read the introduction to the Kaylee Moore case, which appears at the beginning of Chapter 8 in your Volunteer Manual. This case is designed to unfold throughout Chapters 8 and 9, as you learn to perform various aspects of your role as a CASA/GAL volunteer.

**COMMUNITY RESOURCES**

**Reminder:** 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. You will share the materials and information you've gathered during the Chapter 9 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

CONTENTS
Homework Recap, Goal & Objectives ........................................ 8-2
The Kaylee Moore Case ......................................................... 8-3
UNIT 1 How a CASA/GAL Volunteer Is Appointed to a Case ........ 8-5
UNIT 2 Planning the Investigation & Gathering Information .......... 8-10
UNIT 3 A Successful CASA/GAL Volunteer Interview ................. 8-16
UNIT 4 Investigating a Case ..................................................... 8-22
Homework ................................................................. 8-29
HOMEWORK RECAP

THE KAYLEE MOORE CASE

For homework, you read an introduction to the Kaylee Moore case, which appears at the beginning of this chapter. This case is designed to unfold throughout Chapters 8 and 9, as you learn to perform various aspects of your role as a CASA/GAL volunteer.

COMMUNITY RESOURCES

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. You will share the materials and information you gather during the Chapter 9 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.

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
✓ Conduct a CASA/GAL volunteer interview
✓ Take thorough and appropriate notes for a case
✓ Complete an investigation for a case
✓ Apply the requirements of the Indian Child Welfare Act to a case
The Kaylee Moore Case

Trisha Moore, age 22, brought her 4-year-old daughter, Kaylee, to the emergency room with burns on her legs. When hospital staff asked about how the burns occurred, Trisha just shook her head and would not answer any questions. Dr. Kate Mossman examined Kaylee and determined that the child had third-degree burns on her legs. After running a toxicology screen, the doctor concluded that Kaylee had been exposed to chemicals used to manufacture methamphetamine. When the doctor asked Kaylee how she got burned, she said that her mother and her mom’s boyfriend were cooking their medicine and it caught on fire. She said her mother and her mom’s boyfriend were cooking their medicine and it caught on fire.

Hospital staff called the county sheriff. Given the nature of the child’s injuries, the sheriff determined he had probable cause to search Trisha Moore’s car. Upon finding drugs, he arrested her.

The social worker at the hospital alerted Child Protective Services (CPS). CPS assigned Wilma Bailey to the case, and she went to the hospital to meet the child and Dr. Mossman. The doctor told Wilma that Kaylee would need to stay in the hospital a few more days but could then be released to a foster family. She would need some follow-up care, but the burns would heal.

Ms. Bailey discovered that Kaylee might be an Indian child as defined by the Indian Child Welfare Act (ICWA) and that her tribe (through her father) might be the Big River Nation. Wilma attempted to contact the tribal representative to notify the tribe that she was filing a petition for custody of Kaylee.

Children who are around areas used as methamphetamine labs get exposed to highly toxic chemicals. According to a policy brief by Carneval Associates, 60% of children removed from lab sites in 2003 had methamphetamine in their systems.
Ms. Bailey filed the necessary documents for an emergency custody hearing. She looked for a Native foster family for Kaylee to attempt to comply with the placement preferences of ICWA until a relative placement could be located. No Native foster homes were available, so she contacted a non-Native foster family and asked them to prepare.
Activity 8A: CASA/GAL Volunteer Appointment & Court Forms

Part 1: Each local program has its own protocol for assigning cases. Listen as the facilitator shares information about volunteer appointment.

Part 2: The first information that you will receive when assigned to a case may include various forms and documents involved in a case. State and local laws and procedures dictate what forms are used. The facilitator will share copies of actual court forms used in your jurisdiction. On the following pages, there is space to fill in information about various court forms. The facilitator either will present this information and ask you to record it in your manual or will provide a handout with this information.

THE PETITION

In my jurisdiction, this is called ______________________________________

It is prepared or submitted by ________________________________________

The information I will gain from it is _________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

THE AFFIDAVIT

In my jurisdiction, this is called ______________________________________

It is prepared or submitted by ________________________________________

The information I will gain from it is _________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
THE ORDER FOR EMERGENCY CUSTODY

In my jurisdiction, this is called __________________________

It is prepared or submitted by __________________________

The information I will gain from it is ______________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

THE SUMMONS (OR NOTICE)

In my jurisdiction, this is called __________________________

It is prepared or submitted by __________________________

It is important because _________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

THE NOTICE TO THE TRIBE

In my jurisdiction, this is called __________________________

It is prepared or submitted by __________________________

It is important because _________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
THE ORDER FROM THE FIRST COURT APPEARANCE

In my jurisdiction, this is called ________________________________

It is important because ________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

THE ORDER TO APPOINT THE CASA/GAL VOLUNTEER

In my jurisdiction, this is called ________________________________

It is prepared or submitted by ________________________________

I will use this to ________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

OTHER/forms used in my area

Name __________________________________________________________

Content _________________________________________________________

_________________________________________________________________

_________________________________________________________________

Name __________________________________________________________

Content _________________________________________________________

_________________________________________________________________
Activity 8B: Court Hearings

Listen as the facilitator shares information about the court hearing process in your jurisdiction. Use the Hearing Date Checklist on the next page to record the name and time requirements for each type of hearing.

LEARN MORE!
Check out the Master Checklists from Resource Guidelines—Improving Court Practice in Child Abuse and Neglect Cases in the Chapter 8 Resource Materials. This information, created by the National Council of Juvenile and Family Court Judges, sets out best practices for each court hearing, such as who should attend and key decisions that should be made. Because the Master Checklists are written for a national audience, names of hearings may not apply in your jurisdiction. However, the checklists provide an overview of how cases progress through the court system.
<table>
<thead>
<tr>
<th>EVENT</th>
<th>Name in My Jurisdiction</th>
<th>Timing in My Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal from Home</td>
<td></td>
<td>Occurred Today:</td>
</tr>
<tr>
<td>Emergency Custody Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continued Custody Hearings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjudication Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposition Hearing</td>
<td></td>
<td></td>
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<tr>
<td>First Review</td>
<td></td>
<td></td>
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<tr>
<td>Second Review</td>
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<td></td>
</tr>
<tr>
<td>Third Review</td>
<td></td>
<td></td>
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<tr>
<td>Permanency Hearing</td>
<td></td>
<td></td>
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<tr>
<td>Second Permanency Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Termination of Parental Rights (TPR) Hearing</td>
<td></td>
<td></td>
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<tr>
<td>Post-TPR Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Placement Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Case Name:** Kaylee Moore

**File #:**
Each case is unique and unfolds in its own way, requiring different information in order to meet the needs of a particular child. Your work as a 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. Throughout Chapters 8 and 9, you will 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 8C: Planning Your Investigation

Assume you are the CASA/GAL volunteer on the Kaylee Moore case. You were assigned just after the emergency custody hearing and are preparing for the adjudication hearing.

Part 1: In pairs, create an initial investigation plan for the Kaylee Moore case. Fill in the Initial Investigation Plan worksheet, which appears on the next page, using the knowledge you have so far about the case and the material in the Sources of Information chart, which follows the Initial Investigation Plan worksheet. Remember that the sources of information on a case may include both people and documents.

In the first column of the Initial Investigation Plan worksheet, list the questions you want answered during your investigation. Then, brainstorm all possible sources that might be able to answer your questions and write those sources in the second column. In the third column, prioritize the questions based on what you think you need to know first.

Part 2: In the large group, share the question that is your first priority and potential sources of information to answer it.

Part 3: On the index cards the facilitator provides, list the information sources from your 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 in Chapter 9, the facilitator will describe how you can access each source in your community.
Initial Investigation Plan

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

<table>
<thead>
<tr>
<th>Date of Next Court Hearing:</th>
<th>Type/Purpose of Hearing:</th>
<th>Court Report Is Due:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Questions I Would Like Answered</th>
<th>Possible Sources of Information</th>
<th>Priority #</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
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<tr>
<td>B.</td>
<td></td>
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<td>C.</td>
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<td>D.</td>
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<td>E.</td>
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<td>F.</td>
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<td>G.</td>
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<tr>
<td>H.</td>
<td></td>
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<tr>
<td>I.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Sources of Information

#### CHILD

**Child Interviews**

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

**Type of Information/Assistance**

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

**Best way to contact source:**

#### Child Observations

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

**Type of Information/Assistance**

- Affect
- Moods, mood changes
- Developmental stages
- Verbal ability
- Relationships, interactions with others
- Intellectual ability
- Other: ______________________________

**Best way to arrange observation:**

#### PARENTS & FAMILY

**Parents**

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

**Type of Information/Assistance**

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

**Best way to contact source:**

**Family**

**Type of Information/Assistance**

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

**Best way to contact source:**
# Sources of Information (cont.)

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

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

**Best way to contact source:**

## PROFESSIONALS

### Child Protection Agency Caseworkers

**Type of Information/Assistance**
- Where the child is placed
- Documentation, case record
- Case plan within 30 days of placement
- Names, addresses, and phone numbers of other principals in the case
- Contact information (e.g., for foster parents, parents, etc.)
- Response to your observations
- Community or educational resources
- Progress of case plan
- Safety issues, if any
- Medical status of child
- Educational status of child
- Anything else the CASA/GAL volunteer should know
- Other: _______________________________

**Best way to contact source:**

### Child’s Teacher or Childcare Provider

**Type of Information/Assistance**
- 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 to/post removal
- School nurse reports
- School counselor reports
- Other: _______________________________

**Best way to contact source:**

### Legal Personnel

**Type of Information/Assistance**
- Criminal records, other court records
- Other: _______________________________
- Best way to contact source:

### Child Protection Agency Attorney/Prosecutor

**Type of Information/Assistance**
- Progress report
- Other: _______________________________
- Best way to contact source:
### Sources of Information (cont.)

| PROFESSIONALS (cont.) |  |
|-----------------------|  |
| **Attorney for the CASA/GAL Program or for the Child**  | **Attorneys for the Parents**  |
| *(If there is one appointed)*  | *(If the CASA/GAL program is represented by counsel, the attorney should follow program protocol regarding contacting other attorneys on a case.)*  |
| **Type of Information/Assistance** | **Type of Information/Assistance** |
| • Assistance with the legalities of the case  | • Arrangements to talk to his/her clients  |
| • Assistance with complex legal situations particular to the case  | • Anything the volunteer should know about the client  |
| • Assistance in negotiating settlements in preparation for trial  | • Other: ________________________________  |
| • Filing of legal documents  |  |
| • Subpoenas of witnesses  |  |
| • Other: ________________________________  |  |
| **Best way to contact source:** | **Best way to contact source:** |
|  |  |
| **Medical Personnel** | **Psychological/Psychiatric Professionals** |
| **Type of Information/Assistance** | **Type of Information/Assistance** |
| • Child’s medical condition as related to the abuse and/or neglect  | • Nature of referral information they received  |
| • Past medical history, medical records  | • How they came to a particular conclusion  |
| • Follow-up services that may be required to address medical conditions resulting from abuse and/or neglect  | • What the diagnosis means in practical terms and how progress is measured  |
| • A particular medical condition that should come to the attention of the caseworker, foster parents, courts, etc.  | • Discrepancies in opinion  |
| • Contact with parent(s), if any  | • Possible counseling or therapeutic models being recommended for the child, parents, family, etc.  |
| • Other: ________________________________  | • Other: ________________________________  |
| **Best way to contact source:** | **Best way to contact source:** |
|  |  |
| **Foster Parents & Independent Living Coordinators** |  |
| **Type of Information/Assistance** |  |
| • Specific information about the child’s daily life and about the child’s behavior related to:  |  |
| ° Visits with parents and siblings  |  |
| ° Adjustments in school  |  |
| ° Behavior problems and strengths  |  |
| ° Medical concerns  |  |
| ° Contacts made by parents through letters, phone calls, etc.  |  |
| ° Child’s daily functioning  |  |
| ° Adjustment to separation/loss  |  |
| • Other: ________________________________  |  |
| **Best way to contact source:** | **Best way to contact source:** |
Activity 8D: Note Taking

Read the information below about note taking. The facilitator will tell you if guidelines differ in your jurisdiction.

In the large group, answer the following question:
• Why do you need each piece of information?

Keys to Good Note Taking

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 heard in court immediately. 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. Following are important elements to include in your notes about each case contact:

• Person contacted
• Type of contact (telephone call, email, in-person conversation, review of record, etc.)
• Date and time
• Place (parent’s home, job, jail, etc.)
• Factual observations
• Feelings expressed by those interviewed
• Facts gathered
• Summary of what happened
• Your plan of action
• Other person's plan of action
• Decisions

Ultimately, you will use your notes about information you gather to formulate recommendations regarding 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.
The Four Stages of Interviewing

GREETING
- Identify yourself and clarify or confirm the role of the CASA/GAL volunteer.
- Create a cooperative, respectful, and professional climate.
- Have your goals clearly in mind.

OPENING
In the opening, you provide the interviewee with a clear understanding of what to expect and set the context for the interview:
- Explain the reason for the interview.
- Agree with the interviewee how much time will be allotted to the interview.
- Summarize 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 “Tell me about the day your children were taken into 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 was the last time you saw your child?”

LEARN MORE!
Check out the article “Culturally Sensitive Interviewing with Native Children” in the Chapter 8 Resource Materials.
• Avoid “why” questions, which tend to sound judgmental.
• Ask questions even if you think you know the answer. People’s responses may confirm what you already know or may reveal a different perspective.

CLOSING
• Recap information learned and review any agreements you have made with the interviewee.
• Let them know if and when they may expect to hear from you again, when requested.

Activity 8G: Preparing Your Questions
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 child protection agency caseworker will be one of the first people you interview. You will also often include the child’s teacher or childcare provider 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. Each of these people may be an information source for more than one question. In planning your interviews, it is helpful to write down your questions so that you cover all of the topics that seem important for your investigation.

In trios, plan a 5-minute interview with each of the following people in the Kaylee Moore case: Wilma Bailey, the CPS caseworker; Trisha Moore, the mother; and Kaylee Moore. Using the worksheets that follow, brainstorm questions for each of these interviews. Keep in mind the interviewing stages that appear above. Be sure to address everything you hope each person can answer for you.

INTERVIEW TIPS
When planning an interview . . .
• Remember the age, maturity, and/or intellectual level of the person being interviewed
• Use language that is clear and nonjudgmental
• Avoid asking leading questions (e.g., “You wouldn’t leave your child alone, would you?”)
## Interview Questions

Person to be interviewed: **Wilma Bailey, CPS caseworker**

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<td>Interview Questions</td>
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<td>Person to be interviewed: <strong>Trisha Moore, mother</strong></td>
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### Interview Questions

Person to be interviewed: **Kaylee Moore**

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Activity 8H: Practice Interviews

**Part 1:** In the same trios from the previous activity, role-play each of the five-minute interviews that you planned—with Wilma Bailey, Trisha Moore, and Kaylee. Rotate roles so that each member of your trio takes a turn as the interviewer, the interviewee, and the observer. When it is your turn to conduct an interview, take notes about the information you learn.

**Part 2:** Still in your trios, use the questions below to evaluate and discuss the practice interviews.

As the interviewer:
- What did you learn from the interview you conducted?
- What other information do you think the interviewee could have given you?
- What leads did you get that you need to follow up on?

As the interviewee and the observer:
- What did the interviewer do well?
- What other relevant questions could the interviewer have asked?
- What suggestions for change do you have for the interviewer?
Activity 8I: Completing the Investigation for the Kaylee Moore Case

Part 1: The following pages contain excerpts from the CASA/GAL volunteer’s notes from the Kaylee Moore case and a summary of additional case events. Read the following pages, noting in the margin your thoughts about the question below. You will ask yourself this question over and over as you advocate for a permanent plan for each child.

- Do you need additional information before you can make fact-based recommendations about what is in Kaylee’s best interest at this time?

In the large group, share a sample of your responses and any questions you have.

CASA/GAL Volunteer Notes

Dates are not included in these notes because timelines differ by jurisdiction. The facilitator will give you a rough idea of a timeline for similar cases in your area.

Discoverability of Notes

In some jurisdictions, you should not keep “process” notes in the file in case the file is ever subpoenaed to court. Instead, these 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 notes appear in italics so you can identify which notes would not be kept as part of the case file.

Call from CASA/GAL Program Administrator

At an emergency custody hearing, the CASA/GAL program received a referral regarding a 4-year-old female named Kaylee Moore. The child’s mother, Trisha Moore, had taken her to the ER with severe burns on both legs. A toxicology screen at the ER revealed that Kaylee had been exposed to chemicals used to manufacture methamphetamine. The child is currently in the hospital for a few days. Mother was arrested for drug possession. Father hasn’t been located.

According to CASA/GAL program administrator, CPS caseworker Wilma Bailey informed the court that the father is Jimmy Hansen, a member of the Big River Nation. She has contacted the tribal council about Kaylee’s case. Ms. Bailey also informed the court that she ran a criminal background check on both parents. The mother, Trisha Moore, has one prior arrest for drug possession; the father has three priors, for driving under the influence, for operating a vehicle without a license, and for resisting arrest.
The judge at the hearing ruled that there was sufficient reason to remove the child from the care of her mother and set a hearing date for further review of the case. She ordered that a CASA/GAL volunteer be appointed.

**VISIT TO CASA/GAL PROGRAM OFFICE**

Picked up the petition, affidavit, and order assigning me to the case from the CASA/GAL program office. Learned that the adjudication hearing will be on __________ ( _____ days from now) and my court report will be due to the CASA/GAL office on __________.

**MEETING WITH CPS CASEWORKER WILMA BAILEY**

Spoke with Wilma Bailey of CPS regarding the emergency hearing. She confirmed that she’d been present at the hearing, along with Monica Bloom, the CPS attorney. Judge Josephina Gonzales had presided.

CPS has taken Kaylee into custody. She is currently in a non-Native foster home. Trisha Moore has been charged with possession of drugs with the intent to sell, manufacturing an illegal substance, and criminal damage. Learned that the next county over had a file on Kaylee Moore, but they closed it after six months because they could not locate the family.

**VISIT WITH KAYLEE MOORE**

Met with Kaylee at the home of Michele Davis, the foster mother. Michele reported that Kaylee hoards food and doesn’t know how to brush her teeth or hold a fork or spoon. She prefers to sleep in the corner on the floor of her room, rather than in her bed.

When I first met Kaylee, she asked if I was going to make her leave. I explained why I was there and asked if she would like to read a book. Kaylee said she couldn’t read but she liked to be read to; she said her aunt Jean used to read to her. I asked Kaylee where her aunt Jean lived, and she said, “Near where my grandma used to live.” Kaylee indicated that she hadn’t seen her grandma for a long time—not since her mom had a new boyfriend. She said she loved her grandma and missed her.

**MEETING WITH TRISHA MOORE, MOTHER**

Met with mother at the jail. She said she didn’t know how Kaylee got burns on her legs. She also said she didn’t know where the father was. She did confirm that Kaylee has an aunt and a grandma, Lucille—the sister and mother, respectively, of Jimmy Hansen, Kaylee’s father. Trisha reported being estranged from her adoptive parents. Trisha has Native American background, but does not know her biological parents. Overall she was jumpy and upset that Kaylee had been taken from her.

**NOTES—SOME QUESTIONS THAT I THINK NEED TO BE ANSWERED**

- Where is father? Is he a viable placement option?
- Are either the aunt or the grandmother placement options? Do they want to be in the child’s life? How long has it been since they have seen Kaylee? Have they made efforts to stay in touch with her?
- What is mother’s relationship with Kaylee’s aunt and grandmother?
Does Kaylee have a developmental delay? If so, what are the resources available?

EMAIL EXCHANGE WITH WILMA BAILEY

Asked Ms. Bailey if she knew about aunt and grandmother. She knew about Jean, but not Lucille. Learned that Jimmy Hansen, father, is living with his sister Jean and her husband and children. Ms. Bailey will call Mary Johnson, Big River Nation’s ICWA worker, and ask her about doing home studies on both aunt and grandmother.

Reported foster mother’s concerns to Ms. Bailey and suggested that an evaluation be done on Kaylee.

CALL TO MARY JOHNSON, BIG RIVER NATION ICWA WORKER

Learned that tribal council has approved the initiation of home studies on Jean Hansen and Lucille Hansen. Ms. Johnson reported that Jean Hansen lives with her husband, their four children, and Jean’s brother, Jimmy (Kaylee’s father). Lucille Hansen lives alone. She is involved in native language preservation efforts and is a respected member of the community. Ms. Johnson gave me contact information for the aunt and grandma.

CALL TO LUCILLE HANSEN, GRANDMOTHER

Set up time to meet with Ms. Hansen.

VISIT WITH LUCILLE HANSEN, GRANDMOTHER

Met with Lucille Hansen at her home on the Big River Reservation. She said she was happy to be contacted about Kaylee. She hasn’t seen the child in a year and a half, since Trisha started seeing a new boyfriend. (I believe this is the same one with whom she was allegedly manufacturing meth.) Ms. Hansen said that she and Trisha had been somewhat close, even after Jimmy and Trisha were no longer together. Ms. Hansen had been worried about Trisha and the baby because she knew Trisha’s parents had kicked her out when they found out she was pregnant. Ms. Hansen reported that Jimmy has had trouble with alcohol since he was a teenager. She said that Trisha drank too, but had tried to clean up when she found out she was going to have a baby. Jimmy hadn’t, and Ms. Hansen said he pretty much disappeared. He’d never been involved in Kaylee’s life. Ms. Hansen said she had encouraged Trisha to find out more about her biological family to see if they could offer some support. Trisha had started to look into it, but then met the boyfriend and got involved in drugs again.

Ms. Hansen asked many questions about Kaylee, her injuries, and how she was doing in the foster home. Because she is not a party to the case, I could not answer her questions other than to say that Kaylee was doing fine. I referred her to the CPS caseworker. When I asked if she would consider providing a home for Kaylee, she immediately said yes.

CALL TO SHEILA SIMS

Talked to Ms. Sims, who has been assigned to do a developmental assessment of Kaylee Moore for CPS. She agreed to forward a copy of
her report to me when it is finalized but doubts the written report will be ready before the adjudication hearing. If she finds Kaylee to be developmentally delayed, she may recommend occupational therapy. And since emotional trauma may be a factor in Kaylee’s behavior, Ms. Sims may also recommend individual mental health counseling.

**PLAN—SOME NEXT STEPS**

- Talk to aunt and biological father.
- Talk to CPS caseworker about the developmental assessment. Find out when Kaylee’s medical exam will occur.
- Explore treatment resources for both parents.

**NOTES—QUESTIONS I WOULD LIKE TO ASK THE CHILD**

None about the actual burns [CASA/GAL volunteers do not reinterview 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 mother and (separately) with her grandmother to see how she interacts with them. I want to ask her where and with whom she would like to live.

**VISIT WITH JIMMY HANSEN & JEAN HANSEN**

Visited Kaylee’s biological father, Jimmy, and her aunt, Jean, together at Jean’s home. Jimmy said that he thinks his mother, Lucille, would provide a good home for Kaylee. He would like visitation to get to know Kaylee. Jean Hansen said she is willing to provide a home for Kaylee but would like to be the last resort because she already has four children to care for. Jean supports placement with Lucille.

**CALL TO WILMA BAILEY**

Ms. Bailey reported that both parents have signed the CPS case plan. She gave me a brief summary over the phone: Jimmy Hansen agrees to get substance abuse treatment, stay sober, find employment, provide child support, and attend parenting classes. CPS has made referrals and has set up intake appointments. I asked if Jimmy has any means of transportation. Ms. Bailey said she would check into it; if not, CPS will arrange for a cab to get him to intakes. Trisha Moore agrees to get substance abuse treatment, stay sober, and have no contact with her boyfriend. Ms. Bailey is looking into treatment options for Trisha.

**SUMMARY OF ADDITIONAL CASE EVENTS**

At the adjudication hearing, the court did the following:

- Found Kaylee to be an abused child
- Found that continued custody of the child by the parent was likely to result in serious emotional or physical damage to the child
- Found that there was good cause to deviate from ICWA placement preferences because no Native placement was available and relative home study is scheduled
- Granted weekly supervised visitation for Jimmy Hansen
• Ordered weekly phone contact and monthly supervised visitation for Trisha Moore until she is released from jail, and weekly supervised visitation thereafter

• Found that active efforts are being made to provide remedial services and rehabilitative programs designed to prevent the breakup of an Indian family

• Ordered a psychological evaluation for Jimmy Hansen

• Approved the case plan

• Approved the initial case plan goal of reuniting Kaylee with Trisha Moore, with a concurrent plan for Lucille Hansen to provide long-term guardianship

• Ordered that Kaylee be placed with Lucille Hansen (contingent upon a favorable home study) and that Ms. Hansen act as Kaylee’s educational decision maker

• Ordered that Kaylee receive any services indicated in her developmental assessment, including, but not limited to, occupational therapy and individual counseling

• Ordered that Trisha Moore and Jimmy Hansen have access to Kaylee’s educational records and school activities

The police found Trisha Moore’s boyfriend, who was the primary offender in their drug manufacturing incidents. The state plans to reduce Trisha’s drug manufacturing charges to the lesser charge of drug possession. The criminal prosecutor says that the hearing should occur within the next month. She expects that Trisha will be ordered to get treatment but will most likely end up on the waiting list. She may have to attend treatment in jail because there are no beds available elsewhere.

Activity 8I: Completing the Investigation for the Kaylee Moore Case

Part 2: Pair up with the same partner you had in Activity 8C, when you created an initial investigation plan for the Kaylee Moore case. Look back at your plan and identify any questions that have not yet been answered. What additional questions do you have?

Part 3: Listen as the facilitator gives an overview of the CASA/GAL Volunteer Responsibilities Checklist that follows. Put a check mark in the appropriate column to indicate items that have been completed in the Kaylee Moore case and those that are in process.

In the large group, answer the following questions:

• What are the next four activities on the CASA/GAL Volunteer Responsibilities Checklist you think the CASA/GAL volunteer on the case should undertake?

• How should the volunteer go about completing each of these four activities?
CASA/GAL Volunteer Responsibilities Checklist

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.

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1. Review the petition with CASA/GAL program staff. Request copies of any hospital records, police reports, photos, protective services investigations, or other documentation. Carefully review all CPS records—be sure to ask for past or closed records.

2. Meet with the CPS caseworker and carefully review all CPS records—be sure to ask for past or closed records.

3. Meet with the child at least once per month—no matter how old or young—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.

4. Meet with the parents—get permission from each parent’s attorney if they are represented. If the CASA/GAL program is represented by an attorney, the parents’ attorney(s) should be contacted by the attorney for the CASA/GAL program.

5. If there is a nonrespondent parent or custodian (i.e., a parent or custodian not involved in the court case), talk with that person.

6. Meet with the teacher, daycare worker, babysitter, or any person who has had substantial contact with the child on a frequent basis.

7. Appear at all hearings.

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 unmet needs the child has (e.g., counseling, a special school program, transportation, after-school care, 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 a 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 attorney for the program/child to discuss the facts, evidence, and witnesses needed for the hearing; to discuss your recommendations for the disposition; and to learn whether or not the child will be present in the courtroom either as a witness or to observe the proceedings.

15. Draft and review written recommendations for court with the attorney for the program/child.
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<td>16. Work with the attorney for the program/child in exploring an agreement that parties can present to the court.</td>
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<td>17. If necessary, prepare the child for court hearings and for testimony; appear on behalf of the child; and assist the attorney for the program/child in presenting evidence on behalf of the child, including child support, visitation, and medical or psychological treatment.</td>
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<td>18. Inform the child about the outcome of all court hearings and keep the child updated about other aspects of the case.</td>
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<td>19. Continually monitor the case, repeating the 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.</td>
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<td>20. Contact the attorney for the program/child if the child needs an early review.</td>
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<td>21. Appear at all subsequent hearings.</td>
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<td>22. Review the permanent plan to insure that it complies with ASFA guidelines and is in the best interest of the child.</td>
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<td>23. Keep in touch with the CASA/GAL volunteer supervisor for guidance and support.</td>
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<td>24. 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.</td>
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<td>25. If the child is an Indian child, make sure the tribe or Bureau of Indian Affairs has been notified of the case.</td>
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<td>26. If the child is an Indian child, make sure the child’s tribal enrollment rights are protected.</td>
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<td>27. If the child is undocumented, consult your case supervisor.</td>
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**Homework**

**THE KAYLEE MOORE CASE**

Right before the next training session, review the material in Chapter 8 about the Kaylee Moore case. Many of the activities in Chapter 9 rely on knowledge about the case.

**COMMUNITY RESOURCES**

**Reminder**: Earlier in training, you selected an agency to research. You will share the materials and information you’ve gathered during the next training session, when community resources will be introduced. If you are having any trouble collecting information, be sure to ask the facilitator for help.
CHAPTER 9

Practicing the CASA/GAL Volunteer Role—
Reporting & Monitoring

CONTENTS

Homework Recap, Goal & Objectives .................................. 9-2

UNIT 1 Community Resources ........................................... 9-3

UNIT 2 Writing Court Reports & Making Effective Recommendations. . . 9-4

UNIT 3 Appearing in Court. ............................................... 9-13

UNIT 4 Monitoring a Case ............................................... 9-15

Homework. ................................................................. 9-18
HOMEWORK RECAP

THE KAYLEE MOORE CASE

It will be helpful to review the material in Chapter 8 about the Kaylee Moore case right before this training session. Many of the activities in this chapter rely on knowledge about the case.

COMMUNITY RESOURCES

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 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 . . .

✓ Identify community resources to address the needs of children and families
✓ Develop appropriate recommendations
✓ Explain the basic elements of a CASA/GAL volunteer court report
✓ Present my carefully prepared recommendations in court
✓ Monitor a case and advocate for a child until he/she is in a safe, permanent home
✓ Apply the principles of the Indian Child Welfare Act to my CASA/GAL volunteer work
Activity 9A: Community Resources

Earlier in training, you were assigned a community resource and asked to gather information about that agency. Divide into trios and share with each other what you learned about your resource. As you listen, keep the Kaylee Moore case in mind. Consider which resources might be useful to her or to her family.

With the other members of your trio, list on a flipchart your three resources, followed by the name of the person who researched each resource and the most important thing for CASA/GAL volunteers to know about each resource. Post the flipchart page at the front of the room. At the end of the activity, hand in your copy of the Community Resources Worksheet. The facilitator will compile these worksheets into a packet to distribute during the final session of training.

Activity 9B: Resources for Kaylee

In small groups, identify Kaylee’s needs based on the case materials that you have read so far. Then name resources for Kaylee and her family that may help meet Kaylee’s needs. Fill in your ideas below.

The Needs of the Child

______________________________________________________________

______________________________________________________________

______________________________________________________________

Resources for the Child

______________________________________________________________

______________________________________________________________

______________________________________________________________

Resources for the Family

______________________________________________________________

______________________________________________________________

______________________________________________________________
The CASA/GAL volunteer court report is the most essential aspect 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.

You will submit child-focused and fact-based written reports to the court for most hearings. (The facilitator will let you know if there are hearings in your jurisdiction that do not require a written report.) CASA/GAL volunteer court reports are shared with all parties to a case and any other individuals who are authorized by law to receive them. In this unit, you will have the opportunity to practice organizing the information you have gained during your investigation and writing a court report.

Activity 9C: The CASA/GAL Volunteer Court Report

Part 1: The facilitator will hand out examples of CASA/GAL volunteer court reports from your local program. As you read these reports, keep your attention on the elements of the report, not on the details of the cases presented. You will see that 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.

Part 2: In pairs, look at “Keys to a Successful Report” below, and answer the following questions:

- Did the volunteers successfully convey their recommendations in their reports?
- What worked well in the reports?
- How would you improve the reports?

Share your responses in the large group.

Keys to a Successful Report

- Be thorough and specific.
- Get your information firsthand.
- Report the facts.
- Make specific recommendations that flow from the facts.
- Follow local guidelines.
- Submit your report on time so CASA/GAL program staff can review and comment on your report.
Activity 9D: The Elements of a Court Report

Part 1: Listen as the facilitator reviews the standard elements of a CASA/GAL volunteer court report in your jurisdiction. The outline that begins below lists some basic elements that should be considered for inclusion. If the facilitator hands out copies of an annotated court report outline for your jurisdiction, use it instead of the outline in your manual. If not, the facilitator will share specific instructions about the preferred format for court reports in your area. Note any differences in your manual.

Part 2: In small groups, fill in the outline based on the information you currently have about the Kaylee Moore case. For the purposes of this outline, 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.

Using this outline will help you:
- Sort important from superfluous information, and sort for themes and consistent patterns
- Distinguish subjective information (interpretation and judgment) from objective information (fact), and include appropriate information in your reports

The facilitator will circulate around the room to answer questions as you work in small groups.

CASA/GAL Volunteer Court Report Outline

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 (are) of Native American descent
- Petition date and nature of allegations in the petition (abuse and/or neglect)
- Months in placement
- Number of placements or placement history
- Current placement of the child(ren)
- Other ___________________________________________________________
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)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Other

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

(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. The facilitator will tell you what is standard in your area.)
### FACTS

<table>
<thead>
<tr>
<th>Persons contacted (including name, date, and location)</th>
<th>Relationship to child(ren)</th>
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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**

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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. *(In some jurisdictions, children have their own counsel to advocate for their wishes. The facilitator will tell you if this is the case in your area.)*

**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.)

_____________________________________________________________________
_____________________________________________________________________

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.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
OTHER

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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 (regarding, for example, reasonable efforts, 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 products 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.
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 your report and/or recommendations without your consent unless the report is contrary to the law (local, state, or federal statute), contradicts CASA/GAL program standards, or endangers the child—and then only after consulting with you.

Outline created by Cy Gurney,
North Carolina Guardian ad Litem east regional administrator.
Activity 9E: Perceptions of Court

Think about a time when you or someone you know went to court, or think back to a movie you saw that dealt with a courtroom experience. In pairs, relate this experience or story.

- Describe the situation.
- What were your impressions of the courtroom players?
- If you have a personal experience of court, how does it differ from what you have observed on television or in the movies?
- Based on what you know about court, how would you prepare to attend court?

The facilitator will ask for a few volunteers to share their stories.

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

Activity 9F: Oral Recommendations

You need to be prepared to respond when the judge asks, “Does the CASA/GAL volunteer have a recommendation in this matter?”

Part 1: Read the update below on the Kaylee Moore case. Then in the space provided, prepare a summary of your recommendations for the next case hearing. Be ready to explain, without using your notes, the reasons, data, or justification behind your conclusions or recommendations.

KAYLEE MOORE CASE UPDATE

Since the adjudication/disposition hearing, you have learned the following:

- Wilma Bailey has reported that the Big River Nation has agreed to provide medical and dental services for Kaylee and to enroll her as a member.
- Lucille Hansen’s home study was positive and Kaylee has been moved to her home. Kaylee has begun occupational therapy.
- Jimmy Hansen has begun parenting classes offered by the Big River Nation. After showing up for the intake appointment for substance abuse treatment, he has attended only sporadically. He has not taken any steps toward finding employment. CPS has contacted him repeatedly to set up appointments and has provided bus tickets and/or cab services as appropriate, but he has not followed through on these arrangements. He has had weekly visits with Kaylee, supervised by Lucille Hansen. He gets along well with Kaylee, but does not show any ability to set boundaries or provide appropriate discipline. He has registered at the child support enforcement agency, but has not paid child support since he has no income.

As a CASA/GAL volunteer, you may be asked to appear in court as part of your work on a case. Ask the facilitator what the procedure is in your area and what support you will receive to prepare to appear in court. “Appearing in Court,” an article in the Chapter 9 Resource Materials, provides a brief overview of what you might expect of a courtroom experience. Rules and procedures vary by jurisdiction.
• Trisha Moore has not been able to begin substance abuse treatment, as there are no slots. She has had weekly contact with Kaylee. She remains in jail. She has had phone contact with her boyfriend’s family.

• Kaylee has not been enrolled in prekindergarten.

CASA/GAL VOLUNTEER’S RECOMMENDATIONS

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Part 2: 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. Start your feedback with the presenters sharing what they liked about what they did, then what they would change. Following this, listeners should share what went well and then offer suggestions for improvement.
Activity 9G: The Importance of Monitoring a Case

Listen as the facilitator presents information on the CASA/GAL volunteer’s responsibility to monitor a case until it is closed.

In the large group, share your responses to the following question:

- In each of the three monitoring categories, what are two things you want to check on as the CASA/GAL volunteer for the Kaylee Moore case?

Monitoring Responsibilities

As a CASA/GAL volunteer, it’s important that 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. 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.

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.

As a CASA/GAL volunteer, your monitoring responsibilities include the following:

1. Conduct follow-up investigations to ensure that court orders are being properly executed:
   - Review the court orders.
   - Visit the child regularly and maintain sufficient contact with parents, relatives, foster parents, and agency personnel to determine if court orders are being properly executed.
   - Verify accuracy of information gained during follow-up investigation.
   - Notify staff and the attorney for the child if the orders of the court are not being properly executed.
   - Contact those who are responsible for carrying out court orders to address noncompliance.
   - Prepare for each hearing by writing reports on case plan progress and compliance with court orders.

2. Report to the court when the needs of the child are not being met:
   - Identify facts and changes in situation that may necessitate the case’s return to court.

3. Protect and promote the best interest of the child until formally relieved of the responsibility by the court:
• Regularly monitor the child in his/her home setting to evaluate appropriateness of placement, determine whether the child is receiving court-ordered services, and identify any unmet needs.

• Determine if additional services are needed for the child.

• Identify facts and changes in the situation that may necessitate the case’s return to court.

Adapted from the North Carolina Guardian ad Litem volunteer training curriculum.

**Activity 9H: Permanency for Kaylee Moore**

Read the review hearing information about the Kaylee Moore case. In the large group, the facilitator will lead you through the worksheet on the next page, which will help you evaluate the permanent options for a child as you monitor a case. At each question, share your recommendations for Kaylee Moore. Share any questions you have about permanency or about the Kaylee Moore case.

**REVIEW HEARING FOR THE KAYLEE MOORE CASE**

At the time of the review hearing, Trisha Moore was receiving substance abuse treatment in jail. Jimmy Hansen had dropped out of parenting classes and had completely quit attending substance abuse treatment. He was no longer living with his sister, Jean. Kaylee was doing well in her grandmother’s home, and was attending the Big River preschool.

At the hearing, the tribe petitioned for the case to be transferred to tribal court. The parents did not object, and Judge Gonzales ordered the transfer to tribal court. A new CASA/GAL volunteer will be assigned through the tribal CASA/GAL program.
<table>
<thead>
<tr>
<th>RE:</th>
<th>DOB:</th>
<th>File #:</th>
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</thead>
<tbody>
<tr>
<td>1. Is it likely for the child to be returned home immediately or within the next six months, and if not, why is it not in the child’s best interest to return home?</td>
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<tr>
<td>2. 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?</td>
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<td>3. Should adoption be pursued, and if so, are there any barriers to the child’s adoption?</td>
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<td>4. Should the child remain in the current placement or be placed in another permanent living arrangement? Why?</td>
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<tr>
<td>5. 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 child?</td>
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<td>6. Is there any other information the court should have in order to make this decision?</td>
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<tr>
<td>7. Has the child been in placement outside the home for 15 of the most recent 22 months?</td>
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<tr>
<td>8. Is there any reason that the filing of a petition for termination of parental rights is not in the best interest of the child?</td>
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Adapted from a form created by Barbara King, district administrator, North Carolina Guardian ad Litem Program.
Homework

The facilitator may assign homework for the Chapter 10 wrap-up activity.

**Reminder:** Bring your completed training time sheet to the Chapter 10 session, when you will hand it in to the facilitator.
CHAPTER 10

Pulling It All Together

CONTENTS

Homework Recap, Goal & Objectives ............................................ 10-2

UNIT 1 Self-Care for Volunteers .................................................. 10-3

UNIT 2 Support from CASA/GAL Program Staff .......................... 10-5

UNIT 3 Focusing on the Needs of the Child ................................. 10-9

UNIT 4 Training Wrap-Up ............................................................ 10-11
HOMEWORK RECAP

The facilitator may have assigned homework in preparation for a wrap-up activity.

GOAL

In this chapter, I will identify ways to take care of myself while doing CASA/GAL volunteer work, become familiar with local office procedures, revisit the importance of focusing on the child’s needs, and review my personal expectations of the training experience and the course material.

OBJECTIVES

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

✓ Develop strategies to take care of myself and stay motivated in my work as a CASA/GAL volunteer
✓ Take steps to ensure my personal safety while volunteering
✓ Identify how the CASA/GAL program will support me in my volunteer work
✓ Follow local CASA/GAL program office procedures for case assignment, obtaining records, submitting court reports, and documenting hours and expenses
✓ Explain how a child’s sense of time requires moving quickly to achieve permanence
✓ List the principles of permanence and articulate how they will help me be an effective advocate
✓ Identify any of my expectations that were not met in training, and address—or make a plan to address—any remaining expectations
Success in this work requires strong internal and external support systems and self-confidence. Confidence is built on the skills you have developed during this training, the determination you feel to carry out the mission of the program, and the many personal strengths you bring to the work. This chapter will address how to build and maintain positive support for doing this work and will provide a chance for you to review the knowledge you have gained during the training.

**Activity 10A: Sustaining Your Motivation**

As a CASA/GAL volunteer, you will work with difficult emotional issues. It is important that you recognize the impact this work has on you and that you think about how to take care of yourself. In the large group, respond to the following questions:

- What is one thing you’ve done in the past to sustain yourself or renew your motivation during a difficult or frustrating time period?
- How will you sustain your motivation in your role as a CASA/GAL volunteer?
- How will you create boundaries for yourself so you do not become overly involved in the problems of the children and families with whom you will work?

**Activity 10B: Personal Safety Tips**

**Part 1:** Self-care also involves staying safe. Listen as the facilitator talks about volunteer safety.

**CASA/GAL Volunteer Safety**

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. The safety tips below are mostly common sense and good advice whether you are doing CASA/GAL volunteer work or not.

- **Think ahead.** Know the situation and know where you’re going in order to look confident.
- Meet a parent or another person in a neutral place initially, and if necessary, thereafter.
- **Be aware** of the immediate area.
- **Tell someone** where you’ll be, how long you’ll be there, and when you expect to return. If plans change, call and let that person know.
- Keep safe, but **be respectful** of the neighborhoods and homes you are entering.
- **Travel in pairs** if necessary.
• You may want to **avoid carrying a bag**.

• **Trust your instincts.** If you are really uncomfortable, take protective action—walk away.

• **Don’t share personal information** about yourself or your family, especially your phone number(s) and address. Home addresses can easily be found on the Internet using a home phone number. All correspondence and communication should flow through the CASA/GAL program office.

• If you witness or see signs of illegal activity, **get out** of the situation as soon as you can.

---

**Part 2:** In the large group, brainstorm additional ideas about how to increase your personal safety.
**Activity 10C: CASA/GAL Volunteer Support**

**Part 1:** Listen to an overview of the support available to you as a CASA/GAL volunteer. What other support do you think you might need?

---

**Volunteer Support**

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

**PROGRAM STAFF SUPPORT**

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

**IN-SERVICE TRAINING**

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

**PEER RELATIONSHIPS**

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

**SELF-CARE/PERSONAL SUPPORT NETWORKS**

Because of the time demands, stress, and frustrations that can be part of CASA/GAL volunteer work, it is important to have social and emotional support, and to take care of yourself so you don’t burn out.
Part 2: Answer the following questions in the space provided.

What are your local in-service training requirements?

____________________________________________________________________

____________________________________________________________________

Who will you call if you have questions about your first case?

____________________________________________________________________

____________________________________________________________________

Activity 10D: 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 on the following pages.

Listen and note highlights in the space provided as CASA/GAL program staff review local procedures related to case assignment, obtaining case forms or records about your case, submitting court reports, making requests for reimbursement, etc. The facilitator will hand out copies of written information regarding office procedures, along with sample time sheets, reimbursement forms, and other forms you will use in your work as a CASA/GAL volunteer.

In the large group, share your questions.

CASE ASSIGNMENT

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________
OBTAINING CASE FORMS & RECORDS

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_____________________________________________________________________

_____________________________________________________________________

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SUBMITTING COURT REPORTS

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_____________________________________________________________________

_____________________________________________________________________

DOCUMENTING HOURS & EXPENSES

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_____________________________________________________________________

_____________________________________________________________________

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_____________________________________________________________________


**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
- 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
- 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.
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 family, school, and friends does not view a month (or three or four) as a short period of time. As a CASA/GAL volunteer you must keep in mind a child’s sense of time, and work to achieve permanency for a child as quickly as possible.

**Activity 10E: A Child’s Sense of Time**

The facilitator will ask for volunteers to read aloud the information below about what time means to a child. Listen and then share with a partner a personal experience that shows the difference in your perception of time now and when you were 5 or 10 years old, or the difference between how you perceive time and how a child you know perceives time.

**A Child’s Sense of Time: The Impact of Court Continuances**

The following excerpt was prepared for the National Council of Juvenile and Family Court Judges (NCJFCJ):

Children have a very different sense of time from adults. Short periods of time for adults seem interminable for children, and extended periods of uncertainty exacerbate childhood anxiety. 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 is half a lifetime, for a three-year-old, it is the formative stage for trust and security, and for a nine-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 and 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 is frightening.

Nosotros somos culpables de muchos errores y muchas faltas, pero nuestro peor crimen es el abandono de los niños negándoles la fuente de la vida. Muchas de las cosas que nosotros necesitamos pueden esperar, los niños no pueden, ahora es el momento, sus huesos están en formación, su sangre también lo está y sus sentidos se están desarrollando, a él nosotros no podemos contestarle mañana, su nombre es hoy.

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 10F: Principles of Permanence**

As a CASA/GAL volunteer, you should always focus your advocacy on permanence for the child. After the facilitator describes the principles of permanence, go stand near the sign with the principle that seems most significant to you at this point. Discuss with others who chose the same principle how it will be important to your work as CASA/GAL volunteers.

**Principles of Permanence**

- Constantly examine your own value system.
- Carefully examine the child protection agency 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 what moving and waiting do to children.
- 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, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice.
Activity 10G: Experienced CASA/GAL Volunteer

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

- Receiving a court order or assignment
- Meeting a child
- Assessing a child’s needs
- Building a relationship with the child protective services agency
- Following a case as it progresses

In the large group, share any questions you have for the volunteer.

Activity 10H: Your Expectations of Training

Review the expectations chart that you brainstormed as a group during Activity 1K. 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.
Final Wrap-Up Option 1: 10I

Activity 10I: 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.

The facilitator will show the “answer” for the chosen category and amount. Your team spokesperson will give your response in the form of a question. It is fine to refer to your training manual. You have about 20 to 30 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 response 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 responds correctly. Once a correct response is obtained, play proceeds to the team number following the one that originally chose the category/amount (e.g., team four).

After teams have chosen all dollar amounts in all categories, you will play Final Jeopardy. 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, 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.

Of course, 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.
Final Wrap-Up Option 2: 10J and 10K

Activity 10J: The Circle of Knowledge

In the large group, brainstorm all of the possible people, agencies, and reports that might be involved with or have knowledge of a child. Be as specific as possible. The facilitator will record your responses. What do you notice about your list?

Activity 10K: The Jenkins Family Case

This activity relies on the material about the Jenkins family case that you read for homework.

Part 1: In small groups, look at the list of interviews/information available in the Jenkins case. Imagine you are in the shoes of Sue Wright, the CASA/GAL volunteer on the case, and you’ve been on the case for only two weeks. You have just 21 days to gather as much relevant, factual information as possible before the disposition, in order to present a report that minimally includes placement recommendations for the children, any other recommendations affecting their welfare, and recommendations for initial orders concerning the parents.

Your group’s job now is to discuss what you know about the Jenkins/Brown family, what you feel you need to know in order to make good recommendations, and who might have that information. In 21 days you’ll only be able to obtain six interviews, so you must prioritize your choices according to what each person might have to offer and then choose the six you believe will help most. There are 20 prepared “interviews” or reports available from the facilitator, 15 that were noted in your homework reading and five that you’ll have to find, either by choosing certain interviews that name additional interviewees or reports, or by choosing them blindly from the list below. The facilitator will give six interviews to each group as you request them. You may take all six at once or one at a time in any sequence.

Part 2: Once you have the information from all six chosen interviews, as a group, write a brief list of recommendations for placement of the children and services that you believe are necessary for their well-being, along with support for your conclusions. Choose one person to be the group’s spokesperson and be ready to present your conclusions to the large group. Ask questions at any time.

Activities 10J and 10K created by Kalamazoo County CASA, Kalamazoo, Michigan.
INTERVIEWS/INFORMATION AVAILABLE

Andrew Ames, emergency room doctor
Frank Brooks, children's attorney
Bonnie Brown, Theresa’s paternal aunt (Duane Brown’s sister)
Duane Brown, father
Kate Cantrell, Theresa’s paternal grandmother (Duane Brown’s mother)
Thomas Cole, Jan Jenkins’s attorney
Jim Elroy, CPS worker
Ellie Elston, neighbor and childcare provider
Jan Jenkins, mother
Elizabeth Kindly, Grace Kindly’s niece and Jan Jenkins’s high school friend
Grace Kindly, shelter care foster mother
Long bone scan report
Irma Mendino, emergency room doctor
Florence Night, emergency room nurse
John Ralston, Duane Brown’s attorney
Luella Santos, visitation aide
Jennifer Stanley, future foster mother
Armando Vasquez, Sr., character reference only
Laura Jenkins Vasquez, maternal grandmother (Jan Jenkins’s mother)
CASA/GAL Volunteer Pledge

As a CASA/GAL volunteer, I pledge to . . .

- Stay up-to-date on the laws that affect the children and families with whom I work, including confidentiality laws
- Continue to increase my cultural competence and serve all children without bias
- Use the resource lens when working with families
- Remain aware of how my views about mental illness, domestic violence, substance abuse, and poverty affect the work that I do
- Focus on permanency as the goal for the children with whom I work
- Use the communication skills I have learned to collaborate with others on a case
- Conduct thorough investigations
- Write court reports that present the best interest of the child, and submit the reports on time
- Continue to learn and to take care of myself

____________________________________________________  ___________________
Signature Date

Congratulations on completing training—and welcome to the CASA/GAL volunteer program! Thank you.
Glossary

The following list defines commonly used medical, psychological, legal, and educational terms and definitions as they apply to matters of child welfare and the juvenile court system. For sociological and cultural terms, see Cultural Diversity Vocabulary in Chapter 3.

ABANDONMENT
The 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
A wound in which an area of the body surface is scraped of skin or mucous membrane.

ABUSED JUVENILE
Defined by state statute. Generally, the child recipient of any physical injury, sexual abuse, or emotional abuse inflicted other than by accidental means by a person responsible for his/her care, custody, and control.

ACCULTURATION
The process of integrating into a culture other than one’s own.

ADJUDICATION
The process of 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 as a formal legal process is not found in most tribal cultures. Cultural adoptions as a traditional practice may be formalized through a ceremony, such as a naming ceremony. Cultural adoptions establish relationships for family that are referenced from that point forward.
ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980 (PL 96-272)

A 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 3. 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 10 of every 10,000 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
A standard for the court to use in deciding the disposition of a case following an adjudication of abuse or neglect, or following a termination of parental rights (TPR) proceeding. The standard that the CASA/GAL volunteer uses in choosing a course of advocacy for every child.

BONDING
The psychological attachment of a caregiver (usually a mother) to a 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, a 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 childcare 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 700,000 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.

CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB)
A document developed by the Bureau of Indian Affairs to identify Indian heritage and eligibility for services.
CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) (PL 93-247)

An 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

A 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 PROTECTION AGENCY

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, cogent, 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.

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. Contempt is 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 CLERK
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.

COURT ORDER/JUDGMENT
A 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
The believability of a person, especially a witness.

CRIMINAL PROSECUTION
The process involving the filing of charges of a crime, followed by the 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.

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 care or supervision and lacks an appropriate alternative child care arrangement.

DEPRESSION

The oldest recognized and most prevalent emotional disorder; it afflicts about 15% 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, and 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 18 years old. It is likely to continue indefinitely and results in functional limitations in three or more of these major life activities:

- Ability to talk and express oneself, ability to understand and follow simple directives
- Ability to dress oneself, brush teeth, use the toilet, etc.
- Ability to learn colors, shapes, letters, words, foods, and the like
- Ability to walk, run, or sit in a manner that is acceptable
- Ability to make decisions or to do what is expected
- Ability to live independently
- 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.”

DISCOVERY
A legal term referring to the pretrial disclosure of pertinent facts or documents by one or more parties to a case.

DISMISSAL
An 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.

DOWN’S SYNDROME
The most prevalent genetic abnormality associated with mental retardation. It accounts for about 33% of all forms of genetically based mental retardation. Each year in the United States, some 7,000 children of all socioeconomic groups are born with Down’s syndrome, representing an average rate of one in 800 births. Down’s syndrome most commonly results from the presence of an extra number 21 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, the right to the notice of allegations of misconduct, the right to the 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 or neglected in a licensed foster home, a facility operated by the child protection agency, or another home or facility approved by the court. The court, pending the adjudicatory hearing, may order such placement if the judge finds that placement with the parents is unsafe.
EMERGENCY CUSTODY HEARING
Hearing to determine if the child’s immediate welfare demands continued placement out of the home.

EMOTIONAL ABUSE
The systematic diminishment of a child. It is designed to reduce a child’s self-concept to the point where the child feels unworthy of respect, unworthy of friendship, unworthy of the natural birthright of all children: love and protection.

EMPOWERMENT MODEL
A collaborative family assistance model in which the caseworker assumes that family members know best what their strengths and problems are, and that they will be most successful in accomplishing plans they create to rectify problems. The caseworker’s role is to assist them in recognizing their strengths and challenges, to support that planning process, and to assist the family in implementing their plan. This may require teaching new skills.

EPILEPSY
Seizures are the primary symptom of all forms of epilepsy, which is characterized by convulsions of the muscles, partial or total loss of consciousness, mental confusion, or disturbances of bodily functions usually controlled automatically by the brain and nervous system. Epilepsy occurs in 1% of the general US population. The disorder occurs more frequently in children than in adults. In about 80% of cases, the first seizure occurs within the first decade of life. No one knows for sure why brain cells discharge abnormally and cause the symptoms of epilepsy.

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
A 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. Nonexpert 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 midface. Following birth, the infant may suffer from alcohol withdrawal. A similar, but less severe, manifestation is called fetal alcohol effect (FAE).

FINE MOTOR FUNCTION
Primarily eye-hand coordination—the ability to receive and utilize signals from your eyes to perform tasks employing the fingers (e.g., tying shoelaces, playing electronic games, or building a model). A component of neuromotor functioning.

FOSTER CARE
A form of substitute care, usually in a home licensed by a public agency, for children whose welfare and protection requires that they be removed from their own homes.

FRACTURE
A broken bone. One of the most common injuries suffered by battered children.

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.

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.

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
A 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.

INCEST
A sexual act between two persons who are related. Includes descent by blood or adoption, stepchild (while marriage creating their relationship still exists), brother, half-brother, sister, half-sister, niece, and nephew. Incest may occur between members of the same sex, but the most common form of incest is between father and daughter.

INDIAN CHILD
Any unmarried person who is under age 18 and either (a) is a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. (A second definition in the service provisions 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. A 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.)

INDIAN CHILD WELFARE ACT (PL 95-608)
A federal law passed in 1978 that set up placement preferences for an Indian child and established the right of an Indian child’s tribe and/or Indian custodian to appear as a party to a case. The law was intended to redress the historical pattern of removal of Indian children from their homes, which threatened tribal survival. See Chapter 2 and the Chapter 8 Resource Materials for more information.

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 3 through 21 who need special education and related services because of a disabling condition are eligible.
**IN LOCO PARENTIS**
A Latin term referring to 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.

**INTERSTATE COMPACT**
Agreement between all 50 states and the District of Columbia that has been passed as law by the states and been approved by Congress, governing out-of-state placements of children. It defines financial and supervisory responsibilities and guarantees 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 18th birthday and is not married, emancipated, or a member of the armed services of the United States.

**KINSHIP CARE**
Kinship care is the full-time care, nurturing, and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. This definition is designed to be inclusive and respectful of cultural values and ties of affection. It allows a child to grow to adulthood in a family environment.

**LACERATION**
A jagged cut or wound.

**LEADING QUESTION**
A question that suggests an answer or puts words in the mouth of a witness. Allowable only when directed to the opposing party in a lawsuit or to an “adverse witness” during cross-examination. Often a leading question will begin, “Isn’t it true that . . . ?”

**LEAST RESTRICTIVE ALTERNATIVE**
The principle that supports family autonomy, with in-home services provided by the child welfare agency only where necessary and then in the form that least intrudes on family autonomy. Consideration of placement outside the home should start at the least restrictive level: other family members, foster home, and then institutional placement, as most restrictive.

**LEGAL RISK PLACEMENT**
The placing of a child who is not yet legally free for adoption (but likely to be at some future time) with a family who agrees to serve as a foster placement for the time being and an adoptive family should that possibility occur.

**LESION**
Any injury to any part of the body from any cause that results in damage or loss of structure or function of the body tissue. A lesion may be caused by poison, infection, dysfunction, or violence, and may be accidental or intentional.

**MALNUTRITION**
Failure to receive adequate nourishment. Often exhibited in neglected children, malnutrition may be caused by inadequate diet (either lack of food or insufficient amounts of needed vitamins) or by a disease or other abnormal condition affecting the body’s ability to properly process foods.

**MEDICAID**
A government-sponsored health insurance program that provides care based on financial need.
MEDICALLY FRAGILE
A number of subgroups make up medically fragile infants and children, including infants weighing less than 1,500 grams (3 pounds, 4 ounces) at birth; infants, children, and teens who become medically fragile because of an illness after birth (e.g., lupus or 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 5. They may be mistaken for bruises and are found primarily on children of color.

MOTION FOR REVIEW
A legal action filed by any party in a court proceeding requesting the court to hear evidence on the current status of the child.

MUNCHAUSEN SYNDROME BY PROXY (MSP)
A form of child abuse in which the parent/caretaker relates fictitious illnesses in his/her child by either inducing or fabricating the signs or symptoms. As a result, the child is subjected to extensive medical tests and hospitalizations. The technical definition of MSP includes: (1) an illness in a child that is faked and/or produced by a parent or caretaker; (2) a parent or parent figure who presents the child for medical care persistently, often resulting in multiple medical procedures; (3) denial of the knowledge by the perpetrator as to the etiology of the illness; and (4) acute symptoms, which abate when the child is separated from the parent/caretaker.

NEGLECTED JUVENILE
Defined by state statutes. Usually arises from a parent’s passive indifference to a child’s well-being, such as failing to feed a child or leaving a child alone for an extended time.

NEUROSIS
Marked emotional disorder without loss of contact with reality and with a history of relatively normal developments.

NONRESPONDENT 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., a judge’s decision that the question is legally proper). By overruling the objection, the trial judge allows the question to be answered or the evidence to be considered.
**PARENTS PATRIA**
A Latin term meaning “the power of the sovereign.” Refers to the state’s power to act for or on behalf of incompetents, such as minors or some developmentally disabled persons.

**PARTY**
A person making or responding to a claim in a court or other adversarial proceeding. A person who sues or defends a lawsuit or any person joined in a lawsuit, such as a pension plan administrator, is called a party. A party has the right to conduct discovery and receive notice of all proceedings connected with the lawsuit.

**PATERNALISM**
A system under which an authority undertakes to supply needs or regulate conduct of those under its control in matters affecting them as individuals as well as in their relations to authority and each other.

**PERCEPTION**
The process by which sensory stimulation is converted into organized experiences. What appears to you; what you believe to be true.

**PERMANENCY PLANNING HEARING**
A hearing that takes place one year after the child is removed from the home or 30 days after a judge rules that reasonable efforts have been made. This hearing is designed to look at the child’s placement options, amount of time in care, the concurrent 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 and neglect cases, the petitioner is generally the child protection caseworker acting on behalf of the agency.

**PHYSICAL ABUSE**
Intentional harming of a child, use of excessive force, and/or 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**
A 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**
A Latin term referring to attorney services rendered at no charge.

**PRO SE (OR PRO PER)**
Latin terms 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 and neglect, preserving the family life of the parties involved where possible by enhancing parental capacity for good child care, and petitioning the court if necessary services are refused in serious situations.

**PSYCHOTIC PERSON**
A person who suffers a major mental disorder impairing his/her ability to think, respond emotionally, remember, communicate, interpret reality, or behave appropriately, so as to interfere with his/her capacity to meet the ordinary demands of life. The term “psychotic” is neither very precise nor definite. It is estimated that significantly fewer than 10% of all abusive or neglectful parents are psychotic.

**REASONABLE EFFORTS**
The diligent use of preventive or reunification services by a child protection agency when a juvenile’s remaining at home or returning home is consistent with achieving a safe, permanent home for the juvenile within a reasonable period of time. If a court of competent jurisdiction determines that the juvenile is not to be returned home, then “reasonable efforts” means the diligent and timely use of permanency planning services by the child protection agency to develop and implement a permanent plan for the juvenile. It is the judge who determines whether the agency has made reasonable efforts to prevent the child’s placement and reunify the family. The two factors central to this determination are the quality of the efforts and the nature of the services offered. “Quality of effort” refers to a reasonable level of diligence and good judgment and the absence of negligence. “Nature of services” refers to the availability of services to meet the needs of the child and/or family.

**RECAT**
To withdraw a statement.

**RECROSS-EXAMINATION**
After redirect examination 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 attorneys’ case resulting from the cross-examination.

**REPORTING LAWS**
State laws that require specified persons to notify public authorities of cases of suspected child abuse and neglect. All 50 states now have reporting statutes, but they differ widely in what must be reported, persons who must report, the 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.

**REUNIFICATION SERVICES**
Remedial efforts by the child protection agency that are designed to help parents take the necessary steps to be able to provide a safe home for their child(ren).
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 an 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 100,000 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. 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:

**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).

**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).

**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; it is used in most civil court proceedings.

STATUTE

A law passed by the legislature.
**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 DUCE TECUMA**
A subpoena requiring the person subpoenaed to bring records to court.

**SUBSTANTIATION**
A decision by the child protection agency to confirm a report of abuse or neglect after an investigation. It is then the agency’s responsibility to determine if a petition should be filed or if the situation can be corrected with voluntary acceptance of protective services.

**SUDDEN INFANT DEATH SYNDROME (SIDS)**
A sudden, unexpected death of any infant in whom a thorough postmortem examination fails to show a clear cause of death. Recent studies suggest that some infant deaths attributed to SIDS were related to other previously unknown causes.

**SUMMONS**
A legal document issued by a court clerk or other court officer, usually handed in person by the sheriff to the person summoned, notifying the named person that a lawsuit or legal cause has been filed against or involves him/her, and notifying that person of any dates set for hearings and deadlines for responding to the complaint or petition.

**SUPERVISED VISITATION**
Visits between a 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, 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 judge’s decision that 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.

**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.

**SYSTEM, THE**
In this context, either the child protection system or the child protection system and the court.
**TANF (Temporary Aid for Needy Families)**

Welfare payments to families in need, which are subject to five-year limits. The term also refers to 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.

**TERMINATION OF PARENTAL RIGHTS (TPR) HEARING**

A proceeding, usually at the end of a child abuse or neglect case, during which the child protection agency seeks to sever all ties between a parent and a child. TPR proceedings require clear, cogent, and convincing evidence as the standard of proof.

**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. Title IV-D 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.

**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.

**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, nonaccidentally. “Trauma” is also a term applied to the psychological discomfort or symptoms resulting from an emotional shock or painful experience.

**TRIBE**

There are 563 federally recognized tribal governments in the United States. The United States recognizes the right of these tribes to self-government and supports their tribal sovereignty and self-determination. These tribes possess the right to form their own government, to enforce laws (both civil and criminal), to tax, to establish membership, to license and regulate activities, to zone, and to exclude persons from tribal territories.

**UNDISCIPLINED JUVENILE**

A minor who is regularly truant from school, is disobedient beyond parental control, is 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 a child protection agency or law enforcement agency, that no abuse or neglect is occurring.

**UNSUPERVISED VISITATION**

Visitation between a parent and child that does not require the family to stay in one place and be watched by a creditable observer, usually a family member or caseworker.
VENEREAL DISEASE
Any disease transmitted by sexual contact. Presence of a venereal disease in a child may indicate that the mother was infected with the disease during pregnancy, or it may be evidence of sexual abuse.

VENUE
“Juvenile court venue” refers to the county or counties 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
A 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
The act of a parent to relinquish custody of his/her child to a child protection agency.

WAIVER
The understanding and voluntary relinquishment of a known right, such as the right to counsel, the right to remain silent during police questioning, or the right to a separate hearing.

WITNESS
A person who testifies under oath in a legal proceeding.
NOTES

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Web Resources

CHAPTER 1

CHILD WELFARE

Administration for Children & Families (ACF)
www.acf.dhhs.gov/opa/fact_sheets/acf_factsheet.html
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.

Administration for Children & Families (ACF)—Children’s Bureau
www.acf.dhhs.gov/programs/cb/
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.

American Humane Association
www.americanhumane.org
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.

American Professional Society on the Abuse of Children (APSAC)
www.apsac.org
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.

CASAnet
www.casanet.org
CASAnet is a resource for CASA/GAL program staff and volunteers. The website provides information on program services and management, the annual conference, training resources, and law and policy references.

Center on Child Abuse & Neglect (CCAN)
http://ccan.ouhsc.edu
The Center on Child Abuse and Neglect is a university-based center that directs research, professional and public education, clinical services, and administrative programs in the field of child maltreatment. This site is for professionals in the field of child abuse and neglect, and it includes a section devoted to working with Native communities.
Child Abuse Prevention Network

http://child-abuse.com

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.

ChildTrauma Academy

www.childtrauma.org

The ChildTrauma Academy works to improve the lives of traumatized and maltreated children. Some of the ways the organization seeks to carry out this mission include identifying best practices in child protection, evaluating the latest research in child development, defining optimal ways to provide resources to parents, and creating a novel therapeutic approach with traumatized children. Current research projects, training activities, publications, and progress reports are included in this site.

Child Welfare Information Gateway

www.childwelfare.gov

The Child Welfare Information Gateway is a national resource for professionals seeking information on child maltreatment; all aspects of child abuse and neglect; prevention, identification, and treatment of child abuse; and other child welfare issues. Their excellent website provides informational databases, links, and current highlights.

Child Welfare League of America (CWLA)

www.cwla.org

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.

A Family’s Guide to the Child Welfare System

www.cwla.org/childwelfare/familyguide.htm

This resource guide was created to help families better understand how the child welfare system works and to inform families of their rights and responsibilities. CASA/GAL volunteers may also find it an informative look at the system.

Indian Country Child Trauma Center (ICCTC)

www.icctc.org

Indian Country Child Trauma Center was established to develop trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically adapted and designed for Native American children and their families.

Kempe Center

www.kempecenter.org

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.

Missing & Exploited Children’s Training Programs

http://dept.fvtc.edu/ojjdp/

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.

National Center for Missing & Exploited Children

www.missingkids.com

The National Center for Missing and Exploited Children website offers success stories, educational resources, and current events. The resources section includes assistance for parents and guardians, law enforcement, attorneys, and media.
National Children’s Advocacy Center
www.nationalcac.org

This agency provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association (NICWA)
www.nicwa.org

The National Indian Child Welfare Association is the most comprehensive source of information on American Indian child welfare. NICWA works to address the issues of child abuse and neglect through training, research, public policy, and grassroots community development. NICWA also works to support compliance with the Indian Child Welfare Act of 1978. The public policy section of NICWA’s website provides information on how specific child welfare laws impact Indian children.

National Sex Offender Registry
www.sexoffender.com

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.

Native American Children’s Alliance (NACA)
www.nativechildalliance.org

The Native American Children’s Alliance is an intertribal, cross-mentoring organization whose mission is to inspire and support the development, growth, and maintenance of multidisciplinary teams and Children’s Advocacy Centers in Native American and Alaska Native communities in their efforts to address child abuse. These centers specialize in the forensic interviewing and examination of Native child victims and witnesses.

Parents’ Action for Children
www.parentsaction.org

Parents’ Action for Children, a national nonprofit, develops parent education materials, connects parents with one another, and fights for issues such as early education, healthcare, and high-quality, affordable childcare. This site has a wealth of information about parenting, childcare, health and safety, nutrition, discipline, the media, and special needs.

Prevent Child Abuse (PCA) America
www.preventchildabuse.org

PCA America 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.

Resource Guide for Parents, Caregivers & Service Providers Working with Alaska Native Children
www.providence.org/resources/alaska/tchap/ak_cares.pdf

This resource guide is designed to help parents, caregivers, and service providers learn how to support children who have been sexually abused. Many people in Alaska Native communities are impacted in some way by current or past child sexual abuse. This guide provides a way to reach out and share the load, and it offers information on how to cope and heal.

CHAPTER 2
LAW & ADVOCACY

American Bar Association Center on Children & the Law
www.abanet.org/child/home.html

The goal of the ABA Center on Children and the Law 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.

Best Interests
www.childadvocacy.com

This online magazine 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.
Child & Family Services Reviews (CFSR)
www.acf.hhs.gov/programs/cb/
The Child and Family Services Reviews are designed to help the federal Department of Health and Human Services’ Children’s Bureau ensure that state child welfare agencies are complying with federal child welfare requirements; determine what is happening to children and families as they are engaged in state child welfare services; and assist states in their efforts to help children and families achieve positive outcomes. To access state-by-state CFSR reports, go to the Children’s Bureau website listed here, then follow these links: Child Welfare Monitoring/Child and Family Service Reviews/Reports and Results.

Children Now
www.childrennow.org
Children Now utilizes research and 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.

Foster Care & Adoptive Community
www.fosterparents.com
This foster parent resource provides articles, website links, and information on local foster parent associations. Links include grandparent and relative caregiver links, medical links, and links to resources on adoption, HIV, educational issues, attachment disorders, FAS, and ADD/ADHD.

Hear My Voice
www.hearmyvoice.org
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.

Juvenile Justice Committee
www.abanet.org/crimjust/juvjus/home.html
The American Bar Association Juvenile Justice Committee is dedicated to monitoring the legislative, fiscal, policy, and administrative changes rapidly emerging in juvenile justice systems across the nation.

National American Indian Court Judges Association (NAICJA)
www.naicja.org
The National American Indian Court Judges Association is a national voluntary association of tribal court judges. The association is primarily devoted to the support of American Indian and Alaska Native justice systems through education, information sharing, and advocacy.

National Association of Counsel for Children (NACC)
www.naccchildlaw.org
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 lists upcoming events.

National Center for Youth Law (NCYL)
www.youthlaw.org
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.

National Children’s Alliance (NCA)
www.nca-online.org
NCA’s Children’s Advocacy Centers (CACs) are community-based programs that bring together representatives from law enforcement, juvenile court counselors, mental health agencies, and other service-providing agencies to address the investigation, treatment, and prosecution of child abuse cases.

National Council of Juvenile & Family Court Judges (NCJFCJ)
www.ncjfcj.org
The NCJFCJ seeks a society in which every child and every family in need of judicial oversight has access
to fair, effective, and timely justice. Their website includes sections on child abuse and neglect, family violence, juvenile delinquency, and substance abuse.

**National Court Appointed Special Advocates (CASA)**

www.casanet.org

or

www.nationalcasa.org

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.

**Office of Juvenile Justice & Delinquency Prevention**

www.ojjdp.ncjrs.org

This site offers links to the latest facts and figures on juvenile justice, delinquency prevention, and violence, and includes many of the organization’s publications, grant options, and local resources.

**Represent (formerly Foster Care Youth United)**

www.youthcomm.org/Publications/FCYU.htm

This is a teen-written magazine that discusses issues facing children throughout the foster care system. Its goal is to train, inform, and provide a voice for teens through print journalism.

**Social Work & Social Services Website**

http://gwbweb.wustl.edu/Resources/Pages/socialservicesresourcesintro.aspx

This comprehensive site offers a wide variety of online resources of interest to social workers and those in the social services fields.

**State Statutes Search**

www.childwelfare.gov/systemwide/laws_policies/search/index.cfm

On this Child Welfare Information Gateway website, you can search by state for statutes related to abuse and neglect, permanency planning, foster care, and adoption.

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**Tribal Court Clearinghouse**

www.tribal-institute.org

The Tribal Court Clearinghouse was developed on a volunteer basis by the Tribal Law and Policy Institute, an Indian-owned and -operated nonprofit organized to design and develop education, research, training, and technical assistance programs that enhance justice in Indian country and the health, well-being, and culture of Native peoples. The Tribal Court Clearinghouse provides extensive information and resources about tribal, federal, and state laws that affect Native peoples, including the full text of the Indian Child Welfare Act.

**U.S. Department of Justice Office of Tribal Justice**

www.usdoj.gov/otj

The Office of Tribal Justice provides a single point of contact within the Justice Department for meeting the broad and complex federal responsibilities to federally recognized Indian tribes.

**Voices for America’s Children**

www.voicesforamericaschildren.org

Formerly the National Association of Child Advocates, Voices for America’s Children is the only national organization devoted to building the capacity of state and local child advocacy organizations. Founded in 1984, Voices is a nationwide network of child advocacy organizations working at the increasingly critical level of America’s statehouses, county commissions, and city councils.

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**CHAPTER 3**

**CULTURAL COMPETENCE**

**Center for Effective Collaboration & Practice**

http://cecp.air.org

It is the mission of the Center for Effective Collaboration and Practice to foster the development and the adjustment of children with or at risk of developing serious emotional disturbance. The center’s website contains a section on cultural competence.
Class Matters

www.classmatters.org

This website is a great resource for understanding class values and how class influences how people view the world.

Culture Matters: The Peace Corps Cross-Cultural Workbook

www.peacecorps.gov/wws/publications/culture/index.cfm

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 for 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 American Diversity,” and “Styles of Communication.” Each chapter contains many resources.

Flipping the Script: White Privilege & Community Building


The authors of this monograph intend it to “help those involved in improving communities to work in more equitable and thoughtful partnerships with community residents and other stakeholders, with special attention to issues of privilege, oppression, racism and power as they play out in this work.”

White Antiracist.org

www.whiteantiracist.org

This site provides a definition of a white antiracist, biographies and profiles of antiracist individuals and organizations, information on the history of race in the United States, and links to antiracist resources.

AFRICAN AMERICANS

The Black Database

www.theblackdatabase.com

This website provides links to other sites relevant to African Americans on topics ranging from news, arts, and society to health, education, and technology.

Celebrating Children

www.celebratingchildren.com

This site contains articles and resources directed at African American parents and families.

Footsteps: Celebrating African American Heritage & Achievement

www.footstepsmagazine.com

This online magazine celebrates the heritage of African Americans and explores African American contributions to US culture.

National Black Child Development Institute (NBCDI)

www.nbcdi.org

NBCDI’s website includes information on membership, public policy, resources, and a calendar of upcoming events.


http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4702-ENG

Although it is aimed at caseworkers, this article is instructive for CASA/GAL volunteers as they seek to employ a culturally competent, strengths-based approach to working with African American families.
This article looks at differences in perceptions of neglect of American Indian children found in the National Child Abuse and Neglect Data System. Findings from an analysis of 17,000 cases of neglect of white or American Indian children were that the neglect of American Indian children, compared to white children, was more often associated with foster care placement, juvenile court petition, alcohol abuse of child or caretaker, violence in the family, and family receipt of public assistance.

Carlisle Indian Industrial School Research Pages
http://home.epix.net/~landis/index.html
This website provides historical information about a particular Indian boarding school whose mission, according to the site, “was to shape identity. In its infancy, that shaping meant to transform American Indian children to resemble their so-called civilized American brothers and sisters.” The site gives a glimpse into the effects of Indian boarding schools on Native children and on Native culture in general.

History of Victimization in Native Communities
www.ccan.ouhsc.edu/History%20of%20Victimization%20Issues.pdf
This comprehensive paper, published by the Center on Child Abuse and Neglect, provides an overview of the victimization of the indigenous peoples of North America since the arrival of Europeans. The author links this historical context to the current state of Native communities.

Indian Country Child Trauma Center (ICCTC)
www.icctc.org
Indian Country Child Trauma Center was established to develop trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically adapted and designed for Native American children and their families.

National Indian Child Welfare Association (NICWA)
www.nicwa.org
The National Indian Child Welfare Association is the most comprehensive source of information on American Indian child welfare. NICWA works to address the issues of child abuse and neglect through training, research, public policy, and grassroots community development. The site also provides links to other information on Native American culture.

NativeWeb
www.nativeweb.org
This site contains over 3,000 links to various aspects of Native American culture and history.

Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth & Families
www.reconciliationmovement.org/docs/Touchstones_of_Hope.pdf
This report offers a critique of how the child protective services system interacts with and affects indigenous communities. The authors present guiding values that can lead to a “renewed child welfare system” and a “respectful and meaningful relationship between Indigenous and non-Indigenous peoples working in child welfare.”

Resource Guide for Parents, Caregivers & Service Providers Working with Alaska Native Children
www.providence.org/resources/alaska/tchap/ak_cares.pdf
This resource guide is designed to help parents, caregivers, and service providers learn how to support children who have been sexually abused. Many people in Alaska Native communities are impacted in some way by current or past child sexual abuse. This guide provides a way to reach out and share the load, and it offers information on how to cope and heal.
Tribal Court Clearinghouse

www.tribal-institute.org

The Tribal Court Clearinghouse was developed on a volunteer basis by the Tribal Law and Policy Institute, an Indian-owned and operated nonprofit organized to design and develop education, research, training, and technical assistance programs that enhance justice in Indian country and the health, well-being, and culture of Native peoples. The Tribal Court Clearinghouse provides extensive information and resources about tribal, federal, and state laws that affect Native peoples, including the full text of the Indian Child Welfare Act.

Tribe Websites

www.nativetelecom.org/links.html

Part of the Native American Public Telecommunications website, this page contains an extensive list of links to more than 50 individual tribes’ websites.

WWW Virtual Library—American Indians

www.hanksville.org/NAresources

This is a virtual library of the Indian culture with an index of resources on the web, including culture, history, language, health, and art.

ARAB & MIDDLE EASTERN AMERICANS

American-Arab Anti Discrimination Committee (ADC)

www.adc.org

The education section of the ADC website contains a selection of resources and lesson plans on Arab culture, history, and religion. Also featured are articles with advice for parents and teachers on how to deal with anti-Arab discrimination in schools.

Arab American Institute

www.aaiusa.org

The Arab American Institute (AAI) is a nonprofit organization committed to the civic and political empowerment of Americans of Arab descent.

Arab Culture & Civilization

http://arabworld.nitle.org

The National Institute for Technology and Liberal Education developed this site as a resource to increase understanding of the Arab world. A plethora of information is organized into ten modules, such as history, ethnicity and identity, Islam, Arab Americans, and family.

Culture Resources: Middle Eastern American

www.malt.cmich.edu/eslcorr_meresc.htm

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 Arabs, Jews, Persians, etc.

ASIAN AMERICANS

The Asian American Institute

www.aaichicago.org

The Asian American Institute was established in 1992 as a pan-Asian not-for-profit organization working to empower the Asian Pacific American community through advocacy, research, education, and coalition building. Current programs include Voting Rights, APA Empowerment Initiative, APA Resource Guide, and advocacy against hate crimes.

Asian American Legal Defense & Education Fund (AALDEF)

www.aaldef.org

The Asian American Legal Defense and Education Fund is a national organization that protects and promotes the civil rights of Asian Americans. AALDEF focuses on immigrant rights, civic participation and voting rights, economic justice for workers, language access to services, census policy, affirmative action, youth rights and educational equity, and the elimination of anti-Asian violence, police misconduct, and human trafficking.

Asian-Nation

www.asian-nation.org

This site contains multiple resources concerning Asian history, culture, immigration, and contemporary issues in America.
Coalition for Asian American Children & Families (CACF)

www.cacf.org

The Coalition for Asian American Children and Families is dedicated to improving the health and well-being of Asian American children in New York City. Their site includes lists of publications about issues affecting Asian American children and links to resources for Asian American families and children.

National Korean American Service & Education Consortium

www.nakasec.org

This national organization seeks to educate and empower Korean American communities nationwide.

Organization of Chinese Americans

www.ocanatl.org

OCA is a national organization dedicated to advancing the social, political, and economic well-being of Asian Pacific Americans in the United States. Their website includes resources, a media center, and information on OCA’s programs and annual conference.

DEAF AMERICANS

Deaf Linx

www.deaflinx.com

This site provides an extensive list of links to sites about deaf culture, deaf history, deaf businesses, and other general resources for those with hearing loss or those who would like to learn about deaf culture.

National Association of the Deaf (NAD)

www.nad.org

The mission of the National Association of the Deaf is to promote, protect, and preserve the rights and quality of life of deaf and hard of hearing individuals in the United States. The legal rights section of the NAD website contains information and resources for deaf and hard of hearing individuals; their families; attorneys who need information to better represent their clients; businesses and government agencies seeking to comply with the law; and service providers who need to understand the law.

ESL RESOURCES

Center for Adult English Language Acquisition (CAELA)

www.cal.org/caela

CAELA’s mission is to assist states with emerging populations who are learning English as a second language (ESL). This site provides resources and fact sheets for programs and individuals teaching adult ESL.

Center for Applied Linguistics

www.cal.org

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.

ESL Magazine

www.eslmag.com

This magazine is written for teachers or other members of the community who work with ESL students. The site provides articles and links to resources for people who work with ESL students.

EUROPEAN AMERICANS

Center for the Study of White American Culture

www.euroamerican.org

This multiracial organization 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.
Culture Resources: European American
www.malt.cmich.edu/eslcorr_euresc.htm
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.

European American Resources
www.scu.edu/SCU/Programs/Diversity/euros.html
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.

GAY, LESBIAN, BISEXUAL & TRANSGENDER PEOPLE

Children of Lesbians & Gays Everywhere (COLAGE)
www.colage.org
COLAGE offers peer support, newsletters, conferences, and literature for children with gay, lesbian, bisexual, and transgender parents.

Coalition for Positive Sexuality
www.positive.org
This site offers information about sexuality for teens—gay, straight, or bisexual.

Gender.org
www.gender.org
Gender Education and Advocacy (GEA) is a national organization focused on the needs, issues, and concerns of gender-variant people in human society. The resources section on Gender.org provides links to other trans organizations, a state-by-state search for local resources for transgendered people, and topical information on child custody, Medicaid, surgery, parenting, employment, and more.

Human Rights Campaign
www.hrc.org
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.

Lesbian.com
www.lesbian.com
This site includes links to information on activism, arts, elder care, parenting, adoption, disability, gender, sexuality, and much more.

National CASA Annotated Bibliography: Resources for Working with LGBTQ Youth & Families in the Foster Care System
www.casanet.org/download/diversity/0612_lgbtq_0032.pdf
This annotated bibliography contains resources to serve the advocacy needs of those working with lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and families in foster care. It provides useful information for a range of concerns from health and housing to education and legal representation.

National Gay & Lesbian Task Force (NGLTF)
www.thetaskforce.org
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 youth, nondiscrimination, parenting, and families.

National Youth Advocacy Coalition (NYAC)
www.nyacyouth.org
NYAC advocates for and with young people who are lesbian, gay, bisexual, transgender, or questioning (LGBTQ) in an effort to end discrimination against these youth and to ensure their physical and emotional well-being. NYAC publishes an excellent newsmagazine regarding sexual minority youth concerns.
IMMIGRATION RESOURCES

American Immigration Resources on the Internet

www.immigration-usa.com/resource.html

This site provides many links to reference materials on legal issues, resources, and organizations focusing on immigrant issues in America.

Center for Immigration Studies

www.cis.org

An excellent resource for many current immigrant issues, this site contains informative articles explaining important topics that arise in US immigration and a forum for asking questions about immigration.

US Citizenship & Immigration Services

www.uscis.gov

This site provides resources on the legal aspects of immigration and naturalization, a glossary of immigration and naturalization legal terms, and links to translation services on the Internet.

LATINO/HISPANIC AMERICANS

Hispanic Online

www.hispaniconline.com

This site includes information on culture, entertainment, politics, business, education, and research.

National Council of La Raza (NCLR)

www.nclr.org

The largest national Latino civil rights and advocacy organization in the United States, NCLR works to improve opportunities for Hispanic Americans. Their website provides an overview of issues facing Latinos in the United States.

National Latino Children’s Institute (NLCI)

www.nlci.org

NLCI focuses the nation’s attention on policies, programs, and community initiatives that positively affect Latino children. Their website includes the National Latino Children’s Agenda, a statement of principles essential for the healthy and complete development of Latino children.

MULTIRACIAL AMERICANS

Association of MultiEthnic Americans (AMEA)

www.ameasite.org

AMEA is an international association of organizations dedicated to advocacy, education, and collaboration on behalf of the multiethnic, multiracial, and transracial adoption community.

Interracial Voice

www.webcom.com/~intvoice/

This site includes poetry, opinion pieces, relationship forums, discrimination information, information on building diversity, and links to additional sites on multiracial topics.

MAVIN Foundation

www.mavinfoundation.org

The MAVIN Foundation’s mission is to build healthy communities that celebrate and empower mixed-heritage people and families. They publish MAVIN magazine, organize a bone marrow donor drive, educate people on issues affecting mixed-race individuals and families, and publish The Multiracial Child Resource Book.

CHAPTER 4

DOMESTIC VIOLENCE

“Batterer Accountability: Responding to Child Maltreatment & Domestic Violence”

www.wscadv.org/Bulletin/Nov_06_Inside_Scoop.pdf

This article addresses Washington State’s efforts to bring together judges, law enforcement officials, child welfare professionals, and domestic violence advocates to improve the response to child welfare cases involving domestic violence. Central to this effort is finding ways to hold domestic violence perpetrators accountable for their actions in order to improve the safety of children.
Deaf Hope  
www.deaf-hope.org  
Deaf Hope is a California-based nonprofit organization working to end domestic violence and sexual assault against deaf women and children through empowerment, education, and services. This website provides the number for a national toll-free TTY domestic violence hotline.

Family Violence Prevention Fund (FVPF)  
www.endabuse.org  
FVPF is a national nonprofit organization that focuses on domestic violence education, prevention, and public policy reform. This site includes information on the effects of domestic violence on children, immigrant women, public education, teens, and the workplace, as well as other relevant links.

The Greenbook Initiative  
www.thegreenbook.info  
This site describes an initiative launched by the National Council of Juvenile and Family Court Judges to help child welfare and domestic violence agencies and family courts work together more effectively to help families experiencing violence. Research and experience has verified a strong link between violence against women and abuse of children in the same home. The Greenbook Initiative seeks to make courts aware of the effects of violence on both adults and children in order to take action that will adequately address the immediate as well as the long-term harm to children of domestic violence victims.

The Intersection of Domestic Violence & Child Victimization  
http://ilearning.ci.fsu.edu/familyvio/rural/intersection  
This online tutorial, created by the Institute for Family Violence, part of Florida State University’s College of Social Work, is a thorough training in how domestic violence impacts children. It has a unit devoted entirely to rural communities, including barriers to intervention in these areas.

MedlinePlus  
MedlinePlus provides information on domestic violence patterns and signs. Other information includes resources, diagnostic information, law and policy, and statistics. There are specific links for women, children, teenagers, and men.

The Minnesota Center Against Violence & Abuse (MINCAVA)  
www.mincava.umn.edu  
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.

National Coalition Against Domestic Violence (NCADV)  
www.ncadv.org  
The NCADV site provides information on prevention, public policy, support programs, resources, membership, their national conference, and much more.

National Domestic Violence Hotline  
www.ndvh.org  
This site focuses on how to get help and become educated about domestic violence. A Spanish version of the website is available.

National Latino Alliance for the Elimination of Domestic Violence (Alianza)  
www.dvalianza.org  
Alianza carries out work in four main areas: community education and development; public policy; research; and training and technical assistance. The resources section of this site lists publications, web links, services, grants and fellowships, job listings, and a calendar of events.

Violence Against Women Online Resources  
www.vaw.umn.edu  
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.
ANIMAL ABUSE

People for the Ethical Treatment of Animals (PETA)
www.peta.org/mc/factsheet_companion.asp

PETA is an international organization focusing on animal abuse and animal cruelty of all kinds. This link offers more than 20 fact sheets on abuse of companion animals.

Pet-Abuse.com
www.pet-abuse.com

Pet-Abuse.com lists thousands of animal abuse cases, organized by state or country; provides information on how to recognize and prevent animal cruelty; and lists types of animal abuse and definitions.

CHAPTER 5

SUBSTANCE ABUSE

Addiction Links Page (Directory)
www.drugnet.net/metaview.htm#general

This comprehensive site provides links to virtually every relevant topic on substance abuse, as well as links to fact sheets and statistics.

Drugstory.org
www.drugstory.org

Drugstory.org provides information and statistics about drug use. The site contains sections on drug abuse prevention and treatment, drug trafficking, and drug-related crime. It also contains extensive information on individual drugs and classes of drugs, such as methamphetamine, ecstasy, marijuana, hallucinogens, etc.

Focus Adolescent Services
www.focusas.com/SubstanceAbuse.html

Focus Adolescent Services provides information to people who need help dealing with teen drug users. The site gives a list of drugs and their effects and provides links to resources, schools, events, speakers, and other organizations dealing with adolescent drug abuse.

Meth & Child Welfare: Promising Solutions for Children, Their Parents & Grandparents
http://ipath.gu.org/documents/A0/Meth_Child_Welfare_Final_cover.pdf

This report from Generations United focuses on the risks that methamphetamine use poses to children and makes recommendations for how the child welfare system can respond to the increase in meth use across the country.

National Alliance for Drug Endangered Children
www.nationaldec.org

This organization promotes programs that rescue, shelter, defend, and support children endangered by caregivers who manufacture, deal, or use drugs.

National Association for Children of Alcoholics (NACoA)
www.nacoa.org

The mission of NACoA is to advocate for all children and families affected by alcoholism and other drug dependencies. This mission drives their programs and materials to help children of alcoholics.

National Center on Addiction & Substance Abuse
www.casacolumbia.org

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.

National Center on Substance Abuse & Child Welfare (NCSACW)
www.ncsacw.samhsa.gov

The National Center on Substance Abuse and Child Welfare works to develop knowledge and provide technical assistance to federal, state, and local agencies and tribes to improve outcomes for families with substance use disorders in the child welfare and family court systems.
National Institute on Drug Abuse
www.nida.nih.gov
This site focuses on the science of drug abuse and addiction and includes information for researchers and health professionals, parents and teachers, and students and young adults.

Prevention Online
http://ncadi.samhsa.gov/
The National Clearinghouse for Alcohol and Drug Information’s Prevention Online site provides alcohol and drug information, including research and publications, with resources specifically for families, youths, schools, employers, and the community.

Recovery Connection
www.recoveryconnection.org/substance_abuse/
This site describes substance abuse and gives information on hotlines, support groups, detox treatment, and intervention.

SAMHSA Matrix
www.samhsa.gov/Matrix/matrix_treatment.aspx
This DHHS site provides substance abuse and mental health services information, including technical assistance for professionals and programs and activities for people helping substance abusers.

Substance Abuse & Mental Health Services Administration
www.samhsa.gov
This site includes new forms of treatment, general information, and publications, and offers a link to area professionals.

“The Truth About Addiction”
www.abanet.org/child/clp/archives/vol19/dec00.pdf
This article is aimed at helping those who work in the child welfare system understand addiction.

This guide is intended to help child welfare workers understand how alcohol and drugs affect child welfare, recognize when substance abuse is a factor in child welfare cases, understand addiction and treatment, and collaborate with treatment partners.

POVERTY

The Family Resource Simulator
www.nccp.org/modeler/modeler.cgi
Developed by the National Center for Children in Poverty, the Family Resource Simulator is a web-based tool that calculates resources and expenses for a hypothetical family that the user “creates” by selecting city and state, family characteristics, income sources, and assets. The user also selects which public benefits the family receives when eligible and makes choices about what happens when the family loses benefits.

National Center for Children in Poverty (NCCP)
www.nccp.org
The National Center for Children in Poverty is a public policy organization dedicated to promoting the economic security, health, and well-being of low-income families and children. Their site offers a variety of research publications related to economic security, early childhood, and family stability. Also available is a state-by-state search for demographic information correlating income level to employment, race and ethnicity, marital status, home ownership, and more.

National Poverty Center (NPC)
www.npc.umich.edu/poverty
The National Poverty Center at the University of Michigan was established in the fall of 2002 as a nonpartisan research center. This site presents multidisciplinary research and policy briefs related to poverty.

US Census Bureau
www.census.gov/hhes/www/poverty/poverty.html
This site provides basic facts about poverty and how it is measured. It also displays the most recent reports, briefs, and data on poverty for the past twelve months.
CHAPTER 6

CHILD DEVELOPMENT

Child Development Institute
www.cdpage.com
This site, aimed at parents, provides information on child development, child psychology, parenting, learning, health, safety, and childhood disorders such as attention deficit disorder, dyslexia, and autism.

“Understanding the Effects of Childhood Trauma on Brain Development in Native Children”
www.tribal-institute.org/download/Understanding%20the%20Effects%20of%20Childhood%20Trauma%20on%20Brain%20Development%20in%20Native%20Children.pdf
This article by Eidell Wasserman explores the impact of victimization and trauma on brain development in young Native children. It includes a summary of the current research as well as graphics and several “story boxes” to help readers understand the scientific basis and to provide practical information on how trauma affects children.

“Violence & Childhood: How Persisting Fear Can Alter the Developing Child’s Brain”
www.childtrauma.org/ctamaterials/vio_child.asp
This article by Bruce Perry, a researcher in children’s mental health and neuroscience, offers a neurodevelopmental perspective on the impacts of violence on children. Perry discusses how “exposure to violence activates a set of threat-responses in the child’s developing brain; in turn, excess activation of the neural systems involved in the threat responses can alter the developing brain; finally, these alterations may manifest as functional changes in emotional, behavioral and cognitive functioning.”

Zero to Three
www.zerotothree.org
Zero to Three is a national organization that supports the health and well-being of infants and toddlers by informing, educating, and supporting the adults who influence their lives. Aimed at both parents and professionals, this site provides resources, public policy papers, parenting tips, and publications—all related to infants and toddlers.

MEDICAL/PSYCHOLOGICAL

American Academy of Child & Adolescent Psychiatry
www.aacap.org
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.

American Academy of Pediatrics (AAP)
www.aap.org
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.

Association for Treatment and Training in the Attachment of Children (ATTACh)
www.attach.org
ATTACh is an international coalition of professionals and families dedicated to creating public awareness and education regarding attachment and the critical role it plays in human development. The organization provides a quarterly newsletter, hosts an annual conference, compiles a membership directory, and offers other benefits to its members and the public.

Attachment Disorder.net
www.attachmentdisorder.net
Written by an adoptive parent of a child diagnosed with attachment disorder, this site provides information, resources, and support for parents and others trying to help children with attachment problems.
The Barr-Harris Children’s Grief Center
www.barrharris.org
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.

Fetal Alcohol Services (FAS) of Alaska
http://fasalaska.com
This site provides information on fetal alcohol syndrome, fetal alcohol effect, and alcohol-related birth defects, as well as information on prevention methods and teaching students with these problems.

Internet Mental Health
www.mentalhealth.com
This site contains links for common disorders, organizations, search engines, and medical sites.

MedTerms Medical Dictionary
www.medterms.com
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.

National Alliance on Mental Illness
www.nami.org
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.

The National Center for Post-Traumatic Stress Disorder
www.ncptsd.org
This program of the US 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.

National Organization on Fetal Alcohol Syndrome (NOFAS)
www.nofas.org
NOFAS is dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and to improving the quality of life for those affected by fetal alcohol syndrome/fetal alcohol effect. NOFAS is committed to raising public awareness of fetal alcohol syndrome and to developing and implementing innovative ideas in prevention, intervention, education, and advocacy in communities nationwide. NOFAS also operates a national clearinghouse for regional, state, and local fetal alcohol syndrome organizations.

SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence (FASD Center)
http://fasdcenter.samhsa.gov
The mission of the FASD Center is to facilitate the development and improvement of FASD prevention, treatment, and care systems in the United States by providing national leadership and facilitating collaboration in the field.

Trauma Information Pages
www.trauma-pages.com
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, a bookstore, articles, and links.

EDUCATION ISSUES

Children & Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
www.chadd.org
CHADD works to improve the lives of people with attention-deficit/hyperactivity disorder through education, advocacy, and support. Their site offers great information on ADHD and disability issues in the legislature.
Foster Children & Education: How You Can Create a Positive Educational Experience for the Foster Child
www.vera.org/publication_pdf/241_452.pdf

This paper gives an overview of the educational obstacles facing children in foster care and the role adults can play to have a positive impact on their educational experience.

Fostering Futures Research Project
www.rri.pdx.edu/pgFosteringFutures.shtml

The Fostering Futures Research Project is conducting research on the educational performance and quality of transition planning for foster youth with disabilities. This site provides a link to two articles of interest: “Are We Ignoring Foster Youth with Disabilities?” and “Transition Planning for Foster Youth with Disabilities.”

LD OnLine
www.ldonline.org

An interactive learning disabilities resource guide for parents, teachers, and students, this site provides a wealth of information, including a section in Spanish.

Mythbusting: Breaking Down Confidentiality & Decision-Making Barriers to Meet the Education Needs of Children in Foster Care
www.abanet.org/child/rclji/education/caseyeducationproject.pdf

This paper gives an overview of the education needs of children in foster care, explains the federal laws regarding confidentiality of education records, and debunks myths about confidentiality.

National Conference of State Legislatures, “Educating Children in Foster Care”
www.ncsl.org/programs/cyf/CPleducate.htm

This informative policy article looks at challenges and services involved in educating children in foster care.

National Resource Center for Family-Centered Practice & Permanency Planning
www.hunter.cuny.edu/socwork/nrcfcpp/info_services/education-and-foster-care.html

The Education and Foster Care section of this site provides a wealth of articles and resources on educating and children in care.

New Horizons for Learning
www.newhorizons.org

This site is dedicated to improving education. It gives links to student voices, special needs in education, and teaching and learning strategies.

DISABILITY RESOURCES

The Arc
www.thearc.org

This organization, originally focused on mental retardation, is devoted to advocacy for all people with disabilities. The site includes topics such as the Americans with Disabilities Act, managed care, fetal alcohol syndrome, and the human genome project.

Caring for Children with Special Needs: The Americans with Disabilities Act
www.ces.ncsu.edu/depts/fcs/human/pubs/nc07.html

Written by a developmental psychologist, this webpage provides information about children with disabilities and offers tips on how to care for children with disabilities.

Fostering Futures Research Project
www.rri.pdx.edu/pgFosteringFutures.shtml

The Fostering Futures Research Project is conducting research on the educational performance and quality of transition planning for foster youth with disabilities. This site provides a link to two articles of interest: “Are We Ignoring Foster Youth with Disabilities?” and “Transition Planning for Foster Youth with Disabilities.”
Internet Resource for Special Children

www.irsc.org

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, and legal issues.

National Dissemination Center for Children with Disabilities

www.nichcy.org

This organization is a national resource for information on disabilities in infants, toddlers, children, and youth; the Individuals with Disabilities Education Act (IDEA), which governs special education; No Child Left Behind, as it relates to children with disabilities; and effective educational practices.

Special Child

www.specialchild.com

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.

OTHER ISSUES

Adolescent Directory On-Line (ADOL)

www.education.indiana.edu/cas/adol/mental.html

This electronic guide provides information regarding adolescent issues and secondary education, including mental health risk factors for adolescents. The site is intended for parents, educators, researchers, health practitioners, and teens.

Connect for Kids

www.connectforkids.org

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.

Facts for Families

www.aacap.org/page.ww?section=Facts+for+Families &name=Facts+for+Families

Created by the American Academy of Child and Adolescent Psychiatry, Facts for Families offers information for parents and families on issues affecting children and adolescents, such as depression, teen suicide, gun violence, stepfamily problems, and child sexual abuse.

KidSource OnLine

www.kidsSOURCE.com

This information service for parents and educators who focus on health, education, and recreation includes useful books, articles on learning disabilities, and links.
National Association of Social Workers (NASW)

www.naswdc.org

NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

Youth Firesetting Intervention Resource Site

www.sosfires.com

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.

CHAPTER 7

CONFLICT RESOLUTION

Association for Conflict Resolution (ACR)

www.acrnet.org

The Association for Conflict Resolution is a professional organization dedicated to enhancing the practice and public understanding of conflict resolution. Their website provides a state-by-state search for ACR chapters.

CR Info

www.crinfo.org

This site provides extensive information about conflict resolution, including articles and resources on more than 600 topics.