

CASA of Santa Cruz County

Pre-Service Core Training



Session 1

Pre-reading material

Key Components of the CASA/GAL Volunteer Role



Information Gathering

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

Facilitation

Based on the information gathering process, identify appropriate resources and services for the child and family. In collaboration with your CASA supervisor, follow the referral procedure to initiate services. Coordinate with the services organization to expedite service delivery and move the case forward.

Advocacy

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

Monitoring

Track the orders of the court and plans of the child protective agency regarding fulfillment of treatment and services plans for all parties. If parties fail to carry out plans, inform the court in collaboration with the child protective services agency.

CASA/GAL Volunteer Tasks

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

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

CASA/GAL Volunteer Tasks, Cont'd.

- Comply with CASA/GAL policies, procedures and ethical guidelines that promote and protect the CASA/GAL program.
- Remain appointed until the case is closed.
- Maintain monthly contact with caregiver.
- Maintain monthly contact with service providers.
- Maintain documentation required by local CASA/GAL staff.

Alphabet Soup

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

CASA of Santa Cruz County

Pre-Service Core Training



Session 2

Pre-reading material

How Children Grow and 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 will 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 as 3-year-olds.
7. Growth is continuous, but it is not always steady and does not always move forward smoothly. 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 and that they are wanted. They also need the self-confidence that comes from learning new things.

How Children Grow and Develop, Cont'd.

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.

*Resources for Child Caring, Inc., Minnesota Child Care Training Project,
Minnesota Department of Human Services.*

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 (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.

Children's Needs

Children served by CASA/GAL programs come to the court's attention because their parents or caregivers 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 caregivers.

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. The first two levels (food, clothing and shelter; protection and security) were described as basic for survival. The remaining three levels were primary relationships, esteem and community and wholeness.

In recent years, Maslow's theory has been questioned and other theories have evolved. Dr. Edward Deci established that there are three universal psychological needs: autonomy, relatedness and competence. Autonomy refers to people's need to perceive that they have choices. Relatedness refers to people's need to feel connected to others. Competence is the need to meet every day challenges with success and growth. Unlike Maslow's theory, these three needs are not sequential, but are all necessary.

Other researchers have redesigned Maslow's pyramid. If you would like to read additional information on this research, please follow this link: psychcentral.com/news/2010/08/23/updated-maslows-pyramid-of-needs/17144.html

As a CASA/GAL volunteer it is important to fully understand the needs of the child you are assigned, to best advocate for the child's best interests. Understanding these theories can provide a framework for you to refer to when working with the child and family.

Children's Needs, Cont'd.

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.

Cultural Considerations

Maslow developed his hierarchy of needs based on a study of participants in the United States, an individualistic society where primary importance is put on the self, immediate family and individual achievement as an indicator of success. Many cultures are considered collectivist societies, where belonging to a group and harmony within the group is of primary importance. No matter what kind of culture a child comes from, your primary concern as a CASA/GAL volunteer is that the child's basic needs—for food, shelter and clothing—are being met.

*P. Gambrel and R. Cianci. "Maslow's Hierarchy of Needs: Does It Apply in a Collectivist Culture?"
Journal of Applied Management and Entrepreneurship, April 2003.*

Importance of Attachment in Child Development

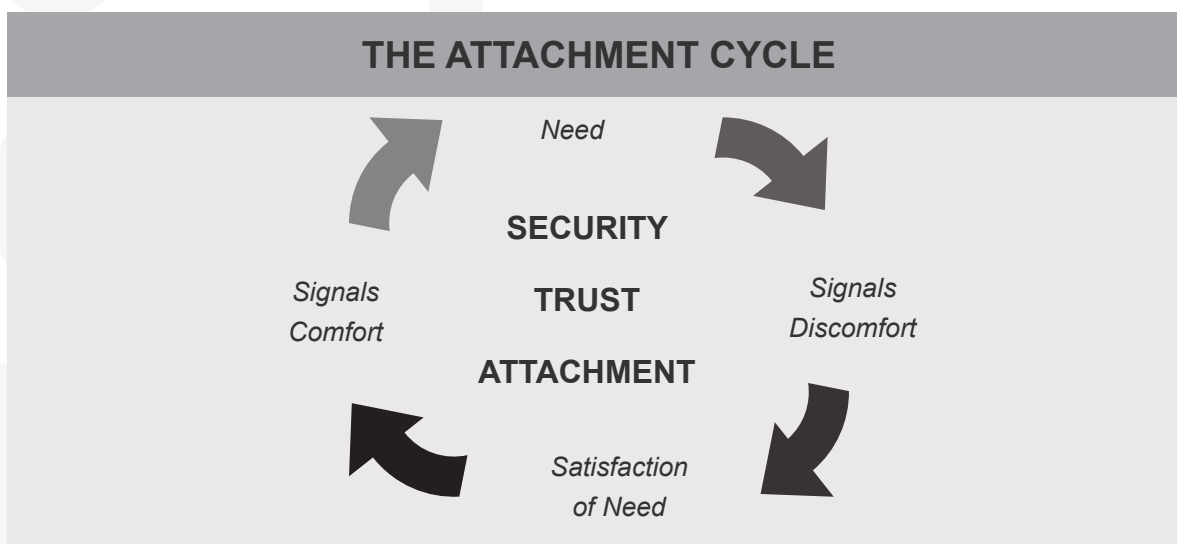
What Is Attachment?

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

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

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

1. The child's genetic predisposition: Some children have a naturally "sunny" or easy personality that draws adults to them. In rare circumstances, children may have a condition that would make it difficult for them to form attachments, such as autism spectrum disorders or other disorders.
2. The conditions under which the child is cared for: Children whose needs are regularly met have an easier time trusting their world.
3. The child's parents or caregivers: Some adults have a nurturing or outgoing disposition and can establish relationships easily with adults and children. Substance abuse or mental health problems can interfere with the adult's ability to attach to a child. Interruption or loss of a caretaking relationship can affect a child's attachment.



Importance of Attachment in Child Development, Cont'd.

When a baby cries, the caregiver responds by picking up the child. The caregiver 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 caregiver 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 caregiver. It is referred to as the "attachment cycle" or the "trust cycle."

Cultural Considerations

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

Disrupted Attachment

The attachment cycle may be disrupted or inconsistent for many of the children in the child protection system. Some children may cry for hours at a time without getting their needs met; others 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.

Prevalent Signs and Symptoms of Disrupted Attachment

- Lack of trust for caregivers or others in a position of authority
- Resistance to being nurtured or cared for
- Difficulty giving or receiving genuine affection
- Difficulty or inability to interpret facial or social cues
- Poor social skills
- Reduced ability to recognize emotions of others
- Poor or reduced emotional self-regulation
- Low self-esteem or feelings of inadequacy

Importance of Attachment in Child Development, Cont'd.

- Demanding, clingy or over-controlling behaviors
- Chronic lying, stealing or other behaviors to provoke anger in others
- Impulsive behavior
- Difficulty understanding cause and effect
- Decreased capacity for emotional self-reflection
- Limited compassion, empathy and remorse

Developmental Variations in Children with Disrupted Attachment

Early Childhood

- Delayed development of motor skills
- Severe colic and/or feeding difficulties; failure to thrive
- Resistance to being held, touched, cuddled or comforted
- Lack of response to smiles or other attempts to interact
- Lack of comfort seeking when scared, hurt or sick
- Excessive independence; failure to re-establish connection after separation

Elementary School Years

- Frequent complaints about aches and pains
- Age-inappropriate demands for attention
- Disinvestment in school and/or homework
- Inability to reflect on feelings or motives regarding behaviors
- Inability to understand the impact of behavior on others, lack of response to consequences
- Inability to concentrate or sit still
- Difficulty with reciprocity (give and take) in relationships

Importance of Attachment in Child Development, Cont'd.

- May appear amoral (lacking moral development)
- Lying and stealing

Adolescence

- Aggressive, anti-social, impulsive, risk-taking or delinquent behavior
- Substance abuse
- Higher levels of disengagement
- Related depression and/or anxiety

From Students FIRST Project, Quick Facts on Disrupted Attachment:

www.studentsfirstproject.org

Recognizing Child Abuse and Neglect

It is not the CASA/GAL volunteer's role to determine whether or not certain actions constitute child abuse or neglect; the court will decide this. It is, however, necessary for CASA/GAL volunteers to be able to recognize signs of abuse and neglect in order to advocate for a safe home for a child. Some of these indicators, although often associated with abuse, are not specific to abuse and neglect and can occur with other kinds of trauma or stress. In any case, they indicate that a child is in need of help and support. The following information will assist you in identifying potential signs of abuse or neglect.

What Constitutes Abuse and Neglect?

Child abuse can be seen as part of a continuum of behaviors. At the low end of the continuum are behaviors you might consider poor parenting or disrespectful behavior; at the high end are behaviors that lead directly or indirectly to the death of a child. See the table on the following pages in order to examine some specific examples of various types of child maltreatment.

Recognizing Abuse and Neglect

| | Description | Indicators |
|----------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Abuse | Intentionally harming a child, use of excessive force, reckless endangerment. | <ul style="list-style-type: none">• Unexplained bruises, welts and scars• Injuries in various stages of healing• Bite marks• Unexplained burns• Fractures• Injuries not fitting explanation• Internal damage or head injury |

Recognizing Abuse and Neglect

| | Description | Indicators |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sexual Abuse | Engaging a child in any activity for an adult's own sexual gratification. | <ul style="list-style-type: none"> • Age-inappropriate sexual knowledge • Sexual acting out • Child disclosure of abuse • Excessive masturbation • Physical injury to genital area • Pregnancy or STD at a young age • Torn, stained or bloody underclothing • Depression, distress or trauma • Extreme fear |
| Emotional Abuse | The systematic diminishment of a child. It is designed to reduce a child's self-concept to the point where the child feels unworthy of respect, friendship, love and protection, the natural birthrights of all children. | <ul style="list-style-type: none"> • Habit disorders (thumb sucking, biting, rocking, soiling or wetting clothes or bedding) • Conduct disorders (withdrawal or antisocial behavior) • Behavior extremes • Overly adaptive behavior • Lags in emotional or intellectual development • Low self-esteem • Depression, suicide attempts |

Recognizing Abuse and Neglect

| | Description | Indicators |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Neglect | <p>Failure of a person responsible for a child's welfare to provide necessary food, care, clothing, shelter or medical attention. Can also be failure to act when such failure interferes with a child's health and safety.</p> | <p><i>Physical Signs:</i></p> <ul style="list-style-type: none">• Malnourishment• Missed immunizations• Lack of dental care• Lack of supervision• Consistent dirtiness• Constant tiredness/ listlessness <p><i>Material Signs:</i></p> <ul style="list-style-type: none">• Insufficient/ improper clothing• Filthy living conditions• Inadequate shelter• Insufficient food/ poor nutrition |



Risk Factors for Child Abuse and Neglect

There is rarely a single cause of child abuse or neglect. Risk factors for child abuse and neglect include child-related factors (factors that may increase a child's vulnerability to maltreatment), parent/caregiver 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/CAREGIVER-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.

Risk Factors for Child Abuse and Neglect, Cont'd.

MENTAL 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.
- Intellectual disability 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.

Risk Factors for Child Abuse and Neglect, Cont'd.

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.

Risk Factors for Child Abuse and Neglect, Cont'd.

- 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.



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



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

Factors to consider include:

The Child's Needs

Is the parent providing for the following needs at a basic level?

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

Social Standards

Is the parent's behavior, within or outside, considered as commonly accepted child-rearing practices in our society?

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

What Is “Minimum Sufficient Level of Care” (MSL), Cont’d.

Community Standards

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

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

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

WHY THE MSL STANDARD IS USED

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

What Is “Minimum Sufficient Level of Care” (MSL), Cont’d.

KEY PARAMETERS OF THE MSL STANDARD

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

Cultural Considerations

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

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

Child Abuse and Neglect

The “Best Interest” Principle: Activity 2E



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

The “Best Interest” Principle—What It Means



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

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

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

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

The Best Interest Principle: What the National CASA Association 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

The “Best Interest” Principle—What It Means, Cont’d.

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.

What a CASA/GAL Volunteer Can Do

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

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

| Resources vs. Deficits | |
|-------------------------------------------------------|------------------------------------------------------|
| If I look through a RESOURCES lens, I am likely to... | If I look through a DEFICITS lens, I am likely to... |
| Look for positive aspects | Look for negative aspects |
| Empower families | Take control or rescue |
| Create options | Give ultimatums or advice |
| Listen | Tell |
| Focus on strengths | Focus on problems |
| Put the responsibility on the family | See the family as incapable |
| Acknowledge progress | Wait for the finished product |
| See the family as experts | See service providers as experts |
| See the family invested in change | Impose change or limits |
| Help identify resources | Expect inaction or failure |
| Avoid labeling | Label |
| Inspire with hope | Deflate the family's hope |

*Adapted from materials developed by CASA for Children, Inc.,
Portland, Oregon.*

Seeing the Strengths and Resources in Families



Your ability to identify strengths in families depends partially on which lens—the 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?
- Does the family have extended family or non-relative kin who could be a resource?
- How are family members coping with their present circumstances?

Cultural Considerations

Strengths don't look the same in every family. Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parenting techniques and values may be based on cultural norms and/or accepted community standards.

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

In another example, many Western cultures believe that children should have a bed to themselves, if not an entire room. In contrast, many other cultures believe that such a practice is detrimental to a child's development and

Seeing the Strengths and Resources in Families, Cont'd.

potentially dangerous. Additionally, in the United States the ideal of the nuclear family dominates. However, in many communities, extended family have a greater role in childrearing and family may include members of a faith community or others who are not blood relatives.

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

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

CASA of Santa Cruz County

Pre-Service Core Training



Session 3

Pre-reading material

The CASA/GAL Interview

In your role as a CASA/GAL volunteer, you will have the chance to interview many people related to a case: the child, the parent(s), other relatives, the child's teacher, medical professionals, the caseworker and so on. Because you may have a limited amount of time to seek information and interview everyone you deem necessary before your first hearing or report is due, it is important that you make the best possible use of interview time by determining what information is needed and crafting questions to ask ahead of time.

The interview is a powerful tool in your CASA/GAL volunteer toolbox and should be controlled by you, the fact gatherer. CASA/GAL volunteer interviews are neither friendly chats nor inquisitions. The structure of the interview should be non-threatening. Start with comfortable material and lead to more sensitive areas. You may face the tendency to turn the interview into a personal conversation, but keep in mind that it is possible to make someone feel at home and to show an interest in him or her while still presenting yourself as the one in charge, the professional. It is rarely appropriate to discuss your personal life or your past experiences. Never discuss your own attitudes or biases. Your goal is to gather enough information, in a respectful manner, to produce a factually sound, insightful report and recommendations for the court.

Basic Tips for a Productive CASA/GAL Interview

1. Display empathy and concentration. Portray an accepting, believing, non-judgmental demeanor.
2. Observe gestures, expressions and other forms of nonverbal communication.
3. Make notes about the environment. Does the room contain family photos, toys and so on?
4. Prepare questions beforehand, but be flexible, asking clarifying questions as needed.

The CASA/GAL Interview, Cont'd.

5. Do not ask leading questions. A leading question assumes a point of view on your part.
6. Listen to understand. Do not interrupt.
7. Do not expect to gather all the information needed in one session.
8. Encourage subjects to keep talking with phrases such as, “Okay,” “Go on,” or “Please continue,” or allowing five seconds of silence. Do not be afraid of silences.
9. Check to make sure you understand what the speaker is trying to convey, using phrases such as “What I’m hearing is . . .” or “It sounds like you are saying . . . Is that right?”
10. Do not preach or teach. Avoid arrogance.

Interviewing Children

As a CASA/GAL volunteer, you do not directly ask a child about incidents of abuse. A professional forensic interviewer, trained social worker or police officer will handle those inquiries as a part of an investigation. A badly conducted interview of a child-victim can alienate and upset the child. The Center for Problem-Oriented Policing (POP) website states that common errors interviewing children include reinforcing certain answers, relaying what others believe about the allegation and asking complicated questions. They advise the following:

1. Make the interview setting child-friendly.
2. Recognize the developmental capabilities of children of different ages.
3. Exercise patience.
4. Avoid “why” questions and focus instead on clear, open-ended questions.
5. Make efforts to offset any guilt the victim may experience for “causing trouble.”

Your role as a CASA/GAL volunteer is to get a sense of a child’s past and current circumstances and how the child is doing presently. Some children can talk about their situations and their wishes, but other children do not have sufficient verbal and developmental skills sufficient to express themselves. For that reason, fact-based observations about a child are important to your role in gathering information about a case.

The CASA/GAL Interview, Cont'd.

During the initial part of the interview, focus on helping the child feel comfortable and relaxed. Introduce yourself and explain your role and why the interview is taking place. This is a good time to play an age-appropriate game. It is important to remember that what you observe may raise questions about the child and the child's life. Be careful not to misinterpret a child's play or take their words literally. As a CASA/GAL volunteer, you do not want to reach conclusions based on any one piece of information. Information that emerges in play needs to be corroborated by other sources.

In the article "Interviewing Children," Rosemary Vasquez suggests that since you cannot "interview" infants, CASA/GAL volunteers should consider the following:

- What does direct observation of the child tell you?
- What do you observe about the child relating to parent(s), caregiver, siblings and strangers?
- What is the infant's affect?
- Does the baby make eye contact or avoid eye contact?
- How does the parent relate to the child and vice versa?

This type of "interview" with an infant and parent should provide you with a sense of whether the parent provides the child with appropriate stimuli, enhances the security of the child and meets the child's physical and emotional needs.

Tips for Interviewing Children

1. Ask a child a question or two to which you know the answer. Such questions can help you determine the competence level of a younger child and/or an older child's willingness to tell the truth.
2. Establish parameters to obtain more accurate information. For example, you might ask a child, "Was it bigger than a football?" "Did it happen before the school bus came?" or "Was there snow on the ground?"
3. Break questions down into parts to help a child remember more detail. Just asking a child, "What happened?" may not elicit a useful answer.
4. If you think a child has been coached, you may want to end the interview with this question: "Is there anything else you are supposed to tell me?"
5. Let the child tell his/her story.

Adapted from Lucas County, Ohio CASA/GAL.

CASA of Santa Cruz County

Pre-Service Core Training



Session 4

Pre-reading material

Communication and CASA/GAL Volunteer Work

You will come into contact with many people as you gather information and monitor a child's case. Relationships characterized by respect and credibility will assist you in doing your job. Respect is earned as others on the case see your commitment to the child and to your role as a CASA/GAL volunteer. Credibility is established when you do what you say you will do in a timely manner, when you make recommendations built on well-researched and independently verified information, and when you maintain your proper role as the child's advocate.

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

- Self-awareness
- Sensitivity
- Skills

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

The Basics of Communication

Effective communication is critical to your ability to advocate for children. Communication is defined as an interchange or an exchange of thoughts and ideas. Often the message a person intends to send is not the message that is received. What is said can be interpreted differently depending on the receiver's understanding of the words and the nonverbal cues that accompany the words.

Communication has three components:

1. The **verbal** component refers to the actual words spoken.
2. The **nonverbal** component refers to gestures, tone of voice and other unspoken means of conveying a message. The nonverbal code can easily be misread.
3. The **feelings** component refers to the feelings experienced as a result of the communication.

Communication and CASA/GAL Volunteer Work, Cont'd.

While the verbal and nonverbal can be observed, feelings are not easy to observe. Whenever there is a discrepancy between the verbal, the nonverbal and the feelings components of a message, the receiver of the message will tend to believe the nonverbal.

As a CASA/GAL volunteer, you will communicate with children, their families and professionals involved in the case, among others. It is important that you deliver messages that are consistent in all three components of communication. You must also train to listen for meaning, which requires three sets of ears—one set for receiving the spoken message, one for receiving the silent message(s) conveyed, and one for receiving the feelings of the sender.

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

Cultural Considerations

There are differences in nonverbal communication from culture to culture. Hand and arm gestures, touch, proximity and eye contact (or lack of) are a few of the aspects of nonverbal communication that may vary depending upon cultural background. For example, in some cultures:

- Pointing with one finger is considered to be rude.
- Patting a child’s head is inappropriate.
- Eye contact is thought to be disrespectful.

Open-Ended vs. Closed-Ended Questions

Open-ended questions invite others to engage in a dialogue with you. In your work as a CASA/GAL volunteer, using open-ended questions allows children and adults to give more thoughtful answers since these questions cannot be answered with a simple yes, no or one-word answer. Sometimes open-ended questions are phrased as a statement that requires a response (for example, “Tell me about...” or “Describe for me...”).

Examples of open-ended questions:

For child: *“Please describe what your morning is like from the time you wake up until you go to school.”*

For adult: *“How did your family come to be involved with the court system?”*

Closed-ended questions are useful when you are trying to obtain factual information. They can be answered with a simple yes or no, or with a single word or short phrase.

Examples of closed-ended questions:

For child: *“Is your aunt still living nearby?”*

For adult: *“How many times has Johnny been to the emergency room this month?”*

Clarifying questions are used to gather additional details or clear up any confusion.

Examples of clarifying questions:

“I didn’t understand the phrase you just used. Could you explain it?”

“You mentioned someone named James. What is his relationship to the child?”

Do not ask **leading questions!** A **leading question** is one that suggests a desired answer.

Example of a leading question:

“Your favorite weekends are spent with your dad, right?”

Leading questions are never appropriate in any CASA/GAL volunteer interview.

Open-Ended vs. Closed-Ended Questions, Cont'd.

More Examples

Closed-Ended Question:

- (For a child): Do you want to live with your mother or your father?

Open-Ended: Question:

- Who would you like to live with?
- Who do you think you'd be happiest living with?

Closed-Ended Question:

- (For a parent): You seem unhappy lately. Are you?

Open-Ended Question:

- How have you been feeling lately?
- How are you doing emotionally?

Closed-Ended Question:

- (For a child): Does your mom leave you alone at night a lot?

Open-Ended Question:

- Tell me what it's like at home at night.
- Who is around when you're at home at night?

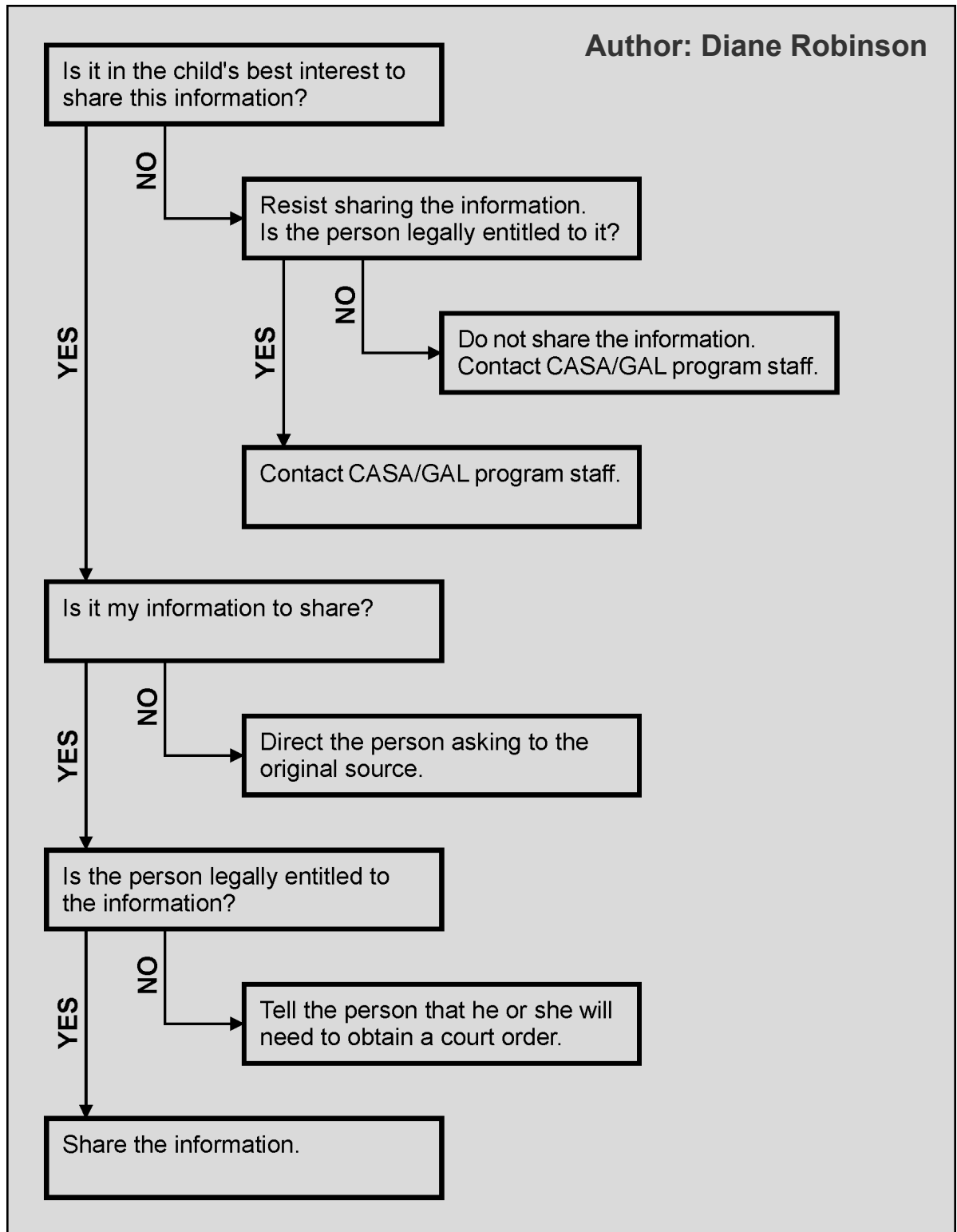
Closed-Ended Question:

- (For a parent): Do you understand the difference between a CASA/GAL volunteer and a caseworker?

Open-Ended Question:

- Tell me your understanding of my role as a CASA/GAL volunteer.
- How do you think my role is different from that of the caseworker?

Should I share information with someone else about this child or this case?



Understanding Child Trauma

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

Examples of child trauma could include:

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

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

Types of Trauma

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

- **Acute Trauma:** A single incident that is limited in time (e.g., a car accident). The effects may include physical and emotional stress leading to feelings of being overwhelmed.
- **Chronic Trauma:** Repeated traumatic events (e.g., witnessing recurring domestic violence between parents over several years). Because of the recurring and longstanding nature of chronic trauma, the effects can be cumulative and build up over time. Children at this level are often more vulnerable to everyday stress and have diminished ability to cope.
- **Complex Trauma:** Includes both the exposure to chronic trauma and the lasting impact the trauma has on the child's well-being. Complex trauma usually begins when a child is very young (under the age of 5) and often is a part of a child's relationship with a caregiver (e.g., physical abuse by a parent).
- **Historical Trauma:** A personal or historical event that causes emotional and psychological injury and can be transmitted from one generation to the next (e.g., slavery, forced placement in boarding schools).

Understanding Child Trauma, Cont'd.

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

Understanding How Trauma Affects Children

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

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

NCTSN, Child Welfare Trauma Toolkit, January 2013, Slide 36.

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

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

Cultural Considerations

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

Understanding Child Trauma, Cont'd.

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

What a CASA/GAL Volunteer Can Do

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

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

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

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

- Has the child experienced early and repeated exposure to overwhelming events in the context of a caregiver/family setting or in the community?
- Is the child having difficulty regulating or controlling behavior, sometimes appearing hyperactive, engaging in risky behaviors or having difficulty complying with rules?
- Is the child having difficulty with sustaining attention, concentration or learning?

Understanding Child Trauma, Cont'd.

- Is the child showing persistent difficulties in relationships with others? Does the child have difficulty regulating bodily states and emotions, including problems with sleep, eating, sensory processing and/or identifying/expressing feelings?
- Does the child have multiple mental health diagnoses without any one sufficient diagnosis explaining his/her problems?

*From the National Child Traumatic Stress Network website:
www.nctsn.org/trauma-types/complex-trauma/assessment.*



Preparing to Talk About Trauma: Activity 3A

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

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

Walt Whitman

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

The Feelings Thermometer



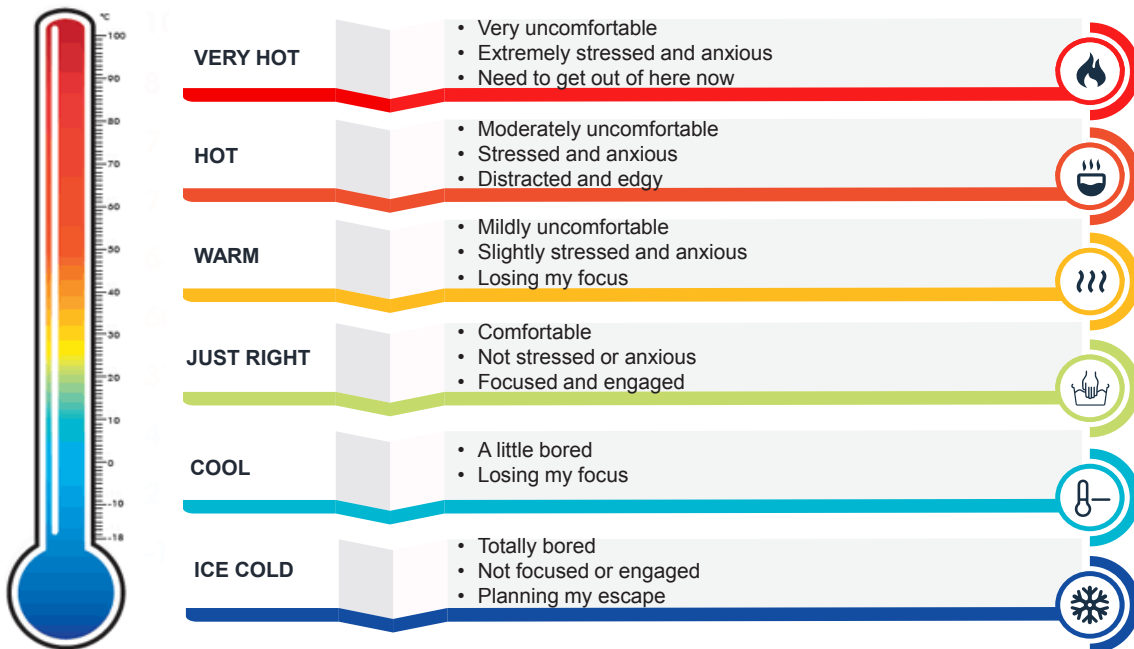
The National Child Traumatic Stress Network (NCTSN) has developed the concept of a “feelings thermometer” to gauge your “emotional temperature” or response to what you’re learning about. In their training for parents caring for children who have experienced trauma, NCTSN writes:

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

NCTSN, Caring for Children Who Have Experienced Trauma, February 2010.

The Feelings Thermometer, Cont'd.

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



ACE Calculator (Blank Form)

Finding Your Adverse Childhood Experience (ACE) Score

Name: *Tammy Black*

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

1. Did a parent or other adult in the household **often or very often** swear at you, insult you, put you down, or humiliate you **or** act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often** push, grab, slap, or throw something at you?
Or **ever** hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult person at least 5 years older than you **ever** touch or fondle you or have you touch their body in a sexual way?
Or Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that no one in your family loved you or thought you were important or special **or** your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you **or** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother **often or very often** pushed, grabbed, slapped, or had something thrown at her?
Or **sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
Or **ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

Trauma and Resilience

Resilience: Activity 3E

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

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

Part 2: Listen as a volunteer reads the paragraph below about resilience. Then listen as the facilitator provides examples of the “Seven Cs of Resilience” found on page 11). In pairs, choose one of the “Seven Cs” of resilience and answer the following question:

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

Resilience



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

The Seven Cs of Resilience

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

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

Adapted from “The 7 Cs: The Essential Building Blocks of Resilience,”
from Fostering Resilience, <http://www.fosteringresilience.com/7cs.php>.

A Multimodal Approach to Managing Mental Health Disorders in Children

Managing mental health issues and the symptoms experienced by children and adolescents involves many modalities:

- Medication treatment, or psychopharmacology, can alleviate or lessen the symptoms that accompany many mental health disorders. -If behavior is deemed appropriate for drug therapy and accurately prescribed, medication may decrease the impulse to tantrum, help a child regulate physiologic responses to emotions or eliminate auditory hallucinations. Proper medication support can provide behavioral stability and support with emotional regulation that a child or teen may need to readily engage in other forms of therapy. For example, a very depressed teen who cannot control her crying when she needs to be able to talk about her abuse and history can feel more in control emotionally with the right medication, allowing her to discuss the important issues and aid in her healing.
- Behavioral therapy can help increase positive behaviors and decrease negative acting out.
- Cognitive behavioral therapy can help correct a pattern of negative thoughts that interfere with the ability to relate to others.
- Play therapy can help heal past trauma and facilitate a child's return to normal functioning.
- Child-parent psychotherapy—working directly with the parent and child together can help the child learn healthy ways of interacting and functioning. Parents can be coached to become more reflective, develop a deeper understanding of their child's needs and their role in their child's life. They also learn how to interact with their child to promote a healthy, secure attachment and to support healthy growth and development.
- Dialectical behavioral therapy (DBT) can provide important skills, such as distress tolerance and emotional regulation, in struggling adolescents and help them integrate new coping skills into their daily interactions.

These treatments can help manage symptoms, facilitate healing and return children to optimal functioning.

Reprinted from "Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges," by JoAnne Solchany, ABA Center on Children and the Law, October 2011.

Questions Advocates Should Ask

Children and teens have little, if any, power over their lives when they enter care. They generally lack the knowledge to understand what they need medically, regardless of the type of treatment needed. Asking the following questions will help identify their needs and determine which recommended treatments are in their best interests.

- What is this medication needed for?
- Were you able to obtain an accurate medical, behavioral and psychological history from parents and past providers?
- What else has been tried?
- What other modes of treatment or intervention will also be provided?
- Who will monitor the ongoing use of this medication? How often will this child be seen?
- What are the possible side effects of this medication and how will they be handled?
- What evidence supports the use of this medication with children?
- Will this child be able to comply with the prescribed medication?
- Does the child agree with taking this medication?
- Who has given permission to begin this child on medication?
- What other medications is this child on? Can this medication be safely combined with the current medication(s)?
- How will this medication help improve this child's functioning?
- What are the risks versus benefits of using this medication? What are the risks versus benefits of not using the medication?
- Is a second opinion warranted in this case?

Adapted from "Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges," by JoAnne Solchany, ABA Center on Children and the Law, October 2011.

CASA of Santa Cruz County

Pre-Service Core Training



Session 5

Pre-reading material

Higher Rates of Poor Children in the System

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

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

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

Poverty causes great stress in families. Because of this stress, poverty itself is a major risk factor of abuse, which increases the likelihood of both immediate and lasting negative effects on children. Children who live in poverty are far more likely to have reports of abuse and neglect and substantiated incidents of abuse and neglect in their lives, and poor families of color are more likely to be reported for abuse and neglect and to have their children removed than white families in similar situations. However, poverty is not a causal agent of abuse. Most poor parents do not abuse their children.

Children living in families in poverty are more likely:

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

Higher Rate of Poor Children in the System, Cont'd.

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

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

Mental Illness in Families

Definition

According to the National Alliance on Mental Illness (NAMI), “A mental illness is a condition that impacts a person’s thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis. Each person will have different experiences, even people with the same diagnosis.”

Definitions of mental illness have changed over time, across cultures and across national—and even state—boundaries. Mental illness is diagnosed based on the nature and severity of an individual’s symptoms according to definitions published in the The Diagnostic and Statistical Manual of Mental Disorders (DSM -5), currently in its fifth edition, Serving as the American Psychiatric Association's (APA) classification and diagnostic tool, in the United States, the **DSM** serves as a universal authority for psychiatric diagnosis. r. The term “dual diagnosis” indicates that an individual has both a psychiatric disorder and a substance abuse problem.

Causes

A mental health condition usually has its origins in multiple, overlapping causes, which may include genetics, biology, environment and life stressors. Mental illness is not caused by personal weakness or a character defect. No single model or perspective accounts for all instances of mental illness. Some disorders have a predominately biological or neurological basis; others seem to be related to life experiences, trauma or difficulties in communication. The most helpful stance for you to take in your CASA/GAL volunteer work is to accept that mental illness can affect a person—mentally, physically, psychologically, socially, emotionally and spiritually.

Impact of Parental Mental Illness on Children

A parent’s mental illness can significantly affect a child, potentially leading to social, emotional or behavioral problems. According to Healthy Place, children of a parent with mental illness may experience the following impacts:

- Inappropriate levels of responsibility (also known as “parentification”)
- Self-blame for their parents’ problems
- Anger, anxiety or guilt

Mental Illness in Families, Cont'd.

- Embarrassment, shame or isolation
- Increased risk of school-related problems, drug use and poor social relationships
- Risk of mood disorders, alcoholism and personality disorders

However, parental mental illness doesn't automatically sentence children to a life of problems. Whether a child can thrive despite these challenges depends on the strengths and protective factors present in the family, as well as the child's level of resilience. As a CASA/GAL volunteer, you can recommend services that build on a family's strengths and help them overcome the challenges they face.

Untreated Mental Illness

The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may result from misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in American culture. It may also result from a lack of access to treatment. There may not be treatment available in a person's community, or the person may not be able to pay for it.

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

Mental Illness and Child Welfare

According to Mental Health America, "A higher proportion of parents with serious mental illness lose custody of their children than parents without mental illness. There are many reasons why parents with a mental illness risk losing custody, including the stresses their families undergo, the impact on their ability to parent, economic hardship and the attitudes of mental health providers, social workers and the child protective system.

Mental Illness in Families, Cont'd.

Supporting a family where mental illness is present takes extra resources that may not be available or may not be offered. Also, a few state laws cite mental illness as a condition that can lead to loss of custody or parental rights. One unfortunate result is that parents with mental illness might avoid seeking mental health services for fear of losing custody of their children.”

To understand the impact of mental illness in a family, it is critical to examine if a parent’s level of functioning is sufficient to keep a child safe, and whether another competent adult is present in the home. A person’s level of functioning is the result of many factors; not all are related to mental illness. It is important to distinguish between mental illness and other kinds of limitations. For example, many adults have limited intellectual abilities or specific learning disabilities. These limitations range in severity. By looking beyond the diagnosis, to level of functionality, you can make recommendations to remedy the problems that caused family involvement in the child protective services system.

Assessment

It is not your task to diagnose mental illness. However, it is important to be aware of warning signs or indicators that may affect the health or safety of the child so that you can alert the child protective services caseworker about your concerns. The following are some indicators that may point to the need for professional assessment:

- Social withdrawal: “Sitting and doing nothing”; friendlessness (including abnormal self-centeredness or preoccupation with self); dropping out of activities; decline in academic, vocational or athletic performance
- Depression: Loss of interest in once pleasurable activities, expressions of hopelessness or apathy; excessive fatigue and sleepiness or inability to sleep; changes in appetite and motivation; pessimism; thinking or talking about suicide; a growing inability to cope with problems and daily activities
- Thought disorders: Confused thinking; strange or grandiose ideas; an inability to concentrate or cope with minor problems; irrational statements; peculiar use of words; excessive fears or suspicions

Mental Illness in Families, Cont'd.

- Expression of feeling disproportionate to circumstances: Indifference even in important situations; inability to cry or excessive crying; inability to express joy; inappropriate laughter; anger and hostility out of proportion to the precipitating event
- Behavior changes: Hyperactivity, inactivity or alternating between the two; deterioration in personal hygiene; noticeable and rapid weight loss; changes in personality; drug or alcohol abuse; forgetfulness and loss of valuable possessions; bizarre behavior (such as skipping, staring or strange posturing); increased absenteeism from work or school

Treatment

Availability of mental health treatment varies, and its effectiveness depends on a variety of factors. Treatment options can include medication, counseling or therapy, social support and education. A well-designed treatment plan takes individual differences into account.

Cultural Considerations

Different cultural communities perceive mental health conditions differently. Cultural background can affect whether people seek help, what kind of help they turn to, their ways of coping, the kinds of treatment that work and the barriers to receiving effective care. It's crucial that professionals take culture into account when evaluating mental illness and providing treatment options.

What a CASA/GAL Volunteer Can Do

- When you're concerned that a mental illness has gone undiagnosed, you can recommend a mental health assessment of a parent or child.
- You may request consultations with a parent's or child's mental health care provider. Although a parent's mental health care providers are ethically and legally required to maintain their client's confidentiality, they may be willing—with their client's permission—to talk to you about their perspective on the situation and any concerns you may have. Your CASA/GAL volunteer supervisor will be able to answer your questions about gaining access to this confidential information.

Mental Illness in Families, Cont'd.

- When you encounter resistance to a label, diagnosis or treatment, you can become aware of ethnic or cultural considerations. The standards for research and definitions of health, illness and treatment have historically derived from a white, middle-class perspective.
- When appropriate, you can ensure that children are provided age-appropriate explanations of their own or their parent's mental illness diagnosis by a qualified individual.
- When appropriate, you can advocate for holistic treatment that considers all aspects of an individual, including mental, spiritual, emotional and physical, as opposed to one-dimensional treatment.
- You can create documentation of a parent's or child's mental health issues by reviewing history and case files, and listing all diagnoses, noting the year diagnosed and the medication prescribed, and recording the prescribing provider's name.



Substance Abuse—American Addiction Center

Definitions

Psychoactive substances, whether legal (alcohol and prescription medications) or illegal, impact and alter moods, emotions, thought processes and behavior. These substances are classified into different types (for example, stimulants, depressants, hallucinogens) based on the effects they have on the people who take them.

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

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

Causes

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

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

Treatment

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

Substance Abuse, Cont'd.

12-step programs to outpatient counseling, intensive outpatient/day-treatment programs and inpatient/ residential programs.

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

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

Impact on Children

According to the Child Welfare League of America, "Parental addiction is a significant factor in child abuse and neglect cases, with studies suggesting 40% to 80% of families in the child welfare system are affected by addiction."

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

Commonly Abused Drugs

The National Institute on Drug Abuse provides detailed information on commonly abused drugs. This information can be accessed at the following link:

<https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

Substance Abuse Statistics

Quick Facts on Drug Addiction (American Addiction Centers)

- According to the National Survey on Drug Use and Health (NSDUH), 21.5 million American adults (aged 12 and older) battled a substance use disorder in 2014.
- Almost 80 percent of individuals suffering from a substance use disorder in 2014 struggled with an alcohol use disorder, NSDUH.
- Over 7 million Americans battled a drug use disorder in 2014, per NSDUH.
- One out of every eight people who suffered from a drug use disorder in 2014, according to NSUDH, struggled with both alcohol and drug use disorders simultaneously.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) published that in 2014, almost 8 million American adults battled both a mental health disorder and a substance use disorder, or co-occurring disorders.
- The Office on National Drug Control Policy (ONDCP) reports that drug abuse and addiction cost American society close to \$200 billion in healthcare, criminal justice, legal and lost workplace production/ participation costs in 2007.
- The World Health Organization (WHO) estimates the global burden of disease related to drug and alcohol issues to be 5.4 percent worldwide.

Statistics on Specific Population Demographics and Addiction

Adolescents (aged 12-17):

- NSDUH reports that in 2014, approximately 5 percent of the American adolescent population suffered from a substance use disorder; this equates to 1.3 million teens, or 1 in every 12.
- Almost 700,000 American youths between ages 12 and 17 battled an alcohol use disorder in 2013, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA).
- An estimated 867,000 adolescents suffered from an illicit drug use disorder in 2014, which was a decline from previous years, according to NSDUH.

Substance Abuse Statistics, Cont'd.

- Individuals who tried marijuana or alcohol before the age of 15 were almost four times as likely to suffer from a marijuana use disorder as an adult than those who waited until after age 18 to try these substances, according to data published in the 2013 NSDUH.

Young adults aged 18-25:

- About one out of every six American young adults (between the ages of 18 and 25) battled a substance use disorder in 2014 according to NSDUH. This represents the highest percentage (16.3%) out of any age group.
- Heroin addiction among young adults between 18 and 25 years old has doubled in the past 10 years, according to AARP.
- In college students studied in 2010, the Treatment Episode Data Set (TEDS) found that alcohol was the number one substance this group received specialized treatment for. 72 percent of those admitted to public substance abuse programs, did so for an alcohol use disorder (marijuana was second at 55.7 percent and prescription drugs were third at 31.6 percent).

Over age 25:

- Approximately 14.5 million adults aged 26 or older struggled with a substance use disorder in 2014, according to NSUDH.
- College graduates, aged 26 or older, battled drug addiction at lower rates than those who did not graduate from high school or those who didn't finish college, according to data published in the 2013 NSDUH.

Elderly individuals:

- An estimated 15 percent of elderly individuals may suffer from problems with substance abuse and addiction, according to Today's Geriatric Medicine.
- Over 3 percent of the older adult population may struggle with an alcohol use disorder.

Substance Abuse Statistics, Cont'd.

- This generation takes more prescription drugs than younger ones, has lower metabolisms, potentially suffers from social isolation and ageism, may struggle with many medical issues, and therefore may be at a high risk for prescription drug abuse and dependence, according to Psychiatric Times.
- Two-thirds of the population over the age of 65 who struggle with alcohol addiction, battled an alcohol use disorder at a younger age and carried it with them as they aged.
- Between 21 and 66 percent of elderly individuals battling a substance use disorder also suffer from a co-occurring mental health disorder.

Men vs. women:

- In 2013, adult men in the United States struggled with an alcohol use disorder at rates double those of women, 10.8 million as compared to 5.8 million, according to NIAAA.
- For boys and girls between the ages of 12 and 17, both genders battled substance use disorders at similar rates, making it the only age bracket that men did not significantly outweigh women, according to the 2013 NSDUH.
- Close to 70 percent of treatment admissions for substance abuse in 2010 were male, according to TEDS.
- Men may be more likely to abuse illicit drugs than women, but women may be just as prone to addiction as men when they do abuse them, according to NIDA.

Ethnicity/race:

- The 2013 NSDUH reports that American Indians and Alaska natives had the highest rate of substance abuse and dependence at 14.3 percent.
- Approximately 11.3 percent of Native Hawaiians and other Pacific Islanders suffered from substance abuse and dependence in 2013, according to NSDUH.
- According to NSDUH, Hispanics and whites suffered from substance abuse and dependence at similar rates in 2013, around 8.5 percent, while about 7.4 percent of African Americans struggled with it.

Substance Abuse Statistics, Cont'd.

- Asians were the least likely to suffer from substance abuse and dependency with rates around 4.5 percent, per the 2013 NSDUH.
- A study of undergraduate college students, published in the Journal of Ethnicity in Substance Abuse, found that whites and Hispanics were more likely to have issues surrounding drug abuse than their Asian and African American counterparts.

Criminal justice/employment status:

- Almost twice as many people who are unemployed struggle with addiction than those who are full-time workers, CNN Money reports; around 17 percent of the unemployed and 9 percent of the employed population struggled with a substance use disorder in 2012.
- About half of the population of American prisons and jails suffer from addiction, according to NCAAD.
- Around three-quarters of individuals in a state prison or local jail who suffer from a mental illness also struggle with substance abuse, and the opposite is also true, according to the National Institute of Health (NIH).

Statistics on Addiction to Specific Substances

Cocaine:

- Over 900,000 American adults (over age 11) struggled with a cocaine use disorder in 2014, per NSDUH.
- In 2010, TEDS reported that 8 percent of all treatment admissions were for cocaine abuse or dependency issues.

Heroin:

- The American Society of Addiction Medicine (ASAM) reports that in 2015, approximately 586,000 Americans aged 12 and older struggled with a substance use disorder involving heroin.
- Almost a quarter of people who abuse heroin will become addicted to it, according to ASAM.

Substance Abuse Statistics, Cont'd.

- Over the past few years, heroin abuse and addiction have risen in all population and demographic groups in the United States, according to the Centers for Disease Control and Prevention (CDC).
- Individuals addicted to alcohol are two times more likely to also be addicted to heroin, while those addicted to marijuana are three times more likely. Individuals addicted to cocaine are 15 times more likely to also be addicted to heroin, and people addicted to prescription drugs are 40 times more likely, per the CDC.
- The highest at-risk population for heroin addiction, as reported by S. News, is non-Hispanic white males between the ages of 18 and 25 who live in large cities.
- According to the 2010 TEDS, almost three-fourths of individuals admitted to treatment for a heroin abuse or dependency concern, cited injection as the primary method of abuse.

Prescription drugs:

- Prescription drugs are abused at high rates. NSUDH reports that the most common types of psychotherapeutic drugs abused in 2013 were pain relievers, tranquilizers, stimulants and sedatives in that order. Pain relievers are the most common cause of a substance use disorder among prescription drugs.
- ASAM publishes that over 2 million Americans over the age of 11 struggled with an opioid pain reliever abuse disorder in 2014.
- ASAM also reports that women may more rapidly develop a prescription painkiller addiction than men.
- On average, according to studies published in the journal Substance Abuse Treatment, Prevention, and Policy, individuals who were admitted to opioid treatment programs who abused only prescription opioids, or those who abused both heroin and prescription opioids, were about five years younger than individuals admitted solely for heroin abuse or dependency.

Substance Abuse Statistics, Cont'd.

Marijuana:

- Almost 6 percent of full-time college students in the United States smoked marijuana daily in 2014, NIDA publishes; this is more than triple the number of daily smokers 20 years prior.
- Approximately 4.2 million American adults (over the age of 11) battled a marijuana use disorder in 2014, according to NSDUH.
- The majority of people struggling with marijuana addiction in 2014 were between the ages of 12 and 25, according to NSDUH.
- TEDS reported that marijuana use disorders accounted for the third highest number of treatment admissions (at 18 percent) to substance abuse programs in 2010.

Alcohol:

- According to NCADD, alcohol is the most abused addictive substance in America.
- In 2013, an estimated 16.6 million American adults (18 and older) battled an alcohol use disorder, according to NIAAA.

In 2010, TEDS published that 41 percent of all substance abuse treatment admissions were for alcohol.

- The Center for Behavioral Health Statistics and Quality (CBHSQ) reported that in 2010, among American military veterans between the ages of 21 and 39, who admitted to substance abuse treatment programs, more than half cited alcohol as the primary substance of concern.
- Over half of all American adults have a personal family history of problem drinking or alcohol addiction, according to NCADD.

Substance Abuse and Parenting: Activity 5B

In the large group, brainstorm possible effects of substance abuse on parenting. The facilitator will list all responses on a flipchart page. Then compare your answers to the list below.

The Effects of Substance Abuse on Parenting



It is important to remember that when a parent is involved with drugs or alcohol to a degree that interferes with the ability to parent effectively, a child may suffer in many ways:

- A parent may be emotionally and physically unavailable to the child.
- A parent's mental functioning, judgment, inhibitions and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect, including sexual abuse.
- A substance-abusing parent may "disappear" for hours or days, leaving the child alone or with someone unable to meet the child's basic needs.
- A parent may also spend the family's income on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing and healthcare.
- The resulting lack of resources often leads to unstable housing, which results in frequent school changes, loss of friends and belongings and an inability to maintain important support systems (religious communities, sports teams, neighbors).
- A child's health and safety may be seriously jeopardized by criminal activity associated with the use, manufacture and distribution of illicit drugs in the home.
- Eventually, a parent's substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.

The Effects of Substance Abuse on Parenting, Cont'd.

- Exposure to parental abuse of alcohol and other drugs, along with a lack of stability and appropriate role models, may contribute to the child's future substance abuse.
- Prenatal exposure to alcohol or other drugs may impact a child's development.

Understanding Domestic Violence

Domestic violence is the willful intimidation, physical assault, battery, sexual assault and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner's consistent efforts to maintain power and control over the other.

Domestic violence ranges from threats of violence to hitting to severe beating, rape and even murder. Victims and perpetrators range in age, racial, socioeconomic status, sexual orientation, education level, occupational attainment, and geographic and religious affiliation. Abuse by men against women is by far the most common form, but domestic violence does occur in same-sex relationships, and some women do abuse men.

The Power & Control Wheel...

Abusive relationships are based on the mistaken belief that one person has the right to control another. When the actions described in the spokes of this wheel don't work, the person in power moves on to actual physical and sexual violence. The relationship is based on the exercise of power to gain and maintain control. The dignity of both partners is stripped away.

Adapted from a model developed by the Domestic Abuse Intervention Project, Duluth, Minnesota.



Understanding Domestic Violence, Cont'd.

Causes

Domestic violence is not caused by illness, genetics, gender, alcohol or other drugs, anger, stress, the victim's behavior or relationship problems. However, such factors may play a role in the complex web of factors that result in domestic violence. Domestic violence is learned behavior; it is a choice. It is learned through observation, experience and reinforcement (perpetrators perceive that it works). It is learned in the family, in society and in the media.

Legal System Response

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

Availability and willingness of court personnel to act in domestic violence cases vary widely. Unless judges and attorneys, including prosecutors, have been educated about the dynamics of domestic violence, protective laws are inconsistently enforced. The repeated pattern of the abused spouse bringing charges and subsequently dropping them, often discourages law enforcement personnel from giving these cases their immediate attention. Thus, the victim is re-victimized.

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

Understanding Domestic Violence, Cont'd.

Barriers to Leaving a Violent Relationship

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

Adapted from Domestic Violence: A National Curriculum for Children's Protective Services,

Anne Ganley and Susan Schechter, Family Violence Prevention Fund.

Domestic Violence Statistics

Read the statistics on domestic violence at:

<http://nc.casaforchildren.org/files/secure/community/programs/Training/2016%20Pilot/Domestic%20Violence%20Statistics.PDF>

Signs of Childhood Domestic Violence (CDV)

| | Infant | Preschool-Aged | School-Aged | Adolescent |
|-----------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Behavior | Being Fussy / Decreased Responsiveness / Trouble Sleeping / Trouble Eating | Aggression / Behavior Problems / Yelling / Irritability / Trouble Sleeping / Frequent bedwetting / Repetitive play expressing disturbing themes | Aggression / Acting out or frequent outbursts / Disobedience / Bullying others / Frequent bedwetting / Repetitive play expressing disturbing themes | Dating violence / Bullying others / Drug or alcohol use / Criminal behavior / Running away / Attempting suicide / Inflicting self-harm / Frequent tardiness or absence from school, activities, or work / Early sexual activity |
| Social | | Trouble interacting with or getting along with peers / Isolating themselves from others / Startling easily and frequently | Fewer and poor quality peer relations | Few quality relationships / Dating violence (victim or perpetrator) / Teen pregnancy / Starting easily and frequently |
| Emotional/ Psychological | Attachment needs not met | Emotionally withdrawn or detached / Fear and anxiety, sadness, worry / PTSD / Feeling unsafe / Separation anxiety / Trouble eating | Emotionally withdrawn or detached / Frequent physical complaints / Fear and anxiety, depression / Separation anxiety / Low self-esteem, shame / PTSD / Emotional responses not matching situation / Trouble eating / Frequent health complaints | Emotionally withdrawn or detached / Substance abuse / Frequent thoughts of suicide / PTSD / Feeling rage, shame / Unresponsiveness / Frequent health complaints |

Signs of Childhood Domestic Violence (CDV)

| | Infant | Preschool-Aged | School-Aged | Adolescent |
|-----------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cognitive | Inability to understand | Self-blame / Difficulty trusting others / Bad dreams / Efforts to avoid thoughts, feelings or conversations associated with the issue / Difficulty concentrating / Lower verbal skills | Self-blame / Distracted, inattentive / Lack of interest in hobbies or activities / Academic problems / Pro-violent attitude / Difficulty trusting others / Bad dreams / Illusions, hallucinations and flashbacks / Efforts to avoid thoughts, feelings or conversations associated with the issue / Difficulty concentrating / Lower verbal skills and reading levels | Short attention span, difficulty concentrating / Lower verbal skills / Lack of interest in hobbies or activities / Pro-violent attitude / Defensiveness / Difficulty trusting others |

Domestic Violence and CASA/GAL Volunteer Work



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

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

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

Impact on Children

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

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

Domestic Violence and CASA/GAL Volunteer Work, Cont'd.

Children in families where there is domestic violence are at great risk of becoming victims of abuse themselves. In some cases, children may try to intervene and protect their mothers, getting caught in the middle of the violence. In most cases, however, children are also targets of the violence. Batterers sometimes deliberately arrange for children to witness the violence. The effect on children's development can be just as severe for those who witness abuse as for those who are abused. Witnessing violence at home is even more harmful than witnessing a fight or shooting in a violent neighborhood. It has the most negative impact when the victim or perpetrator is the child's parent or caregiver.

*J. Chiancone, "Children: The Forgotten Victims of Domestic Violence,"
ABA Child Law Practice Journal, July 1997.*

What Can a CASA/GAL Volunteer Do?

Be both knowledgeable and concerned about domestic violence.

Children from violent homes are at a higher risk for abuse than other children. According to "A Nation's Shame," a report compiled by the US Advisory Board on Child Abuse and Neglect, "Domestic violence is the single, major precursor to child abuse and neglect fatalities in the US."

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

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

Domestic Violence and CASA/GAL Volunteer Work, Cont'd.

Seek resources for children from violent homes. Children need:

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

Recommend help for parents.

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

The facilitator will distribute a list of domestic violence resources in your community. Or, call the National Domestic Violence Hotline: 1-800-799-7233 (SAFE) 1-800-787-3224 (TDD).

CASA of Santa Cruz County

Pre-Service Core Training



Session 6

Pre-reading material

Federal Child Abuse & Neglect Laws

1974: Child Abuse Prevention & Treatment Act (CAPTA), P.L. 93-247, amended 1996

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

This law requires that states:

- Recognize 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

For CASA/GAL volunteers:

- Ask whether every child has Native heritage
- Investigate tribal resources and services that can benefit 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 do not apply to Indian children

Federal Child Abuse & Neglect Laws, Cont'd.

1978: Indian Child Welfare Act (ICWA), Public Law 95-608 (Cont'd)

This law:

- 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:

- Keep in mind that ICWA takes precedence over other federal and state laws
- The National Indian Child Welfare Association has several excellent packets of ICWA information available for a small charge

This law requires that states:

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

For CASA/GAL volunteers:

- Consider possible placements that respect child's cultural heritage but do not limit his/her options
- Learn the name of the data collection system used in your state

Federal Child Abuse & Neglect Laws, Cont'd.

1978: Indian Child Welfare Act (ICWA), Public Law 95-608 (Cont'd)

This law requires that states:

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

1980: Adoption Assistance and Child Welfare Act

- Requires that states recruit culturally diverse foster and adoptive families
- Requires that states provide “reasonable efforts” to prevent or eliminate the need for removal of the child from the home or to make it possible for the child to return home

1990: Indian Child Protection and Family Violence Prevention Act

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

1993: Court Improvement Legislation

Encourages reform in the court system

1994: Multi-Ethnic Placement Act (MEPA)

The goals of this law are to:

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

Federal Child Abuse & Neglect Laws, Cont'd.

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

Amended to include Court Appointed Special Advocates as guardian ad litem

1997: Adoption and Safe Families Act (ASFA), Public Law 105-89

This act embodies three key principles:

- The safety of children is the paramount concern
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning should begin as soon as the child enters foster care

This act directs timelines within which the child welfare system operates:

- Requires permanency plan within 12 months
- Requires dispositional hearing within 12 months of placement
- Requires court reviews every six months

1997: Volunteer Protection Act

Limits liability of volunteers

1999: Foster Care Independence Act

Addresses needs of older youth in foster care, particularly those aging out of the system

This act does the following:

- Allows states to serve youth up to age 21 regardless of whether or not they are eligible for the Title IV-E Foster Care Program
- Increases federal funding to assist and serve young people transitioning from foster care

Independence Program does the following:

- States explicitly that “enrollment in Independent Living Programs can occur concurrently with continued efforts to locate and achieve placement in adoptive families for older children in foster care,” thereby clarifying that independent-living services should not be seen as an alternative to adoption for teens

Federal Child Abuse & Neglect Laws, Cont'd.

- Establishes the John H. Chafee Foster Care Independence Program, which strongly supports the dependency system's capacity to help youth make a healthy transition into adulthood (see information at right)
- Allows states to provide Medicaid to young people between the ages of 18 and 21 who were in foster care on their 18th birthday
- Increases the youth-assets limit from \$1,000 to \$10,000 without jeopardizing the youth's eligibility for Title IV-E-funded foster care
- Ensures that foster parents have adequate preparation to care for the children placed in their home. This provision can be used to strengthen the preparation of foster parents to care for adolescents.
- Provides additional funding for adoption incentive payments
- Mandates that states use a portion (up to 30%) of their independent-living program funds to provide room and board for youth 18 to 21 who have left foster care
- Requires states to train both foster and adoptive parents (as well as group-care workers and case managers) about the issues confronting adolescents preparing for independent living
- Reinforces the importance of providing personal and emotional support for children aging out of foster care, through the promotion of interactions with mentors and other dedicated adults
- Specifies that independent-living services may be provided to young people at "various ages" and various stages of achieving independence, "including children waiting for adoption or other permanent options"

2008: Fostering Connections to Success and Increasing Adoptions Act

This law:

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

Other Laws That Affect CASA/GAL Volunteer Work

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

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

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

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

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



Diversity

National CASA Vision Statement and Guiding Principles

As a general term “diversity” refers to difference or variety. In the context of CASA/GAL volunteer work, “diversity” refers to differences or variety in people’s identities or experiences: ethnicity, race, national origin, language, gender, religion, ability, sexual orientation, socioeconomic class and so on. The term “cultural competence” refers to the ability to work effectively with people from a broad range of backgrounds, experiences and viewpoints.

The United States is becoming increasingly multicultural. According to the 2010 US Census, approximately 36.3% of the population currently belongs to a racial or ethnic minority group. The Census Bureau projects that by the year 2100, non-Hispanic whites will make up only 40% of the US population. As you work through the activities in this chapter, keep in mind the particular cultural groups you will work with as a CASA/GAL volunteer. Keep in mind that “culture” is not limited to race and ethnicity. According to the Pew Research Center, Americans are more racially and ethnically diverse than in the past, and the U.S. is projected to be even more diverse in the coming decades. By 2055, the United States will not have a single racial or ethnic majority. Time Magazine reports that the country’s minority population increased from 32.9% of U.S. residents in 2004 to 37.9% in 2014, according to the Census, and four states—Hawaii, California, New Mexico and Texas—along with Washington, D.C., are now majority-minority. As you work through the activities in this chapter, keep in mind the particular cultural groups you will work with as a CASA/GAL volunteer. Keep in mind that “culture” is not limited to race and ethnicity.

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

National CASA Association Vision

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

Diversity, Cont'd.

disability. We also value diversity of viewpoints, life experiences, talents and ideas.

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

Guiding Principles for Achieving a Diverse CASA/GAL Network

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

Disproportionality in the Child Welfare System

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

There is no difference between races in the likelihood that a parent will abuse or neglect a child, but there is a great difference between races in the likelihood that a child will be removed from home and placed in foster care. Most statistics show that African American children, American Indian and Native Alaskan children, and children of two or more races are overrepresented in the system.

Disproportionality Statistics

Though African American children make up 14% of the child population, they constitute 28% of the children in foster care. American Indian children make up 1% of the child population and 2% of the foster care population. Children with more than one race make up 6% of the child population and 7% of the foster care population. This imbalance is referred to as disproportionality.

Adoption and Foster Care Analysis Reporting (AFCARS) 2011.

Race has been identified as a primary determinant for decision making in five out of six stages in child protective services: reporting, investigation, substantiation, placement and exit from care.

R.B. Hill, Synthesis of Research on Disproportionality in Child Welfare: An Update and National Study of Protective, Preventive and Reunification Services Delivered to Youth and Their Families.

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

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

Disproportionality Statistics, Cont'd.

The number of white children entering foster care in a given year is greater than the number of African American children. Yet, African American children make up a disproportionate, and increasing, share of those who remain.

Adoption and Foster Care Analysis and Reporting System (AFCARS).

Although the length of time in foster care for African American children has declined considerably from FY 2000 to FY 2012 (40.6 months to 29.0 months), the average length of stay in foster care is still higher than that percentage for white children (18.3 months).

Adoption and Foster Care Analysis Reporting (AFCARS) 2013 Data Brief.

Research revealed that with all factors the same, African American and Hispanic Latino children are placed in foster care at a higher rate than whites. Poverty is a factor; however, research also reveals there are deeply embedded stereotypes about Black family dysfunction. Instead of being referred to foster care, 72% of Caucasian children receive services in their own homes. Just 40% of Hispanic children and 44% of African-American children receive in-home services in lieu of removal.

Child Welfare Information Gateway, National Study of Protective, Preventive and Reunification Services Delivered to Youth and Their Families.

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

Casey Family Programs, www.casey.org.

Disproportionality Statistics, Cont'd.

The National Incidence Study found race differences in maltreatment rates, with African American children experiencing maltreatment at higher rates than white children. Maltreatment rates have likely never been comparable for African American and white children due to the gap between African American and white children in economic well-being. Income, or socioeconomic status, is the strongest predictor of maltreatment rates and incomes of African American families have not kept pace with the incomes of white families. These findings imply that nearly all the multi-factor findings on the interaction of race and social economic status arise not because Black children in not-low SES households are at greater risk for maltreatment because they are Black; they are at greater risk because they are poorer than the White children in similar households.

National Incidence Study of Child Abuse and Neglect (NIS-4), 2004–2009.

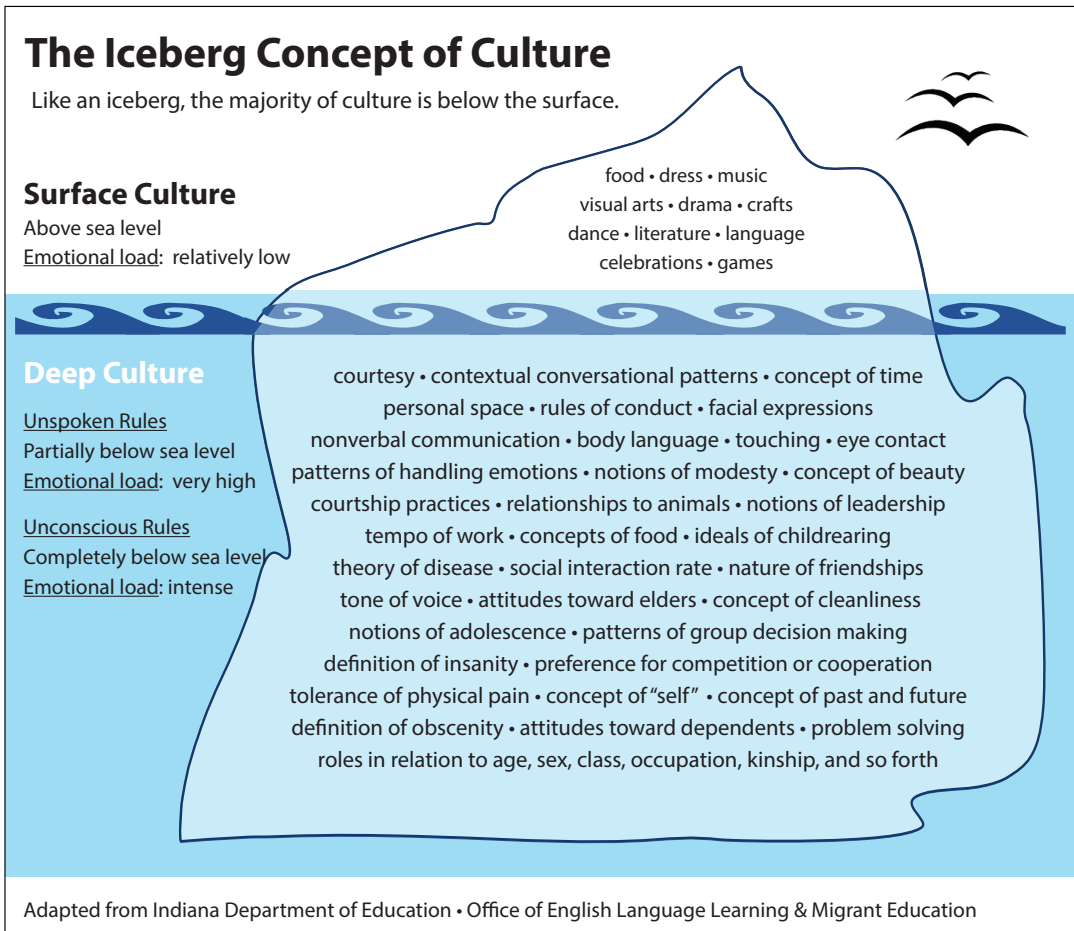
What Is Culture?



Culture is a learned pattern of customs, beliefs and behaviors, socially acquired and socially transmitted through symbols and widely shared meanings. Culture can be defined as an organized group of learned responses and ready-made solutions to problems people face and how to live day-to-day.

Culture is not only bound by race and ethnicity. Groups of people who work in certain fields may develop a unique culture. They have a unique language, practice model, etc. Culture defines how we do things, think about things and talk about things.

There are many analogies that help us understand culture. One is that culture is like an iceberg: There are parts we can see and parts we can't see but know are there. The part above the waterline makes up only about 10 percent of an iceberg's entirety. The visible parts of culture might include dress, music, food and games. Those that we can't see but know are there include unwritten rules guiding patterns of speech, concepts of time and the meanings of body language.



Stereotyping vs. Cultural Competence

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

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

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

As an advocate, you need to examine your biases and recognize that they are based on your own life and do not usually reflect what is true for the stereotyped groups. Everyone has certain biases. Everyone stereotypes from time to time. Developing cultural competence is an ongoing process of recognizing and overcoming these biases by thinking flexibly and finding sources of information about those who are different from you. Being aware of differences allows you to be informed about culturally competent child advocacy.

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

Stereotyping vs. Cultural Competence, Cont'd.

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

Practicing culturally competent child advocacy entails being aware and respectful of the cultural norms, values, traditions and parenting styles of those with whom you work. Striving to be culturally competent means cultivating an open mind and new skills and meeting people where they are, rather than making them conform to your standards. Each child and each family is made up of a combination of cultural, familial and personal traits. In working with families, you need to learn about an individual’s or family’s culture. When in doubt, ask the people you are working with. It might feel awkward at first, but learning how to ask questions respectfully is a vital skill to develop as you grow in cultural competence. Once people understand that you sincerely want to learn and be respectful, they are usually very generous with their help.

10 Benefits of Practicing Culturally Competent Child Advocacy

1. Ensures that case issues are viewed from the cultural perspective of the child and/or family:
 - Considers cultural norms, practices, traditions, intra-familial relationships, roles, kinship ties and other culturally appropriate values
 - Advocates for demonstrated sensitivity to this cultural perspective on the part of caseworkers, service providers, caregivers or others involved with the child and family
2. Ensures that the child's long-term needs are viewed from a culturally appropriate perspective
 - Takes into account the child's need to develop and maintain a positive self-image and cultural heritage
 - Takes into account the child's need to positively identify and interact with others from his/her cultural background
3. Prevents cultural practices from being mistaken for child maltreatment or family dysfunction
4. Assists with identifying when parents are truly not complying with a court order and when the problem is culturally inappropriate or a result of non-inclusive service delivery
5. Contributes to more accurate assessment of the child's welfare, family system, available support systems, placement needs, service needs and delivery
6. Decreases cross-cultural communication clashes and opportunities for misunderstandings
7. Allows the family to utilize culturally appropriate solutions for problem solving
8. Encourages participation of family members in seeking assistance or support
9. Recognizes, appreciates and incorporates cultural differences in ways that promote cooperation
10. Allows all participants to be heard objectively

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

Institutional Bias Checklist for Volunteers

As a CASA/GAL volunteer, ask yourself:

- What assumptions have I made about the cultural identity, genders and background of this family?
- What is my understanding of this family's unique culture and circumstances?
- How are my recommendations specific to this child and this family?
- Would I make the same recommendations if this were a white child or a white family versus an African American, Latino, Asian American or Native child or family?
- What evidence has supported the conclusions I have drawn and how have I challenged unsupported assumptions?
- Have reasonable efforts (or active efforts in ICWA cases) been made in an individualized way to match the needs of the family?
- Have relatives been fully explored as preferred placement options as long as they can protect the child and support the permanency plan?
- Are there family members and/or other important people who have not been contacted who should be involved in this process?
- What services are being offered to allow the child to remain at home or reunify the family (as applicable)? Are these services culturally appropriate? How are these services related to the safety threat?
- Are this child and family receiving the same level and tailoring of services as other children and families?

Other things to consider:

- If applicable, has Special Immigration Juvenile Status (SIJ) been filed?
- If applicable, have individualized efforts been made to ensure the needs and safety of LGBTQ youth?
- Have all resources available to the family of the child been explored (military, federal, tribal, state/local, etc.)?
- Are there organizations in the community that might serve as resources for the child?
- What active efforts have been made to determine if the child is covered under the Indian Child Welfare Act? Has there been communication with the relevant tribe(s)? If not, has the Bureau of Indian Affairs been notified?

*Adapted from material created by the
National Council of Juvenile and Family Court Judges.*

Tips on How to Become More Culturally Competent

- Learn about your culture and values, focusing on how they inform your attitudes, behavior and verbal and nonverbal communication.
- Don't think that "good" and "right" values exist in your own culture exclusively; acknowledge that the beliefs and practices of other cultures are just as valid.
- Question your cultural assumptions: Check their reality, rather than immediately acting on them.
- Accept cultures different from your own and understand that those differences can be learned.
- Learn to contrast other cultures and values with your own.
- Learn to assess whether differences of opinion are based on style (communication, learning or conflict) or substance (issue).
- Practice the communication loop; don't rely on your perceptions of what is being said.
- Examine the circle in which you live, work, and play (this reflects your choice of peers). Expand your circle to include people of other races, cultures, values, and beliefs.
- Learn more about the history of racism and oppression in the United States.
- Continue to read and learn about other cultures. Do your homework: Know something about another culture group prior to approaching them.
 - Follow appropriate protocol: Know and demonstrate respectful behavior based on the values of the group.
 - Use collaborative networks—churches, synagogues, mosques and other spiritual groups, community organizations or other natural support groups of that culture.
 - Practice respect.
- Understand that any change or new learning experience can be challenging, unsettling and tiresome; give yourself a break and allow for mistakes.
- Remember the reciprocal nature of relationships—give something back.
- See developing cultural competence as a fulfilling and resourceful way to live.
- Be courageous enough to address biased thinking when you hear it in others.

Adapted from materials developed by CASA for Children, Inc., Portland, Oregon.

An Action Plan for Increasing Cultural Competence: Activity 6F



Recall the article “Tips on How to Become More Culturally Competent” that you read as part of Pre-Work. Also, recall the Individual Action Plan for Increasing Cultural Competence that you have prepared. Listen as the facilitator provides a brief overview of the article and the purpose of the plan. There are many resources in your community for increasing your cultural competence. Consider going to the following places to learn more:

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

Can you think of any particular resources in your community for expanding your cultural competence? Remember, while race and ethnicity are often the first things that come to mind when people think of the word “culture,” there are many other aspects to culture—and many ways to develop cultural competence in every community. Share your ideas in the large group.

Cultural Competence Glossary

Developing a working vocabulary related to issues of diversity can help you communicate more effectively with other people and examine what more you have to learn.

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

Afrocentric: Emphasizing or promoting emphasis on African culture and the contributions of Africans to the development of Western civilization

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

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

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

Classism: Discrimination or prejudice based on socioeconomic status

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

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

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

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

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

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

Cultural Competence Glossary, Cont'd.

Disability: A limitation, difference, or impairment in a person's physical, mental or sensory capacity or ability

Note: It is preferable to use people-first language—that is, language that puts the person before the disability. For example, the phrase “people with disabilities” is preferred over “the disabled.”

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

Disproportionality: Overrepresentation or underrepresentation of various groups in different social, political or economic institutions

Dominant Group/Culture: The “mainstream” culture in a society, consisting of the people who hold the power and influence

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

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

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

Gender Identity: A person's innate, deeply felt psychological identification as a man or woman, which may or may not correspond to the gender assigned to them at birth (some individuals identify as neither male nor female as our society generally understands these terms, and instead identify as a third or other gender)

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

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

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

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Questioning/Queer

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

Cultural Competence Glossary, Cont'd.

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

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

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

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

Person of Color: A term used primarily in the United States to describe any person who does not identify as white

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

Questioning: A term that can refer to an identity, or a process of introspection, whereby one learns about their own sexual orientation and/or gender identity

Race: A socially defined population characterized by distinguishable physical characteristics, usually skin color

Racism: The belief that some racial groups are inherently superior or inferior to others; discrimination, prejudice or a system of advantage and/or oppression based on race

Sexism: Discrimination or prejudice based on gender or gender identity

Sexual Orientation: The culturally defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can shift over time. Sexual orientation has at least three (3) parts:

- a. Attraction:** One’s own feelings or self-perception about to which gender(s) one feels drawn; can be sexual, emotional, spiritual, psychological and/or political
- b. Behavior:** What one does sexually and/or with whom
- c. Sexual Identity:** The language and terms one uses to refer to their sexual orientation, which may or may not be based on either of the above and can also be influenced by family, culture and community

Cultural Competence Glossary, Cont'd.

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

Homosexual: A term used to refer to a person based on his or her same-sex sexual orientation, identity or behavior (many LGBTQ people prefer not to use this term because of its historically negative use by the medical establishment)

Bisexual: Attracted to either gender

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

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

Transgender: An umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate)

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

Xenophobia: A fear of all that is foreign, or a fear of people believed to be "foreigners"

CASA of Santa Cruz County

Pre-Service Core Training



Session 7

Pre-reading material

Educational Challenges for Children in the Child Welfare System

Most children have parents who monitor their academic progress, attend parent-teacher conferences, enroll them in appropriate classes and generally ensure they receive a high-quality education. When these children do not receive appropriate educational opportunities, their parents speak up on their behalf. Foster youth frequently lack such educational advocates. As a consequence, they often fail to receive the educational opportunities they need to succeed in school and, as a result, fall behind their peers academically. As a CASA/GAL volunteer, you can help advocate for a child's educational needs.

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

Cultural Considerations

Children from racial, ethnic or cultural backgrounds, different from the majority culture, may also have special needs based on discriminatory practices in the educational system. For instance, children may face racist or homophobic taunts, teachers who believe they can't learn, and testing that is racially or culturally biased. Many studies have found that children from minority racial or ethnic groups are overrepresented in the special education population and underrepresented in gifted and talented programs. Additionally, according to the National Education Association report Truth in Labeling, students of color experience "excessive incidence, duration, and types of disciplinary actions, including suspensions and expulsions."

It is important to realistically assess the school difficulties of a child and determine how the educational system, as well as the child's particular school setting, may be creating or sustaining those problems.

Beyond Alphabet Soup: Some Key Acronyms in Education Advocacy

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

BIP: Behavior Intervention Plan

A Behavior Intervention Plan (BIP) takes the observations made in a Functional Behavioral Assessment and turns them into a concrete plan of action for managing a student's behavior. This plan guides teachers and school staff in addressing behavior issues. It is especially important for children who have experienced trauma and/or removal from their parents, as standard school disciplinary procedures may not work or may further traumatize the child. A BIP may include ways to change the environment to keep behavior from starting in the first place, provide positive reinforcement to promote good behavior, employ planned ignoring to avoid reinforcing bad behavior, and provide supports needed so that the student will not be driven to act out due to frustration or fatigue. Once a behavior plan is agreed to, the school and staff are legally obligated to follow it.

CPSE: Committee on Preschool Special Education

A Committee on Preschool Special Education (CPSE) coordinates special education evaluations and services for children ages 3 to 5. Referrals to a CPSE often come from early-intervention programs if they determine that the child continues to need services after age 3. The goal is to provide services that will best ensure that the child enters kindergarten prepared to learn. Required participants are the same as those listed for the CSE (below).

CSE: Committee on Special Education

The Committee on Special Education (CSE) is a multidisciplinary team appointed by a school's board of education. The CSE is responsible for students with disabilities from ages 5 to 21. The CSE is authorized to identify students in need of services by determining eligibility, develop an Individualized Education Plan (IEP), place students in the least restrictive environment in which they can succeed, and provide appropriate services to meet the child's educational needs.

Beyond Alphabet Soup, Cont'd.

The team meets at least annually to review a child's IEP and determine a program from that point forward. CSE meetings should include the parent or guardian of the student (including the foster parent), the district's CSE chairperson, a school psychologist, a parent member (someone who is a parent of another student in the district—often a student with an IEP), the child's general education teacher, the child's special education teacher or service provider and the student (especially older youth). As a CASA/GAL volunteer, you should also be able to attend CSE meetings.

504 Plan

A 504 Plan is a plan developed to ensure that a student who has a disability identified under the law and needs accommodations that will ensure academic success and access to the learning environment, is provided with such accommodations. These plans are often used for students who need additional services that do not rise to the level of an Individualized Education Plan.

FAPE: Free, Appropriate Public Education

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

FBA: Functional Behavioral Assessment

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

Beyond Alphabet Soup, Cont'd.

IEP: Individualized Education Plan

This is a written educational plan of special education for students from age 3 to 21 who are eligible under IDEA and state laws. The IEP is tailored to each child's needs and identifies goals and objectives, necessary accommodations and related services.

The IEP is developed by a team of people, including but not limited to foster parents, parents, guardians, special education and regular education teachers, therapists, psychologists and the child, when appropriate. Sometimes the CASA/GAL volunteer will participate in these IEP meetings. An educational surrogate may be appointed if the family is not available, but even with a surrogate assigned to the child, the parents still have a right to involvement. Knowledge of the child's schooling is one way for parents to stay connected to a child's progress even when the child is in out-of-home placement.

IFSP: Individualized Family Service Plan

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

LRE: Least Restrictive Environment

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

Beyond Alphabet Soup, Cont'd.

RTI: Response to Intervention

Based on a problem-solving model, Response to Intervention (RTI) is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions. Schools should have an RTI team or teams, which look at students who are struggling with learning and/or behavior, and develop tailored plans that head off the need for greater intervention (such as an IEP). Often used as a first step before making a referral to a school's CSE.

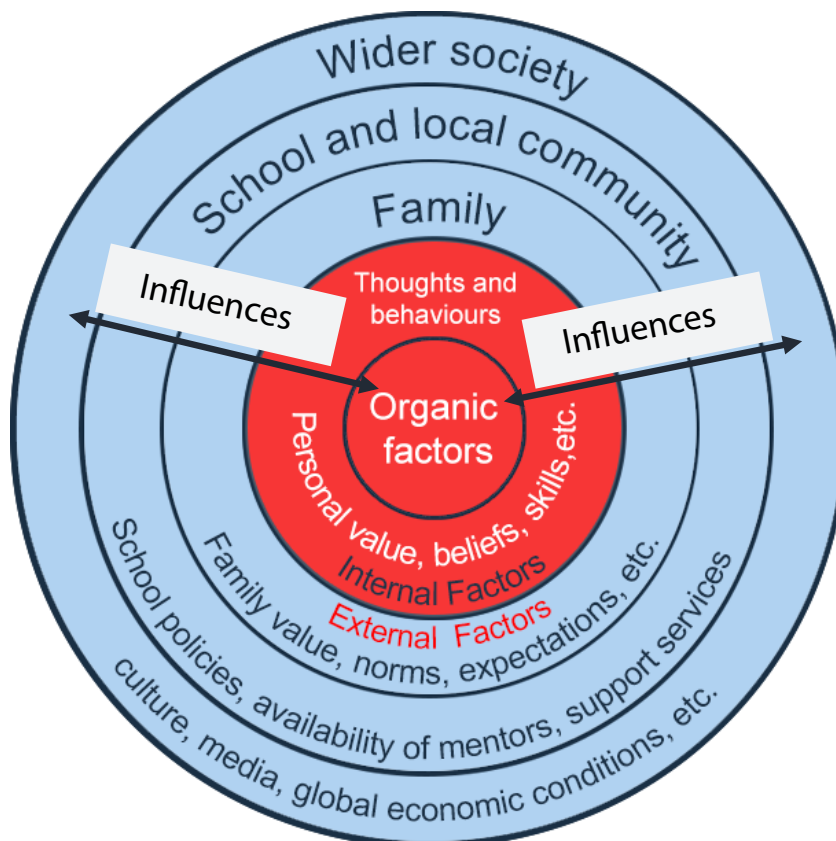
Statistics on Youth Aging Out of Foster Care

According to Casey Family Programs, about 25,000 young people between the ages of 18 and 21 must leave foster care each year. These young people have experienced maltreatment and have lived with instability and are unprepared for the social and financial demands of emancipation.

Aging out of foster care without a permanent home is the highest risk outcome for a foster youth.

Ecological Model of Factors Affecting Resilience

Resilience research has increasingly embraced an ecological model, in which the child's functioning and behavior is viewed within the context of the child's relationships, including family, school, peers, neighborhood and the wider society. While genetic factors do play a role in resilience, ultimately much more important is the quality of interpersonal relationships and the availability of networks of support.



From www.embracethefuture.org.au/resiliency

Laws Related to Older Youth in Foster Care

Preventing Sex Trafficking and Strengthening Families Act of 2014

The Preventing Sex Trafficking and Strengthening Families Act includes several provisions relevant to children removed from their parents' care or at risk of removal. Focusing on providing support and services for youth at risk of sex trafficking, the law requires child welfare agencies to locate children missing from care, to ensure that children in care have the opportunity to participate in "normal" age-appropriate activities, and for states to provide family strengthening services.

Key Provisions of This Legislation

- State agencies must report to law enforcement, within 24 hours, information on children or youth identified as victims of sex trafficking.
- State child welfare agencies must develop and implement procedures to locate children and youth who have run away or are missing from foster care. Further, they must determine the factors that led to the child or youth running away and determine what happened to the child while absent from foster care.
- The law defines a standard for reasonable and prudent care (also referred to as normalcy) to mean the careful and sensible parental decisions necessary to maintain the health, safety, well-being and best interest of the child. It provides for foster parents or caregivers to make decisions about the child's participation in extracurricular, enrichment, cultural and social activities including sports, field trips and overnight activities. It requires that states must provide training for caregivers related to this standard.
- The law requires states to develop policies related to foster parent liability and the reasonable and prudent care standard.
- The law eliminates APPLA (Another Planned Permanent Living Arrangement) as a permanency goal for children under 16. This has typically been used as a permanency goal for youth who will "age out" of the system.
- The law requires consultation of youth age 14 or older in the development and revision of his or her case plan. The youth may choose up to two members of the case planning team who are not the youth's foster parent or caseworker. The youth may designate one of these two people as an

Laws Related to Older Youth in Foster Care, Cont'd.

advisor who may advocate for the youth regarding the application of the reasonable and prudent parent standard. These roles could be filled by the youth's CASA/GAL volunteer if they so choose.

- The case plan must include a document describing the rights of the youth and signed acknowledgment that the youth has received a copy of the plan.
- Youth leaving foster care at age 18 or older must be provided with an official copy of their birth certificate, their social security card, health insurance information (including a health insurance card), their medical records and a driver's license or identification card issued by the state in which they reside.
- The law allows subsidy payments approved as part of a kinship guardianship agreement to go to a successor guardian upon the death or incapacity of the original guardianship. Adoption subsidy payments are already subject to this rule.
- States must collect data on adoption or kinship guardianship disruption and the return of child or youth to foster care.
- All parents of siblings of a child or youth brought into care must be identified and notified within 30 days after removal of the child from the custody of their parent(s). This includes individuals who would have been considered siblings if not for the termination or other disruption of their parents' rights. The only exception is in cases where a sibling's parent does not have legal custody of the sibling. The idea is to ensure that all potential resources within the extended family are explored, including the parents of half-siblings, and that children do not lose contact with siblings or half-siblings while in foster care.

Key Impact of This Legislation on CASA/GAL Advocacy

Advocacy concerns center primarily on the second part of this act. Specifically, there is added strength in advocating for experiences that create a sense of normalcy for children in care and that promote their well-being. Youth under age 16 should no longer have Alternative Planned Permanent Living Arrangement (APPLA) as their permanency goal. Youth age 14 and up must be a participant in their case planning and they must sign the case plan.

Laws Related to Older Youth in Foster Care, Cont'd.

Furthermore, there is an opportunity for CASA/GAL volunteers to participate in case planning for these youth if the youth so wishes.

Fostering Connections to Success and Increasing Adoptions Act, P.L. 110-351

The Fostering Connections to Success Act is a significant and far-reaching law enacted in 2008 that is designed to improve outcomes for youth in care, particularly older youth. The legislation is a series of building blocks, based on evidence-based practices that have demonstrated positive outcomes. The focus is on connections to family, to siblings and to other adults to foster successful transitions to adulthood.

Key Provisions of This Legislation

- State agencies are required to provide notice to relatives within 30 days of the child's removal from the home and to explain the options for the relative's participation in the child's care, from acting as a placement to engaging in the child's case in other ways. This can be the beginning of establishing a permanent connection for the child with the extended family, perhaps even as a permanent placement option.
- In addition to maintaining the child's connection with family, the legislation maintains the child's connection with siblings. Interviews of youth have consistently revealed that the greatest loss they experienced when removed from home is the loss of their connection with their siblings. Too often, they are never able to reconnect with them. With this law in place, state agencies must make reasonable efforts to place sibling groups together in foster, family or adoptive placements, if in the children's best interests. If placement together is not feasible, the agency must ensure continuing contact among siblings, at least once a month.
- A new, specific transition plan must be developed at least 90 days prior to the youth's transition out of foster care (at age 18 or older). This is over and above the plan that should normally begin around the age of 16. The new, personalized plan should be developed with the caseworker and other appropriate representatives. The plan should be as detailed as the youth directs, and include specifics on housing, health insurance, education,

Laws Related to Older Youth in Foster Care, Cont'd.

opportunities for mentors and continuing support services, workforce supports and employment services.

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

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

- States may choose to extend support for youth in care to age 19, 20 or 21 and receive federal assistance to provide such support, including the extension of Medicaid. Youth must be enrolled or participating in an eligible program.
- States also have the option of receiving federal assistance to provide payments to qualified grandparents and other kin who are willing to become legal guardians and who meet state requirements for placement.

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

* Title IV-E eligibility hinges on the family's income at the time the child was removed from the home. Generally, if the family is or would be eligible for Aid to Families with Dependent Children (AFDC), the child is then Title IV-E eligible. As the summary points out, this generally should not matter in terms of CASA/GAL advocacy, as federal guidelines anticipate that states will have uniform guidelines for all children removed from their parents' care, regardless of Title IV-E eligibility.

Laws Related to Older Youth in Foster Care, Cont'd.

Key Impact of This Legislation on CASA/GAL Advocacy

Search and notification of relatives does not end after 30 days; birth relatives need to understand that there are multiple ways they can be involved beyond acting as a placement option (examples include attending school events, providing transportation and celebrating holidays). When appropriate, volunteers should keep family engaged and informed.

Carl Perkins Vocational Education Act

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

Family Educational Rights and Privacy Act (FERPA)

This federal law protects the privacy of a student's education records. It also ensures a parent's right to inspect and review these records and to consent to disclosures of personally identifiable information about themselves and their children. FERPA allows schools to disclose those records, without consent, to comply with a judicial order. This may be applicable to CASA/GAL volunteers pursuant to state law.

Indian Education Act

This act provides funding to local educational agencies to support special education programs for Native Americans. It requires tribe or parent involvement in planning, development and operation.

Individuals with Disabilities Education Act (IDEA)

This act ensures that all children with disabilities have access to a free, appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living.

Laws Related to Older Youth in Foster Care, Cont'd.

McKinney-Vento Act

This law ensures that homeless children and youth have equal access to the same free, appropriate public education that is provided to other children. This can be applied to children in foster care.

No Child Left Behind Act

Passed in 2001, this law ensures that all children and youth have a fair, equal and significant opportunity to obtain a high-quality education and reach proficiency on challenging state academic achievement standards and state academic assessments. In addition, this act requires that all schools be safe and drug free.

School-to-Work Opportunities Act

This law provides funds to states for planning grants and for state subgrants to local partnerships to give all students the chance to complete a career major. It assures equal access to the full range of program components for all students, including youth in out-of-home care.

LGBTQ Glossary

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

Bisexual: A person who is emotionally, romantically and sexually attracted to both men and women.

Coming Out: The process of disclosing one's sexual orientation or gender identity to others. Because most people in our society are presumed to be heterosexual, coming out is not a discreet life event but often a longer process. Coming out may also be experienced by heterosexual family members or allies of LGBTQ people, who may decide to disclose to others that they have friends or relatives who are LGBTQ.

Femme: A term used by some gay men or lesbians to identify their more typically feminine qualities. May also be used to help define one's chosen role within a relationship.

Gay: A person whose emotional, romantic and sexual attractions are primarily for individuals of the same sex. This term typically refers to men, but in some contexts it is used as a general term for gay men and lesbians.

Gender Expression: An individual's characteristics and behaviors (such as appearance, dress, mannerisms, speech patterns and social interactions) that are perceived as falling somewhere along a continuum of feminine and masculine.

Gender Identity: A person's innate, deeply felt psychological identification as a man or woman, which may or may not correspond to the gender assigned to them at birth. Also, some individuals identify as neither male nor female as our society generally understands these terms, and instead identify as a third or other gender.

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

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

LGBTQ Glossary, Cont'd.

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

Homosexual: A term used to refer to a person based on his or her same-sex sexual orientation, identity or behavior. Many LGBTQ people prefer not to use this term—especially as a noun—because of its historically negative use by the medical establishment.

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

Intersex: An individual born with reproductive or sexual anatomy that does not conform exclusively to male or female norms in terms of physiological sex.

Lesbian: A woman whose emotional, romantic and sexual attractions are primarily for other women.

LGBTQ: An acronym for lesbian, gay, bisexual, transgender and questioning or queer.

MTF/FTM: These abbreviations, for male-to-female and female-to-male, refer to an individual's gender transition from the gender assigned at birth to the self-identified present gender. For example, an individual previously identified as a man who is transitioning to an identity as a woman is MTF.

Queer: Queer is an umbrella term for sexual and gender minorities. Originally meaning "strange" or "peculiar," queer was a pejorative word for those who were attracted to members of the same sex from the second half of the 19th century until the late 1980s when activists reclaimed the word as the umbrella term it has become.

Transgender: An umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate).

CASA of Santa Cruz County

Pre-Service Core Training



Session 8

Pre-reading material

Permanence



Children are born unable to survive on their own. They need someone to provide life's basic necessities: food, shelter, protection from harm. To get beyond survival and reach normal growth and developmental milestones, children require a "primary attachment figure:" an adult who "is there for them," whom they can count on, who consistently meets their emotional and physical needs. For most children, this role is filled by a biological parent or parents. However, one or more other caring adults, who are willing to commit unconditionally to the child, can also meet the child's need for permanence.

When a child enters the child welfare system, the belief that a parent "will always be there" is shattered.

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

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

There are a limited number of possible "permanent" options:

1. Return to parent
2. Adoption (by a relative or nonrelative)
3. Kinship Guardianship

The third option, placement and custody or guardianship with relatives or fictive kin, while not truly "permanent," is sometimes considered an appropriate choice when the first two options are not practical.

What Is Kinship Guardianship?

Kinship guardianship is a subsidized alternative to adoption for children or youth who have been placed with relatives (or, in some cases, fictive kin) who are certified foster parents and who have been placed with that relative for six months or more. Unlike adoption of a child in foster care, kinship guardianship does not require the surrendering or termination of parental rights.

Permanence, Cont'd.

Like adoption of a child in foster care, kinship guardianship is subsidized, meaning that the guardianship will receive a monthly subsidy to provide for the care of the child. In theory, kinship guardianship is a less permanent option because parents can petition the court to regain custody, provided that there have been substantial changes in their circumstances. Parents may also petition the court for visitation.

What Is Fictive Kin?

A more recent development in the consideration of permanency options for children is the introduction of fictive kin. Fictive kin are individuals who, while they may not be related to a child by blood, adoption or marriage, play an important role in a child's life. In short, they act as family even though they may not be family in the strict legal meaning of the word. Increasingly, courts are allowing for fictive kin to be considered in cases of kinship guardianship or to petition the court for custody or guardianship in the same way a relative might.

Long-Term Foster Care: An Impermanent Option

Despite the advocacy efforts of CASA/GAL volunteers and the hard work by caseworkers, many children remain in foster care. These children live in foster homes or group homes—or move from placement to placement during their time in care.

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

*At times children diagnosed with ADHD, oppositional defiant disorder (ODD), autism, PTSD and other disorders are labeled as difficult or challenging.

Permanence, Cont'd.

Cultural Considerations

It is important to know that some Native Americans have a strong bias against adoption and certain tribes do not approve of adoption. This requires special consideration when weighing the permanency options for an Indian child who is an identified member of a tribe. In some cases, placement with a Native American custodian can truly be considered permanent.

Concurrent Planning

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

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

Concurrent Planning (Cont'd)

Permanent Resolutions: Questions to Consider

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

| Return to Parents | Adoption |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Have issues that brought the child into care been addressed by the agency? | <ul style="list-style-type: none"> • Are we ready to proceed with a termination of parental rights (TPR) case? |
| <ul style="list-style-type: none"> • Have the parents made the changes that the child protection agency requested? | <ul style="list-style-type: none"> • Do legal grounds exist? |
| <ul style="list-style-type: none"> • Has the child protection agency caseworker observed and documented a reduction of risk? | <ul style="list-style-type: none"> • Have we also considered the best interest issues that must be presented to the judge? |
| <ul style="list-style-type: none"> • What have the visits we observed told us about the parents' ability to care for the child? | <ul style="list-style-type: none"> • How long will the court process take? |
| <ul style="list-style-type: none"> • Have we considered recommending a trial placement as a way to observe actual changes in childcare? | <ul style="list-style-type: none"> • Have the parents been asked to release the child for adoption? |
| <ul style="list-style-type: none"> • Have new issues that relate to risk been observed and addressed? | <ul style="list-style-type: none"> • Is the child already living with caregivers who are willing and able to adopt? |
| <ul style="list-style-type: none"> • Has the child protection agency changed the rules or "raised the bar" in reference to expectations that are not related to risk? | <ul style="list-style-type: none"> • Are there relatives who are available to adopt? |
| <ul style="list-style-type: none"> • Would the child protection agency remove this child today? | <ul style="list-style-type: none"> • How soon can the child be placed? |

Concurrent Planning (Cont'd)

Permanent Resolutions: Questions to Consider, Cont'd.

| Return to Parents | Adoption |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Is this a multi-problem family that is likely to relapse? | <ul style="list-style-type: none"> Who can help the child through the placement process? |
| <ul style="list-style-type: none"> What services can be put in place to prevent relapse? | <ul style="list-style-type: none"> Have we assessed and evaluated the child's particular needs and strengths? |
| <ul style="list-style-type: none"> Have the legal and/or biological father(s) been identified? | <ul style="list-style-type: none"> What is the child's relationship with his/her siblings? |
| <ul style="list-style-type: none"> Have we recognized the child's grief and need to reconnect to the family of origin? | <ul style="list-style-type: none"> Should the child be placed with siblings? Can the child be placed with siblings? |
| | <ul style="list-style-type: none"> Have we identified a placement option that will be able to meet the child's needs? |
| | <ul style="list-style-type: none"> Have the child's ethnic and cultural needs been considered and addressed? |
| | <ul style="list-style-type: none"> Are we holding up the child's placement waiting for a specific type of family? |
| | <ul style="list-style-type: none"> Are the child's needs so severe that finding appropriate parents is unlikely? |
| | <ul style="list-style-type: none"> Is the child able to accept "parenting"? |

Concurrent Planning (Cont'd)

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?

Concurrent Planning (Cont'd)

Placement with Relative or Kin: Questions to Consider, Cont'd.

- Will a relative placement mean that the child will have to endure another move?
- What losses will the child experience if another move is required?
- Have we considered sibling attachments, as well as any “toxic” sibling issues?
- Is this potential caregiver 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 caregivers?
- Would this relative consider adoption?
- Are there the same issues in the extended family that existed with the parents?
- What pre-placement relationship existed?
- Does the child have any attachment to these relatives?
- Have the child’s wishes been considered?

Concurrent Planning (Cont'd)

Long-Term Foster Care—An Impermanent Solution: Questions to Consider

When faced with long-term foster care as the “only” alternative, it is our obligation to insist that this not be the end of the planning process, but rather the beginning of a new dialogue around how to make permanence a reality. Begin this dialogue with these questions:

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

Adapted from materials created by Jane Malpass, consultant, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice. Used with permission.

CASA of Santa Cruz County

Pre-Service Core Training



Session 9

Pre-reading material

An Introduction to the CASA/GAL Volunteer Court Report



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

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

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

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

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

Key Elements of a CASA/GAL Volunteer Court Report



Identifying Information

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

CASA/GAL Volunteer Activity

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

Brief Family Background/Reason for Removal

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

Placement Information

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

Case Plan

Describe basic elements of the case plan.

Case Status

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

Status of the Child

Describe how the child is doing in school, the physical and social development of the child, the health of the child, whether the child is in therapy (and if so, for what), independent-living services that are being provided to the child (if relevant), whether and how the child's cultural needs (if any) are being met and the child's expressed wishes.

Key Elements of a CASA/GAL Volunteer Court Report, Cont'd.

Family and Community Resources

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

Issues and Concerns

Consider addressing any of the following:

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

Best Interest Recommendations

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

Tips on Writing Effective Court Reports

In writing a report, the following steps are imperative:

- Use the court report format provided to you in training.
- Begin to work on the report at the beginning of your information gathering.
- Maintain detailed and chronological notes.
- Make the report child-centered.
- Be accurate. This means presenting exact information, free from unfamiliar acronyms, grammatical errors and misstatements.
- Check your spelling—not only in the body of the report, but also the names and titles cited in the report.
- Use the active voice (“CASA/GAL volunteer visited the home...”).

Key Elements of a CASA/GAL Volunteer Court Report, Cont'd.

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

Key Elements of a CASA/GAL Volunteer Court Report, Cont'd.

Ask yourself the following questions before submission:

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

Using Child Photos in Court Reports

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



An Introduction to the CASA/GAL Volunteer Court Report, Cont'd.

Keys to a Successful Report

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

Support for CASA/GAL Volunteers



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

Program Staff Support

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

In-Service Training

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

Peer Relationships

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

Self-Care/Personal Support Networks

Because of the time demands, stress, and frustrations that can be part of CASA/GAL volunteer work, it is important to have social and emotional support and to take care of yourself so you don't burn out.

Support for CASA/GAL Volunteers, Cont'd.

Additional Resources

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

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