CASA UNIVERSITY

**Chapter 1**

Defining the Volunteer

Welcome

Welcome to CASA Sacramento online training! This represents a step toward making a huge difference in the life of a child. This training has been designed to help you develop the knowledge, skills, and understanding necessary to effectively advocate for children and youth in the child welfare system.

The hope is that this training, along with your genuine heart, common sense, determination, and life experience will improve the life of a young person in need. As a CASA volunteer, you will be empowered to advocate for the most vulnerable among us - children who have been abused, neglected, or abandoned. Your goal will be to engage your child's circumstance. You will act as “the eyes and ears of the court and the voice of the child”, reporting the facts that you have learned and offering recommendations that you believe will lead to important interventions in the child’s life.

The keystones of your work will be safety, permanence, and well-being. Everything you do should connect to one of those three needs of your child. **Safety** comes first, and as a CASA volunteer you are required to report facts, and report abuse or neglect that comes to your attention while acting as an advocate. Next is **Permanence**. Whether it means returning to a parent, connecting with other family or community, or beginning a new family, a permanent home is essential to a child’s growth and success. Finally, there is **Well-Being**, a measure of the child’s emotional and physical health. You will need to identify material, health, and education related needs and ensure that the resources actually reach your child in an intelligent and timely fashion.

Being a CASA volunteer is not an easy undertaking. It requires commitment, time, dedication, and courage. You are about to embark upon a journey that will no doubt test you, but it will also thrill you, warm you, and give back to you more than you ever thought possible! Thank you for taking this journey with us! You are about to become a CASA volunteer advocate! Welcome.

**Sincerely,
CASA Sacramento**

Chapter 1 Purpose

**To Introduce the Roles & Responsibilities of Being a CASA**

UNIT 1: Introduction
UNIT 2: The Role of a CASA
UNIT 3: Principles & Concepts
UNIT 4: The Volunteer’s Relationship with the Child
UNIT 5: Being a Good & Effective CASA
UNIT 6: Focusing on Realistic Outcomes

Introduction

Purpose & Concerns

**Please watch the video provided below.**
This three-minute video is of Judge David Soukup, the founder of the CASA program, who describes the need that gave rise to the National CASA/GAL Program and the unique tasks of the CASA.

https://www.youtube.com/watch?v=ayoDh\_v8tSM

UNIT 1: The Role of a CASA

**CASA Volunteer: The role of a CASA includes four equally important components.**These roles include…

**INVESTIGATION**You review the situation, including relevant history, environment, relationships, and needs of the child.

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

**ADVOCACY**
You speak up for the child by making recommendations regarding the child’s best interests in a written court report.

**MONITORING**
You keep track of whether the orders of the court and the plans of the child welfare agency are carried out, and you report to the court or collaborate with child welfare and the child's attorney when any of the parties do not follow those orders and plans.

**Like many adult roles working with youth, your CASA role may include mentoring which can include the following:**

1. Providing academic help– keeping youth in school, helping them graduate
2. Providing career exploration assistance and social experiences
3. Providing emotional support

**Role Modeling**
Role modeling is demonstrating and, when necessary, explaining your own actions and values. The goal is to show appropriate ways of dealing with the larger world. Many of these youth have never had a meaningful relationship with a consistent and reliable adult. Role modeling these two attributes will help your youth understand how to better function in the world.
 **Attention and Concern**
Many youth do not receive enough from the adults in their lives; CASAs can fill in these empty spaces with dependable, sincere, and consistent attention and concern.

UNIT 2: Principles & Concepts

**A. “Best Interest”**
Typically, parents decide what is best for their children and then provide it for them to the extent that they can. They are generally 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. When this happens, it becomes the role of the CASA not to parent the child, but to advocate for the child’s unmet needs.

CASA volunteers are guided by the “best interest” principle when advocating for a child. This means that the advocate knows the child well enough to identify the child’s needs. The advocate then makes fact-based recommendations to the court regarding what actions the advocate feels would be in the child’s “best interest.” The advocate also informs the court of the child’s wishes, whether or not those wishes are, in the opinion of the CASA volunteer, in the child’s best interest.

While there is not universal agreement or a concise legal definition as to the meaning of the “the best interest of the child,” at a minimum the “best interest” principle means providing the child with a safe and permanent home as quickly as possible. Ideally, this means doing everything possible to keep the child in their home or returning to their parents as soon as it is safe to do so.

**B. “Minimum Sufficient Level of Care” (MSL)**
The “minimum sufficient level of care” (MSL) is a standard that means that the care provided meets the child’s basic needs and that the child is not harmed physically, sexually or emotionally. If the child’s home meets this standard, then the child should be home.

Now, there is an inherent contradiction here. We were just saying that the court should always act in the “best interests” of the child, and now we are saying that the child should remain in their home as long as the home meets the minimum sufficient level of care. The way to look at this is that remaining in their home is presumed to be in the best interest of the child – above all else – as long as the minimum sufficient level of care is met. The harm that is done by removing a child and the invasion into the family is so great, that removal must be a last resort.

Therefore, keep in mind that when you are working with a child who was removed from their home, the goal is to return that child as soon as the home is safe – even if the foster home appears better, or seems to provide more advantages or offers a better future.

The minimum sufficient level of care standard is not the same across the state; instead, each community determines it. When thinking about the standard in your community, consider these factors:

**1. THE CHILD’S NEEDS**
Is the parent providing basic physical, emotional, and developmental support? Physical support can mean food, clothing, shelter, medical care, safety, and protection. Emotional support includes attachment and care between parent and child. Developmental support includes education, special help for children with disabilities, etc.

**2. SOCIAL STANDARDS**
Is the parent’s behavior within or outside of commonly accepted child-rearing practices in our society? Here are some examples: In terms of discipline, during the first half of the 20th century, whipping a child with a belt was generally thought to be appropriate. Now, however, it is widely considered abusive, and families now opt for a short “time out” to discipline children. In terms of school attendance, it is a widely held expectation that parents send all children to school (or provide home schooling). Social standards also apply in medical care, where immunizations and regular medical/dental care are the standard.

**3. 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. Another question that often arises is “what age is old enough to babysit?” The answer to these questions are at least partly determined by cultural and community norms. Even something as simple as sending a nine-year-old child to the store might fall within or outside those standards, depending on neighborhood safety, 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.

Keep in mind that different communities may have different standards from yours. These differences can be geographical (rural vs. urban) or cultural (wealthy vs. poor). A cultural community standard, for example, is when a Native tribe has members who live in a variety of locales but still share a common child-rearing standard. According to the Indian Child Welfare Act (ICWA), the minimum sufficient level of care standard must reflect the community standards of the tribe of the Native child.

**4. WHY WE USE THE “MSL” STANDARD**

1. It maintains the child’s right to safety and permanence while not ignoring the parents’ right to raise their children.
2. It is realistic.
3. It provides a reference point for decision makers.
4. It protects (to some degree) from individual biases and value judgments.
5. It discourages unnecessary removal from the family home.
6. It discourages unnecessarily long placements in foster care.
7. It focuses decision makers on what is the least detrimental alternative for the child.
8. It is culturally appropriate.

UNIT 3: The Volunteer’s Relationship with the Child

One of the essential components of effective volunteering is building a strong, trusting relationship with your child. This one-on-one relationship will give you much needed insight and access to information regarding the needs of your child.

However, because of the life experiences and trauma a child or youth has experienced, it may be diffiicult to develop this strong trusting relationship. The key is consistency. Be reliable, consistent and never make promises you cannot keep, such as telling a child they will return home.  It may not be apparent that the child or youth is learning to trust you at the time, so don't get discouraged!

**Here are some basic guidelines:**

* Know the child well enough to make appropriate and objective recommendations.
* Remember that you are, by design, a *temporary* intervention in the child’s life.
* Establish and maintain proper boundaries with the child and model a healthy adult/child relationship.
* Be a consistent, stable, and supportive presence in the child’s life.
* Do not take the child to your home and do not introduce him/her to your family or friends.
* Collaborate with other professionals in the child’s life to ensure that the child is receiving appropriate attention.

Respect the privacy of the relationship while also letting the child know that you are a mandated reporter.

UNIT 4: Being a Good & Effective CASA

**What is a good CASA?**
We will always stress the need for training, familiarity with local court processes, and to be well grounded in concepts surrounding the developmental needs of children. And you will frequently hear us urge you to keep abreast of the ever-expanding state and federal laws and regulations affecting families and juvenile courts.

But we think it is also important to reflect on some of the more basic and yet most important things that can contribute to being a good volunteer:

1. Bring lots of spirit and enthusiasm to your position, but leave certain baggage behind – such as a rigid value system.
2. Be happy. Ideally you have a stable life and you are secure with who you are (but not smug).
3. Be curious and inquisitive – the type of person who wants to do hands-on investigation. You will have lots of contact with other people.
4. Keep your expectations for the child realistic. Your role is not to save this child, but to assist in putting him/her on a path to success. Do not set yourself up for disappointment and frustration by maintaining unrealistic objectives and goals.
5. Be assertive, independent, and in some instances, downright stubborn. Do not be afraid to voice your opinion or especially that of the child. Do not be intimidated by attorneys, caseworkers, school personnel, or the other multitude of professionals you will encounter, but also be prepared to keep an open mind to new information.
6. While being assertive, remain flexible and open to negotiations. Keep in mind your task of trying to find solutions to problems and that you are one member of a team of people trying to help a child and a family.
7. Strive to be punctual.
8. Remember that important things also happen on weekends and late at night.
9. Above all else, bring with you a good dose of common sense, coupled with an uncompromising love and respect for two of our greatest national resources—our children and our families.

*Excerpted from “Critical Issues in Permanency Planning” by the Honorable Dale Wolf. Judge Wolf has been a trial court judge for 23 years in Minnesota’s Sixth Judicial District. He is chambered in Carlton, Minnesota. Used with permission of CASA of Monterey County.*

UNIT 5: Focusing on Realistic Outcomes

It is important to have realistic expectations of the child, your relationship with the child, and the case itself. First and foremost, please remember that the youth we serve have come from challenging backgrounds and may be suffering from the aftermath of traumatic events. Because of this, it will likely take the child a while to trust you… allow them that time.

Many of these children suffer from moderate to severe emotional disturbances, behavioral disorders, psychiatric problems, and cognitive impairments… accept them with their imperfections while advocating for their healing. Remember that there are “normal” reactions to an “abnormal” upbringing and traumatic experiences. Don’t expect the child to behave like “other kids” you may know or have worked with… have the objectivity and grace not to personalize their behavior and reactions. Instead, see it as a symptom of their pain.

Please remember that no matter what parental behavior led to the child entering the child welfare system and Dependency Court, that child loves her/his parents… support that love. Hold hope that the parents will be able to overcome whatever problems led the family to where it is now. At the same time, understand that some parents may not be able to make the changes they need to provide a safe and healthy home for their child… for the sake of the child, manifest compassion and remember that their failure does not mean they do not love their child.

Remember that it is always best for a child to return to home, to parents that provide the minimum sufficient level of care… even if you believe there are “better” options.

Encourage your youth to grow in every area of their life… while remembering to accept that they may not reach the potential you see they have. Inches can matter more than miles.

Help the child come to know their unique strengths and goodness, and help them discover and enjoy their interests and talents. Compliment your youth as much as possible… because a sincere compliment from a trusted adult does not just feel good, it has been proven to literally heal the physical damage done to a child’s brain by the trauma of abuse and neglect.

Make certain that you are a “different kind of adult” in the child’s life from what they’ve known in the past. Keep your word. Listen. Show up… on time, each and every time. Call when you know you’re going to be late, even if just by a few minutes. Set clear limits and keep them. Value the child’s feelings and opinions. Be consistent, reliable and trustworthy. This, as much as anything, will let them know that they matter to you.

By focusing on living these traits, you can be assured that you will make a difference in your child’s life, immediately and across their lifetime!
Now, look forward five years. What do you want the youth’s experience to be like? Where should he or she be? What opportunities should the youth have? What should he or she be able to do? What challenges do you want the youth to overcome? A volunteer must balance the youth’s immediate needs and challenges with a long-term vision. This is known as “case management” or “case planning”.

**You can begin with the following questions:**

* What does the youth want?
* What does the youth need?
* What does the youth need to do?
* What are the youth’s dreams?
* Whom does he or she respect?
* What can the youth do to help others?
* What is the plan for making the changes you want to see?

Before moving forward, it is important to assess just how much change is realistic. By examining the capacity of the youth and his or her support system to create change, you may also discover steps that, if not taken, will jeopardize the success of the entire plan.

Those are the very issues you may need to advocate for on behalf of your assigned youth.

**Chapter 2**

Understanding Families

Chapter 2 Purpose

**To provide a framework for understanding the vulnerabilities of our children’s parents and home environment.**

UNIT 1: Family Strengths
UNIT 2: Stress in Families
UNIT 3: Mental Illness and it's Impact
UNIT 4: The Impact of Substance Abuse / Addiction

OBJECTIVES

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

* Identify the strengths and resources of families.
* Identify risk factors associated with child abuse and neglect.
* Understand how times of stress and crisis affect families and children.
* Recognize how mental illness affects families and children.
* Understand how children and families are affected by substance abuse and addiction.

UNIT 1: Family Strengths

CASAs must be able to see the strengths, resources, weaknesses, and needs of a family. They must strive to avoid labels and a one-dimensional understanding of people. They must be able to estimate the risk of negative consequences and the chance for positive change.

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

**Use the box below to compare the “resource” lens to the deficit lens.**

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

**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 them. 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 support or 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. **The following questions use the resource lens to assess a family:**

* How has this family solved problems in the past?
* What court-ordered activities have family members completed?
* How are family members coping with their present circumstances?
* Are there other friends or family members that are helping them during this time?

**The Cultural Sensitivity Lens**

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

For instance, many Western cultures believe that children should have a bed to themselves, if not an entire room. In contrast, many other cultures believe that such a practice is detrimental to child development and potentially dangerous. Additionally, in the United States the ideal of the nuclear family still dominates. However, in many communities, extended family takes on a greater role in child rearing, and family may include members of a faith community or others who are not blood relatives.

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

**For example:**

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

**Please watch the following video:**

To Transform Child Welfare, Take Race Out of the Equation - Jessica A. Pryce Ph.D., MSW|Child & Family Advocate|Social Scientist <https://jessicaprycephd.com/>

UNIT 2: Stress in Families

Just as all families have strengths, at some point all families encounter change, stress, and perhaps even crisis—the family moves, a parent is laid off, child-care arrangements fall through, a new stepfamily comes into being, the car breaks down, a child becomes ill, the rent goes up, and on it goes. The families you will encounter in your work as a volunteer are, by definition, under stress and are likely to be in crisis.

Some families cope well and adapt effectively to stress and crisis; others do not and become overwhelmed. Families that are not able to cope well are often isolated from resources, and face a variety of challenges and can become stressed by numerous problems that compound one another. These families may develop patterns that lead to and then perpetuate abuse and neglect. In other words, repetitive stress can lead to negative or destructive coping skills, like substance abuse, domestic violence / intimate partner violence, or child abuse.

UNIT 3: The Impact of Mental Illness

**Definition and Diagnosis**
A mental disorder or mental illness is a diagnosable illness that affects a person’s thinking, emotions, behavior, and – in some cases – their physical wellbeing. They interfere with the individual’s ability to function in all areas, including work and home. They limit the person’s ability to work, to care for themselves or others, to complete normal daily activities, and to create and maintain healthy relationships. Mental disorders, like any illness, can sometimes lead to severe disability, a fact that is often hard for people who have no personal experience with mental illness to understand and accept.

A mental health problem is a broader term that not only refers to mental disorders but also to symptoms of mental disorders that may not be severe enough to warrant a diagnosis. That the individual is not formally diagnosed does not mean that they (and those around them) are not suffering because of their symptoms and the effect those symptoms have on their functioning.

Mental illness is diagnosed by certain medical and mental health professionals based on the nature, severity, and duration of the individual’s symptoms, using the research-based criteria outlined in the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Revised Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). If a person meets the diagnostic criteria as set forth in the ICD-10 or the DSM-IV-TR, she/he can be diagnosed with a particular disorder such as depression, anxiety, post-traumatic stress disorder, schizophrenia, alcohol dependence, and so on. The terms “dual diagnosis” and “co-occurring disorder” are used to indicate that an individual is suffering from both a mental or psychiatric disorder and a substance abuse disorder or problem.

Definitions of mental illness have and will continue to change over time and across cultures. What constitutes mental illness is determined, in part, by social, religious, and cultural norms. What is considered “normal” and “healthy” in one context might be considered “crazy” in another. As CASA volunteers, it is not our job to “diagnose” mental illness, but to observe the behaviors of others with objectivity, compassion, and with a focus on how those behaviors might affect the safety and well-being of the individual and those around them.

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

**Impact on Children & Families**
The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may result from misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in U.S. culture. It may also result from a lack of access to treatment. There may not be a 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 child. Some may have hallucinations or delusions, which make them a danger to themselves or their children. Certainly, having a parent with untreated mental illness can be very confusing and even frightening to a child. It is critical for you as a volunteer to focus less on a parent’s diagnosis and more on his/her ability to provide a safe home for the child. The degree to which a parent’s functioning is impaired will vary from mild to severe. It is important to note that with medication and/or therapy most people with mental illness can function normally.

To understand the impact of mental illness in a particular family, it is critical that you also examine the parents’ level of functioning. Many factors can affect a person’s level of functioning, and not all are related to mental illness. It is important to distinguish between mental illness and other kinds of limitations. For example, many adults have limited intellectual abilities or specific learning disabilities. These limitations can range greatly in severity. By looking at the parents’ level of functioning in addition to mental illness, and remembering the “good enough” or “minimum sufficient level of care” standard, you can make recommendations that more accurately address the likelihood that the parents can remedy the problems that led to their involvement with the child protective services system.

**Mental Disorders and Dependency Court**
Almost 12% of all mothers in the United States suffer from serious mental health problem and just over 3% are also diagnosed with a substance abuse disorder. Studies of treatment programs serving at-risk youth have found that about 95% of the parents have a “dual diagnosis.” That is, they suffer from both a substance abuse disorder and some other mental disorder, which makes their children uniquely vulnerable to maltreatment, as the combined disorders may grossly compromise the parents’ functioning and may heighten the risk of danger for the child.

Research suggests that alcohol and other substance abuse is a factor in approximately 80% of child maltreatment cases, with alcohol being the most predominantly abused substance, present almost 90% of the time. While not all children who are exposed to drugs in utereo or in their homes experience difficulties, half of the children in foster care in the United States show developmental delays, four to five times the rate found in the general population.

**Possible Warning Signs of Common Mental Disorders**
There are many different types of mental illness, some of which are more common than others and some of which – like substance abuse disorders – you are more apt to come across in your role as a volunteer. And while it is not your task to diagnose mental illness, it is important to be aware of warning signs or indicators that may affect the health or safety of the child. By identifying possible warning signs you can help protect the child, and help the parent by sharing your observations with others who can facilitate a referral for an assessment and/or treatment.

The most common characteristic of the most common mental disorders – including Major Depression, Bipolar Disorder, Anxiety Disorder, Schizophrenia, and Substance Abuse Disorders – is impaired functioning. That is, the disorder makes it very difficult (if not impossible) for the individual to carry out the normal tasks of daily living.

 **Clinical Depression**

Everyone has good and bad days, and for some people bad days may turn into bad years. While all of us have been sad and even depressed, Clinical Depression is characterized by a profound, unending, severe sadness and a feeling of disconnection that lasts for at least two weeks and makes living physically hurt. A common misconception is that someone who is depressed can just “shake it off” or can “will themselves out of it,” neither of which are true.

**The key signs to look for in Clinical Depression are:**

* **Changes in appetite** – the person may have a loss of appetite, completely stop eating, or begin eating much more than usual.
* **Changes in sleep** – the individual may have severe insomnia that makes it impossible to sleep well most nights, or they may sleep too much and yet not feel restored by their sleep.
* **Change in concentration and decision-making** – the person may be unable to focus on even simple activities, like getting a bottle for a hungry baby.
* **Change in energy level** – the person may not have the energy to get out of bed, get dressed, or groom themselves.
* **Change in enjoyment** – a person who is clinically depressed losses interest in things they once enjoyed, such as reading or playing with their child.
* **Feeling worthless or excessively guilty** – feelings that are not realistic or accurate.
* **Thoughts of suicide** – the overwhelming feelings of hopelessness and helplessness that characterize severe depression may lead to thoughts of suicide. The person may wish to be dead or feel that “My children would be better off without me.” Thoughts of suicide can lead to the individual developing a plan for how they would actually kill themselves. Having the plan can lead to a single or repeated attempts… or to actual death.

 **Bipolar Disorder**

All of us can be moody at times, but a person with Bipolar Disorder will show severe and extreme mood swings, moving between a phase of clinical depression and a phase of “mania,” during which the individual will have unbelievable energy and very positive feelings and beliefs about themselves and their abilities that may not be based in reality.

**The key signs to look for in Bipolar Disorder are indications of mania, such as:**

* Mood swings – moving from being extremely happy and “up” to being extremely irritable and “down.”
* Fast speech – you may notice that you can’t get a word in edgewise, even if you interrupt!
* No need for sleep – different from the insomnia associated with clinical depression, during a manic phase, the person may stay up for days cleaning or doing other random projects with a sense of urgency
* Overextended – because of their over-inflated sense of themselves, people with bipolar disorder may take on commitments that they are actually incapable of fulfilling. For example, the individual may consider themselves to be a “star ball player” and promise to teach their child to play; in reality, they may not be able to even catch a ball.
* Excessive behavior – such as going on shopping sprees they can’t afford, gambling away their rent money convinced they’ll win, promiscuity, etc.

 **Anxiety Disorder**

Anxiety is a common emotion that everyone has experienced at some point, and while it may feel uncomfortable, it can help us to avoid danger and motivate us to try new things and solve problems.

An Anxiety Disorder is different from “normal” anxiety in three ways:

1. it is more intense (ranging from chronic uneasiness to episodic panic attacks);
2. it is longer lasting (from months to a lifetime);
3. it interferes with the person’s ability to function at work, at home, and in relationships.

There are several kinds of anxiety disorders, including Generalized Anxiety Disorder, Panic Disorder, Phobic Disorders, Post-Traumatic Stress Disorder, and Obsessive-Compulsive Disorder.

General indicators that a person might be suffering from an anxiety disorder include:

* **Physical signs** – Anxiety Disorders are characterized by a variety of physical symptoms such as a pounding heart, chest pain, hyperventilating, shortness of breath, dizziness, headache, sweating, tingling, choking, dry mouth, stomach pains, nausea, diarrhea, muscle aches and pains, restlessness, tremors, and a constant inability to relax.
* **Psychological** – people with Anxiety Disorder worry about a range of things and are rarely able to control their worry. By definition, the level of anxiety the person feels is out of proportion to the stressor. These individuals suffer from unrealistic and/or excessive fear and worry about past and future events. Their mind races or suddenly goes blank, and they have difficulty concentrating and may be indecisive. In addition, they may become suddenly irritable or “on edge,” and have difficulty falling or staying asleep.
* **Behavioral** – people with Anxiety Disorder may avoid certain people and situations, show obsessive and/or compulsive behaviors, be painfully distressed in social situations, and experience fear that is literally paralyzing.

 **Schizophrenia**

Schizophrenia is the most common of a group of mental disorders known as Psychotic Disorders. The term comes from the Greek work for “fractured mind,” referring to the fact that in Schizophrenia the person’s thoughts and perceptions become disordered and out of touch with reality. **The key signs to look for in Schizophrenia are:**

* **Delusions** – the person may falsely believe they are being persecuted, are on a “special mission,” or are being controlled by outside forces. While an onlooker might see these delusions as bizarre or funny, they are painfully real to the person suffering from Schizophrenia.
* **Hallucinations** – hallucinations typically involve hearing voices, but they can involve any of the senses. Hearing voices can be exceptionally frightening, especially when the voices are saying negative things.
* **Difficulty thinking** – the individual with Schizophrenia finds it difficult to concentrate, to remember things, and to plan. It is very difficult for them to plan, communicate, and complete daily tasks… like getting a child ready in the morning and off to school.
* **Loss of Drive** – rather than being lazy, people with Schizophrenia lack the motivation and energy for even the simplest of daily tasks, like showering.
* **Odd or limited range of emotions** – the person may react inappropriately, speak in a monotone, be unable to maintain eye contact, and show no change in facial expressions.
* **Social withdrawal** – people suffering from Schizophrenia may completely isolate themselves from friends and family; perhaps due to loss of drive, loss of social skills, or due to delusions that cause fear of socializing with loved ones.

Activity 3F : Tips for talking about Mental Health

Five tips for supporting someone:

1. ***Start a conversation***
If you’re concerned about someone, the first thing to do is to check in. It can be as simple as a text: just make sure they know you really want to know how they’re doing.
2. ***Listen and reflect***
Give the person space to explain what they’re going through. Try not to make any assumptions about their experience based on other things you’ve seen and read. Asking open questions can be helpful: these are questions that invite people to expand, rather than respond with just ‘yes’ or no.
Examples of open questions include:
“How have you been feeling?”
“What’s that like for you?”
3. ***Be patient***
It might take a while for the person to feel comfortable talking about what they’re going through, or there might be periods where they’re less communicative. That’s understandable: sometimes, if you’re experiencing a mental health problem, it’s harder to be sociable.
It might feel frustrating if you’re putting in effort, but try and be patient. They probably appreciate you being in touch even if they’re not responding.
4. ***Be yourself***
Even if they’re having a hard time, they’re still the same person you know and love. Don’t treat them differently – keep including them in social activities and offer to do the things you’d normally do with them.
5. ***Ask how you can help***
Give them space to say what they need from you. This might be a regular check-in, a particular activity, or help with practical things. Mental health problems can be draining, so they might be finding it hard to keep up with everyday tasks. If it seems appropriate, ask if there’s anything you can help with.

**Substance Abuse Disorders**
Different substances affect the brain in different ways and most people begin using alcohol and drugs because of these effects, such as pleasure, reduced inhibitions, relaxation, and escape.

**The key indicators that substance use has become a Substance Abuse Disorder include:**

* The abuse results in problems at work, school, home, or with the law.
* The person becomes psychologically dependent on the substance for the effect it gives.
* The individual develops a physical tolerance for the substance where, over time, she/he begins to need more and more of the substance to achieve the desired effect.
* The person eventually experiences the painful experience of withdrawal if they stop using the substance, or uses just to relieve the symptoms of withdrawal.
* The person uses larger amounts over longer periods than they want to, and eventually lose the ability to control the abuse.
* A great deal of time is spent getting the substance and/or recovering from the effects, grossly interfering with the individual’s ability to maintain a job and relationships.
* The individual continues using despite being aware of the negative consequences.

By knowing the signs of these common mental health conditions, you’ll be better equipped to recognize when someone you encounter may need a referral for professional help.

**Some Facts about Mental Disorders**

* Mental disorders are common in the United States, with one in four adults having diagnosable mental disorder in any given year.
* One in 17 adults lives with a serious mental illness such as major depression, bipolar disorder, or schizophrenia. Of note, one in 10 children lives with a serious mental or emotional disorder.
* Despite how common it is, there is a great deal of stigma associated with mental illness. Persons with mental disorders are often feared, mistrusted, and marginalized.
* One-half of all mental disorders begin by age 14 and three-quarters by age 24. When mental disorders begin at this stage of development, they can have a profound effect on the young person’s education and their ability to enter and find stability in the adult job market. It can make it difficult to form key social relationships (such as marriage), and can lead to destructive health habits, such as substance abuse. As a result, without timely and appropriate intervention and treatment, the individual is apt to suffer from some level of disability across their lifespan.
* Fewer than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year.
* Racial and ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care.
* The World Health Organization has determined that the disability caused by moderate depression is similar to the disability caused by relapsing multiple sclerosis, severe asthma, or chronic hepatitis B. The disability from severe post-traumatic stress disorder is comparable to the disability for paraplegia.
* Individuals living with serious mental illness face an increased risk of chronic medical conditions. Adults living with serious mental illness die 25 years earlier than other Americans, largely due to treatable medical conditions.
* Suicide is the 11th leading cause of death in the United States and the 3rd leading cause of death for people ages 10-24 years of age. More than 90% of those who die by suicide have a diagnosable mental disorder.
* Over 50% of students age 14 and older with a mental disorder drop out of high school – the highest dropout rate of any disability group.
* The vast majority of people with a mental illness are not dangerous and are capable of parenting their children safely.
Most mental illness is treatable with various combinations of therapy and drugs.

Treatment

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

**In your capacity as an advocate:**

* You can recommend a mental health assessment for a parent or child.
* As a CASA you may request consultations with a parent’s or a child’s mental health care providers. Although the parent’s mental health providers are ethically and legally required to maintain their client’s confidentiality, they may be willing—with their client’s permission—to talk with you about their perspective on the situation and any concerns you have. Your Case Supervisor will be able to answer your questions about gaining access to this confidential information.
* When you encounter resistance to a label, diagnosis, or treatment, you should become aware of ethnic and cultural considerations. The standards for research and definitions of health, illness, and treatment have historically derived from a white, middle-class perspective.
* Inform yourself about the medication that a child or parent is taking currently and has taken in the past, and its effects.

Unit 4: More about Substance Abuse and Addiction

As previously mentioned, substance use, abuse and dependence are problems over-represented in the Child Welfare System and in the cases before Dependency Courts across the United States, involving anywhere from 40-80% of the cases. Yet according to the annual National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration, in 2018 an estimated 19.4 percent of the general population aged 12 or older had used an illicit drug or abused a psychotherapeutic medication in the past month, with the most commonly used illicit drug being marijuana. Not only is the likelihood great that you will be assigned a case that involves substance abuse, the odds are that you may have an acquaintance, friend, family member, or colleague who uses or abuses one or more substances.

Activity 3G: Substance Abuse

**Thinking of one person you know who uses or abuses a legal or controlled substance, answer the following questions:**

* What are their strengths? Why do you like them?
* How does their substance abuse affect their lives?

**Definitions**
By definition, all drugs – whether legal or controlled – are designed to have an effect on the body. Psychoactive substances are those drugs that are designed to impact and alter mood, emotion, thought processes, and behavior. These substances are classified as stimulants, depressants, opioids and morphine derivatives, cannabinoids, dissociative anesthetics, or hallucinogens, based on the effects they have on the people who take them.

Substance abuse occurs when a person displays behavior harmful to self or others because of using the substance. This can happen with only one instance of use, but it generally builds over time, eventually leading to addiction.

**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 can cause 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 their situation. Try to see those who are addicted as separate from their disease. In other words, they should be seen as “sick and trying to get well,” not as “bad people who need to improve themselves.” This will help you to remember to be compassionate and nonjudgmental in your approach.

**The Effects of Substance Abuse on Parenting**
It is important to remember that when a parent is involved with drugs or alcohol to a degree that interferes with his/her ability to parent effectively, a child may suffer in a number of ways:

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

**Impact on Children**
Children whose parents abuse drugs and alcohol are almost three times more likely to be abused, and more than four times more likely to be neglected than children of parents who are not substance abusers. Substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect cases since the mid-1980s (National Center on Addiction and Substance Abuse at Columbia University, No Safe Haven, 1999).

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

 **What the Child Experiences**

**Broken Promises**
To go somewhere with the family… do something with the children… not drink that day… or not get high on some occasion. The children grow up thinking they are not loved or important enough for their parents to keep their promises.

**Inconsistency & Unpredictability**
With rules and limits that seem to change constantly, and parents who can be nurturing one moment and abusive the next.

**Shame & Humiliation**

As alcohol or drugs take over and suddenly turn an otherwise lovely parent into a loathsome embarrassment.

**Tension & Fear**

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

**Paralyzing Guilt & an Unwarranted Sense of Responsibility**
Many children think they caused their parents’ behavior. Part of the disease is to blame someone else for it, and the children grow up thinking that if they were better students, more obedient, neater, more reliable, or nicer to their siblings, their parents would not use alcohol/drugs.

**Anger & Hurt**
By being neglected, mistreated, and deemed less important than the alcohol or drugs, the children grow up with a profound sense of abandonment.
Loneliness & Isolation Because the family denies or hides the problem and often will not even discuss it, the children, with no one to talk to about the most important thing in their lives, think they are the only ones with this problem.

**Lying as a Way of Life**
To constantly cover for the failure of the parent, or account for his/her deviant behavior.

**Feeling Responsible**
To organize and run the home and care for younger siblings.

**Feeling Obligated**
To hide the problem from authorities in order to protect the parent.
*(Adapted from When Your Parent Drinks Too Much: A Book for Teenagers, Eric Ryerson, New York: Facts on File, Inc., 1985.)*
**Treatment**
The field of addiction treatment recognizes the need to consider the individual’s entire life situation when constructing a treatment plan, based on a comprehensive assessment of the affected person, as well as his/her family. Depending on the severity of the addiction, treatment may range from a basic referral to a 12-step program, to outpatient counseling, to intensive outpatient/day-treatment programs, to inpatient/residential programs.

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

The process of recovery includes holding substance abusers accountable for what they do while using. That is, while it is important to act in an empathetic manner toward people with addictions, they should be accountable for their actions. For example, a mother who is successfully participating in treatment may have to deal with her children removed from her temporarily because of how poorly she cared for them while abusing drugs. In most cases, successful recovery efforts result in reunification.

**Chapter 3**

Understanding the Need and Responsibility to Protect Families

Chapter 3 Purpose

**To increase understanding and awareness of domestic violence, how domestic violence impacts families and children, signs of possible child abuse and neglect, and the responsibility to protect.**

UNIT 1: The Impact of Intimate Partner Violence (Domestic Violence)
UNIT 2: Risk Factors Associated with Child Abuse and Neglect
UNIT 3: Mandated Reporting

Unit 1: Intimate Partner Violence

According to the Center for Disease Control (CDC), Intimate Partner Violence (IPV) is violence that occurs between two people – adults or adolescents – in a close relationship. The term “intimate partner” includes current and former spouses as well as dating partners. The behaviors that qualify as IPV exist along a continuum, from a threat of violence, to a single episode of violence, to ongoing battering and/or assault, to murder.

**IPV includes specific types of behavior:**

1. **Physical violence** - When a person intentionally uses physical force to hurt or tries to hurt a partner by punching, kicking, slapping, choking and/or some other type of physical force with the potential for causing physical harm, injury, disability, or death.
2. **Sexual violence** - (1) the use of physical force to compel a person to engage in a sexual act unwillingly, whether or not the act is completed; (2) an attempted or completed sexual act involving a person who, because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure, is unable to understand the nature or condition of the act, decline participation, or communicate unwillingness to engage in the act; and (3) abusive sexual contact.
3. **Emotional / psychological abuse** - Harming a partner’s sense of self-worth and security. This can also include threats to harm a partner’s possessions or loved ones. Examples include name-calling, belittling, intimidation, stalking, and restricting or preventing the partner’s contact with friends and family.
4. **Making threats and Intimidation** - Using words, gestures, brandishing weapons, or any other means of communicating the intent to cause harm.
5. **Economic control** - Restricting a partner’s access to and/or freedom to earn money.
6. **Stalking** - Harassing or threatening behavior that an individual engages in repeatedly, such as sending the victim unwanted presents, following or laying in wait for the victim, damaging or threatening to damage the victim's property, appearing at a victim's home or place of business, defaming the victim's character or spreading rumors, or harassing the victim via the internet by posting personal information motivated with the desire to exert control over their victim.

Often, IPV starts out with emotional abuse, which progresses to physical and/or sexual abuse. IVP is a pattern of violent and coercive behaviors, used by the perpetrator to control and hurt their current or former intimate partner. It is common for more than one type of IPV to occur at the same time.

Victims and perpetrators are from all age, race, socioeconomic, sexual orientation, educational, occupational, geographic, and religious groups. Abuse by men against women is by far the most common form, but IPV does occur in same-sex relationships, and some women do abuse men. Of note, the CDC considers IPV to be a major public health problem.

**Causes**
Although the causes of Intimate Partner Violence may vary, experts believe IPV occurs when one partner feels the need to control and dominate the other. Risk factors associated with IPV may include illness, genetics, gender, alcohol or other drugs, anger, stress and relationship problems.

**Legal System Response**
The legal system can respond to IPV as a violation of criminal and/or civil law and, based on a number of factors, a case may file in the respective courts. IVP and the legal system may also intersect in Dependency Court during a hearing regarding allegations of child abuse and/or neglect. As a CASA, you should be aware that a determination of domestic violence within the child’s home would 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 includes IPV as a factor that negatively relates to the child’s safety at home. A child found to be living in a violent home is more likely to be removed. A child abuse or neglect case also may be substantiated against the battered parent for “failure to protect” the child, because the victim did not leave the batterer, even if the victim lacked the resources to do so or it was not safe to do so.

Whether or not IPV has been identified as a problem by the legal or child welfare system, as a CASA volunteer, it is important for you to be aware of the possibility that domestic violence exists in the families you encounter. If you suspect domestic violence is occurring, make sure the victim has several opportunities to talk to you alone. The partner who has been battered is often terrified of revealing the truth for fear of further violence. Observe body language carefully.
 **Look for typical characteristics:**

* The batterer often seems more truthful, confident, and persuasive than the victim does.
* The victim may seem angry, frustrated and/or “crazy.”
* There may be 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.
* A conspiracy of silence prevails.
* There may or may not be police or medical records of the violence.

Domestic violence is about power and control. When a battered partner leaves the family home (or the batterer is forced to leave), the batterer feels a loss of the control formerly exerted. This may make the batterer even more likely to be violent. This increased level of danger makes many victims reluctant to leave, even when the consequence of not doing so may be the placement of children in foster care.

Understanding IPV

**The Power and 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/or sexual abuse. The relationship is based on the exercise of power to gain and maintain control. The dignity of both partners is stripped away.



**The Equality Wheel**
Healthy relationships are based on the belief that two people in a relationship are partners with equal rights to have their needs met and equal responsibility for the success of the partnership. In this equality belief system, violence is not an option because it violates the rights of one partner and jeopardizes the success of the relationship. The dignity of both partners is built up in a relationship based on equality.



Barriers to Leaving a Violent Relationship

People who have not experienced domestic violence often find it 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 well founded; domestic violence usually escalates when victims leave their relationships. In addition to fear, the lack of shelter, protection, and support creates barriers to leaving. Other barriers include lack of employment and legal assistance; immobilization by psychological or physical trauma; cultural / religious / family values; hope or belief in the perpetrator’s promises to change; and, the message from others (police, friends, family, counselors, etc.) that the violence is the victim’s fault and that she could stop the abuse by simply complying with her abuser’s demands. Leaving a violent relationship is often a process that takes place over time, as the victim can access resources she needs. The victim may leave temporarily many times before making a final separation.
*Adapted from Domestic Violence: A National Curriculum for Children’s Protective Services. Anne Ganley and Susan Schechter, Family Violence Prevention Fund, 1996.*

Activity 4B: Why We Stayed

Please watch the YouTube video https://youtu.be/IU50HksugZk

Impact on Children

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

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

Children in families where there is domestic violence are at great risk of becoming victims of abuse themselves. Studies indicate this group is fifteen times more likely to experience child abuse than children in nonviolent homes are. Over half of children in families where the mother is battered the children are also abused. In some cases, children may try to intervene to protect their mothers, getting caught in the middle of the violence. However, in most cases, children are also targets of the violence.

At least seventy-five percent of children whose mothers are battered witness the violence. In some cases, the batterer deliberately arranges for the child to witness it. The effect on children’s development can be just as severe for those who witness abuse as for those who are abused. Witnessing violence at home is even more harmful than witnessing a fight or shooting in a violent neighborhood. It has the most negative impact when the victim or perpetrator is the child’s parent or caregiver.*Statistics from “Children: The Forgotten Victims of Domestic Violence.”*

What Can an Advocate Do?

Advocates have reason to be both knowledgeable and concerned about intimate partner violence. Children from violent homes are at a higher risk for abuse. According to A Nation’s Shame, a report compiled by the U.S. Advisory Board on Child Abuse and Neglect, “Domestic violence is the single, major precursor to child abuse and neglect fatalities in the U.S.”

Your task as a volunteer is even more complex than usual when partner abuse is a factor in family relationships. The history and severity of family violence will figure into any recommendation for placement of a child. Many professionals in the field of intimate partner violence believe that you cannot protect the child unless you also protect the primary nurturer / victim (usually the mother). As part of that perspective, they advocate for placement of the child with the mother regardless of other factors, saying that to do otherwise further victimizes her at the hands of the system.

Your responsibility is to determine the best interests 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.***
As a volunteer, you should seek resources for children from violent homes. They need positive role models and supportive environments that will help them develop social skills and address feelings about the violence in a constructive manner. They need opportunities to learn that there are nonviolent ways to address conflict. Specialized counseling programs, therapy, focused support groups, youth mediation training, and relationships with supportive mentors can help children adopt alternative, nonviolent ways to resolve conflicts.

Try to ensure that victims of intimate partner violence 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, 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 intimate partner violence. Advocate for treatment programs for batterers followed by parenting classes focused on how to parent in a non-coercive, nonintrusive manner.

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

Unit 2: Risk Factors for Child Abuse and Neglect

**Conditions Correlated with Abuse & Neglect**
The reasons behind child abuse and neglect are as varied as the people who perpetrate abuse and neglect. You may have a preconceived picture of an abuser. However, your preconceptions might actually prevent you from gathering the relevant information that might help a judge decide whether a child is at risk with a particular person or in a particular environment.

Abusers are young, old, male, and female. They are wealthy and poor, they come from all races and faiths, some are threatening, while others seem quite charming. They are often complex people who have good qualities as well as those that make them dangerous to children. The abuser, the victim, and those that know about the abuse usually have developed a story about when and why the abuse happens. That story may or may not be accurate. The abuser or neglector may have no idea why they do what they do. They are often remorseful. But remorse often does not keep it from happening again.

Effective advocates understand the factors that indicate the risk of child abuse is higher for a particular child, with a particular person, or in a particular environment. There is rarely a single cause of child abuse or neglect. Risk factors for child abuse and neglect include child-related factors, parent/caretaker-related factors, social-situational factors, family factors, and triggering situations. These factors frequently co-exist with each other and with incidents of abuse and neglect, but they cannot – collectively or individually – be said to cause abuse or neglect. There are many situations where many of these factors are present and no abuse or neglect occurs. They indicate that one should look deeper and more carefully.

**Child-Related Factors that can lead to abuse:**

* Chronological age of child: Fifty percent of abused children are under the age of three; ninety percent of children who die from abuse are under one year of age; first-born children are most vulnerable.
* Mismatch between child’s temperament or behavior and parent’s temperament and expectations.
* Physical or mental disabilities.
* Attachment problems or separation from parent during critical periods or reduced positive interaction between parent and child.
* Premature birth or illness at birth can lead to financial stress, inability to bond, parental feelings of guilt, failure, or inadequacy.
* Unwanted child or child who reminds parent of absent partner or spouse.

**Parent / Caretaker-Related Factors**

* Low self-esteem: Neglectful parents often neglect themselves and see themselves as worthless people.
* Abuse as a child: Parents may repeat their own childhood experience if no intervention occurred in their case and no new or adaptive skills were learned.
* Depression may be related to brain chemistry and/or a result of having major problems and limited emotional resources to deal with them. Abusive and neglectful parents are often seen and considered by themselves and others to be terribly depressed people.
* Impulsivity: Abusive parents often have a marked inability to channel anger or sexual feelings.
* Substance abuse: Drug and/or alcohol use serves as a temporary relief from insurmountable problems but, in fact, creates new and bigger problems.
* Character disorder or psychiatric illness.
* Ignorance of child development norms: A parent may have unrealistic expectations of a child, such as expecting a four-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 child’s or partner’s compliance.
* Mental retardation or borderline mental functioning.

**Social-Situational Factors**

* Structural/economic factors: The stress of poverty, unemployment, restricted mobility, immigration status, and poor housing can affect 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 initiates female children).
* Cruelty in child-rearing practices (e.g., putting hot peppers in child’s mouth, depriving child of water, confining child to room for days, or taping mouth with duct tape for “back talk”).
* Institutional manifestations of inequalities and prejudice in law, health care, education, welfare system, sports, entertainment, etc.

**Family Factors**

* Domestic violence (against an adult): 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 an inability of one parent to protect the child from another’s abuse because the parent is also being abused.
* Families with adults that do not act as a parent 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 a single person bearing all responsibility may encounter more stress.
* 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.
* Child-rearing styles that are punishment centered have greater risk of promoting abuse.
* Scapegoating of a particular child will tend to give the family permission to see that child as the “bad” one.
* Adoptions: Children adopted late in childhood, children who have special needs, children with a temperamental mismatch, or children not given a culturally responsible placement.

Connection between Family Violence and Abuse of Pets

It is estimated that 83% of homes with abused or neglected children also have abused or neglected pets. *B. W. Boat, “Links Among Animal Abuse, Child Abuse and Domestic Violence,” Social Work and the Law, 2002.*

**Triggering Situations**

Any of the factors on the previous pages can contribute to a situation in which an abusive event occurs. However, the presence of these factors does not necessarily equal abuse and these situations cannot be said to cause the abuse or neglect. There has been no systematic study of what happens to trigger abusive events. Some instances are acute, happen very quickly, and end suddenly. Other cases are of long duration.

**Examples of possible triggering situations include:**

* A baby who will not stop crying.
* Frustration with toilet training.
* An alcoholic who is fired from a job.
* A mother who, after being beaten by her partner, cannot make contact with her own family.
* A parent who is served an eviction notice.
* The cessation of prescription drug used to control mental health problem.
* Law enforcement is called to the home in a domestic violence situation, whether by the victim or a neighbor.
* A parent who was disrespected in the adult world and later takes it out on the child.

Unit 3: Mandated Reporting

The Department of Children and Family Services encourages everyone to report suspected child abuse and neglect. However, there are certain groups of people who in the course of their work or volunteer position come in contact with children and their families. In an attempt to protect children in need, these people are mandated by law to report suspected child abuse and neglect.

**As a private citizen, it is up to you to decide when, or if, you will report child abuse or neglect to the authorities.**

However, when you finish your training to become a CASA you become something more: you become a “mandated reporter” of child abuse.

As a mandated reporter, you must report child abuse or neglect that comes to your attention while you are acting within the scope of your duties as a CASA. In fact, it is illegal not to, and you can be charged with a crime if you fail to report.
**So pay close attention to the next few paragraphs!**

1) What You Must Report

Child abuse and neglect is not as easy to discern as one might think. The Child Abuse and Neglect Reporting Act and the Welfare and Institutions Code describe in detail what constitutes child abuse and neglect.

**In brief, the law defines specific categories of child abuse and neglect that must be reported by all mandated reporters, to include:**

**Physical Abuse** – any bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustified punishment, or corporal punishment or injury resulting in a traumatic condition.

**Sexual Abuse** – requires an act on a child for the purposes of sexual gratification, including molestation, indecent exposure, fondling, oral copulation, sodomy, rape, or incest.

**Emotional Abuse** – non-physical mistreatment, including willfully causing any child to suffer, inflicting mental suffering, or endangering a child’s emotional wellbeing. Emotional abuse is evidenced by states of being or behavior that include (but are not limited to) severe anxiety, depression, withdrawal, and/or unexpected, inappropriate aggressive behavior toward self or others.

**General Neglect** – the negligent failure of a parent, guardian, or caretaker to provide adequate food, clothing, shelter, medical care, or supervision, in cases where no physical injury to the child has occurred. This includes acts and omissions.

**Severe Neglect** – the intentional failure by the parent, guardian, or caretaker to provide adequate food, clothing, shelter, medical care, and/or supervision and/or willfully causing or permitting the person or health of a child to be placed in danger. This may include severe malnutrition, driving under the influence with a child, and failure to thrive (with no organic cause).

**Exploitation** – forcing or coercing a child into performing activities that are beyond the child’s capabilities or which are illegal or degrading, including sexual exploitation.
*Sources: Child Welfare Primer; California PC §11165 and WIC §300.*

Putting these definitions aside, it is your reasonable understanding of what constitutes abuse and neglect that drives your need to report. So, it is safe to say that if you think it is child abuse or neglect, then it must be reported. This also presents a perfect opportunity to discuss the matter with your Case Supervisor. A good policy is, when in doubt, make the report and let the professionals decide. After all, there is a social worker already assigned to the case.

It is important to note that you must make the report even if the child has subsequently reached the age of majority or died. Conversely, the law specifically says that, “pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.”

2) When You Must Report:

Simply put, according to the law, you must file a report if you, in your capacity as a CASA discover or reasonably suspect child abuse has occurred.

**Please note** that just because you become a mandated reporter under the law does not mean that you must report any and all incidents of abuse or neglect you stumble upon. You are still a private citizen in your day-to-day life, and as such, your moral values can dictate when you make a report to authorities. However, when you are acting within your capacity as a CASA you must report any knowledge of abuse or neglect you discover in the line of duty.

For example, teachers are also mandated reporters. If a teacher discovers suspicious bruises on his infant nephew, she/he is not legally mandated to report it to authorities. However, if she/he discovers the same bruises on a pupil, she/he must report. The question turns on whether the abuse was discovered in one’s professional capacity (or within the scope of one’s employment). It is the same for CASA. Abuse or neglect discovered within your private life is not subject to the legal requirements for reporting; however, abuse or neglect discovered within your capacity as a CASA volunteer is. If you have any doubt about your need to report abuse or neglect, talk with your Case Supervisor and he/she will be able to steer you in the right direction.

3) Reporting Abuse is Your Responsibility

If you become aware of abuse or neglect while working as a CASA you must report it. Discussing the matter with your Case Supervisor does not mean that you have satisfied your reporting requirement. A volunteer’s duty to report abuse or neglect is an individual responsibility. This basically means that you bear the burden of ensuring that the official report gets made, and that your report complies with the requirements the law, specifically Penal Code §11166.

The law does state that, when abuse or neglect comes to the attention of two or more mandated reporters, you can mutually agree to which one of you will call in the report and which one will follow-up with the written report. If, however, that person does not follow through, you must make the report yourself.

4) How to Make a Mandated Report

**Once you have determined that you should make a report, you must follow these steps:**

1. Make an initial report by telephone immediately, or as soon as possible. By law, you can call the local police department, sheriff’s office, or the county welfare department. Your Case Supervisor will provide you with the specific numbers to call within Sacramento County.
2. Prepare a written follow-up report within 36 hours of your verbal report using the Suspected Child Abuse Reporting (SCAR) form. Instructions for completing the SCAR form are available online. Legally, you may submit completed SCAR form by standard mail, by facsimile, or by electronic submission, which is the most direct and secure.

**The report must include the following information:**

	1. Your name, business address (you will use the Sacramento CASA office address), and telephone number;
	2. If known, the name of the child/ren and any known siblings or other children in the home;
	3. The child/ren’s address and present location;
	4. The nature and extent of the injury or abuse;
	5. The information, facts, and observations that led to your reasonable suspicion of child abuse or neglect, including the source(s) of your information;
	6. And, if possible, any additional information that might help the investigator, such as the child’s school, grade, and class; the names, addresses, and telephone numbers of the child's parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.

5) Your Identity as a Reporter is Confidential

When private citizens report abuse or neglect, they can choose to remain anonymous. However, when reporting as a mandated reporter, you must give your name. The law does protect the identity of mandated reporters with a level of confidentiality, however the mandated reporter’s name will be given to those who need to know (which can include the social worker, the minor’s attorney, the county counsel assigned to the case, etc.). So, in the real world, your identity can be discovered.

6) Mandated Child Abuse Reporters Enjoy Some Immunity from Liability

The law specifically grants a level of immunity from civil or criminal liability to mandated reporters who make reports of child abuse or neglect. So while you must endeavor to avoid reports that make patently false accusations or recklessly disregard the truth, you should not worry about reporting abuse or neglect.

7) You Can Be Held Liable for a Failure to Report

As mentioned earlier, as a mandated reporter you must report child abuse or neglect that comes to your attention while acting in your capacity as a CASA. This begs the question: what happens if a mandated reporter fails to report, as she/he should? The answer is that you can be held civilly and criminally liable.

8) The Mandated Reporter is Entitled to Know the Outcome of the Report

Once you make a report of abuse or neglect, the desire to know the outcome of the report can be overwhelming. California Law requires that the investigating agency let the mandated reporter know the results of the investigation and any action taken once the investigation or disposition is complete.

9) Engage Your CASA Office Staff

On a final note, you should realize that you are not in this alone! You have an entire CASA network, and your own Case Supervisor to guide you through this process. CASA employees are also mandated reporters, and they can give excellent advice should you ever find yourself in the sad situation of discovering an incident of abuse and/or neglect. Engage them, and utilize their skill and experience.

REMEMBER…

Reporting suspected child abuse or neglect is about protecting children. It is also an opportunity to get intervention for parents who may not know their behavior is damaging, or may not know where or how to get help. Many people, including mandated reporters, worry about “causing problems for a family,” especially if their suspicion proves to be unfounded upon investigation.

One of the early advocates for child abuse reporting laws and a pioneer in the field of child physical abuse, Dr. C. Henry Kempe, once said:

*I would rather apologize to a parent because I made a mistake about reporting the abuse, than apologize to a brain-damaged child because I did not report. It is better to err on the side of over-reporting than under-reporting. It is important to note that mandated reporters are immune pursuant to statute if they make a report, but they are liable if they fail to report when they have reasonable suspicion.*

In other words, WHEN IN DOUBT, REPORT!

## Chapter 4:

## The Dependency Court Process & Core Responsibilities of a CASA

### Chapter 4 Purpose

**To introduce the child welfare system and the dependency court process that the child, family, and CASA volunteer must navigate. To better understand the central activities of a CASA volunteer.**

UNIT 1: The Child Welfare System
UNIT 2: Who Participates in a Case?
UNIT 3: Understanding Role Differences
UNIT 4: CASA Court Order
UNIT 5: Preparing to Advocate
UNIT 6: Finding and Gathering Information
UNIT 7: Documenting, Organizing and Reporting
UNIT 8: Permanence for Children
UNIT 9: Participating in Team Meetings
UNIT 10: Court Reports and Attending Hearings

##### Objectives

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

* Better understand how a case enters the child welfare services system.
* Recognize the different hearings and what occurs at each point in the court process.
* Identify the perspectives and roles of the various people in a child abuse or neglect case.
* Understand the structure and purpose of the CASA court report.
* Write a factual court report.
* Prepare for attending a court hearing.

# Unit 1: The Child Welfare System

**The Dependency Petition**

In order for a case to come before a judge, papers must be filed with the court describing why the child needs the court’s protection.  These papers, completed by the child welfare agency, are called the “Petition” and actually petitions to the court for its review.

The petition is the legal document that begins the court process, and must identify the sections of the law that were violated by the alleged abuse or neglect.  It also must provide specific facts to support the child welfare agency's assertion that the child falls under the protection of the court.

Whether an action or omission is legally “abuse” or “neglect” depends on facts and the law.  In California, the law protects children from many types of harm.  Section 300 of the Welfare & Institutions Code lists the types of harm that can bring a child under the protection of the juvenile court.

**Below is a summary of how the law defines child abuse and/or neglect.**

**Serious Physical Harm (300 a)**
The child has suffered, or there is substantial risk that the child will suffer, serious physical harm inflicted non-accidentally upon the child by the child’s parent or guardian.

**Failure to Protect (300 b)**
The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm, or illness.

**Serious Emotional Damage (300 c)**
The child is suffering, or is at substantial risk of suffering, serious emotional damage evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others.

**Sexual Abuse (300 d)**
The child has been sexually abused, or there is a substantial risk that the child will be sexually abused, as defined in subdivision (b) of section 11165.1 of the Penal Code, by his or her parent or guardian or a member of the child’s household. Or, the parent or guardian has failed to protect the child adequately from sexual abuse and the parent or guardian knew or reasonably should have known that the child was in danger of sexual abuse.

**Severe Physical Abuse**(where the child is under five) **(300 e)**
The child is under the age of five and has suffered severe physical abuse by a parent, or by any person known by the parent, and the parent knew or reasonably should have known that the person was physically abusing the child.

**Caused Another Child’s Death Through Abuse or Neglect (300 f)**
The child’s parent or guardian caused the death of another child through abuse or neglect.

**No Provision for Support (300 g)**
The child has been left without any provision for support; the child’s parent has been incarcerated or institutionalized and cannot arrange for the care of the child; or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the he whereabouts of the parent is unknown, and reasonable efforts to locate the parent have been unsuccessful.

**Freed for Adoption (300 h)**
The child has been freed for adoption from one or both parents for 12 months by either relinquishment or termination of parental rights.

**Cruelty (300 i)**
The child has been subjected to an act or acts of cruelty by the parent or guardian or a member of the child’s household. Or, the parent or guardian has failed to protect the child adequately from an act or acts of cruelty, and the parent or guardian knew or reasonably should have known that the child was in danger of being subjected to an act or acts of cruelty.

**Abuse of a Sibling (300 j)**
The child’s sibling has been abused or neglected, as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected as defined in those subdivisions.

##### ****How a Child Enters the Dependency System****

Our system of child welfare is structured and funded by a web of federal and state laws.  The result is a system where the local county Department of Child Protective Services (CPS) is entrusted with responding to reports of child abuse and neglect and subsequently delivering child welfare services to ensure that families can stay together.

The right to raise one’s children is a constitutionally protected right, and therefore when CPS needs to remove a child from the home, there must be judicial oversight to ensure compliance with the law and procedural fairness.  This is how children find their way to juvenile dependency court.

**STAGE 1:  The Report or Discovery**When CPS receives a report of suspected child abuse, neglect, or suspected risk of abuse or neglect, it must respond.  Anyone who fears that a child is in danger can call and report the abuse to either the police or CPS directly.  Oftentimes, those who call in the abuse are family, neighbors, teachers, doctors, or others who see that the child is in need.

**STAGE 2:  The Investigation**Once CPS receives a report, it has a duty to respond and investigate.  A social worker will investigate and if he or she feels that the child needs protection, he/she will take action to ensure that the child is safe.

**STAGE 3:  The Action**If the child is safe but the family needs help, then CPS may provide some assistance or referrals to help the family.  If the child is in serious danger, then the social worker may take the child into protective custody.  Once this happens, CPS must file a petition and bring the situation before a judge within three days.  The judge hears information and decides how to proceed.

**STAGE 4:  Possible Court Involvement**Once the child is before the court, everyone has the chance to obtain lawyers – including the child – and the judge hears the evidence.  If the judge finds that the child cannot safely return home, then a case is opened, and the child is placed in a foster home (which may be with a relative) until it is safe for the child to return to the home.  The judge will then oversee the case to make sure that CPS does what the law requires, and that CPS takes good care of the child.

##### How a Child Enters the Dependency System

**Someone reports that they suspect a child is either abused, neglected, or at risk of being abused or neglected.**

##### C:\Users\AthenaDi\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\75C9C4F4.tmpThe Juvenile Dependency Court Process

CPS’s filing of a petition starts the process of court involvement.

It is the judge’s job to:

1. Determine if the child is safe in the home or whether the child should be removed, pending additional investigation and information,
2. Determine whether the child has been abused or neglected as defined by law,
3. Determine what should be done to help make the home safe, and
4. Determine when, and if, the child gets to return home, live somewhere else, or be adopted.

To do this, the court relies on information gathered from many sources, including the CPS social worker, the attorneys, and the CASA volunteer.  The court collects this information at different “hearings” where the judge hears the information.

##### Sequence and Description of Dependency Court Hearings

1. **Initial/Detention Hearing – occurs within three days of detention**CPS should leave the child with their parent (or other custodial caregiver) unless there is an emergency, the child is in immediate danger, or there is a court-issued warrant allowing the removal.  This hearing is to determine if the child should remain out of the home pending the next hearing, or if it is safe to return home.
2. **Jurisdictional Hearing – occurs within 30 days of the Initial/Detention Hearing**This is the hearing where the judge decides if the child falls within the “jurisdiction” of the court.  A court’s jurisdiction represents the boundaries of the court’s power.  For children, the juvenile court only has jurisdictional authority over a child who has been abused or neglected, or is at substantial risk of abuse or neglect according to the law (specifically section 300 of the Welfare & Institutions Code).
3. **Dispositional Hearing – occurs within 30 days of the Initial Hearing**This is the hearing where the judge decides what is going to happen to and for the child.  One possible outcome is that the court will declare the child a dependent of the court and order that the child be placed either in-home, or out-of-home.  Then, unless there is a reason not to, the court will order CPS to provide child welfare services to the family in six-month increments, for no longer than 24 months.  These services are aimed at reuniting the family, or correcting the problems that led to the abuse or neglect.  In many counties this hearing may occur simultaneously with the Jurisdictional Hearing and is referred to as the “Juris/Dispo” Hearing.
4. **6-, 12-, 18-, and 24-Month Reviews**The basic rule is that the court must review each case at least once every 6 months.  Each hearing looks at the services provided to the child and addresses any needs of the child.  The court can order more or reduce services, depending on the needs of the child and the circumstances of the case. If reunification is achieved, then the case is dismissed.  However, if reunification is not possible, the court will terminate family reunification services with the intention of establishing a permanent plan, which may include terminating parental rights.  The court must then set a 366.26 hearing within four months, where it will choose and implement a permanent plan for the child.
5. **The 366.26 Hearing (aka the Selection and Implementation Hearing)**At the 366.26 hearing (known in court as a “.26 hearing”) the judge determines which plan is best for the child and may terminate parental rights.  The law prefers the most permanent plan available.  The child can be: (1) freed for adoption; (2) appointed a legal guardian; or, (3) remain in foster care for the long-term.
6. **Permanent Plan Reviews**After a .26 hearing has put a permanent plan in place — meaning services supporting reunification have been terminated, reviews are still held at least every six months, but with a focus on finding a permanent home and/or preparing for emancipation.

### UNIT 2:  Who Participates in a CASE?

Below is a description of the roles and responsibilities of some key “parties” and “players.”

**The Child  (Party)**

In California, the child is actually a party to the action.  This means that the child has all the rights that any party has.  The child always has a right to be in court, can look at his/her file (assuming it is age appropriate to do so), and always has a right to an attorney.

**Why is the child’s case in court?**

* + A petition has been filed alleging abuse or neglect.

**What does the child need during court intervention?**

* + The child needs the court to order an appropriate intervention and treatment plan so that he/she can live in a safe, stable home without ongoing need for intervention.
	+ An appropriate plan will address safety/protection, placement if the child is out of the home, family contact, belonging to a family, financial support, a support system, education, mental health, physical health, and other “quality of life” issues.
	+ The child needs to be provided with services that will meet his/her needs.

**Attorney for the Child  (court team)**

The attorney’s role can be tricky, as he or she must strike a balance between representing the stated interests of the child versus what the attorney feels is best for the child (what the child wants versus what is best in the attorney’s opinion).  Unlike a CASA, the child’s attorney is bound by attorney-client privilege, and cannot reveal secrets that the child confides.  The result is that the child’s attorney is a very powerful player.

**The role of the child’s attorney is to:**

* + Represent the child’s wishes and/or best interests and protect their legal rights.
	+ Translate his/her recommendations (and, ideally, the CASA volunteer’s research and recommendations) into a form that the court can effectively use to address the child’s needs.
	+ File legal documents relevant to the child’s case and ensure that the child’s rights are respected throughout the case.

**What does the child’s attorney bring to the case?**

* + Attorneys bring legal expertise, facilitation and negotiation skills, and courtroom experience.

**When is the attorney for the child involved in the case?**

* + He or she is involved from the petition filing through the end of the court case.

**CPS Social Worker  (Party, in their official capacity)**

Probably the most powerful player – who is also a party in his or her official capacity – is the social worker.  Simply put, the social worker is the key player in the delivery of services to the family and child.  The social worker has a duty to ensure the child’s safety, investigate and report to the court, engage the family with referrals and services, respond to requests from the court, and basically do all of the social work and paperwork on the case.

This is a very large task indeed.  If something happens with the school, they call the social worker.  Child needs therapy? Call the social worker.  Child has an issue with medical insurance?  Call the social worker.  Mother needs to undergo drug testing?  The social worker will set it up.  Father needs a job?  There must be something the social worker can do.  The end result is a social worker who has limited time but unlimited responsibility.

The court will often give the social worker the discretion to make most decisions for the child – until someone requests review by the court.  Therefore, the social worker uses his or her education, experience, and understanding to best serve the family.  Because of this, the social worker is one of the most important individuals in the child’s case.

**What is the role of the CPS caseworker in the case?**

* + The caseworker has completed a risk assessment process and, based on risk or substantiated allegations of abuse and/or neglect, has determined the need for court intervention. The caseworker petitioned the court to intervene on the child’s behalf because:
	+ He/she has developed an intervention plan with the family, which has not sufficiently eliminated the risk that child maltreatment will happen again, or
	+ Due to risk of imminent danger, the caseworker has already removed the child from her home to ensure the child’s safety.
	+ The caseworker needs the court to order that CPS’s intervention and treatment plan be followed by the parents/caretakers and other service providers so that the child receives proper care and protection without continuing agency intervention.
	+ The caseworker is responsible for managing the case and arranging for court-ordered services to be provided to the child and the child’s family.

**The CPS caseworker brings:**

* + Training in analyzing risk, assessing service needs, and providing guidance to families.
	+ Direct services for families to provide them with the knowledge, skills, and resources necessary for change.
	+ Links to other service providers so the family can access resources outside of CPS.

**When is the CPS caseworker involved in the case?**

* + A caseworker is involved from the initial contact with the family and/or child until CPS’s services are no longer needed.

**Attorney for CPS (County Counsel)  (court team)**

**The role of County Counsel is to:**

* + Represent the position of CPS (who employs the social worker) in court.
	+ Protect CPS from liability.
	+ Advise CPS regarding its responsibilities as outlined in the law.
	+ File legal documents relevant to the case.

**What does this attorney bring to the case?**

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

**When is this attorney involved in the case?**

* + He/she is involved from the petition filing through the end of the case.

**Parents or Caretakers Named in the Petition (Party)**

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

* + They have been forced into the court action because CPS asked the court to intervene to protect their child.
	+ They need to comply with CPS’s intervention plan and correct the conditions that led to their child’s removal, which means effectively protecting their child and/or enabling their child to return home.
	+ They need to follow the orders of the court to reunify with their child– or they risk having their parental rights taken away (“terminated”).

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

* + The parents bring their love of their child, family ties, a history of parenting, abilities and skills as parents, interactions with their child and each other, mental and emotional health, physical health, support systems, housing, income, and their own set of challenges.

**Attorney for the Parent/Caretaker (court team)**

**The role of the attorney for the parent/caretaker is to:**

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

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

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

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

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

**Indian Child’s Tribe  (Party if they choose to be involved)**

**The role of the Indian child’s tribe is to:**

* + Represent the “best interest of the child” as defined by the Indian Child Welfare Act (ICWA) to the courts.
	+ Ensure the parents, child, and tribe’s rights as defined by ICWA are respected.
	+ Bring culturally relevant service options and recommendations about what should happen to the attention of the court.
	+ Protect the tribe’s interest in the child and ensure the preservation of their relationship.
	+ Where appropriate, offer or require that the tribe take jurisdiction of the matter.
	+ File legal documents when it is necessary.

**What does the tribe bring to the case?**

* + The tribe brings its special perspective on preserving the child’s ties to the tribe. In addition, the tribe has the knowledge of relevant cultural practices and culturally relevant services that can be considered as potential resources for the child.

**The Judge  (court team)**

**The role of the judge is to:**

* + Decide if the child is abused or neglected, and if so, order services that will address the needs of the child.
	+ Determine if there is a continued safety issue for the child that necessitates continued out-of-home placement if the child has been removed from home.
	+ Order and oversee appropriate and timely reviews of the case.
	+ Hear and decide upon motions regarding what should happen in the case.
	+ Approve the permanent plan for the child.
	+ Order termination or restoration of parental rights when appropriate.
	+ Close the court case when there is no longer a need for court intervention or the permanent plan has been achieved, (unless the permanent plan is long-term foster care in which case the court will continue to monitor and hold hearings every 6 months).

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

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

**CASA Volunteer  (friend of the court)**

**The role of the CASA volunteer is to:**

* + Independently investigate the child’s case.
	+ Determine the child’s needs.
	+ Facilitate family and community resources to meet the child’s needs.
	+ Make recommendations to the court.
	+ Advocate for the child within and outside the courtroom.
	+ Monitor the case.
	+ Be the voice of what is in the child’s best interest.
	+ Be the voice of the child’s expressed wishes.

**The CASA volunteer brings to the case:**

* + An interest in improving the life of the child through the court process.
	+ Time, energy, focus, and longevity.
	+ An “outside the system” point of view and an independent perspective.
	+ The community’s standard for the care and protection of its children.

### UNIT 3:  Understanding Role Differences

It can be difficult to classify a CASA volunteer.  Oftentimes the things you do will make you appear to be mostly a friend; other times you may feel more like an attorney or social worker.  Therefore, it is necessary to clarify the difference between a CASA volunteer and a Social Worker.  Here are the responsibilities of each:

**Social Worker**

* Writes petitions to the juvenile court, is responsible for substantiating allegations in the petition.
* Is responsible for development and management of the case plan.
* Provides and oversees services to the family ( i.e., transportation, supervised visitation, mental health services, parenting classes, domestic violence classes, drug treatment and testing, etc.).
* Visits the child at least once a month and has a caseload of 30-50 children.
* Makes reports and recommendations to the court.

**CASA Volunteer**

* Does not participate in substantiating or investigating the allegations.
* Works with the social worker to identify gaps in services to the child.
* Ensures that the court is aware of any needed services and whether they are being delivered.
* Visits the child much more frequently, usually weekly, and typically has only one CASA child or sibling group.
* Investigates the child’s situation, gathers information, and makes recommendations to court.

If you encounter a situation where the person who is supposed to act does not, then consult your CASA case supervisor.  He or she is able to help find the most effective course of action.

# Unit 4: CASA Court Order

When a CASA volunteer is appointed on a minor’s behalf, the judge will complete a court order that outlines the rights and responsibilities of the CASA.  Once matched with a youth, your case supervisor will provide you with several copies of the actual court order, which you should keep in a secure place.

You will need to present a copy of the court order when you are investigating your case and attempting to gather information that would otherwise be held as confidential or protected by privacy laws, such as the child’s educational and medical records.

**Below is an example of a court order that is reduced in size.**



# Unit 5: Preparing to Advocate

**Tools of the Trade**

Once assigned to a case, you will have access to your case information, via a web based software program called CASA Connect.  You will need to keep track of the contact information for the child and service providers as well as important dates (such as when your first court report is due to your CASA case supervisor, the date and time of the next hearing, and your CASA child’s birth date).

Make sure to document your case hours (time spent on the case either gathering information; emailing/phone calls to professionals; attending meetings, etc.)  It is helpful to have contact information for your case supervisor and other CASA staff, as well as directions regarding what to do in an emergency.

**The Electronic Case File**

Your first resource for information is the youth’s case file, which you will access via electronically using our web based software, CASA Connect.  You will be provided training in this software upon your first case assignment.

One particularly helpful tool for a CASA volunteer is to construct a **time line** that begins when CPS first encountered the family and highlights all the significant events in the case.  This will help you visualize the progress being made—and keep the child’s sense of time in the forefront of your thinking about the case.  In addition, **sketching out the family/relationship tree** is frequently very helpful for you to have a sense of relationships, and may assist in family finding.**It is recommended to note within the family diagram any contact information that you might come across (e.g.; phone numbers, addresses, etc.).**

**Identify Key Issues and Sources**

Reviewing the CPS reports should also help you in identifying individuals and agencies that may be useful sources of information regarding your CASA child’s needs, experiences, and strengths.  The number of people to contact and the types of information available can be overwhelming.  You are not expected to do it all at once.  Your case supervisor will help you set priorities regarding what information is most necessary and pertinent, and who might be a good source of general information about the child.  Also, as you are getting to know the young person, give the youth an opportunity to share with you what he or she sees to be the most important issue(s) for them.

Keep in mind two important concepts: collaboration and communication.  People may not trust you and, therefore, may not share all the information they have or may even try to hide or distort what they know.  Use information gathering as a way to start building relationships.  Think about whether the benefits of getting information quickly outweigh the costs of trying to force someone to give it to you before he/she trusts you.

An important strategy for building relationships with the social worker and with attorneys is to send them very brief e-mail updates on the child’s well-being (making sure to cc your Case Supervisor), letting them know that they do not need to reply.  This establishes you as a resource and will go a long way to ensure they will get back in touch when you need them to.

#### **Best Interests**

As you begin to gather information, imagine yourself in the judges’ place: what would be the information you would want in order to advance the best interests of the child or youth?  Think beyond the immediate problems or looming decisions.  What might improve the child’s well-being?  Who are potential connections that might expand the child’s support network?

Remember that your duty is to help advance the best interests of the child.  Compare this to the duty of the child’s lawyer, which is to advance the stated interests of their client.  However, you should, of course, not only listen to what the child wants, but also assist them whenever possible in achieving what they need and involve them in what you are doing.

# Unit 6: Finding and Gathering Information

As a CASA, you must investigate, and to do that, you need access to information.  When you are appointed, the judge will make an order granting you access to confidential information about the child and his or her circumstance.  Remember that you are an “officer of the court,” and have an obligation to safeguard the confidentiality of the information you receive.

However, the practical reality is that people and even professionals may be unaware of this court order and they might seek to hide or protect information (often with the best of intentions).  Be prepared to explain who you are, your role as a CASA volunteer, and have your appointment/court order with the attached grievance policy handy.

Gathering information can require a great deal of patience and determination, but you must ensure that you get the best, most complete information possible.

This is also true when gathering information from the child.  Remember that foster children often feel as though their life is on display for all to see.  You will be one more person who knows everything about their situation.  Getting information from the child will be your primary task, once you have established trust and rapport.  It is not unusual for children to suffer in silence, simply because they feel they have no one who will listen.

When talking with professionals, teachers, school administration, and other sources of information, you may be asked questions about your CASA child and his or her family.  You must maintain confidentiality and not share information.  Rather, politely refer them to the child’s social worker who is the “holder” of confidentiality and, therefore, is the one who decides who is entitled to what information.

### Information vs. Truth

It is tempting to try to uncover the “truth” of a child’s life.  But that is not your role.  Your duty is to gather the best information possible and, from that information, interpret what is in the best interests of the child.  When you share with others the conclusions you have reached, you should also share the information and sources that led you to that conclusion.  Exchanging information and the research process is as important, if not more important, than sharing your conclusions.

### Interviewing

**The Child**

* Don’t try to go too fast, even if a child seems like he or she is telling you everything, children need to trust you before they will reveal deeper issues.
* Don’t be surprised if the child is very open with you about the particulars of the case, often they have had the chance to tell the story to many, many professionals before you.
* Even though the child tells you his/her story, he/she may be doing it without emotion, or in a robotic way.  Observe how the child reacts to you.
* You should try to get down on the child’s level.  For example, just play with the child, and often he/she will reveal more and more than was revealed previously.
* Know your limits.  You are not a therapist (and if you are by training, then this child is not your client) so realize when wounds are opening, and listen.  You can then redirect the child to their therapist and follow up with the child later.
* Be honest with the child.  If you don’t know, say so.  If you do know an answer but don’t want to say, tell the child that you don’t want to tell him or her at this point.  Children, especially foster children, often have an ability to see through thin white lies “professionals” often tell.  You want to avoid falling into that category.
* Be upfront with the child about your need to tell someone if the child tells you any new issues of abuse or neglect.  Stress to the child how he or she can trust you to help get the needed help and keep them safe.

**Service Providers and Professionals**

* It is always best to make an appointment and set a time to talk in-person or by phone.
* When leaving messages for professionals, be specific about information you are requesting.  Do not be surprised or frustrated if the call back time from professionals takes a few days or longer.  Remember that they all have tremendous caseloads.  Be patient and professional, but tenacious.
* When you speak with professionals, be prepared to maintain confidentiality regarding what information they will ask from you.  You may need to present your court order and clarify your role as a CASA volunteer.
* It is a good idea to prepare your questions for professionals ahead of time.  Be clear with them that the information you are gathering may be part of your court report.  Take notes on the conversation and summarize the information in your notes to them to verify that it is accurate.  Always verify the spelling of a person’s name and title.  Always thank the other person for their participation and time.

You should be cautious regarding sharing personal information about yourself or your family.

**DO NOT GIVE ANYONE YOUR ADDRESS.**  You are not obligated to give anyone your address.  There are rules against taking a CASA child to your home and therefore there is no reason to share this information.

**YOU MAY GIVE OUT YOUR PHONE NUMBER.**  It is up to you whether you want to give out your telephone number.  However, it may be best to wait until you have developed some trust and boundaries.  Discuss this with your case supervisor – he or she has experience and knowledge that can inform your decision.

# Unit 7: Documenting, Organizing and Reporting

Before you start finding and gathering information, you should work with your case supervisor to discuss how you will 1) document the information so that it is preserved, 2) organize the information so that it is accessible, and 3) communicate the information so that it is useful.

As a CASA volunteer, you will gather information from many different sources during the course of your understanding and monitoring of a case.  People and their stories run together.  Facts can become cloudy, especially if the case is not scheduled for court for some time.  It is vital that you keep accurate and thorough notes about the date and content of each case contact, whether it is a planned interview, an impromptu visit to a school, a phone call, or a review of a record.  Your time sheet can also be a valuable tool in documenting dates of contacts.

Ultimately, the information you gather is used to formulate recommendations about what is in the child’s best interest.  Your written court report (and, perhaps, testimony) is the vehicle by which these recommendations are presented to the court.  Clear, fact-based reports and recommendations will enhance the judge’s ability to make good decisions about the child you represent.

### CAUTION!

**CASA case notes may be subpoenaed.**
The case notes in your file should NOT include:

* Conclusions and interpretations
* Unsupported statements of fact
* Statements that diminish professional credibility
* Personal feelings about the case or individuals involved in the case

### “Process” Notes

Your thoughts as you work through a case are often highly subjective.  Thinking through or “processing” the case is critical to your development of a plan and recommendations.  However, notes used for this purpose should be destroyed once the plan has been developed.  These notes must never be kept in the file in case the file is ever subpoenaed to court.  When destroying any records regarding the case, it is important to guard the confidentiality of the material by shredding paper documents and deleting electronic documents.

**Why Document, Organize and Report?**

We need to take notes on the facts of the case and where we got that information so that we can keep asking whether we need to expand or verify the information that we have.  We need to document how we chose the goals, objectives, and strategies for the child.  We need to record signs that those strategies are working or are failing.  And then, we need to make careful decisions about what to do next.

**Why document, keep organized records, and report on our work?  For many reasons:**

1. Because taking careful notes encourages us to be careful about what we are hearing and gives us a chance to re-examine it outside of a situation that might have led us to make quick judgments.
2. Because we need to be able to share the basis of our conclusions so that others might give their insights.
3. Because if something were to happen to us so that we could not continue with the case, the work we accomplished would not be lost.

Documenting and reporting is not distracting paperwork, but central to your role and effectiveness.  By finding, gathering, documenting, organizing, sharing, and interpreting information in a disciplined manner, and by doing so in a way that builds connections and leads to action, you earn the right to be heard.

Your process should always be open, and you should always be open to hearing critique and suggestions about how to improve.  No one should ever simply have to “take your word for it.”

# Unit 8: Permanence for Children

A child’s need for permanence is the guiding light in the work of a CASA volunteer.  Understanding what that need means to your assigned child can help to guide your recommendations for placement and services, ensuring they are in the best interest of the child.

### Priorities in Permanence

All children need a “parent,” a primary attachment figure who will care for them through life’s ups and downs, protect them, and guide them now and into adulthood.  In our culture, typically the parents are a father and mother, but one or more other caring adults who are willing to commit unconditionally to the child can also meet the child’s need for permanence.  One of your primary goals is to advocate for a safe, permanent home as soon as possible, honoring the child’s culture and sense of time.  While there is never a guarantee of permanence, having such intentions can ensure that you are working toward a plan that supports permanence.

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

**There are two possible “permanent” resolutions:**

1. Reunification with a Parent
2. Adoption by a Relative or Nonrelative

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

### Guardianship with Extended Family

It is important to know that some Native Americans have a strong bias against adoption, and certain tribes do not approve of adoption.  This creates a special situation when considering the permanent options for an Indian child.  In some cases, placement with an Indian custodian can truly be considered permanent.

### Concurrent Planning

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

Concurrent planning is 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.

### Reunification

As mentioned in prior chapters, many foster youth enter the child welfare system because their primary caregiver(s) use, abuse, or are addicted to drugs.  While reunification is the prioritized outcome in Dependency Court, a child will only be reunified if their parents are able to provide a safe and secure home.  When a case involves substance abuse, that includes the parents being “clean and sober” and the home being drug free.

### Can the Child Return Home?  Key Points to Consider

In deciding whether a child can return home to a family where substance abuse occurs, a number of factors should be weighed.  These include:

* Have the parents completed their court ordered reunification services
* Have the parents maintained regularly scheduled child visitations
* The parents' ability to function in a caregiving role
* The child’s health, development, and age
* Parental history of alcohol or other drug abuse and substance abuse treatment
* Safety of the home
* Family supports
* Available treatment resources
* Treatment prognosis and/or length of sobriety

A dilemma that often arises is the conflict between the legal mandate (and the child’s need) for permanence and the long-term treatment (including inpatient treatment) that substance-abusing parents may need.  If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster care.  Although it is often the only available option, the child may feel punished when he/she is placed in foster care or away from the parent.  The focus should be to support success in treatment, not to punish the parent by withholding the child.

# Unit 9: Participating in Team Meetings

As a CASA volunteer, you may participate in a variety of meetings regarding your assigned youth and their case.  In order to be an effective participant, it is important for you to be well prepared.  This involves knowing the following:

**Who initiated or convened the meeting?**

* Parent or caregiver
* Social Worker
* Staff person (typically a social worker) whose role is to facilitate the meeting
* Other professional (e.g.; teacher, therapist, probation officer)
* CASA volunteer

**What triggered the meeting to happen?**

* Imminent placement change or disruption
* Unmet needs of the child, youth or family
* Social Worker’s need to prepare a case plan for family
* Mandated regularly scheduled CFT (Child Family Team) meeting

**What kind of a meeting is it?**

* Is it a formal or informal meeting?
* What is the philosophy or value system framing it?
* Are the agreements or plans made in this meeting binding?
* Who carries the responsibility to arrange the meeting?
* Who carries the responsibility to follow-up after the meeting?

**Who are the primary or target participants?**  (The meeting wouldn’t happen without them.)

**What is the goal or expected outcome of the meeting?**

**What is the role of the CASA volunteer’s assigned child or youth?**

* They are the subject or topic of the meeting.
* They are invited to give suggestions or ideas to participants.
* They are active participants in the decision-making process.
* Their buy-in is necessary for the decisions to move forward.

**What is the expected role of the CASA volunteer?**

* To be an observer.
* To be an active participant.
* To support the child and monitor how they are doing throughout the meeting.
* To be the voice of the child.

# Unit 10: Court Reports and Attending Hearings

Your court report is the culmination of your information-gathering work as a CASA volunteer. It is the vehicle through which you present the information you have gathered about a child’s situation and your recommendations about what services will meet the child’s needs.  Judges rely on the information in CASA volunteer court reports as they make their decisions.  The court report becomes part of the official court record and may be introduced and considered as evidence.

CASA volunteer court reports are shared with all parties and the other individuals who are authorized by law to receive them; this includes the attorneys for the parents and the child, who may choose to show them to their clients; this also includes the child’s social worker.  As a CASA volunteer, developing a court report is a critical part of your role.  Keeping the court informed and providing recommendations is a part of your work in achieving the goals and objectives you have for the child.

### The CASA Court Report

CASA volunteers are expected to submit court reports at the 6-, 12-, 18-, and 24-Month Hearings and at the Permanent Plan Review Hearings (held at 6-month intervals).  You must also submit a report at any other hearing as requested by the court.

As you write your report, think about how to incorporate the child’s or youth’s voice and desires.  Make sure that you provide current information in all of the relevant areas of advocacy (i.e.: placement; visits with parents, siblings, grandparents; school; extracurricular activities; peer relationships; counseling; medication; medical/dental/vision; job; cultural involvement; plan for permanency; lifetime connections; the child’s wishes and input to the court)

Make sure that your recommendations will:  (1) improve the child’s immediate well-being; (2) increase the youth’s resilience; and, (3) build interdependence.  When you are finished, ask yourself:  Do my recommendations help to establish permanence?

CASA staff will review all CASA volunteer court reports to ensure the recommendations are supported by facts and all relevant information and documentation has been included.  Your case supervisor may make suggestions about wording to make your report more clear.  CASA program staff will notify the volunteer of any changes that need to be made to the report, and the reasons why.

Your case supervisor will email you a copy of the blank template you will use to create your CASA court report.  You will complete each section with the facts you have gathered and information you have obtained since being assigned to the case (if it’s your first report) or since the last report you submitted.

### Attending Court Hearings

Before your first court date, your Case Supervisor will review the court process and what is expected of you before, during and after the hearing.  He or she will also discuss any potential areas of concern you may have about going to court (e.g., meeting parents, understanding legal jargon, planning sufficient time).  You are strongly encouraged to attend all case-related hearings.  Your Case Supervisor can attend court with you, facilitate networking and introductions to parties, and remind you of protocol.  You will typically be responsible for taking thorough notes during the hearings and understanding what the judge ordered.  If you are unable to attend court, your Case Supervisor will attend in your place and will inform you of the outcomes afterward.

### Common Questions

As part of your training, and prior to being assigned a case, CASA staff will arrange for you to observe a court hearing.  This will allow you to directly observe the court process and have a better understanding of the answers to these questions.

**“Where Is the Jury?”**In juvenile proceedings, there is generally no jury. In the vast majority of CASA cases, the judge will make the final decision regarding the case.  In some jurisdictions, a case is “conferenced” by the parties before the scheduled hearing, an agreement reached, and a consent order presented to the judge.

**“What Do I say?”**
At the beginning of the proceedings, you will be expected to state your name for the record, as will all others present in the courtroom.  In many cases, the report that you have written will serve as your voice in the courtroom.  In some circumstances, the judge may ask you clarifying questions regarding the information in your report.  In California, it is usually very rare that a CASA volunteer is called upon or subpoenaed to testify.  Anyone who is testifying may be sworn in under oath prior to taking the stand.  In less formal settings—such as an uncontested review hearing—some judges do not require that witnesses be sworn in or that they take the stand.  In this case, the witness remains seated next to his/her attorney to testify or share his/her recommendations.

**“What will happen?”**Don’t be surprised if a hearing is continued at least once; this usually occurs if one of the parties was not prepared for the hearing, or an attorney was unable to attend.  The judge has the power to continue a hearing, make findings and rulings, and set orders for things that are to occur before the next court date.  The judge will also make the determination, if it is appropriate, to close the case if all matters have been resolved.

**Court Etiquette**

As a CASA volunteer, you appear in court as part of your work on a case and as a representative of our program.
**Please remember:**

* No chewing gum or candy
* No food or drinks
* Dress appropriately – business casual attire
* Bring paper and a pen or pencil for note-taking
* Wait in the lobby for your case to be called
* Do not talk in the courtroom while the case is being heard
* Answer all questions verbally as the court reporter can only take down words, and cannot hear your nod
* Be factual

There should be **no surprises** in court.  So if you have something relevant and pertinent to add that was not in your court report, be sure to speak to your case supervisor **prior** to the case being called.  He or she will guide you in what to do with the information.

**Chapter 5**

Understanding Children

Chapter 5 Purpose

**To increase our awareness of and sensitivity to the life experiences and needs of the youth we serve.**

UNIT 1: The Needs of Children
UNIT 2: How Children Grow and Develop
UNIT 3: Trauma and Development
UNIT 4: Emotional and Psychological Issues

Unit 1: The Needs of Children

Abraham Maslow was an American psychologist, best known for creating “Maslow’s Hierarchy of Needs,” a theory of psychological health.  In brief, Maslow believed there are specific categories of needs that all people have, and that these needs must be met in sequence or in order of priority, from the first level up.  In other words, if the needs at one level are not adequately met, the needs at the next level cannot be met.  According to Maslow, it is only through all levels being met, in order, that the individual can realize complete fulfillment.



**Hierarchy of Needs**

In looking at the above diagram, the first two categories are self-explanatory.  The third level involves primary relationships and refers to people’s fundamental need to experience love and a feeling of belonging.  People need to give and receive affection and validation and to feel that they belong somewhere, to a group or community.  Sound primary relationships make it possible for people’s need for esteem—the next category of needs—to arise.  Self-esteem and esteem from others allow people to feel self-confident and self-worthy.  Without such respect in their lives, people feel inferior and worthless.  When people know they matter, or the need for esteem is met, the ability to meet cognitive needs surfaces.  It is here that curiosity flourishes, and from the process of learning and knowing, that a person is able to develop a sense of mastery.  In turn, this allows for fulfillment of the innate need to see, appreciate and create beauty and order.  Success at all of these levels leads to the final level of self-actualization, where people are emotionally free to strive to realize their potential and exercise their talents to the fullest.  Maslow noted that most people do not reach self-actualization because they never fully satisfy their needs for love and esteem.

**Helping to Meet the Needs of Children**

To be an effective CASA, you must keep the child’s needs clearly in mind.  Remember that healthy growth and development depend on adequately meeting basic needs – for example, a child’s need for food, clothing and shelter must be met before they will be able to develop friendships.  Children’s needs depend on their age, stage of development, attachment to their family/caregivers, and their reaction to what is happening around them.

The essence of your role as a CASA volunteer is to identify the child’s unmet needs, and to advocate for those needs to be met.  To be effective, you must always keep the child’s future as the priority in your mind.  What does a child need to survive? Build resilience? Achieve success in school? Feel good about them? Learn how to build relationships and trust others?

Factors that make these tough questions even harder to answer include the following:

* Needs change with age, development, culture, and circumstance
* What a child wants often conflicts with what they need
* People often hide what they really need because revealing it makes them vulnerable
* People may have very different and very strong opinions about what the child needs

Research suggests that a basic need of children and youth—close in priority with food, water, and shelter—is a stable, nurturing, and dependable relationship with a parent.  That is why establishing permanence is such a priority.  But even if permanence cannot be established quickly, the child can often begin to build interdependency or close stable, nurturing, and dependable relationships with peers and adults.  These relationships provide support and resources, increase the child’s well-being and resilience, and help them develop the skills to strengthen and expand their personal and professional support network.

Fulfilling a child’s needs is a complex process.  It involves listening to multiple perspectives (especially the child’s), engaging professionals to conduct assessments, trying suggested strategies, and taking the time to assess whether those strategies are working.  Remember that appearances can be deceiving, so you must balance a willingness to adjust with the ability to be persistent.  This process of seeing a need, especially one identified by the child, and seeking to fulfill it builds trust and attachment.

Unit 2: How Children Grow & Develop

Understanding some basic benchmarks of child development can help in a number of ways.  It can suggest a need for further testing.  It can help uncover emotional or mental health issues that are causing regression or preventing/hindering growth.  It can suggest strategies that might be developmentally more appropriate.

**Remember Some Basic Principles:**

1. No two children are alike; each one is different.
2. Children are not small adults.  They do not think, feel, or react as grown-up people do.
3. Most children follow a roughly similar sequence of growth and development.  For example, children scribble before they draw.  But no two children will grow through the sequence in exactly the same way.  Some will grow slowly while others grow much faster.
4. 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 tasks of the next stage.  For example, the more children are able to control behavior impulses as two-year-olds, the more skilled they will probably be at controlling behavior impulses they experience as three-year-olds and as teens.
5. Growth is continuous, but it is not always steady and does not always move smoothly forward.  You can expect children to slip back or regress occasionally.
6. Children can develop quickly in some areas of their lives, but develop slowly in others.
7. Behavior is influenced by needs.  For example, active fifteen-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.
8. Children need to feel that they are loved, that they belong, that they matter, and that they are wanted.  They also need the self-confidence that comes from learning new things and contributing to their family, their community, and society.
9. 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 mastered skills, as well as offering some new activities that will challenge them to learn new skills, gives them a balance of activities that facilitates healthy growth.
10. Children cannot be pushed or pulled into a stage of development.  They must be met where they are at and given what they need in order to move on.

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

**Working with Adolescents**

Young people are empowered when they have a voice in planning for their future.  There are many opportunities to involve adolescents in planning, but in order to do so you must first build a trusting relationship with them.  You must get to know the young people for whom you advocate well enough to understand their needs and their wishes for the future.

In your role as a CASA, you will communicate the youth’s wishes to the judge.  You will also communicate your recommendations, which may or may not be the same as the youth’s wishes.  The important thing is to ensure that the youth’s voice is present in the court system.

To help adolescents become healthy, self-sufficient adults, they must have opportunities to participate in meaningful planning for their future.  This planning may be about educational goals, occupational goals, or transitional-living programs that meet their unique needs.  Most importantly, all adolescents need a meaningful connection with at least one (but ideally, three) emotionally healthy adults. In your role, you can assist the youth in developing and maintaining connections with any adults who will be there for them in the long-run.

The emerging science of adolescent brain development has deepened the understanding of adolescent capabilities and behaviors.  Neuroscience has made clear that the brain is not “done” by age 6 as was previously believed.  Instead, the adolescent brain continues to develop until between the ages of 25-29, with adolescence providing a window of opportunity similar to that which is open in early childhood.  Adolescence is a period of “use it or lose it” in brain development.  Young people’s experiences during this period play a critical role in shaping their futures as adults.  They can build and practice resiliency and develop knowledge and skills that will positively serve them throughout adulthood.

**Tips for Assisting Youth in Their Transition into Adulthood**

* Help them develop support systems and lifelong connections to adult family members and other significant adults.
* Help them form a positive and realistic picture of the future.
* For some youth, respect the grief that comes from loss of their family.
* Tailor services to their needs.
* Advocate for resources – don’t leave them hanging.
* Explain what you see as best for them and why.
* Involve them in decisions.
* Make sure someone is talking with them about puberty and relationships.

 **Working with Young Adults**

Until rather recently, the day a youth in foster care turned 18, they were essentially “closed out” of the system, regardless of whether they had finished high school, had a place to live, had employment, or were engaged in services (such as counseling) provided by the county.  These youth would literally find themselves “thrown out” of their foster home, with virtually no resources and no guarantees they had the necessary skills and abilities to function as an independent “adult.”  The short- and long-term outcome for most of these youth was dismal, characterized by dropping out, teen pregnancy, homelessness, depression, unemployment or inconsistent employment, and an unintended push toward criminal, alternative lifestyles.

Recognizing the needs of this vulnerable population, in October of 2008, President Bush signed the Fostering Connections to Success and Increasing Adoption Act (H.R. 6893).  This changed federal law to allow states to provide federal foster care benefits to youth up to age 21.  Assembly Bill 12 (AB12) was California’s law that opted-in to this provision.  Prior to the passage of AB12 in 2010, the Juvenile Court in California had the authority to keep a youth’s dependency case open until the youth turned 21.  In reality, this seldom happened as federal funding stopped once the youth reached a certain age (usually 18, or 19 if in high school and set to graduate while still 19).  Now, due to clarification of federal funding, youth who meet certain criteria are allowed to remain in foster care up to age 21, as a *“non-minor dependents.”*

**Activity 5C:  Aging out of Foster Care**

Please view the following video. https://youtu.be/rDNgryhHMcU

**Who is eligible for AB12?**

Youth will be eligible for extended foster care benefits if they meet one or more of five defined program criteria.  These include:

* Being in high school or an equivalent program
* Being enrolled in college, community college or vocational education program
* Being employed at least 80 hours a month
* Participating in a program or activity designed to remove barriers to employment
* Being unable to do one of the above requirements because of a medical condition

Non-minor dependents must sign a mutual agreement within 6 months of turning 18 to remain in foster care, reside in an eligible placement, and agree to work with social worker or probation officer to meet goals of the Transitional Living Plan.

Youth who are parents with custody of their children have the same rights to participate in foster care after age 18 as all other youth.

**Who decides if youth participate in AB12?**

* Foster youth can decide whether they want to participate.
* If the youth chooses extended foster care, no special action is needed.
* If the youth decides to leave care, a court hearing will be held to terminate dependency and the court retains general jurisdiction over the youth until age 21.  During this time, the youth can decide to re-enter foster care.

**Understanding the Role of CASAs After 18**

The legislation that brought Extended Foster Care into existence (AB12) was guided by the following principles:

* Valuing Permanency
* Helping youth transition to lifelong connections
* Creating a collaborative youth-centered process
* Working proactively with youth to develop and reach independent living goals
* Allowing youth to gain real life experiences with independence and allowing them to learn from their mistakes
* Being a safety net for the most vulnerable youth so they can achieve success living as independent adults

*Source: CalSWEC, “Partnering to Serve Emerging Adults: Child Welfare in the Age of AB12”*

Our work as advocates for young adults should be guided by these same principles.  You can be a resource for the young adults you serve by:

* Empowering them to take ownership and control over their lives and futures
* Supporting them in building personal and professional networks and achieving permanency
* Modeling and imparting adult skills required to be fully independent and stable
* Staying present to help them celebrate their triumphs and recover from their slip-ups

The role of each CASA will be different, as it will grow from the needs of the young adult, the orders of the judge, the policies of your program, and your relationship with the young adult. Conducting a needs assessment and staying in thoughtful discussion with your case supervisor and the young adult will help to determine how you can best help the young person transition successfully to adulthood.  Expectations may differ, so transparent, consistent interaction will help make sure everyone is on the same page.

Although the CASA relationship will be highly individualized after the youth turns 18, one thing must remain consistent:

**All parties must maintain and enforce healthy boundaries with the young adults
and respect the confidentiality of their information.**

You may find that the young adult tests those boundaries, or expects that boundaries can be relaxed after they turn 18. You yourself may be tempted to relate to the young adult as a friend, and share more about your life, or introduce her to your place of work or partner. No matter the age of your young adult, boundaries remain important as ever, and their transgression on either side has the potential to further traumatize the young person and jeopardize the progress you have made.

It is important to be honest with the young adult about your personal constraints and those imposed on you by the CASA program.  Being honest about the limitations on what you can do with and for the young adult will help you to build rapport and set expectations.  It might also prompt the young adult to share with you her own constraints and expectations in her relationship with you.

As a CASA volunteer to a young adult, you can be a stable presence in a potentially tumultuous time, and help facilitate more long-lasting connections.  Permanency should always be a driving force of this plan as having at least one lifelong connection to a caring adult empowers young adults to persevere, knowing they have someone they can turn to.  To promote permanency and the flourishing of the young adult’s network, you can:

* Ask young adults about which other adults they feel close to
* Impart and model relationship-building skills
* Encourage social engagement
* Explore with them how to reconnect with relationships that were once meaningful

**CASA volunteers can support young adults in setting and pursuing goals and be there for them when things don’t go as planned.**

Overwhelmingly, the task of a CASA will be to collaborate with other service providers to guide young adults down their chosen paths to “what’s next”:

* Will this young person pursue more education?
* Will she get a job?
* If she plans to both work and go to school, how will she balance her schedule?
* What will she do for work?
* Where and with whom does he or she plan to live?

**Asking High Quality Questions**

When working with young adults as they plan for their life, it will be important for you to listen carefully to their goals and dreams and help them to identify the steps they need to take to get there.  To help clarify outcomes, ask your young adult questions like:

* What do you really want in this situation?
* What is important about this outcome to you?
* What are all the ways you can go about getting what you want?
* Who/what can you use as resources to get what you want?
* Do you know anyone who has already achieved this outcome? If so, how did they do it?
* Is this outcome possible to achieve?
* Can the outcome be initiated and sustained by you?
* Is this outcome consistent with who you are?
* Considering what it will take and the possible consequences, is the outcome worth it?

Unit 3: Trauma and Development

Most children in the Juvenile Justice System and foster care have been exposed to several types of trauma and traumatic events in their young lives.  This can include neglect, multiple caretakers, abandonment, sexual abuse, physical abuse, substance-abusing parents, domestic violence, exposure to criminal activity, repetitive hunger, multiple relocations, no academic support, and emotional abuse, amongst others.  Without effective intervention, these events can have dramatic and potentially life-long negative effects on the youth’s life.  Virtually all of these traumas are out of the child’s control, with some occurring before birth.

**Adverse Childhood Experiences (ACEs)**

Adverse childhood experiences may occur in many different forms, from physical and mental abuse to neglect and household dysfunction. In 1998, CDC-Kaiser Permanente published a groundbreaking study that investigated the impact of ACEs on physical and mental health problems in over 17,000 adults. During the study, the adults were given a survey asking about 10 different types of ACEs and if they had experienced them prior to the age of 18**.** The study showed a direct correlation between ACEs and future health complications. Adverse Childhood Experiences have been linked to

* risky health behaviors,
* chronic health conditions,
* low life potential, and
* early death.

As the number of ACEs increases, so does the risk for these outcomes. Although ACEs can be a great predictor of future health complications, experts have identified various ways to reduce the impact of ACEs. Safe, stable, nurturing relationships and environments (SSNREs) can have a positive impact on a range of health problems and on the development of skills that will support children reach their full potential. Strategies that address the needs of children and their families include:

* Parenting Training Programs
* Intimate Partner Violence Prevention
* Social Support for parents and caregivers
* Mental Illness and Substance Abuse Treatment
* Sufficient income support for lower income families
* Enrollment and participation in pro-social programs

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Activity 5E: How Childhood Trauma Affects Health Across a Lifetime

Please watch the following video. https://youtu.be/95ovIJ3dsNk

Dr. Nadine Burke Harris explains that the repeated stress of abuse, neglect, and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain which effects health across a lifetime.

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**Prenatal Alcohol Exposure (PAE)**

 In the United States, about 50% of pregnancies have some alcohol exposure.  In most cases women find out they are pregnant and quit drinking.  However, around 12% of women drink during pregnancy and 4-5% drink throughout pregnancy.

The United States has about 40,000 new cases of fetal alcohol spectrum disorders (FASD) each year.  For most affected people the primary problem from prenatal alcohol exposure is brain damage/dysfunction.  For most people this will result in lifelong impairments.

**Prevalence of Alcohol Use**

* Non-pregnant women during child-bearing years:  54%
* Month before pregnancy:  50%
* Pregnant women:  12% (1 in 8)
* Third trimester of pregnancy:  4.6%

**Rates of PAE**

* Children of women in substance abuse treatment:  near 100%
* Children of women in prison:  80%
* Children in foster care:  70-80%
* Increased in women with other drug use

**Attachment and Separation**

For a variety of reasons, many youths in the Juvenile Justice System and foster care suffered from emotional and physical neglect during their infancy.  Their basic needs were not met consistently, appropriately, or with a necessary degree of warmth.  This may result in what is known as “Reactive Attachment Disorder.”

**Attachment**

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

**The Attachment Cycle**

Think about what you have observed in a healthy relationship between a very young child and a parent.  Perhaps you have observed the distinct cycle of infant attachment development:
(1) expressing a need (by crying); (2) having that need met (feeding, diapering, holding); (3) growing familiar with the person who meets the need; and (4) trusting that the caretaker will be there every time.  This healthy attachment cycle leads to “bonding” with that person, a trusted caretaker.



Ideally, a child’s ability to “attach” to others develops intensely throughout the first three years of life.  After age three, children can still learn how to attach if they have not yet had the opportunity; however, this learning is more difficult.  Learning to attach at a later age can be confusing and frightening for the child, causing them to suddenly regress, or to feel and behave in ways characteristic of a younger child.

A young child’s lack of positive bonding experiences is likely to have a strong influence on the child’s response to caregivers and other individuals throughout the child’s lifetime.   This can affect the child’s ability to, for example, (1) trust others, (2) believe that people will remain in their life, (3) have a consistent set of behaviors that do not change radically from environment to environment, (4) establish a sense of self-worth, (5) express care for others, and (6) manage their emotions.

**Separation**

Understanding typical reactions of children and their parents to separation and loss can help you begin to understand what you observe in your case.

**Separation Anxiety Disorder**

While all children are expected to show signs of distress when removed from their homes or when shifting placements, some children have extreme reactions.  In a child with separation anxiety disorder, the feelings of anxiety become so intense that they interfere with the child’s ability to participate in daily activities.

Warning Signs

Following is a list of common symptoms of separation anxiety disorder in children:

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

**A Parent’s Feelings about the Separation Experience**

You may observe that many parents and children have a similar reaction to the separation experience.  This is because grief and loss are frequently experienced as a series of emotions including denial, anger, sadness, and eventually, acceptance.  Sometimes these reactions proceed in the order outlined below; sometimes people skip around or cycle back to a previous stage as they work through their personal reactions to grief and loss.  It should suggest something about the power of separation that these phases were originally developed to explain how people cope with their own impeding death.

STAGE 1: Denial

When the loss of your child hits you, it is like going into shock.  You may cry, feel shaky, and find it hard to hear what people are saying to you.  You can’t think of anything except the child who has been removed from your home.  You take care of the rest of the family or go to work like a sleepwalker without really knowing what you’re doing.  You wonder what your child is doing now.  If you have a car and know where the foster home is, you may drive by just to be sure it is there.

You wonder if the foster parents are taking good care of your child and doing all the things the way he/she is used to.  You may think you hear your child or see him/her in his/her old room.  You remember all the good times, even if there weren’t very many.  You try to keep busy and not think at all, but you keep coming back to your last glimpse of your child.  This shock usually lasts from a few days to a few weeks.  Other people may try to be comforting to you, but you feel distant to and “outside of” the rest of the world.

STAGE 2: Anger

As you come out of the numbness of shock, you experience anger and physical distress.  You might lose your appetite, or you might eat constantly.  It may be hard to fall asleep.  You may increase your use of alcohol, cigarettes, or sleeping pills.  You might start using drugs, or increase your use.

You are angry at perfect strangers on the street because it is you going through this and not them.  If your child was placed in foster care against your wishes—or even if he/she wasn’t—you are furious at the social services agency, the court, and everyone else.  You are mad at yourself and go over and over in your mind what happened, to see what you could have done to make things different.  You can’t come up with anything, but you can’t quit thinking about it either.

You are angry at your child and feel he/she was difficult on purpose.  You tell yourself you are glad your child is gone and never want him/her back.  You think how nice it is without him/her.  Above all, you resent your child for making you go through all this pain.

You get scared at how angry you are or feel guilty about the anger and start avoiding your child or your work.  It is normal to feel angry when things are not the way you would like them to be.  Anger sometimes helps you act to change things.  When anger doesn’t help, you learn to give it up and try something else to get what you want.  You might stay with being angry because it hurts less than the next step, which is sadness.

STAGE 3: Sadness

When the anger has worn off, you go into the blues.  You may feel you don’t care about anybody or anything.  You feel it isn’t worth it to get up each day, and nothing interests you.  You may feel worthless and no good to anyone.  You may find yourself tearful “over nothing.”  You might get ill.  You might think about suicide.

If you are a single parent and all your children have been placed, you may feel desperately lonely.  You don’t know who you are without your children, or what to do with your day when there is no one to fix meals for.  The world seems barren and silent, and you feel empty and hollow.

You might feel guilty because there is less stress with the child out of the home.  You might find you can survive without your child, but feel ashamed because of it.  You may find yourself worrying about what people think of you.

STAGE 4: Acceptance

One day things just seem to be better.  You begin eating and sleeping well again.  You miss your child but you are now more realistic about his/her being in foster care.  You again pay attention to the house, your work, and the rest of the family.  You get interested in keeping your agreements about visiting your child and making your appointments with your caseworker.  You begin to realize that you may actually have more time with your child now and feel better when you’re with him/her than you did before the foster care, when you were trying to handle too much.  You begin to see that both you and your child need relationships with others to deal with the loneliness, and now you have some energy for that.

Unit 4: Behavioral, Emotional & Psychological Issues

Children who have been subjected to numerous traumas are at risk of acting-out against themselves (examples include cutting, running-away, promiscuity, substance abuse), others (by disrespect, intolerance, violence, theft), animals (by cruelty), and the community at large (by vandalism and missed opportunities to benefit from their contribution).

**Bullying**

Bullying not only damages the emotional, physical and social well-being of its victims, it also hurts the children who bully, as well as those who watch it happen. Bullying creates a climate of fear, callousness, and disrespect for everyone involved.

Bullying begins in the preschool years, peaks in early adolescence, and continues, but with less frequency, into the high school years.

Bullying is a complex problem, but there are good tools and resources that can help parents, educators, and caring adults identify bullying behavior. Did you know that there are four specific characteristics that can qualify a situation as bullying?  The behavior has to (1) be intentional, (2) be repetitive, (3) be hurtful, and (4) involve an imbalance of power.

**Identifying Characteristics of Bullying:**

• **Intentional**: Children can hurt other children by accident.  Bullying, however, is always intentional and meant to cause some sort of harm, whether it is physical or verbal.  This behavior may persist even after the victim has asked the bully to stop.

• **Repetitive**: In most cases, bullying happens repeatedly.  Bullies often target children who they know will not do anything about the behavior, so they can continue bullying as long as they like.

• **Hurtful**: Bullying is a negative behavior that may include physical or verbal harm.  The types of hurtful behavior that qualify as bullying are varied, but they all cause harm of some sort to the victim.

• **Imbalance of power**: If two children hold an equal amount of power, one cannot bully the other.  This imbalance of power can come from different sources, including age, size, strength, and social status.  Bullies choose victims she or he perceives as “weaker” or more vulnerable.

**What Bullying Looks Like:**

* Bullying occurs in many different forms, with varying levels of severity.  It may involve:
* *Physical bullying* – poking, pushing, hitting, kicking, beating up;
* *Verbal bullying* – yelling, teasing, name-calling, insulting, threatening to harm
* *Indirect bullying* – ignoring, excluding, spreading rumors, telling lies, getting others to hurt someone.
* *Cyberbullying* – with the goal of damaging the victim’s reputation and friendships.
* Understanding what bullying looks like will help you stop it *before* it escalates.

**Why Kids Bully**

Children bully to deal with their anger, seek revenge, or make themselves appear better than their peers.  Others do it from an intolerance of differences, from a sense of entitlement, for entertainment or for the pleasure of tormenting others.  Still others do it simply because they can.

**Bully, Victim, and Bystander**Most pupils (80%) are not actively involved in bullying.  They neither bully nor are victims. They know it’s wrong but unless they are asked for help, or are made to feel they have a responsibility or duty to act, they will silently collude with the abuse.  These bystanders hold a position even more powerful than the bully in that depending on how they respond, they can either contribute to the problem *or* the solution.  Their role is so important that bystanders have become the main focus in bullying prevention programs.

Bystanders rarely play a completely neutral role, although they may think they do.  Instead, bystanders are either “hurtful” or “helpful.”

**Hurtful Bystanders**Some by standers***instigate***the bullying by prodding the bully to begin.  Others***encourage*** the bullying by laughing, cheering, or making comments that further stimulate the bully.  Still other bystanders***join*** **in** the bullying once it has begun.  Most bystanders***passively accept*** bullying by watching and doing nothing. Often without realizing it, these bystanders also contribute to the problem.  Passive bystanders provide the audience a bully craves and the silent acceptance that allows bullies to continue their hurtful behavior.

**Helpful Bystanders**Bystanders also have the power to play a key role in preventing or stopping bullying.  Some bystanders***directly intervene****,* by discouraging the bully, defending the victim, or redirecting the situation away from bullying. Others***get help****,* by rallying support from peers to stand up against bullying or by reporting the bullying to adults.

**Why don’t more bystanders intervene?**

* They think, “It’s none of my business.”
* They fear getting hurt or becoming another victim.
* They feel powerless to stop the bully.
* They don’t like the victim or believe the victim “deserves” it.
* They don’t want to draw attention to themselves.
* They fear retribution.
* They think that telling adults won’t help or it may make things worse.
* They don’t know what to do.

In the end, we will remember not the words of our enemies, but the silence of our friends.”
–Rev. Martin Luther King, Jr.

**Preparing Children to Become Helpful Bystanders**

More than one-half the time, bullying stops within 10 seconds of a bystander stepping in to help. Adults can prepare children to become helpful bystanders by discussing with them the different ways bystanders can make a difference, and by letting them know that adults will support them, if and when they step forward. Adults can also provide examples of how helpful bystanders have shown courage and made a difference in real-life situations and in their own experiences.

 **Ways to Help: Anti-bullying Tips**

* Research asserts that youth need three caring adults to provide support for them.  As part of advocating for your youth, look for adults in her/his life who can serve as that life-long connection.
* Teach your youth resilience.  While resilience is a character trait, or part of a person’s innate temperament, it can also be a learned behavior. To become more resilient, a child needs to: 1) experience personal empowerment; 2) learn self-control and delayed gratification; 3) be able to identify their own strengths, talents, and abilities; and 4) learn/practice cultural and social sensitivity (or empathy).  Youth with greater resilience tend to avoid all types of risky behaviors, including bullying.
* Create opportunities for your youth to engage with their community, as this will provide them with a sense of personal empowerment and investment in their community.  For example, involve your youth in neighborhood clean-up days, serving meals to the hungry or homeless, give away a toy to a “more needy” youth, etc.
* Promote peaceful conflict resolution.  How we act in front of kids teaches them something.  Be sure that what you are teaching is what you want them to learn.  Model good communication, patience, and peaceful, non-aggressive conflict resolution.
* Promote your youth having a sense of purpose, as this will help them build resilience.  Express your appreciation when they have contributed to the community in a meaningful way and look for other opportunities to have them contribute in the future.

Emotional & Psychological Issues

It is, of course, as important to deal with physical health issues as psychological ones.  But physical health problems tend to be identified, diagnosed, and treated more frequently than emotional and psychological challenges.

The children you encounter as a volunteer may exhibit symptoms or behaviors that require professional assessment.  A specific behavior may be a warning sign of a particular problem but may also be attributable to a variety of other causes.  ***It is critical that you do not try to diagnose a child.***If you learn about or observe red flags, you should discuss with your case supervisor and social worker whether the child should be referred to a competent mental health professional.

Reasons for Assessment

During a case, you may wish to recommend that a child undergo a developmental, behavioral, or psychological assessment.  An assessment should be a process, not just a series of tests.  Be careful not to question the evaluator’s authority even if you disagree with the outcome.  This is an issue you can address with you case supervisor to brainstorm ways to ensure that a child is being assessed and then treated properly.

Treatment

Treatments for emotional and psychological health issues are often controversial.  For example, medicating children for many mental health issues is hotly debated.  Newer therapies may be seen as radical, and they may, indeed, have less research to support them.  As with any medical treatment, it is important to get second opinions, to discuss the treatment with the child and other important stakeholders, and to identify well-respected practitioners before seeking court approval for treatment.  However, it is also important not to let mental and emotional health issues go unaddressed just because their diagnosis and treatment are complicated.  If possible, mental health professionals should become a part of the child’s support team, since their insights on what strategies might best help the child are often invaluable.

What can a CASA do?

Sorting through the emotional and/or physical difficulties that youth may have can sometimes be a challenging aspect of this work.  Add to that the regular challenges that children and youth must face as they grow and develop.  Try to avoid keeping your youth under the microscope so the ordinary behaviors don’t get misconstrued.

**Here are a few suggestions of what a CASA can do:**

* Give your youth time to feel comfortable being around you.  Given their experience, this could take a long time. Do not take it personally.
* If you observe your youth behaving in ways that seem abnormal, and the youth does not currently have a mental health professional, talk with your Case Supervisor about making the recommendation to the court or the parent.  Include the information in your court report along with why you are making the recommendation.  But remember: **You are NOT to diagnose children**.
* If your child is taking medication, do some research to familiarize yourself with its side-effects.
* In most counties, psychotropic medications cannot be given to foster youth without the judge’s permission.
* If you become aware of a caregiver struggling to care for your youth due to difficult behaviors, discuss with your case supervisor ways you can help.
* Be patient with your youth, especially with those in their teens.  Adolescence is a difficult time for all of us and it is not necessarily a time when we are most open to taking advantage of the things that are good for us.
* Seek out resources such as peer support groups to help your youth build their natural support network.

**Chapter 6**

Indian Child Welfare Act (ICWA)

UNIT 1: Introduction
UNIT 2: Tribes as Nations
UNIT 3: ICWA Overview
UNIT 4: ICWA and CASA Advocacy

Unit 1: Introduction

About ICWA

The Indian Child Welfare Act (ICWA) was enacted in 1978 in response to a crisis affecting American Indian and Alaska Native children, families, and tribes. Studies revealed that large numbers of Native children were being separated from their parents, extended families, and communities by state child welfare and private adoption agencies. In fact, research found that 25%–35% of all Native children were being removed; of these, 85% were placed outside of their families and communities—even when fit and willing relatives were available. Congressional testimony documented the devastating impact this was having upon Native children, families, and tribes. The intent of Congress under ICWA was to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” (25 U.S.C. § 1902).

ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe.

At the time, not only was ICWA vitally needed, but it was crafted to address some of the most longstanding and egregious removal practices specifically targeting Native children. Among its added protections for Native children, ICWA requires caseworkers to make several considerations when handling an ICWA case, including:

1. Providing active efforts to the family;
2. Identifying a placement that fits under the ICWA preference provisions;
3. Notifying the child's tribe and the child's parents of the child custody proceedings; and
4. Working actively to involve the child's tribe and the child's parents in the proceedings.

Because these added protections address not only specific systems abuses directed at Native children--but also their unique political status and cultural considerations--ICWA has been labeled "the gold standard" of child welfare policy by experts and national leading child advocacy organizations far beyond Indian Country. Specifically, the measures ICWA takes to keep Native children in relative care whenever safe and possible have since become a best practice in the wider field of child welfare, and increasingly codified into state and federal law for the wider population.

Although progress has been made as a result of ICWA, out-of-home placement still occurs more frequently for Native children than it does for the general population. In fact, recent research on systemic bias in the child welfare system yielded shocking results. Native families are four times more likely to have their children removed and placed in foster care than their White counterparts. So in spite of the advances achieved since 1978, ICWA's protections are still needed.

Much of this need can be attributed to non-compliance with the federal law itself. For most of its history, ICWA has lacked an official oversight agency at the federal level, a national data collection apparatus, and an enforcement authority. As a result, compliance with the law has been uneven at best. The 2013 U.S. Supreme Court decision *Adoptive Couple v. Baby Girl* highlighted the extent to which Congress's original intent could be interpreted in widely disparate ways.

To address these uncertainties and improve implementation of ICWA, the Bureau of Indian Affairs (BIA) provided additional federal guidance, some for the first time since enactment of the law. In December 2016, the BIA published revised guidelines entitled *Guidelines for State Courts in Indian Child Custody Proceedings*. These are non-legally binding and were the first revisions since 1979. That same month, the first-ever comprehensive federal regulations addressing ICWA implementation for state courts' and public and private agencies' became effective. These regulations provide clarification of many of the key requirements under ICWA and are legally binding.

*This introduction to ICWA was taken from the National Indian Child Welfare Association (*[*www.nicwa.org/about-icwa*](http://www.nicwa.org/about-icwa)*)*

Unit 2: Tribes as Nations

Introduction to Tribes as Nations

Please click the link below to review the "Tribal Nations and the United States: An Introduction" developed by the National Congress of American Indians seeks to provide a basic overview of the history and underlying principles of tribal governance.

https://www.ncai.org/tribalnations/introduction/Indian\_Country\_101\_Updated\_February\_2019.pdf

The guide also provides introductory information about tribal governments and American Indian and Alaska Native people today. The purpose of the guide is to ensure that policy decision makers at the local, state, and federal level understand their relationship to tribal governments as part of the American family of governments. Additionally, this guide provides the information necessary for members of the public at large to understand and engage effectively with contemporary Indian Nations.

**An Overview**

There are 574 federally recognized Indian Nations (variously called tribes, nations, bands, pueblos, communities and native villages) in the United States. Approximately 229 of these ethnically, culturally and linguistically diverse nations are located in Alaska; the other federally recognized tribes are located in 35 other states. Additionally, there are state recognized tribes located throughout the United States recognized by their respective state governments.

**A Culture of Tribal Governance**
American Indians and Alaska Natives are members of the original Indigenous peoples of North America. Tribal nations have been recognized as sovereign since their first interaction with European settlers. The United States continues to recognize this unique political status and relationship.

**A Political Relationship**
Native peoples and governments have inherent rights and a political relationship with the U.S. government that does not derive from race or ethnicity. Tribal members are citizens of three sovereigns: their tribe, the United States, and the state in which they reside. They are also individuals in an international context with the rights afforded to any other individual.

**Tribes as Nations**
The governmental status of tribal nations is at the heart of nearly every issue that touches Indian Country. Self-government is essential if tribal communities are to continue to protect their unique cultures and identities. Tribes have the inherent power to govern all matters involving their members, as well as a range of issues in Indian Country.

The essence of tribal sovereignty is the ability to govern and to protect and enhance the health, safety, and welfare of tribal citizens within tribal territory. Tribal governments maintain the power to determine their own governance structures and enforce laws through police departments and tribal courts. The governments exercise these inherent rights through the development of their distinct forms of government, determining citizenship; establishing civil and criminal laws for their nations; taxing, licensing, regulating, and maintaining and exercising the power to exclude wrongdoers from tribal lands.

In addition, tribal governments are responsible for a broad range of governmental activities on tribal lands, including education, law enforcement, judicial systems, health care, environmental protection, natural resource management, and the development and maintenance of basic infrastructure such as housing, roads, bridges, sewers, public buildings, telecommunications, broadband and electrical services, and solid waste treatment and disposal.

*Taken from the National Congress of American Indians* (<https://www.ncai.org/about-tribes>)

**Tribal Government 101**

In the United States there are 3 types of domestic sovereigns: the United States, 50 states, and 573 federally recognized Indian tribes. Please click the link below to review some frequently asked questions regarding Tribal Sovereigns.

 https://www.courts.ca.gov/documents/BTB25-4B-05.pdf

Unit 3: ICWA Overview

Indian Child Welfare Act

Video Link: [www.youtube.com/embed/VJCqeauLvY8](http://www.youtube.com/embed/VJCqeauLvY8)

**History and Spirit of ICWA**

Video Link: [www.youtube.com/embed/yAcLsvEubwE?t=10s](http://www.youtube.com/embed/yAcLsvEubwE?t=10s)

**ICWA Information Sheet**

Please click the link below and review the ICWA Information Sheet, which provides best practices for implementation of ICWA in the State of California from the Judicial Council.

https://www.courts.ca.gov/documents/icwa-Tribal-Participation-factsheet.pdf

**Top 10 ICWA Myths**

Please click the link below and review some common myths associated with ICWA.

 https://www.nicwa.org/wp-content/uploads/2017/04/Top-10-ICWA-Myths.pdf

Unit 4: ICWA and CASA Advocacy

**Implementing ICWA**

The proper implementation of the federal ICWA and state laws regarding Indian children is paramount in respecting Indian culture and heritage, preventing the breakup of Indian families and promoting tribal involvement on behalf of Indian children entering the child welfare system.

The ICWA contains procedures that help ensure that a child stays within an Native American community, encourages a team approach to improve outcomes, and increases both agency and tribal access to resources for at-risk Native American families. ICWA compliance also helps ensure that a dependency proceeding is not later invalidated by the juvenile court or overturned on appeal, possibly placing a child at greater risk and undermining permanency efforts.

This Protocol was developed to recognize the great demands placed on tribal and county child welfare social workers and to assist them in engaging in the collaboration necessary to meet both the Act's requirements and the child and family’s needs. It is also recognition of the mutual concern for our communities' children and the benefit of coordinating resources and expertise to meet the needs of at risk Native American families.

This Protocol is applicable to all new and existing referrals and cases that involve children who are of Native American descent or may be of Native American descent.

*Taken from the San Francisco ICWA Social Worker Manual* [https://www.courts.ca.gov/documents/sf\_ICWA\_social\_worker\_manual.pdf](https://www.courts.ca.gov/documents/sf_ICWA_social_worker_manual.pdf%C2%A0)(page 4-5)

**Things You Can Do as a CASA Advocate**

* 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
* Keep in mind that ICWA takes precedence over other federal and state laws

**Assessment and Case Planning Process**

For more detailed information about the assessment and case planning process, review the ICWA Desk Guide by clicking the link below. As you review, be sure to think about potential services that may be valuable for a child or family.

https://www.dropbox.com/s/1c1ual4du8ru9x4/ICWA%20Desk%20Reference%20-%20Assessment%20and%20Case%20Planning.pdf?dl=0

**Statewide Directory of Services for Native American Families**

The Statewide Directory of Services for Native American Families contains contact information on services to assist Indian children and families. Search by county, service type or both.

https://www.courts.ca.gov/5807.htm

**Chapter 7: Communicating as a Volunteer**

Chapter 7 Purpose

**To better understand the skills that will be foundational to my work as a CASA volunteer.**

UNIT 1: Building a Relationship and Establishing Boundaries
UNIT 2: Confidentiality and Privacy
UNIT 3: Dealing With Sensitive Issues
UNIT 4: Conflict Management Styles
UNIT 5: Using a Collaborative Approach

Objectives

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

* Understand the boundaries of the relationship with a youth.
* Understand the reasons for and limits of confidentiality.
* Learn about engaging in friendly, supportive conversation.
* Identify different styles for dealing with conflict.
* Understand the importance of using a collaborative approach in my work as a CASA volunteer.

Unit 1: Building a Relationship and Establishing Boundaries

**Initial Meeting**

During your initial visits, concentrate on helping the child become more comfortable with you.

**To begin:**

* Call the caregiver in advance, explain your role as a CASA volunteer, and arrange for a good time to visit.  Speak with the caregiver about how the child is doing, and ask them about their house rules, if the child has any allergies, and whether they have any concerns about the child or the child’s services.
* Your Case Supervisor may be able to attend your first visit with you.  Your visits may start out relatively short, gradually increasing over time.
* Explain to the child (in age-appropriate terms) your role as their CASA.  Ask them to show you around their living arrangements or to show you some of the things they like to do—help them be the expert in the relationship.  Ask the child what outside activities they enjoy, but make no promises about being able to do those activities with them.

**A relationship characterized by rapport and trust . . .**

* Should be built on a sincere interest in the child as a person as well as the child’s well-being.
* Takes time and energy.  Allow yourself to be present with the child.
* Involves actively listening to the child’s words and observing nonverbal cues.
* Needs regular nurturing.
* Means always following through with what you say you will do.
* Requires honesty in all communication with the child.
* Is developed for the benefit of the child, not the caregiver.

Developing rapport and trust with the child is an essential responsibility.  It is the foundation of your relationship with the child.  Respecting privacy is critical to establishing a trusting relationship.  You can best assess what the child needs *and* what the child wants if you have established a relationship that allows the child to honestly share his/her feelings.

*“CASA volunteers should know that the children have been hurt. So even if you get a cold shoulder, just understand that they don’t know who to trust. Don’t think they are bad, it is just a security wall.”*

Words spoken by a sixteen-year-old about the CASA volunteer relationship with a child.

Youth who have experienced neglect, abuse, and trauma over time have written these experiences into their map of the world.  Their understanding of what to expect from others and what roles people play within life has been strongly shaped by their experiences.  They have learned how to survive by following this map.  Things do not just “get better” all of a sudden, and they cannot simply be taught that their view of things is flawed or is no longer accurate.  The map is changed only through a consistent set of experiences that are meaningful on their terms and which slowly reshape perspective.

Most forms of abuse are impositions of a person’s will onto a child; such impositions tell the child that what they want does not matter and that what they need is unimportant, that they have no intrinsic value.  As a volunteer, you are helping a child add new information to their map through their contact with you and the experiences and connections you help put into place.  You have the opportunity to provide the child with corrective experiences that can be linked directly to promoting resiliency.  There is no set solution or script, but here are some general principles to think about.

Let the Youth . . .

**Be seen:**  Basic steps can include remembering what they wore on past visits, noticing when their hair is styled in a different way, or if they appear tired or happy.

**Be heard:**  Ask them about the outcomes of situations they described on your past visit together.  (*E.g.*, “How did you do on your math test?”  “Did you work things out with your friend?”)  Demonstrate that you listen to what they say and are interested in what they think.

**Be respected:**  Be on time for your visits and follow through with all commitments you make to your child.  Call and try to speak to them directly, especially if there is a need for a change or if you will be late.  Don’t forget to apologize if you need to make changes, and do not take their feelings for granted.

**Experience adults as responsible and consistent:**  If at all possible, set a regular schedule for your visits.  Consider making a structure to your visits, such as always beginning or ending with a certain age-appropriate activity.  Maintain your own role and boundaries and uphold rules that have been established.  Giving in to a request may feel like a path to their approval but may delay building trust over the long term.

**Experience adults as honest:**  Your integrity is incredibly important.  For example if you have had a tiring day, do not pretend to be highly energetic.  For some children the discrepancy between your words and your actions (or how they perceive you) can trigger significant stress and fear:  You may even unintentionally represent a potential danger.  If you do not know an answer to their question, admit it.

**Here are a few reminders about what a Volunteer does NOT Do:**

* Don’t take the child to your home.
* Don’t introduce the child to your family or your children.
* Don’t leave the child alone.
* Don’t break the child’s house rules.
* Don’t take the child out of the county without permission from the case supervisor or social worker.
* Don’t keep the child overnight.
* Don’t make promises that you have no control over.
* Don’t take the child out for a meal without permission from the caregiver.
* Don’t buy gifts for them without knowledge of whether they can use/have them.
* Don’t participate in religious activities with the child without permission from your case supervisor and caregiver.
* Don’t buy expensive gifts that could not be provided by the caregiver or family, or that might put the child in competition with the other children.
* Don’t act as the professional.  If you have professional training and expertise, share your insight with the professionals on the case.

Remember that most children are in the system because adults violated boundaries or failed to fulfill their role.  For children who are not in the system, bending the rules may bring a sense of adventure or create an opportunity for bonding and attachment.  For those in the system, it brings risk—that they will be terrified by your violation, confirm their suspicion that adults never uphold their role, or even encourage them to violate boundaries.  Your FIRST priority is ensuring their safety.  When you violate or blur boundaries, you go against your primary duty.

Unit 2: Confidentiality and Privacy

As you perform your duties as a CASA volunteer, you will be responsible for understanding how to fulfill your duty of confidentiality. As a CASA volunteer, you have access to a great deal of information about children and the people involved in their lives.  The CASA volunteer must protect this information from being disclosed and may only share it under certain circumstances.

**When a CASA volunteer can disclose information is determined by two factors:**

1. the nature of the information
2. who will receive the information.

You may share any information with your case supervisor and the judge.  You can share almost all information with the social worker, the child, and the child’s attorney.  You must share any information that the court orders you to share.  Keep in mind that your primary role is to gather information to share with the court.  Some information is protected by law.  Mistakes in handling confidential information can be detrimental to the children and families involved and can bring criminal action against the people who misuse the information.  ***When in doubt, discuss any confidentiality concerns with your case supervisor!***

What Is Confidential?

As a CASA, any information that you receive that relates to the child or their family is confidential.  As a CASA, your court order gives you the authority to obtain a great deal of information that has special legal protections.  For example, law protects school and health care records.  Certain communications are privileged, such as communications between attorneys and clients, doctors and patients, priests and parishioners, and caseworkers and clients.  Child Protective Services records are legally protected and are not available for public inspection.  ***It is especially important that the name of any person who has made a report of suspected child abuse and neglect not be revealed.***  Consult with your case supervisor to understand with whom you can share this information.

Other information does not have special legal protections, but is still covered by your duty of confidentiality.  For example, any information about the child or their family, any information that someone has requested be kept confidential, and the identity of sources that have requested anonymity should be kept confidential, unless doing so would be detrimental to the child.  Some information may not seem confidential, but still is because it may lead to other information about the case.  For example, if a teacher shares information about their personal life, it is not confidential, but sharing it might lead to information about the child’s school.

Respect people’s privacy.  Even if someone shares information with you that is not related to the case and cannot lead to any information about the case, you should still keep it to yourself unless sharing it is in the best interests of the child.  Gossiping or treating casually the information people have shared with you is a breach of people’s trust and your role.

This is not to say that you should never share information.  In some cases, certain information can be shared to promote communication and collaboration within the child’s support network.  In some cases you should share information to advance the best interests of the child.  In other cases, you must share information (*e.g.*, under a court order or to make a child abuse report).  But before sharing anything, consult with your case supervisor to understand who you can share particular information with.

Keep in mind that your spouse, your children, and your best friends are not exceptions to the duty of confidentiality. Stated another way, they have no right to any confidential information about the child and their case.

Confidentiality vs. Privacy

In most cases, the duty of confidentiality will prevent you from sharing information about the case with people.  However, there are some circumstances in which you may choose to keep information private, even though your duty of confidentiality does not require you to.  For example, you can share any information about the case with the judge, but you will choose to keep some information private.

The most important consideration is not necessarily how the child would feel about it, but rather what is in the best interests of the child.  For example, it is certainly in the best interests of the child to share that they are having suicidal thoughts with people who can provide appropriate support and supervision, even if they would rather keep that information private.  However, you might keep the fact that they had their first kiss private, unless you thought there was some compelling reason to share that information (*e.g.*, the kiss was with their caregiver).  You should share all information with your case supervisor; they can help you decide what you can or should keep private and what you must share with the appropriate people.

**Confidentiality vs. Privilege**

* Confidentiality is your duty to protect the facts of the case from disclosure.  The duty to keep the child safe takes precedence over the duty of confidentiality.
* Privilege is the child’s legal right to keep a person from divulging what he or she has told them to anyone, including court (*e.g.*, what a child shares with their attorney is privileged in most circumstances).  *Nothing* a CASA volunteer writes down, gets in writing, or hears is privileged.

To avoid the child feeling betrayed, let the child you work with know *right away* that there are four situations in which you cannot keep their confidence:

* 1. If they might hurt themselves.
	2. If someone might hurt them.
	3. If they might hurt someone else.
	4. If a court orders you to tell what you know about a certain issue.

As mandated reporters, disclosure in the above situations is required by law in order to protect the well-being of the child.

**What Information Should the Volunteer Share with the Child?**The volunteer ensures that the child is appropriately informed about relevant case issues, considering both the child’s age and developmental level.  The child is informed in an age-appropriate manner of impending court hearings, the issues to be presented, your recommendations as the volunteer, and the resolution of those issues.  If there is any question about what information should be shared with the child, ask your case supervisor.

**Should You Tell a Source that You Intend to Share Their Information?**There is no legal requirement that you tell a source of information that you intend to share the information with other people on the child’s team.  It is important to be respectful of the source and to be honest about your intentions.  However, you can never promise that you will not share the information you received.  Your role is to advocate for the best interests of the youth, and you must share any factual information that will support that role.

**Sharing Information with Foster Parents**As a CASA volunteer, your job is to focus on the child’s needs and to keep the child informed about their case.  It is not your job to be a source of information for the caregivers; you are not their advocate and sharing information with them could be a violation of confidentiality.  It is not your duty to keep others informed, even when they are parties to the case.

Foster parents may seek information from you about the children in their care, but the foster parents’ contractual relationship is with the child welfare agency or a private licensing agency.  Federal law requires that the child welfare agency provide foster parents with the child’s health and education records at the time of placement to ensure continuity of care.

There may be instances, however, where you have information that would help a foster parent care for a child.  Suppose, for instance, that you know the child has a history of sexual victimization and that they were moved from an earlier foster home after being found in bed with a younger child.  The current foster parent does not have this information and there is another young child in the home.  In such a case, it is clearly in the best interests of both the child and other children in the home that this information be shared.  After discussing the issue with your case supervisor to determine the best approach, you should contact the social worker and state a clear expectation that this critical background information be shared with the current foster care provider.  As a CASA volunteer, you should ***not*** share this information yourself.

Unit 3: Dealing With Sensitive Issues

Talking with youth about issues that are considered sensitive is less about having an effective script, and more about laying the proper groundwork.  As with most aspects of being an advocate, the situation can be made easier by asking and answering the right questions.

**1. Why is the topic “sensitive”?**

* Who is likely to be upset by the conversation:  You?  The youth?  Others?
* Does it involve a socially sensitive subject like sex or drug use?
* Is it potentially hurtful to the child or youth?
* Are you concerned about how it might affect their relationship with you?
* Is it uncomfortable for you to discuss?
* Has someone else said you should not discuss it?

**2. Why is it important for this issue to be addressed?**

* Is the well-being, resilience, or interdependence of the youth at stake?
* Does this affect their connectedness, stability, or permanence?
* Does it somehow affect their health and safety, education and development, or relationships?
* Do they have a right to know or respond to the information?

**3. Is a conversation the best means of addressing the issue?**

* Is a conversation enough?
* Are they emotionally or developmentally able to benefit from a conversation on the topic?
* Is there a process or experience that would be more effective?
* Are there other means of communication that would be better than talking?
* Do you need to speak?  Do they?

**4. Are you the right person to be having the conversation?**

* Would an expert in the field, such as a therapist or grief counselor, be better?
* Would a conversation with a friend or relative help to strengthen those bonds?
* Is a decision-maker, such as a judge, the better person to deliver the news?
* Will the youth say something that is better to be kept secret?  Typically, only a lawyer or doctor is able to keep some matters from being discovered through a court order.
* Is there someone who will be able to communicate more effectively with the youth?
* Is there someone with cultural or community information who might be more helpful than you?

**5. Keeping confidentially concerns in mind, have you consulted with the people that can help you understand what risks, approaches, and opportunities you need to be aware of?**

* Have you spoken with your case supervisor about what you are planning to say/do?
* Are you sure of your facts?
* Have you consulted with the professionals involved in the case to get their perspective on whether the conversation makes sense, what the impact on the youth might be, and what you must do to prepare for it?
* Have you discussed the idea with people who understand the cultural issues that might be involved?

**6. Have you taken the steps required to make the conversation safe?**

* Do you have a clear set of objectives and strategies to achieve those objectives?
* Have you thought through what could happen and developed contingency plans?
* Have you properly accounted for cultural or language barriers?
* Have you practiced the conversation?
* Have you prepared yourself to be able to respond in a nurturing way even if the child or youth verbally or physically reacts against you?
* Have you made sure the environment is conducive to the objectives you have in mind?
* Should you have witnesses to ensure you cannot be accused of crossing important boundaries?
* Have you warned the youth that while you respect their confidentiality, you cannot keep certain information to yourself (i.e., hurting themself, hurting others, others hurting them)?
* Do they know that you must reveal information if the judge asks you to?

**7. Have you prepared appropriate follow through?**

* Do you have a plan in place so that the youth can put the information to use?
* Are professionals ready if intervention is required?
* Do you have the time to be in contact and provide support in the weeks following the conversation?
* Do the other people in the youth’s life know that the conversation is happening (or at least that an important conversation is happening) so that they will not be surprised by changes in behavior, can look for warning signs, and can provide appropriate support?
* Do you have a plan to deal with the impact the conversation might have on you?

Unit 4: Conflict Management Styles

Video:  Conflict Management Styles

Please watch the video at the link below titled, “Managing Conflict – the Thomas-Kilmann Conflict Mode Instrument.”

The following framework, developed by Kenneth Thomas and Ralph Kilmann to describe conflict management styles, is used extensively in business and educational programs.  A person’s style of dealing with a particular conflict depends on the importance of the task or topic at hand and the importance of the relationship between the two parties in conflict.

**DIRECTING:  “What I Say Goes” or “This is NOT Negotiable”**

You are confident that you know the best way, so you don’t bargain or give in.  You may feel that you need to stand up for what you believe is right.  You may also feel you need to pursue your concerns rather than the other person’s concerns.

**Potential Uses:**

* When immediate action is needed
* When safety is a concern
* When you believe you are right

**Potential Limitations:**

* Intimidates people and can force them to react against your position
* Does not allow others to participate in the decision-making process

AVOIDING:  “Don’t Make Waves” or “This Isn’t Worth the Bother”

You don’t address conflict because you are attempting to be diplomatic or because you want to address it at another time.

**Potential Uses:**

* When confrontation is too damaging
* When a cool-down period might help
* When you want to buy time to prepare
* When you believe the situation will resolve itself in time

**Potential Limitations:**

* Important issues might not get addressed
* The conflict might escalate or return later

ACCOMMODATING:  “It Doesn’t Matter to Me”

You yield to the other person for the sake of a positive relationship. You may give in for now but expect to get your way another time when the matter is more important to you.

**Potential Uses:**

* When the relationship is more important than the issue
* When you want to keep the peace and maintain harmony
* When the outcome is more important to the other person than it is to you

**Potential Limitations:**

* If used too often, your needs don’t get met

COMPROMISING:  “Let’s Split The Difference” or “Half a Loaf is Better Than None”

You seek a middle ground that everyone can agree on.  Each party must give up something to reach an agreement that each can live with.  Compromising is often quick and easy, and most people know how to do it.

**Potential Uses:**

* When parties of equal strength have mutually exclusive goals
* When all else fails

**Potential Limitations:**

* May avoid discussion of real issues
* Everyone may walk away dissatisfied

COLLABORATING:  “Two Heads are Better than One” or “Let’s Work it Out”

You work with the other parties to explore your disagreement, examine alternative solutions, and attempt to find a mutually satisfying solution (“win-win”), rather than telling them what you think is best or right.

**Potential Uses:**

* When everyone’s needs are worth meeting
* When you want to improve relations between parties
* When parties are willing to learn from each other’s point of view

**Potential Limitations:**

* This method takes time
* It will not work unless everyone is willing to participate
* It requires trust

One way to determine which style is the most effective in any given situation is to weigh the importance of the relationship against the task or topic at hand (see chart that follows).  For example, the accommodating style is most effective when the relationship is more important than the task (e.g., one person lets another choose the movie they’ll see because it’s the company that’s important, not the movie).  Conversely, the directing style is most effective when the task is important and the relationship is not (e.g., a police officer evacuating a burning building won’t be concerned if you like him, just that you escape safely).

Many of us fall back on the same conflict management style out of habit, but the relative weight of task and relationship will vary from situation to situation.  It is important to consider each instance and use the most appropriate style.  Each style will be useful to you at different times in your work as a volunteer.



Unit 5: Using a Collaborative Approach

As an advocate, you will interact and communicate with many people who hold many different opinions and beliefs about children and families.  Often, addressing a difference of opinion or challenging a firmly held belief will be an integral part of your advocacy.  California CASA encourages advocates to use a collaborative approach in working with families and with other agencies and organizations in the community.  As you work together on a common plan to ensure that the child is in a safe, permanent home, you will see that the collaborative approach brings more energy that is creative and resources to a situation or problem.

At its best, collaboration means different people or groups working together toward a goal they all agree on, with everyone doing what they do best, within the guidelines set by agency policy.  As people from various agencies work together with families, they get to know each other and understand each other’s services and approaches.  It is important that you only accept activities or task assignments that fall within the duties of CASA and that you advocate for others to complete activities that fall within their roles.  When agencies collaborate successfully, the child and all of the participants in the collaboration win.

Keys to Successful Collaboration

**Develop a Partnership**The people or agencies in collaboration need to develop mutually respectful relationships that allow for the development of trust.

**Assess Reasons for Collaborating**Collaborators need to clarify their reasons for working together and identify contributions each can offer to the plan.  This is an ongoing process.

**Set Goals and Make a Written Plan**Parties should write down the goals and the steps needed to reach these goals, indicating who will be responsible for each activity.

**Learn and Practice Skills**Group members may need to learn some new skills in order to reach the goals of the group.  Collaborators can teach each other and invite additional assistance as needed.

**Celebrate Accomplishments**All parties should take the time to celebrate their joint accomplishments with the families, workers, and others who have supported the collaboration.

**As a CASA volunteer, I will be expected to collaborate with others on my assigned child’s “team” in order to:**

1. Help the case move forward
2. Address and resolve problems that may arise
3. Advocate for unmet needs
4. Make sure the child’s voice is being heard
5. Achieve common goals