CASA
Court Appointed Special Advocates
FOR CHILDREN

THE NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION

CASA/GAL Pre-Service Volunteer Training Curriculum

# Pre-Work Handouts

## CHAPTER FOUR

HEARST foundations

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CHAPTER 4

# Pre-Work Handouts

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# Pre-Work Instructions

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

Prior to attending the fourth session of the volunteer training, please read through the pre-work handouts found in this document. This will give you a foundation in concepts such as: mental illness in families, mental health of children in care, a multimodal approach to managing mental health disorders in children, questions to ask regarding mental health of children, why poor children are more likely to be in the care system, how to obtain confidential case-related records of children and parents, confidentiality in CASA/GAL volunteer work, the need for timely and effective communication, the fine art of team work and the initial case notes for the Greene case. You should also complete the activity of examining poverty vs. neglect scenarios. Optionally, if the facilitator assigns the activity, you should also complete the activity of visiting an agency by taking public transportation.

# Mental Illness in Families

## Definition

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

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

## Causes

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

## Impact of Parental Mental Illness on Children

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

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

## Mental Illness in Families, Cont'd.

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

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

### Untreated Mental Illness

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

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

### Mental Illness and Child Welfare

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

## Mental Illness in Families, Cont'd.

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

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

### Assessment

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

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

## Mental Illness in Families, Cont'd.

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

### Treatment

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

### Cultural Considerations

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

### What a CASA/GAL Volunteer Can Do

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

## Mental Illness in Families, Cont'd.

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

## California Moves to Stop Misuse of Psychiatric Meds in Foster Care

By the time DeAngelo Cortijo was 14, he had been in more than a dozen foster homes. He had run away and lived on the streets for months, and he had been diagnosed with bipolar and anxiety disorders, attachment disorder, intermittent explosive disorder or posttraumatic stress disorder. He had been in and out of mental hospitals and heavily medicated.

Cortijo, who was born in San Francisco, was taken from his mother after she attempted suicide when he was 3.

After his later diagnoses, he was prescribed a combination of antipsychotics, antidepressants and stimulants, and was told that taking them was his only hope of being normal. Instead, he said, medication made him feel "doped up and completely lost."

It was not until he spent several months developing a relationship with a horse — "and it was huge," said Cortijo with a smile — that he began to really acknowledge his own feelings. "Animals sense you, your fears, anxieties and insecurities," he said.

Finding help through equine-assisted therapy — riding a horse, feeding, grooming and communicating with it — helped Cortijo to gain a better perspective on himself. "It allowed me to understand what a bond was, to realize I am an individual who is capable of caring, capable of being normal," said Cortijo.

He's now 22, off all medication, and is helping troubled youth as a juvenile justice intern at the National Center for Youth Law.

Children in foster care are prescribed antipsychotic drugs at double to quadruple the rate of that not in foster care, according to a Government Accountability Office report. Hundreds of children were found to be taking five or more psychotropic medications at a time, although there is no medical evidence to support such a drug regimen. Thousands of children were prescribed doses that exceeded FDA-approved guidelines. The report found monitoring programs for psychotropic drugs provided to foster children fell short of guidelines established by the American Academy of Child and Adolescent Psychiatry.

## California Moves to Stop Misuse of Psychiatric Meds in Foster Care, Cont'd.

In March, a report by the inspector general at Health and Human Services found quality of care concerns in more than two-thirds of claims for psychotropic drugs paid for by Medicaid, the health insurer for most children in foster care. That included too many drugs (37 percent); wrong dose (23 percent); poor monitoring (53 percent); or wrong treatment (41 percent). The OIG recommended that the Centers for Medicare & Medicaid Services (CMS) work with the states to enhance oversight, medical reviews and utilization reviews of psychotropics prescribed to children.

In California, a sweeping package of laws to regulate the prescribing of powerful psychiatric medications to children and teens in the child-welfare system has passed the Senate and is heading to the state assembly, where it faces no formal opposition. The reforms also are being eyed as a template for federal legislation. Anna Johnson, a social analyst at the Oakland, Calif., -based National Center for Youth Law, which helped write the legislation, said an enforcement mechanism is needed to change prescribing practices.

"The legislation describes in detail the oversight function — what everyone's role is, from the juvenile court judge and the social workers, to the care providers, the lawyers, the doctors," said Johnson. "And it names specifically the prescribing practices we want to see reduced: the use of multiple drugs on children, dosages that exceed maximums and the use of antipsychotics where not medically necessary because of physical health risk factors."

The push for tougher laws follows last year's publication of a series of investigative articles in the San Jose Mercury News, which alleged widespread use of antipsychotics and other psychiatric drugs without proper evaluation and monitoring among the estimated 63,000 California children in foster care.

"It is well beyond time for us to be having this discussion and intervening," said Ken Berrick, president and CEO of the Seneca Family of Agencies, which provides mental health and other services for children in California. According to Berrick, overuse of medication has been a problem for decades, often because better alternatives simply weren't available. "Medication is available right now on demand, and other services are not," he said. "When you don't have a choice, you rely on what you have."

## California Moves to Stop Misuse of Psychiatric Meds in Foster Care, Cont'd.

Under the reforms, there would be better monitoring of children on medication and closer scrutiny of physicians to identify doctors who rely most heavily on medication. The bill also calls for stricter oversight of group homes to determine if psychotropic medications are used to control children's behavior. "Drugging and sedating children should never be considered the primary option in lieu of counseling, therapy and appropriate treatment," said the bill's author, Sen. Jim Beall, D-San Jose.

In addition, social workers and caregivers in California would receive training in the risks, benefits and side effects of psychiatric medications. A mix of state and federal dollars would establish a structure to provide second medical opinions.

Beyond reining in prescribing outliers, the legislation also places a new emphasis on defining what comprises appropriate care for vulnerable youth. "It's no longer a drugs-only approach," explained Johnson, who said the legislation would require that children who are being given powerful medications also receive other services.

"We're saying, you have to do something else — either first or at the same time — to really help a troubled child," said Johnson. "Swallowing a pill doesn't help with grief or trauma. It may contain symptoms, but it doesn't help you move forward and be functional in life."

In legislative hearings, former foster youth testified about negative side effects from taking psychotropic medications, sometimes unwillingly. And they described how alternatives to drug therapy often led to better outcomes.

For Tisha Ortiz, 22, help finally came in the form of a therapeutic behavioral services worker who took a genuine interest in her. "I felt loved by her, that she actually cared," said Ortiz.

Ortiz had a chaotic childhood filled with emotional and sexual abuse. While she lived in various group homes, she often lashed out at adults and resorted to self-harm when her emotions got the better of her. For years she lived with flashbacks to traumatic events, which her caregivers and social workers misinterpreted. "They considered the flashbacks as hearing voices, so I got put on psychotropic meds for that, when I wasn't hearing voices at all."

## California Moves to Stop Misuse of Psychiatric Meds in Foster Care, Cont'd.

On medication, Ortiz gained weight and found it hard to stay awake, yet she continued to feel abandoned and depressed. "I just felt sedated, and I wasn't really dealing with the problems," she said.

According to Ortiz, she did not begin to get better until she was connected with a behavioral services worker who encouraged her to talk about her past. "She helped me understand that what I was feeling was because of the situations I went through and not because there's all these things wrong with me."

Since then, Ortiz has had other therapists who she felt really listened to her, whom she still occasionally calls if she's had a bad day. But the self-harm has stopped, and she's tapering off the one medication that she still takes. Ortiz says it was human interaction, not drugs, that helped her. "Having that love was one of the first steps that put me on the road to getting better."

There are a lot of good evidence-based treatments that work, said Shadi Houshyar, vice president for child welfare policy at First Focus, a national children's advocacy organization. "States are just struggling with finding the providers, the resources and the dollars to pay for these interventions," she said.

Some states resort to Medicaid waivers or use their child welfare general funds to match Medicaid dollars, but that's not enough, Houshyar said. That's why First Focus and other advocacy groups have been big proponents of a White House program aimed at curbing the misuse of psychiatric medication in foster care.

The Obama administration has called on states to advance alternative treatments in their child welfare systems. In his 2015 and 2016 budget proposals, President Obama unveiled a two-pronged plan allocating $750 million in grant dollars and incentive payments to address the overprescribing of psychotropics.

The demonstration project would bring child welfare and Medicaid agencies together to provide more coordinated services, including behavioral therapies, to foster kids with a history of trauma or mental health problems. "If we really want to solve this problem, we have to make the alternative interventions available at the same level at which medication is available," said Berrick. "It's really a question of access. When that happens, people will make the right decision."

# A Multimodal Approach to Managing Mental Health Disorders in Children

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

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

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

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

## Questions Advocates Should Ask

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

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

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

# Poverty in Your Community Research Activity

Research answers to these questions:

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

To find additional information about children in poverty, you can refer to the website of the National Center for Children in Poverty.

# Higher Rates of Poor Children in the System

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

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

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

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

Children living in families in poverty are more likely:

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

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

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

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

# Examining Poverty vs. Neglect Scenarios Activity

Consider the circumstances in which each scenario listed below would and would not constitute a child safety issue. Complete the sentence for both "Yes, if . . . " and "No, if . . ".

A family does not have a refrigerator. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

A family lives in a rental unit with holes in the floor. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

A family lives in a car. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

A family does not have electricity. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

A family does not have beds for their children. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

## Examining Poverty vs. Neglect Scenarios Activity, Cont'd.

A family does not have money to buy the mother's antidepressant medication. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

A family does not have a crib for their infant. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

A family has one parent who uses drugs. Is this a child safety issue?

Yes, if . . .________________________________________________

No, if . . . ________________________________________________

# Obtaining Confidential Case-Related Records

Your appointment as a CASA/GAL volunteer will advise information keepers that you are allowed access to records—even records that would otherwise be confidential—pertaining to the child in your assigned case. Present photo identification and copies of your legal appointment when you visit an agency from which you seek information.

The court order appointing you as the child's advocate provides fairly wide latitude to access that child's records. Parents' records are often more difficult to obtain. They or their attorneys may resist your efforts to access certain records if the information might damage the parents' credibility and their chance to have their child returned home. The best way to ensure your ability to obtain confidential records for a parent or other adult party to a case is to submit a release of information (signed by the parent) to the agency from which you request records. A release of information is a signed statement by a client authorizing the indicated third party access to the client's confidential information. Many agencies require that you use their form.

The process for obtaining information from child protective services agencies and schools differs from program to program. For example, information may be obtained through a legal process called "discovery," or it may be up to the individual CASA/GAL volunteer to obtain those records. Follow the direction of your local CASA/GAL program on how best to access child protective services documents, school records and other information involving the child(ren) and family to whom you've been assigned.

Many child welfare agencies, hospitals and schools do not honor walk-in records requests. Plan to call ahead and request that records be pulled for you to read at a certain date and time. Some hospitals and agencies will allow you to make copies on their machines; others will ask you to mark the requested pages and will send the copies to you. If you are denied access to records, contact your CASA/GAL volunteer supervisor.

Your local program will advise you on how to access medical records. They may post hospital names and contact information on the program's website or provide a handout with that information. There are some caregiver records that you will not be able to access due to law. This is most likely to occur with drug information, doctor and hospital records and mental health records.

## Confidentiality and the CASA/GAL Volunteer

As a CASA/GAL volunteer, you will have access to confidential information about children and the people involved in their lives. You will need to understand your responsibilities in dealing with the confidential information you have gathered. The law governs who has access to confidential information. The CASA/GAL volunteer may not release this information except to the child, CASA/GAL program staff, the attorney(s) on the case, the caseworker, the court and others as instructed by law or local court rule. There will be times when it will be tempting to share information with others, for example, when a person has just finished sharing information with you or when you believe doing so might help your assigned child. However, your role is to be an information gatherer for the court—not a transmitter of information to people with whom you are not authorized to share it. If certain information needs to be shared, consult with your supervisor to determine how you might facilitate communication among others without violating confidentiality yourself. Mistakes in handling confidential information can be detrimental to the children involved and can bring criminal action against the people who misuse the information. When in doubt, discuss any confidentiality concerns with your supervisor!

### What Information Should the CASA/GAL Volunteer Share with the Child?

The CASA/GAL volunteer is expected to develop a meaningful relationship with the child in order to make sound, thorough and objective recommendations in the child's best interest. The volunteer also ensures that the child is appropriately informed about relevant case issues, considering both the child's age and developmental level. The child is informed in an age-appropriate manner of impending court hearings, the issues to be presented, the recommendations of the volunteer and the resolution of those issues. If there is any question about what information should be shared with the child, ask your supervisor.

### What Is Confidential?

The legal definition of "confidential" varies from state to state. Some laws are quite clear and others vague. The facilitator will share with you the definitions and rules in your state. As a CASA/GAL volunteer, you must regard as confidential any information that the source deems confidential. If any source

## Confidentiality and the CASA/GAL Volunteer, Cont'd.

from which you obtain information requires you to show the court order of appointment or inquiries about why you are entitled to get such information, you should respectfully produce your court order and photo identification. Your appointment order gives you the authority to obtain a great deal of information that is, in fact, confidential. Child protective services records are confidential and are not available for public inspection. It is especially important that the name of any person who has made a report of suspected child abuse and neglect not be revealed. School records are also confidential. There are legal privileges that protect attorney/client, doctor/patient, clergyperson/congregation member, psychologist/patient and caseworker/client communications. Such communication, whether verbal or written, is all confidential and must remain so unless a court order specifically states otherwise. You are not allowed to share information with anyone other than the child, CASA/GAL program staff and attorney(s), the caseworker and the court unless a local or state order allows for a broader sharing of information.

You need not treat conversations with neighbors and friends who voluntarily give information as legally confidential. Also, if you speak with a teacher who is not providing confidential school records, but rather sharing impressions, these impressions would not be confidential unless the teacher requested that they be kept as such. This information, although not legally confidential, is still private and should not be shared except on a “need to know” basis, and then only with those people who need the information to better serve the child.

### Should You Tell a Source That You Intend to Share Their Information?

There does not appear to be any legal requirement that you disclose to a source your intent to share information. However, it is important to be respectful of the source and to be honest about your intentions with regards to the use of the information. When introducing yourself as a CASA/GAL volunteer, mention that your role includes gathering information in order to make recommendations to the court. Never promise that you will not share information received.

## Confidentiality and the CASA/GAL Volunteer, Cont'd.

### Sharing Information with Foster Parents

As a CASA/GAL volunteer, you are not the foster parents' source of information about the child's case, nor are you their advocate. That is the responsibility of the social services department. Your job is to focus on the child's needs and keep the child informed about the case.

Foster parents may seek information from you about the children in their care, but foster parents' contractual relationship is with the child protective services agency or a private licensing agency. To provide adequate care, foster parents do need to know relevant information regarding the child. In fact, federal law requires that the child protective services agency provide the foster parent with the child's health and education records at the time of placement. The records should be updated periodically and each time the child is moved to another placement. These records must include, at a minimum, the following:

- Names and addresses of the child's health care provider and school
- The child's immunization record, known medical problems and medications
- The child's school record with current grade level performance
- Other relevant health and education information (e.g., behavioral problems and/or disabilities)

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

## The Necessity of Timely, Effective Communication

The juvenile court system functions on strict timelines, which are in place so children progress toward a safe, permanent home and do not languish unnecessarily in out-of-home care. Guidelines intended to protect children can make successful completion of a case plan difficult for parents, especially those with drug and mental health issues. Children and parents need services put in place as quickly as possible. Every person on a case needs to understand where the case stands—including roadblocks, setbacks and successes—to give the parents the best chance at reunification and the child the best chance at finding a safe, permanent home in a timely manner.

As a CASA/GAL volunteer, you will need to speak with numerous people during the life of a case, many of whom will have different mandates and rules to follow. Each may have critical information that you need. Keeping lines of communication open with all parties and professionals is essential. If communication breaks down, case progress is invariably affected in a negative way. There is no time to waste on anyone's part in a child welfare case. As a CASA/GAL volunteer, you should be a facilitator of communication and avoid being part of a communication breakdown. Open, respectful communication among everyone involved in a case is critical to serving the child's best interests.

# The Fine Art of Team Work

## Common Sense Ideals

- We are all working toward the same goal: protecting children.
- We are all human beings—we will have some moments to shine and will make some mistakes along the way.
- Decisions should be based on the safety of the child, not on personal likes or dislikes.
- We will disagree sometimes; avoid being defensive or feeling personally attacked.
- We are all diverse, unique individuals who bring different thoughts, experiences and knowledge to the case.
- Lack of trust, openness and honesty will quickly kill any sense of teamwork.
- Be civil if you can't be friendly. Being curt, short or insensitive to others should not be tolerated.

## Team Building Practices

- Make sure team goals are clear and unambiguous.
- Make sure there is complete clarity about individual vs. shared responsibilities
- Build trust with your team members to facilitate more open and honest communication.
- Try to involve the whole team in the process and discussion; everyone's input is crucial.
- Be careful when bringing personal issues to the table; leave personal feelings aside and be considerate.
- Empower each member by listening to each other and being courteous.
- Point out when someone has a good idea or suggestion; be friendly with each other.
- Be comfortable in asking questions or clarifying others' points of view; make no assumptions.

## The Fine Art of Team Work, Cont'd.

### Open and Successful Decision Making

- Attend or provide input at any team meetings regarding your case.
- Be open to new ideas and information that may change your thoughts or recommendations
- Evaluate each suggestion based on merit, probability and safety for the child.
- Act on the decision that was made.
- If you disagree with a plan, make it clear in a professional, non-emotional manner, explaining why and what your intended plan of action is.

### What to Do If Someone Isn't Being a Team Player

Start by talking with that person in a non-confrontational manner. Begin by stating how much you appreciate their input and how important it is to the child and family.

Advise your immediate supervisor of the issues you have encountered and ask for assistance and direction.

*Adapted from material created by Kelly Hickle-Lentz, Wood County, OH Job and Family Services and Lucas County CASA Program.*

# Initial Case Notes for the Greene Case

## CPS Case File

| Last Name of Case: | **Greene** | | | | |
|---|---|---|---|---|---|
| Legal Number(s): | **08-5-54321-5** | | | | |
| **Child(ren)'s Name** | **DOB** | **Age** | **Ethnicity** | **Sex** | **Current Placement Location** |
| Marky Greene | 02/15 | 8 years | C | M | Home of bio mother & father |

| Current Caregiver(s) | Address | Phone |
|---|---|---|
| Bio Mother: Judy Greene<br>Bio Father: Roy Greene | 4810 Old Mill Rd | 555-5454 |

| Attorneys for | Attorneys | Phone Numbers |
|---|---|---|
| Mother | Darlene Wright | 555-6000 |
| Father | Walt Harris | 555-8727 |
| CPS | Robin Jackson | 555-6552 |

| Indian Child Welfare Act Status: |
|---|
| Court has established that ICWA does not apply in this case. |

## Case History

Two weeks ago: A call was made to the CPS hotline by the kindergarten teacher and school nurse at Parkside Elementary. The callers stated that one of their students, Marky Greene, often comes to school with poor hygiene, that much of his clothing is not his size, and that he's just come in with his third case of head lice in three months.

This CPS social worker (SW) interviewed the child's parents, Judy and Roy Greene. The family is Caucasian; the parents are in their late twenties. Per medical records, mother was diagnosed with bipolar disorder as a senior in high school. The Greene family moved here from a few states away. They have no extended family living nearby.

SW found conditions in the home deplorable but not dangerous. CPS decided to file a petition for neglect but to allow the child to remain at home for the time being.

Adjudication and disposition hearings were held the same day. Both parents attended. It was determined that the child's placement will continue in their home until the 3-month review hearing. Parents were ordered to cooperate with CPS treatment plan. Judge admonished them to work hard and pointed out that Marky was still under court's jurisdiction. He ordered CPS to not hesitate to take physical custody, should conditions in the home or family deteriorate.

<table>
<tr><td rowspan="2">CASA History: Case Initially Assigned to:</td><td rowspan="2">You and your team</td><td>Date Assigned:</td><td>Today</td></tr>
<tr><td>Date Terminated:</td><td>N/A</td></tr>
<tr><td>Current CASA volunteer:</td><td>You and your team</td><td>Date Assigned:</td><td>Today</td></tr>
<tr><td>Initial CPS Social Worker:</td><td>Ryan Headon</td><td></td><td></td></tr>
<tr><td>Current CPS Social Worker:</td><td>Ryan Headon</td><td></td><td></td></tr>
</table>

## Case History, Cont'd.

### Court-Ordered Services

**For the Child:**

Educational needs met as appropriate

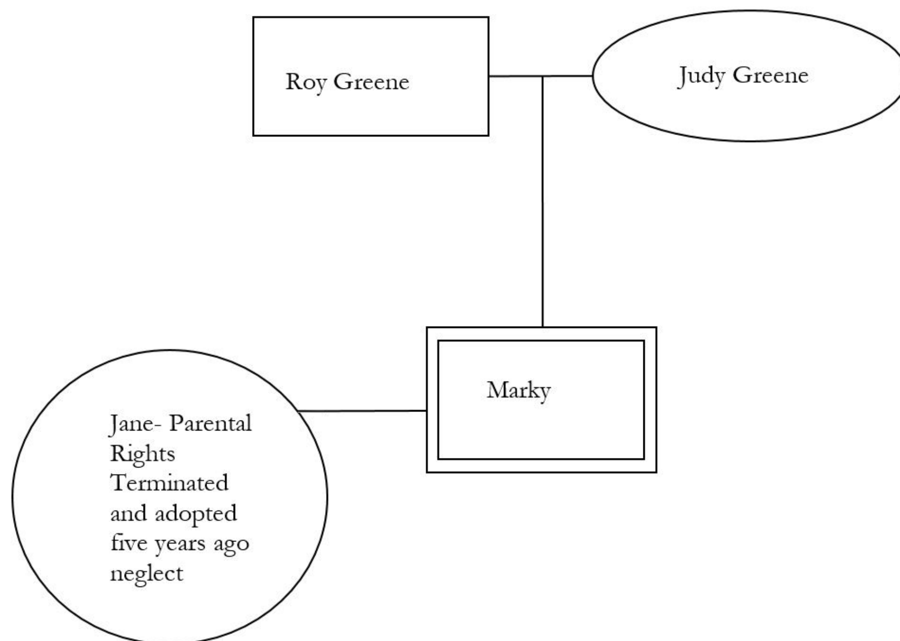
**For the Father:**

Psychological evaluation and counseling (if recommended)

**For the Mother:**

Psychological evaluation and treatment/counseling (if recommended)

## Greene Family Genogram



# Visiting an Agency by Taking Public Transportation Activity (Optional)

Many of the parents that you will work with do not have personal vehicles and must rely on public transportation when traveling to and from case-related appointments. It's helpful for you to experience public transportation first-hand to be able to understand these parents' experiences. We will ask you to share about your experience in a later class. You must complete this assignment by ________.

- The facilitator will either assign you an agency to visit or ask you to sign up for an agency.
- Take public transportation to the agency. You may catch transit from your home, the mall, or the local juvenile justice center.
- Once you arrive, sit and observe what's happening—who is in the room, how long they wait for services and how they are treated. Then introduce yourself as a CASA/GAL volunteer trainee and ask for a few copies of agency brochures and/or other pertinent information describing the agency and its services.
- Bring the brochures/information to the next training session to share with the class. The CASA/GAL program will keep them for reference.

At the next training session, you will share information about the agency you visited, your observations of their interactions with clients, any observations about the clients and your experience riding public transportation.