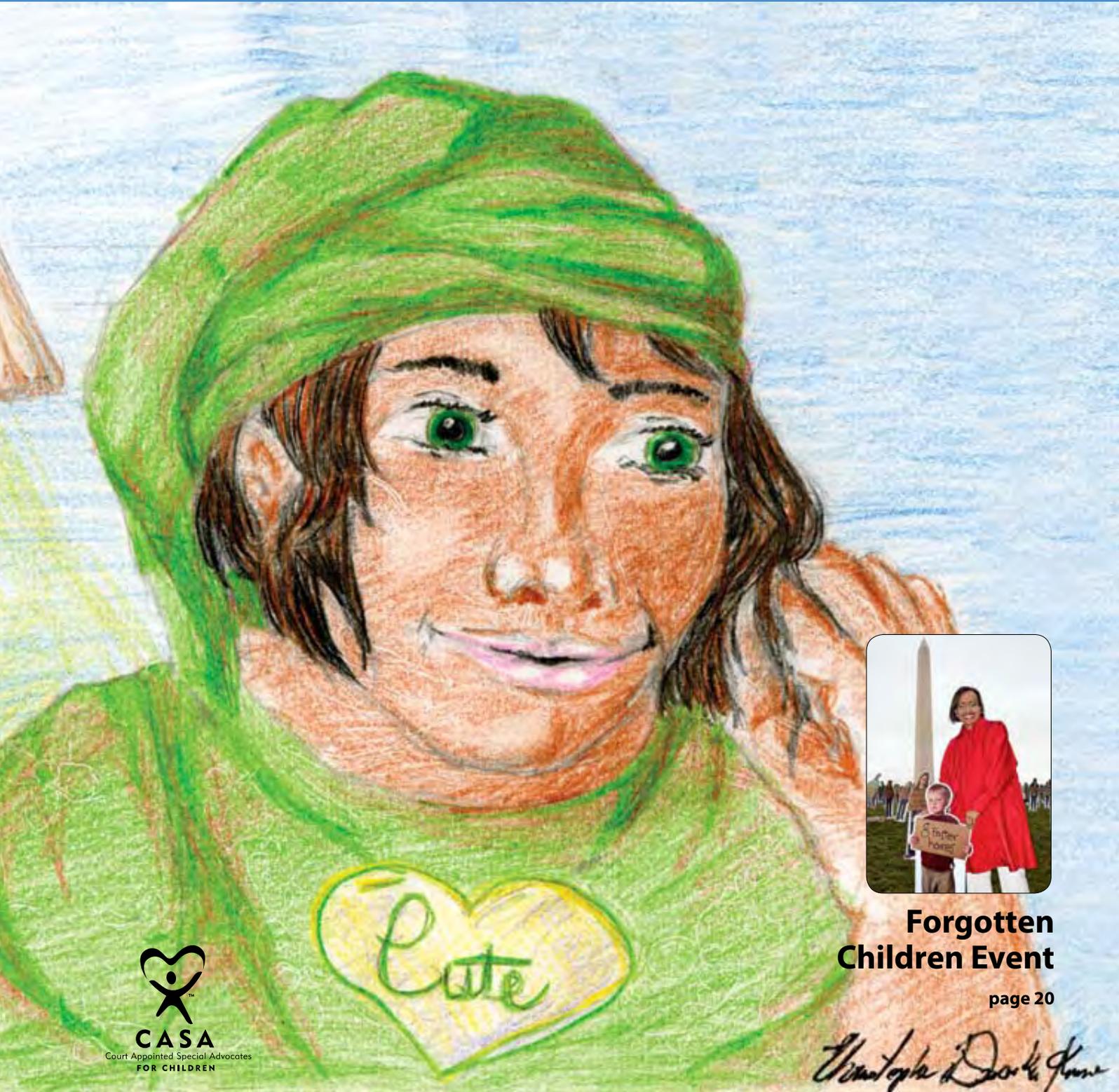


# THE Connection

News and Information from the National Court Appointed Special Advocate Association



## Forgotten Children Event

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*Christy & David's Home*



**CASA**  
Court Appointed Special Advocates  
FOR CHILDREN

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## volunteer voice

### Danny R. Von Kanel

CASA Volunteer  
Youth Service Bureau CASA Program  
Covington, LA

Taking a stroll through Cassidy City Park in Bogalusa, LA in many ways changed my life forever. It was there I inquired at a table display set up by the Youth Service Bureau about CASA. I had always had an interest in helping children, in influencing society, but never could pinpoint how. I knew it would require me stepping out of my comfort zone. At the display, I received basic information and left my name for contact later.

Soon after, I received a telephone call from our CASA recruiter to set up an interview. After the interview, I was not sure I had the time required to be a volunteer but agreed to attend the training.

The training proved intense, thorough and comprehensive. With all my questions answered, I plunged headlong into my first case. I was assigned a baby who was born addicted to drugs. With the mother physically incapable and other family members unable to handle the numerous problems, the state had custody.

My involvement in this case proved invaluable. We knew this mother wanted the child back, but her own health issues kept that from happening. The child, being premature, had a fragile respiratory system. One of my visits at the family's home shed light on the danger. Walking through the front door, I gasped for fresh air. The home reeked of cigarette smoke. The mother had been advised to quit smoking for the health of the child. I'm convinced that had the baby been returned, she would have ended up in the emergency room or worse.

The birth mom ultimately recognized her inability to care for the child and terminated her parental rights. An appropriate adoption placement was secured.

Managing my time as a full-time minister and serving as a CASA volunteer has been challenging but workable. Using my evenings for phone calls and reports and days off for home visits, I have had more than adequate interaction with the child, family, case worker and foster parents. Being on 24-hour call as a minister, I can juggle my schedule for family team conferences and court appearances.

Managing one's time comes easier when volunteering is viewed as a priority. My church understands that my advocacy is an extension of my ministry and a way I can have an impact on a child's life. Strategically planning my days allows me maximum use of my time to serve as a volunteer. Also, staying in constant touch with my CASA supervisor has been a time saver.

Being a CASA volunteer these past three years has proven a wonderful match. My gifts are in the area of administration.

Doing reports and paperwork comes easy for me. I have loved research ever since high school days when I took debate. So using observation skills, writing detailed reports, loving babies and meeting the needs of others make for a perfect fit.

I can truly say I have found my niche. My third case and two babies later, CASA is the most rewarding thing to happen in my life. I have a greater appreciation of our court system; children are ever more precious to me; and the solid citizens who give tirelessly to protect our kids have won my admiration. Where else can you improve a child's life and feel rewarded for making a difference in society? I am honored CASA chose me. I am glad I stepped out of my comfort zone and found this opportunity to serve others. 🗨️



Photo © 2008 by Ken Knight

# Working Together to Support Children in Need

Hon. Ernestine Gray  
Orleans Parish Juvenile Court  
New Orleans, LA



Having taken on the presidency of the National CASA Board of Trustees this past June at the annual conference, I thought I should introduce myself to *Connection* readers. Many of you already know me and my commitment to volunteer advocacy, but others I hope to meet and get to know over the coming two years.

Like you, I believe in what CASA and guardian ad litem volunteers do. I think our advocates' work with children is critically important. In my time as president, I want to make sure we maximize all of our efforts to meet our goal of putting a CASA volunteer in place for every child who needs one. And every one of us has a role in making this happen.

Shortly after I became a judge in New Orleans 24 years ago, one of my colleagues asked for the support of the other judges in establishing a new CASA program. From that point on, I have been involved with CASA New Orleans: doing public service announcements to recruit volunteers, participating in training and swearing in new advocates.

I became involved with the National CASA Association in 2001 when I was president of the National Council of Juvenile and Family Court Judges (NCJFCJ). As you may know, the NCJFCJ president also serves on the National CASA board. After my year as president of the Council, I was happy to be asked to stay on as a National CASA trustee. Since that time, I have been proud to contribute as an active member of the Standards Committee, the Education and Public Awareness Committee and the Inclusion and Outreach Committee.

What has kept me excited about volunteer advocacy for the past 20+ years? It has been seeing CASA volunteers in action in my courtroom, serving as the voice of children, making a positive, lasting difference in their lives. Advocates speak on behalf of children when others cannot or do not. They bring their recommendations for what is in the child's best interest. And they are able to focus on supporting this individual child because they normally have one case or a maximum of two, in stark contrast to social workers or attorneys.

I will give just one example of a case where I saw a CASA volunteer make a difference. We have a pilot program in my court working with infants and toddlers. One case involved a mother who was initially a bit hostile. I told her on the first day she came into court: "It is very important for you to show me by your actions that you want to have your children back. And you do that best by working your case plan. What we ask you to do, you try to do it." In the beginning, she was not willing to cooperate. I assigned a CASA volunteer to her case, and the volunteer was able to establish a rapport with the mother. I imagine the volunteer said to her something like: "If you care about your children, which I don't doubt that you do, these are the things you need to do. And while you're being upset with the agency and not complying, not going to visit, it is your children who are suffering." Talking that through with her, the volunteer was able to get the mother to turn around and start working the case plan. She is making good progress now and is on her way to reuniting with her children.

Over the last few years, the National CASA Board of Trustees has focused on creating an ambitious strategic plan. In this roadmap, we set out a few important goals for ourselves. I think the two most important are increasing the number of volunteers to serve more children and being more inclusive by developing the diversity of our volunteers, our staff and our board. These are not activities that can succeed in just one or two years. So I want to make sure we do everything we can to push our strategic plan further along. I look forward to helping CEO Michael Piraino in this effort. A new round of planning is about to start. We will be fine-tuning the roadmap, but I cannot imagine that the two priorities I mentioned will change.

I look forward to working with you over the coming two years to move us closer to serving all children who could benefit from having a CASA volunteer. 🏡

# THE Connection

News and Information from the National Court Appointed Special Advocate Association



A publication of the National CASA Association, representing 954 program offices and 59,717 CASA volunteers serving 243,295 children nationwide.

CASA (Court Appointed Special Advocates) is a nationwide movement of community volunteers who speak up for the best interests of abused and neglected children.

CASA volunteers work for the judge to review and monitor cases of children who become part of the child protection system. CASA volunteers work closely with the child and family to bring an independent assessment of the case to court, recommending to the judge what is best for the child's future.

CASA volunteers help prevent children from becoming "lost" in the child welfare system. CASA gives children a chance to grow up in safe, permanent homes.

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*The Connection* is designed to keep CASA programs, volunteers and the public abreast of the latest news and developments affecting CASA's work with abused and neglected children. Written contributions are welcome. Published quarterly by the National CASA Association.

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Unless otherwise noted, children in *Connection* photos are not from actual abuse and neglect cases.



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Speak Up for a Child®

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### Cover Artist



Christopher Kennie, age 21, is a former foster child. Although he has received no formal training, he loves art and has known since middle school that he wanted to be an artist. He hopes one day to be the next Leonardo da Vinci.

Kennie was recommended to National CASA as an artist by Dallas CASA. Founded in 1979, Dallas CASA was one of the first three CASA programs in the nation and the first in the state of Texas. Last year, Dallas CASA represented 907 of the more than 4,000 children in foster care in Dallas County. The program had 332 active volunteer advocates in 2007. For more information, visit [dallascasa.org](http://dallascasa.org).

# Supporting Mental Health Among Children in Foster Care

Richard C. Adams, MD  
Associate Professor of Pediatrics,  
University of Texas Southwestern Medical Center and  
Director of Developmental Disabilities,  
Texas Scottish Rite Hospital for Children in Dallas



For children, especially young children, life can be unpredictable day to day. In the best of circumstances, with sensitive and capable adult guidance, these experiences can be exciting, instructive. Even in less desirable situations, if such guidance is available, the child can become an adult with resilience, self-assurance and good mental health.

For children in foster care, those “predictable” aspects of day-to-day events are too often replaced with experiences of confusion, turmoil and physical or emotional scarring. Placement into a new environment—while safe and supportive on one or more levels—nevertheless brings new mental health stressors, disruption and new expectations in daily routines. Anxiety can arise from new home or school settings, unknown medical professionals, new peer groups and separation from the previously recognized, though troubled, environments.

The role of the CASA/GAL volunteer is particularly important in the ongoing, often complicated, process of integrating the various agencies and staff trying to help the child. The volunteer can also play an important role in assessing and optimizing the interactions among various factors that affect children’s well-being. These include the child’s physical and social environments, health-impacting behavior and medical care.

Good information flow among the child, the families, medical professionals and behavioral specialists is crucial to the ultimate stability of the child. When volunteer advocates

develop a comfortable and collegial relationship with both the foster and biological parents, they can often obtain better insights into the need for discussions with medical/behavioral professionals. Through interaction with the child and input from the parents, volunteers can watch for the following signs to trigger a recommendation that mental health treatment be initiated or revisited:

- New or increased negative behaviors such as aggression (especially if injury to self or others is involved)
- Changes in patterns of daily routines: eating, sleeping, continence
- Changes in speech or social interactions
- Reports of strong dislike or dysfunction related to school work or social performance at school
- New or worsening fears; avoidance of specific places or situations
- Dramatic shifts in mood that swing from “overly bubbly” to “sad, but I’m not sure why”; shifts in restlessness or irritability
- Increasing somatic complaints of physical pain, discomfort or illness without obvious medical cause

Unfortunately, a major barrier to optimal treatment for children in foster care is the lack of continuity of care among medical, behavioral and educational professionals. Information about patterns of behavior, which would give insight to new mental health professionals as they enter the child’s care system, is often not maintained because foster families and case workers come and go.

The use of psychotropic (mood-altering) medications for mental health conditions has long been an area of concern relative to children in foster care. The Texas Department

of State Health Services in 2005 produced a set of best practice guidelines to assist psychiatrists, developmental pediatricians, psychologists and other mental health professionals. The guidelines have two main goals: 1) to provide parameters for the appropriate use of psychotropic medications in children in foster care and 2) to alert clinicians to seven criteria that would indicate a need for further review of a child’s case. The document can be reviewed by going to [dshs.state.tx.us/mhprograms/](http://dshs.state.tx.us/mhprograms/) and searching for “psychotropic.”

When psychotropic drugs are prescribed, selecting the best medication(s) needed for a specific condition and maintaining a process to monitor and adjust medications are constant challenges for the medical/behavioral professional. The challenge is raised exponentially by the complexities of the children and the agency systems they are navigating. Please see the sidebar on page 7 for my recommendations of questions that can be raised when advocates talk to mental health professionals.

As part of the team assisting children with mental health issues, CASA volunteers are an invaluable resource. The continuity and history you provide are beneficial to those who serve children—and ultimately to children themselves. Thank you for taking on this important role in addition to everything else you do. 📣

**Richard C. Adams, MD**, a neurodevelopmental pediatrician, has been active for 20 years in program development, research and clinical practice related to children with disabilities and their families.

# Lack of Mental Health Care Shattered My Family

Pauline Gordon, 20

It was around 2:30 a.m. that I was awakened by the cries of my grandmother. The sounds led me into her bedroom. I was shocked to see my grandmother, my childhood protector, bent down on her knees in agony. I was shocked to see her crying because all my life she was this inspirational, strong and independent woman. Her presence was always full of exuberance and joy. The chilling sight of my grandmother calling out to God for strength weakened me.

For a while she ignored my presence as I stood beside the door unsure what to do. Quickly, my grandmother stuffed her purse with a few things. When she finished, I followed her to the front door. With tears clouding her vision, she explained that she was going to the hospital and that she would be back sometime tomorrow. She assured me that food was in the fridge, handed me money and gave me the most compassionate hug I ever felt. As she hopped in a cab, I waved good-bye; I was 17 years old.

I never saw my grandmother on the day she had promised to return. She ended up staying for months in the hospital after she was diagnosed with major depression. Since no other family members were able to care for my sister and me, we were sent to a foster home until my grandmother got better. Because her mental condition was so severe, that day never came.

When I was 14, my mom and dad had been stripped of their parental rights by the courts because they were both diagnosed with severe mental illnesses which made them

unable to care for us. My sister and I had gone through a long history of verbal and physical abuse by my father. My grandmother did everything in her power to gain custody of us so that we wouldn't end up in a stranger's home.

My sister and I were thrilled to be living with our grandmother. We had always had a close relationship, and I enjoyed going to her house. We would plant flowers in her garden and bake cookies. I remember sitting on her lap as she told me stories of my ancestors from Panama—and watching her sway her hips to salsa and calypso music. I felt so loved in her presence.

I thought that living with my grandmother would be like old times. As much as she tried to keep it that way, there were many disputes and family crises that led to her mental breakdown. Within a couple of years my sister was diagnosed with bipolar disorder, my grandmother's only sister died, and my grandmother's second-youngest daughter was hospitalized with schizophrenia. All of these tragic incidents came caving in on her.

Since my sister and I were removed from the custody of my grandmother, things have only worsened. We were placed in a neighborhood where crime was high. A bullet hole on the front door of our apartment greeted us. There were ongoing shootings and gang members living in the same building. Even our new foster brother became a Blood. Our foster mom gave my sister and me little attention. I never knew what it was like to go hungry until I lived there. My sister's



mental illness worsened, and she was hospitalized for about a year. Then she was sent into a group home. With my sister gone, I felt lonely and scared.

If I could have changed one thing about my foster care experience it would be that the system would have provided more resources to keep my family together. I believe that services like good family and individual counseling, and better medical attention for both my grandmother and sister, would have helped our family survive through rough times. Several years after my sister and I were removed from my grandmother's home, I found out that there is a program available to assist grandparents raising grandchildren with just these kinds of services. I strongly believe that if my family had been a part of that program, it would have prevented our separation. 📩

*In June, this essay received a grand prize in the 10th Annual Child Welfare Fund Awards for Youth in Foster Care. Pauline Gordon is a former foster child and a student at Lehman College in New York majoring in social work. She has used her knowledge of the system to advocate for youth in care. For four years, Gordon has written for the award-winning magazine Represent (youthcomm.org). Her articles and essays draw national attention to issues concerning young adults in foster care. In 2005, Gordon received an Outstanding Youth Journalism award from the National Mental Health Association. Her work also appeared in the series Living with Ghosts, which raised awareness of mental health issues.*

# Advocating for Appropriate Mental Health Treatment for Children in Care

Michael Skinner Mendelow  
Managing Editor, *The Connection*  
National CASA Association

*While in foster care, "Bobby" started acting out in preschool to the point of being expelled. He was receiving therapy, but it was not helping much. The caseworker obtained a psychiatric evaluation. As a result, the care team was planning to put him on antipsychotic medication and considering a day treatment program. Cindy Everett, a volunteer with CASA for Children in Portland, OR for six years, advocated strenuously and successfully for a therapist who had experience working with children in foster care. After just a few sessions, Bobby's behavior improved markedly. He is now in a regular kindergarten class, on no medication and about to be adopted.*

## Introduction

In this article, we briefly explore the scope of mental health needs among children in foster care. We then focus on advocating for appropriate and effective mental health *treatment*. Sidebars include resources for further research and tips for volunteers. In addition, our two editorials from experts in the field and our youth essay are important complements to this story.

## Prevalence of Mental Health Issues Among Children in Care

While definitions of mental illness change over time, from state to state and across cultures, mental illness diagnoses in the US are currently based on the nature and severity of an individual's symptoms. Those who meet the criteria set forth in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* may be diagnosed with a particular disorder such as depression, anxiety or post-traumatic stress disorder. About one in four adults suffers from a diagnosable mental disorder in a given year. (National Institute of Mental Health)

Studies vary widely in identifying the number of youth in foster care affected by a mental health disorder in their lifetimes, with estimates ranging from 40% to 85%. The latest research comes from Casey Family Programs, which reported the following findings from the *Casey Field Office Mental Health Study* involving 188 youth between the ages of 14 and 17:



[continued on page 6]

- 63% of youth in care had had **at least one diagnosis** of a mental health disorder in their lifetimes, compared with 46% in the general youth population of the same ages.
- 23% of youth in care had had **three or more diagnoses** in their lifetimes, compared to 15% of the general youth population.

*(Mental Health, Ethnicity, Sexuality, and Spirituality Among Youth in Foster Care, Casey Family Programs, 2007)*

This difference in prevalence of mental health problems is to be expected. Children in foster care have typically faced abuse or neglect by their own families, compounded by the trauma of being removed from their homes and often shuttled from one temporary placement to another.

For an overview of challenges at the nexus of mental health, foster care and family systems, as well as descriptions of common diagnoses in children, see “Mental Health Needs of Youth in Foster Care: Challenges and Strategies” (from [casanet.org/communications/connection-magazine.htm](http://casanet.org/communications/connection-magazine.htm), scroll down to the article from the winter 2004 issue of *The Connection*).

## Mental Health Treatment Challenges

### Financial Access to Care

“Cost, cost, cost,” replies Georgie Scurfield, CASA coordinator at the Sarpy County CASA Program in Papillion, NE when asked about obstacles to appropriate mental health treatment for children in care. She is well qualified to speak on this topic, having earned a master’s in social work and being a licensed mental health professional in addition to running a CASA program.

“Funding is the primary issue because what states and agencies tend to do is to place kids on Medicaid in the lowest level of care,” says Scurfield. “And only when they fail do they move them up to a higher level. If you’ve got a child in outpatient therapy whose behaviors are deteriorating, it may be that they need some inpatient care. But you’ve got to give them enough time to fail and then carefully document their failures.”

Michael W. Naylor, MD is associate professor of psychiatry and director of the Clinical Services in Psychopharmacology Program at the Institute for Juvenile Research based at the University of Illinois at Chicago. Naylor provided expert testimony at the July 2007 hearing of the House Committee on Ways and Means Subcommittee on Income Security and Family Support [see resources sidebar].

“First of all, there’s a huge shortage of child psychiatrists,” says Naylor. “On

average, there are about 8 child psychiatrists for every 100,000 kids. But in rural areas that drops to about 1 for every 100,000.”

And when you narrow that down to child psychiatrists who treat children in foster care, the numbers plunge further, according to Naylor. “Without a government- or donor-supported clinic, it’s next to impossible to find child psychiatrists because the professional fee reimbursement doesn’t even pay office expenses let alone salary. It’s a rare child psychiatrist past training who will take a Medicaid patient.”

Donna Russow has run the family counseling program at Family & Children First in Louisville, KY for the past nine years. In her program, about 25 therapists provide office-based family counseling as well as community-based child welfare services and in-home therapy.

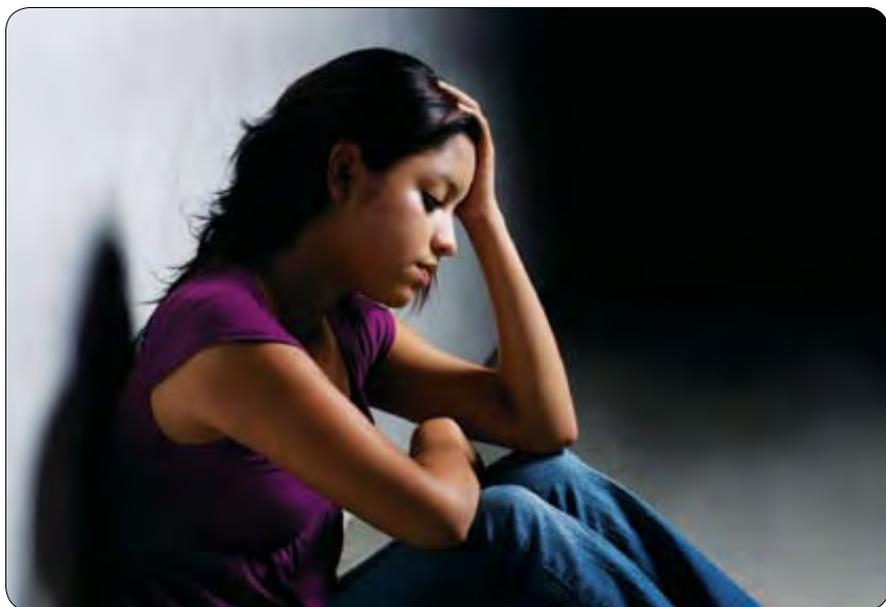
“Like most communities, our county contracts out mental health services for children in care,” Russow explains. “But my agency’s in-home services can only be used to *prevent* out-of-home placement. We would need to obtain a grant or other private funding to allow counselors to do in-home services for children already in care.”

### Lack of Continuity and Coordination of Care

Obstacles to mental health treatment appear at every stage. Providers have difficulty obtaining a thorough mental health history for children moving from placement to placement. Then a fragmented system makes it difficult to get a good assessment and diagnosis.

“Add to that the lack of providers trained in treating children with major issues around attachment, grief and anger management,” says Russow.

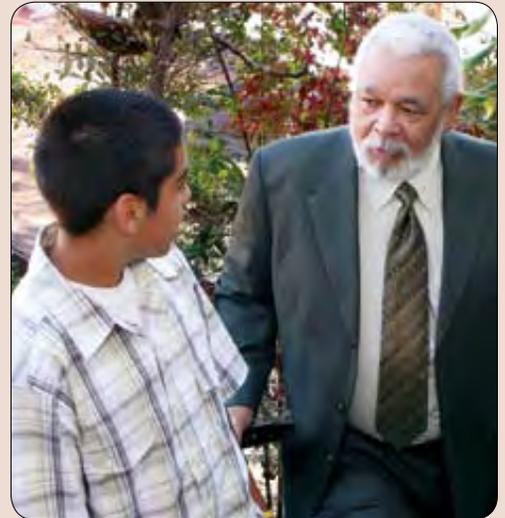
[continued on page 8]



## Tips for Working with Children

### General Considerations

1. Do not take it upon yourself to diagnose mental illness. This task is for professionals.
2. Educate yourself about local mental health resources and how to penetrate the system.
3. Maintain extensive documentation. You may end up having the most complete history and most consistent information related to the child's mental health.
4. Be aware of warning signs that may affect the health or safety of the child so that you can alert the caseworker about your concerns. See Dr. Richard Adams's editorial on p. 3 for a list of behaviors to watch for.
5. Recommend a mental health assessment of a child (or parent) if you see any of these warning signs.
6. Request consultations with a child's (or parent's) mental health care providers if you need to know more about their situation. Talk to your volunteer supervisor about confidentiality concerns and gaining access to information.
7. Educate yourself about ethnic and cultural considerations related to mental health labels, diagnoses and treatments.



### Questions to Ask when a Child Is Receiving Mental Health Treatment

1. What psychiatric diagnosis has been formally applied? (Your CASA program may have a *Diagnostic and Statistical Manual of Mental Disorders* in the office.)
2. What are the goals for treatment, and how does this intervention make these goals more likely to be achieved?
3. How do these goals fit into the client's culture, motivation and expectations?
4. What criteria are we looking at to determine what a "success" would be?
5. What are the possible negative impacts and risks of this intervention?
6. When and how will these questions be reviewed and the success of treatment be reassessed?

### When a Child Is Prescribed Psychotropic Medication

1. Understand that many people are very positive about their experiences with psychotropic drugs. They are a useful tool.
2. Consider asking the following questions of the provider, within the child's care team or even in court:
  - A. What psychiatric diagnosis has been formally applied?
    - Was the diagnosis based on multiple observers' input or on a single, brief assessment?
    - Who prescribed the medication? What are this person's qualifications?
    - Are there valid questionnaires that can be used to track improvement or worsening over time?
  - B. What target symptoms are identified for change, and are there rating scales that can be used to best track behavioral outcome goals?
  - C. Are the present or proposed medication doses considered to be in a low range or a high range?
  - D. What co-existing developmental disabilities are present, and how do they and their treatments affect mental/behavioral health care plans?
3. If a new drug is started, or if a dosage is changed, watch for immediate behavior changes, positive and negative, and document them. Have caregivers do the same when possible.
4. Make certain any medical follow-ups are happening (heart check, lithium levels).
5. Make sure that caregivers, attorneys, social workers and the judge are informed about intended benefits and possible side effects. Children should also be informed at a level they can understand.
6. Check any new problems that emerge against the list of possible adverse effects, and discuss any concerns with your volunteer supervisor.
7. If there is any indication that a child is suffering significant side effects of the medication, talk to the child's social worker, caregiver and medical provider as needed and express your concerns.
8. If your concerns are not addressed, talk to your volunteer supervisor about further strategies. Outside evaluations and second opinions can be ordered by the court as needed.

*Adapted from materials by this issue's two guest editorialists, Stephen McCrea and Richard C. Adams, MD.*

Dixie Williams is in her 11<sup>th</sup> year as a volunteer with the Sarpy County CASA Program in Nebraska. Her current case has spanned the past two years and involves a 17-year-old girl with mental health problems. Williams finds the lack of continuity of care extremely frustrating.

"This young lady has been in over 40 placements in the past five years," says Williams. "She's had numerous diagnoses. She goes to the hospital psychiatric unit for two or three weeks, then into residential treatment for several months, and all the while no one is getting at the heart of what is most troubling her. She progresses, she gets into a foster home, then boom—it blows up and she's back in a psychiatric unit again."

Not only is this cycle a source of hopelessness to the girl and her care team, but Williams fears that the child is being damaged by having to repeat her story of maltreatment.

"There's not one psychiatrist or therapist following this child, so she has to explain her past again and again until she says, 'I'm just not going to do it anymore. Nobody's listening to me anyway.'"

### Concerns About Overmedication

Psychotropic drug prescriptions for teenagers skyrocketed 250% between 1994 and 2001, according to a Brandeis University study published in the journal *Psychiatric Services*. And among children in foster care, the rates are much higher. US Congressman Jim McDermott (D-WA) was a child psychiatrist by profession before he entered politics. His concern about the mental health of children in care has led him to research the issue in depth.

"Studies in Texas and California have shown that foster kids are three to four times more likely to be prescribed psychotropic medications than others on Medicaid," says McDermott. "Research has also shown that an alarming rate of foster children have been prescribed four or more drugs."

McDermott understands that children coming into foster care have suffered various degrees of trauma. "I do not doubt that some children may benefit from medication," says McDermott. "Still, I also worry that foster children may sometimes be prescribed psychotropic drugs because such treatment is easy and quick—as opposed to effective and appropriate."

Cindy Everett, the Oregon CASA volunteer whose story opened this article, had to be especially persistent to prevent Bobby from being medicated unnecessarily.

"I work with kids his age as a special education teacher, and I know some do need medication," says Everett. "But this boy didn't seem to fit that profile. He needed a teacher with better skills at managing his behavior, and he needed a place to grieve where people allowed that—he needed a lot of things before he needed medication."

It can be difficult for CASA volunteers when they are the lone voice. "The other people on his care team didn't want to deal with his behavior, so they thought medication would be a good answer," says Everett. Nobody except her CASA volunteer supervisor agreed with her at the time.

Scurfield, the CASA director in Nebraska, believes that medications should rightly be seen as a "useful piece in the toolbox" to help children get well. But she and others caution that psychotropic drugs need to be monitored regularly and carefully because as children grow their reactions to medications change.

Sometimes CASA volunteers prevent major difficulties with medication just by asking questions.

"We just had an example here where a young man living in a group home had his medications changed," recounts Scurfield. "His behaviors became quite dramatically different. At a team meeting, the group home staff said, 'Well it's because his meds have changed.' So the CASA volunteer asked, 'Who ordered the meds to change?' And nobody in the room knew. So they called his prescribing doctor who said, 'No, I never made any changes.' Somewhere along the line a mix-up occurred, and the young man's behavior tumbled out of control."

CASA volunteers should also be aware that if a child is on a medication, he or she should also have supportive psychosocial services, such as therapy or school intervention.

"Don't get me wrong," says counseling director Russow of Louisville. "A lot of kids need medication. However I'm always very nervous when I hear a child is on medication but they're not getting any kind of counseling to go along with it. Studies show that medication without therapy for children is not that effective."

### Promising Practices and Glimmers of Hope

#### Public Policy

Some states are doing better than others at addressing the challenges of treating mental health problems of children in care. In Washington state, Representative McDermott points out, "The Department of Social and Health Services (DSHS) has made great strides in ensuring more coordinated care for all foster children. DSHS has worked with others to create regional centers for foster care health throughout the state, to establish safety and quality standards for mental health care and to provide more access to guidance for providers."

McDermott is concerned that many other states have done much less and believes that the federal government needs to step in. "I co-sponsored legislation with Rep. Jerry Weller of Illinois that has been overwhelmingly approved by both parties in the House of Representatives," says McDermott. "The *Fostering Connections to Success Act*

## Treatment Costs Lead Some Parents to Relinquish Their Children

In a number of states, the financial burden of getting their children treated for mental illness has led some parents to do the unthinkable: to voluntarily relinquish custody to the state. A 2003 report by the US General Accounting Office estimated, with only 18 states reporting, that about 12,700 children had been made voluntary wards of the state in one year to get mental health services.

Karyn Spencer wrote in the *Omaha World-Herald* on December 16, 2007 about Megan Byers, whose middle-class professional parents made her a ward of the state to get her the intensive treatment the family's insurance would not cover. Spencer's investigation was prompted by the rampage of 19-year-old Robert Hawkins, who killed eight others and himself at Westroads Mall last December. He had been in the child welfare system since the age of 14 and faced difficulty getting mental health treatment.

aims to provide better health care for kids in foster care. It requires states to develop a coordinated health care plan for every child in foster care that will ensure that they receive the proper screenings and treatment, to protect them from overmedication and to ensure the continuity of their care when they are moved from one home to another." At press time, McDermott urged CASA volunteers to notify their senators of the importance of passing these reforms. [Contact National CASA Deputy CEO Carmela Welte at [carmela@nationalcasa.org](mailto:carmela@nationalcasa.org) for further information about national legislation. —ed.]

### Efforts to Monitor Meds in Various States

A number of states are working on ways to oversee the prescription of psychotropic drugs to children in foster care.

"We encourage child welfare agencies to partner with academic child psychiatry programs to monitor statewide psychotropic medication prescription patterns and to improve the consent procedure," says researcher Naylor. "I think Illinois is probably furthest along in working on oversight. We're different from many child welfare agencies because it's a state-centered system. We review all of the requests from every region of the state, which allows for a degree of consistency."

Several states are making efforts to replicate aspects of the Illinois oversight system or to create their own reforms. Naylor pointed to Connecticut as being ahead of many others along with California, Florida, New York, Tennessee and Texas.

### Experience of CASA Programs

Mental health concerns are addressed in National CASA's new volunteer training curriculum. Volunteers and staff

may refer to Chapter 4, Unit 5 of the *Volunteer Manual* for the impact of mental illness on children and families and to Chapter 6, Unit 6 for children's psychological and educational issues. The "Web Resources" section of the manual lists many helpful websites and organizations.

In their efforts to face the myriad challenges laid out above, CASA for Children in Portland, OR developed a new mental health lesson plan a few years ago to supplement the National CASA training curriculum.

"We try to stay away from having volunteers worry too much about diagnoses and technical issues but rather to develop their ability to ask helpful questions," says Stephen McCrea, the organization's program coordinator. "We demystify the diagnoses found in the *DSM* and help volunteers see that these are primarily descriptions of common behavior patterns that children engage in, for a variety of reasons, and that there is a wide range of options available to help."

McCrea does his best to make sure that volunteers are not intimidated by experts. "Sometimes it is easy for volunteers to feel, 'Who am I to question the wisdom of a psychiatrist or a therapist?' But we encourage volunteers to think, 'If I were this child's parent, what are the kinds of questions I would ask?' As individuals, that is what volunteers can do better than anybody else in the system—ask the hard questions." [Also see McCrea's editorial on page 12.]

Questioning the effectiveness of services is exactly what happened in the opening story, according to CASA volunteer Everett. "After Bobby got thrown out of preschool, I advocated for a new therapist who specialized in dealing with children in foster care. Then he went into a daycare with a teacher who actually 'got' how you manage children like this, and he never had any behavior problems there."

Williams, the volunteer from Nebraska, talks about the importance of establishing credibility. "You have to be very persistent and prove yourself so that people take you seriously. You have to take really good notes and have excellent documentation: times, dates and as many quotes as you can get. So if you're asked a question, you can say, 'On this date, this is what this person said to me.'"

Naylor believes that volunteers can play an important role in watching for significant behavioral, emotional or academic problems in a child. When these come up, the advocate can ensure that a mental health evaluation is carried out by a qualified provider. According to Naylor, "If you can see that the clinician's assessment reflects the symptoms you've observed, and that their treatment plan is supported by a diagnosis, you can feel that the child is getting decent care."

[continued on page 12]



## Resources

The following tools are helpful in understanding child and adolescent mental health issues and advocating for proper treatment and resources for youth in the child welfare system.

### Organizations and Websites

#### **American Academy of Child and Adolescent Psychiatry (AACAP)**

[aacap.org](http://aacap.org)

AACAP works to assist parents and families in understanding developmental, behavioral, emotional and mental disorders affecting children and adolescents. The website includes resources and legislative updates.

#### **American Academy of Pediatrics (AAP)**

[aap.org](http://aap.org)

AAP's website provides information on various children's health issues—including mental health—for parents, health care providers and social services providers.

#### **The Arc**

[thearc.org](http://thearc.org)

The Arc provides services, support and advocacy for people with intellectual and developmental disabilities and their families. The website includes topics such as the *Americans with Disabilities Act*, managed care and fetal alcohol syndrome.

#### **Bazelon Center for Mental Health Law**

[bazelon.org](http://bazelon.org)

The mission of the Bazelon Center is to protect and advance the rights of adults and children with mental disabilities. They publish handbooks, manuals, issue papers and reports explaining key legal and policy issues in simple terms.

#### **Child and Adolescent Bipolar Foundation (CABF)**

[bpkids.org](http://bpkids.org)

The Learning Center on CABF's website provides information about bipolar disorder in children and adolescents, including links to support groups and resources.

#### **Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)**

[chadd.org](http://chadd.org)

CHADD publishes a variety of materials for educators, professionals and parents, including information on research advances, medications and treatments of ADHD.

#### **Child Welfare League of America (CWLA)**

[cwla.org](http://cwla.org)

According to CWLA, more than 80% of children in foster care have developmental, emotional or behavioral problems, and a large proportion of these children do not receive the services they need. The Child Mental Health section of CWLA's website provides fact sheets, publications and links to resources.

#### **Hearing on Health Care for Children in Foster Care**

[waysandmeans.house.gov](http://waysandmeans.house.gov)

From the Ways and Means Committee home page, click on Committee Hearings and select the hearing from July 19, 2007. Of particular interest is the testimony of Michael W. Naylor.

#### **A Home Within**

[ahomewithin.org](http://ahomewithin.org)

A Home Within addresses the mental health needs of current and former foster youth by offering pro bono psychotherapy services in many US cities.

#### **Internet Mental Health**

[mentalhealth.com](http://mentalhealth.com)

This site provides descriptions of many mental health disorders and medications, lists of general publications and research as well as links to other medical sites.

#### **Medscape**

[medscape.com](http://medscape.com)

The Psychiatry and Mental Health section of this website provides information on many issues and disorders.

#### **National Alliance on Mental Illness (NAMI)**

[nami.org](http://nami.org)

NAMI provides resources to improve the lives of people with mental illnesses and their families. The website provides in-depth information on specific disorders and medications. The site's Child and Adolescent Action Center includes a Juvenile Justice and Child Welfare section.

#### **National Institute of Mental Health (NIMH)**

[nimh.nih.gov](http://nimh.nih.gov)

NIMH is the largest scientific organization devoted to research focused on the understanding, treatment and prevention of mental disorders. The website provides a wealth of information on the mental health of children and youth.

#### **New York University (NYU) Child Study Center**

[aboutourkids.org](http://aboutourkids.org)

This site includes a wide array of information for parents and professionals about child mental health disorders, including a list of disorders, a dictionary of terms related to mental health and a guide to medications. It also features materials developed by the center's faculty.

#### **Parents Med Guide**

[parentsmedguide.org](http://parentsmedguide.org)

This site contains two medication guides: one for treating ADHD and one for treating childhood and adolescent depression.

#### **Screening for Mental Health (SMH)**

[mentalhealthscreening.org](http://mentalhealthscreening.org)

SMH works with local health care providers, social services agencies, schools and other organizations to implement in-person and online screening programs for depression, bipolar disorder, generalized anxiety disorder, post-traumatic stress disorder, eating disorders, alcohol problems and suicide risk.

**Substance Abuse and Mental Health Services Administration (SAMHSA)**  
samhsa.gov

This site includes general mental health information, data on new forms of treatment, publications on mental health topics and links to local professionals. For a description of the Comprehensive Mental Health Services Program for Children and their Families, go to [mentalhealth.samhsa.gov/cmhs/childrencampaign/ccmhs.asp](http://mentalhealth.samhsa.gov/cmhs/childrencampaign/ccmhs.asp).

#### **Youth Communication**

youthcomm.org

The Books section of this site contains such youth-authored publications as *Fighting the Monster, I'm Not Crazy* and *Depression, Anger, Sadness*.

#### **Television & Video**

##### **"The Medicated Child"**

[pbs.org/wgbh/pages/frontline/medicatedchild/](http://pbs.org/wgbh/pages/frontline/medicatedchild/)

This episode of the PBS show *Frontline* explores the trend toward medicating children for psychiatric problems.

##### **For the Child**

[parentsaction.org](http://parentsaction.org)

This DVD is designed to help foster parents understand the challenges that arise in working with children who have mental health problems. It provides an overview of the issues and recommends methods for coping with and overcoming barriers.

#### **Publications**

**AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline**, American Academy of Child and Adolescent Psychiatry (2005), available at [aacap.org/galleries/PracticeInformation/FosterCare\\_BestPrinciples\\_FINAL.pdf](http://aacap.org/galleries/PracticeInformation/FosterCare_BestPrinciples_FINAL.pdf).

**"Caregiver-Child: Mutual Influences on Mental Health" Issue**, *Focal Point* 22, no. 2 (Summer 2008), the Research and Training Center on Family Support and Children's Mental Health, Portland, OR.

**"Child Psychiatry and Child Welfare: A Collaboration for Change,"** by M. W. Naylor, T. R. Anderson and A. Morris, *Residential Treatment for Children and Youth* 21 (2003), 33–50.

**"Evidence-Based Practice in Child and Adolescent Mental Health Services,"** by K. Hoagwood, B. J. Burns, L. Kiser, H. Ringelsen and S. K. Schoenwald, *Psychiatric Services* 52, no. 9 (2001), 1179–88.

**"Evidence-Based Treatments in Child and Adolescent Psychiatry: An Inventory,"** by J. M. McClellan and J. S. Werry, *Journal of the American Academy of Child and Adolescent Psychiatry* 42, no. 12 (2003), 1388–1400.

**Foster Care and School Mental Health**, by M. Vulin-Reynolds, S. H. Stephans, N. Lever and M. Weist, Center for School Mental Health, Department of Psychiatry, University of Maryland School of Medicine (2008), available at [csmh.umaryland.edu/resources.html/FosterCareBrief.pdf](http://csmh.umaryland.edu/resources.html/FosterCareBrief.pdf).

**How, and Why, Does Wraparound Work: A Theory of Change**, by J. S. Walker, National Wraparound Initiative, Portland State University (2008), available at [rtc.pdx.edu/nwi/pb\\_nwi\\_howandwhywraparound.pdf](http://rtc.pdx.edu/nwi/pb_nwi_howandwhywraparound.pdf).

**Mental Health Care Issues of Children and Youth in Foster Care**, by T. Polihronakis, National Resource Center for Family-Centered Practice and Permanency Planning, Hunter College School of Social

Work (April 2008), available at [hunter.cuny.edu/socwork/nrcfcpp/downloads/information\\_packets/Mental\\_Health.pdf](http://hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/Mental_Health.pdf).

**Mental Health, Ethnicity, Sexuality, and Spirituality Among Youth in Foster Care: Findings from the Casey Field Office Mental Health Study**, compiled by C. R. White, A. Havalchak, L. Jackson, K. O'Brien and P. J. Pecora, Casey Family Programs (2007), available at [casey.org/Resources/Publications/CFOMH.htm](http://casey.org/Resources/Publications/CFOMH.htm).

**Mental Health Issue**, *Judges' Page* newsletter (February 2006), National CASA and the National Council of Juvenile and Family Court Judges, [nationalcasa.org/JudgesPage/index.htm](http://nationalcasa.org/JudgesPage/index.htm).

**"Mental Health Need and Access to Mental Health Services by Youths Involved with Child Welfare: A National Survey,"** by B. J. Burns, S. D. Phillips, H. R. Wagner, R. P. Barth, D. J. Kolko, Y. Campbell and J. Landsverk, *Journal of the American Academy of Child and Adolescent Psychiatry* 43 (2004), 960–70.

**"Mental Health Services for Children in Foster Care,"** by N. Halfon, A. Zepeda and M. Inkelas, *Health Services for Children in Foster Care*, no. 4 (September 2002), UCLA Center for Healthier Children, Families and Communities, [healthychild.ucla.edu](http://healthychild.ucla.edu).

**"Mental Health Services for Youths in Foster Care and Disabled Youths,"** by S. dos Reis, J. M. Zito, D. J. Safer and K. L. Soeken, *American Journal of Public Health* 91 (2001), 1094–99.

**"Nebraska Parents Face Mental Illness Dilemma," "Gaps in Mental Care Transition" and "Troubling Pattern Seen in Several Slayings,"** by K. Spencer, *Omaha World-Herald* series of articles on children's mental health, [omaha.com](http://omaha.com). Articles appeared on December 16, 2007, December 23, 2007 and May 10, 2008.

**"Potent Pills: More Foster Kids Getting Mood-Altering Drugs" and "A Dangerous Legacy?"** by G. Craig, *Rochester Democrat and Chronicle* series of articles on medication of children, [democratandchronicle.com](http://democratandchronicle.com). Articles appeared on December 9, 2007 and April 8, 2008.

**Psychotherapy for Children and Adolescents: Evidence-Based Treatments and Case Examples** by John R. Weisz (Cambridge: Cambridge University Press, 2004).

**"Psychotropic Drug Prescriptions for Teens Surge 250 Percent over Seven Years,"** *Brandeis News* (January 3, 2006), available at [my.brandeis.edu/news/item?news\\_item\\_id=104310](http://my.brandeis.edu/news/item?news_item_id=104310).

**"Psychotropic Medication Management for Youth in State Care: Consent, Oversight, and Policy Considerations"** by M. W. Naylor, C. V. Davidson, D. J. Ortega-Piron, A. Bass, A. Gutierrez and A. Hall, *Child Welfare* 86, no. 5 (September/October 2007), 175–92.

**"10 Ways to Help Children Feel Less Anxious,"** by M.B. Straus and M. Ernould, *Fostering Families Today*, (January/February 2008), 44–49, published by Louis & Company Publishing, [fosteringfamilies.today.com](http://fosteringfamilies.today.com).

**"Unmet Need for Mental Health Among U.S. Children: Variation by Ethnicity and Insurance Status,"** by S. H. Kataoka, L. Zhang and K. B. Wells, *American Journal of Psychiatry* 159, no. 9 (2002), 1548–55.

**Violence & Childhood: How Persisting Fear Can Alter the Developing Child's Brain** by B. Perry, ChildTrauma Academy, available at [childtrauma.org/ctamaterials/vio\\_child.asp](http://childtrauma.org/ctamaterials/vio_child.asp).

**"Why Lower Income Mothers Do Not Engage with the Formal Mental Health Care System: Perceived Barriers to Care,"** by C. M. Anderson, C. S. Robins, C. G. Greeno et al. *Qualitative Health Research* 16, no. 7 (September 2006), 926–43.

Scurfield stresses that volunteers should not worry that they are insulting a therapist if they say treatment is not working. “It’s a professional service. Remember to individualize. One therapist, one medication may be great for one child but not so great for another. And sometimes you need to advocate to stop therapy altogether. Therapy should stop after meeting treatment goals and start again if needed.”

### Where Do We Go From Here?

There are a variety of things that CASA volunteers and other concerned adults can do to improve the situation of children in foster care who have mental health needs. Russow recommends, “Become active in the community in trying to get mental health funding for children. Join your local Citizens Review Board. Write letters. Oftentimes CASA volunteers may see a gap that other people don’t see, and they can be a voice for kids throughout a county in a way that nobody else could.”

And in the words of volunteer Everett, “Trust your instinct and don’t back down. You have to fight for what you know in your heart is the right thing for this child. Bobby has done just fine without medication. He’s in a regular classroom and day care doing regular stuff. And now he’s transitioning into a loving adoptive home.”

What could be better than that? 📣



## Improving the Mental Health System to Improve Lives

Stephen McCrea  
CASA Program Coordinator  
CASA for Children  
Portland, OR

A number of barriers make it difficult to obtain appropriate mental health services for children in foster care. CASA volunteers, staff members and supporters can be leaders in advocating for systemic changes that will benefit the children we serve.

### Limitations Inherent in Medicaid

The fact that children in care are generally on Medicaid in some form limits their options. Child welfare agencies usually contract with specific providers, which often employ a range of therapists, some of whom are new graduates who are just starting their careers. But youth in the dependency system are arguably those with the most complex mental health needs, requiring professionals with the greatest level of experience and subtlety in knowing how to handle overlapping issues. The providers who deal with our children—at least in our Oregon service area of Multnomah and Washington counties—sometimes find the issues our children bring to therapy to require highly advanced skills that they are still working to develop.

### Lack of Availability of Newer Interventions

A related challenge is that services for foster children tend to be limited to traditional models—in-office individual therapy and medication—when often there is a need for in-home family therapy. When a parent makes big changes, such as successfully completing drug rehab, and the child will be returned to the home, there is almost always a need for family therapy. After all, a child is going to have a very different experience at home than before his or her removal. While family therapy is crucial, it is not often funded.

Another underfunded and thus underutilized tool is behavior management. Without specialized training, some foster parents are not prepared for the kinds of behavior problems we see when kids are separated from their families. To have a professional come into the home to work with the foster parent and the child and develop a positive reinforcement program can be a huge step toward stabilizing placements. CASA volunteers can be instrumental in advocating for this kind of support *before* a foster home is in jeopardy.

## **Additional Challenges Facing Families of Color**

Families of color can have an even more difficult time in our mental health system. There is a lack of practitioners of color, and there are language and cultural barriers. If you have a Spanish-speaking client, finding a therapist with appropriate experience and background—and who takes the Oregon Health Plan—can be difficult. But it goes beyond that. The very way in which mental and behavioral issues are conceptualized by our society differs from many other cultures. It is common for people of color to bump up against our mental health system and find that it just does not make sense to them. The way that some professionals talk to them about their problems may not make sense within their culture, and the solutions may not be perceived as helpful.

There is a new program run by a traditional local mental health agency that collaborated with nine local tribes to devise a specialized treatment program for American Indian children. Other kids use this program and often benefit from it as well. But it involves Native healing practices that would not be found in a standard residential treatment program, including sweat lodges and various ceremonies. We are very excited about the way this program was devised, using the wisdom of the people from the culture being served.

## **Treatment Complicated by Class Barriers**

People from a working-class background sometimes have trouble with the idea of therapy because it seems impractical to them. In a recent study [See “Why Lower Income Mothers Do Not Engage with the Formal Mental Health Care System” in the resource sidebar. —ed.], researchers talked to low-income mothers who encountered the mental health system and quickly dropped out. The women were asked why, with researchers expecting that the mothers were not accepting the common diagnoses of anxiety and depression. But in fact the women had no trouble accepting that they were anxious or depressed. It just seemed that sitting there talking about it was not going to help. They had practical needs such as obtaining food and shelter and sometimes protecting themselves from violent boyfriends. They said things like, “If you could set me up with a good job and some daycare, you bet I’d feel less depressed and less anxious.”

## **Over-Prescription of Psychotropic Drugs**

Several years ago, the judges in the two counties our program serves raised concerns about the over-use of psychotropic medications with children in care. They were noticing a number of trends, one being that very young children were being prescribed medication—even those under 4. The judges also noticed that the number of medications per child was going up, sometimes to four or more. With some additional research, they discovered that the local foster care population has a much higher rate of

psychotropic medication use than the general public—perhaps five or six times higher.

## **Role of CASA Programs in Advocating for Systemic Change**

CASA volunteers and staff members are uniquely positioned to call attention to the way that the mental health system currently treats foster children. Real systemic change is going to require mental health providers themselves to rethink what they are doing. A new system delivery model is needed. Appropriate treatment is going to depend a lot on an individual’s culture; it is going to depend on recognition of the kinds of stresses and traumas that they have experienced historically and that they may continue to be under. If these things are not taken into account, a diagnosis alone is a relatively ineffective tool.

An example of success in Portland is our work to address the over-prescription of drugs and other mental health issues related to children in care. We helped form a multi-disciplinary work group in the two counties we serve, with attorneys, case workers, psychiatrists, state policy makers, the attorney general and CASA program representation. The group made recommendations to the local and state Department of Human Services offices based on our discussions. To a large extent, these recommendations have been taken seriously, and a number have been implemented both locally and statewide.

Perhaps as importantly, we saw a cultural change begin to develop very quickly after the work group began meeting. When we first started talking about this issue, medication was rarely a topic of discussion during court hearings. That has changed significantly. Caseworkers are feeling empowered to ask more questions about doctors’ prescriptions because they have more information and more support from the courts and their own agency to do so. Certainly CASA volunteers have been recognized as leaders in raising these issues before the courts and in the community.

Creating a collaborative mental health work group like we did in our service area is an effective way to examine child welfare systems and recommend needed changes. If a CASA program gathers the support of its courts, local child welfare agency and the local bar, a great deal can be accomplished. If this has not happened yet in your community, I strongly encourage you to start now!

System change can start small. Fortunately, CASA programs are uniquely positioned to build on those small changes and help new ideas become a normal part of the child welfare system.

*Stephen McCrea has worked for CASA programs in Oregon for the past 11 years. With a master’s degree in education and a bachelor’s in chemistry, most of his post-university training and experience have been in the field of mental health.*

About 700 CASA/GAL advocates from throughout the nation conducted congressional visits on June 10 following National CASA's annual conference. We educated legislators and staff on key issues for children in foster care and demonstrated the effective advocacy of CASA volunteers. Packets detailing key legislative proposals were left with the offices. *Forgotten Children* cardboard cut-outs of children were also displayed in the reception rooms of congressional offices. The event was an enormous success based on reports National CASA received from participants.

Estakio Beltran, special assistant to Rep. Dennis Cardoza (D-CA), was a guest speaker at the orientation session for *CASA Meets Congress*. He informed participants about Representative Cardoza's pending legislation, the *CASA For Every Child Act*. The bill would provide partial reimbursement to states for the appointment of CASA volunteers to children's cases. Beltran's presentation was very engaging, culminating in thanking his former CASA volunteer Lauri Leaverton, who was in the audience. Beltran's compelling presentation prepared advocates to carry the message to Capitol Hill, resulting in 26 House offices agreeing to cosponsor Representative Cardoza's legislation and two Senate offices expressing interest in sponsoring the measure in that chamber.

Another important issue presented to Congress was the need for federal assistance to states that opt to support youth in care up to age 21. In addition to educating hundreds of legislators about this need, the delegation obtained commitments from 20 congressional offices to cosponsor the measure. Two weeks later, this provision was passed by

unanimous consent by the House of Representatives. National CASA is now actively building support in the Senate, targeting members of the Senate Finance Committee as well as those offices that expressed interest in supporting such a measure.

Through *CASA Meets Congress*, we were also seeking support for authorized funding for the CASA program at a level of \$15 million in fiscal year 2009. A total of 17 Democratic and 14 Republican offices expressed their full backing, a strong demonstration that our movement receives bipartisan support. Just weeks later, the Senate Appropriations Subcommittee recommended \$15 million in funding.

In addition to these extraordinary results are the wonderful anecdotes that participants related after their visits. One congressman expressed his interest in volunteering with a local program in Virginia. Sen. Ben Nelson (D-NE) revealed he had been a GAL volunteer in Nebraska. Rep. David Davis (R-TN) supports federal assistance for foster youth beyond age 18 and enthusiastically offered to display a *Forgotten Children* cut-out at a related hearing. Rep. Geoff Davis (R-KY) vowed that he will actively work on passage of the *CASA for Every Child Act*. Finally, Rep. Fred Upton's (R-MI) parents were foster parents, and he committed his support to all the issues for which we were advocating.



Estakio Beltran, special assistant to US Representative Dennis Cardoza, led a round of applause for his CASA volunteer, Lauri Leaverton of Yakima, WA, who was in the audience. "When I was little I couldn't pronounce *guardian ad litem*, so I called her my guardian angel. I would not be here today if it were not for her."



The Kentucky CASA delegation was welcomed by Senate Minority Leader Mitch McConnell (R-KY). Left to right: Will Constable, Jerry Bailey, Anne McReynolds, Jamie Etherton, Ambrose K. O'Bryan, Andrea Goin, Terri McBride, Dawn Lee, Debi King, Terri Lynn Campbell, Carrie Wedding, David Weber, Senator McConnell, J. Duncan Pitchford, Angela Woolsey, Alex Blevins, Leslie Birdwhistell, Sandy Wagner and Lancaster Gordon



Senator Charles Grassley (R- IA), ranking member of the Senate Finance Committee, introduced legislation in May that provides relative guardianship support and improves the adoption incentives program. Pictured left to right: CASA volunteer Holly Brink, North Iowa CASA; Program Coordinator April Goodman, 9<sup>th</sup> Judicial District CASA Program; Administrator Dick Moore, Iowa CASA; Senator Grassley; and National CASA Board Member Jerry Foxhoven, who is also director of the Middleton Children's Rights Center at the Drake University School of Law.

Congressional staff also offered stories of their affinity with CASA advocacy. Allen Richey, program director for Senator Mary Landrieu (D-LA), talked about providing CASA-related favors at his wedding rehearsal dinner. His mother is a juvenile court judge. Senator Blanche Lincoln's (D-AR) state staff member sits on the CASA Advisory Council. Senator Bob Corker (R-TN) had been thoroughly briefed beforehand by his staff member who had been a GAL volunteer. The mother of a staff member for Rep. Jan Schakowsky (D-IL) is a CASA volunteer; and Paula Campbell, staff to Sen. Arlen Specter (R-PA), has briefed the Senator based upon her years as a GAL volunteer in Florida.

The remarkable afternoon of *CASA Meets Congress* concluded with a reception in the historic Senate Caucus room. Senator Patty Murray (D-WA) sponsored and spoke at the event. She has championed children's issues throughout her congressional career. 🗳️

The CASA and GAL network is composed of extraordinary people who work tenaciously to provide hope to abused and neglected children across the country. From June 7 through 10, some 1,400 CASA/GAL volunteers, staff, judges and other supporters gathered in Washington, DC for National CASA's 27<sup>th</sup> annual conference. At informative workshops and inspirational general sessions, conference participants strengthened their skills and spirits as well as built friendships with others. During the general sessions, leaders in their fields shared perspectives on issues including turning the tide in the school drop-out crisis; improving the handling of child abuse and neglect in tribal communities; and building cultural diversity in our network.



Glen Ahhaitty—the son of National CASA's tribal sustainability specialist Glenda Ahhaitty—shared a flag song and an honoring song to open the conference. Ahhaitty is a noted Indian singer who has won Grammys for songs that he has composed and is considered one of the finest Kiowa singers of his generation.



Alma Powell is chair of the board of the America's Promise Alliance, of which National CASA is a member. The organization's mission is to mobilize people from every sector of American life to build the character and competence of youth. She also chairs the advisory board for the Pew Center for Civic Change.

*I have great hope today. There is a great awakening.... Last year, nearly 60,000 Americans served as CASAs and guardians. This outpouring reminded me of something that is great about America. When you ask for help, Americans respond. You have issued a national call for help for the forgotten children. We are joining our voice with yours. I believe millions more will answer. They will see your example pointing the way. With their help and your help, we can turn today's ripples of hope into a mighty current for change.*

—Alma Powell



National CASA recognized the efforts of the Indiana Retired Teachers Association (IRTA), which adopted Indiana CASA as its sole statewide volunteer project for two years beginning in 2007. IRTA Executive Director Ralph Ayers (pictured) has worked closely with Eugene Wease, the president of the organization, as well as its board and members, to promote the IRTA-CASA volunteer initiative. Ayers was joined at the conference by Eugene and Jeanne Wease and IRTA President-Elect Nancy Tolson, all three of whom are now CASA volunteers.



Outgoing board president Mimi Feller with Jeffrey Sedgwick, acting assistant attorney general for the Office of Justice Programs. Support from the Office of Juvenile Justice and Delinquency Prevention began in 1985. In these 23 years, the number of local CASA program offices has increased 611%, and the number of volunteers has increased ten-fold. In the past 10 years alone, National CASA has passed more than \$75 million in federal funding along to create new CASA and GAL programs and fuel expansion of existing programs.



Left to right: Julia Charles and Claire Babineaux-Fontenot of Wal-Mart Stores, Inc. Charles is a recent graduate of Bennett College for Women and a FosterClub All-Star from Greensboro, NC. During the 11 years she spent in foster care, she was moved more than 16 times. Recently, she published a book about her experiences called *Surviving the Storm: A Look at the Life of a Child in Foster Care*.

*We in the Department of Justice, in the Office of Justice Programs, consider our partnership with CASA programs one of the central elements of our work to protect children. We have a dedicated staff of our own at OJP, and one thing they understand well is that our system for protecting children wouldn't work if it weren't for the men and women who make the selfless commitment to represent their interests in court. Too many children have been silenced by abuse and neglect. You have given them a voice, and for that we are all grateful.*

—Jeffrey Sedgwick

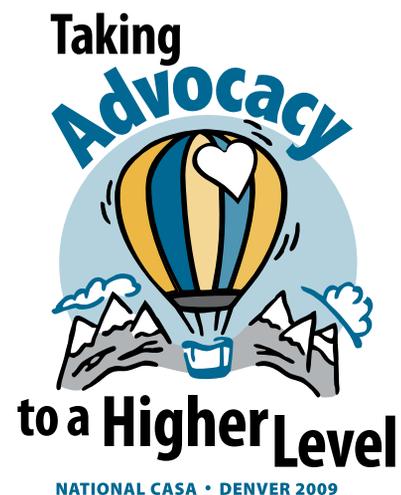
*Compassion. What does that mean? The prefix com means with, and the word passion means to suffer. To suffer alongside me. When I look at all of you and I say, "Do any of you have compassion and heart for children?" What I'm really asking is, "Are you able to suffer alongside me? Do you hurt when I hurt? Do you get a restful night's sleep while I don't have a place to live?"*

—Julia Charles

## 2009 National CASA Conference Coming April 25-28

Join us in Denver, CO for the 28<sup>th</sup> Annual National CASA Conference to make connections and gain knowledge that will help take your advocacy for children to new heights. The 2009 conference is an opportunity to participate in more than 60 workshops, hear from leaders in their fields and network with more than 1,400 peers from across the country.

Information and registration will be available in late 2008 at [casanet.org/conference](http://casanet.org/conference). We look forward to seeing you at the Sheraton Denver Hotel!



# Awards of Excellence Winners Honored at National Conference

At the recognition banquet held on June 8, the National CASA Association saluted and recognized the dedication, tenacity and passion of an advocate; acknowledged the achievements of a CASA/GAL program director; honored the commitment to children of a judge and a board member; and congratulated the accomplishments of a program in diversifying its staff and volunteer corps. This year, a special President's Award was presented to Representative Deborah Pryce (R-Ohio) in recognition of her outstanding and sustained commitment to improving the lives of children in our country.

**Barbara Himebaugh**  
**2008 G.F. Bettineski**  
**Child Advocate of the Year**  
**Pima County CASA Program, Tucson, AZ**



Volunteer of the Year Barbara Himebaugh (right) with Pima County CASA Program Manager Trish Biddix

A 20-year CASA veteran, Barbara Himebaugh has been appointed to 19 cases serving 39 children. Himebaugh understands parental wishes to reunify their families and has proven adept at supporting such efforts while maintaining her role as an advocate exclusively for the children. She explains to the court and to other organizations whose services parents require how their efforts support reunification and how children ultimately benefit.

She illustrated her reasons for continuing as a child advocate despite battling cancer and other personal challenges: "I remember

one case, when one of my little guys, I'll call him 'Matthew,' was brought into care. His first placement didn't work out. His second placement was difficult for him. And finally a wonderful foster father came forward to adopt him. Later I received a little note from Matthew, written in crayon on a lined scrap of paper, talking about what had happened to him. At the very end of the note, he said, 'But I'll have a good life.' And he is having a good life. That is what makes it all so worthwhile."

**Joni Goodman**  
**2008 Kappa Alpha Theta CASA/GAL**  
**Program Director of the Year**  
**11th Circuit GAL Program, Miami, FL**

After more than 26 years, Joni Goodman is retiring as the Miami-Dade GAL program's director. This award

was given to her in recognition of her achievements during that time, in which she has not only expanded and enhanced the program's outreach and quality of advocacy but has been responsible for major improvements in Florida's dependency system. In 1982, she took a fledgling GAL program with two staff members and a handful of volunteers and transformed it over the years into a program with 90 staff members and 624 lay and attorney volunteers. Together, these individuals now represent over 3,300 children, 91% of the community's dependency cases. Goodman also led the creation of significant new projects, including the Voices for Children Foundation (the successful fundraising arm for the program).

Concluding her acceptance speech, Goodman said, "I urge you to keep the vision. Never be satisfied. Never give up. Every child is a person of worth and dignity. You truly do make a difference, one child at a time."

**Hon. Leslie Kirkland Riddle**  
**2008 National CASA Judge of the Year**  
**Richland County Family Court, SC**

Judge Leslie Kirkland Riddle ensures justice for children and steadfastly contributes to the advancement of child welfare issues. While Judge Riddle gratefully acknowledges the volunteer guardian's presence in the courtroom, she also holds each one to a high standard, knowing how the guardian's recommendations can affect a vulnerable child's life. Her exceptional leadership enables



Program Director of the Year Joni Goodman with National CASA CEO Michael Piraino



Judge of the Year Leslie Kirkland Riddle

child-serving agencies to perform at optimal levels, while her wisdom and expertise are often sought to institute legislative changes for children.

Judge Riddle related to conference attendees how she had spoken with her niece about having a purpose. She had told her, “When you are put on this earth, you have to have a purpose that makes your life make a difference in the world. My purpose, and your purpose, is to take care of children so that they can have better lives.”

**Jessie Macdonald**  
**2008 National CASA Board Member of the Year**  
**CASA of Cook County, IL**

Jessie Macdonald got involved with CASA of Cook County in 2000 when she became an advocate for five abused and neglected children. When their case closed in late 2001, she joined the program’s board of directors to continue advocating for children in a different way. Since then, Macdonald has gone above and beyond her board responsibilities to ensure that the program is strong and viable. In 2004, Macdonald’s involvement increased significantly when she became the program’s interim executive director. Besides volunteering her time to temporarily manage the program, she

leveraged her personal relationship with a local bank to arrange a line of credit to help ease cash flow problems. Today, CASA of Cook County is a financially sound organization in part due to Macdonald.

Macdonald explained her success: “What I have learned in these years is that opportunities arise for all of us. Sometimes it’s not when we



Board Member of the Year Jessie Macdonald with Michael Piraino

planned for them to arise, but these opportunities arise when we can best use our skills and our talents to benefit something larger than ourselves. The important thing is to recognize these opportunities and then to seize them with courage when they arrive.”

**CASA for Kids of Barry and Eaton Counties**

**2008 National CASA Diversity Leadership Award Winner**  
**Charlotte, MI**

The CASA for Kids of Barry and Eaton Counties program ensures that the needs of individuals from diverse cultural backgrounds are met through training and volunteer recruitment. The program’s leaders believe advocacy must be culturally competent and flexible. Competence involves understanding not only the social oppression faced by various groups of people but also the strengths inherent in these communities. These values are reflected in the program’s services and staff. The result of the program’s focus on creating diversity and equipping volunteers to understand various cultures has been remarkable. Over the last two years, the program has grown from overseeing 15 to 54 volunteers and from serving 18 to 66 children.

Stephen McEldowney, the program’s executive director, remarked, “The biggest obstacle I think to increasing diversity within our organization was ourselves. You get used to comforts and you get nervous about breaking out of patterns. So to get through that resistance, we really just focused on the kids. The kids need us to be diverse, the kids need us to understand the experience that they’ve had on the face of the earth, and they need us to walk with them in their world and in their shoes.”



Left to right: Eaton County Advocate Supervisor Hope Steele, Barry/Eaton County Executive Director Steve McEldowney, Barry County Advocate Supervisor Jan Look and Eaton County Advocate Supervisor Kim Cena accept the 2008 National CASA Diversity Leadership Award.

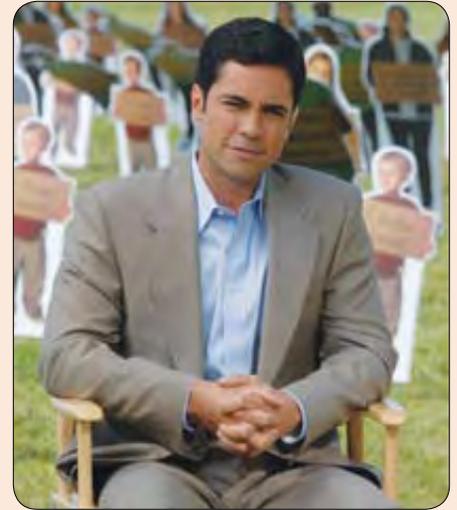
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## Forgotten Children Event Held at Washington Monument



On the first day, 850 of the child displays were in place.

Photo by Michael S. Piraino



CBS *Cold Case* star Danny Pino kicked off the event with a satellite media tour at the site, resulting in 120 airings. The tour was generously supported by the Kappa Alpha Theta Foundation.

On the morning of Monday, May 19, 850 life-sized displays of children, representing the number of children who enter America’s foster care system each day, appeared in the shadow of the Washington Monument. An additional 850 children appeared at the monument on each of the next four days until the total reached 4,250 children on Friday, May 23. The messages featured on the signs held by the display’s foster children were quotes heard in focus group sessions conducted with foster youth in 2007.

The *Forgotten Children* event was covered by the media 184 times—in television, radio, print and online—and reached a total audience of over 4.8 million adults. As a result of this coverage, volunteer and donor inquiries to the National CASA website increased 58% during the five-day event.

Representatives Jim McDermott (WA) and Dennis Cardoza (CA) spoke at the *Forgotten Children* event site. As chair of the Ways and Means Subcommittee on Income Security and Family Support, Representative McDermott authored the *Invest in KIDS Act*, which would provide federal assistance to all foster children for the first time as well as extend support beyond the age of 18. Representative Cardoza has introduced the *CASA for Every Child Act*, seeking to expand volunteer advocacy to all children in care.



Ralph F. Boyd, Jr., chairman and CEO of the Freddie Mac Foundation, stated, “The *Forgotten Children* project fits right in with our mission of making home possible for foster children and youth, and the foundation is honored to join efforts with National CASA this week to bring awareness and a voice to the thousands of children in foster care who still need advocates.”





On May 21, 11 foster youth from across the country were honored by National CASA and FosterClub as outstanding young leaders of 2008. These remarkable individuals have variously testified before Congress, mentored other youth, published a book advocating for foster care reform and interned for the US Senate—often while overcoming serious family issues and personal challenges. Here the honorees toast each other with their trophies.



Judge Glenda Hatchett attended the *Forgotten Children* event on May 20 to conduct media interviews.

## New E-Learning Module Features Aging-Out Resources

The National CASA Association has just released its second e-learning initiative. Titled “Aging Out: Supporting Youth Transitions into Adulthood,” the module is designed to assist volunteers working with adolescent youth who are preparing for emancipation from the foster care system. It was released to the entire CASA/GAL network in July. Topics include developing independent living skills, building significant and meaningful relationships with adults and preparing for the transition into adulthood.

The Aging Out e-learning program is divided into two parts. In the first, volunteers proceed through an informational workshop designed to simulate the feel of a traditional classroom. Volunteers have an opportunity to learn more about effective advocacy for aging-out youth through written content, audio recordings and videos. They are asked a series of questions along the way. After providing answers, volunteers have an opportunity to learn how other volunteers from across the country answered the same questions.

In the second part, volunteers practice their advocacy skills by navigating a series of interactive case studies. These case studies, while fictional, are based upon situations that staff and volunteers have faced in their work with abused and neglected children. Volunteers have a chance to develop rapport with and advocate on behalf of these fictional youth in a safe, practice setting to test their level of knowledge and receive feedback from a fictional volunteer supervisor.

This e-learning program is designed to offer programs and volunteers increased flexibility and variety when it comes to fulfilling the annual 12-hour requirement for in-service learning. Volunteers should check in with their supervisors for more information or to access the e-learning program.

## JFC Announces \$1,000,000 Gift to CASA Programs at Facets of Hope Event

Jewelers for Children (JFC) is a key partner of the National CASA Association, having worked with us since 2003 on the *Champions for Abused Children* initiative to increase the number of children served by CASA programs nationwide. JFC is a nonprofit organization created by the jewelry industry to raise funds for charities that benefit children.

This past June, JFC’s board of directors presented National CASA a \$1,000,000 grant, most of which will be passed through to more than 70 local programs for direct advocacy services to abused and neglected children. A portion of the award will fund technology advancements for National CASA’s website.

“The industry with a heart is truly making a difference and creating brighter futures for children in foster care,” says David Rocha, JFC’s executive director. “On behalf of the jewelry retailers, manufacturers, watch companies and trade



Kiaya Combs, 13, and her CASA volunteer, Jane Hegstrom, at the JFC Facets of Hope dinner in Las Vegas

associations who contribute every year to this effort, it's an honor to recognize National CASA and its member programs."

Over the past five years, JFC has funded direct advocacy services to 3,667 abused and neglected children in 336 communities nationwide. In addition, their generous underwriting of national awareness campaigns, including the production of public service announcements and videos, has helped National CASA recruit over 15,000 new volunteers.

The support of JFC has significantly advanced National CASA's vision to provide a CASA volunteer for every abused

and neglected child who needs one. The initiative also provides numerous opportunities for jewelry industry members to volunteer to help children directly. As a result of the hard work and generosity of JFC's underwriters and other members of the jewelry industry, Jewelers for Children has distributed over \$30 million to its recipient charities since 1999.

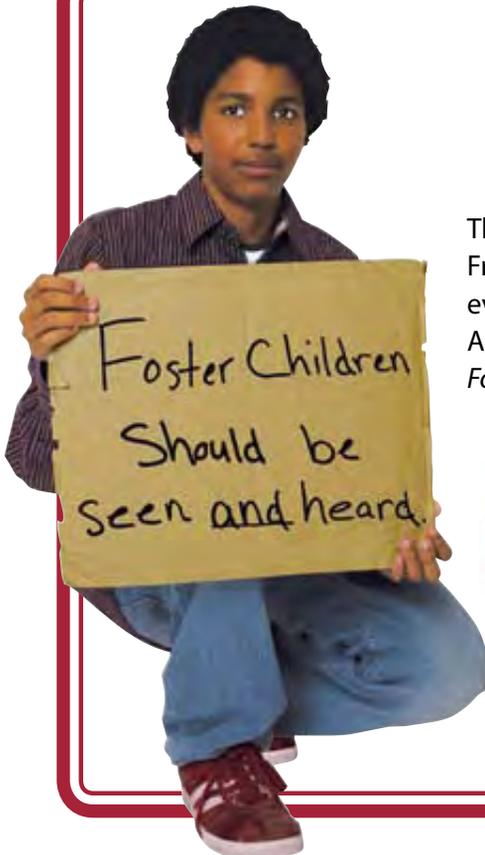
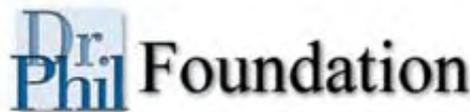
## National CASA Weekly Podcasts Debut

In May, National CASA introduced the first in a weekly series of podcasts to be posted on [CASA.net.org](http://CASA.net.org). A podcast is a recorded conversation, speech or program posted on a website for listeners to access from their computers. Audio files can also be downloaded to an iPod or other MP3 player. These programs are designed to better equip CASA/GAL staff and volunteers in their advocacy efforts.

The first podcast featured National CASA CEO Michael Piraino offering his observations of the work that CASA programs and volunteers do as well as his vision for the future of volunteer advocacy. Other topics covered to date include working with youth involved in both the foster care and juvenile court systems; National CASA's new Inclusion and Outreach Committee; kinship care; early childhood development; future training tools for the CASA network; attachment theory in children; and pending federal legislation. Podcasts remain on [CASA.net.org](http://CASA.net.org) in an archived area for future use. 

## Thank You to Our *Forgotten Children* Exhibit Sponsors

The National CASA Association thanks the Dr. Phil Foundation and the Freddie Mac Foundation for being title sponsors of the *Forgotten Children* event in Washington, DC. We also thank Casey Family Programs, Hewitt Associates and many individual donors for their generous support of the *Forgotten Children* exhibit.



# 5 Ways to Maintain Perspective

Dorothy Whitcomb  
CASA Volunteer  
CASA of Talbot County, Easton, MD



I was sworn in as a CASA volunteer in March 2001. A month later I received my first case, an 8-year-old girl we'll call Debbie. Debbie had come into care when she was 6. She had been abused, neglected and ultimately abandoned. Both of her natal parents had been incarcerated, and she was found living alone with three siblings in the care of her 11-year-old brother. Debbie was then adopted by a couple who in turn abused her. We met for the first time when she was removed from that home and placed again in foster care.

Debbie just celebrated her 15<sup>th</sup> birthday in a residential treatment center. Change has come very slowly for Debbie, who has been diagnosed with a range of significant mental health issues. She has spent more than half of her life as a ward of the court and unfortunately is likely to remain in the system until she ages out of care. Her situation, and as a result mine, is somewhat unusual. In my CASA program, most cases last an average of 26 months, and some cases close in as little as six. It's been seven years for us. As Debbie's CASA volunteer, I have learned that I have to keep my hopes high, my expectations realistic and my perspective clear, which can admittedly be a challenge at times. Here are some tips that have helped along the way.

## 1. Find tangible ways to measure progress.

Debbie and I share a journal. We take turns writing in it and—since she lives an hour and half away—mail it back and forth. It is a terrific tool for staying in touch, sharing thoughts and keeping track of progress. Because Debbie has a hard time talking about her feelings, the fact that the journal has become so important to her is

progress in and of itself. The dated entries help me chart her ups and downs as well as ferret out areas of growth that I might not be aware of otherwise. The journal's secret pocket is the repository for the little gifts we include. For example, Debbie draws pictures, cuts things out of magazines and once included her report card.

## 2. Seek out the perspective of others.

Debbie came into care along with an older brother who was also assigned a CASA volunteer. The fact that I trained with this gentleman was a real bonus. We quickly decided to team up with both children, an arrangement that allowed us to work to our strengths and ensured continuity when one of us was out of town. This arrangement was also tailor made to bolster perspective. Not only did we both have a thorough knowledge of the children and their cases, but we had also come to know each other well. When one of us faltered, became frustrated or slumped under the weight of these children's problems, the other was there to say: "Now wait a minute. Let's take another look at this."

Of course most CASAs don't have the advantage of a teammate, but we all have others to whom we can turn when our own perspective begins to get shaky. The first person to call upon is your case supervisor, who in my situation is worth her weight in gold. Other volunteers who have faced similar challenges can also offer valuable insight. These individuals are not as close to the situation as you are and can therefore come at it from a much more objective angle. The empathetic ears and practical advice they offer broaden your perspective and get you back on track again.

Talk to the child's teachers, foster parents and social workers as frequently as possible. They not

only give you the facts you need to advocate effectively for her best interests but can also provide another point of view. Sometimes that's all it takes to start seeing possibilities rather than problems.

## 3. Listen to your family.

Although confidentiality and privacy concerns prevent volunteers from sharing case information with others, family members seem to get a pretty good idea of how a case is going. I've learned to listen when my husband suggests that perhaps I'm getting too close to the situation or spending too much time trying to sort out problems that are not my job to solve. He's not callous or cynical; he just knows me well and is offering a reality check. His perspective comes from 40 years of watching how I function. He knows when I'm on my game and when I'm not.

## 4. Take a break.

Take a walk, go for a run, do whatever works for you, but find a way to separate yourself from your concerns about the child. For me it's gardening. There's something about digging in the dirt that centers me. Since I tend to work problems out subconsciously, the reflective state that gardening seems to induce invariably freshens my perspective. I have a friend who says that fishing does the same for him and another who gets the same result by playing the piano.

## 5. Be thankful.

Remember to celebrate the fact that the glass is half full rather than half empty. Acknowledge that your gifts of time, energy, advocacy, compassion and consistency may very well be the reasons why the child you advocate for still has hope for the future. 

*Dorothy Whitcomb is a journalist and editor who has served as a CASA volunteer in Talbot County, MD since 2001.*

# Children's Books

Books play an important part in a child's upbringing. They are not only helpful in developing language skills and critical thinking, but they open doors to mankind's accumulated knowledge, provide entertainment and create a magical realm where one can wander the world without leaving home. The books selected for this article are not meant entirely for entertainment but have an important role in the development of their targeted readers. Written with sensitivity and care, these books are related to helping foster, adopted or abused children adapt to their new situations.

## **Why Me? Entering Foster Care ¿Por qué a mí? Entrando a un Hogar de Crianza**

By Pamela Jackson, illustrated by Susan Howard and translated into Spanish by Sandra Hudson; Crismarc Publishing, 2002 and 2005; 48 pages; whymebooks.com



In her afterword, Pamela Jackson writes that until she began to raise a child who touched her life in remarkable ways, she had not realized "how many people were affected by the wrong choices of some parents." As she saw children go through the foster care system with questions nobody seemed to answer, she became motivated to write a children's book. Its goal is to prepare children new to foster care to understand their situation. Beginning with the question, "Why Me?," the book presents—with single, simple sentences aided by colorful

illustrations—the process of foster care for the child from the beginning until possible reunification with his or her parent(s). The child is allowed to ponder such questions as *Why did this happen to me? How long do I have to stay here? What should I expect from my new foster parents?* and *Was any of this my fault?* This book helps children see that they have the right to feel safe and secure, be happy and feel good in their new home.

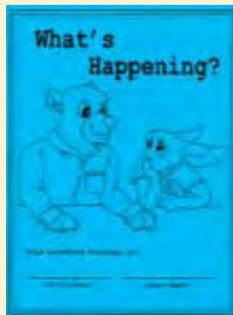
## **What's Happening?**

By Pamela Jung, illustrated by Lauren McMurtrie; 2007; 20 pages

*Mental health professionals believe using art to communicate with children and young people can have profoundly positive effects, especially for a child who has witnessed trauma and experienced stress beyond their years.* (The Connection, Vol. 22, No. 3)

*What's Happening?*, a set of two story/coloring workbooks (available in English and Spanish), was created to empower children who have been removed from their families by providing them with some basic information. One of the books is written for children 5 and younger or

for very stressed older kids, and the other is for older children. Written by Jung, a former guardian ad litem volunteer and case manager, the two books address the child's immediate situation and point out the role a CASA or guardian ad litem volunteer plays. The books were printed with funding from National CASA and a Jewelers for Children grant. If you are



interested in a free, printer-ready PDF, or would like more information, contact Pamela Jung at [zxpj@bellsouth.net](mailto:zxpj@bellsouth.net).

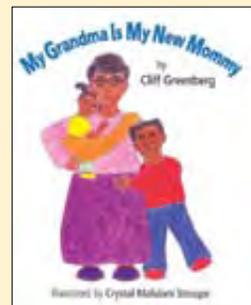
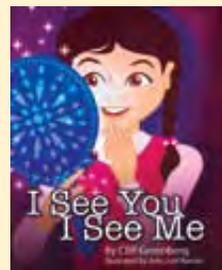
## **I See You, I See Me**

By Cliff Greenberg, illustrated by John Joel Rances; Trafford Publishing, 2007; 20 pages

## **My Grandma Is My New Mommy**

By Cliff Greenberg, illustrated by Crystal Malulani Stroupe; Trafford Publishing, 2007; 20 pages; [trafford.com](http://trafford.com)

Attorney Cliff Greenberg has represented neglected and abused children for the Legal Aid Society, Juvenile Rights Division in New York as well as thousands of adoptive parents in foster care, domestic and re-adoption cases. To help adopted children adjust to uncertain times, he has also written two books for them. One, *I See You, I See Me*, is for those who may have questions about themselves, their new families and their birth families. This book shows that what is most important is to reassure the child that she is special and loved. The other book, *My Grandma Is My New Mommy*, is about the special role millions of grandparents have in a grandchild's life.

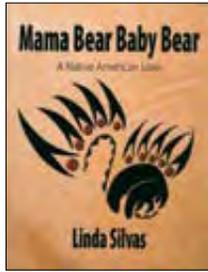


## **Mama Bear Baby Bear: A Native American Lore**

By Linda Silvas; Little Tree Creations, 2004; 52 pages; [mamabearbabybear.com](http://mamabearbabybear.com)

Set in a forest, the story focuses on Baby Bear and his grandmother, Mama Bear. When rumors reach the ears of Mama Bear that her grandchild is in grave danger and being neglected, she goes immediately to his rescue. Mama

Bear teaches Baby Bear how to count the stars, which berries to eat and which not to eat. She teaches Baby Bear to value life, himself and others as well as how to use his own intuition. American Indian author Linda Silvas offers a fresh perspective on how more and more grandparents and other relatives find themselves protecting and raising children.



asking direct questions about the situations that brought them into care. It is a way for a CASA volunteer and a child to get to know each other, and it can be worked on over a period of time.



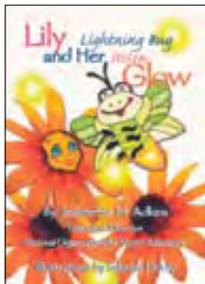
The book was produced with funding from Arkansas's Court Improvement Project and the Administrative Office of the Courts. For more information, contact [casa@arkansas.gov](mailto:casa@arkansas.gov).

*What books are you reading? Have you read a book that inspired, motivated or enlightened you about issues in child welfare? Send your book suggestions for future CASA Book Club features along with comments and reflections on the book to [theconnection@nationalcasa.org](mailto:theconnection@nationalcasa.org). Put "CASA Book Club Suggestion" in the title of your message.*

### ***Lily Lightning Bug and Her Stolen Glow***

By Jeannette M. Adkins, illustrated by Sabrina Dively; National Organization for Victim Assistance, 2006; 96 pages

Jeannette Adkins, a victim advocate with more than 25 years of experience, wrote this fable to help children who "at no fault of their own, have had bad things happen to them and have to go to court" and to lessen their fear of the unknown. A cast of characters, including Loretta Ladybug, Lily's advocate, help her regain her stolen glow. Children who read or listen to the story will find comfort and be inspired by this journey to justice.

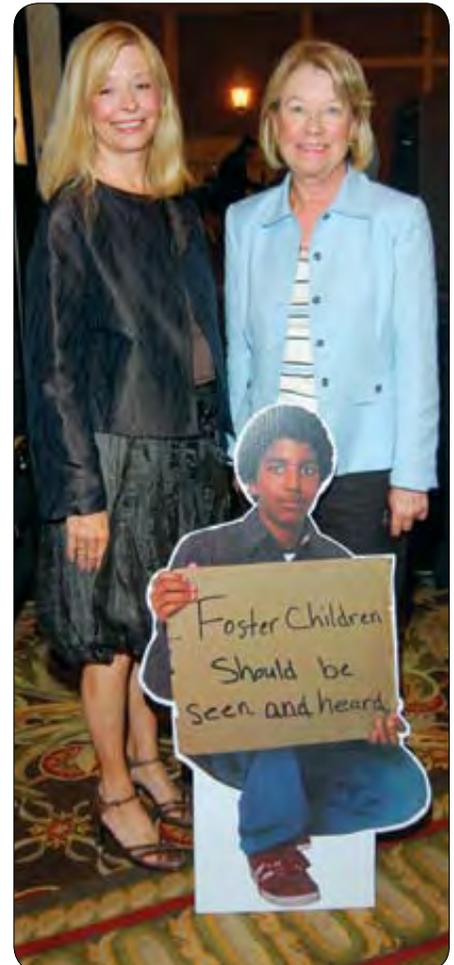


[Awards continued from page 19]

### **US Representative Deborah Pryce President's Award**

Elected to the House of Representatives in 1993 to represent her district in Ohio, Deborah Pryce has been a tireless advocate for women and children. She has worked to make the process of adoption more affordable for families and has been at the forefront of efforts to secure funds for physician training at children's hospitals. She also authored a law to require drug companies to test medications to determine their effectiveness in children and a measure to improve palliative care for children with terminal diseases.

Representative Pryce, who is leaving Congress at the end of this year, said, "I've really had good luck in my life and in my career to be able to be in Washington, be in the right place at the right time, to do some things that were good. But it's you folks that are on the front lines every day, year in and year out fighting for our kids. It's you folks that do the hard work. It's you folks who feel the heartache. And it's you folks that make a difference. And so for you to give me an award, this is at the top of the heap of the honors I have received, and I will value it always."



Rep. Deborah Pryce (right) with Mimi Feller and part of the *Forgotten Children* display



## Mentoring—The Magic of Connections

The California Mentor Foundation and Mentor/National Mentoring Partnership will host the *Mentoring—The Magic of Connections* National Mentoring Summit at the Disneyland Resort in Anaheim, CA September 18-19, 2008. The purpose of the summit is to invigorate and mobilize the mentoring community while motivating and inspiring business and civic leaders to increase their support for mentoring efforts. Meeting participants will learn from mentoring experts as well as business and civic leaders about the benefits of mentoring and the latest developments in the field. The summit will also build skills for mentoring program professionals and demonstrate how communities, faith-based groups and businesses can get involved in supporting young people. For more information, go to [mentoring.org](http://mentoring.org) and click on the conference logo.

## Report on Domestic Violence and Family Courts

A report from the Association of Family and Conciliation Courts (AFCC) and the National Council of Juvenile and Family Court Judges Wingspread Conference on Domestic Violence and Family Courts is now available online. Written by professors Nancy Ver Steegh and Clare Dalton, the report addresses critical tensions raised by the growing awareness that not all uses of violence in intimate relationships are the same. The Wingspread Conference featured nearly 40 participants from

different backgrounds, including family court judges, lawyers, domestic violence advocates, social science and legal scholars, court administrators and psychologists. The report is the centerpiece of a special issue of AFCC's research and education journal, *Family Court Review*, released in July. It is available at [afcnet.org](http://afcnet.org).

## Child Welfare Information Gateway

The 2008 update of *Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption* is now available. This publication provides a list and a timeline of federal acts from 1974 to the present that have had significant impact on how federal and state governments deliver child protective, child welfare and adoptive services to children and families. New features this year include links to the text of each act and the *Major Federal Legislation Index and Search*, which allows users to browse or search federal legislation included in this publication. From [childwelfare.gov/index.cfm](http://childwelfare.gov/index.cfm), search for the title of the publication.

## CWLA Radio

*On the Line with CWLA* is an interactive, live internet radio program focusing on subjects, stories and strategies of special interest to child welfare policymakers, providers and practitioners. Devoted to discussions about the welfare of America's vulnerable children, *On the Line with CWLA* features a 30-minute forum where numerous points of view and voices of experience within the child welfare universe can be heard. The weekly program broadcasts Wednesdays at 2:00 eastern time and features in-depth, timely discussions with leading child welfare experts and advocates; leaders and representatives from CWLA member agencies; and local

and national political figures working to improve child welfare. To listen to current and archived editions, go to [blogtalkradio.com/CWLA-Radio](http://blogtalkradio.com/CWLA-Radio).

## Report Card on the Education of Foster Children

Casey Family Programs and the Center for Public Policy Priorities have co-sponsored this report on America's shared responsibility for educating foster children. The report focuses on policies and practices in Texas, providing recommendations for both lawmakers and child welfare professionals. To download the report, go to [cphp.org/category.php?cid=4](http://cphp.org/category.php?cid=4) and click on the report filed on February 11, 2008.

## Children's Stake in Social Security

Although Social Security is best known as a retirement program, it is also irreplaceable life and disability insurance for young families. According to a new report released by the nonpartisan National Academy of Social Insurance (NASI) and funded by the Annie E. Casey Foundation, about 6.5 million children under 18—or nearly 9% of all US children—received part of their family income from Social Security in 2005. They included 3.1 million children who received benefits as dependents of a deceased, disabled or retired parent as well as an estimated 3.4 million other children who did not themselves receive Social Security but lived with relatives who do. "As policymakers consider ways to balance Social Security's long-term finances through benefit cuts, tax increases, or both, many people forget that children and their advocates have an important stake in the policy debate," said Joni Lavery, coauthor of the report and research associate at NASI. For the full report, go to [nasi.org/usr\\_doc/SS\\_Brief\\_027.pdf](http://nasi.org/usr_doc/SS_Brief_027.pdf). 

# Miami's Transitioning Youth Project

Sonia L. Ferrer  
Assistant Director  
Guardian Ad Litem Program - 11th Judicial Circuit  
Miami, FL

Could you imagine making it entirely on your own at age 18? Each year more than 20,000 youth “age out” of the foster care system, many without family or economic support. Without connection to a caring adult and support to plan and prepare, these youth face extreme challenges, including higher rates of unemployment, poor educational achievement, health issues, incarceration and homelessness. [See the Spring 2008 issue of *The Connection* for more information. —ed.] But those are the problems, the statistics—what about the potential of these teens and their desire to succeed?

In 2004, Florida's 11<sup>th</sup> Judicial Circuit Guardian Ad Litem Program in Miami made a commitment to ensure that these youth reach their potential by creating the Transitioning Youth Project (TYP). Supported by our Voices for Children Foundation, this project expands guardian ad litem representation to older youth who are under the supervision of the Department of Children and Families/Community-Based Care. The goal is to make sure that youth who are leaving the system have the adult relationships, education, housing, jobs and life skills they need to be successful on their own. Advocacy for these youth ensures that planning for successful independence begins early and that it builds on the positive relationships in the child's life. The project includes the following components:

- Education: Support the youth's completion of his or her high school education as well as higher education or vocational education when appropriate.
- Job skills: Facilitate assessment of aptitudes and preferences for employment. Provide access to vocational training and internship opportunities.

- Life skills: Provide access to everyday living skills (money management, banking, cooking, housekeeping, parenting skills, leadership development, etc.)
- Relationship building: Assist in identifying permanent, positive, committed adult relationships whenever possible. Alternatively, identify mentoring or other significant relationship-building support.
- Housing: Assist in identifying housing resources as well as provide education in apartment leasing and tenant responsibilities.
- Health care: Ensure access to appropriate health care and family planning.
- Mental health care: Assist in seeking and accessing mental health and substance abuse resources.
- Legal services: Provide legal advocacy to ensure access to entitled services or funding. Ensure that permanent legal status is obtained for immigrant youth.
- Community linkages: Provide access to resources and institutions (churches, neighborhood centers, youth groups, etc.) in the community to provide support and assistance.

As of July 2005, Florida law allows for extended care for youth who turn 18 but are not receiving necessary services. The TYP assists such youth in understanding their rights and provides legal representation to assist them in filing for extended jurisdiction.

Our project serves youth ages 16-21. Once they have emancipated out of the juvenile courts, TYP young adults have the option of continuing to receive services on a voluntary basis. In its first six months of existence in 2004, the Transitioning Youth Project served 55 teens. In 2005, this number grew to 158, in 2006 to 221 and last year to 286 teens.



Left to right: GAL Program Regional Director Joni Goodman (recipient of the Kappa Alpha Theta CASA/GAL Program Director of the Year Award); GAL Program Assistant Director Sonia Ferrer (author of this spotlight); GAL Program Office Manager Ida Rikhter; and GAL Program Transitioning Youth Project Coordinator Becky Calderon

This year, we are very proud to announce that one of our TYP youth, Willie [last name withheld because he is still in care—ed.], graduated from Norland Sr. High in the top 15% of his class. Willie not only exceeded academic expectations but was also involved in a number of clubs and community events. Just to name a few, he was a member of the Hospitality and Management Magna Program and 500 Role Models of Excellence as well as president of the Future Entrepreneurs Club. Commendably, Willie has been able to maintain his academic focus while maintaining consistent employment for the last two and a half years.

As a result of his academic accomplishments, Willie has been accepted to a number of the country's most prestigious Ivy League universities. He is determined to pursue a degree in business and become an entrepreneur. In the immediate future, Willie will attend Miami Dade Honors College, which will assist in preparing him to succeed at Cornell University, where he plans to enroll next school year.

Willie is a dedicated, responsible and charismatic young adult who serves as a perfect example of why we do what we do every day for the nation's most vulnerable children. 🏠

**3rd Annual Pedal Car Race  
Pulaski County CASA, Little Rock, AR**



Pulaski County CASA held its first pedal car race in 2006 to raise money for and awareness of the program. Each year the event has received more publicity; this year was the best so far, with local television stations and newspapers providing major coverage. Income comes from companies that sponsor each pedal car. This year, new additions included live bands and singers/songwriters who entertained the crowd.

**Shoe Tree Raises Child Abuse Awareness  
CASA of Johnson County, Cleburne, TX**

This April, CASA of Johnson County decided to do something different for Child Abuse Awareness Month. Executive Director Missy Nelson explained that the idea, shared by a

neighboring CASA program, was to make a display illustrating the number of children currently in care in the county. She said, "You can quote numbers all day, but most people don't really get it until they see it. When people in the community look at the shoes on this display, they realize that each pair represents a child that has been abused or neglected." Visitors to local buildings and businesses throughout Johnson County, TX saw the traveling display made of 107 pairs of shoes. Nelson remarked, "Numerous people have come up to me to tell me they saw our display and it made them cry. You can't pay for advertising like that! The next time they hear about CASA, they will remember those 107 pairs of shoes and think, 'I should really do something about that.'"

**Ladies of Harley Host Egg Hunt  
Volunteers for Youth Justice,  
Shreveport, LA**

During the past three years, the Ladies of Harley in Shreveport have collaborated with Volunteers for Youth Justice to produce an Easter egg hunt. This year, 20 bikers provided food, Easter baskets and activities for approximately 30 children. Eileen Czerwinski, CASA program director, said, "The importance of this event



Easter Bunny with Mia Isabella, whose mother is CASA Case Manager Terina Curtis

is really three-fold. First, it is a great way of collaborating and uniting with others, which in turn spreads word of CASA and recruits volunteers. Second, it is rewarding for others to give back to their community. Most importantly, the children have an event to attend which provides activities and gifts for them that they may not have received otherwise."

**Theta Contributions Recognized  
Georgia CASA**

Former National CASA Association board member and Kappa Alpha Theta liaison Joyce Honeyman (second row, third from left) was recently invited to speak at a Georgia CASA luncheon. The luncheon honored the Thetas for their continued work and generous financial contributions to the CASA program since the late 1990s, paying special



Georgia CASA Theta luncheon

tribute to three distinguished women: Peggy Jones, Roses Longino and Nancy Wood (seated). The event concluded with a fashion show, with models including Judge Sanford J. Jones, chief judge of Fulton County Juvenile Court, and Sanjay Gupta, CNN chief medical correspondent, accompanied by his daughter, Skye Gupta.

## Awards

CASA volunteer **Verlene Kunz** of **Spirit of the Plains, CASA, KS** was awarded the Kansas Attorney General Crime Victims' Service Award for her role in helping abused and neglected children. Recognized as an Outstanding Victim Advocate, she was described by Attorney General Steve Six as "a dream come true



Verlene Kunz with Kansas Attorney General Steve Six

for these children, giving them the voice they deserve in court." Before becoming a CASA volunteer, Kunz was chief of social services for Social Rehabilitation Services.

**Marsha Caplan**, executive director of **Voices for Children CASA, CO** was a winner of the *Boulder Daily Camera's* Community Service Pacesetter Award. Boulder County District Chief Judge Roxanne Bailin, who supported Caplan's nomination, described her to the *Daily Camera* as an "intelligent, level-headed voice of reason. I consider her an inspiration." Caplan, who also leads a mediation firm, joined the program in 1991. Since then, she has built a strong program with a dynamic board of directors and sometimes more people interested in volunteering than her program can take. 📧



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The National CASA Association gratefully acknowledges the generosity of those who made honorary and memorial gifts between November 1, 2007 and April 30, 2008. Making a gift to National CASA in honor or in memory of a friend, colleague or loved one is a meaningful tribute and a wonderful way to support our organization. Please visit [nationalcasa.org](http://nationalcasa.org) or call (800) 628-3233 for more information.

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# Anne Frank House

Amsterdam



*Although Anne Frank was “just one person, just one voice,” her story served as a light to reveal truth in the midst of dark secrets that should not be kept. Similarly, as CASA volunteers, we sometimes feel overwhelmed because we are “just one person, just one voice.” But we speak out in order to illumine the needs of children who have been victimized by those who would also have them keep secrets. Anne’s story reminded and encouraged me that even a small light is effective in dispelling darkness.*

—Chris Kirkpatrick, Volunteer, CASA of the High Plains, Pampa, TX

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## Connecting to Others Helps Foster Children Become “Whole”

Judge Glenda A. Hatchett  
National CASA Spokesperson

Various economic, sociological and public policy studies have found that abused and neglected children who do not grow up in safe, permanent homes often experience

mental illness, school failure, joblessness and incarceration. While the statistics don't hold true for all children in foster care, for many children they do. When I was a juvenile court judge, I saw many of the statistics prove to be true in my own courtroom; as a result, the children often fell short of their potential.

However, there is always a source of hope for a child whose life, according to statistics, seems to be destined for failure. One of those things that I believe can positively impact a foster child's future success in life is having connections to community, culture and role models. When I reflect on my own childhood and what was influential in helping me succeed in life, I think of the fact that I had a strong support system, pride in who I was and people who I looked up to and admired. Unfortunately, many foster children don't have the same; but those who do can often beat the statistics and find success.

Growing up, all children need a sense of community. However, that is often difficult for children in foster care. The average foster child is moved to a new home four times every year. By the time children begin to gain a sense of community with the people around them, they may soon have to adjust to a whole new set of family, friends, neighbors and classmates. Community does not only refer to a child's family and friends but can include their neighbors, teachers, case workers and of course CASA volunteers.

The African proverb “it takes a village to raise a child” gives a clear definition of community. Rearing a child should be a collective effort that includes people who have a vested interest in the child's future and want to see them succeed. Connecting to community for a child not only gives them a sense of belonging, which many foster children desperately long for, but it also gives them accountability. When they know others are watching them and holding them responsible for their actions, they may

make smarter choices. Every foster child needs to know that, regardless of how lonely they may feel, they have a community of people who care.

Along with community, foster children should have a connection to their culture. Today the country is vastly diverse and represents people from all different ethnicities and cultures. Children in foster care come from many backgrounds. But there is a critical overrepresentation of African-American children in the court system. It is important for children, especially those from minority groups, to know about their own culture because at the end of the day, that is how society sees them. Not knowing who you are coupled with feelings of being unwanted and abandoned can result in low self-esteem. Embracing one's culture opens up a door to learn more about who you are and where you come from, which boosts self-worth. To succeed, children need to know that they can achieve anything they set their minds to, and that often comes from being proud of who you are.

When we think of role models, we often think of athletes, actors and musicians. While celebrities are indeed role models, there are other people right in a child's community who serve this purpose. Connecting with a positive role model can change the direction of a child's life for the better and have a long-term effect. This helps children set goals for themselves and work to achieve them. Your role as a CASA or guardian ad litem volunteer can result in a child looking at you as a role model because of the care and concern you give.

While connection to community, culture and role models is not the only thing that can improve the lives of foster children, it can make a considerable difference. Connection can help form “whole” children who know who they are and that there are others rooting for them. Just like others before them, they are ready to conquer the world and reverse the statistics, one child at a time. 🗨️

*The Honorable Glenda A. Hatchett is a nationally recognized authority on juvenile issues known for her award-winning television series Judge Hatchett and her book Say What You Mean, Mean What You Say! Judge Hatchett is also planning future parenting conferences around the country. Watch her website for more information: [glendahatchett.com](http://glendahatchett.com). A version of this article originally appeared in the Winter 2006 issue of The Connection.*

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