

Session 4: Achieving Permanence—The Brown Case

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Online Learning

Online Facilitation Tips

In a blended-learning training environment, the facilitator must be adept and engaged not only in the in-person components but also in the online activity. The following online facilitation strategies are crucial in ensuring that participants stay engaged and learn the knowledge and skills necessary to complete their pre-service volunteer training prepared to take their first case:

Providing Technical Support: For some participants, this training will be the first time they have attempted to learn in an online environment. It's important to monitor participation very closely, especially at the beginning of the training period. If participants don't appear to be participating online, reach out to them to answer any questions or concerns they have about logging on or using the online tools.

Monitoring Online Participation: Just as facilitation of small and large group discussion is crucial in an in-person training environment, monitoring online discussion is essential in maintaining a safe and engaging blended-learning environment. At times, the online dialogue will revolve around sensitive or values-driven content; **it is your responsibility as facilitator to ensure that conversations remain respectful and on task.** In addition, you are responsible for holding volunteers accountable for full participation in the online components of this training curriculum. Just because participants complete the online components at their own pace and on their own time does not mean these components are optional.

Facilitating Online Dialogue: In a classroom setting, facilitators ask clarifying questions or in some cases play devil's advocate in order to help participants think about all sides of an issue. Your role in facilitating online discussions is very similar. When participants are asked to post their thoughts online as part of an activity, your role is to monitor the online discussion. If participants' posts are extremely brief, you should challenge them to dig deeper and expand on their thoughts (if appropriate). You should also engage participants online by asking clarifying questions or offering examples to reinforce how the content may play out in an actual case.

Community Resources: Prior to each online session, ask participants to research organizations or programs in your community that address a topic discussed in that session. For instance, in Session 4, participants might research organizations that address LGBTQ issues or educational challenges faced by children in the system. Ask each participant to post a three- or four-sentence description of one resource in the online Community Resources section.

The Online Parking Lot: Encourage participants to post in the online Parking Lot any questions that arise while they are completing their online work. You can either post your answers online or address the questions at the next in-person session.

Online Prep/Facilitator Involvement

Activity 4.2

- Monitor online discussion.

Activity 4.3

- Monitor online discussion.

Activity 4.4

- Monitor online discussion.

Activity 4.6

- Monitor online discussion.

Activity 4.7

- Monitor online discussion.

Activity 4.8

- Monitor online discussion.

Activity 4.9

- Monitor online discussion.

Activity 4.10

- Assign each participant a local school to contact.
- Give local school officials advance warning.
- Monitor online discussion.

Activity 4.11

- Monitor online discussion.

Activity 4.12

- Provide four or five Amarillo case recommendations for Part 2.
- Monitor online discussion.

Parking Lot

- Check to see if participants post questions. Post answers or make a note to address the questions during the in-person portion of this session.

Community Resources

- Remind participants to post information.

The self-guided online component of Session 4 is intended to take approximately 2 hours and 55 minutes.

Session Overview

This session addresses issues related to resilience and permanence, children's educational needs, the unique issues in advocating for older youth and the challenges faced by LGBTQ youth in the system. You'll also continue to explore cultural competency and child welfare law.

Objectives

By the end of this session, you will be able to...

- Describe the concept of resilience and identify protective factors
- Describe what is meant by concurrent planning
- Explain why expediency in establishing permanence is especially important for older youth
- Describe the importance of involving older youth in the permanency planning process (in an age-appropriate way)
- Identify educational challenges faced by children in the child welfare system
- Explain some of the issues faced by LGBTQ youth in the child welfare system
- Describe one federal law related to education and youth aging out of the system
- Identify strategies for writing effective recommendations in a volunteer court report
- Identify age-appropriate behavior for children from birth through adolescence

Resilience

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

Activity 4.1: Understanding Resilience

Anchor/Content

Visual/Audio/Kinesthetic

Estimated time: 10 minutes

Goal: To allow participants the chance to hear examples of how youth in foster care are resilient.

Participants listen to an audio recording that presents youth speaking to the concept of resiliency.

Activity 4.1: Understanding Resilience

Part 1: Click on the link to Part 1 of Activity 4.1 to listen to an audio recording that presents youth in the child welfare system speaking about their childhoods.

Part 2: What were you like when you were their age? Write down your thoughts. You will not be asked to share this information.

Activity 4.2: Protective Factors
Content/Application/Future Use
Visual/Auditory/Kinesthetic
Estimated time: 10 minutes

Goal: To allow participants to apply the concept of protective factors to the Amarillo case.

Parts 2 and 3: If there are key factors in the Amarillo case that participants do not list in the online discussion, you may want to post them yourself or ask questions that encourage participants to think more deeply about the factors. Monitor responses to ensure appropriateness of feedback.

Activity 4.2: Protective Factors

Part 1: Click on the link to Part 1 of Activity 4.2 to listen to a short recap of Maria Amarillo’s story. Then read through the list of risk factors and protective factors on the next page. Put a checkmark next to the protective factors you believe apply to Maria’s situation.

Part 2: In the online discussion forum, post the three protective factors you think are most prominent in Maria’s case and how you think these factors show up in the case.

Part 3: Respond to at least two of your classmates by asking a question or making a comment about what they have posted.

Risk Factors

Early Development

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

Childhood Disorders

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

Family Stress

- Family on public assistance or in poverty
- Separation/divorce/single parent
- Large family, five or more children
- Frequent family moves

Parental Disorders

- Parent(s) with substance abuse problem
- Parent(s) with mental disorder(s)
- Parent(s) with criminality

Experiential

- Witness to extreme conflict, violence
- Removal of child from home
- Substantiated neglect
- Physical abuse
- Sexual abuse
- Negative relationship with parent(s)

Social Drift

- Academic failure or dropout
- Negative peer group
- Teen pregnancy, if female

Protective Factors

Early Development

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

Family

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

Child Competencies

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

Child Social Skills

- Gets along with other children
- Gets along with adults
- “Likable” child
- Sense of humor
- Empathy

Extrafamilial Social Support

- Adult mentor outside family
- Support for child at school
- Support for child at church, mosque, synagogue
- Support for child from faith, spirituality
- Support for child from peers
- Adult support and supervision in community

Outlooks & Attitudes

- Internal locus of control as teen
- Positive and realistic expectations of future
- Plans for future
- Independent minded, if female teen

Adapted from materials by Marci White, Methodist Home for Children, Raleigh, North Carolina, 1999.

Permanence

Activity 4.3: Permanence—Kadia’s Story

Content/Application

Visual/Auditory/Kinesthetic

Estimated time: 10 minutes

Goal: To help participants learn the importance of permanence for a child.

Monitor the online discussion forum.

Activity 4.3: Permanence—Kadia’s Story

Part 1: Click on the link to Part 1 of Activity 4.3 to watch “Kadia’s Story” from *Powerful Voices: Stories by Foster Youth*. Then read the following information about permanence.

Permanence

All children need a “parent,” a primary attachment figure who will care for them through life’s ups and downs, protect them and guide them now and into adulthood. In our culture, typically the parents are a father and mother, but one or more other caring adults who are willing to commit unconditionally to the child can also meet the child’s need for permanence.

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

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

There are two possible “permanent” resolutions:

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

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

3. Placement and custody or guardianship with relatives

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

Part 2: In the online forum, identify two ways that Kadia’s CASA/GAL volunteer helped her find permanence.

Activity 4.4: Concurrent Planning

Content/Application

Visual/Kinesthetic

Estimated time: 20 minutes

Goal: To help participants learn what concurrent planning is and understand its importance to their role as CASA/GAL volunteers.

Monitor the online discussion forum to be sure that participants understand how the information on concurrent planning and permanence are central to the work of CASA/GAL volunteers.

Activity 4.4: Concurrent Planning

Part 1: Read the information that follows about concurrent planning.

Part 2: In the online forum, write a few sentences about how you will use this information about permanence and concurrent planning in your role as a CASA/GAL volunteer.

Concurrent Planning

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

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

Permanent Resolutions: Question to Consider

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

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

Placement with Relative or Kin: Questions to Consider

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

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

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

Despite the advocacy efforts of CASA/GAL volunteers and the hard work by caseworkers, many children remain in foster care and a family is not found for them. These children live in foster homes or group homes—or move from placement to placement during their time in care.

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

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

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

Educational Advocacy

Activity 4.5: Educational Challenges for Children in Care

Anchor/Content

Visual/Kinesthetic

Estimated time: 5 minutes

Goal: To help volunteers identify the challenges youth face when they are in foster care.

This activity does not contain an online component.

Activity 4.5: Educational Challenges for Children in Care

Part 1: Think about your current job or one you had in the past. What was the first day like? Was there a learning curve? When you were growing up, did you ever have to move from one school to another? What was that like?

Write your answers below. You will not be asked to share your responses.

Part 2: Read the following information about educational challenges for children in the child welfare system.

Education Challenges for Children

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

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

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

Activity 4.6: Educational Needs Assessment

Application

Visual/Kinesthetic

Estimated time: 10 minutes

Goal: To give volunteers a chance to apply educational advocacy and assessment tools to a case.

Part 2: While educational assessment is helpful for both older youth and younger children, the categories of assessment differ.

Activity 4.6: Educational Needs Assessment

Part 1: Fill out the form below as if you were the CASA/GAL volunteer for Maria Amarillo. Once you have finished, click on the link to Part 1 of Activity 4.6 to compare your notes with the notes of an expert who has reviewed the Amarillo case.

Educational Advocacy Quick Assessment Form

| | |
|---|--|
| School Name | |
| Grade | |
| Special Needs/IEP Requirements | |
| Evidence of Behavioral Problems/Excessive Absence | |
| Grade Point Average | |
| Seeing School Social Worker? | |
| Extracurricular Activities | |
| Need for Tutoring? | |
| Other Pertinent Info. | |

Part 2: Once you have compared your notes with the “expert notes,” respond to the following questions in the online discussion forum:

- How might a tool like this be helpful in a case with an older youth?
- How might it be helpful in a case with a younger or even preschool-aged child?

Beyond Alphabet Soup: Some Key Acronyms in Education Advocacy

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

FAPE: Free, Appropriate Public Education

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

FBA: Functional Behavioral Assessment

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

IEP: Individualized Education Plan

This is a written educational plan of special education for students from age 3 to 21 who are eligible under IDEA and state laws. The IEP is tailored to each child's needs and identifies goals and objectives, necessary accommodations and related services. The IEP is developed by a team of people, including but not limited to foster parents, parents, guardians, special education and regular education teachers, therapists, psychologists and the child, when appropriate. Sometimes the CASA/GAL volunteer will participate in these IEP meetings. An educational surrogate may be appointed if the family is not available, but even with a surrogate assigned to the child, the parents still have a right to involvement. Knowledge of the child's schooling is one way for parents to stay connected to a child's progress even when the child is in out-of-home placement.

IFSP: Individualized Family Service Plan

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

LRE: Least Restrictive Environment

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

Advocating for Older Youth

Activity 4.7: Comparing Advocacy Across Age Ranges

Application/Future Use

Visual/Kinesthetic

Estimated time: 10 minutes

Goal: To help participants understand the similarities and differences in advocating for younger children and older youth.

If volunteers don't touch on the following points, you may want to post ideas yourself or ask questions that will help them discover these answers:

| Infancy to early teen years | Adolescent youth |
|--|---|
| Permanency with a family | Permanency through significant adult connection; interdependent living |
| Volunteer takes lead in assessment, facilitation, advocacy and monitoring | Partner with youth in assessment, facilitation, advocacy and monitoring |
| Review records, interview, determine appropriateness of permanency plan, court reports, maintain records | Focus on preparation for successful independent living |
| Maintaining a relationship with children and families | Maintaining appropriate relationship boundaries |
| Minimum sufficient level of care | Preparation for emancipation |

Additionally, you can post the following probing questions as more food for thought:

- How can the youth be involved in the actual court process?
- Why is that important?

Activity 4.7: Comparing Advocacy Across Age Ranges

Part 1: In the online discussion forum, post a few sentences in response to the following question:

- How do you think your role as a CASA/GAL volunteer working with an older youth may differ from your role working with a child age 10 or younger?

Part 2: Respond to at least two of your classmates by asking a question or making a comment about what they have posted.

Activity 4.8: Advocating for Older Youth

Content/Application/Future Use

Visual/Kinesthetic

Estimated time: 10 minutes

Goal: To help volunteers understand the impact of youth growing up in and aging out of foster care.

Monitor the online discussion.

Activity 4.8: Advocating for Older Youth

Part 1: Consider what the outcome for Maria would be if she remained in foster care until emancipation and did not receive help navigating through the systems indicated below. In the space provided, list what issues Maria might face in the various systems an older youth encounters:

Education

Living Situation

Mental Health

Employment

Finances

Part 2: Share two of your answers in the online forum.

Cultural Competence—Issues Facing LGBTQ Youth

The child in the case study at your next in-person session identifies as lesbian. There are a disproportionate number of LGBTQ (lesbian, gay, bisexual, transgender, questioning/queer) youth in foster care, so it is important to explore some of the issues that these youth face in the child welfare system.

Activity 4.9: Walking a Mile in Someone Else’s Shoes

Anchor

Visual/Auditory/Kinesthetic

Estimated time: 25 minutes

Goal: To give participants an opportunity to experience empathy for those who have to hide an aspect of their identity.

This activity focuses on a topic (working with LGBTQ youth) that may evoke strong emotions on the part of participants. Monitor the online discussion for professionalism, appropriateness and cultural competency skills.

Activity 4.9: Walking a Mile in Someone Else’s Shoes

Part 1: Think back to when you were a child or teenager. Did your peers ever make fun of you for any part of who you were? If so, how did you feel or respond? Did you make fun of anyone else? How did they respond? Write your responses in the space provided.

Part 2: Click on the link to Part 2 of Activity 4.9 to listen to a podcast featuring LaRae Oberloh, Program Manager, Sioux Falls Area CASA, as she speaks about some of the unique challenges involved in working with youth who are LGBTQ.

Part 3: In the online discussion forum, post your responses to the following questions:

- How do you think a youth's sexual orientation affects his or her identity?
- What obstacles might LGBTQ youth encounter in foster care that would hinder their ability to maintain their identity?
- Do you think these obstacles are unique to LGBTQ youth? If so, why? If not, how are these issues transferable to youth in other situations?

Part 4: Respond to at least two of your classmates by asking a question or making a comment about what they have posted.

LGBTQ Glossary

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

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

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

Femme: A term some individuals use to describe their feminine gender identity or expression.

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

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

Gender Identity: A person's internal, deeply felt sense of being male or female or something other or in-between. Everyone has gender identity.

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

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

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

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

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

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

Queer: A historically negative term for gay men, lesbians or gender-nonconforming people. The term has been widely reclaimed by younger LGBTQ people as a positive social and political identity. More recently, “queer” and “genderqueer” have become common as terms of self-identification for people who do not identify with the restrictive and binary terms that have traditionally described sexual orientation.

Questioning: An active process a person goes through before “coming out.” The term is used mostly by young people who are in the process of determining their sexual orientation and/or gender identity.

Sexual Orientation: A term describing a person’s emotional, romantic and sexual attraction, whether it is for members of the same sex or a different sex. More appropriate than “sexual preference.”

Transgender: An umbrella term that can be used to describe people whose gender expression is nonconforming and/or whose gender identity is different from their assigned sex at birth. This term can include transsexuals, genderqueers, cross-dressers and others whose gender expression varies from general norms.

Transsexual: A more specific term that describes people who have physically altered their bodies through hormones and/or surgery to change their sex from the sex they were assigned at birth.

Transition: The time period when a transgender person starts living as the gender with which they identify. Often includes a change in style of dress, selection of a new name, a switch in pronoun use and possibly hormone therapy and/or surgery.

Transphobia: Refers to various kinds of aversions toward transsexuality and transsexual or transgender people, often taking the form of refusal to accept a person’s expression of their internal gender identity.

Activity 4.10: Foster Youth and Bullying

Content/Application

Auditory/Kinesthetic

Estimated time: 30 minutes

Goal: To introduce volunteers to the concept of bullying and its impact on youth.

Online Prep: Assign each participant a local school to contact and reach out to officials at local schools to let them know they will be receiving calls about bullying from your CASA/GAL volunteers.

While this activity immediately follows a section on working with LGBTQ youth and families, you may wish to point out that bullying often arises anytime someone is “different.” The content and skills in this activity are crucial for cultural competence across the spectrum of cultures (race, ethnicity, gender, sexual orientation, nationality, etc.).

Part 2: Be sure participants know which school to contact.

Part 3: Monitor the online discussion for accuracy.

Activity 4.10: Foster Youth and Bullying

Many aspects of youths’ identities can cause them to feel disconnected from their peers. Bullying can occur in reaction to any aspect of a youth’s identity that peers view as “different.”

Part 1: Click on the link to Part 1 of Activity 4.10 to listen to a podcast on the effects of bullying.

Part 2: Call your assigned school and ask to be directed to the person who can talk to you about efforts and safety measures the school has put in place to address the issue of bullying. Some questions you may wish to ask include:

- What education do you provide to your students on the issue of bullying?
- Who is responsible for disseminating that information?

Part 3: In the online discussion forum, post the information you learned about your assigned school, including the name of the school you called, the person who is responsible in that school for addressing bullying issues, how that school addresses bullying and any other information that may be of interest to your classmates.

Revisiting Child Welfare Laws

Activity 4.11: Laws Related to Older Youth and Education

Content/Application/Future Use

Visual/Kinesthetic

Estimated Time: 15 minutes

Goal: To allow volunteers an opportunity to learn more about various child welfare laws and how these laws will impact their CASA/GAL volunteer service.

This discussion is important in giving volunteers an overview of specific legal issues they will encounter and how the law is interpreted. Monitor this discussion closely.

Activity 4.11: Laws Related to Older Youth and Education

Choose one of the laws described in the next pages and post a three- or four-sentence summary of how that law relates to the information you've learned so far in this session. In formulating your post, you may choose to use only the information provided in this manual or you may choose to do additional research on your own (speaking with CASA/GAL program staff, looking up additional information online and so on).

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

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

Key provisions of this legislation include:

- State agencies are required to provide notice to relatives within 30 days of the child's removal from their home and explain the options for the relative's participation in the child's care, either as a placement or opportunities for engagement in the child's case. This can be the beginning of establishing a permanent connection for the child with the extended family, perhaps even as a permanent placement option.
- In addition to maintaining the child's connection with family, the legislation maintains the child's connection with his/her siblings. Interviews of youth have consistently revealed that the greatest loss they experienced when

removed from their home is the loss of their connection with their siblings, and too often they are never able to re-connect with them. With this law in place, state agencies must make reasonable efforts to place sibling groups together in foster, family or adoptive placements, if in the children's best interests. If placement together is not feasible, the agency needs to assure continuing contact among siblings, at least once a month.

- A new, specific transition plan must be developed at least 90 days prior to the youth's transition out of foster care (at age 18 or older). This is over and above the plan that should normally begin around the age of 16. The new plan should be personalized and detailed, developed with the caseworker and other appropriate representatives. The plan should be as detailed as the youth directs, and include specifics on housing, health insurance, education, opportunities for mentors and continuing support services, workforce supports and employment services.
- Educational stability for children in care is underscored by requiring that the child's case plan includes provisions to ensure the child's educational stability while in foster care. State agencies must ensure that the child remains in the school of origin, unless not in the child's best interest. The child's placement should take into account the appropriateness of the educational setting and proximity of the school in which the child is enrolled at the time of placement. If the school of origin is not in the child's best interest, then the agency must provide immediate enrollment in a new school and provide all educational records.
- There are a number of other elements of this law, particularly those that apply to children in care that are IV-E eligible (ask your volunteer supervisor if this applies to your case). Some states already provide such opportunities, but many more are currently examining the feasibility of implementing the opportunities that the Fostering Connections to Success Act offers because it holds the promise of federal reimbursement for state efforts.

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

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

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

Key Impact of the Fostering Connections to Success Act on CASA/GAL Advocacy

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

Carl Perkins Vocational Education Act

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

Family Educational Rights and Privacy Act (FERPA)

This federal law protects the privacy of a student's education records. It also ensures a parent's right to inspect and review these records and to consent to disclosures of personally identifiable information about themselves and their children.

Indian Education Act

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

Individuals with Disabilities Education Act (IDEA)

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

McKinney-Vento Act

This law ensures that homeless children and youth have equal access to the same free, appropriate public education that is provided to other children.

No Child Left Behind Act

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

School-to-Work Opportunities Act

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

Court Report Writing

Activity 4.12: Court Report Writing—Making Recommendations

Content/Application/Future Use

Visual/Kinesthetic

Estimated Time: 20 minutes

Goal: To strengthen volunteers' ability to write effective recommendations in their court reports.

Online Prep: Look back at participants' recommendations in the Amarillo case. Choose four or five recommendations that could be improved based on the information provided in Part 1. Send these recommendations to participants to use in Part 2 of this activity.

Part 2: Monitor the online posts to determine whether volunteers are able to apply the material they read.

Activity 4.12: Court Report Writing—Making Recommendations

Part 1: Click on the link to Part 1 of Activity 4.12 to read about things to consider when you write recommendations in a CASA/GAL volunteer court report.

Part 2: The facilitator will provide four or five of the recommendations you and your fellow training participants wrote in the Amarillo case study activity. Based on the material you just read, identify three changes you would make to these recommendations. In the online forum, post your ideas.

In-Person Training

Advance Prep

This session requires you to prepare the following items in advance:

- Activity 4.14: Prepare envelopes with Ages and Stages cards.
- Activity 4.14: Make copies of the Child Development Chart.
- Activity 4.15: Make enough copies of all case study materials for each of the small groups in your training class to have their own copy.
- Activity 4.15: Make copies of “Assessing a Child’s Situation.”
- Activity 4.17: Bring the three flipcharts from the Know/Want/Learn activities from Sessions 2 and 3.
- Wrap Up: Make copies of the Session 4 Training Evaluation.

The in-person component of Session 4 includes approximately 2 hours and 30 minutes of activities (not including breaks).

Supplies Checklist

| Item | Activity # |
|--|------------|
| General <i>(found with your local program)</i> | |
| <input type="checkbox"/> Name tags | |
| <input type="checkbox"/> Flipchart and markers | |
| <input type="checkbox"/> Masking tape | |
| <input type="checkbox"/> Post-its | |
| Flipchart Pages <i>(facilitator must create)</i> | |
| <input type="checkbox"/> Parking Lot | |
| <input type="checkbox"/> Know/Want/Learn <i>(from Sessions 2 & 3)</i> | 4.17 |
| A/V Equipment <i>(found with your local program)</i> | |
| <input type="checkbox"/> Flipchart/easels <i>(enough for each small group in case studies)</i> | |
| Handouts | |
| <input type="checkbox"/> Ages and Stages Cards <i>(in Handouts)</i> | 4.14 |
| <input type="checkbox"/> Child Development Chart <i>(in Handouts)</i> | 4.14 |
| <input type="checkbox"/> Brown Case Study Materials <i>(in Handouts)</i> | 4.15 |
| <input type="checkbox"/> Assessing a Child’s Situation <i>(in Handouts)</i> | 4.15 |
| <input type="checkbox"/> Session 4 Training Evaluation <i>(in Handouts)</i> | Wrap Up |

Welcome

Activity 4.13: Welcome

Content/Application/Future Use

Visual/Auditory/Kinesthetic

Suggested Time: 15 minutes

Goal: To allow participants to consider what they've learned so far in the training and to set the tone for this in-person session.

Part 1: Have participants reflect for a few moments and then write their most important concept in the first box. They can select any concept they have learned so far in the training.

Part 2: Time permitting, you may wish to ask participants to switch papers several times in order to get them thinking about a number of concepts covered over the course of training. When time has run out, be sure volunteers return papers to the original writers.

Take a few minutes to review highlights from the online portion and clear up any Parking Lot items left over from Session 3 or questions that arose during the online portion of Session 4.

Activity 4.13: Welcome

Part 1: On a separate sheet of paper, write the one concept you think has been most important to you over the course of this training so far. You may have more than one "most" important concept, but choose one concept for the purpose of this activity.

Part 2: When the facilitator asks you to switch, pass your paper to someone else in the class. At the same time, you should receive someone else's paper. Read what the other person has written as the most important concept, and take a moment to think about why someone might consider that concept vital for a CASA/GAL volunteer. Briefly write your ideas below the initial concept. The facilitator may ask you to switch papers several times and reflect and write your thoughts on several people's papers. At the end of the activity, return the paper to the original writer.

In the large group, share the concept you consider most important.

Child Development

When children's needs are met appropriately, they are able to grow and develop optimally. It is important in your work as a CASA/GAL volunteer to be able to assess age-appropriate behavior for children from birth through adolescence. The next activity provides information on growth and development that will be a resource to you in your work.

Activity 4.14: Ages and Stages

Content/Application/Future Use

Visual/Auditory/Kinesthetic

Suggested Time: 20 minutes

Goal: To help participants recognize what they already know about child development and to provide additional information.

Advance Prep: Before the session begins, prepare the envelopes used in this activity by copying and cutting apart one complete set of the Ages and Stages cards, which appear in the Session 4 Handouts. Mix up the cards before placing them in the envelopes. Make sure each envelope contains cards from multiple age groups. Also make copies of the Child Development Chart in the Handouts.

At the start of this activity, briefly highlight the material in the section "How Children Grow and Develop." Distribute the envelopes with the mixed-up cards, and have the groups work to arrange them into appropriate age groups. When groups finish trading cards, hand out copies of the Child Development Chart for participants to use to check their work. Leave enough time to answer questions in the large group.

If your training group is very small, consider doing a variation on the activity with the whole group. Copy and cut apart the Ages and Stages cards and put them all in a basket. Then write each age group on a separate sheet of paper and place the papers in a line along a table. Participants then work together as a group, asking each other questions as necessary, to match the cards with the appropriate age groups.

Activity 4.14: Ages and Stages

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

- Birth to 6 months
- 6 to 12 months
- 12 to 18 months
- 18 months to 3 years
- 3 to 5 years
- 6 to 9 years
- 10 to 15 years
- 16 to 21 years

Divide into small groups according to the age group that you select. The facilitator will give each group an envelope that contains cards with behaviors written on them. Several different age groups' behaviors are represented in each envelope. Trade cards with the other groups until you have a set of cards that you think is descriptive of the age group you have chosen. After every group has finished collecting their cards, check your work by referring to the Child Development Chart that the facilitator provides. In the large group, share what you discovered and any questions you have.

How Children Grow and Develop

1. No two children are alike. Each one is different. Each child is a growing, changing person.
2. Children are not small adults. They do not think, feel or react as grown-up people do.
3. Children cannot be made to grow. On the other hand, they cannot be stopped from growing.
4. Even though children will grow in some way no matter what care is provided for them, *they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development from a consistent figure in their life.*
5. Most children roughly follow a similar sequence of growth and development. For example, children scribble before they draw. But no two children will grow through the sequence in exactly the same way. Some will grow slowly while others grow much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in language development but less advanced, or even delayed, in motor coordination.
6. During the formative years, the better children are at mastering the tasks of one stage of growth, the more prepared they will be for managing the tasks of the next stage. For example, the better children are able to control behavior impulses as 2-year-olds, the more skilled they will be at controlling behavior impulses they experience as 3-year-olds.

7. Growth is continuous, but it is not always steady and does not always move smoothly forward. You can expect children to slip back or regress occasionally.
8. Behavior is influenced by needs. For example, active 15-month-old babies touch, feel and put everything into their mouths. That is how they explore and learn; they are not intentionally being a nuisance.
9. Children need to feel that they are loved, that they belong, that they are wanted. They also need the self-confidence that comes from learning new things.
10. It is important that experiences that are offered to children fit their maturity level. If children are pushed ahead too soon, and if too much is expected of them before they are ready, failure may discourage them. On the other hand, children's growth may be impeded if parents or caregivers do not recognize when they are ready for more complex or challenging activities. Providing experiences that tap into skills in which children already feel confident as well as offering some new activities that will challenge them gives them a balance of activities that facilitates healthy growth.

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

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

- There is a wide range of typical behavior. At any particular age 25% of children will not exhibit the behavior or skill, 50% will show it, and 25% will already have mastered it.
- Some behaviors may be typical—in the sense of predictable— responses to trauma, including the trauma of separation as well as abuse and neglect.
- Prenatal and postnatal influences may alter development.
- Other factors, including culture, current trends and values, also influence what is defined as typical.
- As a CASA/GAL volunteer, you need to become aware of your values, attitudes and perceptions about what is typical in order to be more objective and culturally sensitive when assessing a child's needs.

Learn More!

If you'd like to learn more about issues surrounding advocacy for children with developmental delays, listen to the National CASA podcast on this topic found at: <http://podcast.casaforchildren.org/advocating-for-children-with-developmental-delays>

To learn more about mental illnesses common in children and adolescents, go to: www.aacap.org/cs/root/resources_for_families/child_and_adolescent_mental_illnesses_statistics

Learning with Case Studies

Activity 4.15: The Brown Case

Application/Future Use

Visual/Auditory/Kinesthetic

Suggested Time: 85 minutes

Goal: To allow participants to apply what they have learned online to a real-life simulation.

Advance Prep: Make copies of all case materials, which appear in the Session 4 Handouts. Also make enough copies for all participants of the handout titled “Assessing a Child’s Situation.”

The format of this case study activity is slightly different from the others. Instead of making recommendations in small groups, participants will work individually to write recommendations using your local court report template.

Part 1 (35 minutes): Once participants have begun working in small groups, monitor each group to be sure they are on topic, but don’t micromanage the groups. Allow trainees enough space to learn and make mistakes, which can be discussed during the debrief. Be sure to monitor the time.

Part 2 (20 minutes): Hand out copies of the assessment checklist and briefly go through each section of the checklist. Then allow participants to refer to it as they write recommendations for the Brown case. Remind them to keep their recommendations fact-based and child-focused.

Part 3 (15 minutes): Have participants work in pairs to evaluate whether their recommendations are fact-based and child-focused.

Part 4 (15 minutes): Hand out the debrief questions and discuss them in the large group. Address any other questions participants may have about the case. Be sure to stick to conversations around the Session 4 objectives and topics: resilience, permanence, educational advocacy, LGBTQ youth and child welfare law. Depending on time, you may wish to engage volunteers in conversation around the differences between this case and the previous case studies.

Activity 4.15: The Brown Case

Part 1: Your group will receive a hard copy of the initial case file for the Brown case. Take several minutes to begin digesting the information in this case file. Then send your Runner to the facilitator to request an additional document (either an interview transcript from a key player you'd like to speak with or another important document you'd find during a case). You may continue to request additional interviews and documents one at a time over the course of 35 minutes in order to complete your investigation of the case at this stage. Do not make your recommendations as a group.

Part 2: The facilitator will distribute copies of an assessment checklist and describe each section of the checklist. Working individually, write recommendations to the court regarding services for the child, services for the parent and placement decisions. Refer to the assessment checklist as needed and keep in mind the information you read online about writing effective recommendations.

Part 3: In pairs, evaluate whether each of your recommendations is fact-based and child-focused. Then in the large group, share some of your recommendations and discuss how you might improve them.

Part 4: In the large group, discuss the debrief questions that the facilitator distributes and any others that arose during the activity.

Activity 4.16: Transferring Skills from the Case Studies

Application/Future Use

Visual/Auditory/Kinesthetic

Suggested Time: 20 minutes

Goal: To give volunteers a chance to review skills and knowledge learned through the case study activities and discover ways that these skills and knowledge go beyond the specific circumstances in these case studies.

Have participants work in small groups to brainstorm the transferability of the skills and knowledge they applied to specific circumstances in the case study activities to other potential issues that may arise in other cases.

Take 10 minutes to recap the case study activities and answer any outstanding questions. Make the point that participants can apply the skills and knowledge they have practiced during the case study activities to the cases they will work on as CASA/GAL volunteers.

Activity 4.16: Transferring Skills from the Case Studies

Each of the case studies focused on specific families, age ranges and circumstances; however, the skills and knowledge you applied to these cases will be transferable to other situations. In small groups, use the chart below to briefly describe how the skills you used while working on these cases will be transferable to other circumstances such as working on a case that may involve multiple siblings, serious mental health needs on the part of the child, attending to physical health needs of a child with HIV or fetal alcohol syndrome, etc.

| | Greene | Lavender | Amarillo | Brown |
|----------------------------------|--------|----------|----------|-------|
| Child Welfare Laws | | | | |
| Cultural Competence | | | | |
| Communication Skills | | | | |
| Working with Children & Families | | | | |

Wrapping Up

Activity 4.17: Know/Want/Learn

Anchor/Content/Application/Future Use

Visual/Auditory/Kinesthetic

Suggested Time: 10 minutes

Goal: To allow participants to reinforce past learning and alert you to topics that may need further exploration or specific participants who may need additional support.

Advance Prep: Bring to class the three flipcharts from the Know/Want/Learn activities in Sessions 2 and 3.

Have participants look at the remaining Post-its on the “W” (WANT to Learn) flipchart and ask them if there are items they learned during this session that they’d like to move to the “L” (LEARNED) flipchart. Then ask if there are any new items they’d like to add to the “W” flipchart.

Activity 4.17: Know/Want/Learn

Look at the remaining Post-its on the “W” (WANT to Learn) flipchart. In the large group, discuss the following questions:

- Are there items you learned during this session that you’d like to move to the “L” (LEARNED) flipchart?
- Are there any new items you’d like to add to the “W” flipchart?

Wrap Up

Suggested Time: 5 minutes

In summary, you can review (or ask participants to review) the objectives found at the beginning of the session to check in about volunteers' comfort level with the content. Answer any questions that arise during the review.

Hand out copies of the Session 4 Training Evaluation and collect them before participants leave.

Finally, review the date of the next in-person training session and remind participants of the deadline to complete the online portion of Session 5.

Wrap Up

Fill out the Session 4 Training Evaluation and give it to the facilitator before you leave.

Be sure to complete the online work for Session 5 by the deadline the facilitator specifies.

Session 4 Handouts

Ages and Stages Cards

Copy the following two pages of “Ages and Stages” abilities and cut apart on the dashed lines.

| | | | |
|--|---|---|--|
| Smiles at primary caregiver | Feels totally dependent on primary caregiver | Boys first have erections | Head is not very steady |
| First learns to clench hands | Can say “mama,” “dada,” and two or three other words | Stretches arms to be picked up | Can roll over |
| Holds cup with two hands | Understands the meaning of “no” | Can combine two words, such as “daddy bye-bye” | First plays by himself/herself |
| Begins to fear authority figures | Begins to walk | Can turn pages of a book, two or three at a time | Paints with whole arm movement |
| Period of rapid language growth | Can say first name | Can point to the things he/she wants | Knows what authority figure wants |
| Early sex-role development | Can run | Can throw a ball | Can use a spoon |
| Has an extensive vocabulary but cannot sequence | First learning to cooperate | Self-esteem is dependent on authority figures | Can cut with small scissors |

| | | | |
|--|--|--|--|
| Can ride a tricycle | Has a vocabulary of 1000 words | Begins to follow peers' fads | Sexual identity established |
| Buttons and unbuttons large buttons | Can use the toilet independently | Can think using symbols | Knows common opposites |
| Develops identity outside of family | Chooses own friends | First development of a conscience | Can tie shoes |
| Understands hypothetical situations (i.e., what if...) | Increasing focus on peer relationships | Worries about being normal | Feels strange or awkward about his/her body |
| Girls can masturbate to orgasm | Greater physical coordination, manual dexterity, growth patterns vary widely | Uses formal logic and can change sides in a debate | Conflicts with parents begin to decrease |
| Couples pair off into stable sexual relationships | Experimentation with sex and drugs | Feelings of love and passion emerge | Increased capacity for tender and sensual love |
| Heightened physical power, strength, and coordination | Girls develop faster than boys | Begins to separate from mother | |

Child Development Chart

| | | 0 to 6 Months | 6 to 12 Months | 12 to 18 Months |
|--|--|--|--|---|
| | | Child Development | | <p>COGNITIVE</p> <p>Recognition of primary caregiver; no concept of past or future; reaches for familiar people or toys</p> |
| | | <p>PSYCHOLOGICAL</p> <p>Attachment to primary caregiver; totally dependent; totally trusting; learns intimacy</p> | <p>Separation from primary caregiver; begins to develop a sense of self; learns to get needs met; trusts adults; stretches arms to be picked up; likes to look at self in mirror</p> | <p>Early social development; egocentric; accepts limits; develops self-esteem (love from family); plays by self</p> |
| | | <p>MORAL</p> <p>None</p> | <p>None</p> | <p>Fear of authority figures</p> |
| | | <p>SEXUAL</p> <p>Erections possible; both sexes can be stimulated</p> | <p>Generalized genital play</p> | <p>Continued generalized genital play</p> |
| | | <p>MOTOR</p> <p>Sucking; hands clenched/ grip; neck muscles develop; pulls at clothing; laughs/ coos</p> | <p>Rolls over; stands with support; creeps/crawls; walks with help; rolls a ball in imitation of adult; pulls self to standing position and stands unaided; transfers</p> | <p>Creeps up stairs; gets to standing position alone; walks alone; walks backward; picks up toys from floor without falling; pulls and pushes toys; seats self in child-size chair; moves to music; turns pages two</p> |

For Activity 4.14

| | | | | |
|--|--|--|---|--|
| | | | <p>object from one hand to the other; drops and picks up toy; feeds self cracker; holds cup with two hands; drinks with assistance; holds out arms and legs while being dressed</p> | <p>or three at a time; scribbles; turns knobs; paints with whole arm movement; shifts hands; makes strokes; uses spoon with little spilling; drinks from cup with one hand unassisted; chews food; unzips large zipper; indicates toilet needs; removes shoes, socks, pants, sweater</p> |
|--|--|--|---|--|

| | | 18 to 36 Months | 3 to 5 Years | 6 to 9 Years |
|--------------------------|----------------------|---|--|---|
| Child Development | COGNITIVE | <p>Can conduct experiments inside head but limited to experience; rapid language growth; copies adult chores in play; carries on conversation with self and dolls; asks “what’s that?” and “where’s my...?”; has 450-word vocabulary; gives first name; holds up fingers to tell age; combines nouns and verbs “mommy go”; refers to self as “me” rather than by name; tries to get adult attention, exclaiming “watch me”; likes to hear same story repeated; may say “no” when means “yes”; talks to other children as well as adults; names common pictures and things</p> | <p>Can conduct experiments inside head; cannot sequence; capacity to use language expands; understands some abstract concepts: colors, numbers, shapes, time (hours, days, before/after); understands family relations (baby/ parent); can tell a story; has a sentence length of 4 to 5 words; has a vocabulary of nearly 1000 words; names at least one color; understands “tonight,” “summer,” “lunchtime,” “yesterday”; begins to obey requests like “put the block under the chair”; knows his/her last name, name of street on which he/she lives and several nursery rhymes; uses past tense correctly; can speak of imaginary conditions “I hope”; identifies shapes</p> | <p>Can think using symbols; can recognize differences; makes comparisons; can take another’s perspective; defines objects by their use; knows spatial relationships like “on top,” “behind,” “far,” and “near”; knows address; identifies penny, nickel, dime; knows common opposites like “big/ little”; asks questions for information; distinguishes left from right</p> |
| | PSYCHOLOGICAL | <p>Autonomy struggles; learns system of meeting needs; social development increases; points to things he/she wants; joins in play with other children; shares toys; takes turns with assistance</p> | <p>Can cooperate; self-perceptions develop; cannot separate fantasy from reality; has nightmares; models on same-sexed parent; experiences and copes with feelings (sad, jealous, embarrassed); plays and interacts with other children; dramatic play is closer to reality, with attention paid to detail, time, and space; plays dress-up</p> | <p>Early close peer relationships; presence of well-developed defenses; develops identity outside family (school, friends); has likes and dislikes (food, friends, games); chooses own friends; plays simple table games; plays competitive games; engages in cooperative play with other children involving group decisions, role assignments, fair play</p> |

| | | | | |
|--|---------------|--|--|---|
| | MORAL | Knowledge of preferences of authority figures | Self-esteem dependent on authority figures; follows peers' fads; negotiates to get needs met | Has a conscience; refinements in moral development |
| | SEXUAL | Continued generalized genital play; early sex-role development | Generalized genital play in males; masturbation to orgasm in females is possible; early experimentation; gender identity established | Defenses reduce experimentation, but some continues |
| | MOTOR | Can run, throw ball, kick ball, jump; goes up stairs with one hand held by adult; turns single pages; snips with scissors; holds crayon with thumb and fingers (not fist); uses one hand consistently in most activities; rolls, pounds, squeezes, and pulls clay; uses spoon with little spilling; gets drink from fountain or faucet independently; opens door by turning handle; takes off and puts on coat with assistance; washes and dries hands with assistance | Swings/climbs; uses small scissors; jumps in place; walks on tiptoes; balances on one foot; rides a tricycle; begins to skip; runs well; bathes and dresses; runs around obstacles; walks on a line; pushes, pulls, steers wheeled toys; uses slide independently; throws ball overhead; catches a bounced ball; drives nails and pegs; skates; jumps rope; pastes and glues appropriately; skips on alternating feet; pours well from small pitcher; spreads soft butter with knife; buttons and unbuttons large buttons; washes hands independently; blows nose when reminded; uses toilet independently | Is increasing small muscle motor skills; cuts foods with a knife; laces shoes; dresses self completely; ties bow; brushes independently; crosses streets safely |

| | | 10 to 15 Years | 16 to 21 Years |
|--------------------------|----------------------|---|---|
| Child Development | COGNITIVE | Can engage in inductive and deductive logic; neurons are present; understands hypothetical situations; conflicts with parents increase | Uses formal logic (e.g., opposes racism); debates and can change sides of debate; understands probabilities; uses more flexible abstract thinking; examination of inner experiences; conflicts with parents begin to decrease |
| | PSYCHOLOGICAL | Increased autonomy struggles; increased focus on identity; focus on peer relationships; rebellious; often moody; romantic feelings; struggle with sense of identity; feels awkward or strange about his/her body; worries about being normal; frequently changing relationships | Interest in relationships; solidifies personal identity; becomes goal directed; sometimes rebellious; increased concern for others; increased concern for future; places more importance on his/her role in life |
| | MORAL | Moral development is legalistic; recognition of principles (e.g., justice); selection of role models | Identifies with moral principles, rules, and limit testing; experimentation with sex and drugs; examination of inner experiences |
| | SEXUAL | Puberty; sex organs mature; males ejaculate and have wet dreams; both sexes able to masturbate to orgasm with fantasies; girls develop physically sooner than boys; may display shyness, blushing, and modesty | Feelings of love and passion; development of more serious relationships; sense of sexual identity established; increased capacity for tender and sensual love |
| | MOTOR | Greater body competence (e.g., physical coordination); manual dexterity; growth patterns vary | Heightened physical power, strength, coordination |

Chart compiled by Katie Thompson, Elon College student intern, North Carolina Guardian ad Litem Program. Modified for Fourth Edition. Sources include: "Infant and Toddler Development," Dr. Maureen Vandermaas-Peeler, Elon College; "Child Development," Ray Newnam, PhD; "LD In Depth," LD OnLine, www.ldonline.org; "Growing Up," Pasternak and Kroth; "Your Child's Growth: Developmental Milestones," American Academy of Pediatrics, www.aap.org; and "Normal Adolescent Development," American Academy of Child and Adolescent Psychiatry, www.aacap.org.

Brown Case Study Materials

CPS Case File

| | | | | | |
|---------------------------|-------------|---------------|-------------|------------|-------------------------------|
| Last Name of Case: | | Brown | | | |
| Legal Number(s): | | 11-7-012345-5 | | | |
| Child(ren)'s Name | DOB | Age | Ethn | Sex | Current Location |
| Jessica Brown | February 20 | 15 years | White | F | Kinship Care Candice Clark |

| | | |
|---|----------------------|--------------|
| Current Caretaker(s) | Address | Phone |
| Paternal Cousin (Kinship): Candice Clark (not married) | 19004 Coltfeld Court | 555-1018 |

| | | |
|-----------------------|---------------|----------|
| Attorneys for: | | |
| Mother | Dawn Schute | 555-6542 |
| Father | Nancy Andrews | 555-9870 |
| CPS | Chris Johnson | 555-5428 |

Case History

August 7 (last year): Urgent Care Center notified CPS of 14-year-old Jessica Brown, who had been treated for broken ribs. Jessica told CPS social worker (SW) that she had run away from home the night before after being beaten “for the last time” by her mother’s live-in boyfriend, Wayne Pender. According to police records, there is a history of violence between Mr. Pender and the youth’s mother, Helen Brown.

August 8 (last year): Child released from hospital and placed by CPS into emergency foster care.

August 19 (last year): Youth removed from foster home after a series of arguments with the foster family. Youth explained to SW that the arguments originated because she attempted to confide to her foster mother that she is lesbian. The foster mother said she didn’t feel comfortable with Jessica sharing a room with her 13-year-old daughter. Jessica has been placed in Abigail Barton Home for Girls.

November 8 (last year): Abigail Barton Home for Girls notified SW that Jessica Brown did not return to the group home after school.

December 21 (last year): SW received call from Jessica asking for assistance. Youth had been living on the street since running away from the group home. Youth stated she had been “harassed and bullied” by other girls in the group home. When SW asked youth to explain, the youth said other girls “hit me with batteries, sticks and their fists” and teased her with names such as “Jessie the Lessie” and “dyke.” SW located emergency foster care for Jessica.

December 29 (last year): Youth placed with paternal cousin, Candice Clark (age 30).

| | | | |
|------------------------------------|-------------------|-------------------------|------------------|
| CASA History: | | Date Assigned: | 8/14 (last year) |
| Case Initially Assigned to: | June Miller | Date Terminated: | Four months ago |
| Current CASA: | You and your team | Date Assigned: | Today |
| Initial CPS Social Worker: | Angela Rodriguez | | |
| Current CPS Social Worker: | Angela Rodriguez | | |

Court-Ordered Services

For the Child:

- Psychological evaluation and counseling (if recommended)
- Educational needs met as appropriate

For the Father:

- N/A

For the Mother:

- Domestic violence survivor’s classes
- Parenting classes

Who do you want to interview first?

The Questioner's List

It is the Questioner's job to ask questions as you go along but not his or her exclusive right. Everyone should make sure they understand the group's ideas and conclusions as you work through the case.

Questions to consider periodically:

- Where else could we get more information that would be useful?
- Why should or shouldn't this family be reunited?
- Have we checked with relatives?

Questions to consider before finalizing court recommendations:

- Are our court recommendations child focused?
- Have we covered every need of the child(ren) in this case?
- Did we appropriately consider the "minimum sufficient level of care" standard in forming our recommendations for this case?
- Do our recommendations ask for what is appropriate, whether or not it is readily available?
- Is our wording clear, diplomatic, and non-judgmental?

Interviews Available

(DO NOT DISTRIBUTE THIS LIST. It is for your use as a facilitator only. Groups have to decide on their own who they want to interview.)

- **Jessica Brown and School Guidance Counselor – Kenya Scott**
- **CPS Caseworker – Angela Rodriguez**
- **June Miller – Former CASA/GAL Volunteer**
- **Foster Mother/Cousin – Candice Clark – First Contact**
- **Foster Mother/Cousin – Candice Clark – Second Contact**
- **Mother – Helen Brown**
- **Mother’s former boyfriend – Wayne Pender**

Jessica Brown and School Guidance Counselor – Kenya Scott

Setting: High school guidance office

Kenya: We have a couple of openly lesbian and gay students in this school. Ten years ago I hadn't even heard of high schoolers being so open about their sexual orientation. I talked with the LGBTQ Center at the U. There's an amazing amount of information on the web, and Lambda Legal has some great materials they give away for free.

I'm worried about Jessica graduating. I just hope I can keep her in school. That's a big challenge for these kids; many drop out. Of my three lesbian and gay kids, none of them are seniors. I can think back and remember some kids who probably were gay, but I wasn't aware of it at the time. Once they drop out—or get kicked out of home—they can end up living on the street, maybe even doing sex work to survive. Even if they escape that fate, the economy and world we live in isn't kind to those without a high school diploma.

Jessica is waiting outside. This was her study-hall period and she wanted to be included. Jessica, would you please come in?

Kenya: Jessica, I want to talk about your mood issues. I think it's important for your CASA/GAL volunteer to know that you've been struggling with depression and possibly PTSD.

Jessica: I have been seeing Dr. Felix.

Kenya: How do you like him?

Jessica: I like Dr. Felix. He understands me. He didn't say anything about PTSD though. That's your thing.

Kenya: What else do you want your CASA/GAL volunteer to know?

Jessica: I want Candice to adopt me. I just don't think I can survive living with my mom. It's really bad. We always fight. I can never be the daughter she wants. I don't think she really loves me; she's just too embarrassed to give me up. That wouldn't look good.

- **What difference does this interview make to the case?**
- **What are your follow-up questions?**

CPS Caseworker – Angela Rodriguez

Setting: Phone call with CPS worker, who is talking with you while in between court hearings that she is attending today

I have been with the agency for five years and have been Jessica’s caseworker from the beginning. For a long time, I thought Helen would never kick Wayne out. But now he’s been gone for two months and Helen is standing firm on that decision. Helen has joined a group for co-dependents and she’s learning how to live on her own.

From where I sit, Wayne being gone changes everything about the case. CPS no longer has justification to terminate this mother’s rights if she is willing to provide a safe place for her daughter. Now that Wayne is out for good, Helen can do that. Therefore, we can’t terminate and we can’t have Candice adopt her. I am changing my permanency planning recommendation from TPR and adoption to reunification.

I support this reunification. Helen wants her daughter back. They have started having visits in her home. I know it will take Jessica some time to feel safe there, but Wayne is gone for good so really she is safe. I know that Jessica and her mother still have fights. I think it’s normal for teenagers and parents to disagree and sometimes get loud about it.

This child brings a lot of negative attention to herself. This lesbian thing honestly seems more like a phase to me. I don’t have a problem with gay people; I have gay and lesbian friends. This feels more like a teenage, experimental phase. You’d be surprised how many teens experiment with their sexuality like this.

I think Jessica will benefit from the therapy that’s finally started. Dr Felix knows what the issues are and that we need to reunify this family. They have only met a few times so I haven’t checked in yet but I bet it’s going well. Dr. Felix is really good.

Candice has done a good job, but she’s very young to be parenting a 15-year-old. They’re still in the honeymoon phase. Wait and see what will happen when Jessica starts to really rebel. Plus, she encourages behavior that’s only going to make things harder for her in the end. Candice should be discouraging this type of behavior.

- **Have the issues that brought the child into care been addressed by the CPS agency?**
- **What factors do you think the CPS agency is weighing in deciding a permanency plan for Jessica?**

June Miller – Former CASA/GAL Volunteer

Setting: Cell phone conversation

It's great to see a volunteer back on this case. There was a four-month gap and it didn't seem like anyone was in Jessica's corner. I'm the one who found Candice for Jessica. I knew we should find some family for her because the foster family wasn't working out and I knew a group home wasn't going to be good either. They don't know what to do with different kids. Has she "come out" to you yet? If not, don't press her on the issue. Wait until she's ready to let you in.

I kept pressing the social worker, Angela. We both talked to Helen's sister, May, and she couldn't take Jessica. May also said Wayne was horrible and Helen should kick him out. Well, she wasn't going to do that. I mean, *hello*, it's your daughter, how about stepping up!

Anyway, May lives halfway across the country, and Angela said Jessica shouldn't have to move during high school. Well, in any case, May couldn't take Jessica; she's got medical issues and family issues of her own. Then I started doing a family genogram with her on the phone. That's how I got her to talk about Jessica's dad's side of the family. He's dead, you know, but he had a married sister and I got her name, Marylou Clark. So I did a civil records search and then I checked a few phone books on the Internet. She lives a couple towns over and her number's listed under her husband's name.

When I called Mrs. Clark, she was very friendly. She mentioned her daughter Candice, who lives right here in town! Candice turned out to be perfect for Jessica. I'm so glad I found her before I had to move away. Thank goodness Jessica felt safe enough to go there. She was so scared—out on the street all that time—and felt betrayed by everybody.

Her mother rejected her; it was terrible. Jessica begged Helen to leave Wayne, but she just wouldn't. She chose Wayne over Jessica, her own child!

Poor Jessica! The foster family rejected her. The group home was scary for Jessica because they made her room with a bully. She was terrified to sleep at night. Even some of the counselors gave her a hard time.

- **Will you want to maintain contact with June and possibly interview her again?**
- **Why or why not?**
- **What are your follow-up questions?**

Foster Mother/ Cousin – Candice Clark

Setting: Home of Candice Clark

I'm a cousin on Jessica's father's side. I remember seeing Jessica at our annual family reunion picnics. She was always a cute kid, real sweet, you know, and a little shy. When her dad died several years ago, the families lost touch. Mom used to call Helen, but it seemed like hearing from our side of the family always made her cry so bad that finally mom just stopped calling. Honestly, I kind of forgot about them. I was off at college.

One day about seven months ago I was on the phone with my mother, and she told me that a lady named June phoned her asking about Helen. June was the last CASA/GAL volunteer. Mom told me Helen had been living with a real bad guy—well, he was living with her actually—and Jessica ran away. And that now she was in foster care somewhere. I was just shocked!

Next thing I knew, June was calling me and she said that Jessica's group home wasn't working out for her. June asked me if I knew of a relative who could take her in and I just said, "Me! Let her live with me. I want her." I think I was as surprised as anybody was, but I'm glad I said it because I love having her here with me. She's a really cool kid.

Then Jessica ran from the group home and was gone for six weeks before she finally called June and June convinced her to come over here. I was already in touch with Angela. I'm glad she let Jessica stay here even though I had just started the classes to be a licensed foster parent. I have no criminal record of course. And I think Helen said it was okay, though I don't think she would say that today. Now Helen wants her back.

I never got married and I never really wanted to have kids either, but I really love having this big, older kid to take care of. I feel like I'm raising Jessica, not just supporting her financially, not just keeping her. I feel like Jessica is mine now and I want to raise her. My life has a deeper purpose because she's with me. Angela and I have talked about this. She knows my commitment and she said we would work toward an adoption. We've been talking about adoption here at home too, and Jessica wants to do it. But lately Angela hasn't said anything about it, which makes me nervous. Now they are making Jessica go see her mom so I don't know what's up. Do you?

This whole sexual orientation thing is pretty special. Not everybody can understand Jessica like I can. I really don't have a problem with it. I'm going to help her do whatever she needs to, to feel comfortable with her life. Why does anyone care that she is a lesbian? I know that sounds naïve, but really, why do they care?

- **What are the mother's thoughts and wishes in reference to this relative?**
- **How will you respond when Candice asks if you know what's going on with the caseworker not talking to her about adoption and making Jessica visit Helen?**

Jessica Brown and Foster Mother Candice Clark – Second Contact

Setting: Cell phone conversation—first with Candice, then with Jessica

Candice: Yeah, Jessica does think I'm really cool. At times, she may think we're more friends than anything else. We do keep it pretty friendly, but I'm not her "friend" when she breaks the rules. I set a curfew for her. But the first week she was here she climbed out the window and stayed out until midnight. That got her grounded for a week. We had a talk about what can happen when you stay out late and no one knows where you are. Jessica hasn't broken curfew again. She's knows I'm the boss and I have to protect her. So, no...I'm not her *friend* and I'm not a pushover. I'm her parent; that's my role in her life.

Sometimes she even calls me "Mom." She wants her mother to love and accept her as she is. Helen won't do that, or maybe she can't, and I know that's so painful for Jessica, that rejection. But I *do* love her just as she is. I don't need her to be different—I accept her. I kind of adore her if you want to know the truth. Not that she doesn't drive me crazy sometimes, but I worry about her too. I know she has some work to do to sort all this out, and who can blame her. I'm so glad she's seeing Dr. Felix.

Here, talk to Jessica, she's right here.

Jessica: Mom was nothing like Candice. With Candice I always know where the lines are. I may sometimes choose to cross those lines (giggles), but I already know what will happen if I do. Mom was kind of crazy to live with. She would ignore me for weeks, whatever I was doing. Then—boom!—she'd fly off the handle.

Is my mom supportive? Are you kidding? Are you hearing me? Hello! I mean, she fed me and all, but she doesn't support me *emotionally*.

What do I want? I want to feel safe. It has been years since I felt safe at home and I love feeling like that now. I didn't know what I was missing.

- **What are your follow-up questions?**

Mother – Helen Brown

Setting: Home of Helen Brown

Thanks for coming over. I really appreciated Ms. Miller’s input and I’m glad there’s another CASA/GAL volunteer working on this now. I was sad to see Ms. Miller go. I’m about to run out to Group, but I wanted to be sure we had time to meet and talk.

Honestly, I really don’t know what I would do without my co-dependency group. We meet for an hour three times a week, and we call each other in-between for support. I joined the group two months before I finally got the courage up to tell Wayne he had to get out. Group has been pretty empowering.

Wayne was a good provider; he made really good money and was generous with it at first. He fixed a lot of things when he moved in and looked after the house like my husband used to. Wayne was a good dad to Jessica for the first few years. Things would have been fine if Jessica hadn’t decided to be all strange and weird. She can be so stubborn! She was a really good little girl until she turned 11. Then she just started changing. Now I don’t know what she thinks she’s doing with all this lesbian nonsense.

Wayne started to get rough with me after we were together about a year. It wasn’t that bad the first couple years. I tried to kick him out a couple times before, but he always convinced me to take him back. But recently, his Internet porn habit got way out of hand. He started to spend a lot of time in the basement looking at sick, disgusting stuff! I was afraid of what he might do to me next so I filed on him. He’s gone for good now.

He and Jessica had that fight when Jessica ran away, and I guess he broke her ribs. Even with Jessica in foster care, I let Wayne stay here for another year before I finally got rid of him. I don’t know what I was thinking! Angela said I can get Jessica back now that I kicked Wayne out. I think Jessica should be with me, her mother. She’s my daughter for crying out loud! I know she’s confused, but she’s in therapy now so I’m hopeful.

I’m telling you this lesbian stuff is getting on my last nerve! I will be so glad when she gets through this phase of her life. I guess it’s an identity crisis—that’s what the shrink will call it and I guess that’s “normal” for teens, but I’m so tired of it!

- **What are your thoughts about Helen’s attitude toward her daughter?**
- **What strengths have you uncovered in this family that you can work with if the primary plan is reunification?**
- **What difference does this interview make to the case?**

Mother's Former Boyfriend – Wayne Pender

Setting: Workshop of Wayne Pender

Helen and I will be back together again soon. We've been through this before. She joins a group—last time it was her knitting circle, "Stitch and Bitch." Before that, it was a scrapbooking group. She gets big-headed with her new friends and then I'm not good enough for her. But you know what, she'll get over it. She always does. We always do.

I'm a hard-working man and a good provider. Helen knows that. We already miss each other. But she said she needed some time to get her daughter back. Honestly, she said we needed a "break," but we weren't "breaking up." That kid of hers needs a firm hand too, which I can provide. You wouldn't believe some of the stuff she pulls for attention. And the running away. Jeez. But yeah, Helen and I still talk.

Sure she took out papers on me, so what? She just did it to piss me off—she lets her emotions get the better of her sometimes. This isn't the first time either. What's it say? Pornography? Porno is the number one reason guys use the Internet. And if I do it, it's a problem? I don't think so. I guess 99% of all the men in this country better move out too, 'cause they all look at porno. Seriously, ask around. And if the guys you know deny it, they're lying.

I think we'll get back together once she gets things straightened out with CPS and her daughter. I put up with her crap too—excuse my French. Okay, so we get in a tussle now and then, no big deal. We tend to forgive and forget. Like I always tell Helen, we need to make sure we're looking forward, not backward.

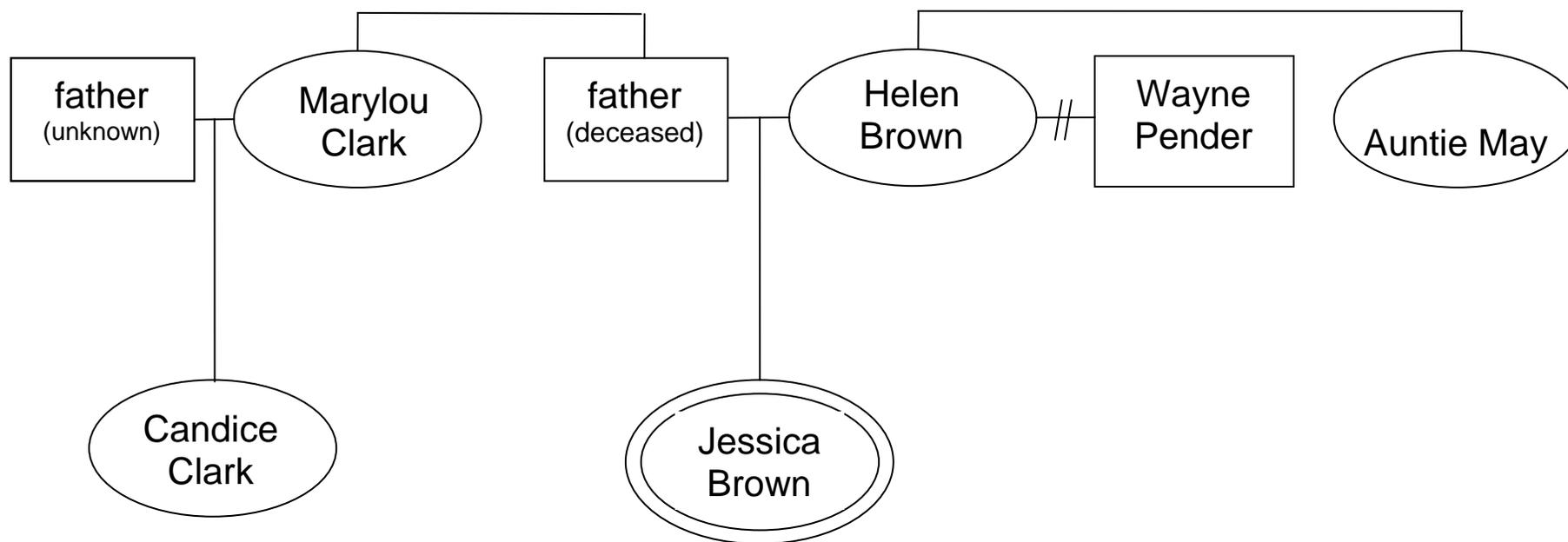
Excuse me, I need to get back to work.

- **After speaking with Mr. Pender, do you think Helen will make up with him or maintain the separation? How will you know if she does or doesn't?**
- **What difference does this interview make to the case?**

Brown Case Debrief Questions

- Who is in Jessica's circle of support?
- How is the lack of support from Helen affecting Jessica's academics and her mental, psychological and social well-being?
- If reunification is accepted by the court, what is the likelihood that Helen will play a more supportive and nurturing role in Jessica's life?
- What impact did the previous CASA/GAL volunteer have on this case (accomplishments, insight, resources)?
- What are some of the actions you might have to take as a result of this impact?
- What resources would you use to expand your knowledge of the needs of LGBTQ youth and inspire others to educate themselves?
- What are some benefits of including Jessica in the service-planning process?

Brown Family Genogram



Assessing a Child's Situation

Assessment of Risk

1. What is the current and immediate safety threat? Has the threat diminished? If not, how can the risk be ameliorated or removed?
2. What harm has the child suffered? (type, frequency, severity, length of occurrence)
3. What is the likelihood of recurrence and why?
4. What kind of long-term or permanent damage could result if the situation goes unchecked?
5. Was removal of the child necessary for his or her protection?
6. What services, short of removal, are necessary to adequately reduce risk?
7. How would the family access these services?
8. Which services were made available to this family prior to removal (or prior to this hearing)? What outcome was observed for each service?
9. Are professional assessments necessary to fully answer any of these questions?
10. List any additional factors which increase the level of risk, i.e. age of child, substance abuse, domestic violence, caregiver abused as a child, history of court involvement with other children, etc.
11. How does the parent manage his/her own life?
12. How does the parent discipline the child?
13. What circumstances accompanied the maltreatment? (i.e. substance abuse, domestic violence, unemployment, etc.)
14. If the child has been removed, what actions would be necessary to allow the child to return home immediately and safely and what services would be required to support the child's return?
15. If the safety threat is too high for the child to return home how have the conditions for return been conveyed to the parent, family, and child and do they understand the conditions?
16. What specifically prevents the parents from being able to provide the minimally adequate standard of care to protect the child?
17. Have the family's cultural background, customs and traditions been taken into account in evaluating the event and circumstances that led to the removal? Have the parent(s) cultural or tribal liaison/relevant other(s) been asked if there is a culturally-based explanation for the allegations in the petition?
18. What was done to create a safety plan to allow the child to remain at home or in the home of another without court involvement?
19. Have non-custodial parents, paternal and maternal relatives been identified and explored? If not, what is the plan to do so?

20. How has the agency intervened with this family in the past? Has the agency's previous contact with the family influenced its response to this family now?
21. How are the parents, extended family and children being engaged in the development and implementation of a plan for services, interventions, and supports?
22. Does the family believe that these services, interventions and supports will meet their current needs and build upon strengths?
23. How are the services, interventions and supports specifically tailored to the culture and needs of this child and family?
24. What evidence has been provided by the agency to demonstrate that the services/interventions for this family have effectively met the needs and produced positive outcomes?

Assessment of Primary Caregiver

1. What is the caregiver's understanding of the situation?
2. Can the parent read and understand English? If so, do they understand the allegations?
3. Has paternity been established and if so, how?
4. If paternity hasn't been established, have efforts to identify and locate fathers been sufficient? What has been done?
5. If one of the child's parents has not been involved, what is the history and current status of the relationship between the caregiver and the other parent? Has the caregiver made any effort to contact the other parent? Why or why not?
6. Are there issues in the case that are covered by the Americans with Disabilities Act?
7. What other family members should be involved in this process and what diligent search efforts were used to identify other family members?
8. Have home studies and background checks been completed?
9. What level of motivation and cooperation has been shown by the caregiver?
10. What is the caregiver's level of parenting skills? Are there health and/or intellectual concerns?
11. Are there any co-occurring problems (e.g., substance abuse, domestic violence, mental health problems)?
12. If so, what is the impact on their ability to parent, duration, severity and recovery history?
13. What kind of support is available from spouse, significant other, extended family and/or friends?
14. If one of the child's parents has not been involved, what is the history and current status of the relationship between the caregiver and the other parent? Has the caregiver made any effort to contact the other parent? Why or why not?
15. How has the caregiver demonstrated cooperation with service providers or lack of it?

16. Does the caregiver have the ability to protect the child or remedy the situation?
17. Did the parents have an opportunity to participate in treatment planning and if so were the parents' and child's needs, strengths, and cultural background thoroughly assessed?
18. Which services been identified to achieve case goals? Are there indications that case goals are being met?
19. Is the caseworker periodically visiting with the child and parents?
20. If the child is nearing permanency, is there a plan to continue needed services for the child (and parents, if appropriate) after custody is transferred?
21. What progress has been made by the caregiver in eliminating the need for placement? What barriers still exist?
22. Are professional assessments necessary to fully answer any of these questions?

Assessment of Child

1. Is the child a member of a federally recognized tribe or eligible for membership? If the child's tribe is unknown at this time, what efforts have been made to identify other relatives and/or tribal members for placement of the child?
2. Are basic food and clothing provided for the child when s/he is in the caregiver's home?
3. How does the child function day to day?
4. What is the child's understanding of the situation?
5. Has the child recently received a physical and mental health examination?
6. Are the child's health records up to date and included in the case file?
7. Do the foster parents have the child's health information?
8. Does the child's service plan include recommendations for specialty care? (i.e. glasses, medications, therapy, mental health treatment, etc.)
9. If the child is taking psychotropic medications, does everyone know the physician, diagnosis, recommended treatment, correct dosage of medication, possible drug interactions, side effects, etc.
10. Does the home contain serious hazards to the child's health and safety? Is the caregiver's current home adequate?
11. How does the caregiver meet the child's health and medical needs?
12. What level of supervision does the caregiver provide?
13. What indications of caregiver-child attachment have been observed?
14. What is the child's relationship with his/her siblings?
15. What is the child's experience with discipline, limit setting and consequences in the home?
16. Does the caregiver have realistic expectations of the child?
17. In what ways are emotional nurturing and intellectual stimulation provided by the caregiver?

18. How does the child perform in school academically and behaviorally? Have there been any significant changes recently?
19. Is the child seen as a cause of problems in the home, school or community? Describe any history of delinquent behavior.
20. Is the family's income sufficient to meet the child's basic needs?
21. Did the child have an opportunity to participate in treatment planning?
22. How has the child adjusted emotionally/behaviorally to the placement?
23. Did the child receive a developmental and educational assessment upon entering care?
24. Is the child enrolled in an early childhood program, if applicable?
25. Is the child eligible for an Individualized Education Program (IEP)? Is the child participating? Are the parents, foster parents, and case worker participating?
26. Is the child receiving special education services?
27. Are IEP goals being addressed? Is the IEP coordinated with the service plan?
28. Are other education supports (tutoring, after-school programs, speech therapy, occupational therapy, etc.) being provided to the child, if needed?
29. What kind of relationship does the child have with extended family members and have they had with the child? Are the family members aware that the child is in care?
30. Are professional assessments necessary to fully answer any of these questions?

Assessment of Out of Home Placement

1. List all the losses that the child would suffer by being/having been removed from the home.
2. What are the child's wishes regarding placement at this time?
3. Would siblings be placed together?
4. What is the most appropriate type of placement for this child? Is such a placement available, and if so, how soon?
5. Have maternal and paternal kinship care options been fully explored? If not, what is being done to explore relatives? If so, why were the relatives deemed inappropriate?
6. If child is placed in kinship care, what steps have been taken to ensure the relative is linked with all available training, services, and financial support?
7. What will out of home placement provide for the child? What will out of home placement provide for the parent?
8. What visitation arrangements have been made between child and parents, i.e. location, frequency, length, transportation, supervision? What arrangements for sibling visitation, if applicable? Have the parents adhered to the visitation schedule?
9. Is the child placed in the least restrictive, most family-like setting, appropriate to his/her needs?

10. Is the child living near his/her parents? Is the child living with his/her siblings? Is the child living near his/her school?
11. What efforts are being made to preserve connections in terms of friends, religious communities, and cultural connections?
12. Does the foster care provider have the information needed to help preserve connections?
13. If the child is Native American, is he/she placed in accordance with ICWA (Indian Child Welfare Act) placement preferences?
14. From the family and child's perspective, is the current placement culturally and linguistically appropriate?
15. How does the placement support the child's cultural identity? In what way does the placement support the child's connection to the family and community?
16. What are the terms of meaningful family time with parents, siblings and extended family members?
17. Do the terms of family time match the safety concerns? Is it supervised? Specifically, why must it be supervised? Is the time and location of family time logistically possible for the family, and supportive of the child's needs?
18. How does the placement support the family/child's involvement in the initial plan?
19. What are the terms of meaningful family time with parents, siblings and extended family members?
20. Do the terms of family time match the safety concerns? Is it supervised? Specifically, why must it be supervised?
21. Is the time and location of family time logistically possible for the family, and supportive of the child's needs?

Assessment of Permanency Plan: Return Home

1. What are the child's needs, wishes, and best interests?
2. To what extent have the parents and agency complied with the case plan and court orders?
3. Did the services alleviate the reasons for removal?
4. What is different now than when the child was removed?
5. How has visitation gone? Has there been a plan to transition home (extended/unsupervised visitation, overnights, weekends, trial home placement) while the court continues to monitor the child's health and safety?
6. What has the agency done to reduce the risk or likelihood of disruption after the child is returned home?
7. What safeguards are in place to protect the child?
8. Will on-going services/monitoring be offered?
9. How does the family foresee handling issues related to child safety without the involvement of the court/agency?

10. What actions would be necessary to allow the child to return home immediately and safely and what services would be required to support the child's return?

Assessment of Permanency Plan: Relative Placement

1. What are the needs, wishes, and best interests of the child?
2. Are there convincing reasons that the child cannot return home or be adopted?
3. Have home studies and background checks been completed?
4. Will the guardian need financial assistance to care for the child?
5. Does the guardian understand his/her rights and responsibilities?
6. Will there be ongoing contact with the child's parents, siblings, and other relatives?
7. Will the agency provide services and/or ongoing monitoring?
8. Does the child have a bond with the custodial family member?
9. Will this custodian make a lifelong commitment to the child?

Assessment of Older Youth in Transition

1. Is there a Transitional Plan (TP)? Is the young person involved in transition planning?
2. Does the Transitional Plan address educational needs (obtaining a diploma, vocational training, post-secondary education), career exploration, employment, and safe and stable housing?
3. Does the Transitional Plan address possible mentors and other avenues to create lifelong connections?
4. Are independent living services being provided to the youth? Is training being provided in daily living skills; budgeting and financial management skills; substance abuse prevention, and preventive health activities such as smoking avoidance, nutrition education and pregnancy prevention?
5. What specific services will the youth need upon exiting the system?
6. How will they receive the medical care needed after turning 18/21?
7. Does the youth understand what services he/she can receive after age 18/21?
8. Does the youth have connections beyond their current placement, agency, and school?
9. What is the youth's current level of functioning and how are they expected to provide for themselves after exiting the system?

Assessment of Foster Care

1. How long has this child been in care?
2. How many placements has the child been in?
3. How long has the child been with the current caretakers?
4. What is the quality of the relationship between the child and the current caretakers?

5. What is the best estimate of how soon the child can return home?
6. If the plan is not return home, what is it? What level of permanency would this plan provide?
7. If the child is unable to return home, what level of involvement would the current caretakers have in his or her future?
8. What progress has been made toward the alternative plan? What are the barriers?
9. What is the length of time anticipated to achieve it?

Assessment of Termination of Parental Rights Hearings

1. Is TPR in the child's best interest?
2. Does DHS have grounds for TPR?
3. Is there an exception to not terminate?
4. Can TPR be achieved without trial? Will voluntary relinquishment or mediation reduce possible harm to the child?
5. Are there any other services which could be provided that would materially affect the ability of the caregiver to parent the child in the next six months?
6. Has measurable improvement occurred in the condition(s) that brought the child into care?
7. If some improvement has occurred, what is the estimated length of time before the child could be returned home?
8. What specifically are the plans for the child to be adopted? Has an adoptive placement been identified?
9. If possible, has the child been invited to select possible adoptive placements?

Compiled from *A Question of Balance: Decision Making for CASA/GAL Volunteers*, casaforchildren.org; "Well-Being Checklist," *Child Protection Best Practices Bulletin*, childlaw.unm.edu; "CASA Volunteer General Hearing Preparation Checklist," arkleg.state.ar.us.

Session 4 Volunteer Training Evaluation

Online Component

It was easy for me to log on to the online components of this session.

Strongly Disagree Disagree Agree Strongly Agree

The technology involved in the online components of this session was easy and straightforward to use.

Strongly Disagree Disagree Agree Strongly Agree

I found the online discussion forums a useful learning tool as I shared my thoughts and opinions.

Strongly Disagree Disagree Agree Strongly Agree

I learned something from my fellow training participants by reading/interacting with them through the online discussion forums.

Strongly Disagree Disagree Agree Strongly Agree

The online component helped prepare me for some of the discussions and materials we covered during the in-person component of Session 4.

Strongly Disagree Disagree Agree Strongly Agree

The facilitator's comments were valuable during the online discussion forum activities.

Strongly Disagree Disagree Agree Strongly Agree

I can describe the concept of resilience and identify protective factors.

Strongly Disagree Disagree Agree Strongly Agree

I can describe what is meant by concurrent planning.

Strongly Disagree Disagree Agree Strongly Agree

I can explain why expediency in establishing permanence is especially important for older youth.

Strongly Disagree Disagree Agree Strongly Agree

I can describe the importance of involving older youth in the permanency planning process (in an age-appropriate way).

Strongly Disagree Disagree Agree Strongly Agree

I can articulate the educational challenges faced by children in the child welfare system.

Strongly Disagree Disagree Agree Strongly Agree

I can describe some of the issues faced by LGTQ youth in the child welfare system.

Strongly Disagree Disagree Agree Strongly Agree

I can explain one federal law related to education and youth aging out of the system.

Strongly Disagree Disagree Agree Strongly Agree

I can describe strategies for writing effective recommendations in a volunteer court report.

Strongly Disagree Disagree Agree Strongly Agree

One thing that I really enjoyed about the online component was:

One thing that would have made the online component better for me:

Additional comments about the online component:

In-Person Component

The facilitator was well-prepared and engaging.

Strongly Disagree Disagree Agree Strongly Agree

The case study-based format of this session will be useful to me in my work.

Strongly Disagree Disagree Agree Strongly Agree

I can identify age-appropriate behavior for children from birth through adolescence.

Strongly Disagree

Disagree

Agree

Strongly Agree

One thing that I really enjoyed about the in-person component was:

One thing that would have made this in-person component better for me:

Additional comments about the in-person component:

Overall Comments

I found the format of this session, which allowed me to learn a portion of the material at my own pace and on my own time, worked better for me than having to receive all of this information in-person, at a set place and time.

Strongly Disagree

Disagree

Agree

Strongly Agree