

## Session 2: Strengths & Risks—The Greene Case

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American Legion  
Child Welfare Foundation



## **Session Overview**

This session introduces a strengths-based approach to working with families. You'll learn about risk factors for child abuse and neglect and consider how stress, mental illness and poverty affect families. You'll begin to apply some of your new knowledge and skills in your first case simulation.

## **Objectives**

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

- Identify the strengths and resources of a family
- Explain how times of crisis and stress affect families and children
- Identify risk factors associated with child abuse and neglect
- Describe how mental illness impacts families and children
- Explain why poverty is a risk factor for children
- Describe why the MSL standard is in the best interest of children
- Describe the importance of attachment in children
- Describe how separation and loss affect children
- Name the basic elements of effective communication
- Identify various nonverbal and verbal strategies for communicating with children
- Describe where key information appears in your local court report

## Online Learning

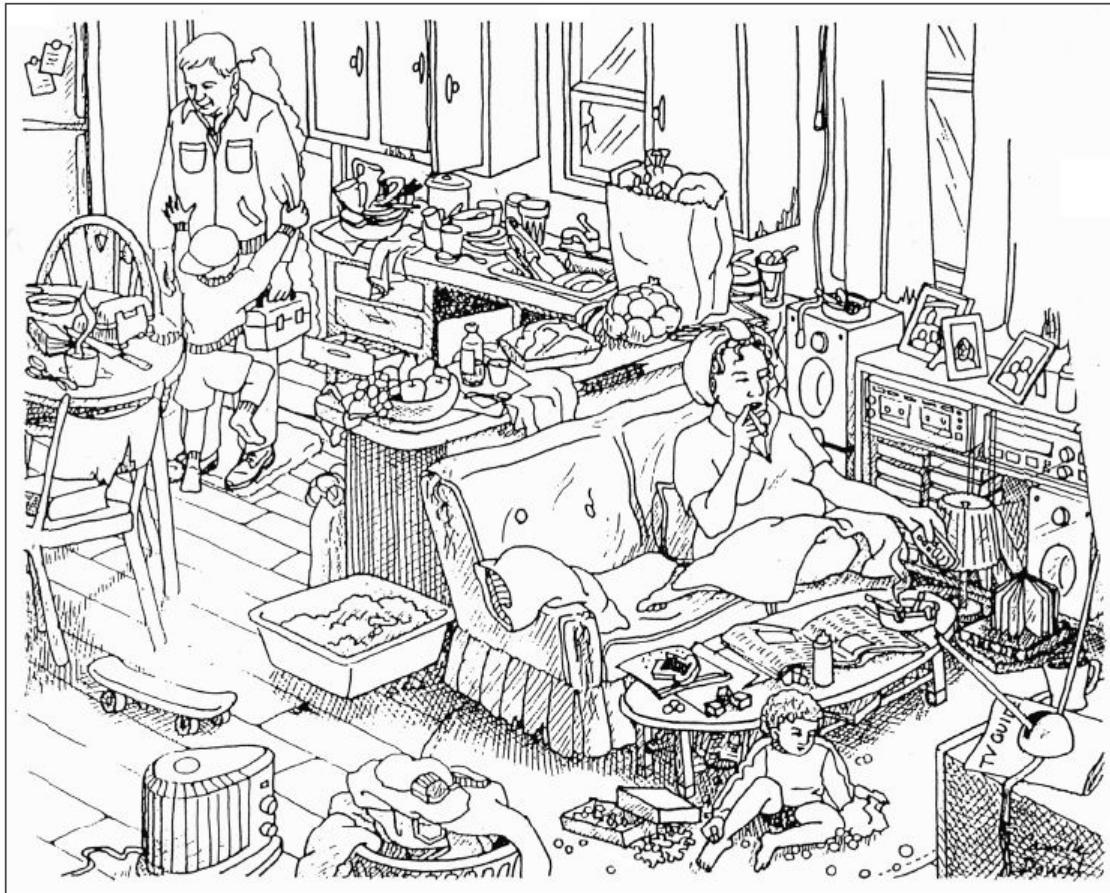
### Family Strengths

#### Activity 2.1: Family Strengths and Weaknesses

Take a few moments to think about your own family. In the online discussion forum, write a sentence or two describing a strength or a weakness of your family (either your family of origin or your current family).

## Activity 2.2: Identifying Family Strengths

**Part 1:** Look at the illustration below of a family home. Use the space that follows the illustration to note 12 to 15 positive aspects of the household pictured.



Used with permission from the artist, Camille Doucet.

**Family strengths observed in the photo:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

**Part 2:** Click on the link to Part 2 of Activity 2.2. Using the links on the left-hand side of the screen, view the pictures with the family strengths highlighted and compare your list with the strengths shown.

## Activity 2.3: Resources vs. Deficits

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

**Part 1:** Read the information that follows about the differences between using a resource lens and using a deficit lens when working with families.

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

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

Your ability to identify strengths in families depends partially on which lens—the resource lens or the deficit lens—you use in your work with families. The lens you choose will also influence your work with others involved in the case. Using a strengths-based approach means acknowledging the resources that exist within a family (including extended family) and tapping into them. For instance, you may identify a relative who can provide a temporary or permanent home for a child, you may help a parent reconnect with a past support system or you may identify healthy adults who in the past were important to a child or family. Using a resource lens creates more options for resolution, and it empowers and supports children and families.

Following are a few questions you can ask when using the resource lens to assess a family:

- How has this family solved problems in the past?
- What court-ordered activities have family members completed?
- Does the family have extended family or non-relative kin who could be a resource?
- How are family members coping with their present circumstances?

**Part 2:** In the online discussion forum, post your responses to the following questions:

- What might be some benefits of using a strengths-based approach in your work as a CASA/GAL volunteer?
- What might be some of the drawbacks of using a strengths-based approach?

## Stress in Families

Just as all families have strengths, at some point all families encounter change, stress and perhaps even crisis—the family moves, a parent is laid off, childcare arrangements fall through, a new stepfamily comes into being, the car breaks down, a child becomes ill, the rent goes up and so on. The families you will encounter in your work as a CASA/GAL volunteer are, by definition, under stress and likely to be in crisis—if for no other reason than that the state is now involved in determining whether their child remains in their care. Some families cope well and adapt effectively to stress and crisis; others do not and become overwhelmed. Families unable to cope well are often isolated from resources, face a variety of challenges and are stressed by numerous problems that compound one another. These families may develop patterns that lead to and then perpetuate abuse and neglect.

### Activity 2.4: Stress Level Assessment

**Part 1:** Click on Part 1 of Activity 2.4 to complete the anonymous online “stress test.” You’ll be asked to assess your stress level and the stress level of the Bleux family, using the knowledge you have from the initial case file. After you complete the test, stress assessment scores for you and for the Bleux family will automatically be calculated.

**Part 2:** In the online discussion forum, post your responses to the following questions:

- How many additional points would you assign to having your child removed from your home by the child welfare system?
- How might stress affect a family’s interactions with CASA/GAL volunteers and other child welfare professionals?
- How might understanding the stress level of a family affect your recommendations?

**Part 3:** Ask a question or make a comment on at least two other classmates’ posts.

Remember: When you’re commenting on others’ posts, you may decide to empathize with, build upon or ask questions about someone else’s thoughts or ideas. However, when engaging your fellow classmates online, be sure that you’re approaching the online discussion from a place of genuine curiosity and desire to learn. This is not a forum in which it is acceptable to impose your values on others. Also keep in mind that when communicating online, body language and other nonverbal cues may get lost. Be sure to think about how attempts at humor or the tone/language you use may be interpreted or misinterpreted through this means of communication.

## Risk Factors for Child Abuse and Neglect

### Activity 2.5: Why Do People Abuse or Neglect Their Children?

**Part 1:** In the online discussion forum, list three conditions that might cause parents to abuse or neglect their children. This is a brainstorm, so at this stage there are no right or wrong answers.

**Part 2:** View others' responses and reply to at least one person's post. Explain whether or not you can relate to one or more of the conditions they listed that might lead to abuse or neglect.

### Activity 2.6: Conditions That May Lead to Abuse & Neglect

Read the material below on conditions that may lead to abuse and neglect. Think about the list you and your fellow participants generated in the previous activity, and circle any of the items below that also appeared in your online discussion.

#### Conditions That May Lead to Abuse & Neglect

There is rarely a single cause of child abuse or neglect. Risk factors for child abuse and neglect include child-related factors, parent/caretaker-related factors, social-situational factors, family factors and triggering situations. These factors frequently coexist.

##### CHILD-RELATED FACTORS

- **Chronological age of child:** 50% of abused children are younger than 3 years old; 90% of children who die from abuse are younger than 1 year old; firstborn children are most vulnerable.
- **Mismatch** between child's temperament or behavior and parent's temperament or expectations
- **Physical or mental disabilities**
- **Attachment problems** or separation from parent during critical periods or reduced positive interaction between parent and child
- **Premature birth or illness at birth** can lead to financial stress, inability to bond and parental feelings of guilt, failure or inadequacy.
- **Unwanted child or child who reminds parent of absent partner or spouse**

## PARENT/CARETAKER-RELATED FACTORS

- **Low self-esteem:** Neglectful parents often neglect themselves and see themselves as worthless people.
- **Abuse as a child:** Parents may repeat their own childhood experience if no intervention occurred in their case and no new or adaptive skills were learned.
- **Depression** may be related to brain chemistry and/or a result of having major problems and limited emotional resources to deal with them. Abusive and neglectful parents are often seen and considered by themselves and others to be terribly depressed people.
- **Impulsiveness:** Abusive parents often have a marked inability to channel anger or sexual feelings.
- **Substance abuse:** Drug and/or alcohol use serves as a temporary relief from insurmountable problems but, in fact, creates new and bigger problems.
- **Character disorder or psychiatric illness**
- **Ignorance of child development norms:** A parent may have unrealistic expectations of a child, such as expecting a 4-year-old to wash his/her own clothes.
- **Isolation:** Abusive and neglectful families may tend to avoid community contact and have few family ties to provide support. Distance from, or disintegration of, an extended family that traditionally played a significant role in child rearing may increase isolation.
- **Sense of entitlement:** Some people believe that it's acceptable to use violence to ensure a child's or partner's compliance.
- **Mental retardation or borderline mental functioning**

## SOCIAL-SITUATIONAL FACTORS

- **Structural/economic factors:** The stress of poverty, unemployment, restricted mobility and poor housing can be instrumental in a parent's ability to adequately care for a child. The child needs to be protected from separation from his/her family solely because of stressed economic conditions. Middle- and upper income parents may experience job or financial stress as well—abuse is not limited to families in poverty.
- **Values and norms** concerning violence and force, including domestic violence; acceptability of corporal punishment and of family violence
- **Devaluation of children and other dependents**
- **Overdrawn values of honor**, with intolerance of perceived disrespect
- **Unacceptable child-rearing practices** (e.g., genital mutilation of female children, father sexually initiating female children)
- **Cruelty in child-rearing practices** (e.g., putting hot peppers in child's mouth, depriving child of water, confining child to room for days or taping mouth with duct tape for "back talk")
- **Institutional manifestations of inequalities and prejudice** in law, healthcare, education, the welfare system, sports, entertainment, etc.

## FAMILY FACTORS

- **Domestic violence:** Children may be injured while trying to intervene to protect a battered parent or while in the arms or proximity of a parent being assaulted. Domestic violence can indicate one parent's inability to protect the child from another's abuse because the parent is also being abused.
- **Stepparent, or blended, families are at greater risk:** There is some indication that adult partners who are not the parents of the child are more likely to maltreat. Changes in family structure can also create stress in the family.
- **Single parents are highly represented in abuse and neglect cases:** Economic status is typically lower in single-parent families, and the single parent is at a disadvantage in trying to perform the functions of two parents.
- **Adolescent parents are at high risk because their own developmental growth has been disrupted:** They may be ill-prepared to respond to the needs of the child because their own needs have not been met.
- **Punishment-centered child-rearing styles** have greater risk of promoting abuse.
- **Scapegoating** of a particular child will tend to give the family permission to see that child as the "bad" one.
- **Adoptions:** Children adopted late in childhood, children who have special needs, children with a temperamental mismatch or children not given a culturally responsible placement

## TRIGGERING SITUATIONS

Any of the factors above can contribute to a situation in which an abusive event occurs. **There has been no systematic study of what happens to trigger abusive events.** Some instances are acute, happen very quickly and end suddenly. Other cases are of long duration. **Examples of possible triggering situations include:**

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

## Activity 2.7: Risk Scenario

**Part 1:** Read the scenario below and identify the risk factors present in the situation.

### Dot and Stan

First-grade teacher Susan Williams called the child protection agency hotline to report a concern about two of her students, Dot and Stan Grant, 6-year-old twins. They live with their mother, Arlene, and her boyfriend, Tom. Ms. Williams is concerned that the twins are in the middle of fights between Arlene and Tom. There were bruises on Dot's face, which she said happened when Tom accidentally hit her when he was trying to hit her mom.

A caseworker talked with the children separately at school and both children said that their mom and her boyfriend drank beer and smoked "little white cigarettes that they put green stuff in." They also reported that the cigarettes "smelled funny." Both children told the caseworker that their mom and Tom fight and that he hits their mom. Both children have observed these fights, and from their descriptions it seems the fights occur quite often, especially when Arlene and Tom are partying. Both Dot and Stan said they were afraid of Tom.

When interviewed by the caseworker, Arlene admitted that Tom drank beer but said he didn't do drugs anymore. She denied that she drank or did drugs herself. She told the caseworker that sometimes they fought, "but who doesn't?" She said that Tom didn't hurt her and had never hit her. She was surprised that the caseworker could have gotten information that was so wrong. She didn't want the caseworker to talk with Tom. When the caseworker explained that interviewing Tom was necessary, Arlene had a nervous expression on her face.

Tom was visibly displeased when the caseworker arrived to talk with him. He told her that it was none of her business what he did in his home. He said he was good to Arlene's children and bought them what they needed. Even though he and Arlene did fight sometimes, he said, he would never hit her. Tom denied using drugs but told the caseworker that he would drink a beer whenever he wanted.

Further interviews were conducted with the teacher, the maternal grandmother, a neighbor and a friend of the mother. All but the friend were concerned about these children and told the caseworker that the twins were often in the middle of fights and there was "partying" going on at the home all the time.

Drafted by Angie Pittman, Family Permanency Supervisor, DSS, Buncombe County, North Carolina.

**Part 2:** In the online discussion forum, name the risk factors present in the scenario.

**Part 3:** Respond to at least two classmates by asking a question or commenting on what they have posted.

## The Impact of Mental Illness on Children and Families

### Activity 2.8: Understanding Mental Illness

Read the following information about mental illness. Then go to the online discussion forum and post one new idea or question you have about mental illness and how it may impact a case and/or your advocacy for a child.

#### Mental Illness in Families

##### *The Facts*

- According to the National Institute of Mental Health ([www.nimh.nih.gov](http://www.nimh.nih.gov)), an estimated one in five adults in the United States suffers from a diagnosable mental disorder in any given year.
- The vast majority of people with a mental illness are not dangerous.
- Mental illness is treatable with various combinations of therapy and drugs.

##### *Definition*

Definitions of mental illness have changed over time, across cultures and across national—and even state—boundaries. Mental illness is diagnosed based on the nature and severity of an individual's symptoms. If a person meets the diagnostic criteria as set forth in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, currently in its fourth edition, he/she may be diagnosed with a particular disorder such as depression, anxiety, post-traumatic stress disorder, schizophrenia, alcohol dependence and so on. The term "dual diagnosis" indicates that an individual has both a psychiatric disorder and a substance abuse problem.

##### *Causes*

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

##### *Impact on Children and Families*

The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may result from misunderstanding the

need for treatment or being afraid to seek it due to the stigma associated with mental illness in US culture. It may also result from a lack of access to treatment. There may not be treatment available in a person's community, or the person may not be able to pay for it.

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

To understand the impact of mental illness in a particular family, it is critical that you also examine a parent's level of functioning. A person's level of functioning can be affected by many factors, and not all are related to mental illness. It is important to distinguish between mental illness and other kinds of limitations. For example, many adults have limited intellectual abilities or specific learning disabilities. These limitations range in severity. By looking at the parents' level of functioning in addition to mental illness, you can make recommendations that address the likelihood that the parents can remedy the problems that initiated their involvement with the child protective services system.

### *Treatment*

Availability of mental health treatment varies, and its effectiveness depends on a variety of factors. A well-designed treatment plan takes individual differences into account. Healers and practices from a person's cultural tradition (e.g., the use of prayer or meditation) can be included with other, more "Western," approaches, which might include specialized inpatient treatment (e.g., for substance abuse), medication, individual and/or group counseling, self-help groups (e.g., Alcoholics Anonymous, Overeaters Anonymous, and other 12-step programs) and education or training (e.g., parenting classes or anger management training).

### *What a CASA/GAL Volunteer Can Do*

**It is not your task to diagnose mental illness.** However, it is important to be aware of warning signs or indicators that may affect the health or safety of the child so that you can alert the child protective services caseworker about your concerns. How will you know mental illness when you see it? Your internal cues are your best initial indicators that something is "off" or "not right" about a person.

Following are some indicators that may point to the need for professional assessment:

- Social Withdrawal
- Characterized by “sitting and doing nothing”; friendlessness (including abnormal self-centeredness or preoccupation with self); dropping out of activities; decline in academic, vocational or athletic performance
- Depression
- Includes loss of interest in once pleasurable activities; expressions of hopelessness or apathy; excessive fatigue and sleepiness, or inability to sleep; changes in appetite and motivation; pessimism; thinking or talking about suicide; a growing inability to cope with problems and daily activities
- Thought Disorders
- Evidenced by confused thinking; strange or grandiose ideas; an inability to concentrate or cope with minor problems; irrational statements; peculiar use of words; excessive fears or suspicions
- Expression of Feelings Disproportionate to Circumstances
- May include indifference even in important situations; inability to cry or excessive crying; inability to express joy; inappropriate laughter; anger and hostility out of proportion to the precipitating event
- Behavior Changes
- Such as hyperactivity, inactivity or alternating between the two; deterioration in personal hygiene; noticeable and rapid weight loss; changes in personality; drug or alcohol abuse; forgetfulness and loss of valuable possessions; bizarre behavior (such as skipping, staring or strange posturing); increased absenteeism from work/school

As part of the assessment, it is important to determine if domestic violence and/or substance abuse are contributing or causal factors. This is a task for professionals.

*In your capacity as a CASA/GAL volunteer:*

- You can recommend a mental health assessment of a parent or child.
- You may request consultations with a parent’s or a child’s mental health care providers. Although the parent’s mental health providers are ethically and legally required to maintain their client’s confidentiality, they may be willing—with their client’s permission—to talk with you about their perspective on the situation and any concerns you have. Your CASA/GAL volunteer supervisor will be able to answer your questions about gaining access to this confidential information.
- When you encounter resistance to a label, diagnosis or treatment, you can become aware of ethnic and cultural considerations. The standards for research and definitions of health, illness and treatment have historically derived from a white, middle-class perspective.

## The Impact of Poverty on Children and Families

Socioeconomic status, or class, is a major factor that greatly defines how people live in the world. According to the Children's Defense Fund, at the end of 2011 more than 16 million US children lived in poverty. There are many myths and stereotypes associated with being poor. To separate myths from reality, it is important to look at what we do know about children and poverty in the United States.

### **Key Facts About American Children**

1 IN 2 ...

- Will live in a single-parent family at some point in childhood
- Never completes a single year of college

1 IN 3 ...

- Is born to unmarried parents
- Will be poor at some point during childhood
- Is behind a year or more in school

1 IN 4 ...

- Lives with only one parent
- Lives in a family where no parent has full-time, year-round employment

1 IN 5 ...

- Is born poor
- Is born to a mother who did not graduate from high school
- Children under age 3 is poor now

1 IN 6 ...

- Is poor now
- Is born to a mother who did not receive prenatal care in the first three months of pregnancy

1 IN 7 ...

- Never graduates from high school
- Children eligible for federal childcare assistance through the Child Care and Development Block Grant receive it

1 IN 8 ...

- Does not have health insurance
- Has an employed person in the family but is still poor
- Lives in a family receiving food stamps

1 IN 9 ...

- Is born to a teenage mother

1 IN 12 ...

- Has a disability

1 IN 13 ...

- Was born with low birth weight
- Will be arrested at least once before age 17

From *The State of America's Children: Yearbook 2004*, Children's Defense Fund, Boston: Beacon Press, 2004, and the Anna E. Casey Foundation's *Kids Count Data Book*, 2001 and 2003.

### **Myths About Poverty**

- The poor bring their circumstances on themselves.
- If people have jobs, they cannot be poor.
- Most poor people are minorities and illegal aliens.
- You are not poor if you can afford a television.
- Poor people are lazy and do not want to work.
- Poor people prefer to live on welfare.
- Poor people are poor because they have too many children.
- Poverty is the result of poor budgeting.

## **Activity 2.9: Budgeting**

**Part 1:** In the space below, fill in the figures for your own personal budget. You will not be asked to share these figures with anyone else.

<b>Item</b>	<b>Monthly Expense</b>
Housing (Mortgage or Rent Payment)	
Utilities	
Vehicle Payment/Gas/Maintenance	
Groceries/Dining Out	
Healthcare	
Childcare	
<b>Total</b>	

**Part 2:** Now go back to the form and fill it out a second time as if you were the head of household for a family of four living at the poverty line in 2010. Your annual budget is \$22,050, which comes out to approximately \$1,837 per month. What would need to change?

## **Activity 2.10: Poverty in Our Community**

As part of your role as a CASA/GAL volunteer, you will do research both online and in person to find answers and solve problems related to a case. Using either the Internet or more traditional in-person methods, use resources in your community to find answers to the following questions about poverty and public assistance. Post your answers in the online discussion forum, and provide citations for where you found the information.

1. What is the minimum wage in my state?
2. Is Temporary Assistance for Needy Families (TANF) the most common term for welfare assistance in my state? If not, what is the more common term?
3. What are the poverty guidelines for a family of four in my state?
4. Are there limits on public assistance for families in my state?

## **Activity 2.11: Thinking It Over**

**Part 1:** Read the information below about why poor children are more likely to be in the system. Consider this material along with the information presented previously.

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

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

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

initiated, these families are communicating with many “mandated reporters,” increasing the likelihood that issues of child maltreatment and neglect will be investigated.

Poverty causes great stress in families. Because of this stress, poverty itself is a major risk factor of abuse, which increases the likelihood of both immediate and lasting negative effects on children. However, poverty is not a causal agent of abuse. Most poor parents do not abuse their children.

Children living in families in poverty are more likely:

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

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

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

Children who live in poverty are far more likely to have both reports of abuse and substantiated incidents of abuse in their lives. While poverty is not the causal agent of the abuse, it is a risk factor.

## **Activity 2.11: Thinking It Over**

**Part 2:** In the online discussion forum, post your responses to at least two of the following questions:

- What effect might living in poverty have on access to education, healthcare and daycare?
- What effect might current poverty have on the likelihood of future poverty?
- Is poverty viewed differently in different communities, geographic regions, neighborhoods and/or religions? Why or why not?
- Are the experiences of poor families of color distinct from those of poor white families? What about Native American families? Why are race and income level interconnected issues?
- Is it a safety concern if the family you're working with does not have a refrigerator? What if they do not have food in the cupboard? What if their apartment unit has holes in the floor? What if the family lives in a car?

**Part 3:** Ask a question or make a comment on at least two classmates' posts. Keep in mind that there are many ways to answer each of these questions.

Remember: When you're commenting on others' posts, you may decide to empathize with, build upon or ask questions about someone else's thoughts or ideas. However, when engaging your fellow classmates online, be sure that you're approaching the online discussion from a place of genuine curiosity and desire to learn. This is not a forum in which it is acceptable to attempt to impose your values on others. Also keep in mind that when communicating online, body language and other nonverbal cues may get lost. Be sure to think about how attempts at humor or the tone/language you use may be interpreted or misinterpreted through this means of communication.

## **Learn More!**

If you'd like to learn more about the impact of poverty on families, you can listen to the National CASA podcast on this topic found at

<http://podcast.casaforchildren.org/families-living-in-poverty>.

## Children's Needs

Children served by CASA/GAL programs come to the court's attention because their parents or caretakers are not meeting their most basic needs—for food, clothing, shelter or security. Usually, parents are their children's advocates—a CASA/GAL volunteer is needed only when the parents or caregivers cannot fulfill that advocacy role. To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children's safety, it does have consequences. In later activities, you will look more closely at the effects of disturbing children's attachments to their primary caretakers.

### Activity 2.12: Children's Needs

**Part 1:** Click on the link to Part 1 of Activity 2.12 to complete an interactive exercise about human needs. Then read the information below about Maslow's hierarchy of needs.

### Maslow's Hierarchy of Needs

Maslow's first two categories—for food, clothing and shelter and for protection and security—are self-explanatory. The third level, primary relationships, refers to people's need to experience love and a feeling of belonging. People need to give and receive affection and belong to a group or to a society. Sound primary relationships make it possible for people's need for esteem—the fourth of Maslow's categories of need—to arise. Self-esteem and esteem from others allow people to feel self-confident and self-worthy. Without such respect in their lives, people feel inferior and worthless. When the need for esteem is met, the need for self-actualization surfaces. Maslow called this level "community and wholeness." At this level, people strive to realize their potential and exercise their talents to the fullest. Maslow noted that most people do not reach self-actualization because they never fully satisfy their needs for love and esteem.

**Part 2:** In the online discussion forum, post your responses to the following questions:

- Which of Maslow's categories do you believe fall into the minimum sufficient level of care? Why?
- How might the issues covered earlier in this session—mental illness and poverty—affect a parent's ability to meet children's needs in these categories?

### **Activity 2.13: Attachment**

**Part 1:** Read the information below about attachment in children.

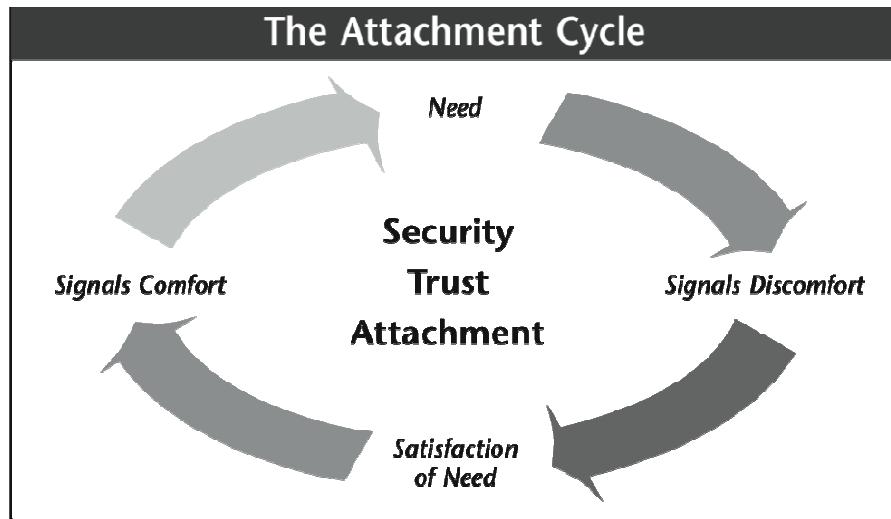
#### **What Is Attachment?**

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

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

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

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



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

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

## Learn More!

If you'd like to learn more about attachment theory in children, you can listen to the two-part National CASA podcast on this topic found online:

- Part 1: [http://podcast.casaforchildren.org/attachment\\_theory\\_in\\_children](http://podcast.casaforchildren.org/attachment_theory_in_children)
- Part 2: [http://podcast.casaforchildren.org/attachment\\_theory\\_in\\_children\\_ii](http://podcast.casaforchildren.org/attachment_theory_in_children_ii)

## **Activity 2.13: Attachment**

**Part 2:** Read the following scenario about a child named Jamaal. Come up with one reason Jamaal should return to the first foster family and one reason he should remain with the current foster family. Write your reasons in the online discussion forum.

### **Jamaal's Situation**

When Jamaal was born, he and his mother tested positive for cocaine. Child Protective Services assumed care of Jamaal and placed him in a foster home. Jamaal's mother eventually dropped out of contact with CPS, and his father was never identified. Both parents' rights were terminated, and the permanency plan for Jamaal became adoption.

Jamaal's first placement after the hospital was a foster family who hoped to adopt. A developmental specialist who visited Jamaal several times noted that he was receiving excellent care and that the foster parents were able to soothe and comfort Jamaal when he was upset. The specialist noted that Jamaal seemed to derive particular benefit from the attention he received as the only child in the home.

By the time Jamaal was free for adoption, he had been in the foster home for nine months. Due to paperwork demands and a busy court docket, the adoption finalization hearing was scheduled for three months out. In the meantime, a neighbor of the foster parents phoned Child Protective Services with allegations that Jamaal was being neglected in the home. While the case was investigated, Child Protective Services removed Jamaal and placed him in a temporary foster home.

When Jamaal had been in the temporary home for the maximum two weeks allowed, Child Protective Services placed him in another foster home. The new foster parents had an 8-year-old daughter and twin 6-year-old foster sons. Due to a miscommunication, the new foster family believed that Jamaal, who was by that time a year old, was free for adoption. They quickly fell in love with Jamaal and expressed interest in adopting him. They initially had concerns about Jamaal's development. They noted that he tended to stare around the room blankly and would not respond to attempts at social interaction or caregiving. They observed him to be apathetic and emotionally disinterested. None of these problems had been present when Jamaal lived in the first foster home. Despite these problems, the new foster parents were committed to providing him with the best care. After several weeks, Jamaal began to respond more playfully and affectionately with the new family.

The allegations against the first foster parents were found to be unfounded, and the foster parents maintained their commitment to adopting Jamaal. However, Child

Protective Services took the position that Jamaal was doing well in the new home and should not be moved again. The matter was discussed at a series of meetings and hearings in which the first foster parents begged for Jamaal's return, pointing out that he'd spent the first nine months of his life in their home and had thrived there, and that he had displayed signs of adjustment problems in the new foster home. Several months passed, during which Jamaal continued to grow closer to his new foster parents, seeking comfort from them when hurt or scared and even learning to call them "Mama" and "Dada." Jamaal had not seen his former foster family during the removal period. At the next court hearing, the CASA/GAL volunteer was called on to give a recommendation regarding which family should be allowed to adopt Jamaal. The decision would be difficult, as one family was certain to be heartbroken, and Jamaal's well-being hung in the balance.

### **Activity 2.14: The Separation Experience**

**Part 1:** In order to better understand the separation experience of the 850 children in the United States who are removed each day from their families and put in foster care, take a few moments to do the visualization that follows.

Imagine you are a 4-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when you are bad, whether you have enough food at home, how much your daddy drinks and how often he hits your mommy. You are pretty sure you are going to be in a lot of trouble because the lady said she had to tell your parents that she talked to you. You can barely eat your dinner and your mom is already mad about that. Your dad is drinking another beer, which usually is a bad sign.

There is a knock on the door and that same lady is standing there with a policeman. Now you know you are really in big trouble. She tells your mom and dad that she is taking you away with her. Will they put you in jail? She sits near you at the table and tells you not to worry. She asks your mom or dad to get some clothes together. She asks if there is any special toy or blanket that might help you sleep better. You just can't imagine what it will be like to sleep in jail with all of those mean people that were there with your dad the last time he went.

But the lady doesn't take you to jail. The policeman and the lady take you to a big house in another part of the town. They are chatting and laughing on the way. You can tell they are trying to be nice, but you are really scared. The lady walks you to the door and another lady opens it up. She has a big smile on her face and takes your bag of stuff and says, "Come right in." Behind her is a man. He is smiling, too. There

are a bunch of other kids who are all looking at you. The new lady says, "Welcome. This is your new home. We are so glad to have you." She keeps smiling and seems really nice, but there must be some mistake. You didn't ask for a new home . . . you already have a mom and dad . . . you don't have brothers and sisters . . . this isn't your room . . . and what is this food that they are giving you? You realize that this is all your fault and that your mom and dad must be really mad now. You wonder if you'll ever see them again.

**Part 2:** In the online discussion forum, write a few sentences about the feelings you experienced as you imagined yourself as a 4-year-old child being removed from your home. Then answer the following question:

- How might knowing about attachment and separation impact your recommendations for visitation and services?

As a CASA/GAL volunteer, there are a number of things you can do to help children who are experiencing difficulty with the separation from their parents. Children in the foster care system are damaged every time they are moved from one place to another. Each placement increases the likelihood of irreversible damage to their emotional and psychological health. However, because a child's safety has to be the primary consideration, sometimes he/she must be moved for protection. A CASA/GAL volunteer is generally not assigned to the case until the child has been removed from the home. Once you are appointed, you can advocate that the child not experience multiple placements.

#### *What a CASA/GAL Volunteer Can Do*

- Advocate for additional therapeutic services or trauma-based therapy
- Advocate for the continuation in schools and activities
- Explain to the child when he/she might see his/her parent (but don't make promises!)
- Take a strong stand against court hearing continuances and unnecessary placement changes
- Advocate for a maximum amount of visitation with parents (when appropriate) and siblings
- Advocate for permanency so the predictability and security of a primary attachment is restored

## Communication Skills

### Activity 2.15: Communicating as a CASA/GAL Volunteer

**Part 1:** Read the following information about communication skills.

#### The Basics of Communication

Communication is a two-way street. It is defined as an interchange or an exchange of thoughts and ideas. Often the message a person intends to send is not the message that is received. What is said can be interpreted differently depending on the nonverbal cues that accompany the words. Communication experts suggest that words and their dictionary meanings are only one-third of any speaker's message.

Communication has three components:

1. **Verbal:** The verbal component refers to the actual words spoken, the elements we traditionally think of as language and refer to as "communication."
2. **Nonverbal:** The nonverbal component refers to gestures, body movements, tone of voice and other unspoken means of conveying a message. The nonverbal code can be easily misread.
3. **Feelings:** This component refers to the feelings that are experienced in the course of an interaction. While the verbal and nonverbal components can be directly observed, the feelings component is not easy to observe.

Ideally, these three components match—that is, there is no conflict between what people say, what they convey through body language and what they feel. Sometimes, however, people send mixed messages.

Whenever there is a discrepancy between the verbal, the nonverbal and the feelings components of a message, the receiver of the message will tend to believe the nonverbal. Given all the variables involved, it is easy to see why misunderstandings occur between people.

As a CASA/GAL volunteer, you will communicate with children, their families, caseworkers and others involved in a case. It is important that you understand how to convey your message consistently using all three components of communication—verbal, nonverbal and feelings.

It is also essential that you learn to observe whether people's verbal and nonverbal messages match or are congruent. It is important to "hear" the silent messages.

Listening for meaning requires three sets of ears—one set for receiving the message that is spoken, one for receiving the message that is conveyed silently and one for receiving the feelings of the sender.

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

## **Communicating with Children**

Knowledge about communication is important to the specific ways you will gather information from children. Some children can talk about their situations and their wishes, but other children do not have verbal and developmental skills sufficient to express their needs and wishes.

Because the verbal skills of children vary, fact-based observations about a child are a vital part of your investigation and court report as a CASA/GAL volunteer.

Because it is impossible to observe everything a child does, it is important to think about what specific information you want to know about the child while trying to keep your mind open to unexpected information. Reading over the following questions several times before you begin observing a child will help you remember what to look for.

### **1. What is the specific situation in which the child is operating?**

What other activities are going on? What are the general expectations of the group at the moment and what is the general atmosphere of the room—calm, noisy, boisterous, quiet?

### **2. What is the child's approach to materials and activities?**

Is the child slow in getting started or does he/she plunge right in? Does the child use materials in the usual way or does he/she use them in different ways, exploring them for the possibilities they offer?

### **3. How interested is the child in what he/she is doing?**

Does the child seem intent on what he/she is doing or does the child seem more interested in what others are doing? How long is his/her concentration span? How often does he/she shift activities?

### **4. How much energy does the child use?**

Does the child work at a fairly even pace or does he/she work in spurts of activity? Does the child use a great deal of energy in manipulating the materials, in body movements, or in talking?

## **5. What are the child's body movements like?**

Does the child's body seem tense or relaxed? Are movements jerky, uncertain or poorly coordinated?

## **6. What does the child say?**

Does the child talk, sing, hum or use nonsense words while he/she works? Does the child use sentences or single words? Does the child communicate with others using words or gestures?

## **7. What is the child's affect (visual emotions)?**

What are the child's facial expressions like? Does he/she appear frustrated? Happy?

## **8. How does the child get along with other children?**

Does the child play alone, with only certain children or with a variety of children? Is the child willing or unwilling to share toys? Does the child always initiate or always follow along with group ideas?

## **Activity 2.15: Communicating as a CASA/GAL Volunteer**

**Part 2:** Click on the link to Part 2 of Activity 2.15 to view a sample video of a volunteer interviewing a 4-year-old child. As you watch Part 1 of the video, take notes about what you observe the volunteer doing well. Are there some things that you would have done differently?

After viewing the video once, click on the tab to view Part 2 of this video. Compare the notes you took with the comments that appear beneath the video.

Write down any questions you have and bring them to the next in-person session.

### **Notes**

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### **Questions**

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## Court Report Writing

### Activity 2.16: Key Elements of a Court Report

Click on the link to Activity 2.16 to read about the key elements of a CASA/GAL volunteer court report. If possible, print out a copy of this document and bring it with you to the next in-person session. At that session, the facilitator will share the specific format used for court reports in your local jurisdiction.

## In-Person Training

### Welcome

#### **Activity 2.17: Welcome**

As you enter the room, write on the flipchart one thing you learned from the Session 2 online portion that you think you will use in your work as a CASA/GAL volunteer.

## Learning with Case Studies

### Activity 2.18: Introducing the Case Study Process

In today's session and in Sessions 3 and 4, you will be applying the knowledge you've learned during the online components to a series of true-to-life case study simulations. To get started, the facilitator will divide you into small groups. Within each group, you will need to assign roles to various members (if there are fewer than four people in a group, some people may need to take on more than one role; if there are more than four people, not everyone will have an assigned role). The group roles include:

- Runner: the member of the group assigned to retrieve document packets from the facilitator
- Scribe: the individual who writes up recommendations to the court
- Controller: the person charged with keeping the group on track and monitoring the time remaining for the activity
- Questioner: the group member charged with asking certain questions and making sure each document that's read gets discussed by the group before moving to the next one

### Activity 2.19: The Greene Case

**Part 1:** Your group will receive a hard copy of the initial case file for the Greene case. Take several minutes to begin digesting the information in the 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. After 35 minutes, your Scribe should legibly write on the flipchart your group's recommendations regarding services for the child, services for the parent and placement decisions. A large group debrief will follow.

**Part 2:** Take a few minutes to view other groups' recommendations, and then briefly discuss the debrief questions that the facilitator distributes. In the large group, discuss these questions and any others that arose during the activity.

## **Activity 2.20: Seeing the Strengths in the Greene Family**

With a partner, read through the entries on the Strengths in Families Worksheet, which the facilitator will provide. As you read, consider the strengths of the Greene family.

In the large group, discuss the following questions:

- Which of the strengths listed are present in the Greene family?
- If you don't know whether or not a particular strength exists in this family, how might you gather information to find out?
- How would looking only at strengths or only at deficits affect your recommendations for this family?

## Court Report Writing

### Activity 2.21: Your Local CASA/GAL Volunteer Court Report

**Part 1:** The facilitator will hand out copies of your local court report template or format. Listen as the facilitator reviews each section of the report.

**Part 2:** In small groups, discuss how to organize the information you gathered during the Greene case study. What information would you include in the following three elements:

- Brief Family Background/Reason for Removal
- Status of the Child
- Issues and Concerns?

Where would these elements appear in your local court report?

## Communication Skills

### Activity 2.22: Introducing Yourself as a CASA/GAL Volunteer

**Part 1:** One of the first tests of your communication skills as a CASA/GAL volunteer will occur when you introduce yourself and describe your role. Here is one example of what you might say to introduce yourself to a family:

*Hello, I'm a Court Appointed Special Advocate (or guardian ad litem). I'm a volunteer appointed by a judge to gather information by interviewing the child and surrounding adults. I will provide objective written reports to the court about the child's best interests.*

Write what you would say to introduce yourself to the following people:

*Marky Greene*

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*Roy Greene*

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*Marky's teacher*

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**Part 2:** Divide into trios, and using what you wrote, take turns introducing yourself as a CASA/GAL volunteer. One member of the trio acts as the CASA/GAL volunteer; another member plays the role of Roy Greene, Marky Greene or Marky's teacher; the third member is the observer. Rotate roles until each member of your group has a chance to perform an introduction.

As the speaker, think about what you would like to convey and how best to convey it. Consider tone of voice, posture, language, etc. As the listener, try to reflect back what you hear. If necessary, ask the speaker to clarify his/her point.

After each turn, take a minute to share feedback. Those in the role of the CASA/GAL volunteer should go first, sharing what they liked about the introduction, then what they would change the next time. The other two members of the trio should then share what went well and offer suggestions for improvement. Pay attention to nonverbal communication!

In the large group, share any questions you have.

Adapted from an activity contributed by Norma Laughton, NC GAL District Administrator.

## Wrapping Up

### Activity 2.23: Know/Want/Learn

On Post-it notes write down at least one answer to the following two questions:

- K: What do you now KNOW about being a CASA/GAL volunteer?
- W: What do you still WANT to know about being a CASA/GAL volunteer?

Post your answers on the flipcharts with the headings “K” and “W.” The “L” flipchart will be left blank at this point. Over the course of the next three sessions, you will move items from the “W” flipchart to the “L” flipchart (“L” represents what you have LEARNED).

## Wrap Up

Fill out the Session 2 Training Evaluation and give it to the facilitator before you leave.

Be sure to complete the online work for Session 3 by the deadline the facilitator specifies.