Iowa CASA Advocate Pre-Service Training

Iowa Child Advocacy Board

Module 4
Practicing the CASA Role:
Children & Communication

In-person

CASA®
Court Appointed Special Advocates
FOR CHILDREN

Learning Outcomes

The Participants Will:

- Describe the information in a child's Case Permanency Plan.
- Identify children's needs based on their developmental stage and individual circumstances.
- Describe why permanency is so important for children.
- Demonstrate and practice communication and interviewing skills.
- Define why confidentiality is paramount for Advocates and the children/families they are representing.

Agenda

1. Welcome, Introductions, Learning Outcomes and Ground Rules
2. First Steps to Understanding a Case and the Case Permanency Plan
3. Understanding Child Development and Needs
4. Understanding Attachment, Separation and Loss
5. Educational Advocacy/Psychological Needs of Children
6. Permanency Needs of Children
7. Communication Principles, Listening and Practicing Interviewing
8. Confidentiality
9. Wrap Up, Evaluation and Preparation for Module 5

Introduction

This pre-service training continues to provide you the opportunity to acquire the skills, knowledge, and attitudes needed to be a CASA Advocate for children. This module builds on information you've already received and concepts you began to explore in Modules 1, 2 and 3. Module 1 touched on a few of the main concepts of CASA Advocacy such as consideration of the Minimum Sufficient Level of Care standard, the Best Interest principle and Permanency for children. Module 2 began a bit more in depth discovery of the history of child advocacy, the principles and values that guide various child welfare laws and introduced you to the Myers family and the case study documents. Finally, in Module 3, you learned more about trauma, children and families; their strengths, their struggles and the importance of considering all of this through a culturally sensitive lens.

The purpose of today's session is to discuss in more depth how the guiding principles and concepts of advocacy work apply to the CASA Advocate role. You will practice applying your understanding of the sample case to your advocacy role within the child welfare and juvenile court system. In addition, we will consider in more depth the complexity of the system, family and child issues, and the need for permanency, while simultaneously keeping in mind how what is best for children may conflict with our personal biases.

What are the First Steps to Understanding a Case?

Children served by the CASA Program 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 best advocate. A CASA Advocate is needed when the parents or caregivers cannot fulfill that advocacy role adequately. 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 not come without consequences.

An Advocate needs to know about age appropriate behaviors, assess if children's needs are or are not being met appropriately, understand attachment and children's sense of time, and grasp the crucial nature of permanency. Transition issues for youth aging out of the system and using a case plan are also important. Remember, the court and DHS are always considering what is minimally required to parent a child and meet their needs. This concept, called the Minimum Sufficient Level of Care, is used to ensure that personal values and judgment are not considered when determining if a child is safe in their home.

As an Advocate:

- The Adoption and Safe Families Act (ASFA) of 1997 is what will guide your work, along with the work of DHS and the Court. ASFA maintains that the health and safety of children removed from their homes is paramount.
- Foster care is intended to be temporary and reasonable efforts to reunify children with their families must be in the forefront at all times. ASFA also mandates a concurrent plan must be developed for each child in care. The concurrent plan is considered "Plan B" for the child's permanency.
- ASFA also took into account the developmental needs of children and a child's sense of time, by creating timelines for permanency.

Overview of Case Permanency Plan, Family Functioning Domains

Federal

- The Domains have been identified by Federal Government Guidelines called Child and Family Service Review.
- The Domains are designed to routinely encourage good social work case practice.

State

- The domains are senstivie to the cultural needs of each family
- The domains exclude biases because each domain focuses on a minimum sufficient level of care.

Local

- The use of domains requires DHS, in cooperation with the family, to consider protective factors (strengths) and risk factors (potential needs) on a case-by-case basis.
- DHS must look at each factor when determining what "efforts" need to be provided on a case.

Family

- Use of the domains breaks each goal into smaller, more easily achieveable chucks, helping the child/family see and experience success one action step at a time.
- When the needs in each domain have been met, this generally means a family is meeting a minimum sufficient level of care and it's time to reunify the child.

Why is this level of critical thought important for CASA Advocates?

- Helps Advocates think about the "whole picture" i.e. What will it take to create a well-rounded, safe family?
- Helps Advocates maintain objectivity
- Helps Advocates determine if needs are not being met
- Helps Advocates explore barriers to meeting the needs
- Helps Advocates recognize system-induced trauma so it can be minimized
- Helps Advocates recognize when it's time to reunify families

Iowa Case Permanency Plans have three sections, A, B &C

- Section A gives information
    1. demographic information (addresses, dates of birth, etc)
    2. placement history
    3. history of services that DHS has authorized for the child
    4. a list of past court hearings.

- Section B is the core of the case plan
    1. addressing the family functioning domains of Child Well-being, Parental Capabilities, Family Safety, Family Interactions and Home Environment.
    2. The Department of Human Services (DHS) will identify strengths and needs in each domain, as well as list goals and action steps to meet those goals.

- Section C addresses the child's needs in his/her out-of-home placement setting.
    1. states the permanency goal for the child along with information specific to visitation, health and education.
    2. will also be completed for children aged 14 and older since it addresses the needs of older youth as they transition into adulthood.

DHS is required to complete a case plan for every child. However, DHS often prepares only one "Section B" for the entire family. Because judges throughout the state have different expectations regarding the case plan, some local variations occur. Federal law states that case plans must be written and placed in the child's case record. Some judges prefer to receive the information in other ways, such as a detailed *Report to the Court* authored by the DHS Case Manager or a *Contract of Expectations* signed by the parent and DHS.

Activity - Identifying Needs: As you read the Case Permanency Plan Part B (page 103 in the case study), think about what the children in the Myers case study need that is not currently being addressed since moving to foster care or their out of home placement? Complete each child's "Needs" chart on the HANDOUT #1 *Advocate Case Action Plan: Part 2*, page 3.

As an Advocate:

- Remember the Case Plan is a road map for the family and the court.
- If there are questions about the Case Plan, the DHS Case Manager is the best source of information.
- You can fulfill the role of 'facilitator' by asking the family if they understand the case plan. If the family has questions, you can assist by asking for clarification.

Developmental Needs of Children

When children's needs are met, they are able to grow and develop optimally. It is important that an advocate be able to assess age-appropriate behavior and milestones for children from birth through adolescence. This next section provides information on children's growth and development

Activity - Ages and Stages Child Developmental Quiz:

The facilitator will break the group into two groups. Turn to the next page to find the Child Development Quiz. Please take five minutes to complete the quiz as a group.

Once it is completed, we will have a group discussion about the quiz and you will receive a helpful handout for future reference.

Ages and Stages
Child Development Quiz

1. Walks two or three steps without support
   a. 18 to 36 months
   b. 6 to 12 months
   c. 12 to 18 months

2. Builds tower or four or more blocks
   a. 18 to 36 months
   b. 6 to 12 months
   c. 12 to 18 months

3. Tells stories
   a. 6 to 12 months
   b. 3 to 5 years
   c. 6 to 9 years

4. Responds to own name
   a. 0 to 6 months
   b. 12 to 18 months
   c. 6 to 12 months

5. Wants to be liked and accepted by friends
   a. 6 to 9 years
   b. 3 to 5 years
   c. 10 to 15 years

6. Most physiological growth is complete
   a. 10 to 15 years
   b. 16 to 21 years
   c. 6 to 9 years

7. Grasps and shakes hand toys
   a. 6 to 12 months
   b. 12 to 18 months
   c. 0 to 6 months

8. Responds to "no" & other simple requests
   a. 12 to 18 months
   b. 6 to 12 months
   c. 18 to 36 months

9. Begins going through puberty, especially girls
   a. 6 to 9 years
   b. 16 to 21 years
   c. 10 to 15 years

10. Draws a person with 2 to 4 body parts
    a. 18 to 36 months
    b. 3 to 5 year olds
    c. 12 to 18 months

True or False:

11. Girls can masturbate to orgasm by age 5. True False

12. A child age 6 to 9 is working on learning better ways to describe experiences and talk about thoughts and feelings. True False

13. By six months, an infant with normal hearing should turn his head to locate sounds near him. True False

14. By 18 months, a child should have a vocabulary of 450 words. True False

15. By three months, an infant can raise his head and chest when lying on his stomach. True False

16. A child age 10 to 15 years may feel awkward or strange about their body and worries about being normal. True False

How Children Grow & Develop

No two children are alike

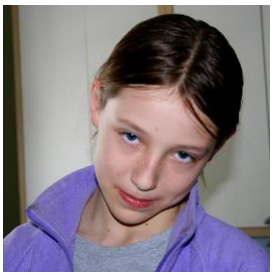
Children are not small adults

Children cannot be made to grow

Children need care and attention for best growth

Children grow at different rates

Children who master tasks at an early stage of growth are more likely to master later stages



Growth is continuous

Behavior is influenced by needs

Children need to feel loved

Children's experiences should fit their maturity level

Parentification

While some children in foster care may lag in certain areas of development, they may be ahead in others. For instance, due to parental abuse, neglect, or substance abuse, some children prematurely develop skills to take care of themselves and/or other family members. When this happens, it is referred to as "parentification" ~ a process by which a child takes on the burden of responsible care for the well-being of other family members, especially parents or younger siblings.

Activity: Discussion -

As a group, answer the following questions:

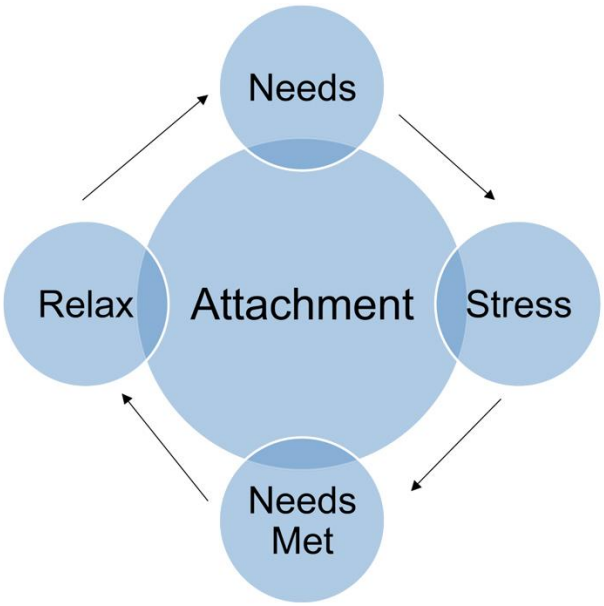
1. Are the Myers children developmentally on track? If not, what services have been or could be ordered to meet those needs?
2. Think about the ACE's and possible resulting trauma the children have experienced. How could these experiences impact child development?
3. To whom could you talk to learn more about the children's developmental needs?

Other Child Related Factors that Influence Child Development, Behaviors and Resulting Case Goals

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.



Attachment Cycle, *A Child's Journey Through Placement*, Vera Falburg, 1996

There is a distinct cycle of infant attachment development: (1) expressing a need (by crying); (2) having that need met (feeding, diapering, holding); (3) growing familiar with the person who meets the need; and (4) trusting that the caretaker will be there every time. This leads to "bonding" with that person; the trusted caretaker. This is the healthy attachment cycle.

Why Attachments are Important to Children

Attachment helps children:

- Grow physically and develop good health (physical development)
- Deal with stress, frustration, fear and worry (emotional development)
- Develop a conscience (moral development)
- Think logically (intellectual development)
- Become independent (social development)
- Develop future relationships (social development)

What happens if the trust and security needs of children are not met? This impacts the children's brain development and their ability to become the fully unique persons they were meant to be.

The basic needs of many of the children in the CASA Program have not been met. Some children may cry for hours at a time, or may get hit when they do cry. This could result in a child who does not cry when hungry and does not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away or fight to avoid being close with another individual. When this type of child is distressed, he/she may not seek out a caregiver for soothing or comfort, or may be indiscriminate—seeking satisfaction from any potential caregiver, including a total stranger.

It is very important to understand the normal process of attachment because the experiences of most of the children in the child protection system increase the likelihood that they will have attachment problems, which may or may not rise to the level of a reactive attachment disorder.

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

1. The child’s genetic predisposition
2. The conditions influencing the child’s care
3. The child’s parents or caretakers

Do you have concerns about attachment with the Myers children? If so, why?

Activity - *The Separation Experience*

As an Advocate, there are a number of things you can do to help children who are experiencing difficulty with the separation from their parents:

- Remember, children who have been removed from home are damaged every time they experience a move.
- A child's safety has to be primary and some moves occur to ensure protection.
- Each placement increases the likelihood of irreversible damage to their emotional and psychological health.
- A CASA Advocate 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.

Important Attachment Tasks In Child Advocacy Work

- Support the attachment children have to their birth families and kin.
- Recognize that the system can inadvertently cause trauma and disrupt attachment. Advocate fiercely to minimize this additional risk to children.
- Help children recover from a separation from their families and kin and attach to a foster family.
- Help children in foster care rebuild and maintain relationships with their birth families/kin network.
- Help children build and maintain relationships with adoptive families should reunification not be possible.

The Importance of a Child's Visitation

In Module 3, you read about loss, separation and grief. Loss is a critical issue ever present in out-of home placement that cannot be ignored by the child welfare system. What do children lose when they are removed from home or removed from a placement? In addition to losing connections and bonds with those in their lives, children also lose a sense of security, trust and sometimes they even lose their belongings. All of these are powerful reminders of what used to be. Although it's easy to think that children are "better off" in foster care, as an Advocate, keep in mind that generally those children ***want and need*** to be with their families, if at all possible. Visitation is not just the right of parent; children have a right to visit their families.

Visitation is part of the Reasonable Efforts that DHS is required to provide. DHS policy indicates that visitation should be safe, meaningful, frequent and take place in as "home-like" setting as possible. DHS is required to develop a Family Interaction Plan when children are placed outside their homes.

As an Advocate

- When it is safe, advocate for frequent, meaningful visitation between children and their families, including their siblings, to help children keep strong attachments.
- Sometimes children "act out" after visits and this may result in a question about whether the visits are in the best interest of the child. However, every time a visit ends and a child says goodbye, the child is experiencing another loss. Perhaps the child is acting out because he/she is angry the visit ended. Maybe the child is uncertain of when he/she will see the parent again. Would it benefit the child to see the parent more often?

Discussion - Visitation Considerations:

In looking at the *Family Interaction Plan (pages 77 & 78 in the case study),* what is the plan? Do you agree with the plan? Are the steps of the plan being carried out? Should the plan be changed?

Psychological and Behavioral Issues for Children

Psychological and behavioral issues can impact any child, not just those who have come to the attention of the child welfare system. A list of possible reasons to refer for a psychological assessment of a child is listed in Module 3, page 42. The purpose is to help the Child Advocate recognize warning signs that might indicate the need for evaluation. *Advocates do not diagnose.* A referral to a competent professional is the best course of action, if the initial investigation or further monitoring of child's situation produces red flags. During your case, you will be offered in-service opportunities to learn more about mental health and behavioral issues for children.

Educational Issues for Children

CASA Advocates play a unique role with children in formalized day care or children who are enrolled in school. Many of the stressors of a child's home and personal life get brought to school each day. Children who are worried, anxious, hungry or tired have a more difficult time relaxing and adjusting to their learning setting. This makes educational growth more challenging for the children served by the CASA program. Day care staff and teachers provide a wealth of information to CASA Advocates in the form of email, phone calls, report cards and other written reports. During your case, you will be offered in-service opportunities to learn more about educational advocacy for children.

Individualized Education Plans (IEP)

In Module 2, you learned about the Individuals with Disabilities Act (IDEA) of 1975. This law states that children with disabilities are entitled to a free, appropriate education. In Iowa, specialized education is documented through an Individualized Education Plan (IEP). This document is developed by the school district and Area Education Association (AEA) when children have been identified with educational needs such as learning disabilities, speech issues, physical disabilities or behavioral needs. Many children in the child welfare system have an IEP at school.

School personnel or parents can request evaluation of a child for specialized educational needs. When this request is made, staff from the AEA, school personnel, and families, all participate in the evaluation process. Once an evaluation is completed, an IEP meeting is held to discuss goals and outcomes for the child, along with any special accommodations that will be made to meet the child's educational needs. IEPs are reviewed annually and follow the child from one school district to the next if the child is moved. CASA Advocates are encouraged to attend IEP meetings and speak regularly with the child's teachers to gain information about academic and educational progress.

When children are not of school age, but are identified as having delays which could impact their future academic progress, the AEA Early Access can work with the family to develop an Individualized Family Plan (IFP). You can recommend an Early Access referral for children ages zero to three.

Discussion: Psychological, Behavioral and Educational Advocacy in the Myers Case Study.

In the Myers case, we know there are notable mental health and behavioral concerns for Jackson and educational issues for all three children. Is there anything notable that would cause you to recommend a mental health evaluation for either Aubrey or Shiloh? Are the mental health needs of the children met or are they unmet?

What kinds of information can the Advocate obtain from school reports and-school officials? What types of information did Miki report in her April CASA report?

Activity - Identifying your Concerns:

In thinking about all the potential issues faced by the Myers children that we have discussed so far (unmet needs, developmental needs, attachment concerns, visitation, separation and loss issues, mental health and educational needs), what are you concerns for Jackson? On page 4 of Handout #1, Advocate Case Action Plan, identify your concerns. As a reminder, concerns should always be supported by fact.

Activity - Practice Writing:

In Handout #1, page 4 practice writing a summary for Jackson Myers using the information obtained case file documentation. This activity is intended to help you practice how to take relevant information about a child and create a concise description and summary of the child's situation that can be transferred directly to a CASA Report to the Court.

Permanency

In 2001, the Children's Bureau of the U.S. Department of Health and Human Services began conducting the Child and Family Service Review or CFSR. These reviews are conducted in all 50 states and provide expectations regarding children in care. Iowa has participated in two CFSR projects and will participate in another between 2015 and 2018. One primary expectation of the CFSR is that states recognize that children need permanency. CSFR documents describe the permanency outcome as:
1) children have long-term stability in their living situation
2) the preservation and continuity of family relationships and connections.

All Children Need Permanency! Permanency does not mean just a "place."
Just because a child is provided with permanent placement doesn't mean that they experience permanency. Permanency is a feeling of belonging; it is a connection. Understanding a child's need for permanence can guide your recommendations for placement and services that are in the best interest of the child, honoring the child's sense of time.

As an advocate:

Remember that even though the court is finding legal permanency for a child, permanency of relationships is more important for kids. Everyone needs a family that loves and accepts them unconditionally.

There are a number of key principles that ensure that the child in the system will not be forgotten. A number of these tasks are listed on the next page. Following them will ensure that a focus on permanence for the child is maintained.

Principles and Tasks when Advocating for Permanency

1. **Constantly examine your own value system.**
   Understand the difference between poor parenting and actual abuse and neglect. Make sure that you can accept a variety of parenting styles, even those that include behavior of which you do not approve.

2. **Carefully examine the DHS case record.**
   Understand the issues that brought the child into foster care. Ask agency staff about anything that does not make sense.

3. **Ask the parents why they think they lost custody of their child.**
   Do not assume that they understand or agree with the agency's reasons.

4. **Recognize that the "system" should be operating on the child's sense of time.**
   Help others to hear the clock that is ticking that childhood away.

5. **Understand grief and the effects on children of moving and waiting.**
   Keep permanent resolution as the focus of your efforts.

6. **Stay child-centered and family-focused.**
   Children need a permanent family—theirs, if possible—but not if it means the loss of their childhood.

7. **Recognize parents' strengths, but do not ignore their failings.**
   Advocate to return the child when the parents have "fixed" what brought their child into care. Advocate for termination of parental rights if the conditions persist.

8. **Be a team player.**
   Attend reviews, (if a CASA/GAL continues to investigate and assess), and share with the caseworker and the court what you learn.

9. **Aggravate the system if you have to—be a catalyst for change.**

10. **Work for justice—act with mercy.**

Contributed by Jane Malpass, Consultant, NC Division of Social Services, and Jane Thompson, Attorney, NC Department of Justice.

Another Planned Living Arrangement

APPLA "Another planned permanent living arrangement" is the least preferred choice among the ASFA permanency plans and should be used only in extenuating circumstances when none of the other plans is in the child's best interest. APPLA as a permanency goal is not allowed for children under the age of 16.

The DHS caseworker must demonstrate to the court's satisfaction why all other permanency options – return to parent, adoption, guardianship, and custody with a relative – have been ruled out. Examples of other "planned permanent living arrangements" include custody with a non-relative, independent living, and adult residential care. However, before we can select one of these other "planned permanent living arrangements", ASFA requires that DHS document in the case record a "compelling reason" why it is not in the best interests of the child to return home, be placed for adoption, be placed with a legal guardian, or be placed with a fit and willing relative.

Examples of a "compelling reason" for establishing this permanency plan include:

- The case of an older teen who specifically requests that emancipation [i.e. independent living] be established as his/her permanency plan, provided that the child has received adequate counseling to ensure that independent living is the best plan for the child;
- "The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability and the child's foster parents have committed to raising him/her to the age of majority and to facilitate visitation with the disabled parent"; or the case of a child who belongs to a Native-American tribe which "has identified another planned permanent living arrangement for the child".

Child welfare professionals and CASA Advocates have a continuing obligation to seek a permanent family connection for adolescents – either through the revitalization of ties with the child's parents, adoption, guardianship, or custody – before they leave foster care. Allowing adolescents to age out of foster care without an attachment to a caring, committed adult is not permanency planning.

The mere fact that the child has a Permanency Planning Goal of Independent Living is not a "compelling reason" to choose "another planned permanent living arrangement" as the child's ASFA permanency plan. The fact that a child is receiving Independent Living services does not preclude the child from having a concurrent plan of return to parent, adoption, legal guardianship, or permanent placement with a fit and willing relative.

More on APPLA

Nor is the age of the child, in and of itself, a “compelling reason” to choose “another planned permanent living arrangement” as the child’s permanency plan. Children under 16 cannot be given this permanency plan nor should they be given a Permanency Plan Goal of Independent Living since a child younger than 16 is not “an older teen.”

The fact that an adolescent is placed in a group facility or an institutional setting is also not a sufficient “compelling reason” to choose this plan.

Finally, the mere fact that a child, who cannot return to his or her birth family, states that he does not want to be adopted is not sufficient to choose this permanency plan. Casework staff has an obligation to provide meaningful counseling to teens (including, if appropriate, peer counseling with young persons adopted as teens) about the benefits of adoption, the life-long importance of having the emotional and financial support of a family, and the possibility of an adoption which allows for continued contacts with members of the child’s birth family. Casework staff has an obligation to work hard to help teens understand that adoption is not necessarily a place, but a life-long relationship.

Transitional Services

Unfortunately, for some youth, permanency is never truly established. These are children who will "age-out" of foster or relative care. We learned in Module 2 about the Foster Care Independence Act of 1999 and the Fostering Connections to Success and Increasing Adoptions Act of 2008. At age sixteen and a half, the Department of Human Services is legally required to provide services that will help older youth successfully reach the age of majority. As teens prepare to exit the foster care system at age 18, there are numerous issues that must be taken into consideration. Where will the youth live? What is the youth's plan for education, money and health insurance?

Transition planning should begin well before the youth prepares to exit the system in order to have a solid discharge plan. Not only does the youth need to have developed life skills while in care, they need to have a plan for continuing education or employment, housing, access to health care, and maintaining a positive support system. DHS has five Transition Planning Specialists (TPS) in the state to help older youth navigate the system. Youth who are entering adulthood are provided a Transitioning Information Packet (TIP). This packet contains information on Education, Employment, Money Management, Housing, Health and Transportation.

As an Advocate if you are serving on the case of a child age 14 or older:

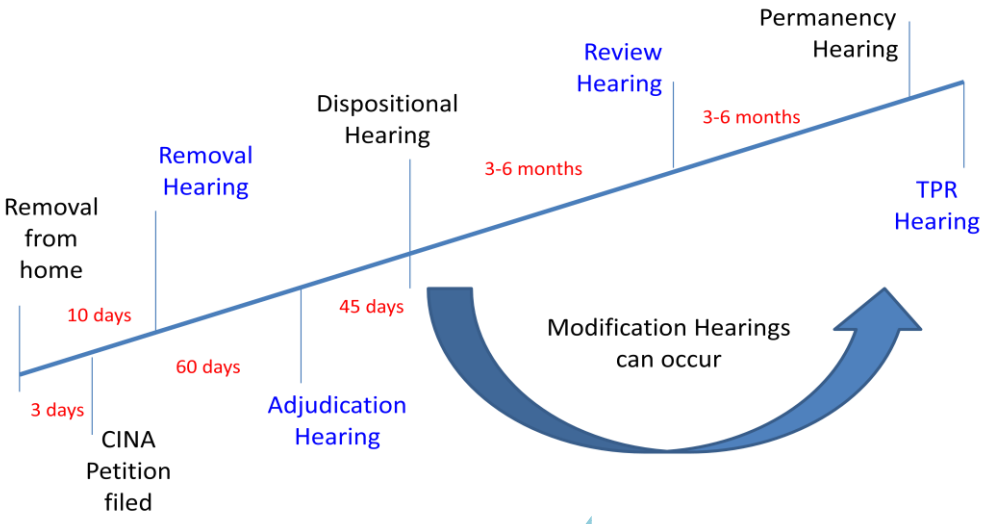
- You will be asked to complete a Life Skills assessment with the youth on your case. This assessment encourages both you and the youth to begin thinking about what this youth will need to succeed after foster care.
- You will be asked to enroll in additional training. 'Fostering Futures' is a training offered by CASA staff and is intended to teach Advocates how to advocate for the specialized needs of an older youth.

After turning 18, there are many formal services available to assist youth into adulthood:

- Aftercare: provides services and supports for participants to achieve self-sufficiency
- PAL (Preparation for Adult Living) Stipend: provides financial assistance to youth who are working or enrolled in school
- MIYA: Health Insurance coverage for youth who have "aged out"
- Resources for college: State funded programs to help youth pay for continued education.

Moving Towards Permanency

As a case progresses through the court system and the child nears twelve months in an out-of-home placement, the court recognizes that she/he needs permanency. After a certain point, the court will need to determine if it's in a child's best interest to remain in limbo while his/her parent(s) work towards being able to parent safely and appropriately.



This man or woman is responsible for many tough decisions about the life of a child. CASA Advocates help to ensure Judges have the best information necessary to make these tough decisions. Attending hearings and providing this information to the Court is a vital piece of the CASA Advocate's job.

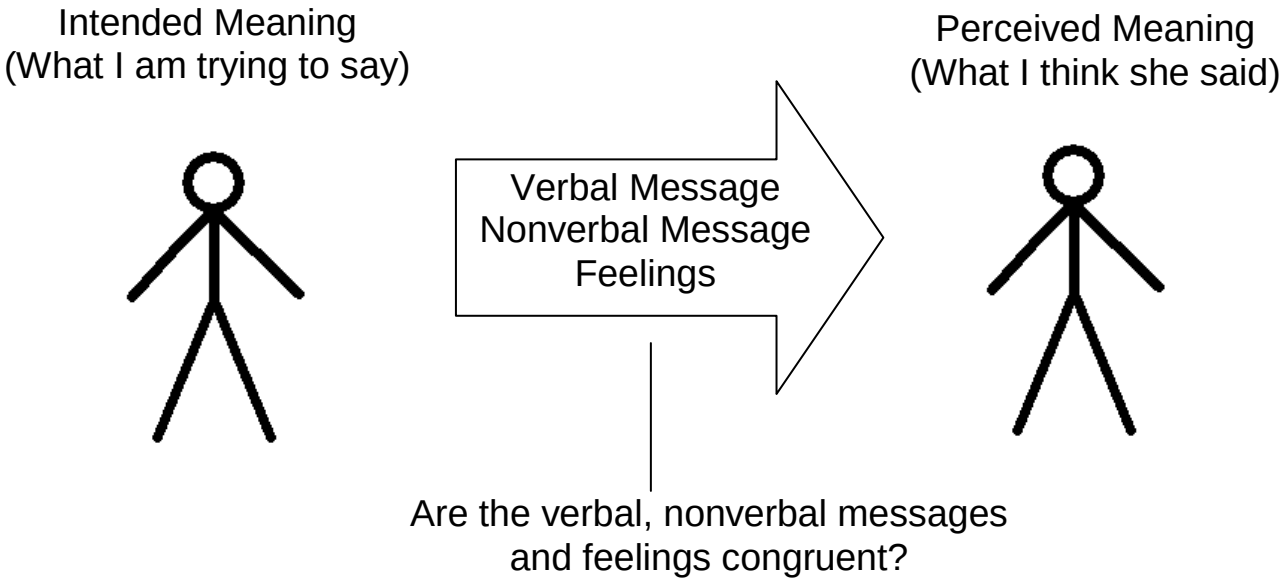
Hearing continuances and other delays may occur in the process, but as an Advocate, you can provide a gentle push to help ensure the child's needs are met while the other parties sort out the legalities. It is vitally important that CASA Reports are submitted to the Court on time. It is also important that Advocates attend court hearings. Unless extenuating circumstances exist, Advocates need to be present in court. A continuance or delay should never occur because the CASA Advocate did not fulfill his/her responsibilities.

As an Advocate:
Your attendance at the court hearing is critical. Because of this, the Iowa CASA Program considers court attendance mandatory. If you have a conflict with attending a hearing, please contact your coach or coordinator as soon as you become aware.

Importance of Communicating Effectively

An Advocate will be in contact with many people during research and monitoring of a child's case. A relationship characterized by respect and credibility will assist the Advocate to do the job. Respect is earned as others on the case see commitment to the child and to the role of Advocate for that child. Credibility is established when tasks are completed on time, recommendations are built on thorough research and independently verified information, and when the proper role of the Advocate is maintained.

Sending a Message



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. How and 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.

Common Barriers to Communication

Physical

time restraints
environment
comfort needs
physical disabilities

Cultural

ethnic
religious
social

Perceptional

stereotypes
prejudices
education
age
gender

Motivational

attitude
interest
mental inertia
willingness to communicate

Experiential

Lack of similar experiences

Tips to Overcome Communication Barriers:

- ✓ Use feedback in supportive ways, as soon as possible. Confine feedback to own feelings, not telling the receiver how they feel.
- ✓ Be sensitive to the receiver's point of view-be respectful. Be aware of boundaries of acceptability.
- ✓ Use direct, clear, simple language or one that is appropriate for the receiver.
- ✓ Be honest, with the receiver and with yourself, analyzing your feelings during the conversation.
- ✓ Listen well. Listen to respond and to understand - use Active Listening. Listen to yourself - take responsibility for yourself.

Activity - Reflective Listening: Please complete *10 Things I like to do: What brings me Joy* Handout. In pairs, have one person talk for two minutes about their 10 things while the other listens. In the following two minutes, have the listener reflect back what the speaker said and count how many of the 10 items the listener can recall. Then switch roles.

When we conduct interviews to gather information as a CASA Advocate, it's important to remember it's not about us, our lives or experiences. Be sure to allow time to let children, family members and other case parties talk without interjection. This helps the child or family member feel important, but most vital, they feel heard.

Finally, you may fear that you'll never remember everything that is said. What we hope you learn from this exercise is that you will likely remember the important things that were said. Those important pieces can jog your memory for details. As you return to a place where you're able to take better notes of the situation, you'll find you remember more than you thought you did.

The Four Stages of Interviewing

Greeting

--Identify yourself and confirm the role of the CASA Advocate.
--Create a cooperative, respectful and professional climate.
--Have your goals clearly in mind.

"Hello. My name is ... I'm pleased to meet you. Thank you for taking your time to talk with me today."

Opening

--Provide a clear understanding of what to expect and set the context for the interview.
--Agree with the interviewee how much time you expect to spend.
--Summarize what you hope to learn during the interview.

"I hope to learn more about you and what you need and want. I'll ask you questions and you can ask me too. We'll just talk for about a half hour."

Body

--Explore for information and responses related to your interview goal.
--Begin with broad, general, open-ended questions to facilitate responses.
--Move to more specific, closed questions to refine information on a topic.
--Avoid "Why" questions.
--Ask questions even if you think you know the answer.

"How would you describe your family?"
"Tell me about your visits with your mom."
"What do you like to do in your free time?"
"When was the last time you saw your dad?"
"Have you seen a doctor recently?"

Closing

--Recap the information you learned.
--Review any agreements you made with the interviewee.
--Let interviewee know when they may expect to hear from you again.

"It was nice to learn about your family. I will call your worker to see if you can go on the field trip. I will come back to visit in two weeks if that's okay with you."

As an Advocate:
When planning an interview remember the age and intellectual ability of the interviewee; use clear and nonjudgmental language and avoid asking leading questions.

Activity - Introducing Yourself as a CASA Advocate:
One of the first tests of your communication skills as a CASA Advocate will occur when you introduce yourself and describe your role.

The facilitator will provide you with the *Introducing Yourself as a CASA Advocate* handout. Using what you've learned about communication so far in this Module, write what you would say to introduce yourself to:

- Mom, Amanda Myers
- Child, Jackson Myers
- Jackson's Teacher

We will discuss your introductions at the completion of the activity.

"Rapport" *can be defined as a mutual relationship of trust or understanding.*
"Trust" *can be defined as confident expectation or belief in another person's integrity.*

Establishing Rapport and Trust
The children on the cases which CASA Advocates serve have been traumatized by the abuse and neglect that brought them to the attention of the child protective services system and by all the life changes that have occurred as a result of the intervention. A CASA Advocate is likely to be one more new person in a long line of new people in the child's life.

As the Advocate investigates the case, he/she will meet and talk with the child, the child's family, the child's extended family and neighbors, and the professionals who are working with the child and his/her family.

Developing rapport and trust with the child is a foundation of that relationship because the Advocate wants the child to openly and honestly share her/his feelings. Respecting privacy is also critical to establishing a trusting relationship.

A relationship characterized by rapport and trust . . .

- Should be built on a sincere interest in the child as a person, as well as the child's well-being
- Takes time and energy
- Involves actively listening to the child's words and observing his/her nonverbal cues
- Needs nurturing, honesty and is developed for the benefit of the child.

As a Child Advocate, you will practice the art of watching for wordless messages to see if the verbal and nonverbal messages match or are congruent. It is important to “hear” the silent messages. There are few, if any, nonverbal signals that consistently have the same meaning. Nonverbal communication incorporates cultural norms and actual body language. For example, the use of eye contact can convey different messages depending on a person’s culture. In some cultures, a person who makes direct and sustained eye contact is perceived as honest and forthright, while in other cultures this same behavior would be perceived as rude and disrespectful.

Activity - Lets Practice Interviewing:

In groups of three one person will role play the role of either Amanda, Jackson or Jackson's teacher. One person will role play Miki Getz, the Advocate. The third person will be observing the interaction and will provide feedback at the end of the interaction.

Consider the questions and concerns that you've developed so far on your *Advocate Case Action Plan: Parts 1 & 2* Handout #1. Using this as a guide, along with Handouts # 3, 7 and 8 begin questioning your partner. As the Advocate, think about what you would like to convey and how best to convey it.

Keep in mind the tone of your voice, your posture and language. When role playing Miki Getz, try to reflect back what you hear from the case participant. When interviewing Amanda, be sure the questions are focused on the needs of the children. If necessary, ask the speaker to clarify his/her point.

You will have 10 minutes for each interaction and 2 minutes for feedback.

Confidentiality and the CASA Advocate

An advocate has access to confidential information about children and the people involved in those children's lives. By law this information may not be released except to the child, Child Advocacy Board staff, the attorney(s) on the case, the caseworker and the court. Mistakes in handling confidential information can be detrimental to the children involved and can bring criminal action against the people who misuse the information. When in doubt, Child Advocates should discuss any confidentiality concerns with a supervisor.

What is actually confidential? There are different definitions of "confidential;" some quite clear and others vague. If a source designates information as confidential then it must be regarded that way. The Ordering Appointing CASA allows the Advocate access to any piece of information about the child; confidential or not, without parental consent. An information source might ask for a court order of appointment or inquire about why the Advocate is entitled to such information. In this case the court order is produced together with photo identification and your Child Advocate name badge.

Child Protective Services' records are confidential and are not available for public inspection. It is especially important that the name of any person who has made a report of suspected child abuse and/or neglect not be revealed. School records are also confidential. There are legal privileges that protect communications such as attorney/client, doctor/patient, priest/parishioner, psychologist/patient, and caseworker/client. Such communication, whether verbal or written, is all confidential and must remain so, unless a court order specifically states otherwise.

As an Advocate:

The information you obtain in your role, must be held as confidential. The information is released only as follows:

a. In the CASA Report to the Court,
b. Between hearings, the CASA Advocate is authorized by law to disclose information only to DHS, the Guardian Ad Litem and the County Attorney, and
c. At a Family Team Decision Making meeting or a Youth Transition Decision Making meeting, the CASA Advocate is authorized to share and discuss confidential information.

What information should the advocate share with the child?

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

Sharing information with the child's placement caregivers or other family

A CASA Advocate is not a source of information about the child's case for foster parents, relative caregivers or other family members. Nor is the Advocate responsible to advocate for the caregivers themselves. The exception to this would be if the foster parent or caregiver needed additional services to support the child's placement and prevent disruption to the child's placement or to meet the needs of the child. The advocate focuses on the child's needs and keeps the child informed about the case as appropriate. The child's foster parent or relative caregiver may seek information from the Advocate about the children in their care, but foster parents' contractual relationship is with DHS and therefore, if they need information, they should seek this from their DHS worker.

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

CONSENT TO OBTAIN INFORMATION
SPECIFIC TO HEALTH-RELATED INFORMATION

Client Name: _____

Client Date of Birth: _____

I, (client/parent/guardian)_____ , authorize the Court Appointed Special Advocate (CASA) Program and the CASA,_____, to obtain health-related information from:

_____

(Name or title of Individual or Organization)
(Provide at least one of the following where release should be sent: address, phone number, fax number or email address)

The information requested includes:

- ☐ Duration and or Summary of Program Involvement
- ☐ Discharge Information
- ☐ Social/Psycho-Social Information
- ☐ Medical history/Physical Exam/Lab results
- ☐ Dental records
- ☐ Drug use history
- ☐ Drug analysis testing results
- ☐ Evaluation, Assessment, Recommendations and Treatment Plan
- ☐ Psychiatric records, medication management and other psychiatric services provided
- ☐ Psychological records, testing results and services provided
- ☐ Other (identify): _____

The purpose for this request for information is to:

- ☐ Determine parent involvement in their own treatment and services
- ☐ Facilitate significant other involvement in client treatment
- ☐ Obtain corroboration/verification of client's reported history and behavior
- ☐ Facilitate legal representation regarding _____
  (Names of children adjudicated CINA)

NOTE: If the information **includes mental health treatment, substance abuse treatment or HIV-related information** it will not be released unless the patient agrees to the release on the reverse side of this form.

SECTION II. SPECIAL RELEASE

I specifically authorize the release of:

- ☐ Mental Health records Initial _____
- ☐ Substance Abuse records Initial _____
- ☐ HIV/AIDS information Initial _____

Federal and/or State law specifically require that any disclosure or REDISCLOSURE of substance abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

See also Chapter 228 and Chapter 141A of the Iowa Code and other applicable laws.

If mental health information is being disclosed, I acknowledge receipt of a copy of this Authorization.

I, (client/parent/guardian) _____ , allow the Court Appointed Special Advocate Program to obtain the above health-related information and use the information in reports to the Court and to facilitate my program involvement. I may revoke this consent at any time by supplying a written request to revoke (except where actions have already been taken on the basis of this consent). If I do not revoke this consent, this document will be null and void 60 days after the dismissal of Juvenile Court or one year from the date of signature.

_____ _____

Signature of Client or Parent/Guardian of Minor Client Date

_____ _____

Printed Name Relationship to Client

_____ _____

Witness Signature Date

CONSENT TO OBTAIN INFORMATION

TO BE USED TO ACCESS ALL OTHER NON-HEALTH-RELATED INFORMATION

Client Name: _____

Client Date of Birth: _____

I, _____authorize the Court Appointed Special Advocate Program and
(Client name)
CASA _____to obtain the following information from:
(CASA name)

_____ (Name or
Title of Person or Organization, address & phone)

The information that is being requested includes:

- ☐ Initial Assessment
- ☐ Duration of Program Involvement/Summary of Program Involvement/Discharge Information
- ☐ Social History
- ☐ Legal History
- ☐ Name, Address, SS Number
- ☐ Drug Analysis Testing Results
- ☐ Financial History
- ☐ Employment Records/School Records
- ☐ Evaluation, Recommendations and Treatment Plan
- ☐ Other: _____

The purpose for this request for information is to:

- ☐ Determine parent involvement in their own treatment and services
- ☐ Facilitate significant other involvement in client treatment
- ☐ Obtain corroboration/verification of client's reported history & behavior
- ☐ Facilitate legal representation regarding: _____
(Names of Children Adjudicated CINA)

I, (client/parent/guardian) _____ , allow the Court Appointed Special Advocate Program to obtain the above information and use the information in reports to the Court and to facilitate my program involvement. I may revoke this consent at any time by supplying a written request to revoke (except where actions have already been taken on the basis of this consent). If I do not revoke this consent, this document will be null and void 60 days after the dismissal of Juvenile Court or one year from the date of signature.

_____ _____
Client's Signature Date

Page intentionally left blank for evaluation to be removed and submitted to Local Coordinator.

Evaluation Module 4

Please complete this evaluation of the second pre-service training module. Did you learn what was intended? (6 is high and 1 is low)

Learning Outcomes	Ratings					
	6	5	4	3	2	1
1. Describe the information that can be found in a child's CPP						
2. Identify children's needs based on their developmental stage and individual circumstances						
3. Describe why permanency is so important for children						
4. Define why confidentiality is paramount for Advocates and the children/families they are representing.						
5. The content of this session was						
6. The notebook materials were						
7. The activities were						
8. The facilitator was						
9. Overall, I rate this session						

10. What was the most valuable to you?

11. Is there anything we could improve or do differently?

Name _____ **Date** _____

Thank you for your participation and feedback!