

# CHAPTER 1

## Introducing the CASA/GAL Volunteer Role



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# CHAPTER 1

## Introducing the CASA/GAL Volunteer Role



### Getting in Gear

Prior to beginning work on this chapter, you should read the Parker-Solano training case. This case is based on the actual story of one family involved in the child protective services system. A copy of the training case appears in the Resource Materials section of this chapter.



### Goal

In this chapter I will explore the goals of CASA/GAL volunteer training. I will learn what I can expect and what is expected of me as an adult learner participating in this training program. Additionally, I will be introduced to the roles and responsibilities of a CASA/GAL volunteer.



### Objectives

***By the end of this chapter, I will be able to...***

- ✓ Identify my expectations and begin to explore my commitment to this work.
- ✓ Give an overview of the training course.
- ✓ Recognize what is expected of me during the training.
- ✓ Define the mission of the CASA/GAL program.
- ✓ Name the six basic principles and concepts that guide CASA/GAL volunteer work.
- ✓ Outline how the attitudes, values, and skills of professionalism, interpersonal competence, and cultural sensitivity influence CASA/GAL volunteer work.



## Reporting In

In this chapter you will find one or more assignments identified by the “Reporting In” heading (as seen above). You will need to complete, copy, and submit these assignments as prearranged to CASA/GAL program staff for review at the debriefing session for this chapter.



## Parking Lot

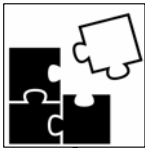
At the end of this chapter you will find a page designated as the “Parking Lot.” Find and bookmark this page now, and use it throughout the chapter to note any questions, ideas, or concerns that you wish to discuss with CASA/GAL program staff.

**Comment [v1]:** The “Parking Lot” is also the place where you will keep track of the time spent on each chapter.

# UNIT 1: Welcome

Welcome to CASA/GAL volunteer training. This training is designed to provide you the opportunity to learn the skills, knowledge, and attitudes needed to be a CASA/GAL volunteer, an advocate for children who find themselves involved in the court system through no fault of their own. The children with whom you will work are victims of child abuse and neglect. Many of these children are in foster care. They need a “voice in court” in order to find a safe, permanent home quickly—whether that means returning to a parent or being adopted. The CASA/GAL volunteer provides that voice, sharing with the court both what the child wants and recommendations about what is in that child’s best interest. It is important work that requires the commitment of your time, your energy, and your heart.

The purpose of this training is to develop volunteers who are competent, reasonably autonomous, and able to exercise good judgment in their role as CASA/GAL volunteers. It is designed to model values important to CASA/GAL volunteer work, including autonomy, responsibility, self-awareness, respect for differences, critical thinking, and collaboration.

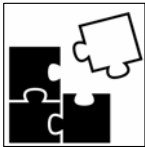


## Activity 1A: Video & Introduction

**Part 1:** Watch the video “Everyday Heroes,” which gives an overview of the work of the CASA/GAL volunteer. As you watch the video, consider the similarities and differences between the experiences of the children in the video and those of Ben and Damien, the children in the Parker-Solano training case, which you read at the outset of this chapter. *(Many of the activities in the upcoming chapters will use the Parker-Solano training case as the basis for learning about the work you will be doing as a CASA/GAL volunteer.)*

**Part 2:** Consider your reasons for becoming a CASA/GAL volunteer and list two of them below. Also, name one concern that you have about volunteering.

| REASONS | CONCERN |
|---------|---------|
| 1.      |         |
| 2.      |         |



## Activity 1B: Expectations & Commitment

**Part 1:** Read the overview that follows of the training program and the training content and objectives. Consider your personal expectations for this training. Write two of your expectations below. You will return to this list in Chapter 10 to see if your expectations for this training were met.

**Part 2:** Consider the commitment required to be successful in this training and as a CASA/GAL volunteer. Name the three most important considerations for you personally.

| EXPECTATIONS | CONSIDERATIONS |
|--------------|----------------|
| 1.           | 1.             |
|              | 2.             |
| 2.           | 3.             |

Activity 1B, Part 1, adapted from *Training Through Dialogue*, Jane Vella, San Francisco: Jossey-Bass, 1995, pages 17-19.

## Overview

### The Situation That Calls for the Training

A CASA/GAL volunteer needs specific knowledge, attitudes, and skills to advocate effectively for a child. Children who have been abused or neglected are often without a voice in the court system unless they have a CASA/GAL volunteer to advocate for their best interests. An effective advocate is able to:

1. Approach each case with the single goal of advocating for interventions and services designed to ensure that the child is in a safe, stable, and permanent home as soon as possible;
2. Work within the parameters of federal and state laws governing child abuse, neglect, and dependency cases; and
3. Under the guidance of the CASA/GAL program staff:
  - Conduct an independent investigation to gather facts and continue researching cases to ascertain the needs and wishes of the child;
  - Collaborate with the child (when possible), the child’s family, the child protective services agency, and other service providers to identify the appropriate resources for meeting the needs of the child and to determine where those resources are available;
  - Consistently design and present to the court fact-based recommendations so that appropriate resources can be ordered to meet the needs of the child; and
  - Monitor the case until the child is in a safe, permanent home.

## Independent Study Edition

The National CASA Association and the NCASAA Curriculum Advisory Committee share a preference that, whenever possible, CASA/GAL volunteers be trained in a classroom setting. Group training serves the dual purposes of preparing the volunteer with a rich, participatory training experience and allowing both staff and the volunteer to further assess the volunteer's appropriateness, readiness, and level of commitment for this important volunteer work. Since it is not always possible to bring together a training group, the Independent Study Edition (ISE) was created. When using the ISE, staff should make every effort to hold at least several group sessions, either with other new volunteers who are being trained with the ISE or with experienced volunteers as an in-service session. Chapter 3 is designed to be done in a group, not as independent study.

Incorporating some small group facilitation within the structure of independently training volunteers supports NCASAA's training values, including the beliefs that:

- Group training affords volunteers opportunities to work with other participants in small groups, which is a critical component of accountable adult education and principles;
- Training facilitators and program staff use group training as an arena for training evaluation and ongoing volunteer screening/assessment as they observe volunteers' engagement and participation, volunteers' interactions with presenters and other trainees, and evidence of how volunteers are progressing in their understanding of the training materials; and
- Volunteer retention is enhanced by a positive initial training experience.

## Content & Objectives

The content and objectives of this training are outlined in the chart that follows. In addition, each local program will address their needs as well as applicable state, tribal, or local laws, standards, and/or regulations. A glossary at the end of this manual defines terms commonly used in matters of child welfare and the juvenile court system.

## CHAPTER 1: Introducing the CASA/GAL Volunteer Role

|               | Skills/Knowledge/Attitudes                         | Achievement/Outcome-Based Objectives  |
|---------------|--|---|
| <b>Unit 1</b> | Participant's reasons for volunteering             | Shares his/her reasons for volunteering.  |
|               | Concerns and expectations for this training        | Names concerns and expectations for this training.  |
|               | Volunteer commitment                               | Explores the commitment required for CASA/GAL volunteer work.   |
|               | Course agenda                                      | Reviews course agenda.  |
| <b>Unit 2</b> | CASA/GAL program mission                           | Defines the mission of the CASA/GAL program.  |
| <b>Unit 3</b> | Principles and concepts that guide the work        | Names the basic principles and concepts that guide CASA/GAL volunteer work.   |
|               | "Best interest"                                    | Reviews an overview of the principle of "best interest" of a child.   |
|               | Role of the CASA/GAL volunteer                     | Identifies investigation, facilitation, advocacy, and monitoring as the primary roles of the CASA/GAL volunteer.                                |
|               | Responsibilities of the CASA/GAL volunteer         | Reviews the responsibilities of the role of the CASA/GAL volunteer.   |
|               | Relationship with the child                        | Reviews the parameters of the CASA/GAL volunteer-child relationship.  |
|               | Relationship boundaries with children and families | Learns the balance between involvement and objectivity.   |
| <b>Unit 4</b> | Minimum sufficient level of care                   | Reviews an introduction to the concept of minimum sufficient level of care as the standard for removal and return of children to their parents. |
|               | Attitudes, values, and skills                      | Describes personal attitudes, values, and skills that will enhance the work of a CASA/GAL volunteer.  |
|               | The influence of personal perspective              | Specifies ways in which personal perspective may influence the work of a CASA/GAL volunteer.  |

## CHAPTER 2: Introducing the Law, the Child Protection System & the Courts

|               | <b>Skills/Knowledge/Attitudes</b>               | <b>Achievement/Outcome-Based Objectives</b>  |
|---------------|---|--|
| <b>Unit 1</b> | History of child advocacy                       | Reviews the history of the child advocacy movement and the development of the CASA/GAL program.                |
|               | Federal laws regarding abuse and neglect        | Names the federal laws and lists the key features of each law.   |
| <b>Unit 2</b> | State laws regarding abuse and neglect          | Identifies relevant state, tribal, and local laws and their application to the work of the CASA/GAL volunteer. |
| <b>Unit 3</b> | Child neglect, physical abuse, and sexual abuse | Describes the range of behaviors defined as child abuse/neglect.   |
|               | Child protective services system                | Examines the way cases enter the child protective services system.   |
| <b>Unit 4</b> | Participants in the case                        | Identifies the perspectives and roles of the various participants in a child abuse/neglect court case.         |
| <b>Unit 5</b> | Confidentiality                                 | Distinguishes conditions of confidentiality.   |
| <b>Unit 6</b> | Juvenile court process                          | Summarizes the juvenile court process.   |

## CHAPTER 3: Exploring Cultural Awareness

|               | <b>Skills/Knowledge/Attitudes</b>                               | <b>Achievement/Outcome-Based Objectives</b>   |
|---------------|---|---|
| <b>Unit 1</b> | Facets of cultural diversity                                    | Recognizes that there are many facets of diversity.   |
| <b>Unit 2</b> | Related vocabulary  | Develops a working vocabulary related to concepts of culture, race, and ethnicity.  |
| <b>Unit 3</b> | Personal identity and culture                                   | Explores the meaning of personal identity and how culture affects values, attitudes, and behaviors.   |
| <b>Unit 4</b> | Culturally appropriate, culturally aware practices for families | Identifies and applies culturally sensitive and culturally appropriate practices to the children and families.                                  |
| <b>Unit 5</b> | Understanding personal values                                   | Examines the relationship between personal values and the culture in which these values were developed.   |
| <b>Unit 6</b> | Cross-cultural communication                                    | Examines the importance of language in defining culture and the importance of cross-cultural communication in the work of a CASA/GAL volunteer. |
| <b>Unit 7</b> | Resources for action  | Identifies national and community resources to increase the understanding and appreciation of diversity.  |

## CHAPTER 3: Exploring Cultural Awareness

| Skills/Knowledge/Attitudes | Achievement/Outcome-Based Objectives   |
|----------------------------|--|
| Action plan                | Identifies the steps for continuing education and recognizes this is a lifelong process. |

## CHAPTER 4: Understanding Families – Part 1

| Skills/Knowledge/Attitudes                          | Achievement/Outcome-Based Objectives   |
|---|--|
| <b>Unit 1</b> A resource model for families         | Learns to look for the strengths and resources in families.  |
| <b>Unit 2</b> Financial and non-financial resources | Defines poverty as a lack of resources.  |
| <b>Unit 3</b> Families and culture                  | Uses cultural norms and community standards as a framework for understanding families.   |
| <b>Unit 4</b> Stress in families                    | Identifies factors that influence the ways a family copes with change, crisis, and stress.   |
| <b>Unit 5</b> Risk factors for abuse and neglect    | Specifies conditions associated with child abuse and neglect.  |
| Issues for families                                 | Recognizes how personal values and biases about mental illness, substance abuse, and domestic violence can affect objectivity regarding risks for the child. |
| <b>Unit 6</b> Adult mental illness                  | Recognizes the impact of mental illness and identifies resources for assessment and treatment.   |

## CHAPTER 5: Understanding Families – Part 2

| Skills/Knowledge/Attitudes               | Achievement/Outcome-Based Objectives   |
|--|--|
| <b>Unit 1</b> Substance abuse/dependency | Recognizes the impact of parental substance abuse/dependency on entire families.   |
| <b>Unit 2</b> Domestic violence          | Recognizes the impact of domestic violence on children and the relationship of domestic violence to child abuse and neglect. |
| <b>Unit 3</b> Facts about poverty        | Reviews the reality of poverty for children and families in the United States.   |
| <b>Unit 4</b> Myths about poverty        | Separates myths from facts about poverty and explores poverty's impact on children.  |

## CHAPTER 5: Understanding Families – Part 2

|               | Skills/Knowledge/Attitudes           | Achievement/Outcome-Based Objectives                            |
|---------------|--------------------------------------|---|
|               | Poverty and culture                  | Reviews the relationship between poverty and culture.           |
| <b>Unit 5</b> | Generational vs. situational poverty | Uses a model that defines generational vs. situational poverty. |
| <b>Unit 6</b> | The child in the family              | Examines the importance of family to the child.                 |

## CHAPTER 6: Understanding Children

|               | Skills/Knowledge/Attitudes                                    | Achievement/Outcome-Based Objectives   |
|---------------|---|--|
| <b>Unit 1</b> | What all people need  | Analyzes a child's needs using Maslow's hierarchy of needs as a framework.   |
| <b>Unit 2</b> | How children grow and develop                                 | Assesses age-appropriate behavior for children from birth through adolescence.   |
| <b>Unit 3</b> | Attachment  | Identifies behavioral signs of attachment and lack of attachment in children.  |
| <b>Unit 4</b> | Separation  | Recognizes typical reactions of children and their parents to separation and loss.   |
| <b>Unit 5</b> | Permanence for children                                       | Examines a child's need for a safe and permanent home.   |
| <b>Unit 6</b> | Educational, emotional, and psychological issues for children | Identifies warning signs of educational, emotional, and psychological issues that might require professional assessment and/or intervention. |
| <b>Unit 7</b> | Resiliency  | Recognizes protective factors as tools for building resiliency.  |

## CHAPTER 7: Communicating as a CASA/GAL Volunteer

|               | Skills/Knowledge/Attitudes                   | Achievement/Outcome-Based Objectives  |
|---------------|--|---|
| <b>Unit 1</b> | Basic elements of communication              | Names the basic elements of communication.  |
|               | Child observations and interviews            | Recognizes the importance of observation in gathering information about children and identifies the elements of a successful child interview. |
| <b>Unit 2</b> | Establishing rapport and trust with children | Reviews important skills for building rapport and trust with a child.   |

## CHAPTER 7: Communicating as a CASA/GAL Volunteer

|               | <b>Skills/Knowledge/Attitudes</b> | <b>Achievement/Outcome-Based Objectives</b>                |
|---------------|-----------------------------------|--|
| <b>Unit 3</b> | A collaborative approach          | Applies a collaborative approach to dealing with conflict. |
| <b>Unit 4</b> | Dealing with conflict             | Identifies different styles of dealing with conflict.      |
| <b>Unit 5</b> | Confidentiality                   | Revisits the concept of confidentiality.                   |

## CHAPTER 8: Practicing the CASA/GAL Volunteer Role— Gathering Information

|               | <b>Skills/Knowledge/Attitudes</b>                    | <b>Achievement/Outcome-Based Objectives</b>   |
|---------------|--|---|
| <b>Unit 1</b> | How a CASA/GAL volunteer is appointed to a case      | Reviews the process used to appoint a CASA/GAL volunteer to a case.                                 |
| <b>Unit 2</b> | Planning the investigation and gathering information | Creates and implements a strategy to gather information about a case.                               |
| <b>Unit 3</b> | Successful CASA/GAL volunteer interviews             | Identifies the components of a successful interview.  |
| <b>Unit 4</b> | Community resources                                  | Names and describes community resources that might be effective in addressing the needs of a child. |

## CHAPTER 9: Practicing the CASA/GAL Volunteer Role— Reporting & Monitoring

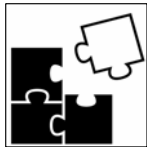
|               | <b>Skills/Knowledge/Attitudes</b> | <b>Achievement/Outcome-Based Objectives</b>   |
|---------------|-----------------------------------|---|
| <b>Unit 1</b> | Organizing information            | Systematically organizes information pertinent to a case.   |
| <b>Unit 2</b> | Writing court reports             | Synthesizes information to write an effective court report.   |
|               | Making recommendations            | Utilizes all of the above to make appropriate recommendations about the needs of a child.                                 |
| <b>Unit 3</b> | Appearing in court                | Identifies strategies for testifying and presenting information in court effectively.                                     |
| <b>Unit 4</b> | Monitoring a case                 | Practices the steps required to monitor a case from the dispositional order until the child is in a safe, permanent home. |

## CHAPTER 10: Pulling It All Together

|               | <b>Skills/Knowledge/Attitudes</b>  | <b>Achievement/Outcome-Based Objectives</b>  |
|---------------|------------------------------------|--|
| <b>Unit 1</b> | Support and self-confidence        | Identifies strategies for self-care.   |
| <b>Unit 2</b> | Volunteer safety                   | Identifies safety tips for volunteers.   |
| <b>Unit 3</b> | Role of CASA/GAL program staff     | Reviews the role of CASA/GAL program staff for volunteer supervision and support.                                  |
| <b>Unit 4</b> | CASA/GAL program office procedures | Reviews CASA/GAL program office procedures for case assignment, obtaining records, submitting court reports, etc.  |
| <b>Unit 5</b> | Children—the heart of the work     | Revisits the fundamental reason for the CASA/GAL program—children in need of advocacy.                             |
| <b>Unit 6</b> | Expectations                       | Identifies any unmet expectations of training and addresses—or makes a plan to address—any remaining expectations. |
|               | Training evaluation                | Submits an evaluation of this training program.  |



## UNIT 2: The Mission of the CASA/GAL Program



### Activity 1C: Advocacy in Action

**Part 1:** Read the definition below of “advocate.” Find a picture, article, or story in a book, magazine, or newspaper that shows or tells about someone advocating for someone or something.

**Describe the situation:**

**If you were the person in the picture, article, or story, would you advocate in the same way? Or what would you do differently?**

**Part 2:** Read the mission of the CASA/GAL program and the information on the National CASA standards. During the next week, tell someone (friend, relative, co-worker) about the work you will be doing as a CASA/GAL volunteer. Use your own words to describe the mission of the program.

I told \_\_\_\_\_ about the mission of the CASA/GAL program.

**Comment [v2]:** What is the purpose of this exercise. Some programs left it out. It seems too elementary.



**ad-vo-cate** *n* [ME *advocat*, fr. MF, fr. L *advocatus*, fr. pp. of *advocare* to summon, fr. *ad-* + *vocare* to call -- more at VOICE] **1:** one that pleads the cause of another; *specif:* one that pleads the cause of another before a tribunal or judicial court **2:** one that defends or maintains a cause or proposal.

**ad-vo-cate** *vt* **-cat-ed; -cat-ing:** to plead in favor of, *syn* see SUPPORT

Merriam-Webster's Collegiate Dictionary, 10th ed., Merriam-Webster, Inc., May 1996.



*Our mission is to speak for the best interests of abused and neglected children who are involved in the juvenile courts.*

*We work with state and local CASA and volunteer guardian ad litem programs to promote and support quality volunteer advocacy to help assure each child a safe, permanent, nurturing home.*

## **National CASA Mission**

National CASA standards describe the major criteria the CASA/GAL volunteer must meet. The following statements describe the CASA/GAL volunteer:

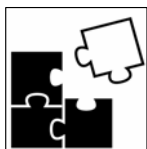
- ✓ An individual who has been screened and trained by the CASA/GAL program and appointed by the court to advocate for children who come into the court system primarily as a result of alleged abuse or neglect.
- ✓ An individual who respects a child's inherent right to grow up with dignity in a safe environment that meets that child's best interests.
- ✓ An individual who assures that the child's best interests are represented in the court at every stage of the case.

# UNIT 3: Principles & Concepts That Guide CASA/GAL Volunteer Work

## What Is “Best Interest”?

### Introducing the “Best Interest” Principle—What It Means:

- A safe home
- A permanent home
- As quickly as possible



### Activity 1D: Best Interest of the Child

A CASA/GAL volunteer represents the “best interest of the child” to whom he or she is appointed. Some of the factors to consider in determining a child’s “best interest” are:

- ✓ Is the child safe?
- ✓ Is his/her unique culture being respected?
- ✓ Is the child’s sense of time being honored?
- ✓ Should the child be present in court?
- ✓ Can this child speak for himself/herself?

Read the information regarding “best interest.” On the lines below write one additional factor that might help determine what is in a child’s “best interest.”

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Parents typically decide what is best for their children and then provide it for them to the extent that they can. They are their children’s best advocates. The court intervenes in families’ lives when parents cannot or will not protect, promote, and provide for their children’s basic needs. A CASA/GAL volunteer becomes the advocate when the parents cannot—or will not—fulfill this role.

Juvenile court judges use the “best interest of the child” standard when making their decisions in child abuse and neglect cases. Child welfare and juvenile court practitioners and scholars have debated the meaning of “best interest of the child” for years. Books have been written on the subject; however, there is still no concise legal definition for this standard.

In cases where the Indian Child Welfare Act (ICWA) applies, the law presumes that it is always in the best interest of an Indian child to have his/her own people determine what is best for his/her future.

**Fill in the blanks with the correct word.**

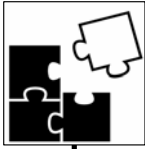
*National CASA interprets the “best interest of the child” standard to mean that to determine the best interest of the child, the CASA/GAL volunteer should \_\_\_\_\_ the child he/she is appointed to advocate for well enough to form \_\_\_\_\_ recommendations to the court that address the child’s \_\_\_\_\_, and know appropriate \_\_\_\_\_ to meet those needs.*

*The CASA/GAL volunteer also informs the court of the child’s \_\_\_\_\_, whether or not those wishes are, in the opinion of the CASA/GAL volunteer, in the child’s best interest.*

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**KEY:** National CASA interprets this standard to mean that to determine the best interest of the child, the CASA/GAL volunteer should **know** the children he/she is appointed to advocate for well enough to form **fact-based** recommendations to the court that address the child’s **needs**, and know appropriate **resources** to meet those needs. The CASA/GAL volunteer also informs the court of the child’s **wishes**, whether or not those wishes are, in the opinion of the CASA/GAL volunteer, in the child’s best interest.

# The Role of the CASA/GAL Volunteer



## Activity 1E: The Key Components of the CASA/GAL Volunteer Role

Read the definitions that follow of the four components of the CASA/GAL volunteer role. In the table below, write the first word that comes to mind as you consider each of the four terms. These terms will come up again and again as you learn more about the CASA/GAL volunteer role.

| Investigation | Facilitation | Advocacy | Monitoring |
|---------------|--------------|----------|------------|
|               |              |          |            |

As a CASA/GAL volunteer, your role consists of carrying out the following activities, which will be explored at length throughout this training:

### ✓ Investigation

You carry out an objective, systematic examination of the situation, including relevant history, environment, relationships, and needs of the child.

### ✓ Facilitation

You identify resources and services for the child and facilitate a collaborative relationship between all parties involved in the case, helping to create a situation in which the child's needs can be met.

### ✓ Advocacy

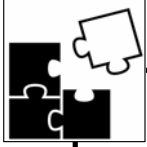
You speak up for and plead the case of the child for whom you are appointed.

### ✓ Monitoring

You keep track of whether the orders of the court, as well as the plans of the child protective services agency, are carried out, and you report to the court or collaborate with the child protective services agency when any of the parties do not follow those orders and plans.



# The Responsibilities of the CASA/GAL Volunteer



## Activity 1F: What Are the Responsibilities of the Job?

Read the material that follows regarding the responsibilities of the CASA/GAL volunteer. In the margin, star (★) the ideas that seem most important to you. Select your three top ideas and list them in the space provided.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Following the completion of training, CASA/GAL volunteers must take an oath before the court that requires them to fulfill the role that is assigned to them and to do so while respecting the confidentiality of all information or reports revealed to them.

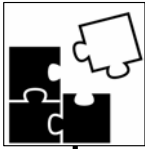
The National CASA Association sets standards for CASA/GAL volunteer work. The following responsibilities, which may be required by state and local programs, are listed in those standards:

- Reviewing records;
- Interviewing appropriate parties involved in the case, including the child;
- Determining whether a permanent plan has been created for the child in accordance with federal and state laws and whether appropriate services, including reasonable efforts, are being provided to the child and family;
- Submitting a signed written report with recommendations to the court on what placement, visitation plan, services, and permanent plan are in the best interest of the child;
- Attending court hearings;
- Maintaining complete records about the case, including appointments scheduled, interviews held, and information gathered about the child and the child's life circumstances; and
- Returning all case records and notes to the CASA/GAL program when the case is closed or when the volunteer closes the case.

National CASA standards regarding confidentiality include the following:

- CASA/GAL volunteers respect the child's right to privacy by maintaining confidentiality;
- The CASA/GAL volunteer complies with all applicable statutory requirements pertaining to confidentiality of client information;
- Access to confidential records obtained by CASA/GAL volunteers is limited to the court, authorized agency personnel, and others outside the agency whose request for access to confidential information is permitted by statute or the court; and
- All records are safely and securely maintained.

# The CASA/GAL Volunteer's Relationship with the Child



## Activity 1G: The Volunteer-Child Relationship

**Part 1:** Read the following information that outlines the parameters of the CASA/GAL volunteer's relationship and contacts with the child.

**Part 2:** Answer the questions found on the CASA/GAL Volunteer-Child Relationship Reporting In form. Make a copy of the completed form and submit it to CASA/GAL program staff when you have completed this chapter.

Establishing a relationship with the child is one of the most important things a CASA/GAL volunteer does. The ideal relationship is one that maximizes the CASA/GAL volunteer's ability to advocate successfully for the child. The following guidelines describe the parameters for the CASA/GAL volunteer's relationship and contacts with the child:

*The CASA/GAL volunteer has direct and sufficient contact with his/her client to carry out an independent and valid investigation of the child's circumstances, including the child's needs and wants, so as to be able to make sound, thorough, and objective recommendations in the child's best interest. This contact should occur in person to provide the CASA/GAL volunteer with firsthand knowledge of the child and his/her unique personality, abilities, and needs. While social contact is permitted with the child to develop trust and a meaningful relationship, the CASA/GAL volunteer functions as an objective advocate for the child and not as the child's attorney, caseworker, counselor, or parental figure. The CASA/GAL volunteer does not provide direct services to the child, such as supervising visitation; however, it is appropriate for the volunteer to observe visitation. Under no circumstances shall the CASA/GAL volunteer take the child into the CASA/GAL volunteer's home, provide shelter for the child, or take the child on an overnight outing.*

## Volunteer-Child Relationship Dilemmas

### DILEMMA 1:

**Situation:** Harvey Stone is the CASA/GAL volunteer for fifteen-year-old Larry, who currently lives in a group home. Larry has asked and Harvey has agreed to take him to the Division of Motor Vehicles to get Larry's driver's license on his sixteenth birthday next Wednesday.

**Dilemma:** Assisting a child in this way constitutes service provision; it is beyond the advocacy role.

**Possible Solution:** Harvey could include in his recommendations to the court that CPS assist Larry in getting his driver's license.

## **DILEMMA 2:**

**Situation:** CASA/GAL volunteer Martha Spivey has four years of experience with the program. Recently she was assigned to the case of a six-year-old boy who is alleged to be neglected. The disposition hearing for this case is scheduled for tomorrow. Martha has had four similar cases during her tenure as a CASA/GAL volunteer. She has not seen the child in this case because she has been busy. She feels she can judge the situation based on her past experience with other children.

**Dilemma:** No direct contact with the child.

**Possible Solution:** Martha should see the child today.

## **DILEMMA 3:**

**Situation:** After reading the caseworker's notes in the CPS case file, CASA/GAL volunteer Fran Blankenship agrees that fourteen-year-old Darius has a severe addiction to crack cocaine. Fran includes drug treatment for Darius among her recommendations to the court.

**Dilemma:** No independent investigation of Darius's drug use.

**Possible Solution:** Get independent verification by obtaining copies of drug screening reports.



# REPORTING IN

**Comment [v3]:** Need a spot for name and date.

**Comment [v4]:** put this in pdf. This could be part of a review of information (test)

## CASA/GAL Volunteer-Child Relationship...

Think of activities that might foster a relationship with a child that would help the child to give you the information you need while working within the guidelines established for the program. List two ideas below.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Why is it important to both the CASA/GAL volunteer and the child to have a policy defining the relationship?

Choose one of the Volunteer-Child Relationship Dilemmas you just read and name two additional possible solutions below. (*Identify which dilemma you selected by marking the appropriate box.*)

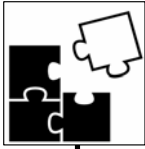
- Dilemma 1       Dilemma 2       Dilemma 3

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Submit a completed copy of this form to CASA/GAL program staff.



# Relationship Boundaries with Children & Families



## Activity 1H: The Boundaries of a Healthy Relationship

**Part 1:** There is a fine line between developing a caring relationship with a child and becoming enmeshed with the child and/or the child's family. The relationship between the CASA/GAL volunteer and the child and his/her family requires a balance between involvement and objectivity.

Read the information that follows about relationship boundaries with a child and his/her family.

**Part 2:** In the space provided, write down what you believe will be the hardest thing for you in maintaining healthy boundaries with a child.

---

**Comment [v5]:** In part 2 take out in space provided and put " on separate page or give a bigger space to write.

## Relationship Boundaries with the Family

It is helpful at the very beginning of your relationship with a family to be clear about what you can help with and what you can't. Although every family situation requires some flexibility, it helps to tell families about the CASA/GAL program's guidelines in the beginning *and to follow them*. Some families have several agency workers involved with them and get confused when one worker is able to help them with a task, while another can't or won't. The degree of emotional involvement that CASA/GAL volunteers have with children and their families is likely to be significant. This requires some boundary setting—defining what you can and will do *and* what is outside of your role. This level of involvement is even more significant when, as so often happens, the CASA/GAL volunteer becomes the one person who has remained constant for the duration of the case.

Your goal as a CASA/GAL volunteer is to remain empathetic to the family while remembering that the *child* is your focus. It is important to be objective, to remain detached enough to see clearly the child's and family's situation and needs. To be successful as a CASA/GAL volunteer, you must care about the families of the children, but you cannot live their lives for them. It is important to have a full personal life of your own.

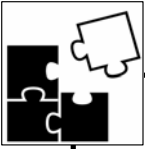
Adapted from *Empowerment Skills for Family Workers*, Christiann Dean, Cornell Empowering Families Project, August 1996. Used with permission.

## Relationship Boundaries with the Child

Perhaps the most difficult boundaries to set and maintain are those between you and the child or children in the case. There is a fine line between what is part of your role and what is outside of it. It is natural to care about a child who has been hurt and who relies on you to keep his/her best interest at the forefront. If you didn't care, you wouldn't work so hard to see that his/her

needs are met. However, if you get too personally involved, it is hard to maintain the objective perspective that is required for this powerful advocacy work. Our goal is to be part of a *temporary* intervention in a child's life—to assist in a time of need and then to leave and let the child continue along his/her way. When the child is in a safe, permanent home, your work as a CASA/GAL volunteer is done. It is time to move forward and help another child.

# Minimum Sufficient Level of Care



## Activity 11: Minimum Sufficient Level of Care

Read the following summary describing “minimum sufficient level of care,” the bottom-line standard for determining whether or not to remove a child from his/her home. Answer the following questions:

|   |
|---|
| <b>Is this standard fair?</b>   |
| <b>Do you think it represents an adequate bottom line?</b>  |
| <b>What other issues should be considered in determining whether a parent can provide a minimum sufficient level of care?</b> |

Removal of a child from his/her home because of abuse and/or neglect is a drastic remedy. Because removal is so traumatic for the child, both law and good practice require that agencies use lesser interventions when it is possible to do so and still keep the child safe. To decide if removal is the most appropriate course of action, agencies use a standard often referred to as the “minimum sufficient level of care” (MSL). This standard describes what must be in place for the child to remain in his/her home. The same standard is also used to determine whether or not parents have made sufficient progress so that a child can be safely returned to the family home. The minimum sufficient level of care is determined by a number of factors, each of which must be looked at specifically in relation to the case at hand.

Factors to consider include:

- **Child’s Needs**  
**Is the parent providing the following at a basic level?**
  - ✓ Physical (food, clothing, shelter, medical care, safety, protection);
  - ✓ Emotional (attachment between parent and child); and
  - ✓ Developmental (education, special help for children with disabilities).

- **Social Standards**

**Is the parent’s behavior within or outside commonly accepted child-rearing practices in our society?**

Here are some examples: In terms of discipline, whipping a child with a belt was generally thought to be appropriate during the first half of the twentieth century but is now widely considered abusive. Contemporary families frequently use a short “time out” as a punishment for young children. In terms of school attendance, it is a widely held expectation that parents send all children to school until they reach the age limit at which attendance is no longer compulsory. Social standards also apply in medical care, where immunizations and regular medical/dental care are the standard.

- **Community Standards**

**Does the parent’s behavior fall within reasonable limits, given the specific community in which the family resides?**

Here are some examples: The age at which a child can be safely left alone varies significantly from urban to suburban to rural communities. The age at which a child is deemed old enough to care for other children is largely determined by cultural and community norms. Even something as simple as sending a nine-year-old child to the store might fall within or outside those standards, depending on neighborhood safety, the distance, the weather, the child’s clothing, the time of day or night, the ability of the child, and the necessity of the purchase.

**The Four Key Parameters Within Which the “Minimum Sufficient Level of Care” Standard Operates Are:**

1. The standard relates to a particular child.
2. It is a set of minimum conditions, not an ideal situation.
3. It is a relative standard, depending on the child’s needs, social standards, and community standards. It will not be the same for every family or every child in a particular family.
4. It remains the same when considering removal and when considering reunification.

### **The Reasons “Minimum Sufficient Level of Care” Is Used as a Standard Include:**

- It maintains the child’s right to safety and permanence while not ignoring the parents’ right to their children.
- It is required by law (as a practical way to interpret the “reasonable efforts” provision of PL 96-272).
- It is possible for parents to reach.
- It provides a reference point for decision-makers.
- It protects (to some degree) from individual biases and value judgments.
- It discourages unnecessary removal from the family home.
- It discourages unnecessarily long placements in foster care.
- It keeps decision-makers focused on what is the least detrimental alternative for the child.
- It is sensitive across cultures.

According to the Indian Child Welfare Act, the “minimum sufficient level of care” standard must reflect the community standards of the tribe of the Indian child. In other words, the “minimum sufficient level of care” guidelines should be the preferences and standards that are the prevailing social and cultural standards of the Indian community in which the parent or extended family resides, or with which the parent or extended family maintains social and cultural ties.



# UNIT 4: Attitudes, Values & Skills That Enhance CASA/GAL Volunteer Work

Much of the information explored up to this point focuses on the role or duties of the CASA/GAL volunteer. Fulfilling duties is an important part of being a successful CASA/GAL volunteer, but it is only one part. Personal attitudes, values, and skills are also very important.

## ✓ Professionalism

**Ethics, accountability, confidentiality, resourcefulness, critical thinking, and good judgment.**

These skills/abilities can enhance a CASA/GAL volunteer's credibility and earn the respect of parties in a case. Professionalism and assertiveness can help CASA/GAL volunteers gain necessary information.

## ✓ Interpersonal Competence

**Nonjudgmental, respectful, collaborative, self-aware, and assertive.**

These attitudes will help the CASA/GAL volunteer be more successful in working with other people, particularly in gathering accurate information and making accurate interpretations of situations. CASA/GAL volunteers are expected to demonstrate respect and open-mindedness in their interactions with all parties to the case. Gathering information from children requires different skills and attitudes than working with adults. Children may be frightened or healing from trauma. They are different emotionally and developmentally from adults and also from other children. Your listening and observation skills will help you gather a full picture of the child's situation.

## ✓ Cultural Sensitivity

**Vital in working effectively with children and families.**

What a CASA/GAL volunteer does not understand may lead to inaccurate interpretations (this issue will be addressed in the following chapters). Understanding your own culture and the differences between cultures will allow you to best serve children and their families. You must also be prepared to manage hostility from communities who have traditionally seen themselves as wronged by the majority culture.

Your life experience (culture, era, geography, race, education, sexual orientation, socioeconomic status, family dynamics, etc.) has led you to develop a particular perspective. Your unique perspective always influences how you interpret what you observe. The more aware you become of your personal perspective, the better able you will be to understand that others have different perspectives. In observing children and families, it is important to understand that your perspective on families and parenting is likely to be different from those with whom you are working. Additionally, you will work with human beings who will talk with you about important and often painful experiences in their lives. To avoid being judgmental, it is important to be aware of the influence of your personal perspective.

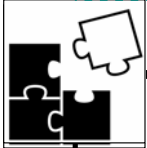
To some families, components of the CASA/GAL volunteer role may seem threatening. Be clear about your CASA/GAL volunteer role and adapt your behavior to the comfort of the family you are working with while remaining true to the basic role and relationship.

Much of your time and energy will be spent monitoring the progress of the family as they work toward reunification with their child. Keep in mind the societal barriers certain groups of people face, and adjust your expectations without putting the child at risk.

A key part of your role is to recognize the strengths of different cultural perspectives. Something that is not a personal value for you may be a strength within another person's or family's cultural group.

In advocating for permanent placements/homes, keep in mind the right of children to be raised in, and have access to, their cultural community in order to maintain their cultural heritage and identity.

Adapted from materials from Portland CASA Association, Portland, OR.



### Activity 1J: Parking Lot of Personal Perspective

Take a moment to add any additional questions, ideas, or concerns you have to the page entitled "Parking Lot" found at the end of this chapter. In future chapters, you will be reminded to make use of this page as you prepare for your role as a CASA/GAL volunteer.

- How does your own culture influence your personal perspectives about the situations of others?

Write your thoughts on the lines below:

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**Comment [v7]:** Make activity 1j as a pdf and make more lines

**Comment [v8]:** Training hours form keeping track of time spent on chapter.



## LOOKING AHEAD

### Looking Ahead...

**Please complete the following assignments.**

1. Look and listen for media reports (newspaper stories, magazine articles, TV reports, and/or radio broadcasts) regarding child abuse today. Make notes about information that you find. You will use the information that you gather to compare child abuse today with child abuse historically.
2. As preparation for this chapter, you read the Parker-Solano training case. Many of the activities in the next chapter rely on the material in the case study, so you may wish to review it to prepare for the next training chapter.





## RESOURCE MATERIALS

### Included in this section:

The Parker-Solano Training Case

1-39



# The Parker-Solano Training Case

**Benjamin (Ben) Parker (DOB 12/4/84, age 15)**

**Damien Solano (DOB 11/3/92, age 7)**

The following case is told from the perspective of the CASA/GAL volunteer through some of the notes kept while working on the case. This is not a complete copy of the CASA/GAL volunteer file but selected entries that tell the story of one family with two children. The entries span a period of almost six months, beginning in January 2000. The case is used to present training materials related to the court and social services system in which you will do your work, the families and children with whom you will work, and the role of the CASA/GAL volunteer in relation to these varied systems and individuals.

*(Note: All names and identifying information in this case have been changed.)*

**January 7, 2000, 5:00 PM**

**Telephone call from the CASA/GAL program administrator, Mary Dudley**

Mary called me and said that she had received a telephone call from Child Protective Services (CPS) stating that they were taking custody of a fifteen-year-old boy. CPS had received several other reports of neglect and abuse, all within the past two years. These recent repeated referrals are rather alarming due to the fact that the youngest child (Damien) is only seven years old and currently remains in the home. The oldest child (Ben) has a history of psychological problems and has witnessed a lot of domestic violence and drug use in the home. Allegedly Ben has sexually molested Damien. Yesterday, Ben was found alone with his younger brother, unsupervised for an unknown amount of time, and a neighbor called in the report. Ben was placed with his maternal aunt and uncle, and the younger sibling remains in the home because CPS felt that the home would be safe with Ben removed. Mary informed me that there is a possibility that the younger child might come into custody at a later date. The mom signed a protection plan saying she would not leave Damien unsupervised. If she violates this plan, CPS may take custody of him also.

Mary wanted to know if I would be interested in taking the case. I agreed to take the case and will attend the emergency custody hearing on Monday, January 10. Mary stated that she would put the petition in the mail and get my appointment order signed by the judge. As soon as it is signed, I can go to CPS to copy any of the previous history and investigation information in the file. She gave me the name and number of the caseworker assigned to the case—Michelle Simpson, 555-3498 ext. 27. She reminded me to call CPS before going over there to be sure that Michelle would be available or would leave the file in a place where I could get it on my own.

## **January 10, 2000, 9:00 AM**

### **Emergency custody hearing at Anston County Courthouse**

I met the mother (Suzanne Solano, DOB 9/19/66, age 33, 905 N. Broadview Ave., Remington, NC 27219, 898-7774) and both fathers today in court. Ben's father is Joseph Parker and Damien's father is Jessie Solano (2405 Hillsdale Rd., Graddore, NC 27257). Damien's father is not named on the petition because only Ben's case is before the court at this time. He came to court because he knows that CPS has an open case on his son, Damien, and he wanted to know what was going on.

Once I explained my role to the mother, she appeared to be very eager to talk to me. She said all of this is a mistake and that Damien's father's new girlfriend was the one who started all of this mess. She tried to find out who had made the report, but I explained to her that I couldn't reveal information about a reporter. She does not feel the allegations in the petition are true and wants to make sure that everyone knows that. This mother seemed quite agitated and talked very quickly. Both fathers stood in the background and didn't make any comment while she went on and on. They seem fairly friendly toward one another, but I noticed that Suzanne didn't speak to either one.

I read the petition while the judge (Judge Wentworth) was reviewing it. The allegations are as follows:

1. Anston County Child Protective Services has been involved with this family since July 30, 1998; following investigations of three referrals of neglect, the agency found neglect on two occasions due to lack of proper care and lack of proper supervision.
2. On November 5, 1999, and on December 27, 1999, the mother signed protection plans agreeing to the following conditions: The children would be supervised by a responsible adult at all times; they would not be left alone; and if the mother became ill, she would call 911 and make an appropriate plan of care. On January 6, 2000, the juveniles were found alone in the home and the mother could not be located. She reportedly had checked into Piedmont Regional Medical Center the previous day due to a chronic medical condition.
3. Ben has a history of psychiatric problems, including suicide attempts, self-mutilating, and hospitalizations. The juvenile was last seen by Dr. Sara Walker on October 21, 1999, at which time she placed him on six psychotropic drugs. The juvenile has not been taken to Therapeutic Children's Services since that date, his medication has not been monitored, and he has been without medication for at least four days, although the mother has been asked on numerous occasions to provide these services for Ben.
4. The mother denies that she has neglected the juveniles and refuses to enter into an intervention plan to address the needs of the juveniles, including weekly therapy for Ben, therapy for herself, and a plan for proper supervision of the juveniles.

The mother took the stand and explained the situation to the judge. When CPS came to the house on January 6, the mother had checked herself into the hospital. I'm not sure if she really was in the hospital and, if so, what day and for what period of time. The judge asked why she had violated the protection plan. The mother said that she did not believe all of the previous allegations that Ben sexually abused Damien and had felt that by signing a protection plan she could get CPS off her back. As far as Ben not receiving therapy, she said that he didn't like to go and that she would have eventually taken him to get his medication. The judge left Ben

in CPS custody and asked some questions about the plan of care for Damien. Damien is not the subject of the petition but the judge was clearly concerned. After court, I asked Suzanne if there was anyone she wanted me to speak with as a positive reference and she said no. I reminded her that I would be in touch in a week or so.

Ben's father was present at the hearing; however, he told me that he feels that Ben is not his responsibility and he does not want to get involved with the child. With a new wife and child, he felt that trying to help Ben would just make trouble. He did tell me he thought Suzanne was "nuts" and that you couldn't believe anything she says. He also mentioned that they never had a good relationship and that she always beat him because of the drugs she used. Ben often witnessed these domestic violence scenes.

The maternal aunt, Debbie Parker, also came to the court hearing. Ben was placed with Debbie and her husband after his removal from his mother's home. Apparently he has had a few adjustment problems, such as not wanting to do chores or to follow the rules of the house. However, Debbie feels that he is getting into the swing of things and he seems a lot happier in their home. I arranged a time to go to their house and visit Ben.

During the hearing, the judge found that there was reason to remove Ben from his mother's home and that those reasons still existed. The judge also found that Ben was in a safe place and that he should be receiving mental health treatment. When the judge asked about visitation between Ben and Suzanne, the mother said that she didn't want any at this time.

The adjudication hearing was set for February 9.

### **January 13, 2000, 5:00 PM**

#### **Home visit with Benjamin Parker (oldest child) in the home of his uncle and aunt, Donald and Debbie Parker**

Ben was clearly very unsure about speaking with me; however, he agreed to talk as long as his aunt stayed in the room with us. I assured him that was fine with me. After I explained the role of the CASA/GAL volunteer, he seemed excited to know that my job is to focus on what he needs and wants.

He said he knows why he was removed. His mom wasn't supposed to leave the children alone, but he said that sometimes she really needed to get out of the house. He spoke of a history of domestic violence between Suzanne and many of her boyfriends. On one occasion when Damien was very little, Suzanne and Damien's father were fighting. His mom picked up a beer bottle and threw it across the room. The bottle hit the wall and shattered right over Damien in his playpen. Ben said he remembers his mom being angry and touchy, especially when she took all those pills. I asked Ben how he felt when he saw his mother involved in these violent situations. He said he feels a need to take care of her when men hit her, but he could see why they feel like hitting her; when she takes pills, she has a very foul mouth and angry temper.

When I asked about his concerns, he replied "Damien." He said that his mother cannot take care of Damien without Ben being there. He said that Damien gets picked on a lot at school and that Ben has to stick up for him. I am struck that he has taken on the role of a parent for his little brother and for his mother. The kids at school make fun of Damien because he is "slow" and not very athletic. When all of the other kids play basketball, they pick Damien last because he cannot dribble the ball at all and he sometimes seems to forget what game

he is playing. He still wets his pants every once in a while and has a hard time tying his shoes. Additionally, several children have made comments about Damien not being white like his mom or brother.

Ben said he really didn't want to talk anymore and that he would talk to his therapist at Therapeutic Children's Services. When I asked if he liked his therapist, he said that he liked Janice Geisbert, his normal therapist, but didn't like the one who gave him medicine.

I told Ben I was sorry I had asked so many questions and that I knew it must be hard to talk to so many different strangers. I was concerned that we hadn't had time to establish rapport before talking about difficult topics. He said he is used to it because caseworkers talk to him all the time. He did say today wasn't too much fun. I asked if he might want to walk to the park the next time I come to visit. I told him I could bring a basketball and we could spend time getting to know each other without always talking about these tough issues. He said, "Maybe." It appears that Ben sees me as another caseworker. I know we will do lots of talking over time. Hearing about his wishes and needs is the major focus of my role, but I want to take a step back now and begin to establish some trust. Rapport building may take time because I suspect Ben has learned that adults cannot be trusted.

Debbie Parker pulled me aside on my way out the door and said she had some concerns about Ben's behavior. She said that lately he seems very depressed. He will get up in the morning, but all he wants to do is stay in his room. She said he doesn't want to socialize with any children his age. Sometimes he will turn on his radio and turn it up all the way. Last night he did this and when she went to try to get in the room, the door was locked. Debbie called her husband to come, and he had to take the doorknob off the door to get in. Ben had thrown stuff all over the room and appeared out of control; she said that settling him down took a long time. I suggested that she contact the caseworker and his therapist with this information. He has still not been seen for medication and those behaviors sound like they might need to be evaluated. I also told Debbie that Ben probably finds it very difficult being in a home where there is structure and a regular schedule after having lived in a chaotic situation. I also think that he may be very worried about his little brother.

## **January 14, 2000, 8:30 AM**

### **Called CPS and arranged to copy records at 10:00 AM**

Caseworker Michelle Simpson met with me for a few minutes before handing over the file. She said that after Ben was removed from the home, Suzanne signed another protection plan that was geared toward the protection of Damien. Michelle is a foster care caseworker and works with families after the children have been removed from home. I read the protection plan, which has the following provisions:

- Damien will be supervised at all times by a responsible adult (one who is not under the influence of drugs or alcohol or who suffers from untreated mental disorders);
- Damien will not be left alone under any circumstances;
- If Suzanne becomes ill or unable to care for Damien, she will call 911 to get help for herself and will either make a plan of care for Damien or ask the 911 operator to call CPS;
- Suzanne will refrain from misusing any prescribed medications and from using nonprescription medications or drugs; and
- Suzanne will follow up with treatment recommendations for both medical and psychological needs.

In our brief meeting, I learned that Michelle felt the medical information on Suzanne, which CPS had obtained during their investigation and prior CPS involvement, would be of particular interest to me. She encouraged me to copy some of that history. At the previous court hearing, the judge ordered some random drug screens on the mother. Michelle said she planned on doing one sometime next week and would let me know if the results were positive, which would indicate drugs in her system.

Michelle also said she felt the medical history on Ben (although a lot to copy) would be very beneficial. Since Ben was ten years old, he has been in and out of many psychological facilities for treatment. His problems range from depression to alleged sexual advances on his brother. Recently, he had helped his mother obtain drugs, and it has not been determined if he too is using, or has used, illegal drugs. During inpatient treatment at the hospital in July 1999, Ben was diagnosed with schizoaffective disorder and was placed on several forms of medication. The mother was given strict discharge recommendations. (Later, I looked up schizoaffective disorder on the Internet and learned that it is a psychotic disorder and is like schizophrenia in many ways. In addition to symptoms such as hallucinations and delusions, significant mood disorders occur, such as depression or manic depression. It is treated with antipsychotic medications and antidepressants.)

Following is a discharge summary from a past inpatient hospitalization for Ben:

|  |  |
|--|--|
| <b>ANSTON REGIONAL MEDICAL CENTER</b><br>P.O. Box 202<br>Remington, NC 27219   |  |
| <b>DISCHARGE SUMMARY</b>   |  |
| <b>NAME:</b> PARKER, Benjamin D  | <b>MEDICAL RECORD NUMBER:</b> 66-36-65 |
| <b>ADMITTED:</b> 03/03/98  |  |
| <b>DISCHARGED:</b> 04/20/98  |  |
| <b>PHYSICIAN:</b> George C. Hargrove, M.D.   |  |
| <b>HISTORY:</b> This is the second admission to Adolescent Psychiatry for this thirteen-year-old boy. His diagnosis on the first admission was major depression with psychotic features. He was seen in the mental health clinic the day after his first admission. He was found to be suicidal and was readmitted on emergency commitment.<br><br>For details of the present illness, past history, social history, physical examination, and mental status examination, please see the typed history and physical in the record from the first admission. A repeat history and physical was not done, because he had only been out of the hospital for one day when he was readmitted. |  |

**HOSPITAL COURSE:** The patient was treated with Paxil 30 mg and Haldol 1.5 mg daily. He had to have an additional intravenous dose of Haldol about one week prior to discharge when he was upset and had been threatening to harm himself. He was put back on suicidal precautions at that time.

The patient continued to work on some difficult emotional issues while he was here. He did admit to some sexual abuse toward his half-brother several years ago. He also claimed that he had abused a young girl in the past but then denied that story. Determining when this patient was telling the truth, either about the sexual abuse or about suicidal thoughts, was difficult. However, he clearly suffers from a major depression with psychotic features, and the Haldol appears to help the psychotic features. The mother had been reluctant to admit that he needed Haldol in his earlier hospitalization, but she came around to feeling that he was benefiting from it before he was discharged this time.

The patient said his depression and anger mostly centered around three worries. One was when and if he would get into a long-term treatment situation and where this would be. The second involved having to leave his mother for long-term treatment. The third was what would happen to him in regard to legal consequences about the past history of sexual abuse toward his half-brother.

The mother was also seen in frequent family sessions with the psychiatrist and the case-worker. She gradually began to accept the need for long-term treatment in the future and the fact that he needed medication. She also felt that he indeed had abused his half-brother in the past. However, there were some limitations toward her acceptance of his need for long-term treatment. An example of this occurred just prior to discharge when we were unable to get him in Covington Hospital because his insurance would not pay for him to go there. She had accepted his going there. Also due to financial reasons, we were unable to get him in Blakely Hall, Woodbridge, under a sexual perpetrators program. We had suggested then that she apply to John Anderson Hospital's long-term unit. She refused to do this. She did say at the time of discharge that if an outpatient treatment plan failed and he again became dangerous to himself or others, she would agree to his going to John Anderson Hospital.

Ben used his pass, the privilege to leave with an approved adult, on April 3, 1998; he left with his mother to go purchase eyeglasses. When he came back, he appeared depressed and smelled of alcohol. He blew a 0.01 on his Breathalyzer. He claimed to have sprayed Lysol spray deodorant on a towel, put this to his face, and breathed it in just before coming back. This probably explained the increase in his blood alcohol, as tested by the Breathalyzer. He was also thought to be suicidal at that time and was placed on precautions.

For the last week of his hospitalization, he did fairly well. He showed few signs of depression or psychotic features. During that time he was taking Haldol 0.5 mg in the morning and 1 mg at bedtime. He was also taking Paxil 30 mg daily.

I strongly advised the mother to let us try to get him into John Anderson Hospital; she did not want to do this. I felt he had benefited as much as he could from a short-term hospital stay; therefore, he was discharged to the mother on the above medications. She said that she now understood the importance of the medications and would be sure that he took them. He also had an appointment scheduled in the mental health clinic two days after discharge. The mental health clinic was going to continue to try to get him into Covington Hospital by seeking IV-E funds or other federal or state support. However, they understood that obtaining the funds for him to go to Covington would probably take two months.

If he becomes suicidal or a danger of abuse toward his younger half-brother, then the mother has agreed to send him to John Anderson Hospital with the hope that he can get into the long-term treatment unit there.

The mother was thoroughly warned of the risks that he might become dangerous to himself or others or that he might abuse his younger half-brother at home. This was the same half-brother against whom he had a past history of abuse. The mother said she was going to sleep with the half-brother and watch the patient twenty-four hours daily to be sure that he would be okay at home. She said she would take him to the mental health clinic or the emergency room should he become worse after he goes home.

The patient was discharged to full activity at home.

**FINAL DIAGNOSIS:** Major depression with psychotic features.

*George C. Hargrove*  
George C. Hargrove, M.D.

I asked Michelle if Debbie Parker had called to speak with her about Ben's behavior and she said no. She did tell me that a rather unusual relationship existed between Ben's father and mother and his aunt and uncle. They are his double aunt and uncle, with Debbie being Suzanne's sister and Donald being Joe Parker's brother. I encouraged Michelle to give Debbie a call and filled her in on some of the details about his behavior. Michelle said she would make a call to Therapeutic Children's Services to arrange a time for Ben's medications and dosages to be updated.

While copying a great deal of the file, I was reminded that there had been several other reports alleging abuse and neglect. Damien's father (Jessie Solano) and Suzanne's therapist (Kristen Brooks) made reports on the same day, but these were considered as one report by the CPS intake caseworker.

*(Note: In some jurisdictions, the CASA/GAL volunteer is not informed of the reporter, and any records must have this information deleted before the CASA/GAL volunteer accesses them.)*

The following are the allegations contained in the report:

- **First Incident:** Suzanne has her boyfriend (Russell) staying with her. He baby-sits after school and works the third shift at Remington Industries; therefore, the children are alone at home after 11:00 PM. Suzanne leaves them alone all night. Benjamin is just out of John Anderson Hospital; he is on medication and is not supposed to be left alone. Mom abuses painkillers. Reporter doesn't think children are getting proper meals. Ben cares for Damien when mom is not there. Suzanne curses at kids.
- **Second Incident:** Kristen received a call from Suzanne's sister, who says Suzanne is on crack and leaves the boys alone at night. The sister says that Suzanne is "bad off" on drugs and pain medication. Kristen is Suzanne's therapist, but she has not been seen for an appointment since July. This information seriously concerns her, and she believes that the sister is credible.

I did not realize that Suzanne currently has a boyfriend, so I made a note to ask her about her current relationship. Additionally, I did not realize that Suzanne once attended therapy. Hopefully, this therapist has already developed some sort of rapport with Suzanne and can begin working with her again without needing a long period to establish a relationship.

Of additional importance in the CPS file was Suzanne's initial interview with the investigative caseworker. The following is an excerpt from CPS notes:

## **Casework Interview with Parent Suzanne Solano**

### **11/5/99**

Suzanne explained that Friday night (10/31/99) her children had told her that they had seen Damien's dad (Jessie Solano) holding hands and cuddling with their aunt, Suzanne's sister (Debbie Parker). Suzanne told Jessie and Debbie that she was going to tell Debbie's husband about their relationship. They both said that if Suzanne told, then they "would turn her in for being an unfit mother and for leaving the kids alone." Suzanne went ahead and told Debbie's husband about Jessie and Debbie, and he almost kicked Debbie out of their home.

Suzanne went on discussing Jessie Solano. Suzanne said he was a "dope head" and had been on crack for three years. Suzanne stated that they were not together now because he had caused them to lose their home after spending all of their money on crack. She reported some fighting, but it never got too serious. When asked to say more about this, she said, "He never broke any of my bones."

The caseworker asked Suzanne about her drug use. Suzanne said she was on medication for her nerves and pain (from an accident). Suzanne said she only took the "meds" (medications) she was prescribed and added that she did not abuse them. Suzanne said that they do not interfere with her ability to function. She also said that she did not take her prescribed sleeping medication because she did not like the way it made her feel. Suzanne admitted to smoking pot in the past, but she claims that she does not anymore. Suzanne could not remember when she last smoked pot, but it was "a long time ago." Suzanne said she had never tried crack and never would. She said she had seen "too many people messed up by crack."

Suzanne said she sees Dr. Waddel at the Pain Clinic at Piedmont Regional Medical Center, as well as many other doctors. Suzanne sees Kristen Brooks at Anston County Mental Health (ACMH). Suzanne explained that she sees Kristen because she needs help with her nerves and with adjusting to not being able to work now, as she is used to working and being independent. Suzanne said she also has trouble dealing with her family. She is an outcast because she does not do what her family wants her to do with her life and because she had a biracial baby. She said her family is from the South and "people down here don't think it is right." She said she didn't realize how hard it would be to have a Latino child because of how people act. Suzanne said she also feels guilty about Jessie's drug use, although she could not explain this. Suzanne said Kristen helped her deal with all of this, but she has not been to see her in a few months because she has been busy with Benjamin and trying to get disability for herself and Benjamin.

Suzanne said her boyfriend is Russell Stevens. Russell does not live with her. Currently he is in New York with his family because his dad is sick. Suzanne said he may or may not be coming back to town; she has not heard for sure. Suzanne said that once in a while Russell would keep the kids for her when she needed to take a break or to run errands. Suzanne said he never kept the children at night.

The caseworker discussed concerns about the children being in the home alone at night. Suzanne denied the accusation. Suzanne said that, once, Benjamin and Damien had stayed at home while she went down the street to the store, but she was gone less than thirty minutes. Suzanne said that was over a month ago and again that they had never been left alone at night, even for a few minutes. Suzanne added that Dr. Walker, one of Benjamin's doctors at the hospital, said it was all right for Benjamin to stay at home alone with Damien for short periods of time as long as Benjamin had taken his "meds." This is contrary to the notes from the hospitalization, which say he should not be left unsupervised with any younger child.

After reading these particular items, I realized I need to contact many more people regarding these children—specifically, the boyfriend, Russell Stevens, of whom I had not heard mention until now. I also need to find out more about Jessie Solano and whether he has a history of drug use. I will also try to interview Suzanne's other extended family members to learn if they are a potential support system for her.

There was an entire folder of information on Suzanne's medical history, including the following letter from the Pain Medicine Division at Piedmont Regional Medical Center.

**PIEDMONT REGIONAL MEDICAL CENTER**  
**Moceta, North Carolina**

**DEPARTMENT OF ANESTHESIOLOGY**

Philip F. Roysen, M.D.  
Professor and Chairman

Edward A. Welfleet, M.D.  
Professor and Vice Chairman

**Pain Medicine Division**  
William F. Black, Ph.D., M.D.  
Sebrina Mogra, M.D.  
J.N. Kehia, N.O.  
Akshana Waddel, M.D.  
Johanna Rodriguez, Ph.D., M.S.P.H.

CB# 7010, 223 Burney-Womble Bldg.  
Morceta, NC 28219  
**954/669-4873**  
**954/669-0136**  
**954/669-PAIN**

January 11, 2000

Suzanne Solano  
905 N Broadview Ave  
Remington, North Carolina 27219

MR #038-11-05-6  
DOB 09/19/66

Dear Ms. Solano:

I am writing this letter to inform you that, unfortunately, we will no longer be able to provide any chronic pain management care to you in our clinic.

We first saw you in evaluation on August 15, 1999, and shortly thereafter you spent some time with our clinical psychologist. We had been managing you with a narcotic called Oxycontin as well as a muscle relaxant called Soma. You had one more follow-up visit with us on the 24<sup>th</sup> of September, when we additionally administered some trigger point injections to help with your pain management. You had several appointments to which you did not come, despite phone calls to remind you of those appointments. Finally, our last interaction with you was on November 14, 1999, after we had received some anonymous phone calls regarding problems at home as well as the fact that you might be using other narcotic therapies and illicit drugs.

At that time, I obtained a urine toxicology screen (drug test) on November 14, 1999, which was positive for both marijuana and methadone. As you know, you signed a narcotic policy with our clinic dated August 20, 1999. This policy specifically states that you will not abuse any illicit or prescription drugs, that you agree to keep all your scheduled appointments in the Pain Clinic, and that your treatment in the clinic will terminate if we find that you are noncompliant with any terms of our narcotic contract agreement or obtain narcotic analgesics from sources other than the Pain Clinic. Clearly, the only narcotic I was prescribing to you was Oxycontin, and where you obtained your methadone medication remains unclear.

Subsequent to our relating the results of the urine toxicology screen, I did agree to give you another chance, and my receptionist scheduled you to see me in the Chronic Pain Clinic almost on a weekly basis in the month of December. We realize that you had problems with a telephone, but you made numerous phone calls to the clinic and were informed about these various appointments. Unfortunately, you did not come to a single scheduled appointment; therefore, we will not treat you any longer.

We realize you have an unfortunate pain problem. However, due to your past behavior, your inability to comply with the terms of our narcotic contract agreement, and your inability to arrive at the clinic for any of your clinic appointments, we cannot continue treating you. At this time, you would be best to return to your primary care physician for any further pain management problems that you are undergoing. If you do not have a current primary care physician, we will be happy to refer you to a primary care facility here at Piedmont Regional Medical Center.

If I can be of any other assistance to you, please do not hesitate to call.

Sincerely,

*Akshana Waddel*  
Akshana Waddel, M.D.  
Attending

cc: Judy Harrin Risk Management Fax 662-8547

I felt that I copied plenty of information to assist me in the investigation and returned the file to Michelle. I thanked her for pointing out some key issues in the file and for sharing her perceptions of the family situation. I asked her to keep in touch with me and told her I will share any information that I obtain.

## **February 1, 2000**

### **Received a message on my telephone answering machine from the CASA/GAL program office**

Apparently, the situation with Ben did not improve over the last week. He became more and more violent and said that he didn't want to live anymore. His aunt and uncle took him to John Anderson Hospital, where he was admitted to the inpatient unit for treatment.

### **Telephone Call (TC) from caseworker**

Michelle said she hadn't had a chance to contact the aunt and uncle, but that they had contacted the on-call caseworker on the evening of January 30, 2000. Debbie said they could not control Ben anymore and that she was afraid that he would do something crazy. The caseworker immediately went to the house; the sheriff's department had to restrain Ben and take him to the hospital. (This story differed from the information the CASA/GAL program office provided, reporting that the aunt and uncle took him to the hospital. I will ask additional questions to learn more about what happened.)

## **February 4, 2000, 11:00 AM**

### **TC from caseworker**

Michelle called to tell me that they filed a petition and took custody of Damien today. After Ben went into the hospital, he began talking more about the situation at home. His therapist made a report to Child Protective Services alleging that even more drinking and drug abuse occur in the home than was previously suspected.

The following are the allegations in the new report:

Reporter called, stating that CPS needed to take the other child out of this home. She said that Ben doesn't want to go home. He said that his mom will hit him and that he'll hit her back. Reporter stated that mom supposedly has a chronic illness, is in pain, and is self-medicating. Mom is getting high, drinking alcohol, and asking Ben to watch Damien. While he is supposed to be watching Damien, Ben is also smoking pot, drinking, doing acid, and taking Damien along with him. When released from the hospital, Ben was placed on six psychotropic drugs, but he didn't have his "meds" the following week. This is very serious because these medications build up in the system and should not be removed from the system suddenly. Additionally, Ben was beginning to experience symptoms because of the lack of proper medication. Reporter said Ben clearly wanted her to know that his home is out of control. Damien's father is no longer staying in the home due to domestic violence. After he moved out, Russell Stevens stayed for a while, but Ben thinks only his mom is there with Damien now. Ben has reported domestic violence in each of the relationships that his mother has had with men. This kind of role modeling is especially frightening given his mental health problems and his admission that he has been violent with his mother.

After receiving this information, Michelle went to the home and took the mother for a drug screen. This screen came back positive for marijuana and cocaine; therefore, they took immediate custody of Damien. The allegations in the petition remain the same for Damien as they did for Ben; however, CPS added an additional allegation that the mother tested positive for illegal

and prescription drugs after signing a protection plan that she would refrain from using nonprescription drugs and would only use prescription drugs in the manner in which they were prescribed. Damien is in foster care at the present time, but they want to work with his father, Jessie Solano, as a possible placement. A visit between Damien and his mother has already been scheduled, and they are working on one for Jessie. The emergency custody hearing is scheduled for February 9, 2000. I reminded Michelle about the allegations of drug abuse and domestic violence directed at Jessie Solano and asked that they fully assess him before placing Damien there. Although adjusting to foster care is difficult, living with his dad and then being removed would be worse. She fully agrees and will ask the judge at the first seven-day hearing to order drug screens, a substance abuse assessment, and a domestic violence assessment for Mr. Solano.

## **February 9, 2000**

### **Court**

The judge found grounds to continue custody of Damien with Child Protective Services and asked that a home study be completed as soon as possible on Jessie Solano's home. Mr. Solano appeared to be pleased with the decision and stated that I could come and visit him at any time. Visitation will begin twice a week unsupervised and will then progress into overnight visits. Additionally, the judge ordered that Mr. Solano have mental health and substance abuse assessments and follow recommendations for therapy for any underlying substance abuse or domestic violence problems. The judge did state that if Child Protective Services has any concerns about such frequent unsupervised visits, they should immediately motion the case back into court. The judge said she wants to strike a balance between moving very quickly so that this child doesn't need to stay in foster care and being cautious about the situation in his father's home. Asked for additional input, I requested that Damien be transported to his same school until a more permanent placement is made. Making such big adjustments in every area of his life at the same time would be difficult.

The mother was angry and emotional throughout the hearing. Her demeanor revealed that she was arguing with her attorney. She appeared to want to take the stand "to tell these people a thing or two," but her attorney discouraged her from addressing the judge at this time.

Mr. Solano told me that he had just started a new job last week and did not want lots of people contacting his work to ask questions. The caseworker agreed to make a simple contact confirming employment. I explained that at a later date I might also need to make contact but that I would not do so without letting him know. If that need arises, this would allow him to give some explanation of his court involvement to his new boss.

Suzanne was very upset with the plan to do a home study on Mr. Solano and asked for immediate visitation. The judge agreed to allow visitation to occur on a weekly basis. The court must approve any change in visitation. A visit was set up for next Monday.

The judge continued the adjudication hearing regarding Ben until March 8 so that the adjudication for both children could be held at the same time.

## **February 22, 2000, 3:30 PM**

### **Home visit with Damien at foster home**

When I entered the house, Damien immediately took my hand and showed me around his new home. His overly familiar behavior concerned me because he had not met me before. He made sure to point out all of his new clothes and toys, but his favorite thing about living in the foster home is the bunk bed that he gets to sleep on. After I introduced myself to Damien and told him briefly about my role as a CASA/GAL volunteer, he asked me to play in his room. I suggested we color at the dining room table instead, in order to be in sight of others in the house. He colored a picture for me and asked me to put it on my refrigerator at my house. He said that he liked it here, but he really missed his mom and wanted to go home. When I asked if he missed his brother, he stated, “Not really.” This raises concerns about the relationship between the two brothers, but I decided not to ask additional questions until I know him better and until he has had more time to adjust to the many changes in his life.

Damien’s foster mother is an African American woman with two other foster children, one of whom shares Damien’s room. She is an experienced foster parent and seems to have already established good rapport with Damien. She reports that Damien had several nightmares immediately after coming into custody, but since then he has calmed down. Apparently he did not sleep well last night after his visit with his mother. When he arrived at his foster home, he was very disobedient. He told his foster mother, “You’re not my mom, and I don’t have to listen to you!” His teacher also sent a note home from school saying that he had an accident in his pants today and that the other kids made fun of him. The teacher wanted to know if anything was going on at home. I had assumed that the caseworker had contacted the teachers and told them what was happening, but I told the foster mother I would ask the caseworker to make contact with the teacher. I left a message on the caseworker’s machine about the school issue. I know that sometimes caseworkers are so busy “putting out fires” that they do not share sufficient information about a child with people who need to know. I plan to go to the school to gather information, but I feel the caseworker should be the one to inform the teacher of Damien’s removal from home. I will give the teacher enough information to help her understand that he has lots going on right now, and his schoolwork is probably not his highest priority.

When I asked Damien if he had seen his father, he said, “Who, Jessie?” This makes me think he has had more than one father figure in his life. Apparently, Jessie and Damien are beginning to develop a friendship, and Damien says his visits with his father are a lot of fun. In order for Jessie to assume responsibility for his son, Damien must view him in a parenting role. We are still checking out concerns about Jessie; therefore, it is fine for the father-son relationship to develop slowly. His foster mother said that Damien asks almost every day if he will be seeing Jessie after school. He gets very excited the night before his visits.

Damien appeared to be a very easygoing child. He is very well mannered and is eager to please. He is more verbal than I had expected since his brother had described him as “slow.” The foster mom said that he is really very smart and that she is helping him learn to read—something he seems very motivated to do. His foster mother said he plays very rough with their pet dog and that she has had to discipline him (using “time-out”) several times for this. The foster mother also noticed that he hoards food quite a bit and eats very fast, as if someone were going to take the food away. We talked about the fact that these types of behaviors are typical of a child who has just been removed from his home. I suggested that she bring up all of her concerns with the caseworker and with Damien’s therapist. Damien was sad to see me go and wanted to know when I would come back. I assured him that he would see me again in the near future.

**February 22, 2000**

**Received message on my home answering machine from caseworker regarding Ben**

Ben was discharged from the hospital today and will be placed in a group home (The Oaks) for juvenile delinquents, even though he has not had any delinquent charges to date. Apparently, they make exceptions about who they will take when they aren't full. It does raise a concern that Ben might learn new negative behaviors from the other clients. This facility is supposed to offer Ben a more structured environment and more supervision than most placements. The Oaks also has a school on site that can provide educational structure as well. Ben remains on his medications; however, he must be supervised while taking them because he tries to throw them away. The hospital wants him to continue with his outpatient therapy and regular medicine checks. At this time they recommend no visits with his mother.

The caseworker has received reports that Suzanne lost her fourth job since Child Protective Services began their work with her last month. She was also seen wandering around a known drug neighborhood late at night. I will see if I can verify this information. I will call the employers and bring them a copy of my appointment order since they will need it to release information. The other information is harder to verify because the witnesses themselves are fairly unreliable.

Mr. Solano has attended three therapy sessions and found his own parenting class. All of the visitations have been going smoothly, and next week they will begin to allow longer visits. Child Protective Services is very impressed with him. I don't blame them, but I want to talk to his therapist before dismissing the "red flags" that have been raised.

I received his criminal record from the CASA/GAL program office and it raises additional concerns. (*Note: In some jurisdictions, the CPS agency would obtain this information, not the CASA/GAL program office.*) The charges are pretty old, but he was found guilty of DWI (driving while impaired) in 1997 and of many other charges, including voluntary manslaughter in 1987 (which I think is related to a motor vehicle death that occurred while he was drinking; however, I need to find out more about what this record means). I'll call his last probation officer and see if I can get additional information. I will also send a copy to Michelle at CPS for her records.

Following is the criminal check—I had to ask the office to interpret, as they are often very difficult to decipher.

| CRIMINAL RECORDS CHECK ON JESSIE SOLANO |   |                      |            |                            |             |
|---|---|----------------------|------------|----------------------------|-------------|
| OF:OFFENSE/<br>000 ANSTON               | DOB:DATE OF BIRTH/                          | (M)MISDEM/           | (F)FELONY/ | (T)TRAFFIC/                |             |
| 0011500 CRIMINAL CHECK-                 | PENDING-DISPOSED-MOTOR                      | V-UNSERVED-CONVICTED |            |                            |             |
| CRITERIA-                               | NAME: SOLANO, JESSIE                        | S=SEX                | R=RACE     | DOB:                       |             |
| SOLANO, JESSIE                          | RT2 BOX86                                   | S=M                  | R=H        | DOB=010761                 | 87CR 012678 |
| OF:072597 (T)                           | DRIVING WHILE IMPAIRED                      |                      |            | TRANSFERRED TO S.C. 090197 | CR          |
| OF:072597 (T)                           | RED LIGHT VIOLATION                         |                      |            | TRANSFERRED TO S.C. 090197 | CR          |
| OF:072597 (T)                           | DRIVING WHILE IMPAIRED                      |                      |            | GUILTY                     | 113097 CRS  |
| FINE/COSTS\$                            | REST\$                                      | SENT: -              | TYPE:      | PROB: NONE                 |             |
| SPEC.COND:                              | CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT. |                      |            |                            |             |
| OF:072597 (T)                           | RED LIGHT VIOLATION                         |                      |            | GUILTY                     | 113097 CRS  |
| FINE/COSTS\$                            | REST\$                                      | SENT: -              | TYPE:      | PROB: NONE                 |             |
| SPEC.COND:                              | CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT. |                      |            |                            |             |

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/  
000 ANSTON  
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED  
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 97CR 01650  
OF:072597 (T) OPERATE VEH NO INS TRANSFERRED TO S.C. 090197 CR  
OF:072597 (T) OPERATE VEH NO INS GUILTY 113097 CRS  
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE  
SPEC.COND: CONSOLIDATED WITH 97CRS14728 FOR JUDGEMENT.

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 97CR 01650  
OF:072597 (F) FICT/CNCL/REV/ALT REG CARD/TAG TRANSFERRED TO S.C. 090197 CR  
OF:072597 (T) FICT/CNCL/REV/ALT REG CARD/TAG GUILTY 113097 CRS  
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE  
SPEC.COND: CONSOLIDATED WITH 97CRS14728

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/  
000 ANSTON  
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED  
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 96CR 013026  
OF:061196 (M) NON IV-D NONSUPPORT OF CHILD DISMISSED BY DA 112096 CR  
SPEC.COND: DISMISSED AT P/W REQUEST UNDER OATH

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CRS014728  
OF:072587 (F) VOLUNTARY MANSLAUGHTER GUILTY 113087 CRS  
FINE/COSTS\$ REST\$ 12200.00 SENT: 007- TYPE: PROB: NONE  
SPEC.COND: W/R RECOMMENDED

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CRS014728  
OF:072587 (F) VOLUNTARY MANSLAUGHTER GUILTY 113087 CRS  
FINE/COSTS\$ REST\$ SENT: - TYPE: PROB: NONE  
SPEC.COND: CONSOLIDATED WITH 87CRS14728 FOR JUDGEMENT

OF:OFFENSE/ DOB:DATE OF BIRTH/ (M)MISDEM/ (F)FELONY/ (T)TRAFFIC/  
000 ANSTON  
0011500 CRIMINAL CHECK- PENDING-DISPOSED-MOTOR V-UNSERVED-CONVICTED  
CRITERIA- NAME: SOLANO, JESSIE S=SEX R=RACE DOB:

SOLANO, JESSIE RT2 BOX86 S=M R=H DOB=010761 87CR 005925  
OF:042287 (M) INJURY TO PERSONAL PROPERTY GUILTY 071587 CR  
FINE/COSTS\$ 40 REST\$ 300.00 SENT: 006- TYPE: PROB: 002Y SUPERVISED  
SPEC.COND: CONSOLIDATED WITH 87CR5925

**February 25, 2000, 10:15 AM**  
**Received a TC at work from caseworker**

I was unable to observe visitation today, but Michelle called to inform me that both children had the visit today with their mom and that it didn't go well. Suzanne hid a jar in her purse and offered Damien a quarter if he would pee in it. She told the kids she needed the urine because they might do another drug screen, and then she would get in trouble. Damien did what he was told, but Ben objected. After his mother left the building, Ben told the caseworker. Michelle ran after the mom who, when confronted, handed over the jar. Michelle said she will inform the therapist and that this incident will be considered the equivalent of a positive drug screen.

**Faxed court report draft to CASA/GAL program office**

### **March 1, 2000, 7:00 PM** **Visit with Suzanne Solano**

Suzanne is very unhappy that Jessie is being considered as a possible placement for Damien. She said that he's a heavy drinker and that his family was never fair to her—they interfered in her relationship with Jessie. They spoke only Spanish even though they knew she didn't understand it and didn't like that she was not Catholic. She said, "His family is always over there and everyone is always yelling at each other—what kind of place is that for a child?" She thinks that Jessie's mother (who lives with him) will make Damien hate her.

Suzanne continues to deny any drug use and she is angry with her sister for taking Ben to the hospital. She cried frequently during our conversation and seems to be depressed. She said she asked the kids to pee in a jar because she was scared, but that she had not been using drugs.

The apartment was very messy but not obviously dangerous—I didn't see anything that would be a danger to a seven-year-old. I saw no sign that Russell is living there.

### **March 2, 2000, 11:00 AM** **Received a TC at work from the CASA/GAL program office regarding Ben**

The CASA/GAL program office received information that Ben had set a small fire at the group home. Apparently he was not being supervised as well as he should have been, and he started a fire on the lawn of the group home. Juvenile charges will be brought against him, but the court date is unknown. The day after the fire, the supervisor at the group home took him to Anston Regional Medical Center to be hospitalized, so he is back on the inpatient ward at the hospital. The CASA/GAL program office doesn't know if the mother has been kept informed about all of these problems and changes for Ben. Child Protective Services has made a report to the licensing agency about the lack of supervision in the group home.

The CASA/GAL program office also heard that a weekend visit was scheduled with Damien and his father for this coming weekend. I talked to Mary, my volunteer supervisor, about my worries that we haven't fully checked out Mr. Solano. I feel like there are numerous "red flags," especially about his drinking. I would like him to have a thorough assessment before we determine whether he is the best placement. We talked about the concurrent planning that Child Protective Services is supposed to be doing. Their plans appear to include placement with either the mother or father. I will begin to look for other relatives in case neither of these proves to be a safe, permanent solution.

### **March 3, 2000, 8:30 AM** **TC to Anston Regional regarding Ben**

I spoke to the psychiatric nurse about Ben's condition. She said they gave him medication to help him sleep through the night. This morning he has been very quiet and he went to the morning group session. He has two more group sessions today. The nurse said that she would tell him that I called. He cannot have any visitors for at least twenty-four hours.

## **March 5, 2000, 3:30 PM**

### **TC to Damien's foster mother at her home**

I contacted the foster mother to see how Damien's weekend visit went. The foster mother said that he is exhausted and can't stop talking about how much fun he had with his father. He said they went to the park and watched cartoons together. Damien wanted to get on the phone to tell me about his weekend. I realized that the foster mother talks pretty freely even when he is in the room and that I should try to call at a time when he won't be home.

I talked with Damien. He spoke of how much fun he and his father had together and said that he even got to visit his grandma, who he never sees. Damien continued to say that the best part of staying at his dad's house is seeing his cousins. When asked if he would like to stay longer or live with his dad, Damien said, "Yes, as long as I can still visit with my mom."

## **March 5, 2000**

### **TC to Jessie Solano**

Jessie said he had a great time with Damien and really wants him to be able to move in soon. He is worn out by the weekend but knows he will be okay with family support. His job is going really well. His boss even offered to let him off early on Fridays when he has to go pick up Damien. I told him I would like to contact those relatives who he includes in his support system and that I also wanted to meet with him again to assure myself that the issues raised in my investigation wouldn't impede his ability to parent Damien. He became pretty defensive when I pointed out that he really has never had any substance abuse treatment. He said he went to AA when he was in prison for the 1987 "accident." The therapy he receives now focuses on the anger issues that have led to problems with domestic violence. After some discussion, he did say he would be willing to meet with Andy Coleman, who runs the CATSAF (Community Approach to Treatment of Substance Abuse in Families) Program. This possibility seems like a very helpful resource for him. I told him I would recommend it in my report to the court.

Jessie really wanted to know what was going to happen in court, and I told him my recommendation would be that Damien come live with him on a trial basis. I do expect him to continue with treatment for both substance abuse and domestic violence. I also want to see him demonstrate some of the skills he has learned in parenting class. I asked him how hard it would be for him to monitor Damien's visits with his mother. He seems to underestimate the risk that she presents. I reminded him that it would be up to the judge. Jessie said he would do whatever it takes; he also said he would like to start attending therapy with Damien. He seems very sincere and eager to do what is necessary to gain custody of Damien.

## **March 6, 2000**

### **Faxed amended court report draft to CASA/GAL program office**

I reviewed the outline for my court report with Mary, the CASA/GAL program administrator, last week and also discussed what would happen in court and how to testify. I faxed an amended report to her today with an apology for being so late. So much is happening on this case that I have to continually make changes. They will make a cover sheet for the report at the CASA/GAL program office because they have a specific format for that. Following is a draft of my report (the report I actually submitted was shorter):

# CASA/GAL Volunteer Report to the Court

Re: Benjamin Parker & Damien Solano  
March 8, 2000

## History

This family has been involved with Child Protective Services since July 1998. At that time, case management services were provided to address supervision issues as well as the lack of concern for Ben's treatment. Since that time, three other reports of neglect have been made and two of the reports were substantiated. The last report came in while case management services were being offered to the family and while a protection plan was in place.

Suzanne Solano signed protection plans on November 5, 1999, and December 26, 1999. These plans specifically stated that Ms. Solano would not leave her children alone, that she would find proper supervision if she needed to leave the home, that she would follow through with Ben's medications and treatment, and that if she became ill she would make an appropriate plan for her children. Ms. Solano violated that plan by leaving her children alone all day while she sought medical treatment at Piedmont Regional Medical Center. The department later learned that Ms. Solano had been abusing prescription pain medication as well as illegal substances. Psychological and substance abuse treatment services were recommended and offered to Ms. Solano throughout this time.

## The Facts

### Reports & Records Read

- Juvenile petition alleging neglect
- Criminal record checks for all parents
- Medical records for the mother
- Hospital discharge summary for Ben

### Persons Contacted

Ben Parker  
Damien Solano  
Suzanne Solano  
Jessie Solano  
Joseph Parker  
Foster Mother  
Anita Buckner  
Michelle Simpson  
Alexis Creager  
Debbie Parker  
Janice Geisbert  
Kristen Brooks  
Robin McClearn

### Relationship to Child/Children

Child (Contact: 1/13/00, 1/31/00, 2/20/00, 3/3/00)  
Child (Contact: 2/12/00, 2/22/00, 3/5/00)  
Mother  
Father of Damien  
Father of Ben  
Current caretaker of Damien  
Maternal Grandmother  
Investigative Caseworker  
Treatment Caseworker  
Aunt with whom Ben lived  
Ben's therapist at Therapeutic Children's Services  
Mother's therapist at Anston Co. Mental Health  
Damien's Teacher

Although there are no previous court orders, Child Protective Services recommended that the mother attempt to find some form of substance abuse treatment for herself, that she try to stay informed about Ben's treatment and therapy recommendations, and that she find both stable housing and employment for herself. Unfortunately, Ms. Solano has not followed through with any of these recommendations. She has obtained two different jobs as a cashier at mini-marts in the area; however, she has been fired from both places due to allegations of theft and inappropriate behavior. She has had at least two other failed jobs since this case came to the attention of Child Protective Services.

After his removal Ben lived with his uncle and aunt, Donald and Debbie Parker. However, after twenty-three days in their home, he was placed in the behavioral unit at John Anderson Hospital due to depression. Upon his release, he was moved to The Oaks because the doctors recommended that he be placed in a secure setting where he could receive therapy and additional structure. Ben set a fire in the back yard of the group home and delinquency charges are pending. This triggered another hospitalization at Anston Regional Medical Center, where he remains today in the adolescent unit. The hospital staff recommended that Ben not have any visitation with his mother until he is more stable.

Upon gathering the information regarding the mother's drug use and a continued lack of supervision, Child Protective Services took Damien into custody and placed him in foster care. The foster mother reported that he was very withdrawn for the first few days, but since that time he has done very well. He enjoys playing with the two other children in the home and particularly enjoys eating "real" food. Damien requested a visit with his mother and his grandparents after the first week of being in care, and the caseworkers were able to facilitate that visit. Damien was able to continue with the same school and teacher that he had while living with his mother. The teacher reports that Damien is very eager to please and craves positive attention. Academically, he is a little behind in his reading and writing skills; however, the teacher feels that additional structure at home will foster academic improvement.

A serious problem related to the mother's substance abuse issues occurred during Damien and Ben's last visit with Ms. Solano. According to Damien, while the caseworker had to leave the room for a few minutes, his mother promised to pay him a quarter if he would urinate in a jar she had brought in her purse. As the mother left, Ben told the caseworker about the incident; she retrieved the jar and called the mother's therapist.

Jessie Solano has done everything that Child Protective Services has asked him to do. He is in counseling for domestic violence and he is taking parenting classes. He is willing to enroll in a program for substance abuse assessment and treatment. Damien enjoys getting to know his dad. However, some concerns do exist based on Mr. Solano's past criminal record, with alcohol being a major factor in the majority of crimes. An additional issue for the CASA/GAL volunteer is that Mr. Solano knew that his son was in a high-risk situation in the home of Ms. Solano yet made no move to change the situation until Child Protective Services got involved. He seems to minimize the mother's issues, and I am concerned that he could place Damien in a dangerous situation again without fully assessing the risks. To balance these concerns, he has an apparent willingness to learn and change. At this point, he appears to be the best resource for permanence for Damien.

No identified family for Ben has been found to date should his mother be unable to provide a safe home for him. His father is not interested in working with Child Protective Services. Ben needs long-term residential care, but hopefully Child Protective Services can identify an appropriate visiting resource for weekends and holidays. Such a resource might eventually provide a home or at least guardianship for Ben.

## **The Needs & Wishes of the Children**

### **Placement**

Although Ben would like to be home with his mother, he realizes that he needs treatment and would like to continue receiving help for his mental health issues. Damien understands that his mother needs to receive “help” to “make her all better” but would like to be home with his mother or with his grandmother, Anita Buckner.

### **Education**

Ben’s educational delays have not yet been addressed although he was doing better in the charter school. He states that he does not like school and says, “My mother never made me go.” Damien enjoys school and is improving on a daily basis. With additional assistance at home, he should pull his grades up.

### **Psychological, Emotional, Health, or Care Needs**

Both children would love to see their mother get treatment for her substance abuse problems. Ben’s many psychological and emotional issues need to be closely monitored and his medications administered on a regular basis. Therapists involved with Ben feel that he will need ongoing treatment for a very long time.

### **Safety & Protection**

Due to the children being separated from their mother, the majority of the safety issues have been resolved. However, until Damien is older there will be a concern for safety when left alone with his brother. Additionally, there is concern regarding domestic violence that occurred with the mother’s last boyfriend, Russell Stevens, and with other past partners.

### **Financial, Material Needs**

The lack of employment on the part of the mother is a great concern for family and the children. Mr. Solano is the only parental figure that has been paying child support and is willing to continue to help with Damien’s material needs.

### **Wishes of the Children**

Both children wish to live with their mother; however, they understand that their mother may not be able to “clean up her act.” Damien said that if this happens, then he would want to go live with his dad “if I can visit a lot with my mother.” Ben cannot think of any other relatives with whom he would want to live; he feels that he could live on his own and support himself.

## **Available Resources Within the Family & the Community to Meet These Needs**

The community can and will offer the following:

- Mental health counseling for the children at Therapeutic Children’s Services;
- Substance abuse assessment and counseling for the mother through Anston County Mental Health Center;
- Substance abuse assessment and counseling, as well as domestic violence counseling, for the father through Anston County Mental Health Center;
- Tutorial services for both children through Anston County School System;
- Parenting classes for the father through Anston County Health Department;
- Work First will work with the mother to obtain a job; and
- Anston Housing Authority will work with the mother to find new housing.

## **Recommendations to Protect & Promote the Best Interests of the Children**

### **Custody**

- Custody should remain with Anston County Child Protective Services with placement in their discretion, with notice to the CASA/GAL volunteer of any change in placement.
- A trial placement with his father should be approved for Damien after substance abuse treatment has started and after a visitation plan has been arranged for the mother.
- Ben should remain in a treatment facility—either in the hospital or in a therapeutic placement recommended for him by his therapist and the physicians at the hospital.

### **Visitation/Contact**

- No visitation should be allowed between the mother and Ben until deemed appropriate by his therapist.
- Visitation between Damien and his mother should occur weekly on a supervised basis.

### **Treatment Recommendations**

- Both children should receive counseling through Therapeutic Children’s Services. The father should enter into Damien’s counseling as requested by the therapist.
- Ben should follow any recommendations specified by his doctors upon his discharge from the hospital.
- The mother should obtain a substance abuse assessment and follow all treatment recommendations.
- Mr. Solano should obtain a substance abuse assessment and follow all treatment recommendations.
- The mother should attend all scheduled visits with Damien.

### **Child Support, Other Financial Support**

- The mother should obtain some form of stable employment and begin paying child support.
- Mr. Solano should be released from his child support obligation if Damien is living in his home.
- A referral should be made to the Child Support Enforcement Agency for Joseph Parker.

### **Other Recommendations**

- A home study should be completed on the maternal grandmother as a possible resource for Damien if his father’s home doesn’t work out and for Ben in the future.
- Child Protective Services should continue to seek other placement options for Ben.

### **Next Court Date**

- This case should be reviewed in three months.

Respectfully submitted,

*Lynne Farrington*

Lynne Farrington  
CASA/GAL Volunteer

## **March 8, 2000**

### **Adjudicatory hearing**

Both of Damien's parents were present. Mr. Parker, Ben's father, did not come despite having received notice. Attorneys for all three parents were in court. The caseworker, the attorney representing the caseworker, and the attorney representing the child (or CASA/GAL program) were also present. Judge Silvia Wentworth was the presiding judge. The case was set at 9:00 AM but didn't get heard until about 11:45 AM, after all of the scheduled reviews. It continued after the lunch break and finished about 3:30 PM.

Both children were adjudicated neglected. Judge Wentworth read the CPS and CASA/GAL volunteer reports for the disposition hearing and asked me some additional questions, mostly about my expressed concerns about Mr. Solano. Jessie's attorney also asked me several questions. The judge ordered that Damien be placed with his father on a trial basis and that Ben remain in a residential facility. Visitation for Damien with the mother was ordered, but it is to be supervised by CPS, not by Mr. Solano. The judge followed my recommendation for joint therapy between Damien and his father and continued case services by CPS for another three months to insure their assistance in providing all the other necessary services for this family. Ben will continue receiving all services except for visitation. The judge ordered no visitation for Ben because the mental health professionals recommended that he not have any more visits with his mother until she and he become more stable. The next hearing will be a review hearing.

## **April 13, 2000**

### **Home visit with Damien at his father's house**

Damien answered the door when I went to visit him; Jessie was chasing after him. Jessie's parents and three nephews also live in the three-bedroom house. Damien pulled me inside and wanted to show me everything. He showed me his chore chart on the refrigerator and his new room. When I asked him what he did every day, he explained, "Daddy gets me up and makes me breakfast. Then I take the bus to school with my cousins. Then when I get home from school, I usually have a snack and play with my cousins. Oh, and the best part is that after Daddy comes home, he reads a story and helps me with my homework every night!"

Jessie said that he thinks Damien enjoys being with his cousins and receiving so much attention. It took Damien a little while to settle down, but he is doing really well now. Damien appeared to be very happy and bonded with his father. Damien is starting to learn a little Spanish so he can talk with his grandmother more.

Jessie shared with me the outcome of the substance abuse evaluation. He had a written report recommending that he complete the Alcohol and Drug Education class. He also had the certificate showing that he had enrolled and completed the course. Jessie was very pleased. He has also been attending Damien's therapy and feels he has a good relationship with the therapist. As that work will be ongoing, it has a built-in monitoring system; if things don't go well or if the therapist has concerns about neglect, I am sure that she will make a report.

On my way out the door, Jessie said that Suzanne had called and wanted a visit with Damien. He set something up for next weekend at the park and said that he was going to watch her very closely. I reminded him that he is not to supervise visits and that Suzanne needs to call CPS to arrange any visitation. Although this was ordered as a protection for him, he was upset

because Damien was counting on the visit. I suggested that he call Suzanne right away so that she can try to set something up soon. Following the last court hearing, I went over the judge's orders with Damien so I think he'll understand that it isn't his father's decision. The judge is the only one who can change the visitation plan. I am actually glad to hear that Jessie is more comfortable about dealing directly with Suzanne because eventually they will have to work these things out without CPS or the courts.

### **June 13, 2000, 9:30 AM**

#### **Received a TC at work from caseworker regarding Ben**

Michelle said that they moved Ben into a new facility. Unfortunately, it is not in this community. He has tried all of the local placements and they are no longer available to him. The distance will make it harder to have visits with family or to feel that he is still a part of our community. The program sounds like it will be good for Ben. He will gradually phase into an independent-living situation if he is unable to return home to his mother. He will start with strict supervision and attend a school on campus. Then he will work his way into increased privileges and more independence. Eventually, he will be able to get a job and have an apartment-style living situation there on the grounds of the facility. CPS is ordered to find a permanent home for children within a year. Ben will need long-term treatment before he will have addressed all of the problems that have made him so difficult to place. The best plan would be for him to return home if Suzanne can provide a safe home. Second best would be to find a relative or other caring adult who can become his guardian even while he works his way through this new program. Such a plan would give him the services he needs and would allow someone who is personally connected to him to make decisions about his future.

Michelle gave me the name and number of the contact person at the new facility. I will call and arrange a time to go visit Ben and to meet with a staff member who can tell me more about this program. It sounds like it offers what Ben needs, but he has been moved so much that it is hard to be too hopeful that he has found the right place. Since he is not with a family, I see it as a temporary solution. If he learns to live independently, he will still need a support system, and I believe the best kind of support comes from a family. My goal will be to try to identify an appropriate person to take guardianship of Ben.

Michelle also told me that Suzanne has lost her apartment and has failed the last two drug screens.

### **June 19, 2000**

#### **Review hearing**

The judge reviewed the case and followed most of the recommendations in my court report. He decided to close the case on Damien and give custody to Jessie. I had recommended that the case stay open for three months to continue to monitor the situation, though it seems to be going well. Visitation is left in the discretion of the father. Ben will continue in the custody of Child Protective Services and will hopefully continue to learn independent-living skills. He has made some definite progress. The home study on his grandmother is good, although she is a little scared to commit. She has been visiting him regularly and has had him come to her home for supper the last two weekends. All parties are recommended to continue with therapy. I will remain on Ben's case, but Damien's case will be closed and I will be released. I will go meet with Damien and explain the court outcome and answer any questions that he might have.

Suzanne is continuing to refuse treatment for her substance abuse problems, and it seems very unlikely that she will be able to provide a safe and permanent home within the time limit provided under the law. The permanency planning hearing has been set for January 9, 2001, and if she has shown no improvement, I will have to decide whether to recommend terminating her parental rights. I will continue to monitor how Ben is doing and will write reports for the review hearing set for October 5, 2000, and for the permanency planning hearing. When I see Ben next week, I will review what happened in court today and will let him know that I will continue to advocate in court for both what he needs and wants.



