



**CASA**

Court Appointed Special Advocates

**FOR CHILDREN**

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**THE NATIONAL COURT APPOINTED  
SPECIAL ADVOCATE ASSOCIATION**

CASA Pre-Service Volunteer Training Curriculum

# Pre-Work Handouts

**CHAPTER FIVE**

**HEARST** *foundations*



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## CHAPTER 5

# Pre-Work Handouts

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## Pre-Work Instructions

This section details the work you need to complete before the classroom session. Completing this work before the session will allow you to fully participate during the training session and build the knowledge and skills you need to be an effective and successful CASA volunteer.

Prior to attending the fifth session of the volunteer training, please read through the Pre-Work handouts found in this document. Reading this information before the session will give you a foundation in substance abuse, substance abuse statistics, diversity, National CASA Vision Statement and Guiding Principles, disproportionality in the child welfare system, disproportionality statistics, cultural competency glossary terms, initial case notes for the Lavender case and sample court orders.

# Substance Abuse—American Addiction Center

## Definitions

Psychoactive substances, whether legal (alcohol and prescription medications) or illegal, impact and alter moods, emotions, thought processes and behavior. These substances are classified into different types (for example, stimulants, depressants, hallucinogens) based on the effects they have on the people who take them.

Substance abuse occurs when a person displays behavior harmful to self or others as a result of using the substance. This can happen with only one instance of use, but it generally builds over time, eventually leading to addiction. Addiction, also called chemical dependency, involves the following:

- Loss of control over the use of the substance
- Continued use despite adverse consequences
- Development of increasing tolerance to the substance
- Withdrawal symptoms when the drug use is reduced or stopped

## Causes

There are different theories about how abuse/addiction starts and what causes substance abuse/dependency. According to the American Society of Addiction Medicine, substance-related disorders are biopsychosocial, meaning they are caused by a combination of biological, psychological and social factors.

It is important to remember that people suffering from abuse/addiction are not choosing to be in the situation they are in. Try to see those who are addicted as separate from their disease. In other words, you should consider them as “sick and trying to get well,” not as “bad people who need to improve themselves.” This will help you remember to be compassionate and nonjudgmental in your approach.

## Treatment

The field of addiction treatment recognizes an individual’s entire life situation. Treatment should be tailored to the needs of the individual and guided by an individualized treatment plan based on a comprehensive assessment of the affected person, as well as his/her family. Treatment can include a range of services depending on the severity of the addiction, from a basic referral to

## **Substance Abuse, Cont'd.**

12-step programs to outpatient counseling, intensive outpatient/day-treatment programs and inpatient/ residential programs.

Treatment programs use several methods, including assessment; individual, group and family counseling; educational sessions; aftercare/continuing-care services; and referral to 12-step or Rational Recovery support groups. Recovery is a process, and relapse is part of the disease of addiction.

The process of recovery includes holding substance abusers accountable for what they do while using. While it is important to act in an empathetic manner toward people with addictions, they must be held accountable for their actions. For example, a mother who is successfully participating in treatment, may have to deal with her children being temporarily taken from her because of how poorly she cared for them when using. In most cases, successful recovery efforts can be rewarded.

### ***Impact on Children***

According to the Child Welfare League of America, "Parental addiction is a significant factor in child abuse and neglect cases, with studies suggesting 40% to 80% of families in the child welfare system are affected by addiction."

It is helpful to remember that children of parents with abuse/addiction problems still love their parents, even though the parents may have abused or neglected them. However, the volunteer must always consider the impact that substance abuse has on children.

# Substance Abuse Statistics

## ***Quick Facts on Drug Addiction (American Addiction Centers)***

- According to the National Survey on Drug Use and Health (NSDUH), 21.5 million American adults (aged 12 and older) battled a substance use disorder in 2014.
- Almost 80 percent of individuals suffering from a substance use disorder in 2014 struggled with an alcohol use disorder, NSDUH.
- Over 7 million Americans battled a drug use disorder in 2014, per NSDUH.
- One out of every eight people who suffered from a drug use disorder in 2014, according to NSUDH, struggled with both alcohol and drug use disorders simultaneously.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) published that in 2014, almost 8 million American adults battled both a mental health disorder and a substance use disorder, or co-occurring disorders.
- The Office on National Drug Control Policy (ONDCP) reports that drug abuse and addiction cost American society close to \$200 billion in healthcare, criminal justice, legal and lost workplace production/ participation costs in 2007.
- The World Health Organization (WHO) estimates the global burden of disease related to drug and alcohol issues to be 5.4 percent worldwide.

## ***Statistics on Specific Population Demographics and Addiction***

Adolescents (aged 12-17):

- NSDUH reports that in 2014, approximately 5 percent of the American adolescent population suffered from a substance use disorder; this equates to 1.3 million teens, or 1 in every 12.
- Almost 700,000 American youths between ages 12 and 17 battled an alcohol use disorder in 2013, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA).
- An estimated 867,000 adolescents suffered from an illicit drug use disorder in 2014, which was a decline from previous years, according to NSDUH.



## Substance Abuse Statistics, Cont'd.

- Individuals who tried marijuana or alcohol before the age of 15 were almost four times as likely to suffer from a marijuana use disorder as an adult than those who waited until after age 18 to try these substances, according to data published in the 2013 NSDUH.

### Young adults aged 18-25:

- About one out of every six American young adults (between the ages of 18 and 25) battled a substance use disorder in 2014 according to NSDUH. This represents the highest percentage (16.3%) out of any age group.
- Heroin addiction among young adults between 18 and 25 years old has doubled in the past 10 years, according to AARP.
- In college students studied in 2010, the Treatment Episode Data Set (TEDS) found that alcohol was the number one substance this group received specialized treatment for. 72 percent of those admitted to public substance abuse programs, did so for an alcohol use disorder (marijuana was second at 55.7 percent and prescription drugs were third at 31.6 percent).

### Over age 25:

- Approximately 14.5 million adults aged 26 or older struggled with a substance use disorder in 2014, according to NSUDH.
- College graduates, aged 26 or older, battled drug addiction at lower rates than those who did not graduate from high school or those who didn't finish college, according to data published in the 2013 NSDUH.

### Elderly individuals:

- An estimated 15 percent of elderly individuals may suffer from problems with substance abuse and addiction, according to Today's Geriatric Medicine.
- Over 3 percent of the older adult population may struggle with an alcohol use disorder.

## **Substance Abuse Statistics, Cont'd.**

- This generation takes more prescription drugs than younger ones, has lower metabolisms, potentially suffers from social isolation and ageism, may struggle with many medical issues, and therefore may be at a high risk for prescription drug abuse and dependence, according to Psychiatric Times.
- Two-thirds of the population over the age of 65 who struggle with alcohol addiction, battled an alcohol use disorder at a younger age and carried it with them as they aged.
- Between 21 and 66 percent of elderly individuals battling a substance use disorder also suffer from a co-occurring mental health disorder.

### ***Men vs. women:***

- In 2013, adult men in the United States struggled with an alcohol use disorder at rates double those of women, 10.8 million as compared to 5.8 million, according to NIAAA.
- For boys and girls between the ages of 12 and 17, both genders battled substance use disorders at similar rates, making it the only age bracket that men did not significantly outweigh women, according to the 2013 NSDUH.
- Close to 70 percent of treatment admissions for substance abuse in 2010 were male, according to TEDS.
- Men may be more likely to abuse illicit drugs than women, but women may be just as prone to addiction as men when they do abuse them, according to NIDA.

### ***Ethnicity/race:***

- The 2013 NSDUH reports that American Indians and Alaska natives had the highest rate of substance abuse and dependence at 14.3 percent.
- Approximately 11.3 percent of Native Hawaiians and other Pacific Islanders suffered from substance abuse and dependence in 2013, according to NSDUH.
- According to NSDUH, Hispanics and whites suffered from substance abuse and dependence at similar rates in 2013, around 8.5 percent, while about 7.4 percent of African Americans struggled with it.

## **Substance Abuse Statistics, Cont'd.**

- Asians were the least likely to suffer from substance abuse and dependency with rates around 4.5 percent, per the 2013 NSDUH.
- A study of undergraduate college students, published in the Journal of Ethnicity in Substance Abuse, found that whites and Hispanics were more likely to have issues surrounding drug abuse than their Asian and African American counterparts.

### ***Criminal justice/employment status:***

- Almost twice as many people who are unemployed struggle with addiction than those who are full-time workers, CNN Money reports; around 17 percent of the unemployed and 9 percent of the employed population struggled with a substance use disorder in 2012.
- About half of the population of American prisons and jails suffer from addiction, according to NCAAD.
- Around three-quarters of individuals in a state prison or local jail who suffer from a mental illness also struggle with substance abuse, and the opposite is also true, according to the National Institute of Health (NIH).

### ***Statistics on Addiction to Specific Substances***

#### **Cocaine:**

- Over 900,000 American adults (over age 11) struggled with a cocaine use disorder in 2014, per NSDUH.
- In 2010, TEDS reported that 8 percent of all treatment admissions were for cocaine abuse or dependency issues.

#### **Heroin:**

- The American Society of Addiction Medicine (ASAM) reports that in 2015, approximately 586,000 Americans aged 12 and older struggled with a substance use disorder involving heroin.
- Almost a quarter of people who abuse heroin will become addicted to it, according to ASAM.

## Substance Abuse Statistics, Cont'd.

- Over the past few years, heroin abuse and addiction have risen in all population and demographic groups in the United States, according to the Centers for Disease Control and Prevention (CDC).
- Individuals addicted to alcohol are two times more likely to also be addicted to heroin, while those addicted to marijuana are three times more likely. Individuals addicted to cocaine are 15 times more likely to also be addicted to heroin, and people addicted to prescription drugs are 40 times more likely, per the CDC.
- The highest at-risk population for heroin addiction, as reported by S. News, is non-Hispanic white males between the ages of 18 and 25 who live in large cities.
- According to the 2010 TEDS, almost three-fourths of individuals admitted to treatment for a heroin abuse or dependency concern, cited injection as the primary method of abuse.

### Prescription drugs:

- Prescription drugs are abused at high rates. NSUDH reports that the most common types of psychotherapeutic drugs abused in 2013 were pain relievers, tranquilizers, stimulants and sedatives in that order. Pain relievers are the most common cause of a substance use disorder among prescription drugs.
- ASAM publishes that over 2 million Americans over the age of 11 struggled with an opioid pain reliever abuse disorder in 2014.
- ASAM also reports that women may more rapidly develop a prescription painkiller addiction than men.
- On average, according to studies published in the journal Substance Abuse Treatment, Prevention, and Policy, individuals who were admitted to opioid treatment programs who abused only prescription opioids, or those who abused both heroin and prescription opioids, were about five years younger than individuals admitted solely for heroin abuse or dependency.

## Substance Abuse Statistics, Cont'd.

### Marijuana:

- Almost 6 percent of full-time college students in the United States smoked marijuana daily in 2014, NIDA publishes; this is more than triple the number of daily smokers 20 years prior.
- Approximately 4.2 million American adults (over the age of 11) battled a marijuana use disorder in 2014, according to NSDUH.
- The majority of people struggling with marijuana addiction in 2014 were between the ages of 12 and 25, according to NSDUH.
- TEDS reported that marijuana use disorders accounted for the third highest number of treatment admissions (at 18 percent) to substance abuse programs in 2010.

### Alcohol:

- According to NCADD, alcohol is the most abused addictive substance in America.
- In 2013, an estimated 16.6 million American adults (18 and older) battled an alcohol use disorder, according to NIAAA.

In 2010, TEDS published that 41 percent of all substance abuse treatment admissions were for alcohol.

- The Center for Behavioral Health Statistics and Quality (CBHSQ) reported that in 2010, among American military veterans between the ages of 21 and 39, who admitted to substance abuse treatment programs, more than half cited alcohol as the primary substance of concern.
- Over half of all American adults have a personal family history of problem drinking or alcohol addiction, according to NCADD.

# Diversity

## National CASA Vision Statement and Guiding Principles

As a general term “diversity” refers to difference or variety. In the context of CASA volunteer work, “diversity” refers to differences or variety in people’s identities or experiences: ethnicity, race, national origin, language, gender, religion, ability, sexual orientation, socioeconomic class and so on. The term “cultural competence” refers to the ability to work effectively with people from a broad range of backgrounds, experiences and viewpoints.

The United States is becoming increasingly multicultural. According to the 2010 US Census, approximately 36.3% of the population currently belongs to a racial or ethnic minority group. The Census Bureau projects that by the year 2100, non-Hispanic whites will make up only 40% of the US population. As you work through the activities in this chapter, keep in mind the particular cultural groups you will work with as a CASA volunteer. Keep in mind that “culture” is not limited to race and ethnicity. According to the Pew Research Center, Americans are more racially and ethnically diverse than in the past, and the U.S. is projected to be even more diverse in the coming decades. By 2055, the United States will not have a single racial or ethnic majority. Time Magazine reports that the country’s minority population increased from 32.9% of U.S. residents in 2004 to 37.9% in 2014, according to the Census, and four states—Hawaii, California, New Mexico and Texas—along with Washington, D.C., are now majority-minority. As you work through the activities in this chapter, keep in mind the particular cultural groups you will work with as a CASA volunteer. Keep in mind that “culture” is not limited to race and ethnicity.

Understanding issues related to diversity and culturally competent child advocacy is critical to your work as a CASA volunteer. It can enhance your ability to see things from new and different perspectives and to respond to each child’s unique needs. Developing cultural competence is a lifelong process.

## National CASA Association Vision

The National Court Appointed Special Advocate Association “stands up” for abused and neglected children. Building on our legacy of quality advocacy, we acknowledge the need to understand, respect and celebrate diversity, including race, gender, religion, national origin, ethnicity, sexual orientation, socioeconomic status, and the presence of a sensory, mental or physical

## **Diversity, Cont'd.**

disability. We also value diversity of viewpoints, life experiences, talents and ideas.

A diverse CASA network helps us to better understand and promote the well-being of the children we serve. Embracing diversity makes us better advocates by providing fresh ideas and perspectives for problem solving in our multicultural world, enabling us to respond to each child's unique needs.

## **Guiding Principles for Achieving a Diverse CASA Network**

1. Ethnic and cultural background influences an individual's attitudes, beliefs, values and behaviors.
2. Each family's characteristics reflect adaptations to its primary culture and the majority culture, the family's unique environment and the composite of the people and needs within it.
3. A child can be best served by a CASA volunteer who is culturally competent and who has personal experience and work experience in the child's own culture(s).
4. To understand a child, a person should understand cultural differences and the impact they have on family dynamics.
5. No cultural group is homogeneous; within every group there is great diversity.
6. Families have similarities yet are all unique.
7. In order to be culturally sensitive to another person or group, it is necessary to evaluate how each person's culture impacts his/her behavior.
8. As a person learns about the characteristic traits of another cultural group, he/she should remember to view each person as an individual.
9. Most people like to feel that they have compassion for others and that there are new things they can learn.
10. Value judgments should not be made about another person's culture.
11. It is in the best interest of children to have volunteers who reflect the characteristics (i.e., ethnicity, national origin, race, gender, religion, sexual orientation, physical ability and socioeconomic status) of the population served.

## Disproportionality in the Child Welfare System

Disproportionality is the experience of overrepresentation or underrepresentation of various groups in different social, political or economic institutions. For example, women in the United States are overrepresented as single heads of household, and African Americans and Latinos are overrepresented in the US prison population.

There is no difference between races in the likelihood that a parent will abuse or neglect a child, but there is a great difference between races in the likelihood that a child will be removed from home and placed in foster care. Most statistics show that African American children, American Indian and Native Alaskan children, and children of two or more races are overrepresented in the system.



## Disproportionality Statistics

Though African American children make up 14% of the child population, they constitute 28% of the children in foster care. American Indian children make up 1% of the child population and 2% of the foster care population. Children with more than one race make up 6% of the child population and 7% of the foster care population. This imbalance is referred to as disproportionality.

*Adoption and Foster Care Analysis Reporting (AFCARS) 2011.*

Race has been identified as a primary determinant for decision making in five out of six stages in child protective services: reporting, investigation, substantiation, placement and exit from care.

*R.B. Hill, Synthesis of Research on Disproportionality in Child Welfare: An Update and National Study of Protective, Preventive and Reunification Services Delivered to Youth and Their Families.*

Children of color make up almost two-thirds of the children in the foster care system, although they constitute just over one-third of the child population in the US.

*W.K. Kellogg Foundation, Families for Kids Project, [www.wkkf.org](http://www.wkkf.org).*

The number of white children entering foster care in a given year is greater than the number of African American children. Yet, African American children make up a disproportionate, and increasing, share of those who remain.

*Adoption and Foster Care Analysis and Reporting System (AFCARS).*

Although the length of time in foster care for African American children has declined considerably from FY 2000 to FY 2012 (40.6 months to 29.0 months), the average length of stay in foster care is still higher than that percentage for white children (18.3 months).

*Adoption and Foster Care Analysis Reporting (AFCARS) 2013 Data Brief.*

## Disproportionality Statistics, Cont'd.

Research revealed that with all factors the same, African American and Hispanic Latino children are placed in foster care at a higher rate than whites. Poverty is a factor; however, research also reveals there are deeply embedded stereotypes about Black family dysfunction. Instead of being referred to foster care, 72% of Caucasian children receive services in their own homes. Just 40% of Hispanic children and 44% of African-American children receive in-home services in lieu of removal.

*Child Welfare Information Gateway, National Study of Protective, Preventive and Reunification Services Delivered to Youth and Their Families.*

Children of color experience a higher number of placements than white children, and they are less likely to be reunified with their birth families.

*Casey Family Programs, [www.casey.org](http://www.casey.org).*

The National Incidence Study found race differences in maltreatment rates, with African American children experiencing maltreatment at higher rates than white children. Maltreatment rates have likely never been comparable for African American and white children due to the gap between African American and white children in economic well-being. Income, or socioeconomic status, is the strongest predictor of maltreatment rates and incomes of African American families have not kept pace with the incomes of white families. These findings imply that nearly all the multi-factor findings on the interaction of race and social economic status arise not because Black children in not-low SES households are at greater risk for maltreatment because they are Black; they are at greater risk because they are poorer than the White children in similar households.

*National Incidence Study of Child Abuse and Neglect (NIS-4), 2004–2009.*

## Cultural Competence Glossary

Developing a working vocabulary related to issues of diversity can help you communicate more effectively with other people and examine what more you have to learn.

**Ableism:** Discrimination or prejudice based on a limitation, difference or impairment in physical, mental or sensory capacity or ability

**Afrocentric:** Emphasizing or promoting emphasis on African culture and the contributions of Africans to the development of Western civilization

**Ageism:** Discrimination or prejudice based on age, particularly aimed at the elderly

**Bias:** A personal judgment, especially one that is unreasoned or unfair

**Biracial:** Of two races; usually describing a person having parents of different races

**Classism:** Discrimination or prejudice based on socioeconomic status

**Cultural Dominance:** The pervasiveness of one set of traditions, norms, customs, literature, art and institutions, to the exclusion of all others

**Cultural Competence:** The ability to work effectively with people from a variety of cultures, ethnicities, races, religions, classes, sexual orientations and genders

**Cultural Group:** A group of people who consciously or unconsciously share identifiable values, norms, symbols and some ways of living that are repeated and transmitted from one generation to another

**Cultural Sensitivity:** An awareness of the nuances of one's own and other cultures

**Culturally Appropriate:** Demonstrating both sensitivity to cultural differences and similarities and effectiveness in communicating a message within and across cultures

**Culture:** The shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people who are unified by race, ethnicity, language, nationality, sexual orientation and/or religion

## Cultural Competence Glossary, Cont'd.

**Disability:** A limitation, difference, or impairment in a person's physical, mental or sensory capacity or ability

*Note:* It is preferable to use people-first language—that is, language that puts the person before the disability. For example, the phrase “people with disabilities” is preferred over “the disabled.”

**Discrimination:** An act of prejudice or a manner of treating individuals differently due to their appearance, status or membership in a particular group

**Disproportionality:** Overrepresentation or underrepresentation of various groups in different social, political or economic institutions

**Dominant Group/Culture:** The “mainstream” culture in a society, consisting of the people who hold the power and influence

**Ethnicity:** The classification of a group of people who share common characteristics, such as language, race, tribe or national origin

**Ethnocentrism:** The attitude that one's own cultural group is superior

**Gender:** A social or cultural category generally assigned based on a person's biological sex

**Gender Identity:** A person's innate, deeply felt psychological identification as a man or woman, which may or may not correspond to the gender assigned to them at birth (some individuals identify as neither male nor female as our society generally understands these terms, and instead identify as a third or other gender)

**Heterosexism:** An ideological system that denies, denigrates and stigmatizes any non-heterosexual form of behavior, identity or relationship

**Homophobia:** Fear of, aversion to, or discrimination against homosexuality, homosexuals or same-sex relationships

**Institutional Racism:** Biased policies and practices within an organization or system that disadvantage people of a certain race or ethnicity

**LGBTQ:** Lesbian, Gay, Bisexual, Transgender, Questioning/Queer

**Language:** The form or pattern of communication—spoken, written or signed—used by residents or descendants of a particular nation or geographic area or by any group of people. Language can be formal or informal and includes dialect, idiomatic speech and slang.

## Cultural Competence Glossary, Cont'd.

**Minority:** The smaller in number of at least two groups; can imply a lesser status or influence and can be seen as an antonym for the words “majority” and “dominant”

**Multicultural:** Designed for or pertaining to two or more distinct cultures

**Multiracial:** Describing a person, community, organization, etc., composed of many races

**National Origin:** The country or region where a person was born

**Person of Color:** A term used primarily in the United States to describe any person who does not identify as white

**Prejudice:** Over-generalized, oversimplified or exaggerated beliefs associated with a category or group of people, which are not changed, even in the face of contrary evidence

**Questioning:** A term that can refer to an identity, or a process of introspection, whereby one learns about their own sexual orientation and/or gender identity

**Race:** A socially defined population characterized by distinguishable physical characteristics, usually skin color

**Racism:** The belief that some racial groups are inherently superior or inferior to others; discrimination, prejudice or a system of advantage and/or oppression based on race

**Sexism:** Discrimination or prejudice based on gender or gender identity

**Sexual Orientation:** The culturally defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can shift over time. Sexual orientation has at least three (3) parts:

- a. Attraction:** One’s own feelings or self-perception about to which gender(s) one feels drawn; can be sexual, emotional, spiritual, psychological and/or political
- b. Behavior:** What one does sexually and/or with whom
- c. Sexual Identity:** The language and terms one uses to refer to their sexual orientation, which may or may not be based on either of the above and can also be influenced by family, culture and community

## Cultural Competence Glossary, Cont'd.

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

**Homosexual:** A term used to refer to a person based on his or her same-sex sexual orientation, identity or behavior (many LGBTQ people prefer not to use this term because of its historically negative use by the medical establishment)

**Bisexual:** Attracted to either gender

**Socioeconomic Status:** Individuals' economic class (e.g., poor, working-class, middle-class, wealthy) or position in society based on their financial situation or background

**Stereotype:** A highly simplified conception or belief about a person, place or thing, based on limited information

**Transgender:** An umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate)

**Values:** What a person believes to be important and accepts as an integral part of who he/she is

**Xenophobia:** A fear of all that is foreign, or a fear of people believed to be "foreigners"

# Initial Case Notes for the Lavender Case

## DCP&P Case File

Last Name of Case:			Lavender Bass		
Legal Number(s):			1-30-275645-3		
Child(ren)'s Name	DOB	Age	Ethnicity	Sex	Current Location
Lavender Bass	October 8	6 years	Unknown	F	Foster Placement  Bonnie Matthews

Current Placement	Address	Phone
Resource Parent: Bonnie	52 Greylock Rd.	555-5874

Matthews

Attorneys for	Attorneys	Phone Numbers
Mother	Sara Johnson	555-6498
Father	Fred Thompson	555-6644
DCP&P	Lisa Kelly	555-6298

## Case History

Three weeks ago: Child, Lavender Bass, age 6, came into care following a complaint made by her paternal grandmother. On her tip, the DCP&P investigator located the mother and child behind the bar where mother is employed. Mother, Susan Mailer, was passed out drunk sleeping in her parked car. Lavender was sitting in the shade of a nearby tree waiting for her mom to wake up and take her home. The police were called and mother arrested for public drunkenness.

Susan and Lavender reside with Susan's mother, Rebecca Mailer; her sister, Leah Mailer; and Leah's children. Because no one in the home was available the day of the arrest, Lavender was placed in foster care with Bonnie Matthews.

The DCP&P investigator found that Susan Mailer's criminal record reflected a tendency toward violence; she'd been in a couple of physical fights in the bar where she's employed. She's also been arrested for dealing marijuana and was once caught huffing inhalants when police busted a party.

## Your First Interview with DCP&P Worker

You arrange to meet with Lisa Kelly, the DCP&P worker, to discuss this case and review the file. She's a cheerful young woman, new to the agency and full of enthusiasm for her task—saving the world from itself. Lisa shows you the paperwork for the Lavender Bass case. Lavender's paternal grandmother made the initial report, complaining that the child's mother wasn't looking after her and tipping DCP&P about where to find them. Paternal grandmother adamantly stated that she does not want to be involved in the case, "so please don't call her." You take her number down anyway. The mother was arrested and kept in jail overnight. Lavender and her mother live with Rebecca Mailer, maternal grandmother; Leah Mailer, maternal aunt; and Leah's children. The DCP&P investigator substantiated the case, took Lavender into care and gave the case to Lisa, who hasn't met the mother yet.

## Court History

You are preparing for the combined Adjudication/Disposition Hearing.



# Sample Court Reports

## Example 1

John Bass (alleged father) is in the county jail approximately 100 miles from the foster placement. He was busted for pot. Admittedly, he has a history of using inhalants. According to Mr. Bass, he was not with Ms. Mailer very long but claims Lavender is his child. He has never been a father to Lavender. Mr. Bass claims that he is Native American and Lavender is too. He claims he is of a mixed background and the Mailers are not from his tribe. He has had limited contact with Lavender throughout her life, stating Ms. Mailer would not give him “the time of day.”

## Example 2

Lavender Bass (child: Six year-old Lavender Bass has been in foster care for about three weeks and is not adjusting well. Lavender spends a lot of time in the yard and is not very engaged. Lavender sometimes ignores the foster mother and doesn't listen to her when she is talking. The foster mother states she has to call her time after time to get her attention. This is not the best foster placement for Lavender. According to the foster mother, she had never attended school and this is her first time in a “real school.” Lavender seems on target developmentally. She is washing and dressing herself and keeping up with her school work. The child could be Native American and this will need to be investigated.

## Example 3

Susan Mailer (biological mother) has a history of drug abuse and violent behavior. Three weeks ago, DCP&P found her passed out in her car from alcohol. A criminal records check confirmed Ms. Mailer has a tendency toward violent behavior. Ms. Mailer did not show up for court during the preliminary hearing and the DCP&P worker continues to leave messages via the telephone. CASA volunteer is able to reach mother via telephone. Ms. Mailer acknowledges that she works at a bar and sometimes takes Lavender to work with her. She states she likes to party from time to time with alcohol and drugs. She has had no visits with her child since she was taken into foster care. According to Ms. Mailer's sister, Ms. Mailer is working long hours and makes good money. CASA volunteer feels like drugs are being done at the home of the maternal aunt and grandmother. The children are also fearful of the aunt and grandmother.

