



**CASA**

Court Appointed Special Advocates

**FOR CHILDREN**

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**THE NATIONAL COURT APPOINTED  
SPECIAL ADVOCATE ASSOCIATION**

CASA/GAL Pre-Service Volunteer Training Curriculum

# Pre-Work Handouts

**CHAPTER FOUR**

**HEARST** *foundations*



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## CHAPTER 4

# Pre-Work Handouts

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## Pre-Work Instructions

This section details the work you need to complete before the fourth classroom session. Completing this work prior to 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/GAL volunteer.

Prior to attending the fourth session of the volunteer training, please read through the pre-work handouts found in this document. This will give you a foundation in concepts such as: mental illness in families, mental health of children in care, a multimodal approach to managing mental health disorders in children, questions to ask regarding mental health of children, why poor children are more likely to be in the care system, how to obtain confidential case-related records of children and parents, confidentiality in CASA/GAL volunteer work, the need for timely and effective communication, the fine art of team work and the initial case notes for the Greene case.

# Mental Illness in Families

## Definition

According to the National Alliance on Mental Illness (NAMI), “A mental illness is a condition that impacts a person’s thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis. Each person will have different experiences, even people with the same diagnosis.”

Definitions of mental illness have changed over time, across cultures and across national—and even state—boundaries. Mental illness is diagnosed based on the nature and severity of an individual’s symptoms according to definitions published in the The Diagnostic and Statistical Manual of Mental Disorders (DSM -5), currently in its fifth edition, Serving as the American Psychiatric Association's (APA) classification and diagnostic tool, in the United States, the **DSM** serves as a universal authority for psychiatric diagnosis. r. The term “dual diagnosis” indicates that an individual has both a psychiatric disorder and a substance abuse problem.

## Causes

A mental health condition usually has its origins in multiple, overlapping causes, which may include genetics, biology, environment and life stressors. Mental illness is not caused by personal weakness or a character defect. No single model or perspective accounts for all instances of mental illness. Some disorders have a predominately biological or neurological basis; others seem to be related to life experiences, trauma or difficulties in communication. The most helpful stance for you to take in your CASA/GAL volunteer work is to accept that mental illness can affect a person—mentally, physically, psychologically, socially, emotionally and spiritually.

## Impact of Parental Mental Illness on Children

A parent’s mental illness can significantly affect a child, potentially leading to social, emotional or behavioral problems. According to Healthy Place, children of a parent with mental illness may experience the following impacts:

- Inappropriate levels of responsibility (also known as “parentification”)
- Self-blame for their parents’ problems
- Anger, anxiety or guilt

## **Mental Illness in Families, Cont'd.**

- Embarrassment, shame or isolation
- Increased risk of school-related problems, drug use and poor social relationships
- Risk of mood disorders, alcoholism and personality disorders

However, parental mental illness doesn't automatically sentence children to a life of problems. Whether a child can thrive despite these challenges depends on the strengths and protective factors present in the family, as well as the child's level of resilience. As a CASA/GAL volunteer, you can recommend services that build on a family's strengths and help them overcome the challenges they face.

### **Untreated Mental Illness**

The biggest obstacle facing those suffering from mental illness is the lack of appropriate, effective treatment. This lack may result from misunderstanding the need for treatment or being afraid to seek it due to the stigma associated with mental illness in American culture. It may also result from a lack of access to treatment. There may not be treatment available in a person's community, or the person may not be able to pay for it.

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

### **Mental Illness and Child Welfare**

According to Mental Health America, "A higher proportion of parents with serious mental illness lose custody of their children than parents without mental illness. There are many reasons why parents with a mental illness risk losing custody, including the stresses their families undergo, the impact on their ability to parent, economic hardship and the attitudes of mental health providers, social workers and the child protective system.

## **Mental Illness in Families, Cont'd.**

Supporting a family where mental illness is present takes extra resources that may not be available or may not be offered. Also, a few state laws cite mental illness as a condition that can lead to loss of custody or parental rights. One unfortunate result is that parents with mental illness might avoid seeking mental health services for fear of losing custody of their children.”

To understand the impact of mental illness in a family, it is critical to examine if a parent’s level of functioning is sufficient to keep a child safe, and whether another competent adult is present in the home. A person’s level of functioning is the result of many factors; not all are related to mental illness. It is important to distinguish between mental illness and other kinds of limitations. For example, many adults have limited intellectual abilities or specific learning disabilities. These limitations range in severity. By looking beyond the diagnosis, to level of functionality, you can make recommendations to remedy the problems that caused family involvement in the child protective services system.

### **Assessment**

It is not your task to diagnose mental illness. However, it is important to be aware of warning signs or indicators that may affect the health or safety of the child so that you can alert the child protective services caseworker about your concerns. The following are some indicators that may point to the need for professional assessment:

- Social withdrawal: “Sitting and doing nothing”; friendlessness (including abnormal self-centeredness or preoccupation with self); dropping out of activities; decline in academic, vocational or athletic performance
- Depression: Loss of interest in once pleasurable activities, expressions of hopelessness or apathy; excessive fatigue and sleepiness or inability to sleep; changes in appetite and motivation; pessimism; thinking or talking about suicide; a growing inability to cope with problems and daily activities
- Thought disorders: Confused thinking; strange or grandiose ideas; an inability to concentrate or cope with minor problems; irrational statements; peculiar use of words; excessive fears or suspicions

## **Mental Illness in Families, Cont'd.**

- Expression of feeling disproportionate to circumstances: Indifference even in important situations; inability to cry or excessive crying; inability to express joy; inappropriate laughter; anger and hostility out of proportion to the precipitating event
- Behavior changes: Hyperactivity, inactivity or alternating between the two; deterioration in personal hygiene; noticeable and rapid weight loss; changes in personality; drug or alcohol abuse; forgetfulness and loss of valuable possessions; bizarre behavior (such as skipping, staring or strange posturing); increased absenteeism from work or school

### **Treatment**

Availability of mental health treatment varies, and its effectiveness depends on a variety of factors. Treatment options can include medication, counseling or therapy, social support and education. A well-designed treatment plan takes individual differences into account.

### **Cultural Considerations**

Different cultural communities perceive mental health conditions differently. Cultural background can affect whether people seek help, what kind of help they turn to, their ways of coping, the kinds of treatment that work and the barriers to receiving effective care. It's crucial that professionals take culture into account when evaluating mental illness and providing treatment options.

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

- When you're concerned that a mental illness has gone undiagnosed, you can recommend a mental health assessment of a parent or child.
- You may request consultations with a parent's or child's mental health care provider. Although a parent's mental health care providers are ethically and legally required to maintain their client's confidentiality, they may be willing—with their client's permission—to talk to you about their perspective on the situation and any concerns you may have. Your CASA/GAL volunteer supervisor will be able to answer your questions about gaining access to this confidential information.



## Mental Illness in Families, Cont'd.

- When you encounter resistance to a label, diagnosis or treatment, you can become aware of ethnic or cultural considerations. The standards for research and definitions of health, illness and treatment have historically derived from a white, middle-class perspective.
- When appropriate, you can ensure that children are provided age-appropriate explanations of their own or their parent's mental illness diagnosis by a qualified individual.
- When appropriate, you can advocate for holistic treatment that considers all aspects of an individual, including mental, spiritual, emotional and physical, as opposed to one-dimensional treatment.
- You can create documentation of a parent's or child's mental health issues by reviewing history and case files, and listing all diagnoses, noting the year diagnosed and the medication prescribed, and recording the prescribing provider's name.

## Mental Health and Children in Care

Medications can help children and teens in foster care, but they can also further impair them, derail them and sabotage them. Without a clear understanding of their mental health issues, misdiagnoses can be made and incorrect medications can be prescribed. If there is no reliable caregiver who can describe the child's struggles, information collected can be biased and incomplete. If emotional trauma underlies the presenting symptoms and is not addressed, medications can have no effect or increase problems. If medications are prescribed but other therapies are not provided and supervision of the medication is inadequate, healing and stabilization supporting healthy growth will not occur. Finally, if caregivers are not adequately trained and educated in caring for a child with significant emotional and psychological needs, medications can often be given to the child to "manage their behaviors" rather than to truly treat the child's illness.

To adequately and successfully represent and speak for a child or teen in foster care, the child's advocate must be able to communicate with the child and discuss the child's experiences. Does the child manage his or her acting-out behaviors and emotions, use positive social skills, think clearly and track the ongoing events in their lives? Children and teens also need to be safe. Depression or suicidal thinking must be addressed. Self-abusive behaviors must be contained and risk-taking behaviors reduced. Medications can be part of a successful intervention and treatment plan. Working with children and teens in foster care requires a solid understanding of the positive and negative aspects of medication use in this population.

# A Multimodal Approach to Managing Mental Health Disorders in Children

Managing mental health issues and the symptoms experienced by children and adolescents involves many modalities:

- Medication treatment, or psychopharmacology, can alleviate or lessen the symptoms that accompany many mental health disorders. -If behavior is deemed appropriate for drug therapy and accurately prescribed, medication may decrease the impulse to tantrum, help a child regulate physiologic responses to emotions or eliminate auditory hallucinations. Proper medication support can provide behavioral stability and support with emotional regulation that a child or teen may need to readily engage in other forms of therapy. For example, a very depressed teen who cannot control her crying when she needs to be able to talk about her abuse and history can feel more in control emotionally with the right medication, allowing her to discuss the important issues and aid in her healing.
- Behavioral therapy can help increase positive behaviors and decrease negative acting out.
- Cognitive behavioral therapy can help correct a pattern of negative thoughts that interfere with the ability to relate to others.
- Play therapy can help heal past trauma and facilitate a child's return to normal functioning.
- Child-parent psychotherapy—working directly with the parent and child together can help the child learn healthy ways of interacting and functioning. Parents can be coached to become more reflective, develop a deeper understanding of their child's needs and their role in their child's life. They also learn how to interact with their child to promote a healthy, secure attachment and to support healthy growth and development.
- Dialectical behavioral therapy (DBT) can provide important skills, such as distress tolerance and emotional regulation, in struggling adolescents and help them integrate new coping skills into their daily interactions.

These treatments can help manage symptoms, facilitate healing and return children to optimal functioning.

*Reprinted from "Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges," by JoAnne Solchany, ABA Center on Children and the Law, October 2011.*

## Questions Advocates Should Ask

Children and teens have little, if any, power over their lives when they enter care. They generally lack the knowledge to understand what they need medically, regardless of the type of treatment needed. Asking the following questions will help identify their needs and determine which recommended treatments are in their best interests.

- What is this medication needed for?
- Were you able to obtain an accurate medical, behavioral and psychological history from parents and past providers?
- What else has been tried?
- What other modes of treatment or intervention will also be provided?
- Who will monitor the ongoing use of this medication? How often will this child be seen?
- What are the possible side effects of this medication and how will they be handled?
- What evidence supports the use of this medication with children?
- Will this child be able to comply with the prescribed medication?
- Does the child agree with taking this medication?
- Who has given permission to begin this child on medication?
- What other medications is this child on? Can this medication be safely combined with the current medication(s)?
- How will this medication help improve this child's functioning?
- What are the risks versus benefits of using this medication? What are the risks versus benefits of not using the medication?
- Is a second opinion warranted in this case?

*Adapted from "Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges," by JoAnne Solchany, ABA Center on Children and the Law, October 2011.*

## Poverty in Your Community Research Activity

Research answers to these questions:

- What is the minimum wage in your state?
- What are the current poverty guidelines for a family of four in your state?
- What percent of people of color in your state fall within the poverty guidelines? What percent of the white population in your state fall within the poverty guidelines

To find additional information about children in poverty, you can refer to the website of the National Center for Children in Poverty.

# Higher Rate of Poor Children in the System

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

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

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

Poverty causes great stress in families. Because of this stress, poverty itself is a major risk factor of abuse, which increases the likelihood of both immediate and lasting negative effects on children. Children who live in poverty are far more likely to have reports of abuse and neglect and substantiated incidents of abuse and neglect in their lives, and poor families of color are more likely to be reported for abuse and neglect and to have their children removed than white families in similar situations. However, poverty is not a causal agent of abuse. Most poor parents do not abuse their children.

Children living in families in poverty are more likely:

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

## Higher Rate of Poor Children in the System, Cont'd.

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

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

## Obtaining Confidential Case-Related Records

Your appointment as a CASA/GAL volunteer will advise information keepers that you are allowed access to records—even records that would otherwise be confidential—pertaining to the child in your assigned case. Present photo identification and copies of your legal appointment when you visit an agency from which you seek information.

The court order appointing you as the child's advocate provides fairly wide latitude to access that child's records. Parents' records are often more difficult to obtain. They or their attorneys may resist your efforts to access certain records if the information might damage the parents' credibility and their chance to have their child returned home. The best way to ensure your ability to obtain confidential records for a parent or other adult party to a case is to submit a release of information (signed by the parent) to the agency from which you request records. A release of information is a signed statement by a client authorizing the indicated third party access to the client's confidential information. Many agencies require that you use their form.

The process for obtaining information from child protective services agencies and schools differs from program to program. For example, information may be obtained through a legal process called "discovery," or it may be up to the individual CASA/GAL volunteer to obtain those records. Follow the direction of your local CASA/GAL program on how best to access child protective services documents, school records and other information involving the child(ren) and family to whom you've been assigned.

Many child welfare agencies, hospitals and schools do not honor walk-in records requests. Plan to call ahead and request that records be pulled for you to read at a certain date and time. Some hospitals and agencies will allow you to make copies on their machines; others will ask you to mark the requested pages and will send the copies to you. If you are denied access to records, contact your CASA/GAL volunteer supervisor.

Your local program will advise you on how to access medical records. They may post hospital names and contact information on the program's website or provide a handout with that information. There are some caregiver records that you will not be able to access due to law. This is most likely to occur with drug information, doctor and hospital records and mental health records.



## Confidentiality and the CASA/GAL Volunteer

As a CASA/GAL volunteer, you will have access to confidential information about children and the people involved in their lives. You will need to understand your responsibilities in dealing with the confidential information you have gathered. The law governs who has access to confidential information. The CASA/GAL volunteer may not release this information except to the child, CASA/GAL program staff, the attorney(s) on the case, the caseworker, the court and others as instructed by law or local court rule. There will be times when it will be tempting to share information with others, for example, when a person has just finished sharing information with you or when you believe doing so might help your assigned child. However, your role is to be an information gatherer for the court—not a transmitter of information to people with whom you are not authorized to share it. If certain information needs to be shared, consult with your supervisor to determine how you might facilitate communication among others without violating confidentiality yourself. Mistakes in handling confidential information can be detrimental to the children involved and can bring criminal action against the people who misuse the information. When in doubt, discuss any confidentiality concerns with your supervisor!

### **What Information Should the CASA/GAL Volunteer Share with the Child?**

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

### **What Is Confidential?**

The legal definition of "confidential" varies from state to state. Some laws are quite clear and others vague. The facilitator will share with you the definitions and rules in your state. As a CASA/GAL volunteer, you must regard as confidential any information that the source deems confidential. If any source

## **Confidentiality and the CASA/GAL Volunteer, Cont'd.**

from which you obtain information requires you to show the court order of appointment or inquiries about why you are entitled to get such information, you should respectfully produce your court order and photo identification. Your appointment order gives you the authority to obtain a great deal of information that is, in fact, confidential. Child protective services records are confidential and are not available for public inspection. It is especially important that the name of any person who has made a report of suspected child abuse and neglect not be revealed. School records are also confidential. There are legal privileges that protect attorney/client, doctor/patient, clergyperson/congregation member, psychologist/patient and caseworker/client communications. Such communication, whether verbal or written, is all confidential and must remain so unless a court order specifically states otherwise. You are not allowed to share information with anyone other than the child, CASA/GAL program staff and attorney(s), the caseworker and the court unless a local or state order allows for a broader sharing of information.

You need not treat conversations with neighbors and friends who voluntarily give information as legally confidential. Also, if you speak with a teacher who is not providing confidential school records, but rather sharing impressions, these impressions would not be confidential unless the teacher requested that they be kept as such. This information, although not legally confidential, is still private and should not be shared except on a “need to know” basis, and then only with those people who need the information to better serve the child.

### **Should You Tell a Source That You Intend to Share Their Information?**

There does not appear to be any legal requirement that you disclose to a source your intent to share information. However, it is important to be respectful of the source and to be honest about your intentions with regards to the use of the information. When introducing yourself as a CASA/GAL volunteer, mention that your role includes gathering information in order to make recommendations to the court. Never promise that you will not share information received.

## Confidentiality and the CASA/GAL Volunteer, Cont'd.

### Sharing Information with Foster Parents

As a CASA/GAL volunteer, you are not the foster parents' source of information about the child's case, nor are you their advocate. That is the responsibility of the social services department. Your job is to focus on the child's needs and keep the child informed about the case.

Foster parents may seek information from you about the children in their care, but foster parents' contractual relationship is with the child protective services agency or a private licensing agency. To provide adequate care, foster parents do need to know relevant information regarding the child. In fact, federal law requires that the child protective services agency provide the foster parent with the child's health and education records at the time of placement. The records should be updated periodically and each time the child is moved to another placement. These records must include, at a minimum, the following:

- Names and addresses of the child's health care provider and school
- The child's immunization record, known medical problems and medications
- The child's school record with current grade level performance
- Other relevant health and education information (e.g., behavioral problems and/or disabilities)

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

## The Necessity of Timely, Effective Communication

The juvenile court system functions on strict timelines, which are in place so children progress toward a safe, permanent home and do not languish unnecessarily in out-of-home care. Guidelines intended to protect children can make successful completion of a case plan difficult for parents, especially those with drug and mental health issues. Children and parents need services put in place as quickly as possible. Every person on a case needs to understand where the case stands—including roadblocks, setbacks and successes—to give the parents the best chance at reunification and the child the best chance at finding a safe, permanent home in a timely manner.

As a CASA/GAL volunteer, you will need to speak with numerous people during the life of a case, many of whom will have different mandates and rules to follow. Each may have critical information that you need. Keeping lines of communication open with all parties and professionals is essential. If communication breaks down, case progress is invariably affected in a negative way. There is no time to waste on anyone's part in a child welfare case. As a CASA/GAL volunteer, you should be a facilitator of communication and avoid being part of a communication breakdown. Open, respectful communication among everyone involved in a case is critical to serving the child's best interests.

# The Fine Art of Team Work

## Common Sense Ideals

- We are all working toward the same goal: protecting children.
- We are all human beings—we will have some moments to shine and will make some mistakes along the way.
- Decisions should be based on the safety of the child, not on personal likes or dislikes.
- We will disagree sometimes; avoid being defensive or feeling personally attacked.
- We are all diverse, unique individuals who bring different thoughts, experiences and knowledge to the case.
- Lack of trust, openness and honesty will quickly kill any sense of teamwork.
- Be civil if you can't be friendly. Being curt, short or insensitive to others should not be tolerated.

## Team Building Practices

- Make sure team goals are clear and unambiguous.
- Make sure there is complete clarity about individual vs. shared responsibilities
- Build trust with your team members to facilitate more open and honest communication.
- Try to involve the whole team in the process and discussion; everyone's input is crucial.
- Be careful when bringing personal issues to the table; leave personal feelings aside and be considerate.
- Empower each member by listening to each other and being courteous.
- Point out when someone has a good idea or suggestion; be friendly with each other.
- Be comfortable in asking questions or clarifying others' points of view; make no assumptions.

## **The Fine Art of Team Work, Cont'd.**

### **Open and Successful Decision Making**

- Attend or provide input at any team meetings regarding your case.
- Be open to new ideas and information that may change your thoughts or recommendations
- Evaluate each suggestion based on merit, probability and safety for the child.
- Act on the decision that was made.
- If you disagree with a plan, make it clear in a professional, non-emotional manner, explaining why and what your intended plan of action is.

### **What to Do If Someone Isn't Being a Team Player**

Start by talking with that person in a non-confrontational manner. Begin by stating how much you appreciate their input and how important it is to the child and family.

Advise your immediate supervisor of the issues you have encountered and ask for assistance and direction.

*Adapted from material created by Kelly Hickle-Lentz, Wood County, OH Job and Family Services and Lucas County CASA Program.*

# Initial Case Notes for the Greene Case

## CPS Case File

Last Name of Case:		<b>Greene</b>			
Legal Number(s):		<b>CINA 16-0013</b>			
Child(ren)'s Name	DOB	Age	Ethnicity	Sex	Current Placement Location
Marky Greene	02/15	8 years	F	M	Home of bio mother & father

Current Caretaker(s)	Address	Phone
Bio Mother: Judy Greene Bio Father: Roy Greene	4810 Old Mill Rd	555-5454

Attorneys for	Attorneys	Phone Numbers
Mother	Darlene Wright	555-6000
Father	Walt Harris	555-8727
DSS	Robin Jackson	555-6552

Indian Child Welfare Act Status:
Court has established that ICWA does not apply in this case.

## Case History

In January 2017 a call was made to the CPS hotline by the kindergarten teacher and school nurse at Parkside Elementary. The callers stated that one of their students, Marky Greene, often comes to school with poor hygiene, that much of his clothing is not his size, and that he's just come in with his third case of head lice in three months.

The CPS social worker (SW) interviewed the child's parents, Judy and Roy Greene. The family is Caucasian; the parents are in their late twenties. Per medical records, mother was diagnosed with bipolar disorder as a senior in high school. The Greene family moved here from a few states away. They have no extended family living nearby.

SW found conditions in the home deplorable but not dangerous. CPS decided to file a petition for neglect.

Adjudication and disposition hearings were held and both parents attended. Parents were ordered to cooperate with CPS treatment plan. Parents made concerted effort and in November 2017 Marky was returned to the parents custody under an Order of Protective Supervision.

Judge explained to the parents that Marky was still under court's jurisdiction until the next court hearing. He ordered CPS to not hesitate to take physical custody should conditions in the home or family deteriorate.

CASA History: Case Initially Assigned to:	You and your team	Date Assigned:	Today
		Date Terminated:	N/A
Current CASA volunteer:	You	Date Assigned:	Today
Current Social Worker:	Ryan Headon		



## **Case History, Cont'd.**

### **Court-Ordered Services**

#### **For the Child:**

Educational needs met as appropriate

#### **For the Father:**

Psychological evaluation and counseling (if recommended)

#### **For the Mother:**

Psychological evaluation and treatment/counseling (if recommended)

# Greene Family Genogram

