

Tips From a Fellow CASA

March 2023

INTRO

Cases can last years. This is exactly why you can make a pointed difference in the lives of the families you will be assigned to. Once you have communicated with all the different case participants and learned the variety of perspectives and experiences of the participants, you will be able to evaluate the case from a unique “CASA perspective” and develop effective strategies to help the children.

In this tips document, I will talk about steps I take when I obtain a case, following the case, going to court, how to persevere when times get tough, and how to excel.

MY STEPS UPON RECEIVING A CASE

There are four critical steps that need to occur at the very outset of your assignment: 1. File Review; 2. Meeting with the GAL, 3. Meet the Children, 4. Meet the OCS Case Worker. There will be many other steps and people to meet but I recommend these receive your attention first, if possible.

1. File Review

Once assigned a case, you will be given a copy of the file. As you sit down to read the file:

Record Your Concerns and Questions

Read through entire file and make notes of issues you need clarification on or need to investigate further; e.g. you may see discussions about difficulty in school, obtaining resources, or medical issues. Some of these questions may get answered by the time you finish your review; those that don't stay on your list to discuss with your GAL.

Create a Chronology of Events

This will prove to be a very valuable reference. Record key events such as when child(ren) are taken into custody, placements, decisions made by the court, significant medical diagnoses, etc.

Create Contact List

While going through the file, develop your contact list of folks you will need to remember and/or work with; OCS case workers, parents, attorney names (there will usually be one for each parent), any extended family that may be involved with the children, doctors, teachers, therapists, etc. You will continue to add to this list as your case progresses.

Develop Action Items

The whole time you are reading the file, you should ask yourself “what is missing and how can I help this child obtain stability and permanency”. Based on your file review, identify areas where you feel that you can provide assistance. Or, if you find that you need more information before you can develop action items, make a list of those areas to research.

2. Meeting with the GAL

Arrange a meeting with your GAL. She/he will have lots of details that have not been recorded in the file.

With your GAL, go over the action items and/or list of questions you have developed.

Ask if there are specific areas that your GAL needs help on and provide your suggestions on areas where you think you can provide immediate assistance.

Ask your GAL how she/he prefers to communicate/ phone, email? How often does she/he want to meet?

As you work the case and while you are feeling out what you can do independently and what you need to obtain authorization for, touch base with your GAL often.

3. Meet the Child(ren)

Set up meetings with your child(ren). Age dependent: explain your role.

Depending upon the child's age and situation, you will have to decide how best to meet and build your relationship. If possible, and if the children are old enough, spend most of your time away from their home/foster home so that they can be frank about their feelings. Some of the things I've done with my kids include going to parks, the library, swimming, used bookstores, out to eat, and community events.

COVID added a whole new dimension to communications. Kids had to become more accustomed to communication via screens with their remote learning. But each child still has their personal communication preferences and one size doesn't fit all. In person is always best but a letter in the mail could be greatly appreciated.

Needs Assessment

It takes time to develop trust and rapport. Don't expect to have it until you have seen the child several times and they have learned that you are a committed advocate for them. They may have had quite a few people dropping in and out of their lives. Learn the child's interests, activities, etc. Ask what child wants/needs/how child is feeling about the family and/or their current living situation. You may need to ask very pointed questions – "have you been in trouble/disciplined?", "do you feel cared for/loved", "do your foster parents yell at you/hit-spank you?". Children often learn not to divulge what is happening in the home. Or, they have such a distorted frame of reference for what is acceptable treatment and what is not.

I consider foster parents to be one of my best sources of information. The school counselors and teachers I have contacted also have great insight and are super advocates. Talk to all the folks that spend any significant amount of time with your child.

Needs assessment continues throughout the life of your case and the child's needs change over time.

**IMPORTANT: Comply with confidentiality laws. Balance the sharing of information with what is in the “best interest” of the child. Ask yourself:
“Is it my information to share?”**

Emotional Attachment

Prepare yourself mentally to respond to emotions the children may have. How will you respond to anger, sorrow, demands, indifference, love? After 2 or 3 visits, a 3-year-old told me he loved me... teenager took over 2 years to call just to tell me about her day and what is going on in her life.

You want to spend enough time with your child to get to know him/her and assess their needs. You don't want to become too emotionally attached. If you see that child needs more emotional support, use community resources such as Big Brothers, Big Sisters, school programs, or contact appropriate family members.

Medical Needs

If the child has a therapist, know that that therapist may be working in a bit of an information void. I have found it to be in the best interest of the child for the therapist to know more about the big picture, e.g. what is happening at school, other programs the child may be involved in, or a more complete child or family history. Check with your GAL before you share information but this is an example where, to be a good advocate, and to obtain the best level of care for the child, information sharing may be warranted.

For teens, has anyone discussed sex, gender identity, relationship, and reproductive issues with the child? Make sure their case plan addresses age-appropriate reproductive health care and prevention of sexual victimization and pregnancy. Teens in foster care are more than twice as likely to become unintentionally pregnant. There are great resources on these topics such as the state Division of Public Health's Adolescent Health Program and Women's, Children's, and Family Health. OCS's Independent Living Program is available for teens 16 and up and has some incredible resources geared towards helping them prepare for independence.

I have had many concerns with the medical profession and the diagnosing of children; I have seen unsubstantiated diagnoses, multitudes of prescription drugs, lack of medical management, and even lack of understanding of the purpose for a given drug. Keep your eye on these issues and don't be afraid to ask questions.

Your Role

**MOST IMPORTANT:
BELIEVE IN YOUR CHILD**

(This doesn't mean you have to agree with everything they want.)

LISTEN

(So often, these kids don't have anyone to really listen to them. You have to listen for what they don't say, in addition to what they do.)

CONSISTENCY

(You may be one of the few people the child can rely on to always be there.)

There is a delicate balance between being the child's friend and maintaining your effectiveness as volunteer. You will get to know your child and care very much for the child. But you have to remain **objective**. If the other parties in the case do not see you as objective, you will lose your standing and credibility. Keep the focus on the best interest of the child (even if child does not want it) and provide explanations along with your recommendations.

4. Meet the OCS Case Worker

It is very important to have good, and fairly regular, communication with the OCS case worker. I like to have an initial face-to-face meeting with a case worker I have not met before. After that, most of my work with OCS is done via email or phone. Some are better than others at keeping you in the loop, but even the good ones can lose track ☺. Your GAL can, and will, help if communication with OCS becomes a problem.

Make sure you have a copy of the current case plan. It is best to have this in hand before you meet for the first time so that you can check on case status/progress and question unclear issues.

In the case plan, look for measures and goals. You need to know what these are so that you can gauge the progress of the case towards either reunification or another permanent placement.

MONITORING THE CASE

Set up some kind of routine for visits or phone calls with your child(ren)

Keep track of court dates and attend all that you can.

Participate in mediations, team decision making meetings, treatment team meetings, and administrative reviews. It is at these meetings that you will gain an understanding of the goals and how the family is progressing (or not).

Participating in home visits with the GAL and the case worker are great ways to both get much needed time with them as well as see the kids in their home. I have found that they appreciate having another set of eyes and perspective during these visits.

Make sure you are receiving ongoing reports from OCS. This typically comes from OCS, though your Office of Public Advocacy, on a regular basis.

Seek out information. People are not going to include you on everything. You must be the initiator when it comes to finding out what is going on. Talk to all key people, handling different aspects of the child's life, to get a comprehensive picture.

COURT

Try to be as up to date on the case status as possible when you attend court hearings. As a volunteer, you will find that you hold a unique position that is well respected by the judges and the attorneys. Prior to the hearing, talk with your GAL about the approach they want to take in court. The judge may ask you to speak and provide your opinion on an issue. Be objective. Be diplomatic. Stick to the issue under consideration. Be honest.

HOW TO PERSEVERE WHEN TIMES GET TOUGH

YOUR motivation is the key factor to your success as a CASA. You may feel driven to serve others and help alleviate suffering in this world, you may be a champion for justice, or you just plain love children. Reflect back on your motive to strengthen your resolve or bolster your inner strength. Don't underestimate your value. Even the subtlest acts can have a tremendously powerful impact.

Most importantly, talk to someone as this can sometimes help you look at the situation from a different, and more positive, perspective. Your GAL and your CASA Program Coordinator are available for one-on-one confidential consultation.

If your region conducts get-togethers and meetings of CASAs, this is an excellent venue, where a confidential environment exists, for brainstorming and just talking to your fellow CASAs about the challenges you are experiencing. You will always be warmly welcomed and receive heartfelt and thoughtful feedback.

Attend as many trainings/conferences as possible. These increase your expertise, boost your confidence, and refresh your energy and commitment by engaging with other CASAs and folks in the profession of helping children in need of aid.

HOW TO EXCEL

Because you are a volunteer and not part of the "system", you have the added benefit of being able to see things without the filters of the experienced professionals. Do not be afraid to question or to suggest a new approach.

Be persistent.

Regular communications with key players in the child's life is critical. You will often find yourself "connecting the dots" between all the different parties. GALs and OCS case workers are incredibly busy and are often doing all they can to keep up with the crises of the day with their multitude of cases. You know the details that they might forget. Especially if the issue you are dealing with is not an emergency, they tend to go to the easiest answer and may not be thinking of what is best for the child in the long run. Here is where your input can greatly benefit the child, keep things moving and headed in the right direction.

You will be awesome!

Highly Recommended Reading:

Three Little Words and Three More Words, both by Ashley Rhodes-Courter. Ms. Rhodes-Courter writes about her life as a foster child and, later, as a child advocate. She was in the foster care system from age 3 to 12. During that time frame, she was shuffled between 14 homes.

Breaking Night: A Memoir of Forgiveness, Survival, and My Journey from Homeless to Harvard
By Liz Murray

Demon Copperhead, by Barbara Kingsolver. Our nation is struggling with the impacts of opioid addiction and poverty; this story provides a glimpse into this generation's experiences with those issues as well as foster care and homelessness.

SAMPLE CHRONOLOGY

This chronology is from a case that lasted five years. It's very basic, simple, and came in very handy. I used an Excel spreadsheet. You might also check with your GAL as they may be interested in using your chronology and might want you to include specific events such as Protective Services Reports.

Chronology	Notes
1/27/2011 Case Assigned to me	R** age 13 , T** age 8 , J** age 6
2/22/2011 Case Review meeting with GAL	
2/24/2011 Home visit with GAL	Children all living at home
4/23/2011 Visited T** and J** at potential foster parent's	
6/8/2011 OCS will remove children from home	
6/11/2011 R** moves to Bethel (paternal grandparents)	
6/17/2011 T** and J** move in with foster parents	
6/17/2011 Mediation - parents agree to stipulate to removal	
8/24/2011 Mediation	
9/28/2011 OCS 6 month review	
10/5/2011 R** hospitalized at North Star Hospital, Anchorage, for cutting and suicidal ideation	
10/10/2011 R** TDM	
10/28/2011 R** Psych Eval	DX: Dysthymic disorder, early onset, abuse /neglect of a child, cognitive disorder, NOS with marked impairments in attention and concentration, ADHD, Borderline, histrionic, negativistic, and depressive personality traits, probable eating disorder, NOS
11/3/2011 R** TDM	
11/27/2011 R** is moved to PHH, Fairbanks	
12/22/2011 Status hearing with Judge	
12/22/2011 R** moved to PHH Mitchell House	
1/27/2012 R** Providence Hospital Admission	
2/23/2012 R** Providence Hospital Discharge	DX: PTSD, Anxiety, Somatization, Learning disorder
2/23/2012 R** back at PHH	
3/30/2012 Kempe Center Consultation	Definitely should keep children out of home
4/2/2012 OCS Admin Review	
6/25/2012 Mediation	
7/1/2012 R** to Residential Treatment Center	
8/1/2012 Children's parents become homeless	
8/20/2012 Mediation	
10/4/2012 Review Hearing with Judge	
1/7/2013 Meeting of Parties & Review Hearing with Judge	DX from Res Tx Cntr: eating disorder manifesting when somaticizing, panic disorder without agoraphobia, borderline personality disorder (which can be diagnosed after 6 months observation)
2/25/2013 Status Hearing	

4/15/2013	Mediation	
5/8/2013	R** - laproscopic gall bladder surgery	
6-4 & 6/5 /13	R** in person visit at residential tx center	
7/29/2013	OCS Admin Review	
7/30/2013	R** TDM	
8/12/2013	R** Discharged from Res Tx Cntr, Arrives Girls & Boys Home	
8/27/2013	OCS Admin Review	
10/21/2013	R** - wisdom teeth removed	
11/15/2013	T** and J** Adoption by foster parents	
11/18/2013	Court Hearing re BGH lack of treatment plan and communications	
1/30/2014	R** BGH Dr. Diagnosis	DX: Psychosis, NOS, Depressive disorder NOS, Polysubstance Abuse
4/30/2014	R** Discharged BGH to B* therapeutic foster home - through Family Centered Services of Alaska (FCSA)	
5/8/2014	IEP Meeting at NPHS	
7/1/2014	Court hearing - OCS wants goal for R** to be changed to adoption; judge disagrees; orders APPLA	
11/10/2014	FCSA meeting re NPHS problems; R** pulled from NPHS	
11/24/2014	OCS Admin Review	
3/7/2015	Completed Older Youth Needs and Resources Assessment (FFA)	
3/10/2015	R** gets GED!	
5/11/2015	Custody extended by court through 6-1-2015	
6/1/2015	Permanency Hearing	Custody extended to 5-2-16. IL report to be filed by 8-1. Next hearing 11-16-15.
9/4/2015	Discharged from FCSA (B**'s) care and foster care licensing approved for S** home	
10/18/2015	R** admitted self to FHM for desire to self-harm	R** states she was raped by boyfriend in Aug
10/26/2015	R** discharged from FMH Behavioral Health Unit	
11/16/2015	Permanency Hearing	Judge states she will not term parental rights
11/23/2015	Admin Review	Adoption possibilities, safety
12/9/2015	Foster dad advised R** "disappeared" from home	
12/16/2015	R** says she is pregnant - 5 weeks along	
12/30/2015	R** gets job at hotel	
2/8/2016	R** says she is released from OCS custody as of 2/3	
8/27/2016	R** and J** Wedding	

SAMPLE CONTACT SHEET

CONTACTS - XYZ case

Contact	Organization	Phone	Represents
XYZ	Mom	-	
XYZ	Dad		
Anne H	GAL	451-5939	All children
XYZ	Foster Parents		All children
Carla C	SOA HSS	451-2650	All children
Jaylene D (supv to Carla)	SOA HSS	451-2077	
Kjersti B	RCPC		mom
Sandra B	RCPC		dad
Ms. R	military base		
Cindy B	Hope Counseling Center	451-8208	child 1
Kristel B	FCBHC	455-1575	child 2
Krista H	FCBHC	455-5334	child 3
Libby W	FCBHC	455-1575	case manager (all kids)
Margaret K	Ft. WW Family Advocate	361-6284	
Lisa H/Janelle	LEAP		mom and dad
	Changing Patterns		mom
	Turning Point		dad

agency	address	phone	fax
FCBHC Fairbanks Comm Behavioral Health Center	S. Cushman	452-1575	455-5278
RCPC Resource Center for Parents and Children	726 26th Ave, Suite 2	456-2866	
LEAP Alternative to Violence Programs	600 University Ave, Suite 3	452-2473	
Hope Counseling Center	926 Aspen Street (In Aurora off Hanson)	451-8208	
OCS Health & Social Services	751 Old Richardson	451-2650	
Ft. WW	parents see both a social worker and a psychiatrist		

Lageson CASA Volunteer Hours Summary

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Jan		1.15	1.95	2.5	5.25	16.42	3.58	0.83	31.92	14.42	21.67
Feb		6.65	1.75	2.55	2.75	24.5	4.42*	41.58	35.67	10.08	23.33
Mar		5.3	12.55	4.3	21.58	9.17	3.58	28.92	13.25	11.42	14.67
Apr		10.1	4	8.45	11.17	11.33	2	25.58	32.5	26	7.33
May	7.8	4.75	0.5	1.25	11.83	8.17	2	6.58	5.33	27.25	18.83
Jun	2.5	5.85	3.25	75.35	11.58	5.17	0	21.33	8.5	18.42	6.92
Jul	36	3	0.25	4.55	13.83	1.08	0	1.25	12.83	28.83	1.47
Aug	40	11.5	7.1	6.95	10.75	7	0	12.58	4	12.25	7.25
Sep	17.5	5.5	3.5	6.85	4.42	2.08	0	31.92	23.58	19.75	7.02
Oct	3.5	9.1	8	14.95	14.17	36.75	15	18.83	13.08	24.25	27.08
Nov	2.35	7.7	3.75	19.17	6.33	8.09	0	12	17.83	21.5	
Dec	OCS lost custody	8.8	10.75	4.33	1.33	6.33		12.25	18.08	8.42	
Total	109.65	79.4	57.35	151.2	114.99	136.09	26.16	213.65	216.57	222.59	135.57

Family Totals	Grand Total	Monthly Average
V.....	109.65	16
K.....	565.19	10
B.....	788.38	17
	1463.22	

AS A CASAI
 YOUR SUCCESS
 KEY FACTOR IN
 MOTIVATION IS THE
 YOUR

