

Chapter 5



TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN



What is addiction, really?

**It is a sign, a signal, a symptom of distress.
It is a language that tells us about a plight
that must be understood.”**

– Alice Miller

Chapter 5: Substance Abuse, Diversity and Disproportionality

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PRE-WORK INSTRUCTIONS

1. Read pages 176–191, “What is Substance Abuse?” through “Initial Case Notes for the Bass Case.”

What Is Substance Abuse?

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. “Substances” can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all.

Psychoactive substances, whether legal or illegal, impact and alter moods, emotions, thought processes and behavior. These substances are classified into different types (for example, stimulants, depressants and 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 a 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

To be clear, someone can use substances and not be addicted or even have a substance use disorder, as defined in the Diagnostic and Statistical Manual 5 (DSM 5).

CAUSES

There are different theories about how abuse/addiction starts and what causes substance abuse or 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. They can also develop as coping measures to traumatic stress, either acute or chronic.

It is important to remember that people suffering from abuse or 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 OPTIONS

The field of addiction treatment recognizes an individual’s entire life situation. Treatment should be tailored to the individual and guided by a treatment plan based on a comprehensive assessment of the affected person, as well as their family. Treatment can include a range of services depending on the severity of the addiction, from 12-step programs to outpatient counseling, intensive day-treatment programs and inpatient/residential programs.

Treatment programs use several methods, including assessment; individual, group, and family counseling; educational sessions; aftercare or 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 percent to 80 percent of families in the child welfare system are affected by addiction.”

It is helpful to remember that children of parents with substance abuse or addiction problems still love their parents, even though the parents may have abused or neglected them. While the volunteer must always consider the impact that substance abuse has on children, it is equally important to consider that prolonged removal from

What Is Substance Abuse?

a parent is traumatic for a child. When a parent is working to address their substance abuse, the focus should be on supporting these recovery efforts rather than advocating that visitation be withheld until the “destination” of recovery is reached.

Substance Abuse Statistics

QUICK FACTS ON DRUG ADDICTION

- According to the National Survey on Drug Use and Health (NSDUH), 21 million Americans (age 12 and older) experienced a substance use disorder in 2016.
- Almost 75 percent of individuals suffering from a substance use disorder in 2016 struggled with an alcohol use disorder per NSDUH.
- One out of every 9 people who experienced a drug use disorder in 2016, according to NSDUH, struggled with both alcohol and drug use disorders simultaneously.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) published that in 2016, 8.2 million American adults experienced both a mental health disorder and a substance use disorder, or co-occurring disorders.

STATISTICS ON SPECIFIC POPULATIONS

Adolescents (age 12–17)

- 488,000 American youths between ages 12 and 17 experienced an alcohol use disorder in 2016, according to NSDUH.
- An estimated 789,000 adolescents experienced an illicit drug use disorder in 2016, which was a decline from previous years, according to NSDUH.

Young Adults Age 18–25

- Approximately 3.7 million young adults age 18 to 25 had an alcohol use disorder in 2016, according to NSDUH.
- Approximately 2.4 million young adults age 18 to 25 had an illicit drug use disorder in 2016, which represents 7 percent of young adults per NSDUH.

Over Age 25

- In 2016, approximately 10.9 million adults age 26 or older had an alcohol use disorder, according to NSDUH.
- College graduates, age 26 or older, experienced 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.
- Two-thirds of the population over the age of 65 who struggle with alcohol addiction experienced an alcohol use disorder at a younger age and carried it with them as they aged.

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 the National Institute on Alcohol Abuse and Alcoholism (NIAAA).
- For boys and girls between the ages of 12 and 17, both genders experienced substance use disorders at similar rates, making it the only age bracket that men did not significantly outweigh women, according to the 2013 NSDUH.
- 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 the National Institute on Drug Abuse (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 experienced substance abuse and dependence in 2013, according to NSDUH.
- Hispanics and whites experienced substance abuse and dependence at similar rates in 2013, around 8.5 percent, while about 7.4 percent of African Americans struggled with it.
- Asian Americans were the least likely to suffer from substance abuse and dependency, with rates around 4.5 percent, per the 2013 NSDUH.

STATISTICS ON SPECIFIC SUBSTANCES

Alcohol

- According to the National Council on Alcoholism and Drug Dependence (NCADD), alcohol is the most abused addictive substance in America.
- In 2016, an estimated 15.1 million Americans aged 12 and older experienced an alcohol use disorder, according to NSDUH.
- Over half of all American adults have a family history of problem drinking or alcohol addiction, according to NCADD.

Cocaine

- 867,000 people over 12 (0.3 percent of population) struggled with a cocaine use disorder in 2016, per NSDUH.

Heroin

- 626,000 people over 12 (0.2 percent of population) struggled with a heroin use disorder in 2016, per NSDUH.

- Almost a quarter of people who use heroin will become addicted to it, according to the American Society of Addiction Medicine (ASAM).
- Individuals addicted to prescription drugs are 40 times more likely to become addicted to heroin, per the Centers for Disease Control (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.

Marijuana

- Approximately 4 million Americans 12 and over (1.5 percent of the population) experienced a marijuana use disorder in 2014, according to NSDUH.
- The majority of people struggling with marijuana addiction in 2016 were between the ages of 12 and 25, according to NSDUH.

Prescription drugs

- 11.5 million people age 12 or older (4.4 percent of the population) in 2016 misused prescription pain relievers, per NSDUH.
- Opioid misuse includes the misuse of prescription opioid pain relievers or the use of heroin. 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.

Honoring and Respecting Diversity

In the context of CASA/GAL volunteer work, “diversity” refers to differences or variety in people’s identities or experiences: ethnicity, race, national origin, language, gender, gender identity, age, 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 U.S. Census, approximately 36.3 percent of the population currently belongs to a racial or ethnic minority group. 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 percent of US residents in 2004 to 37.9 percent 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 section, keep in mind the particular cultural groups you will work with as a CASA/GAL 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. 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 children who’ve been abused or neglected. Building on our legacy of quality advocacy, we acknowledge the need to understand, respect, and celebrate diversity, including race, gender, gender identity, religion, national origin, ethnicity, sexual orientation, socioeconomic status and the presence of a sensory, mental, or physical disability. We also value diversity of viewpoints, life experiences, talents and ideas.

A diverse CASA/GAL 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/GAL 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/GAL volunteer whom is culturally competent and whom 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 their behavior.
8. As a person learns about the characteristic traits of another cultural group, they 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 Statistics: Race

- Though African American children make up 14 percent of the child population, they constitute 28 percent of the children in foster care. American Indian children make up 1 percent of the child population and 2 percent of the foster care population. Children with more than one race make up 6 percent of the child population and 7 percent 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 5 out of 6 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 U.S.

W.K. Kellogg Foundation, Families for Kids Project, 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 the average length of stay for white children (18.3 months).

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

- Research revealed that with all factors the same, African American and Hispanic 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

African American family dysfunction. Instead of being referred to foster care, 72 percent of Caucasian children receive services in their own homes. Just 40 percent of Hispanic children and 44 percent 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.

A Cultural Competence Vocabulary

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.

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 - The ability to work effectively with people from a variety of cultures, ethnicities, races, religions, classes, sexual orientations and genders.

A Cultural Competence Vocabulary

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

Cultural Humility - The ability for an individual to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of the cultural identity or identities that are most important to the other person. To practice cultural humility is to recognize self-humility, rather than the belief that one can achieve a total state of knowledge or awareness. It is the recognition that there is always more that can be learned from another person's experience.

Cultural Group - A group of people whom 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.

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.” With specific regard to CASA, we prefer to use language like “children who’ve been abused or neglected” or “children in foster care” versus “abused children” or “foster children.”

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.

Homophobia - Personal biases against, and discriminatory practices toward, people who are lesbian, gay, bisexual, transgender or queer (LGBTQ).

Intersectionality - The idea that identities are influenced and shaped by race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, etc., and by the interconnection of all those characteristics.

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

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.

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."

Minority Stress - Chronic stress faced by members of stigmatized minority groups. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes and/or concealment of one's sexual orientation.

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.

A Cultural Competence Vocabulary

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, particularly against women and girls.

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.

Transphobia - Bias against or prejudice toward transsexual or transgender people.

Values - What a person believes to be important and accepts as an integral part of who they are.

Xenophobia - A bias against or fear of all that is foreign, or a fear of/discrimination towards people believed to be foreigners.

Initial Case Notes for the Bass Case

CPS Case File					
Last Name of Case: 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 Caretaker(s)	Address	Phone
Foster Parents: Bonnie Matthews	52 Greylock Rd.	555-5874

Attorneys for:		
Mother	Sara Johnson	555-6498
Father	Fred Thompson	555-6644
CPS	Lisa Kelly	555-6298
Child	Kate Mackenzie	555-0513

Case History
<p>Three weeks ago: Child, Lavender Bass, age 6, came into care following a complaint made by her paternal grandmother. On her tip, the CPS investigator located the mother and child behind the bar where mother is employed.</p> <p>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 the mother was arrested for public drunkenness.</p> <p>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.</p> <p>The CPS 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.</p>

Case History continued

Your First Interview with CPS Worker

You arrange to meet with Lisa Kelly, the CPS 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. 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 CPS 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 CPS investigator substantiated the case, took Bass 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 Report Case Summaries

John Bass (alleged father) is in the county jail approximately 100 miles from the foster placement. He was arrested for marijuana possession. 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 an active, present father to Lavender. Mr. Bass states that he and Lavender are Native American. 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."

Case History continued

Lavender Bass (6 years old) 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.

Susan Mailer (biological mother) has a history of drug abuse and violent behavior. Three weeks ago, CPS 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 CPS worker continues to leave messages via phone. CASA is able to reach mother via phone. 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 feels that drugs are being done at the home of the maternal aunt and grandmother. The children are also fearful of the aunt and grandmother.

END OF PRE-WORK FOR CHAPTER 5

The Effects of Substance Abuse on Parenting

It is important to remember that when a parent is involved with drugs or alcohol to a degree that interferes with the ability to parent effectively, a child may suffer in many ways:

- A parent may be emotionally and physically unavailable to the child.
- A parent's mental functioning, judgment, inhibitions and/or protective capacity may be seriously impaired by alcohol or drug use, placing the child at increased risk of all forms of abuse and neglect, including sexual abuse.
- A substance-abusing parent may "disappear" for hours or days, leaving the child alone or with someone unable to meet the child's basic needs.
- A parent may also spend the family's income on alcohol and/or other drugs, depriving the child of adequate food, clothing, housing and health care.
- The resulting lack of resources often leads to unstable housing, which results in frequent school changes, loss of friends and belongings, and an inability to maintain important support systems (religious communities, sports teams, neighbors).
- A child's health and safety may be seriously jeopardized by criminal activity associated with the use, manufacture and distribution of illicit drugs in the home.
- Eventually, a parent's substance abuse may lead to criminal behavior and periods of incarceration, depriving the child of parental care.
- Exposure to parental abuse of alcohol and other drugs, along with a lack of stability and appropriate role models, may contribute to the child's future substance abuse.
- Prenatal exposure to alcohol or other drugs may impact a child's development.

Shannon's Story

Shannon is the fourth child born to Caterina. Shannon's oldest half-siblings, two sisters who are each more than ten years older than Shannon, are in the custody of their father in another state. Caterina has not seen them in several years. The remaining half-sibling, a boy, lives locally with his father and spends weekends with Caterina.

Shannon was removed from Caterina's custody when she was approximately 1 year old because Caterina was arrested for driving while intoxicated with Shannon in the car. Shannon was placed in foster care with Natalia and Marie, a couple with no other children.

Shannon remained in foster care with Natalia and Marie for 16 months while Caterina engaged in treatment for her addiction to alcohol. During this time, Caterina, who initially fought treatment and was unable to complete her first stint in residential treatment, successfully completed treatment at a second facility and at a halfway house. Upon leaving the halfway house, she secured a centrally located three-bedroom apartment and reported consistent attendance at 12-step meetings. She engaged in therapy, secured a mentor through a women's mentoring program run by the United Way, and attended training in medical records management, though she struggled to find a job.

Communication with Natalia and Marie was frequent and supportive. The couple rallied their church to help furnish Caterina's apartment and, with the permission of Shannon's caseworker, often picked Caterina up on Sundays so that she could attend church with them and Shannon. Visits with Shannon, at first brief and supervised, increased to unsupervised overnight and weekend visits. When she was 28 months old, Shannon was returned to Caterina's custody.

In the months that followed, Caterina enrolled Shannon in preschool, continued her job-related training, and continued to report regular attendance at 12-step meetings. Caterina maintained a relationship with Natalia and Marie. Shannon often spent Sundays with them and even joined them on an out-of-state vacation to visit Marie's family.

After a little more than a year, Caterina relapsed in an episode for which Shannon was present, and Caterina was transported to the emergency room. Caterina called Natalia and Marie from the hospital. They picked up Shannon.

Shannon's Story

Her placement return to Natalia and Marie's home was formalized the next day. In the 15 months that followed, Caterina successfully completed day treatment for her addiction. She secured and retained employment. She continues to live in the same apartment. Visits with Shannon started almost immediately after her return to Natalia and Marie's home and have continued, though they continue to be supervised and more limited than during Shannon's previous time in foster care. Communication between Caterina and Natalia and Marie is more limited and guarded.

Shannon is now 4.5 years old. Natalia and Marie have recently hired an attorney to represent their interests in court. They are willing to adopt. The goal for Shannon remains to return to her parent, but all involved are unsure as to how to proceed and what is in Shannon's best interest. Should she return to Caterina, or should Caterina's parental rights be terminated so that Natalia and Marie can adopt? What do you think?

Can the Child Return Home? Key Points to Consider

In deciding whether a child can return home to a family where substance abuse occurs, many factors should be weighed. These include:

- The parent's ability to function in a caregiving role
- The child's health, development and age
- Parental history of alcohol or other drug abuse and substance abuse treatment
- Safety of the home
- Family supports
- Available treatment resources
- Treatment prognosis and/or length of sobriety

A dilemma that often arises is the conflict between the legal mandate (and the child's need) for permanence and the long-term treatment (including in-patient treatment) that parents who struggle with addiction may need. If a parent is in treatment, consideration should be given to placing the child with the parent rather than in foster

care. Although foster care is sometimes the only available option, the child may feel punished when placed away from the parent. The focus should be to support successful treatment, while simultaneously working at keeping the child with the parent.

What a CASA/GAL Volunteer Can Do

Educate yourself about the power of addiction and about resources such as Alcoholics Anonymous, Narcotics Anonymous, Rational Recovery, Al-Anon, Alateen and Nar-Anon. Support those family members who are willing to deal with the substance abuse problem, even if the person with the substance dependence is not.

Services for which you might advocate include:

- Thorough assessment with recommendations for treatment
- Substance abuse treatment services (especially programs where the child can be with the parent, if appropriate)
- Home-based services to build family skills
- Relocation out of an environment where drug or alcohol use is pervasive
- Financial assistance and child care while parents are in treatment
- Support services such as SSI (Supplemental Security Income), TANF (Temporary Assistance for Needy Families), food stamps, job training and child support
- When a child is in foster care, frequent visitation in a homelike atmosphere or an informal setting such as a park
- Assistance for a parent who abuses substances and is seeking to flee a domestic violence perpetrator, such as obtaining a protective order, finding alternative housing and performing other necessary steps (domestic violence victims are more likely to remain sober away from the abuser)

What Is Culture?

Culture is a learned pattern of customs, beliefs and behaviors, socially acquired and socially transmitted through symbols and widely shared meanings. Culture can be defined as an organized group of learned responses and ready-made solutions to problems people face and how to live day-to-day.

Culture is not only bound by race and ethnicity. Groups of people who work in certain fields may develop a unique culture. They have a unique language, practice model, etc. Culture defines how we do things, think about things and talk about things.

There are many analogies that help us understand culture. One is that culture is like an iceberg: There are parts we can see and parts we can't see but know are there. The part above the waterline makes up only about 10 percent of an iceberg's entirety. The visible parts of culture might include dress, music, food and games. Those that we can't see but know are there include unwritten rules guiding patterns of speech, concepts of time and the meanings of body language.