



CASA News and Views Cochise County Newsletter

March 2013

Features

Articles

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Coordinator's Comments



You may or may not know that in March I will be taking a two-week vacation starting March 4th and returning to work on March 18th. I've arranged for three seasoned volunteers to help with case management during that time: Mary Blanchard, Anita Cogburn, and Ned Letto. If you have a question on your case, please call or email them your concerns/questions... **confidentiality**

does apply with emailing. If they can't answer your question, they will go to my supervisor, Joseph Conrad, and/or Kathy Meadows who is the CASA of Coconino County Coordinator.

Anita is the 'baby CASA' expert so if you have a young one, she would be the most likely one to help. Mary and Ned have a lot of experience with the older youth, especially teenagers. However, feel free to talk to any of the three volunteers and my supervisor Joseph Conrad. Of course you can also contact Kathy directly. Kathy wanted me to let you know the phone lines in her office are not working properly. So, if you leave a message and Kathy hasn't called in a timely manner, either call again or send her an email. Kathy is very easy to talk to and has a wealth of knowledge.

LuRue has volunteered to get the mail out for us so that you will get the information on your case without delay. If you have court reports due for the week I get back, you will be notified and

asked to get them in so we can tackle them immediately upon my return.

I know that you will be in good hands and if you need any help...it is available. I would say you could call me, but I'll be in Turkey for those two weeks and not reachable by phone.

I'll be sending the contact information via email since this newsletter goes to lots of people.

See you when I get back.



Joan Hansen
Cochise County CASA Program Coordinator

March 2013						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Peanut Butter Lover's Day 	2
3 I Want You to be Happy Day	4	5	6	7	8	9 Tom M. 
10	11	12 Plant a Flower Day 	13 Jessica L. 	14 Popcorn Lover's Day 	15 Incredible Kid Day ↓	16
17 St. Patrick's Day 	18	19	20 International Earth Day 	21 ↓	22 Zanetta B.  ↓	23
24	25	26	27	28 <u>Julia</u> : Court Report due for AM	29	30 Take a Walk in The Park Day
31 Easter Day 	→3/15/13 <u>Tom</u> : Court Report due for S kids		→3/21/13 <u>Tom</u> : Court Report due for B case <u>Bethany</u> : Court Report due for L/O		→3/22/13 <u>Ilene, Mary, Ned</u> : Court Report due for L-A/A/Y	

Created by Lissete Olivares, CASA Support

CASA Headliner for March



Patti Studley

As soon as I typed in Patti's e-mail address, I realized she was going to be an amazing woman. Her e-mail is "mamastud." I could hardly wait to meet her. She walked into Schlotzsky's (our meeting place) looking like a million dollars and radiating energy and enthusiasm. I quickly found out that the "mama" is because she has 6 kids (3 girls and 3 boys). She is proud of every single one of her children, and someday I will write an article just on their adventures.

I'm sure you already figured out that "stud" is short for her last name, but maybe it's not. I didn't ask her.

Patti has been a teacher and has directed an early intervention program. She told me she loves babies and young children. She was quick to add that she also likes intermediate ages and teenagers. She says she is happy to work with any age where she is needed.

Patti has been a CASA volunteer since 2008. She found out about CASA from reading the Sulfur Springs Cooperative newsletter Currents. There was an ad for volunteers for the Foster Care Review Board. Patti investigated and signed up. After she joined the board, she found out about CASA and joined. To this day, she is a volunteer for both organizations.

Patti was first a CASA volunteer in Benson, then moved to Safford in Graham County, and then back to Benson, all the while remaining an active volunteer. She says that the common theme in her cases is emotional trauma, which she says is harder to see than

other types of abuse but is a very powerful negative force.

Her first case was interesting because she was working with an older teenage girl (17). The foster mother was only 9 years older than the girl. The foster mother and the girl reminded Patti of her own relationship with her older sister, but Patti was quick to point out that the foster parents definitely parented this girl. They ended up adopting her.

Much of Patti's work with this girl was helping her find scholarships. The girl was given generous scholarships because of her First Nations' heritage. Patti also recalls it was difficult getting the girl her driver's license because it took awhile to track down the birth certificate.

Patti had many years of experience working with infants and young people before she became a CASA volunteer. She starts by simply hanging out with them. She finds out what they like and what they do. With her current case, she went to the baby sitter's house and simply played games with them. She learned that the children loved IHOP and the park and bowling, so they did that to-

~Continued on next page

CASA Headliner for March (Continued)

gether. She learned that Little League has scholarships for foster children. She contacted CPS and got them to fill out the form. She is going to buy some sports equipment so they all can participate. I pointed out that she could ask the CASA Council for money to do this. I also reminded her that she could ask the CASA Council to pay for special occasions such as IHOP or a movie.

Two of her cases were placed with a family member in kinship placement. The first of these cases was placement with an aunt and uncle, and the boy ended up being adopted by them. The other case started with an aunt, moved to the maternal grandmother and ended up with mom moving back into this home, getting back custody of her kids and living with her parents.

One case changed forever Patti's perception of her role as a CASA volunteer:

She began this case in the summer. She went on vacation shortly after taking the case. She was not able to connect with CPS. She had a hard time making contact with

anyone involved with the case. It took almost a month before she was able to get any response to her questions--"Where are the kids?" "What is happening?" It was a rough start, but she says, "Once I connected, it was okay."

There was one problem. She was in touch with everyone but Dad. He was very hard to contact, so she finally decided the only thing to do was to make arrangements to attend a supervised visit. She made the necessary arrangements and met and talked to Dad. She began to get the feeling that something was not right. As she talked with Dad and observed him with the kids, something whispered to her that Dad only wanted the kids to use as a lever to get Mom back. Her gut feeling told her to check out Dad.

She was about to write her first court report on this case. Patti began her investigation. The kids seemed to be heading back to Dad. Dad was meeting all his benchmarks. Dad had a long history of domestic violence. Mom had moved to Tucson to avoid contact with Dad and was sporadic in her involve-

ment with her kids because she was afraid of Dad. Before CPS stepped in and took the kids out of the house, Mom was the central parent figure. Dad was an abusive husband and not much involved with the kids. Dad wanted immediate custody of the kids.

To find out more information to justify her gut feeling, Patti contacted the case manager who pointed out that Dad was compliant and Mom was sporadic in attending meetings and missed some visits.

Patti contacted the children's lawyer who agreed with Patti that the children should not be placed with Dad.

Grandma did not want the kids to go back to Dad. Patti realized that continuing guardianship with Grandma was the best option for the kids until Dad proved himself to be a reliable parent. Mom also needed time to prove she was a reliable parent. Patti realized that Mom did not intend to abandon her kids. Mom loved her kids and they loved her, but she needed time to recover from her experiences and find a way to provide for herself and her kids. Grandma supported her daughter, was willing to keep the kids, and

~Continued on next page

CASA Headliner for March (Continued)

they were happy living with her.

Patti was about to write her court report. She realized that the momentum of the case was moving towards Dad. She knew in her heart that the kids shouldn't go back to Dad, and she decided that continuing guardianship with Grandma was in the best interest of the children. She realized that she had to justify her position. She decided that she needed to give reasons for the kids to stay at Grandma's instead of listing reasons to go to Dad. That's exactly what she did.

Her bold move slowed things down. Dad did not get immediate custody of the children. The children stayed with Grandma, and the case plan remained "Return to parent". Both parents would be given a chance to prove themselves. Shortly thereafter, Dad became so frustrated with all the delay that he threatened Grandma and the children and finally dropped out of the case.

This experience taught Patti something she will never forget:

If you have reservations...something isn't right...don't hesitate to sound the alarm. Don't be afraid to act. You must do something! Act quickly... you must be prepared to fight in court!

Patti is convinced this case would have gone the other way if it hadn't had a CASA volunteer!

Patti's philosophy is "fight for those kids the best you can. You do your best and at the end of the day, you have to let it go."

Her advice to all CASA volunteers is: "**Truly believe what you are doing makes a difference. Never give up!**"

CASA COUNCIL REMINDER

Patti knows that the CASA Council is an organization that exists to help our kids. She has requested things her kids needed and has always gotten them. What she didn't realize was that special occasions also brighten a child's life. All of us know that a special outing can enrich a child's life. If you are planning a special meal at a restaurant or are taking your child to a movie or to the carnival when it comes to town, give Joan a quick call and ask if this could be funded by the CASA Council. I heard of one request for fake nails and other items for a beauty makeover. **Perfect!** Every little girl deserves to feel like a princess once in a while.

Remember, you must send in a written request to the CASA Council as well as the receipt. Address your request to the CASA Council and send it to Joan. The CASA Council will send you a check at their next meeting. And I always call Joan and let her know I am making a request to be sure it is something that would be covered.

by **Mary Blanchard**, Cochise County
CASA Volunteer

CASA Kids Who Reject their CASA Volunteer

by Penny Duvall and Mary Blanchard, Cochise County CASA Volunteers

Penny and I were having lunch when the subject came up of what to do when a CASA Kid states he or she no longer wants a CASA Volunteer. This has happened to me more times than I care to remember, and believe me, it will continue to happen.

This is typically not a personal issue between the CASA Kid and the CASA Volunteer. There are other issues the CASA Kid is experiencing. These include adjusting to a new placement, a new school environment, and general uncertainty. With this confusion the CASA Kid may feel or perceive that the system is not providing anything positive.

The CASA Kid expresses this in different ways. These can include telling those involved in the case what the CASA Kids think they want to hear. The CASA Kid may pretend to be ill to avoid going to school, not complete homework and generally not follow school procedures. Frustration can lead to the CASA Kid not following any rules or procedures in or out of the home.

All of this leads to a breakdown in the relationships between the CASA Kid and

others. The relationship between the CASA Volunteer and the CASA Kid is no exception. The CASA Kid may even directly state he/she does not need or want a CASA Volunteer.

So what is a CASA Volunteer to do?

We came up with the following action plan.

1. Do not quit the case. You will somehow find strategies to use to continue to be an effective CASA Volunteer.
2. Continue to focus on what we do. **Advocate. Yes, continue to advocate for your child no matter what.**
3. Continue to maintain contact with your child and realize that emotions and opinions change week to week.
4. Make it a priority to empower the child.
5. Give the child choices. If the child isn't one who will choose, give him/her two options and ask the child to choose one.
6. Find something the child can be in charge of (pay the bill at the restaurant, figure out the tip, buy the

movie tickets, pick out flowers for the foster mother at the store, choose the radio station when driving with you). If you feel you need to visit classes at the school, let the child choose the first class.

7. Discover the child's interests. Try to find ways to incorporate those into your visits.
8. If you find yourself asking "Why am I on this case" or saying to yourself "This is my last case. I'm not doing this anymore," wait it out. Don't give up.
9. Let the child know you care.
10. Be patient.
11. Be vigilant about maintaining other interests that call to you. It gives you a mental break and rebuilds your self-esteem.
12. Consider learning how to meditate.
13. Look at your case with new eyes.
14. If the personal bond isn't there, focus on the advocacy. Your child will move on, and if you have given all that you have to give to your child and nothing more can be done, then you have been an effective CASA volunteer.
15. ***If you are spending money, don't forget to ask the CASA Council for help.***

What Do You Do When Your CASA Kid Doesn't Want Any Help?

by **Ginger Shreve, Mary Blanchard & Ned Letto, Cochise Co. CASA Volunteers**

Quite frankly, I find it very discouraging when my CASA kid refuses to listen to me. Over time (years), I have learned to be patient if the child is making decent choices even though I think there is a better option. I support the choice and have my suggestions ready "to improve things" if the opportunity arises. Because the child believes in his course of action, things may work out very well indeed.

There is a serious problem when what the child wants is not in any way, shape, or form in his/her best interest. Using drugs, having babies, dropping out of school, and engaging in criminal activities are totally bad choices, and every CASA volunteer, and the whole team for that matter, should pull out all the stops to keep these choices from happening.

Random drug tests might discourage drugs use. If "everyone" in your young person's circle is having a baby, your influence may not be enough. Find a responsible person who has a bond with your CASA kid and enlist that person's help. Sometimes going to school and sitting in class and working with the school will make school more palatable. Involve the team in dealing with possible criminal activities.

Keep reminding yourself that you are not going to quit this case. You may not be able to change the destructive path, but don't stop working to improve the situation. Keep lines of communication open. And be ready to offer positive support no matter what.

Ned Letto has had many, many cases, and before he wrote this small article, I never knew that any of his cases ever went south. He is a dedicated and effective CASA volunteer, but every case is different, and he had one case where he was not able to reach the young person or improve the situation no matter what he did.

Here is Ned's experience:

The closest I've come to having a child who didn't want me involved is a situation with a 17-year-old girl. She was placed with my favorite Foster Parent and the FP asked me to be her CASA. Before I accepted the case, I asked the FP pointedly, "Why does a 17-year-old girl really want a 71-year-old man as her CASA?" The answer from the FP about why I should take the case was "because she needs you." In the end, I took the case.

At the time, the young lady had pending drug

charges. After I visited the county attorney to get the case sent back to JPO for diversion and then accompanied the young lady to her JPO hearing, we were able to get through this with a letter of apology to the FP and a dissertation about the effects of drugs on the human body.

It turns out the girl didn't get along with men. Her life experiences were responsible for a distrust of men. I did see her once a month but I believe it was at the request of the FP that she went along. Our visits were brief and terse. A couple of times I did have conversations with her about my doing this because I care what happens to her and that this was a commitment to her and was not a job for me. Luckily, she was already 17 when I took the case and I only had the case for 8 months. I was never able to break down the walls.

On her 19th birthday I was able to give her a birthday card in person with some cash. She was very grateful and told me "now I can get some groceries". She's back on drugs and not eligible for independent living. I helped her the best I could, but sometimes help just isn't accepted.

Ned

The Impact of Trauma on Child & Adolescent Development

From: *The Adolescent Brain: New Research and Its Implications for Young People Transitioning From Foster Care* © 2011, Jim Casey Youth Opportunities Initiative

Part II

RESILIENCE AND BRAIN REWIRING/ NEUROPLASTICITY

Although early childhood is a critical time for brain development, early trauma can be offset by later life experiences.¹⁰⁵ Research indicates that brain development is not complete by the age of three years, as was previously believed.¹⁰⁶ Because of the plasticity of the brain, neural connections can be rewired when the individual has the benefit of corrective experiences and relationships.¹⁰⁷ As a result, young people who have experienced abuse, neglect, or separation from family in early childhood can develop resilience when supported by safe, nurturing, and caring adults.¹⁰⁸ They can learn to thrive when provided with positive new learning experiences and developmental opportunities.¹⁰⁹ Science provides important information on resilience and on the neuroplasticity of the brain—information that

is essential for child welfare practice with young adults who have experienced trauma and loss.

¹⁰⁵ Etts, 2008.

¹⁰⁶ Glided, 2010.

¹⁰⁷ van der Kolk 2006.

¹⁰⁸ Reed, 2006.

¹⁰⁹ Reed, 2006; Giedd, 2010

Resilience

Resilience has been defined as the ability to overcome adverse conditions and to function normatively in the face of risk.¹¹⁰ Resilience should be viewed as the outcome of an interactive process that takes into account the presence of risk factors, the level of risk exposure, and the strength of protective factors and adaptation.¹¹¹ Children and youth who are resilient handle stressful situations with effective coping skills.¹¹² A number of internal assets or personal characteristics appear to promote resilience. These include social competence, a strong self-image, and a sense of purpose.¹¹³ Studies also have identified resilience-promoting protective

factors in the child's or youth's environment. One key protective factor is a caring, supportive relationship with at least one person.¹¹⁴ In the context of growth and development, a single nurturing relationship has been found to make a major difference in a child's life.¹¹⁵

¹¹⁰ Jenson & Fraser, 2011; Luthar, Cicchetti, & Becker, 2000.

¹¹¹ Fraser, 2004.

¹¹² Jenkins & Keating, 1998.

¹¹³ Benard, 1991.

¹¹⁴ Masten & Reed, 2002.

¹¹⁵ Newman & Blackburn, 2002; Reed, 2006; Berliner & Benard, 1995.

Rewiring the Brain After Trauma: Neuroplasticity

Traditionally, the human brain had been seen as relatively hardwired and fixed.¹¹⁶ However, new neurobiological findings show that effects of trauma—physical abuse, sexual abuse, or neglect—are not necessarily permanent. Neuroscience demonstrates that the brain is constantly forming new neural pathways, removing old ones, and altering the strength of existing connections.

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The Impact of Trauma on Child & Adolescent Development (Continued)

Neuroplasticity refers to the ability of the brain to alter its structure in response to experience.¹¹⁷ Emerging science indicates that the window for psychobiological change does not close by age 3, upending the former deterministic view. Although the most rapid period of brain growth occurs during early childhood, the brain continues to change throughout adolescence and adulthood.¹¹⁸

Science makes clear that rewiring of the brain is supported by healthy relationships with a caring adult.¹¹⁹ It is also promoted by programs and services that provide young people with opportunities to learn through experience. In this way, they can develop skills and abilities that they can carry throughout their lives.¹²⁰ Connection to caring, supportive adults has been found to exert a powerful impact in supporting the brain's altering of itself in healthy ways.¹²¹ Positive experiences that contradict a traumatized child's negative expectations are likewise critical to helping the brain to readjust itself.¹²² The Guideposts for Success for Youth identify a five-element

framework for creating this kind of positive change: (1) school-based preparatory experiences, (2) career preparation and work-based learning experiences, (3) youth development and leadership, (4) connecting activities, and (5) family involvement and supports.¹²³

¹¹⁶ *Garland & Howard, 2009.*

¹¹⁷ *Garland & Howard, 2009.*

¹¹⁸ *Gunnar, Herrera, & Hostinar, 2010; Mustard, 2010; Schwartz & Begley, 2003.*

¹¹⁹ *Chamberlain, 2008; van der Kolk, 2006.*

¹²⁰ *Walters, et al., 2010; van der Kolk, 2006.*

¹²¹ *van der Kolk, 2006.*

¹²² *van der Kolk, 2006.*

¹²³ *National Collaborative on Workforce and Disability for Youth, 2009.*

Part III in upcoming issue



Ginger Shreve

She is the first volunteer to achieve all her training requirements for this year.

Thank you, Ginger!!

Ned & Pat Letto

On Thursday, February 7, Ned Letto and his wife Pat were named the Arizona Family of the month for the month of January by the Knights of Columbus. The selection as family of the month was based primarily on Ned's work as a CASA Volunteer. The Knights of Columbus is a Catholic Fraternal Organization.



Knights of Columbus
Arizona State Family of the Month



Parking Lot Questions

These are questions which were asked at the CASA Advocacy Academy, but were not answered by the presenter at the time. A training specialist has answered them.

How do you deal with situations of those using substances that are prescribed such as grandparents addicted to Oxycontin – are they looked upon the same as illegal drugs when placing children?

CPS evaluates the appropriateness of all potential placements, relatives or otherwise, when making decisions about a child's permanency. Issues with substances, legal or illegal, would need to be addressed.

Today's Inspiration

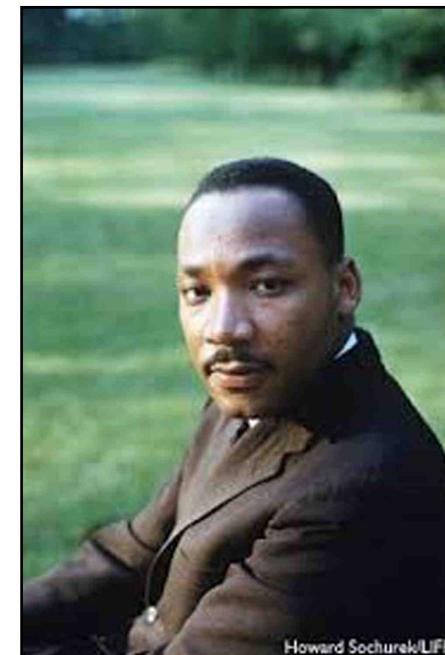
Quote of the Day

"No work is insignificant. All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence."

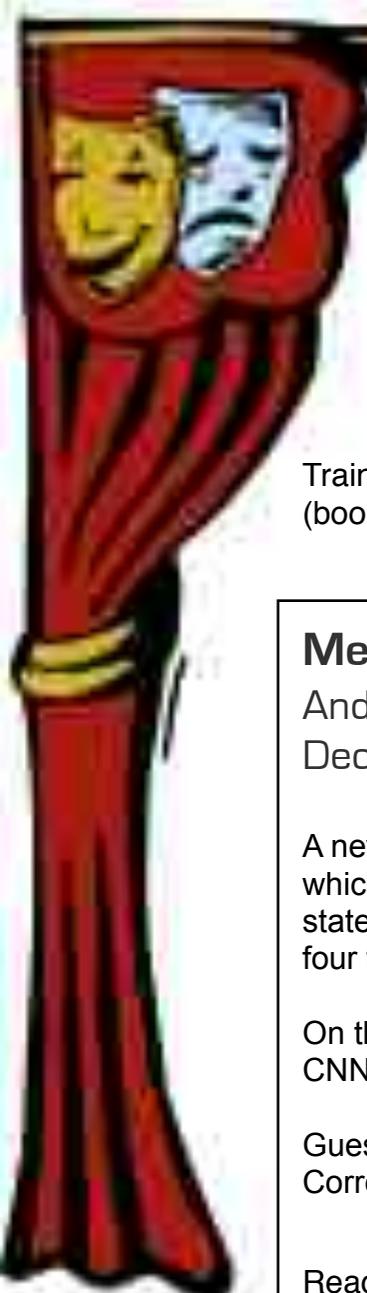
~ Dr. Martin Luther King, Jr.

About Dr. Martin Luther King, Jr.

Martin Luther King, Jr., the revered civil- rights activist renowned for his stirring "I Have a Dream" speech, was arrested more than 20 times for his part in civil-disobedience actions. He was born on January 15, 1929. He believed in the power of nonviolent protest, and organized the Montgomery Bus Boycott to protest Jim Crow segregation laws. The protest was successful, leading to a change in the law and cementing King's leadership in the emerging movement. He was assassinated on April 4, 1968.



Howard Sochurek/LIFE



Training Opportunity

Now Playing for March

Training Hours can be achieved in many ways. There are training sessions, seminars, webinars, conferences, reading (books, articles, this newsletter, etc) as well as taking online courses and watching TV specials.

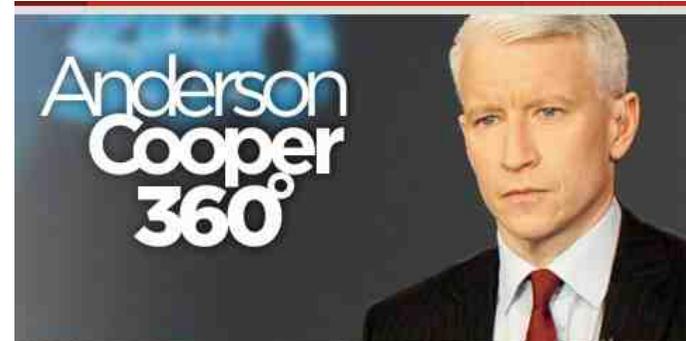
Medicating Foster Kids

Anderson Cooper 360 Degrees
December 1, 2011

A new report from the Government Accountability Office, the GAO, which looked at foster kids and other children on Medicaid in five states. What it found is that -- foster kids were anywhere from two to four times more likely to be prescribed psychotropic drugs.

On the following three pages is a transcript from CNN's AC360.

Guests are Dr. Sanjay Gupta, CNN Chief Medical Correspondent



and
Michael Piraino, CEO of
National CASA Association.



Reading and writing a summary of this transcript is worth 1/2 hour of training. Send the summary to Joan for credit.

Transcript from Anderson Cooper 360 Degrees

**Anderson Cooper 360 Degrees,
December 1, 2011**

**Guests: Dr. Sanjay Gupta & Michael
Piraino, CEO of National CASA Assn.**

Up next a pharmacy full of drugs being prescribed to young kids. We're not just talking Ritalin, two drugs, three drugs. We're talking five drug more combinations of mind-altering medicines. We've got the details from a stunning new report. A GAO report. And perspectives from our own doctor "360 MD" Dr. Sanjay Gupta.

On kids and mind-altering drugs. Not street drugs. Psychiatric medications prescribed by doctors and being given in doses in combination that are in some cases mind-blowing to some of society's most vulnerable kids. Anti-psychotics, anti-depressants, powerful tranquilizers and sedatives, all the familiar brands, Prozac, Ritalin, Zoloft, Ambien. With all the familiar side effects being given to kids, sometimes even to infants.

Now it's all been documented in a new report from the Government Accountability Office, the GAO, which looked at foster kids and

other children on Medicaid in five states. What it found is that -- foster kids were anywhere from two to four times more likely to be prescribed psychotropic drugs. It found more than 20,000 kids in both groups taking more than the maximum recommended dosages. So higher dosages than recommended.

Seventeen hundred kids in both groups were taking five or more different drugs at the same time. Five mind-altering drugs or more at once. And according to the report, more than 4,000 infants were on psychotropic drugs. Kids a year old or younger being given drugs that doctors say no child should actually take. The report points out that many of the foster kids do in fact have greater mental health needs because of what they've been through in life. Yet the report warns they're also potentially at higher risk for health problems, and quote, "According to GAO's experts, no evidence support the concomitant use of five or more psychotropic drugs in adults or children." Means taking them at the same time. Yet GAO investigators found thousands of kids in or out of foster care who are on such combinations. And as ABC News found out

when they reported on the problem, many of these drugs are nightmarishly hard to quit.

(BEGIN VIDEO CLIP) UNIDENTIFIED FEMALE: Get down. Come here, Ross.

(END VIDEO CLIP)

COOPER: Those were kids going through withdrawal. The question is, are we overmedicating kids, in particular the most vulnerable of kids and if so, why?

"Digging Deeper" now, our 360 MD, Sanjay Gupta, and Michael Piraino, CEO of the National Court Appointed Special Advocate Association. Sanjay, the number of kids being medicated seems very high. In some cases kids were on five -- five or more drugs at one time and at levels exceeding FDA regulations. What do you make of it?

DR. SANJAY GUPTA, CNN CHIEF MEDICAL CORRESPONDENT: Well, you know, first of all, there's not a lot of data or guidelines and using some of these medications in children that young. So it's striking just from that regard alone. I mean

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Transcript from Anderson Cooper 360 Degrees (Continued)

you're flying a little bit blind and then as you read, Anderson, a lot of people read that you know sometimes five or even more of these medications being used in the same child, it was pretty striking. And I -- a lot of my colleagues and I were talking about this today that the concern of some of these foster children, you know, have been neglected, have been abused, may need some sort of therapy, but using these many medications, I think -- you know, I think was concerning for everybody. Also the longer term effects on the brain. Something I'm very interested in. We just don't know. Because a lot of these medications, Anderson, are tested in adults first. A lot of the data in terms of safety comes out of adult data. So it's very hard to apply some of that to children. We do know that there can be some long-term effects on the brain. We do know some of these medications can cause weight gain which is significant weight gain.

We do know that some of these medications can double, even triple the risk of a child developing diabetes down the road. So you know, I think there's lots of reasons to be concerned.

One thing I'll just tell you really quick, and here's what Michael says about this. We talk to other psychiatrists who say, look, even in the general population, we're seeing the study now. But even in the general population, non-medicated children, children who are not in foster care, the numbers if you really sat down and analyzed them would also likely be strikingly high.

COOPER: Michael, you say this is actually one of the biggest concerns that you're hearing from people working with foster kids. I mean, are kids in the system being given drugs that they don't need? Because that's what it certainly seems like in this GAO report.

MICHAEL PIRAINO, CEO, NATIONAL CASA ASSOCIATION: It really feels like that. Some of these numbers that you read are awful. But when you hear the stories, the suffering that kids are going through when they have five. But they're even more medications some kids have. There are kids with 12. And they describe being like zombies and the suffering they go through is just terrible. So

we feel very strongly that this is a serious issue and it needs to be changed.

COOPER: I mean, I can understand, Michael, kids who are in the foster care system may be -- you know obviously they're dealing with issues that come from difficult backgrounds and therefore it would be understandable they might -- they have a higher incidence of needing medication.

But the combinations, the high numbers of combinations beyond what's actually effective, and that may even be counteractive, and also the age of some of these kids, I mean giving children under the age of 1 year old some of these medications, it's -- this is, as Sanjay was saying, uncharted territory.

PIRAINO: Yes, you can't -- I can't imagine giving infants these drugs. But on the other hand, we've also heard of toddlers, toddlers who have been placed in hospitals for behavior problems and then they're put on medications. And I'm not a physician, but I can't believe that we can't do better, we can't provide better care, better thoughtful

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Transcript from Anderson Cooper 360 Degrees (Continued)

diagnosis when we do need to use these drugs. And this is -- to me, this is one of the big issues is, this is a system that is chronically short of time for kids. And if you're going to be using psychotropic medications with them, you have got to do it carefully.

COOPER: Right. Sanjay, the GAO reporter are saying that there's no evidence really about the efficacy of using five or more of these drugs.

GUPTA: Right. And that's part of the problem. I mean that data -- and we looked pretty hard for it today in terms of using that many drugs isn't readily available in adults even in whom these drugs have been tested. Even less so in children. And you mentioned, Anderson, about children under the age of one. I mean that completely blew me away when I read that. I literally read that line several times.

COOPER: Yes -- I think it was 4,000 infants under the age of one are being given medication.

GUPTA: I don't even know how they're diagnosing a problem. So we've made calls on this trying to figure out exactly what was going on. And as you might expect, if you try and dig a little deeper into this is that these are -- a child might be getting medications because they're colicky, because they're crying, because they're -- you know, they're difficult to care for in some way in that setting. I have some of the numbers here in front of me, Anderson. A lot of the medications being prescribed in children that young were sort of antihistamine type medications. They're classified as anti-anxiety medications but they're anti-histamines like Benadryl, for example, which aren't recommended in children under 2 in the first place. But they give this medication to try and put these kids to sleep. And they're doing it in the high numbers that you just mentioned.

COOPER: So, Michael, what needs to be done to fix the situation?

PIRAINO: I think at least four things have to be done. One is, in every state there ought to

be court review of the use of psychotropic medications on every one of these kids. The other one is there has to be informed consent for young people who are capable of giving it and that is not consistent across the states. We also need more mental healthcare providers, child psychiatrists and psychologists, and I would propose we look at loan modifications and loan forgiveness for them if they're willing to treat foster youth.

And then every one of these kids needs an advocate. We really need to make sure that somebody is watching. If things aren't going right, somebody raises the alarm and says something is wrong for every one of these kids. We need that.

COOPER: Right. It sounds like all good advice. Michael Piraino, appreciate your time and your expertise. Sanjay as well. Thank you.

GUPTA: Thanks, Anderson.

COOPER: It's pretty just shocking report.

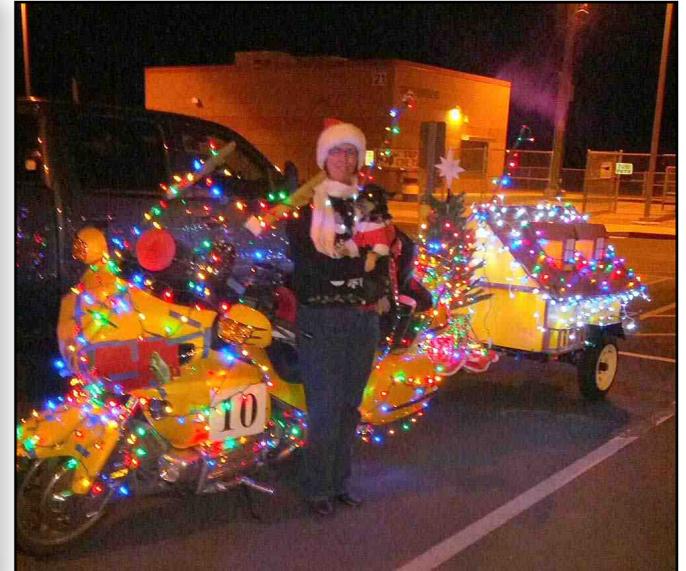
From our Cochise County CASA Volunteers



Patti Studley

January 1, 2012
Daughter's wedding

December 8, 2012
Light parade in Benson



Angels Exist!

Ned Letto was at Pizza Hut recently with two children. They had given the waitress their order and sat down at a booth. Shortly thereafter, the waitress approached Ned and said that a man had just paid the bill for everyone in the restaurant. Their bill was paid in full. They never got to see the man. When the waitress told Ned about it, the man was just pulling out of the parking lot in his truck. There are Angels out there.





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Cochise County Council for CASA

is a nonprofit organization that raises funds to the unmet needs of abused neglected and abandoned children in the CASA of Cochise County Program. The primary focus is to ensure that educational progress of CASA children through tutoring and scholarships. In addition the council provides clothing, toys and personal items.

If your CASA child/youth has an unmet need, consider the Cochise County Council for CASA to help!!

Call your CASA Coordinator at 432-7521 **OR**

Send an email to jhansen@courts.az.gov



Drug Court Parents Meeting

First Monday of each month

5:45pm

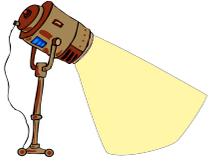
JPO Conference Room

CASA Volunteers are encouraged to help with this activity. This requires an orientation with Drug Court Coordinator Kris Sullivan and the signing of a confidentiality agreement. ***Spontaneous attendance at a meeting is not permitted.***

If you are interested, please contact Joan and she can put you in touch with Kris Sullivan.

Also contact Ginger Shreve
for information.

520-220-7555



Shining the Spotlight on Resources

Arizona's Children Association Young Adult & Transitional Living Program

The Department of Economic Security has contracted Arizona's Children Association to provide the Independent Living Program (ILP). ILP provides young adults who are in or have been involved in foster care with opportunities to develop mastery in major life areas. This is done by assisting the youth in learning self-advocacy, identifying mentors and natural supports, and working with the youth on concrete measurable goals.

The Independent Living Program is designed to aid youth in their transition into independence and assists youth and young adults, ages 16-21, in gaining tools for self-sufficiency. ILP specializes in the various needs and opportunities for youth in foster care. Services are provided in individual and/or group settings and are geared toward the youth's unique needs. Services include educational support, employment skills,

financial literacy, food preparation, health & wellness, housing support, transportation support, leadership skills, participation in a Youth Advisory Board, mentorship, clinical support, etc. Often youth are assisted in meeting and understanding the eligibility requirements for the Independent Living Subsidy Program (ILSP) as well as completing the application for the Educational Training Voucher (ETV).

Once a youth/young adult is referred for ILP services they are matched with an Independent Living Skills Specialist and take part in an assessment process that incorporates a traditional psychosocial assessment as well as the Casey Life Skills Assessment.

The youth/young adult then participates in the creation of their Individual Service Plan

that addresses goals in five primary areas:

1. Overcoming barriers to self-sufficiency
2. Achieving mastery in living skills
3. Educational/vocational achievement
4. Establishing independent housing
5. Identification of natural support systems

Arizona's Children Association believes in experiential learning and provides skills training through evidence based best practice curriculum as well as relevant experiential activities.

The Referral Process

Currently DES can refer youth ages 16-21

~Continued on next page



Shining the Spotlight on Resources (Continued)

directly to the IL Program by faxing a PS067 to the local ILP contact listed on page 2. Including additional information such as the Report for Preliminary Protective Hearing and/or Initial Dependency Hearing is very helpful. **Services will begin once all legal consent paperwork is signed by the youth’s legal guardian.

TILP eligible young adults 18 and older are able to self-refer by contacting Lori Ollom-Tighe or the local ILP contact.

Referral Source:	ILP/DES Referral	TILP/Self-Referral
Age Range:	16-21	18-21
Eligibility:	Youth 16-21 in the custody of the Department, and not living at home with parents	Youth who were in a state or tribal foster care system at age 16 or older, or were adopted from a state foster care system at age 16 or older.
Process:	Send PS067. Any additional information such as the Report for Preliminary Protective Hearing and/or Initial Dependency Hearing is very helpful	Young Adults are able to self-refer by contacting an AzCA office in their area. They must agree to meet with an IL Specialist to complete the TILP Application. They then re-enter into an agreement with CPS and receive services through the Transitional Independent Living Program (TILP) up to 21 years of age. TILP is designed to be a short term program that provides financial assistance and support services.

Important Contacts

Senior Program Director (Statewide):

Lori Ollom-Tighe - (928) 961-6276 or lollom-tighe@arizonaschildren.org

Senior Clinician/Supervisor (Gila, Pinal & Maricopa):

Megan Conrad - (602) 579-6721 or mconrad@arizonaschildren.org
Referral Fax # (480) 503-8537

IL Program Coordinator (Yavapai & Mohave):

Brandy Verderosa - (928) 499-0378 or bverderosa@arizonaschildren.org
Referral Fax # (928) 771-2351

IL Program Coordinator (Coconino, Navajo & Apache):

Nikki Galloway - (928) 607-9218 or ngalloway@arizonaschildren.org
Referral Fax # (928) 527-1400

IL Assistant Program Coordinator (Cochise, Graham, Greenlee, Santa Cruz & Pima):

Miranda Cox - (520) 456-4713 or mcox@arizonaschildren.org
Referral Fax # (520) 224-9101

IL Assistant Program Coordinator (Yuma, La Paz & West Maricopa):

Jessica Kelly - (928) 388-7047 or jkelly@arizonaschildren.org
Referral Fax # (928) 344-8837