Fetal Alcohol Spectrum Disorders

The Attorney Ad Litem

You are the best resource a child has

- Know your case
- Know your client

Don't Reinvent the Wheel

- Texas Lawyers for Children www.TexasLawyersforChildren.org a free, state-of the art online resource center, contains a vast array of resources:
  - Articles
  - Bibliographies, Briefs,
  - Cases, Statutes, Rules,
  - Forms, Practice Tips, Manuals
  - Links, Experts, Networking

Finding Family

- Yahoo People Search: http://people.yahoo.com/
- www.Intelius.com provides name, age, previous cities, relatives
- Google names and relatives
- Make cold calls on leads
- Make friends with a good Private Investigator

Medical, Developmental, Neurological

- Thorough developmental evaluation by a developmental pediatrician, pediatric neurologist, geneticist
- Consider prenatal exposure to alcohol and drugs

Prenatal Alcohol Exposure
FAS FAE FASD ARND

All result from consuming alcohol while pregnant

- **The** leading cause of preventable intellectual disability in the U.S.
- 50% of the children available for adoption have **verifiable** prenatal alcohol exposure
- The **only** commonly abused substance known to cause birth defects
- A neurobehavioral teratogen: an agent that can cause defects in the structure and function of the developing central nervous system in humans.
- There is NO safe amount of alcohol to drink during pregnancy

BIOLOGY

- Exposure to cocaine, methamphetamine, and other drugs causes temporary chemical changes in brain
- Exposure to alcohol causes permanent changes to the structures of the brain
- Pre-frontal cortex is impacted
- Ability to regulate behavior is effected
- Genetics can be a factor in co-morbid conditions

Prenatal Alcohol Exposure:

Why is it so widespread?

- Women are polydrug users
- Women who use drugs or smoke cigarettes are more likely to drink alcohol
- Women who abuse drugs may not be aware of a pregnancy for several months
- Women in the U.S. are still told by obstetricians that a small amount of alcohol will not harm their unborn child

Prenatal Alcohol Exposure:

Results in:

- Small head size (sometimes)
- Developmental delays
- Inconsistent knowledge base
- Difficulty grasping abstract concepts
- Poor impulse control
- Behavior problems
- Speech/language disorders
- Perception, sensory integration, and tactile defensiveness issues
- Hyperactivity
- Learning disabilities
- Distractibility

Juvenile Justice Challenges

- Vulnerable to criminal activity
- Desperate to make friends
- Easily influenced by peer pressure
- Lack impulse control
- May not understand cause and effect or learn from mistakes
- 60 percent age 12 and older face legal troubles

Challenges, continued

- Behaviors that can be misinterpreted easily :
  - appear uncooperative because they are confused
  - unaware of social expectations or cues, and police may think them belligerent.
- Tell people what they want to hear leading to false confessions
- Often cannot grasp broad concepts - they may not understand their Miranda rights

Intervention Strategies for the Alcohol Exposed Child

- safe, stable, attentive home environment
- supportive, trained adults
- predictable, consistent atmosphere
- modify physical environment for child
- teach child to modify environment
- identify specific academic challenges
- develop individualized approach to academic needs
- teach child to craft their own approach
- self advocacy
- global strategies for life
- careful drug therapies
- diet
- sleep

Interventions

- Diagnosis
- Modify the environment
- Expectations to match developmental age rather than chronological age
- Special Education with carefully crafted supports designed for specific deficits
- Discipline measures that child can comprehend
- Take into account level of adaptive functioning
- Recognize family's limitations and provide supports

Education

- Early Head Start: age 0 to 2 years
- Early Childhood Intervention (ECI): age 0 to 3 years
- Head Start: age 2 years to pre-k or kindergarten
- Preschool Program for Children with Disabilities (PPCD): age 3 to pre-k or kindergarten
- Pre-k : all children in or who have been in care
- Section 504 Modifications
- Special Education
- Tutoring

Education, continued

- Asking the Right Questions II: Judicial Checklists to Meet the Educational Needs of Children and Youth in Foster Care http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/EducationalOutcomes/2005educationchecklistfulldoc2.pdf
- Disability Rights, Inc: It's a New IDEA! *The Manual for Parents and Students About Special Education Services in Texas* http://www.advocacyinc.org/handoutEducation.cfm

Medication

- Psychotropic Medication Utilization Parameters for Foster Children
  http://www.dshs.state.tx.us/mhprograms/pdf/PsychotropicMedicationUtilizationParametersFosterChildren.pdf
- PDR Consumer Drug Information
  http://www.drugs.com/pdr/
- Drug Interaction Checker
  http://www.medscape.com/druginfo/druginterchecker
- Google

Most Important Resource

YOU

YOUR PASSION

The Mystery of Risk: Drugs, Alcohol, Pregnancy, and the Vulnerable Child,
Chasnoff, Ira J., 2011

Available from NTI Upstream

"[An] essential book for parents and professionals. Warm, wise, and accessible, it provides invaluable insights on a range of issues, from managing out-of-bounds behavior to helping with sensory sensitivities and more."
-Lindsey Biel, OTR/L, occupational therapist, co-author of *Raising a Sensory Smart Child*

References

- Children's Research Triangle, Dr. Ira Chasnoff, www.childstudy.org
- Fetal Alcohol Syndrome Diagnostic and Prevention Network, University of Washington, Seattle, http://depts.washington.edu/fasdpn/
- National Center on Substance Abuse and Child Welfare, www.ncsacw.samhsa.gov
- National Organization on Fetal Alcohol Syndrome, www.nofas.org
- Zero to Three, www.zerotothree.org
- Texas Office for Prevention of Developmental Disabilities www.topdd.state.tx.us

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FASD – What the AAL Can Do

Representing children in the juvenile justice system is a challenging task. Many of our children come to us with backgrounds filled with chaos and violence. Additionally, many of them were born with prenatal exposure to drugs and alcohol, which impacts their behavior and ability to function as typical children. This paper will examine some of the resources that the attorney ad litem can access and thereby improve and expedite outcomes for these difficult child clients.

I. Become Familiar with the Client's Needs

In order to discover what the child client's needs are, take time to review any materials that are available about the child, his family of origin, the environment he has lived in, and any medical and educational records that are available. Talk to his family, and find out: does he have behavioral issues; what is his **functional** level in reading and math (not grade level); what medications does he take and why; how is he adjusting at school?

Meet the child as soon as possible. Although it may be time consuming and not convenient, spending time with the child client in his home is invaluable. Watch how he responds to his environment. If you can, visit his school and find out how he is managing the workload. If it appears that school is an issue for your client – and for many children in the juvenile justice system it is - meet his teachers and form a relationship with them. How they choose to meet your client's needs will be critical to his outcomes, and the better your relationship with them is, the easier it will be for you to ensure his educational needs are met. Spending time with the child in his own setting is vital to know how to assist your client. You cannot depend on meeting him at the courthouse.

Develop a relationship with your child client's therapist, and his prescribing doctor (hopefully a Developmental Psychiatrist that understands the impact of chaos, family violence, abuse, neglect and post traumatic stress on the developing brain.) Carefully review all medication changes and weekly therapy notes. Make sure to understand why each medication is prescribed, and the reason for particular dosages, and the rationale for each medication change. Insist on knowing when and why medication changes are made, and insist on only one at a time, so it is clear what change in medication is responsible for your child client's improved or worsening behavior.

II. Don't Reinvent the Wheel

Once you begin to have an understanding of your client, what she has experienced, how she relates to her environment, many times questions will begin to surface. Could this child have prenatal alcohol or drug exposure? Does she exhibit signs of mental illness? Is a neurobehavioral disorder at the root of her lack of impulse control? Are her educational needs being fully met? Is her current setting the most appropriate to meet her needs? And most important of all: Where do I get more information?

One place to start, for useful resources available to the child's attorney, is Texas Lawyers for Children (TLC): www.TexasLawyersforChildren.org a statewide online legal resource center for attorneys working in the field of child welfare. TLC has information and materials relevant to a wide range of questions and issues that arise in the representation of children. The resource center also includes a feature known as Colleague Connection, whereby users network with peers across the state via email, and seek one another's advice, opinion, and guidance. TLC has an email network, discussion board, and document vault specifically for juvenile justice attorneys. The attorneys from Disability Rights, Inc. who specialize in representing youth in both systems are also participating, and have provided PowerPoints and other training materials.

III. Diagnostic Resources

In order to more fully understand what supports, medications, and educational accommodations a child needs, a thorough diagnostic evaluation may be necessary. Many child clients have experienced extraordinary risk factors: many have been exposed to drugs, both prescription and illegal, and alcohol prior to birth; some have been exposed after birth to methamphetamine and the toxic chemicals used to manufacture it; countless are victims of physical abuse, or have witnessed violence perpetrated on loved ones; they may carry genetic predispositions for mental illness. All of these risk factors, together with the inherent trauma of being involved in the legal system contribute to their behavioral, intellectual, and social challenges. These kids suffer from problems that look like, and depending on the cause, may or may not be ADHD, sensory integration dysfunction, impulse control issues, intermittent explosive disorder, OCD, ODD, developmental delays, and the list goes on. It is never simple, quick, or easy to get to the bottom of the child client's problem, but it must be done if they are ever going to fully heal, and have the best possible outcome.

A. Fetal Alcohol Exposure

In Texas we currently have only two diagnostic teams specially trained to identify and provide treatment recommendations for prenatal alcohol exposure. Studies have indicated that most women who abuse drugs while pregnant also drink alcohol, although many women deny its use. Alcohol causes greater damage to the developing fetus than most drugs – and the damage is permanent. Since many of the children we work with have family histories that include drug use, it stands to reason that prenatal alcohol exposure is a distinct possibility. The

following clinics can provide fetal alcohol evaluations:

Lubbock Region
PALS Development Center
Contact: Dr. Karen Rogers
Address: 5502 Auburn St.
Lubbock, TX
Phone: 806-788-3306
E-mail: rogers.kl@att.net

Tarrant County
Child Study Center
www.cscfw.org
Contact: Joyce Elizabeth Mauk, MD
Address: 1300 West Lancaster Avenue
Fort Worth, TX 76102
E-mail: jmauk@cscfw.org

Visit the Texas Office for Prevention of Developmental Disabilities website for updates to this list: http://www.topdd.state.tx.us/fasddiagnosis.php Be forewarned that the waiting list for these clinics can be 12 months or more.

Following is a list of websites and informational articles from a variety of sources addressing fetal alcohol exposure:

SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence:
http://www.fasdcenter.samhsa.gov/

Reach to Teach: Educating Elementary and Middle School Children With Fetal Alcohol Spectrum Disorders:
http://www.fasdcenter.samhsa.gov/documents/Reach_To_Teach_Final_011107.pdf

National Organization on Fetal Alcohol Syndrome
http://www.nofas.org

Excellent chart to refer to:
Overlapping Behavioral Characteristics & Related Mental Health Diagnoses in Children:
http://www.mofas.org/linkclick.aspx?fileticket=IYsECjgyhUA%3d&tabid=92

Issues Related to FASD:
http://www.mofas.org/linkclick.aspx?fileticket=TjPvGi2lHp0%3d&tabid=92

B. Early Childhood Intervention (ECI)

While juvenile clients will be too old for Early Childhood Intervention (ECI), it is an important resource to know about. You may work with a child who has younger siblings that could benefit from an ECI referral. ECI is a state and federally funded program to provide evaluation and services for children age birth to three years with disabilities and developmental delays. Any child is entitled to an evaluation, and if developmental delays or disabilities are identified, therapy is provided in the child's natural setting (home or day care) at no charge. Services are provided by community organizations across Texas.

While an ECI evaluation will not reveal the cause of a developmental delay or disability, many times the ECI evaluation is the first indication that a child needs further neurological assessment. The ECI evaluation may uncover sensory integration dysfunction, fine motor skill delay, gross motor skill delay, speech or language delay. Pediatricians may miss some of these delays, and some doctors refer all of their patients to ECI for evaluations to make sure no child goes undiagnosed. Early and intensive intervention with a child can ward off or at least reduce future problems and improve a child's chances for better outcomes.

More information on the ECI program can be found at: http://www.dars.state.tx.us/ecis/index.shtml

C. Neurodevelopmental Evaluation and Treatment

Abuse, neglect, and witnessing violence perpetrated on others can result in disrupted development and changes in the child's developing brain. Dr. Bruce Perry, of the ChildTrauma Academy in Houston has written a number of excellent articles on the topic of how the environments and experiences of at risk children has shaped and impacted their neurodevelopment. Many of those articles can be found online here: http://www.childtrauma.org/index.php/articles

The TCU Institute of Child Development "strives to help children suffering the effects of early trauma, abuse or neglect. [The Institute] conducts research to deepen understanding about the complex needs of these children and how and why these harmful experiences can impair development and lead to social, behavioral and emotional problems. [They] design and promote research-based models for practical interventions that anyone can use to help children heal and reach their highest potential." http://www.child.tcu.edu Dr. Karyn Purvis, Director of the Institute has spent over ten years working with children and families to develop successful, evidenced based strategies. A number of articles, access to webinars and DVDs for purchase are available on the website. In addition, Dr. Purvis regularly testifies before the Texas Legislature on issues relevant to child abuse and neglect, and is a frequent lecturer at training programs around Texas and across the nation.

Many of our child clients are prescribed medications by psychiatrists, however, a thorough evaluation, performed by a professional who has experience with children who have suffered extreme trauma can be very helpful, and may provide successful strategies for treatment. Look for a

developmental pediatrician or a professional to provide neuropsychological testing who has expertise in working with children who have experienced physical abuse, neglect, and trauma.

IV. Educational Resources

Children involved in the court system have often experienced delays or failure at school. Often they have undiagnosed learning disabilities, and behavioral issues related to their disabilities. Their oftentimes chaotic and violent family lives contribute to their inability to function well at school.

A. Casey Programs

Although your client may not be in foster care, many of the educational resources developed for children in care are applicable to juvenile justice clients. Casey Family Programs, the nation's largest operating foundation entirely focused on foster care, has done extensive research on the issue of education, and has some excellent educational materials available online.

In December, 2008, Casey Family Programs, together with the National Counsel of Juvenile and Family Court Judges published its revised Judicial Checklists with key educational questions to be asked from the bench. These checklists are a valuable tool for juvenile and family court judges who are assessing the effectiveness of current educational placements of the children who come before their courts, tracking their performance and in making a positive future impact on their educational outcomes. The child's attorney can review the checklist prior to each hearing to make sure educational issues are being addressed.

The 40 page Technical Assistance Brief , "Asking the Right Questions II" containing the 7 pages of checklists can be found here: http://www.casey.org/Resources/Publications/pdf/AskingQuestions.pdf The judicial checklist kit, containing two laminated copies of the checklists, for use by judges from the bench can be ordered for free from: http://webfulfillment.com/kp/storev83kp/product.asp?id=2093

B. Section 504 Modifications

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against a child with a disability who attends public school. Disability is defined as a "physical or mental impairment that substantially limits one or more major life activity." Under Section 504, "major life activities" include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, reading, writing, calculating math problems, concentrating, interacting with others, learning and working. Our child clients often have problems "reading, writing, calculating math problems, concentrating, interacting with others, learning and working".

Accommodations available under 504 may include:

- One-on-one or small group instruction
- extended time on assignments or assessments
- Braille or large print materials
- shortened assignments or assessments
- oral administration of subject-area tasks
- study carrels
- noise canceling headphones
- a balance cushion or ball to sit on
- an appropriately sized chair
- preferential seating
- changes in the scoring rubrics or grading scale
- reduced complexity of an activity (e.g., only one step as opposed to multiple steps to solve a problem)
- cueing or prompting during a grade-level activity
- a modified version of the TAKs test.

School districts have occupational therapists and behavioral therapists that can be called in to consult and develop accommodations that fit the child's needs. Generally schools do not offer accommodations voluntarily, but once Section 504 is implemented, the accommodations are required.

An excellent chart explaining modifications and accommodations can be found at: http://www.texasprojectfirst.org/ModificationAccommodation.html

C. IDEA – Individuals with Disabilities Act

In 1975 Congress passed what would become the Individuals with Disabilities Act, or IDEA, which guarantees all students with disabilities to receive a free and appropriate public education (FAPE). IDEA offers more protections than Section 504 Accommodations, and is the law that creates Special Education services for children.

The ARD (admission, review, and dismissal) is the process by which a child enters Special Education, has her annual review, and eventually is dismissed from Special Education. An ARD meeting must be held annually for each child, and more than one can be called if needed. While the child client's family should appear at an ARD, that is not always the case. It is critical for the child to have her attorney at the ARD to ensure her rights are protected. When the child's attorney is present school districts may be reluctant to hold the ARD without their own legal representation present, and many times will insist on taping the ARD.

At the ARD the IEP or Individualized Education Plan is developed. The IEP includes the child's present levels of academic achievement and functional

performance, participation in State and district-wide assessments, transition services, annual goals, special factors, special education, related services, supplementary aids and services, extended school year services, and least restrictive environment.

Even though the IEP is very specific, teachers must still be reminded of its contents. Periodic meetings with or regular emails and phone calls to teachers are necessary to ensure that all elements of the IEP are implemented. Familys are not always diligent enough to maintain a child's progress and the attorney ad litem may have to follow up to make sure teachers and administrators are following the IEP.

D. Disability Rights, Inc.

Disability Rights, Inc. (formerly Advocacy, Inc.) is the federally funded and authorized protection and advocacy system for Texans with disabilities. Their website, http://www.advocacyinc.org , contains useful information.

While priority areas include community integration, protection and civil rights, health care, housing, employment, access, and transportation, Disability Rights, Inc. also does extensive work in the area of education. "Activities include: individual casework (including litigation) within Board-adopted priorities, class action litigation, technical assistance to private attorneys representing students with disabilities, development and dissemination of written materials for parents on a variety of education issues, parent training, and advocacy for public policies that support quality education for students with disabilities."

The organization is headquartered in Austin, but has regional offices across the state. The agency website, http://www.advocacyinc.org , is a wealth of useful information, particularly regarding education. It's a New IDEA! *The Manual for Parents and Students About Special Education Services in Texas* is extremely helpful to understanding Special Education, and how to access it. The manual can be found at: http://www.advocacyinc.org/PDF/IDEAManual2007_Engcolor.pdf

E. CPS Educational Specialists

For children who are in foster care, Child Protective Services employs Regional Education Specialists who "provide assistance and support to DFPS staff as follows:

- Provides information and referral services regarding developmental disability or education-related resources
- Identifies educational services or resources in the region
- Helps identify resources for specialized placement that meet the child's educational needs
- Assists with case planning to identify specific educational needs and services by conferring with others through individual case staffings and attending permanency planning meetings, as needed
- Attends Admission, Review, and Dismissal (ARD) meetings, when possible, when the caseworker is unable to attend…"

With only one (or fewer) specialists per region, a specific request for specialist's involvement may be necessary. Your child client's caseworker can provide contact information for the Education Specialist in your client's region. According to a 2008 document on the Texas Education Association website The DFPS State Office Education Specialist is (or was at that time): Sally Melant, Sally.Melant@dfps.state.tx.us, 512-438-3238.

V. Medication

Many of your child clients may be prescribed a variety of medications, with varying degrees of success. It is essential that an accurate and appropriate diagnosis is made so that treatment can be helpful. It is also important to examine the medications, understand why each is prescribed, and verify that the drugs do not interact. Some children have multiple doctors prescribing, or change physicians and psychiatrists, and those prescribers do not communicate with one another. A new doctor may not know which medications have been successful in the past, and which may have been disastrous. You can chart the medications prescribed, why each one was selected, and the resulting behavioral changes, and have a better ability to understand your client's medication needs.

In 2007 the Texas Department of State Health Services published its revision of the best practice guidelines, *Psychotropic Medication Utilization Parameters for Foster Children.* The guidelines can be found at: http://www.dshs.state.tx.us/mhprograms/pdf/PsychotropicMedicationUtilizationParametersFosterChildren.pdf The guidelines are just that – "they are not intended as a definitive standard of care. Adherence to the guidelines is voluntary and subject to the physician's independent medical judgment and the clinical needs of the patient." The guidelines include general principles regarding the use of psychotropic medications in children, such as:

- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record …and… assessed at each clinic visit with the child and caregiver.
- Doses should usually be started low and titrated carefully as needed;
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the

diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.

The guidelines also set out situations indicating a need for further review of a patient's case, including:

- Five (5) or more psychotropic medications prescribed concomitantly.
- Prescribing of:
  - Two (2) or more concomitant antidepressants
  - Two (2) or more concomitant antipsychotic medications
  - Two (2) or more concomitant stimulant medications
  - Three (3) or more concomitant mood stabilizer medications
- Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
- The psychotropic medication dose exceeds usually recommended doses.
- Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of:
  - Antidepressants: Less than four (4) years of age
  - Antipsychotics: Less than four (4) years of age
  - Psychostimulants: Less than three (3) years of age
- Prescribing by a primary care provider for a diagnosis other than the following (unless recommended by a psychiatrist consultant)
  - Attention Deficit Hyperactive Disorder (ADHD)
  - Uncomplicated anxiety disorders
  - Uncomplicated depression

If you observe any of these situations regarding your client's medications you can ask the judge to order a medication review.

The guidelines also include tables that set out the usual maximum doses of commonly used psychotropic medications. The list, however is not inclusive of all medications prescribed by clinicians for psychiatric diagnoses in children and adolescents.

For medications not listed in the guidelines the Physicians Desk Reference online, http://www.pdrhealth.com/drugs/drugs-index.aspx is a helpful research tool. The PDR online can also be used to search for potential drug interactions.

VI. Child Welfare Boards

Across the state counties provide between 20 and 30 million dollars annually for foster children's needs that cannot be met by the limited funding of DFPS through the development of Child Welfare Boards (CWB). There are currently 200 CWBs, with a regional board in each DFPS region. The Texas Council of Child Welfare Boards http://www.tccwb.org/ was created "to lead a cohesive network of child welfare boards supporting services to vulnerable children and families and promoting prevention of child abuse and neglect so that all children live in a loving, nurturing and safe environment." County CWBs are mandated by statute to "provide coordinated state and local public welfare services for children and their families and for the coordinated use of federal, state, and local funds for these services".

A variety of goods and services may be available for your child client who is in foster care through the Child Welfare Board (CWB) if one operates in the county where her case is pending. If your client is placed in a county other than that where her case is pending, you should remind the caseworker to make requests to the appropriate CWB. Many CWBs provide funds that allow children to receive a birthday gift and one or more Christmas gifts. While children placed in foster homes often receive gifts from their foster families, clients placed in residential treatment centers are sometimes overlooked. Likewise, the CWB can be a source of funding to provide day care for foster parents who work, tuition for extracurricular activities such as dance, music, and sports, school trips, uniforms and fees for band and cheerleading, tutoring in addition to what the school may offer, therapy if an appropriate provider is not available through foster care Medicaid, and other items necessary for our clients to have a "normal" childhood experience. Foster placements are not always aware of CWBs and what they can provide, so you as the ad litem will have to remember to ask the caseworker to make appropriate requests. Your client's CWB may be able to provide some of the items we typically think of all children having- a skateboard, a bicycle, a school backpack with wheels. Many children in care either do not have these things, or they are left behind each time they move.

Your child client's CWB can be located by Googling "(county) child welfare board", or through her caseworker. If the caseworker makes a request that is denied, the ad litem should follow up with the CWB to advocate why the funding is critical for the child, and in what way providing the funding is in keeping with the CWB's mission and policies.

VII. DFPS Policy Manual

DFPS publishes the CPS policies and procedures in one of a series of handbooks found on its website: http://www.dfps.state.tx.us/handbooks/default.jsp . From this page, on the left, under "Policy Handbooks" select "CPS". A drop down menu will appear that begins with Table of Contents and continues thru the Appendices. The CPS Handbook provides the program's:

- functions, purposes, and objectives;
- legal references and the programs' legal bases;
- organization, operating procedures, and administration; and
- criteria for eligibility for services.

Also available from this webpage is a link to the Texas Administrative Code (TAC) rules under which DFPS operates. When a caseworker cites "Department policy" for why a certain decision is made, or why something cannot be done, the CPS Handbook is the place to go for more information.

Conclusion

Representing children involved in the juvenile justice system is a challenging job. As the attorney as litem we not only manage our client's legal case, but are often called upon to navigate the social service systems and work to see that their underlying needs are met. Armed with the information and resources herein, hopefully the job will be made a little bit easier.