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Iowa Parent Partner Practice Guide

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Welcome to Parent Partners!

Reading this manual indicates that you are hoping to learn more about Parent Partners. This program was developed through a process involving parents, Parent Partner Coordinators, Department of Human Services (HHS), and community partners. This group recognized that families involved in the child welfare system often experience trauma and need support. What they hoped to do is help engage everyone (parents, HHS workers, and family) more in planning for the safety of children.

Out of this process came a unique mentoring program drawing from the strength of parents who have experienced child removal and have resolved their child protective issues. Parent Partners share their individual experiences to build hope in families and to offer support, understanding, and clarification of the HHS process. The success of the Parent Partner Program relies on respect, honesty, and working together to achieve a partnership between HHS workers, Coordinators, and Parent Partners.

Purpose of this Guide

The Parent Partner mission statement reads: Parents empowering Parents to strengthen families, communities, and systems thereby achieving safety, permanency, and well-being for children. This guide will help you, the Parent Partner, learn more about your responsibilities, roles, and your impact on family outcomes. This guide will provide additional information about your role in family interactions, family team meetings and in court. It will also provide you with additional tools and techniques in the areas of communication, problem solving, and boundaries. You will read some examples of responses to situations and will realize that each family and experience is unique. You will hear from some Parent Partners about lessons that they have learned, because we all grow with knowledge and that is how we build on our strengths.

Also in this guide are several tools you will find helpful. A list of acronyms will help you understand and explain the language of HHS and the courts. A tool for assessing burnout and compassion fatigue will help you to identify a new level of emotion you may feel when you work in a helping way with families. A list of ideas on how to start tough conversations, keep conversations moving, or get them back on topic will guide you in your meetings with families. We hope after reading this Practice Guide that you value YOUR strengths, learn from the skills and lessons shared by other Parent Partners, feel empowered to speak from the heart, and encourage learning in others. You will see growth in the parents you work with as they build trusting relationships and develop skills to promote child safety.

Introduction to Roles/Responsibilities

Your role as a Parent Partner comes with important responsibilities. Your commitment to these responsibilities helps families to achieve their goals and makes this program a success! The following are the responsibilities identified in the Parent Partner Governing Philosophy, Policy, and Protocol (Handbook).

Parent Partner Responsibilities

1. Work intensively with parents to promote engagement in case plan activities via face-to-face visits, letter, emails, and/or phone calls.
2. Help maintain connections between parents and children by observing and advocating for children and family rights.
3. Assist in the goal of reunification and/or the development of appropriate alternative permanent plans.
4. Provide a sense of hope and inspiration through encouragement, outreach, and connecting parents with resources.
5. Support families by attending FTM, court, treatment, recovery, or other gatherings with parents.
6. Collaborate with Parent Partner team including the Parent Partner coordinator, child welfare case worker, planning committees, and others.
7. Will **not** baby-sit or transport children.
8. Will **not** be used to supervise visits with children, but can be available as a support during or after visitation.
9. Contact family within one week of assignment.
10. Request re-assignment if there is a conflict or concern (including if he or she knows the birth family or lives in close proximity).
11. Meet with caseworker periodically during the duration of services, as needed or requested by the family.
12. Perform other duties as appropriate and needed.

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In the Parent Partner program each family and Parent Partner is unique, and success may LOOK different for everyone. Responsibilities, however, need to be measured with some consistency to maintain a strong program. Below are statements taken from the Fidelity Checklist, a tool that outlines and evaluates the effectiveness of the supports provided. This form is completed with your coordinator upon a family exiting the Parent Partner program.

Parent Partner Fidelity Checklist

- Encourage the family to fulfill their case plan activities
 - Help family understand the case plan and think about ways to accomplish tasks
 - Reinforce the idea that following the case plan could mean quicker reunification
 - Offer to role play ways to communicate with worker and other providers about the case plan
- Have regular face to face visits with the family
 - Assess family needs about frequency of visits
 - Schedule and show up on time for your visit with the family
 - Discuss with coordinator changing needs and frequency of visits
- Have other (email, phone, web) communication and contact with the family
 - Schedule visits with family on planner or calendar
 - Ask family about the best way to contact them (phone call, text, email, personal visit, etc.)
 - Ask your coordinator about the policy regarding social networking with families (Facebook, etc.)
 - Document contacts with the family
 - Advocate for family needed resources
 - Assist family in identifying and advocating for their needs
 - Ask Parent Partner coordinator about local resources
 - Become familiar with local area resources available to families
 - Role play with family how to ask for support
 - Offer assistance in filling out necessary forms for resources
 - Encourage the family
 - Identify family strengths
 - Offer hope through sharing your own experience
 - Turn negative criticism into positive opportunities
 - Connect the family with community resources
 - Assist in filling out forms
 - Problem solves with the family ways to access resources (transportation, phone calls, etc.)

- Help the family connect with the community
 - Attend community networking opportunities with the family (CPPC events, Decat meeting, etc.)
 - Offer to attend with or help the family find a way to a support group, meeting, etc.
 - Talk with the family about developing a community support network (friends, church, work group, peer group, etc.)
 - Encourage the family to identify and participate in fun, healthy, family-friendly community activities
- Coach the family on communication strategies
 - Offer to role play phone calls and interactions
 - Offer to listen when emotions are intense (allow the family to vent)
 - Offer strength-based feedback to the family
 - Share your story appropriately including examples of healthy communication and outcomes
- Support the family at FTM, court, treatment, other gatherings
 - Explain to the family what to expect at various stages
 - Offer your presence as support
 - Ask the family what they need: role-play advocating for these needs
 - Coach the family on what to expect throughout the process
 - Review and explain case plan (refrigerator list) and actions needed
 - Review and explain court documents
 - Ask the family questions to ensure their understanding
 - Share parts of your story as appropriate

Family Self-Assessment Tool

- I am able to find the community resources I need to keep my children safe.
- I am able to complete the steps necessary to get the community resources I need.
- I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.
- I am able to make the appropriate decisions for myself and family.
- I have others who will listen when I need to talk about my problems. I have others who will support positive choices and changes I make.
- I talk reasonably and honestly with others about my situation and problems. If there is a crisis in my life I have someone I can talk to.
- I am able to effectively speak up for myself and my family to HHS and other service providers.
- I am able to listen to HHS and other service providers and understand their concerns with my situation.
- I feel comfortable when talking with my HHS worker or other service providers.

Boundaries And Ethics



Boundaries and Ethics

Have you ever been asked a question or asked to do a favor that just didn't seem quite right? Have you had that nervous feeling in your stomach after someone has asked you one of these questions? This may be because the person has violated your personal boundaries. Personal boundaries are guidelines, rules, or limits that a person creates to identify for him or herself what are reasonable, safe and permissible ways for other people to behave around him or her and how he or she will respond when someone steps outside those limits.

Boundaries are important for all of us. Boundaries help us communicate our values and limits with others so that they don't violate our "lines" or personal space. Boundaries help us maintain healthy and safe relationships with a mutual understanding and help to prevent confusion and conflict. When we communicate our boundaries with others we make people more comfortable because they know what our role and expectations are. Boundaries also help us to maintain a professional demeanor and be recognized and respected as an individual.

Ethics or standards for behavior are also important in our work as Parent Partners. Ethics are rules or standards that govern the conduct of person or the conduct of members of a profession and give us a framework for how we treat others. When followed, they promote values such as trust, good behavior, fairness, and/or kindness. Ethics help us to be recognized as professionals and to be consistent in the duties we perform and how we perform them while still being our unique selves.

In this section you will read some boundaries that have been set in order to protect you as a Parent Partner and to empower the people you encounter. We have learned many important lessons as this approach has grown, and we are hoping that you can learn and grow from our experiences listed here. You will also read about some ethical standards that are important to this approach that guide how we as a group of Parent Partners treat others and how this standard of treatment models healthy and professional relationships.

Please remember what wonderful sources of information your Coordinator and fellow Parent Partners are. This Practice Guide is designed to give you some ideas and to open up conversation about situations you may face in your role as a Parent Partner. We know that each individual and situation is unique and that it's important to trust your instincts and speak from your knowledge and experience. This information is intended to support you in your daily job duties when situations come up that are confusing, uncomfortable, or find you looking for a little support.

As a Parent Partner . . .

- I will maintain healthy boundaries and ask my coordinator if I have a question.
- I will be HONEST, up front, and clear about my expectations and roles. This builds trust and makes for a positive work relationship.
- I will take every opportunity to empower the parents I mentor. I will protect my own physical and mental health.
- I will maintain confidentiality - I will not gossip about my families.
- I will be prepared for visits, set a good example, and carry myself with dignity and respect.
- I will remember that everyone is equal and will treat them this way.
- I will use my personal story to assist the individual I am mentoring, but not as my own therapy.
- I will say “no” respectfully when asked to:
 - allow a parent to drive my car
 - but I will offer to help them explore other options
 - transport a child
 - but I will offer to help them explore other options
 - bail a parent out of jail
 - but I will offer to help them problem solve options
 - give legal advice to a parent
 - but I will refer them to their attorney
 - accept money or gifts from a parent
 - but I will show appreciation for the gift of their time and participation
 - engage in intimacy with a parent
 - but I will offer clear boundaries and a model of professional interaction
 - break the law
 - but I will offer positive role modeling
 - or allow a parent to come to my home
 - but I will offer to meet them in a safe, comfortable, private location

How to Avoid an Ethical Dilemma

1. Avoid quick decisions made in the immediate situation. If you feel uncomfortable with a situation, get feedback from your coordinator and fellow Parent Partners before making a decision. If the situation doesn't involve the immediate life or death of a person, it can wait for feedback. If it does involve life or death, your family should be calling 911 instead of their Parent Partner.
2. Avoid engaging in secrecy. If it is a decision or action that you need to keep a secret, it's probably one that you should re-think and/or discuss with your coordinator.

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Next we will cover some example situations and possible steps of action you could take. No manual can cover every single situation, so use your peers and coordinator as supports if you face a situation that you're unsure about. Remember always that your unique style is valuable and to use words that you feel comfortable with and speak from the heart.

Situation	Possible Response
A parent asks to borrow your car	PP: I'm sorry; I can't lend my car out to anyone. Would you like me to help you think about other ways to get there?
A parent asks you to transport or babysit their children	PP: I can't transport or babysit kids. Would you like me to help you think of some other options?
A parent asks you to bail them out of jail or to borrow money	PP: I am unable to exchange money with any of the people I mentor. Let's think of some other ways to handle this.
A parent asks you for legal advice	PP: I'm not a lawyer and can't give legal advice. Would you like me to talk through with you what you might ask when you call your lawyer?
A parent asks you on a date	PP: I'm not allowed to date any of the individuals I mentor. I enjoy working with you professionally. Now what were we going to talk about with your case today?
A parent says "we should hang out when my case closes"	PP: I'm glad you're thinking about the closure of your case! Let's focus on getting through that, and then we can talk about how to keep in contact. (Followed by you talking to your Coordinator about appropriate boundaries around this)
A parent asks you to break the law	PP: I'm not willing to risk my family or my job for that. Let me explain why I chose a different path.....(followed by appropriate sharing of story)
A parent tells you they have relapsed	PP: Thank you for having the courage to tell me that. Let's talk about how to discuss this with your HHS caseworker. (Offer to role-play the conversation or go with them to a meeting)

Signs you're showing good boundaries and following ethics guidelines:

1. The person understands your boundaries so you both feel more comfortable discussing the things they are asking.
2. The person centers on their own situation and looks to you to support them in problem solving but does not rely on you for action.
3. Person comes up with some ideas or directives for themselves.
4. The person shares their success with you and shows ownership for their success.

If you find yourself frustrated with your role as a Parent Partner (all jobs have their frustrations), a Self-Care Assessment is available in the Tools and Resources section of this practice guide.

Communication

We all use communication every day. It helps us to build trust and develop positive relationships with people in our lives. We use communication skills to send and receive information, ideas, and feelings. Communication is a two-way street involving a sender and a receiver, and making this exchange can be complex.

Have you ever felt misunderstood? Or like someone just didn't "get" exactly what you were saying? Sending and receiving messages may *seem* simple, but if it were always as simple as it seems, we wouldn't have misunderstandings and mix-ups. It takes effort on the parts of all people involved to make sure the message is sent and received the way it was meant. Messages are sent and received differently because we all have unique experiences and backgrounds.

These help to shape our opinions, values, and perceptions.

Your role as a mentor is vital in engaging parents! Part of how you do this is by communicating. What makes you as a Parent Partner so valuable in the communication process is that sharing those unique experiences and your strength in resolving your own child welfare case helps to build understanding and trust with the people you mentor. The person that you are mentoring may see things from a similar perspective - or they may have different ideas. Keep in mind that each individual also has a different level of knowledge about communication skills and styles and how to use them.

Communicating effectively can be a frustrating and rewarding process. In the next few pages, you will learn some basic ideas and tips for communication. You will also learn to identify specific communication styles. This will help you build your skills and understand how to respond to different situations you may encounter in everyday life and in your role as a Parent Partner. As you become more comfortable with these skills (many you probably already know and use every day) you'll notice others around you starting to use them too.

The following is information about different communication styles. This information is not to judge you or others, but to make you more aware of how the person you are talking to may be thinking or feeling. This is also to help you be more aware of yourself, so that you can focus your interactions on the goal of assertive communication. The next few pages will help you think about how to respond to various communication styles.

Communication Styles

Assertive – using direct statements to share your thoughts, feelings, and ideas.

- What a person may say:

I feel frustrated when I don't get to see my children. I would like help understanding this case plan.

Can we work together on this?

- What they may be thinking:

I will get a more positive response if I clearly state what I need. I can ask questions if I don't understand.

I can be collaborative – finding the middle ground—in order to reach agreement. I will not expect people to be against me.

I am not helpless.

Aggressive – saying what you think, feel, or want as if your interests are more important than other people's interests.

- What a person may say:

You people don't get anything!

I've called my worker 27 times and haven't gotten an answer! (Yelling) This is a bunch of.....! I want to see my kids now!

- What they may be thinking:

The only way to get what I need is to demand it.

It is either him or me, and it's not going to be me if I can help it. It's a "dog-eat-dog" world you can't trust anyone.

People respond if you say what you want loudly and clearly.

Passive – not saying directly or clearly what you think, feel, or want to avoid conflict and make others happy.

- What a person may say:
Ok, that sounds great! (while really not agreeing) I can do that. (with no intention to do so)
Yes, I understand. (but you get the feeling that they don't)
- What they may be thinking:
If I assert myself, I will make other people angry. I will be devastated if people are angry with me. If I say what I want, I will upset people.
I do not want to appear stupid or foolish. I am powerless in this situation.

Passive/Aggressive – not saying directly or clearly what you think, feel or want to avoid open conflict and to frustrate others.

- What a person may say:
I'm sure you can't help me with getting a ride to AA tonight. I wish I could figure out how to talk to my HHS worker.
Sure, I'll do that. (followed by doing the opposite)
- What they may be thinking:
I have to avoid saying directly what I want or need.
People will respond to me if I give them "hints" rather than telling them directly. Being unclear helps to keep the blame away from me.

Excerpt from BABF trainer manual (handout #14, pg. 58-59)

Communication Skills

Exploring involves mainly listening and supporting;

asking open-ended questions (questions requiring more than a 'yes' or 'no' answer)

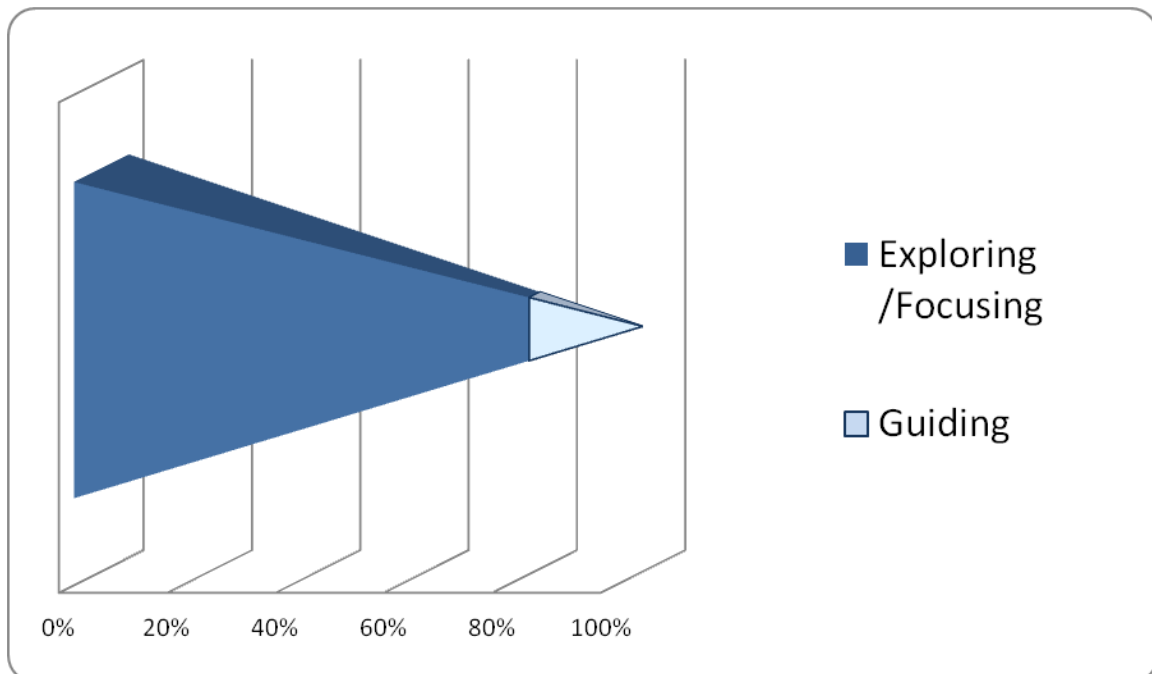
Focusing is using your skills to bring direction or clarification to the

situation; asking more specific questions to get to the 'heart' of the situation

Guiding is offering feedback and empowering the person to take

action; advising parents what to do or giving them advice

As you can see by the graph below, using the skills you have is very important!



Experts agree that, when building a trusting relationship with parents, Parent Partners, workers and other helpers should try to spend

- 80% of their time having “exploring” conversations; and
- 20% of their time having “guiding” conversations.

Listening (through exploration) is so important, in fact, studies have shown that physicians who spend 4 extra minutes with patients are less likely to be sued when something goes wrong. Exploring does not mean “wasting time.” Rather, it allows parents to form relationships that will enable them to move forward on case plans and other required activities much more quickly.

The following are some examples of “exploring” questions, things you can ask to help learn more about a family and to start working on establishing a trusting, healthy, and professional relationship.

Exploring and Guiding Conversations

Examples of Exploration:

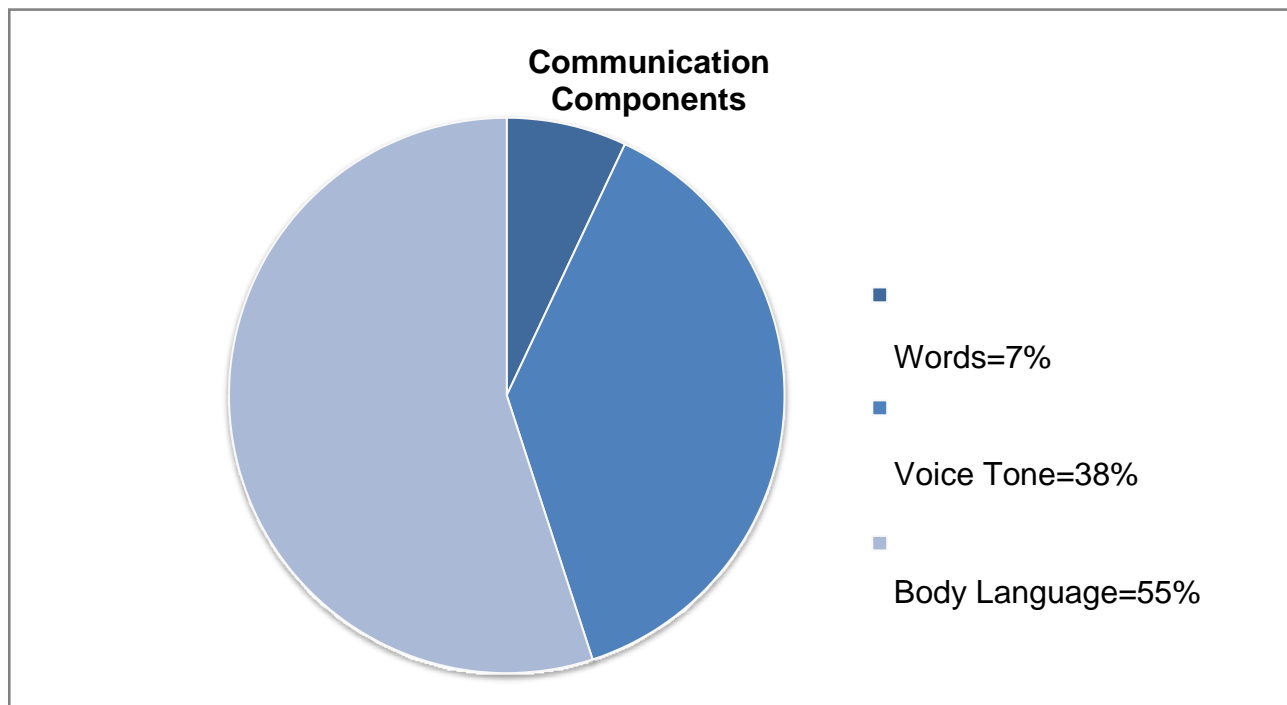
- Tell me about your family. How did you get involved with
- HHS? What is the best thing that happened to you this
- week?
- What does your son do to make you proud of
- him? Tell me about your extended family and
- friends.
- What do you and your family do to relax and have fun?
- If I could wave a magic wand and give you what you want most for your family what would it be?
- What’s been helpful to you in the past?
- On a scale of 1 – 10, with 10 being that alcohol or other drugs are really messing up your family, and 1 is that it has no effect on your family at all, where would you say your family is on this scale?
- How do you and your husband/partner handle differences of opinion?
- How do you manage to stretch your income to keep you family fed and utilities paid? What challenges you about your daughter?
- How would you describe your emotions? Energy level? Attitude?

Examples of Guiding:

- What kinds of services might be helpful to you?
- Do you have any friends or family members who can help baby-sit? Would you be interested in coming to a recovery meeting?

Nonverbal Communication

Communication is not just about what's said but is also about how you non-verbally communicate. The words we use are just a small part of our total interaction. The way you look at someone when you (or they) are speaking, your tone of voice, the way you are dressed, your facial expression, and your body language overall can be even more important. The graph below shows just how significant nonverbal communication is to how we communicate.



Think about someone saying "I Love You" while frowning, crossing their arms, and looking away from you. Does that communicate the same message as someone saying the same "I Love You" while smiling at you and leaning towards you for a hug?

Nonverbal communication gives the listener information about the speaker's feelings, needs, ideas and concerns. Many people express that they have a "hunch" or a "feeling" about something but can't explain the words that led them to these feelings. This is likely because they are reading or interpreting the body language of the person talking and "receiving" the message that was not sent with words. Read on for some examples of positive and negative nonverbal communication and some of the messages that can be sent.

Positive nonverbal communication is likely to get good results most of the time. These messages are sent by the actions below and might "say" something like:

- *I care about what you think.*
- *I want to hear what you have to say. I have time for you.*
- *I support you.*

Below are some examples of **positive nonverbal**

- **communication:** Calm behavior, be still
- Sitting up straight, relax
- Leaning forward to listen, hands open
- maintain eye contact
- Using a pleasant tone
- Nodding in agreement and/or making encouraging sounds

The person who is on the receiving end of **negative nonverbal communication** is likely to feel disrespected, angry, and frustrated. If this nonverbal communication style could be translated, it might say something like:

- *I don't want to be here. I don't respect you.*
- *I'm angry.*
- *I'm scared.*

Below are some examples of **negative nonverbal communication:**

- Sighing and rolling eyes or no eye contact
- Sarcastic voice tone
- Defensive stance
- Raised voices
- Turning away from a person
- Checking text messages while a person is talking to you
- Sucking the teeth
- Aggressive staring

Active Listening

We recognize many of you already have excellent communication skills and use these skills every day. Your uniqueness and the skills you already use is part of what makes the Parent Partner approach work! These tools are designed to help you notice more about the communication skills others use and to help you feel empowered to manage situations you may not have faced yet.

What is Active Listening?

Listening is an active process, not a passive one. In other words, active listeners concentrate on the spoken message and take responsibility for understanding what they hear. Listening is a demanding activity that requires effort, skill, patience, and practice. Active listening requires Parent Partners to:

- Have genuine desire and readiness to help
- Show acceptance of the person and their feelings. Take the time to listen.
- Trust that the person can solve their problem.
- Recognize that these are the other person's problems, not yours.

The Need for Active Listening

Every human being needs attention, acceptance, approval, and affection. Active listening considers the individuality of each person. All human behavior is purposeful and thus understandable. We need active listening because it:

- Shows the person that the Parent Partner is interested in them as a unique individual. Gives evidence that the Parent Partner has listened to their feelings and understands. Allows the Parent Partner to check the accuracy of what they have heard and to determine if they were able to clearly understand what the person said.
- Gives the person a chance to 'get things off their chest' or to vent. Tells the person that you accept their feelings (this doesn't mean you have to agree with their choices or behaviors).

Results of Active Listening

The Parent Partner is attentive to the person and tries to understand how they feel. Active listening provides reassurance and support with a non-threatening, non-judgmental attitude. When used appropriately, active listening:

- Builds trust between the person and the Parent Partner. Helps the person to gain new insights about their behavior.

- Allows and encourages the person to own their problem and resolve it. They know their family and situation better than anyone.
- Helps the person discover underlying concerns that may have led to their problems. Allows the person to be more open and honest with their Parent Partner and more willing to use them as a helper.
- Helps the person to grow towards being more responsible and self-directing.

Guidelines for Active Listening

- A. Treat the person with respect.
- B. Look at the person to show you are paying attention. Notice your body posture while speaking with a person, and show you are listening by making direct eye contact and nodding at appropriate times.
- C. Observe signals the person wants to talk. They may display this by leaning forward, seeking eye contact with you, or opening their mouth as if beginning to speak.
- D. Focus your attention on the person and their message. Resist daydreaming or thinking about what you are going to say next. Ignore outside distractions including cell phones.
- E. Grasp the key points of the message. Try to ask yourself what the person wants you to know or do.
- F. Check for your understanding. Repeat the person's main ideas in your own words after the person is finished talking.
- G. Ask for clarification if you are confused by asking questions that start with the W's (Who, What, Where, When, and Why).
- H. Address the person by their name. Use "I" statements to show responsibility and ownership.
- I. Ask "open" questions, for example, "I don't think I understand what you are trying to tell me, can you give me some more information about ...," or "What do you mean?" (for other communication techniques, see following section)
- J. Use words and language that are comfortable for you. This shows that you are genuine, natural, and sincere in your interest.
- K. Use confrontation sparingly and with respect.
- L. **Allow time for silence and thought; try to feel comfortable with silence. Silence is OK.**

What to Avoid in Active Listening:

- Over-reacting or under-reacting to the intensity of the feelings the person conveys. Using active listening skills when the person obviously needs some other kind of help, for example: "What services are in the community to obtain food or clothing?" In these situations, it is OK to direct them to resources to meet their needs.

Communication Skills Scenarios

Next we will cover some “what to do” situations. You will see the name of a skill followed by a definition of what it means and an example of how it could be used. These are skills that have been proven to be effective in helping roles. Remember that your unique style is valuable and to use words that you feel comfortable with and speak from the heart.

Skill	Definition	Example
Reflecting/Paraphrasing	Putting something into your own words to show your understanding.	Parent: I was so mad when me worker didn't call me back about my visit! PP: So, you're upset about not getting a return call on your visit.
Using Silence	Allowing time for someone to think about what is being discussed and respond.	PP:
Validating/Affirming	Recognizing the meaningful information/emotion that has just been shared. <i>NOTE: Validating or affirming an emotion DOES NOT mean that you have to agree with the behavior!</i>	Parent: I hate my worker! She thought that just because Ithat meant I don't love my kid. PP: It must be tough to feel like people are making assumptions about your relationship with your child.
Recognizing Strengths	Identify positive intentions, talents, and skills of the person you are communicating with.	Parent: I have an appointment on Tuesday, Wednesday, and Thursday this week and a visit on Monday and Friday. PP: It sounds like you have a busy week that you're managing well!

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Attentive Behaviors	Noticing the body language and voice tones of the person and responding in a way that shows interest.	PP: <i>Noticing the body movements and voice tones of the person speaking, offering encouraging words such as “Ummm-hmmm” or “Tell me more”</i>
Sequencing	Placing an event in a “timeline” to gain more information about the situation.	PP: What happened before that? Or was this before or after....?
Owning Your Role	Owning up to any mistakes you have made, to offer reconciliation.	PP: I am sorry, that message I left could have been confusing. I’m sorry I was late and didn’t plan for traffic.
Venting	Allowing a person to express their emotions, even if they are negative.	Parent: I’m so mad about..... PP: Ask: Do you need to vent? Use silence and/or attentive behaviors.

<p>Normalization/Universalization</p>	<p>Noticing that what a person is feeling or experiencing within their situation may be normal, or that others may feel a similar way (they're not alone).</p>	<p>PP: I think most people would feel upset about.....</p>
<p>Open Questions</p>	<p>Asking questions that cannot be answered by one word or using questions that encourage communication.</p>	<p>PP: What do you think about....? How do you think things would be different if.....?</p>
<p>Clarification</p>	<p>Questions asked to gather specific information: yes/no questions, questions starting with who, when, where.</p>	<p>PP: What time(s) do you call your children each week? Where do your visits usually occur?</p>
<p>Solution-Focused Questions</p>	<p>Solution-defining states the potential solution.</p> <p>Past Successes: asks about a time in the past that an experience has been a success.</p> <p>Miracle Questions: asks what would be different if a "miracle" occurred.</p> <p>Scaling Questions: assists a person in identifying the degree of impact something has on them.</p>	<p>PP: It sounds like the solution is...</p> <p>There were times that you and your spouse talked about finances without arguing. What did that look like?</p> <p>If you woke up tomorrow and HHS was not involved in your life, what would be different?</p> <p>On a scale of 1-10, how do you feel about.....?</p>
<p>Self-Disclosure</p>	<p>Sharing a piece of your experience that may be similar to the person sharing. Important to remember is putting the focus back on the person sharing after you relate</p>	<p>PP: I've felt angry about visits and didn't get to see my child as often as I'd have liked. Can you tell me more about what your visits are like right now?</p>

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your
experience.

Summarizing

Sharing back the main points you thought you heard to help focus the conversation.

PP:

What I understand is.... So, it seems like.....
The plan is to....
Let me see if I understand here...

Breaking it Down

Taking a piece of the situation or problem to minimize feelings of being overwhelmed.

PP: I understand you have to go to treatment, look for a job, prepare for supervised visits...etc.
You're really good at planning for visits (identifying strength); can you tell me your plan for visits this week?

So, if you find yourself asking “did I do this right?” remember EVE - *Empathize, Validate, and Empower*. If you are showing understanding and confirmation of another’s feelings and helping them to resolve their own problems, you’re doing it right.

□ Speaking of doing things right, here are some other ways that you’ll know.

Signs of Effective Communication:

1. The person will keep talking.
2. The person centers on their feelings.
3. The person comes up with some ideas or directives for themselves.
4. The Parent Partner feels that they understand the person and what the person has said.
5. The Parent Partner feels a sense of relief and easing of tension.
6. The Parent Partner feels like they have been able to establish a trusting relationship with the person.

If you find yourself at a loss for words, struggling to start a conversation, or having difficulty responding to something a person says please look at the “conversation starters/tips” located in the Tools section of this practice manual.

Professional Interactions and Trust



Do you remember your own interactions with the workers in your child(ren)s removal? You understand the mixed emotions the families you meet may be feeling. Perhaps you remember feeling angry or mistrustful of workers. Many parents are hesitant to engage with the people they may perceive as ‘the enemy’ and are watching every move the worker, lawyer, judge, and even their family may make to look for a way to validate and vent their own emotions.

It is for this reason, your unique understanding and your role to partner with the parents, that there is special care needed in interactions with other professionals. Your role is to build a trusting relationship not only between yourself and the parent, but to foster a trusting relationship between the parent and the workers involved in their case plan. A good way to begin to build this is by letting the family know how you plan to communicate with other professionals and then following through with the expectations you set for yourself.

Letting a family know “I will talk to HHS with you present OR let you know a question that they’ve asked me, but I won’t talk to HHS behind your back” helps a parent to understand what your communication may look like. Please discuss with your coordinator what contact with HHS is specific to your area, as different areas expect different types and frequency of contact. A good mantra to keep in mind, though, when thinking about exchanging information about your families is “nothing about us, without us.” Your coordinator models that in interactions about the Parent Partner program by bringing a Parent Partner mentor along to speaking engagements and decision-making groups, and you can model that “transparent interaction” for your families by communicating with professionals in their presence.

Another way to continue to build trust is by encouraging your family to keep a log or journal themselves. This sends a message that your interactions are willing to be transparent and held accountable for the information that you exchange with them in and begins to empower them to “drive” their own case plan. Offering to review this with them weekly builds their communication skills, fosters mutual understanding, and further develops trusting relationships.

Remember when you are attending court, family team meetings, and any events where parents may be present that your interactions are being noticed and observed. What may be an innocent conversation between you and their HHS worker about the weather could be interpreted by an outside observer (your family) as a conversation about them. Maintaining a trusting relationship includes following through with your plan to include your family in any conversations with professionals and may mean that you wait until you get back to the office before you talk to one of your HHS or legal co-workers about your evening plans, the weather, etc.

Different Roles or 'Many Hats' of Parent Partners



In your role as a Parent Partner, you will wear many different 'hats' and may have different responsibilities depending on the situation. You are already used to this, many of you are mother and/or father, nurse, housekeeper, taxi driver, counselor, ATM ... and the list goes on. Here's an example of what a "day in the life" of a Parent Partner *might* look like:

8 AM: Supervision with Coordinator

Discuss families and your own growth as a Parent Partner

9 AM: Share personal story with a group of foster parents

You are the 'star'- speak professionally but from the heart about your personal experience and success in the HHS system

12 PM: Lunch meeting with HHS worker

Broaden your network and discuss the Parent Partner Program

1 PM: Participate in family treatment court team

You may be required to dress like a social work professional but share both your professional and personal experiences as they are relevant to the situation

3 PM: Meet with a family

You will be engaging, supporting, and mentoring your family

4 PM: Attend a family focused meeting

Support and empower your parents

Family Focused Meetings

Family Focused Meetings (FFMs) are a formal family engagement strategy to work toward solutions. FFMs are a gathering of family members, friends, formal and informal supports, with the assistance of the meeting facilitator, to draw on past successes of the family in problem solving and work in partnership with the family to enhance the safety of children.

Families are best served when they are actively engaged and their voices are heard, valued, and considered regarding decisions. A Family Focused Meeting (FFM) is a way for the family to work together with HHS to make plans and decisions about how to help the family. It draws upon a family's strengths, experiences, knowledge, and resources that provides for the safety and well-being of children in the family.

Family Focused Meetings support families through change in several ways:

- Identifying parents' readiness to change;
- Developing plans that support parents through each stage of the change process;
- Ensuring family voice is a primary driver of change; and
- The primary safety concerns remain forefront of discussions so that families know what needs to be accomplished.

Family Focused Meetings bring the family together with their formal and informal supports to address safety, permanency, and well-being for the children. During the initial Family Focused Meeting, HHS and Family Centered Services (FCS) will meet with the family to address immediate needs and begin talking with the family about goals for the case. The goal of this meeting is to support the family in identifying initial steps to begin stabilizing the family and working toward case plan goals.

During the comprehensive Family Focused Meeting, the family and their supports gather with HHS and FCS to celebrate the family's early successes, identify additional strengths upon which to build and continue to discuss next steps. The family's goals are formalized into a plan that sets out objectives and activities the family and their supports will complete collaboratively to achieve positive outcomes.

Parent Partner Role

It is your role as a Parent Partner to help prepare the family for the family focused meeting process. Help them to think of strengths the family members have and how they can use these strengths to show progress.

For example, "Mom is loving" is a strength. She shows this every day by getting up and getting the kids breakfast and getting them ready for school. This is a more concrete example of how a strength like being loving might also show good parenting.

You can also help them by reviewing the goals they have identified to reach at the family

team meeting. Help the family to make a list of questions if they have any and help them to advocate for themselves by sharing the positive steps they are taking. Offer to role-play practice communicating with them. You should also come up with a “sign” that the parent can give you that they need a break; share this with the facilitator if the parent is comfortable with that.

During the actual meeting it is your role to support the family. Listen to the process, encourage the family to share the strengths and supports you discussed in preparation, take notes as the family is comfortable. Sometimes meetings get heated or overwhelming and the family may need clarification about what was said. Share your notes and perspectives in a positive way and encourage the family to ask questions if they do not understand.

After the meeting you should check with the family to see how they felt about the process. Offer to answer any questions or to compare notes to make sure they understand their expectations. Encourage them to begin taking the steps assigned to them during the meeting.

Court Appearances

One of the roles of a Parent Partner is to prepare families for court dates. In doing so, they should prepare the family by:

- Discussing what hearing it is, where it will be, who may possibly be attending and where it fits on the timeline of their case
- Discussing what expectations the family has surrounding the hearing
- Discussing what fears the family has surrounding the hearing
- Discussing questions that family may have and coaching them on how to ask them and who to ask them to.
- Setting up a safety plan if necessary to help the family deal with unmet expectations. Discussing appropriate courtroom attire
- Encouraging the parent to communicate with their attorney

Going to court with a client:

- It is not mandatory for a Parent Partner to go into the courtroom with someone they mentor. It is important to explain this completely and honestly to the family as soon as possible, preferably before the court date.
- If the parent is comfortable going into the courtroom alone the Parent Partner should respect their wishes and empower the parent.
- If a Parent Partner is going to a court date with a parent, it is advised that they arrive early to discuss the above bullets with them, if they have not already done so previously.
- If the parent wants the mentor to enter the court room to observe, they should talk to their coordinator about local courtroom etiquette.

Subpoena to Appear in Court

Although rare, a Parent Partner may receive a subpoena to appear in court. If this occurs, contact your coordinator immediately.

Participating in Community Meetings

As you establish a strong professional rapport, you will realize that your experience and skill set make you a sought-out voice in many decision-making groups (CPPC, Decat, Family Treatment Court, etc.) Here are some things to keep in mind when asked to participate in a committee:

- What is your role? Are you invited to represent the Parent Partner program? Are you a community member? A parent?
- What is the goal of the group? Is it something you can commit to or offer insight into?
- How frequently does the group meet? Is this something you are able to do and still meet your obligations at work and home?

After you've thought this out (and likely used your coordinator as a resource) and decided you would like to participate in the decision-making group, here are some pointers for meeting attendance:

- Do your homework: make sure you know where and when the meeting is and show up a few minutes early. Familiarize yourself with the agenda and prepare a few comments if you are asked to speak.
- Understand your role or representation and share within that role. Offer your own experience without assuming that your experience is the same as that of everyone within your role.
- Dress appropriately. Ask another attendee if you have questions about what the general dress code is. If you are uncertain it is a good idea to dress as though you were attending court.

If you are asked to be a guest speaker or to share your story, please see the resource section of this guide for more information on how to plan effective speaking. Most important to remember throughout these helpful tips is to be YOU. Your skills and genuineness are two of the reasons that you were selected to participate. The decision-making group values your input, and these pointers will help you to make the most impact when offering it.

Family Interaction



The primary purpose of family interaction is

- to: Maintain the parent-child relationship
- Maintain family attachments
- Reduce the sense of abandonment children experience with removal

For parents, family interaction is the time to:

- Build on the parent's skills in caring for their child
- Help the parent(s) develop healthy parenting patterns
- Identify and resolve problems before the child returns home

Children and parents have a **right** to spend time together. Family interaction should occur in the most homelike setting that allows for natural and safe interaction. Locations for Family Interactions could be parent or relative homes, foster homes, or in certain situations a neutral setting.

Family Interactions should be built to include activities such as mealtimes, bathing, naptimes, homework time, doctors' appointments, school activities, sports activities, and should be geared towards the child's developmental abilities. The concept of Family Interaction Planning is to explore available resources, people, locations, and activities that could be part of developing and maintaining a healthy bond between parent and child.

As a Parent Partner, you could share information about what Family Interaction Plans mean for the parents' you mentor. You will also be encouraging your parents to participate in activities or events important to their child(ren)'s health and well-being. This will help them grow their parenting skills and help their children feel secure in the knowledge that their parent will 'be there' for them. Being present for events in their child's life will also show documentable progress towards reunification.

Problem Solving SODAS



Problem Solving

There are times when the situation may seem complicated and overwhelming to a person. Sometimes using a solution-focused question or the other communication skills you have learned empowers a person to reach their own solution. Here is a tool that will help you work through a specific problem a family identifies.

SODAS Method of Problem Solving

The SODAS model for problem solving is a simple model designed to help people work together cooperatively to achieve a “win-win” resolution to a situation. Conflicts, just like mistakes, are opportunities for us to improve our relationships with others.

Steps in the SODAS Method:

S = SITUATION (define the conflict).

What is the situation or problem? What happened?

What are your feelings and needs? Brainstorm what the problem is.

O = OPTIONS (generate solutions).

List several ideas or options. Write down all ideas without evaluation.

D = DISADVANTAGES (evaluate options)

List the disadvantages of each idea or option.

A = ADVANTAGES (evaluate options).

List the advantages of each idea or option.

S = SOLUTION (select an option).

Example: you go to visit a family and in conversation about their case plan, they share with you that their worker has had to cancel the last 3 visits (family interaction time) due to illness and they have not seen their children in 2 weeks.

Situation: Parents have not had regularly scheduled visits.

Options: (remembering to allow for families to share both positive and negative options, you'll evaluate these options with them in the next step):

- Tell the worker
- Yell at the visit supervisor

- Talk to the visit supervisor
- Accept the situation and hope for recovery from illness
- Talk to the foster parent/family guardian/residential treatment center where the child is placed

Disadvantages: (sorting out potential negative impact)

- Tell the worker-they could ask why parent didn't communicate sooner
- Yell at visit supervisor-visit supervisor could report the behavior, visit supervisor could request a different person supervise
- Talk to visit supervisor-visit supervisor may not be able to resolve situation
- Accept the situation and hope for recovery-visits may take a long time to resume depending on illness of visit supervisor
- Talk to location child is placed-they may not be able to assist and refer to visit supervisor

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Advantages: (identifying positive impact)

- Tell the worker-promotes honesty, builds trust, shows that parent is working towards reunification because they can ask for support, could resolve situation by finding another visit supervisor
- Yell at visit supervisor-temporary release of anger/frustration
- Talk to visit supervisor-could result in them being able to find an alternate supervisor until healthy
- Accept the situation and hope for recovery-avoids potential
- conflict Talk to location child is placed-they may be able to supervise visit

Solution:

This is something the parent or family should reach on their own. In this situation you could share a relevant experience you have had regarding visitation and could offer to practice a conversation between the parent and worker, visit supervisor, or placement location if the family chooses one of those options as their solution.

The SODAS Practice Sheet on the following page can be used as a problem-solving worksheet for you and/or your work with families.

SODAS Practice Sheet

S SITUATION: What is the situation or problem? What happened?
What are your feelings and needs?

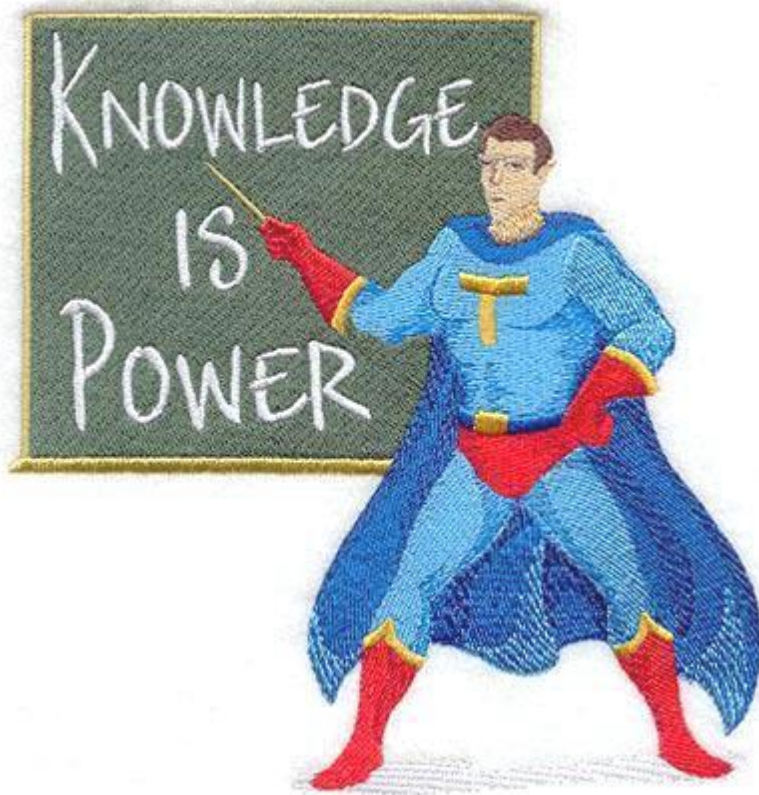
O OPTIONS: List several ideas or options

D DISADVANTAGES: What could go wrong with each option?

A ADVANTAGES: What is the positive in each option?

S SOLUTION (select an option).

Lessons Learned



**Lessons Learned
FROM Parent Partners . . . TO Parent Partners**

Helpful suggestions from seasoned peers in the field

During a statewide conversation, parents were asked to respond to the following questions. The responses were kept consistent with the participants' exact words whenever possible. This guide could in the future include information from other "lessons learned" conversations.

Things to say to engage a parent when first meeting (this could be at a Pre/Post Removal Conference):

- Introduce yourself
- Explain the basics of the Parent Partner program
- Share that you are not a HHS worker and that your role is to support them throughout the case
- Invite the family to share their story. While using your own great communication skills, tie their experience to your own personal story briefly while maintaining the focus on them and their situation.
- Ask "Would you like me to walk with you through this process?" The Parent Partner Program is voluntary, invite their engagement and participation.

Strategies for building relationships and trust with HHS workers:

- Be professional. Have weekly telephone, email, or face to face contact. Remember to use your wonderful communication skills while being respectful and honest.
- Remember that communication is the key. Focus on keeping things moving forward but do express your concerns if you have any.
- "Give a little-get a little" Remember that communication is mutual. Own your role if you need to, sometimes admitting mistakes goes a long way to building relationships.
- Be honest with your worker (question - who is "your" worker? The worker for the parent the Parent Partner is mentoring?). Show the family you and the worker can trust each other.

Things to say to parents before and after seeing their children:

- Be positive. Try to avoid talking about "adult" things like the progress of the case. Reassure them that you are ok. Plan age-appropriate activities and bring snacks or meals if needed. Be on time and be supportive of their present living situation.
- Enjoy your time with your child(ren). Avoid "drama" or adult issues.

- Your children love you and want to be with you. They may ask questions like “when do we get to come home?” Don’t promise something to your children that the courts decide. Role play together how to handle difficult questions or topics with your child(ren).
- Make sure you stay engaged with the child.

Things to say to parents before and after a Family Team Meeting:

- Introduce the idea of a Family Team Meeting; explain the philosophy and steps of the meeting.
- What are your family strengths? Write them down and be prepared to share them. Be honest about your needs. Try to avoid defensive behavior or body language and write questions down so they won’t go unaddressed.
- Be prepared to accept feedback and speak up when you feel misunderstood.
- Where are you going to sit? Remember our cue (when I touch your shoulder or knee or when you touch mine) I’ll suggest we take a break.
- Parent Partners: Meet with parents ½ hour before the meeting. Ask the family: “What do we need to work on? What are the needs of the kids?”
- After the meeting, ask: “How do you think that went?” Get feedback and share your perception of the information shared.

Things to say to parents before and after a court:

- Before the first court date explain concurrent planning and clarify that they will not have the children back after their first court date. Encourage them to ask questions of you and/or their attorney before the court date if there is something they do not understand. Listen during the court proceedings, and again ask your attorney if you don’t understand something.
- After court, ask the family how they are feeling. Explain what needs to be done before the next court date if they need clarification.
- Encourage the family to be honest, think positive, stay supportive, and be calm.

Suggestions when a parent is not being receptive:

- Initiate the “ten-minute rule” when a family seems fixated on a topic such as man problems: “You have ten minutes to talk about it and then we will move on and talk about something else.”
- Be candid, but still respectful. Make sure the family knows we as Parent Partners will not be giving up and will always be there. You could say: “Get your life together or you

won't get your kids back, the clock is ticking", or simply "The Parent Partner Program is voluntary, do you want to continue to participate?"

- Challenge the family's thought processes or actions. Ask "How are your actions helping your situation?" or "Think about the consequences of your actions and who is really being affected, the children." Always maintain a positive/future focus by adding "What is the first step/resource you need to take or find to get back on track?"
- Offer empathy; "I know this sucks and hurts! I can help you. What can we do to get your kids back?"

Suggestions if a parent tells you they have used or relapsed:

- Discuss with your coordinator.
- Encourage honesty and accountability with their worker and team.
- Discuss the consequences of being dishonest which could include you as the Parent Partner having to share the information with the worker.
- Share your own experiences with accountability in your own life and how it impacted your recovery.
- Support your parent through the process of being honest with their social worker. If the family chooses not to be honest then tell the family it is your responsibility to share the information with the worker.
- Follow-up with the parent.

Things to say to parents when their involvement with HHS is coming to an end:

- The Parent Partner program is a support through reunification or termination of parental rights (TPR) by the court.
- If TPR, remind the family they want to be healthy and positive if their child(ren) come looking for them.
- Keep them motivated to live a sober life. Remind them that even when a case closes asking for help shows they have grown. Maintain and encourage use of healthy support systems.
- Explain that the next several months are a fork in the road; they will either take actions back toward the old life or build a brand new one. Encourage them to continue with their positive support to stay on the right track. If their parental rights to their children are going to be terminated, let parent know it's not the end. There is a light.

Tools and Resources



Strategic Sharing

One of the wonderful benefits of the Parent Partner program is that it is a place where people feel safe sharing their stories. Indeed, sharing your experience with the HHS system is a part of why you were chosen as a representative for this program. The sharing of your experience, as you may learn, is different every time you speak. As you become more comfortable with yourself the amount of information you feel comfortable sharing may also change. This section is written to help support you in this growth and sharing process, so that you may convey your strength without feeling too vulnerable or exploited and so that the audience receiving your information recognizes the value in communicating this information.

Why does this section even need to be written? Many Parent Partners have learned that talking about a time in their lives that they may want to put in their past is harder than they expected. Sharing your most vulnerable moments with an audience impacts how they perceive you. You want to be able to offer enough information so that everyone can see the many ways you grew and overcame obstacles or resolved situations. You don't want to leave any speaking engagement feeling like the audience views you in a negative light or uses your most vulnerable moments against you or in criticism of your individual situation. One way to avoid this is by using strategic sharing.

Strategic sharing means simply that you think about who your audience is, what the goal of the presentation is, and how much information you should share to reach that goal with your audience. If you were a banker trying to present information to high school students about opening a checking account, you wouldn't offer information about where the vault is located or how to begin a home loan, even if you possess this knowledge. In comparison, when you are sharing your personal story, you don't need to "open the vault" to an audience who may only need to know how to "open an account" (learn more about the parent partner program).

Who is your audience?

Think about who you are speaking to. You might share differently with a group of foster parents than you would with a group of judges and lawyers. Both groups will be interested in learning about how you were able to problem solve throughout your case and about what kinds of things they could do within their roles to help engage parents presently involved with HHS. After the presentation, however, and during your career as a Parent Partner, you will continue to interact with lawyers and judges in a professional manner. This impacts how you share your story.

Don't be afraid to ask questions when you are invited to a speaking engagement. It's OK to ask things like:

- Who is the audience?
- How long would you like me to speak? How many participants will be there? Will there be other speakers?
- What are you hoping that the participants will learn from my presentation? Is there a specific area of my experience that you would like me to talk about? (Example: visits, recovery, interaction with workers, etc.)

These questions will help you prepare your information. Please remember your coordinator is a great resource and can support you in this process.

What is the Goal?

Once you have learned the goal of the presentation, you can start deciding how much information you should share.

- A group hoping to learn how childhood trauma can affect adult parenting may hope to learn a lot more about your childhood and what moments impacted you.
- A group of FSRP (Family, Safety, Risk, and Permanency) workers will want to learn more about how parents can be engaged effectively to promote reunification and will not benefit from information about your childhood.
- A group of CASA (Court Appointed Special Advocates) may benefit from a small amount of information about how your childhood may have affected you, but only in the context of how they view parents involved in the HHS system.

Sharing too much information could end up having groups feel distanced or disengaged from you and the message you are sending, and you have too much valuable information to share to let that happen! A good way to manage this is to develop some talking points.

Developing Talking Points

Every story has a beginning, middle, and end. Where you begin the story, what makes up the “middle”, and how you conclude your story are all ways that you can present your information in the most effective way for your audience. Most speakers find it helpful to use talking points to measure time or progress in a presentation.

If we think about the example of speaking to a group of FSRP workers, your story would “begin” likely with the removal of your children or with issues immediately prior to that ultimately leading to the removal of your children. The “middle” of the story (or the primary focus) would be sharing your experiences with HHS involvement. You should choose 1 or 2 situations to

focus on and try to bring that focus to a positive conclusion. Remember, your experiences may have led to lots of anger and hurt feelings. It's OK to acknowledge these, but if they become the focus of your presentation your sharing becomes about your anger or hurt rather than about the strength you showed in making positive choices to resolve protective concerns. The "end" of your story would be the reunification or resolution and the success you've experienced since then.

If you are speaking to a group of individuals in recovery, your story would likely "begin" with your substance use and the focus would be on sharing some moments that you consider primary to your recovery. The conclusion should be on some sort of positive outcome or healthy resolution to the situation (return of children, termination and resolution of your emotions around that) followed by a brief update on where you are at today.

You may find it helpful to write out a timeline and then pick 3-5 points in time or situations that were "turning points" to use as markers for sharing effectively and focusing on strength, success, and resolution. You may also find trusted friends or co-workers to practice sharing your story with. This could help you identify potential tough spots or moments that could lead to your own emotions becoming overwhelming. A few tears show that you're human and have the same regrets that we all do about some of our choices. If you find yourself becoming too emotional to tell your story, this is OK but may be an indicator that you're not ready to share this part of your story with a group of people.

After the Story

An audience many times may have questions. It is up to you to think about what you feel comfortable sharing. You may want to work with your coordinator or a trusted friend or co-worker to practice ways you can answer questions or appropriately redirect a question towards a positive focus. Remember that the audience is asking out of their desire to learn more and that their goal is not to judge or criticize you. Most audiences will understand and appreciate the courage it takes to share your story, but occasionally someone asks a question that may feel intrusive to you or may venture into a topic you are not comfortable talking about. It is OK to communicate that. You may want to have a support person in the audience who knows your story and ask questions to bring out information that you may want to emphasize. A support person can also help redirect a conversation to maintain positive focus.

When you are through sharing your story and answering questions you may feel excited, sad, tired, or drained of emotion. These feelings are all normal. You may want to have a person (again a co-worker, friend, or your coordinator) that you can talk to after sharing your story to

discuss any feelings that may have come up and to think about things you'd like to include at future speaking engagements.

Your story may look and sound different every time. This does not mean you are being dishonest; rather, that you are being sensitive to your audience and sharing what will most benefit them in learning more about your role as a Parent Partner in the child welfare system. Using strategic sharing empowers you to communicate your strength to foster growth in you and your audience.

Common Child Welfare Acronyms

As you navigate the child protective system with families, you may come across some unfamiliar initials. Below is a list of acronyms used within the HHS and legal systems. Please feel free to make copies and share this with people you work with.

AG – Attorney General

ASFA – Adoption and Safe Families Act

BHIS – Behavioral Health Intervention Services

CASA – Court Appointed Special Advocate

CFSR – Child and Family Service Review
CSC - Child Safety Conference
CINA - Child in Need of Assistance

CPC – Child Protection Center

CPW – Child Protective Worker (Social Worker III)

CPPC – Community Partnerships for Protecting Children

CPS – Child Protective Services

CPW – Child Protective Worker

HHS – Department of Human Services

DV/IPV – Domestic Violence, Intimate Partner Violence

EVE – Empathize, Validate, Empower

FaDSS – Family Development and Self-Sufficiency

FCRU – Foster Care Recovery Unit

FIP – Family Investment Program, Family Interaction Plan

FCS – Family Centered Services

FTC – Family Treatment Court

FFM – Family Focused Meeting

FY – Fiscal Year is the 12-month period from July 1 to June 30 for state budgets and October 1 to September 30 for federal

GAL – Guardian-ad-litem

ID-Intellectual Disability

IEP – Individual Education Plan

IM – Income Maintenance

JCO – Juvenile Court Officer

MCO - Managed Care Organization

MDT - Multi-Disciplinary Team

MEDICAID – Title XIX of the *Social Security Act* provides medical assistance for low-income individuals

MH/DD – Division of Mental Health and Developmental Disabilities

MHI – Mental Health Institute

NOD - Notice of Decision

PAL - Preparation for Adult Living

PIP - Program Improvement Plan

PMIC - Psychiatric Medical Institute for Children

PPP-Parent Partner Program

PROMISE JOBS – Promoting Independence and Self-Sufficiency through Employment

PROVIDER – an individual or agency who provides clients services as referred by the Department

QSR – Quality Services Review

RFP – Request for Proposal

SAM – Service Area Manager

SDMT – Shared Decision-Making Team

SODAS – Situation, Options, Disadvantages, Advantages, Solution (Problem Solving)

SSI – Supplemental Security Income

SWA – Social Work Administrator

SWCM – Social Work Case Manager (Social Worker II)

TANF – Temporary Assistance for Needy Families

TPR – Termination of Parental Rights

Local Acronyms

Parent Rights and Responsibilities

Parents whose children have been removed have both rights and responsibilities with respect to their child. Below is a summary of some of the most important rights and responsibilities. Feel free to make copies and share this with families you work with.

<i>I have the right to...</i>	<i>I have the responsibility to...</i>
Know why my child was removed and what needs to happen for them to be returned.	Meet with and stay in contact with my social worker, report any changes to phone number or address, participate in creating my family's and my child's case permanency plan, keep appointments and make agreed upon changes.
Have an attorney who represents my rights and interests in court.	Request financial assistance if I can't afford an attorney, discuss the petition with my attorney and stay in contact with my attorney.
Have my child placed with a relative if a relative can care for my child safely.	Provide my social worker with names of relatives who may care for my child.
Know where my child is placed and have frequent, meaningful interactions with my child.	Develop a family interaction plan and communicate with my child on a regular basis.
Know that efforts are going to be made to place my child near my home and to allow my child to continue in their same school.	Keep my child's best interest at heart and to try to see things from my child's perspective.
Be consulted and make decisions on my child's religion, health care and education and participate in my child's care as agreed upon.	Attend medical appointments and school meetings for my child, share important information about my child's needs and contribute to the financial support of my child as determined by the court.
Request a Parent Partner when available and appropriate so that I may be supported by someone who has walked in my shoes.	Engage, participate and follow through with peer support and the Parent Partner Program.
Be informed of services my child receives and medical emergencies my child may have.	Ask about upcoming appointments that my child may have.
Expect that my child is safe in their placement and that his/her needs are met.	Communicate any concerns I have to the social worker and my attorney.

Iowa Parent Partner Practice Guide

<p>Have my child returned home after conditions required by the court and the case permanency plan has been met.</p>	<p>Inform HHS, my attorney and the court if HHS has not provided me with the services listed in my case permanency plan, or if there are additional services I need.</p>
<p>File for an appeal against the following: child abuse report determination, termination of parental rights, Child in Need of Assistance, or removal of my child.</p>	<p>Stay in contact with my social worker and my attorney.</p>
<p>Have information about me and my family kept confidential, unless I agree to share it.</p>	<p>Give permission for release of information necessary for my child's health and welfare.</p>

The rights and responsibilities listed above are excerpts from “ *A Family’s Guide to the Child Welfare System.*” A collaborative effort among Georgetown University Center for Child and Human Development, American Institutes for Research, Federation of Families for Children's Mental Health, Child Welfare League of America, & National Indian Child Welfare Association (2003).

Available to print at <http://gucchd.georgetown.edu/72140.html>

Conversation Movers

Do you ever find yourself at a loss for words? Or think that the words about to come out might not be as sensitive or prepared as you would like to be? Here are some suggestions of conversation starters or 'fillers' if you need a moment to collect yourself before responding to something that a person has shared with you. Remember that these are only suggestions and that sometimes your response from the heart has a powerful impact on the people you work with.

- I see, you mean that you hoped she
- would.... That sounds to me like you're sad
- about....
- I guess you
- want/wish/feel.... You feel
- upset about...
- You sound like you feel anxious
- about... You mean you're afraid of...
- You look worried about...
- I'm not sure I understand. Do you mean you're
- disappointed that You hate that...
- You're confused...
- You're really clear about that. Your
- mother.... You hate it when I refuse to give
- you an answer... You feel lonely right now
- because...
- You wish your case manager
- would... You're upset with your
- father because... You're irritated
- with me because...
- I'll bet that's frustrating...
- Are you saying you're so frustrated
- you...? You seem disturbed about...
- Seems you're sure about...

Self-Care Assessment

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making you a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing: 3 = I do this well (e.g., frequently)

2 = I do this OK (e.g., occasionally) 1 = I barely or rarely do this

0 = I never do this

? = This never occurred to me to do this activity

Physical Self-Care

___ Eat regularly (e.g. breakfast, lunch, and dinner)

___ Eat healthily

___ Exercise

___ Get regular medical care for prevention

___ Get medical care when needed

___ Take time off when sick

___ Get massages

___ Dance, swim, walk, run, play sports, sing, or do some other fun physical activity

___ Take time to be sexual - with myself, with a partner

___ Get enough sleep

___ Wear clothes I like

___ Take vacations

___ Other: _____

Psychological Self-Care

- Take day trips or mini vacations
- Make time away from telephones, email, and the Internet
- Make time for self-reflection
- Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings
- Have my own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which I am not expert or in charge
- Attend to minimizing stress in my life
- Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre
- Be curious
- Say no to extra responsibilities sometimes
- Other: _____

Emotional Self-Care

- Spend time with others whose company I enjoy
- Stay in contact with important people in my life
- Give myself affirmations, praise myself
- Love myself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, places and seek them out
- Allow myself to cry
- Find things that make me laugh
- Express my outrage in social action, letters, donations, marches, protests
- Other: _____

Spiritual Self-Care

- Make time for reflection
- Spend time in nature

- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish my optimism and hope
- ___ Be aware of non-material aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing
- ___ Identify what is meaningful to me and notice its place in my life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Have experiences of awe
- ___ Contribute to causes in which I believe
- ___ Read inspirational literature or listen to inspirational talks, music
- ___ Other: _____

Relationship Self-Care

- ___ Schedule regular dates with my partner or spouse
- ___ Schedule regular activities with my children
- ___ Make time to see friends
- ___ Call, check on, or see my relatives
- ___ Spend time with my companion animals
- ___ Stay in contact with faraway friends
- ___ Make time to reply to personal emails and letters; send holiday cards
- ___ Allow others to do things for me
- ___ Enlarge my social circle
- ___ Ask for help when I need it
- ___ Share a fear, hope, or secret with someone I trust
- ___ Other: Workplace or Professional Self-Care
- ___ Take a break during the workday (e.g., lunch)
- ___ Take time to chat with co-workers

- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with clients and colleagues
- ___ Balance my caseload so that no one day or part of a day is “too much”
- ___ Arrange workspace so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for my needs (benefits, pay raise)
- ___ Have a peer support group
- ___ (If relevant) Develop a non-trauma area of professional interest

Overall Balance

- ___ Strive for balance within my work-life and workday
- ___ Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

Source:

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization*. Norton.

Retrieved from

http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml and adapted by Lisa D. Butler, Ph.D.

