

# Parent Partner

## Resources



*The Iowa Department of Human Services owns and reserves the rights to materials within the Iowa Parent Partner Program. This material may not be published, broadcast, adapted, rewritten or redistributed in whole or part without the express written permission of the Iowa Department of Human Services. Contact [jclarka@dhs.state.ia.us](mailto:jclarka@dhs.state.ia.us) for permission requests.*

**Table of Contents**

Common Child Welfare Acronyms ..... 3

Parent Rights and Responsibilities ..... 5

Problem Solving and SODAS Worksheet ..... 6

Conversation Movers ..... 9

Self-Care Assessment ..... 10

Strategic Sharing and Self-Disclosure ..... 14

Peer Support Specialists Code of Ethics ..... 18

Wellness Recovery Action Plan (WRAP) ..... 20

Juvenile Court Handbook ..... 20

### 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 DHS 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

**CINA** – Child in Need of Assistance

**CPC** – Child Protection Center

**CPA/CPI** – Child Protective Assessor/ Investigator (Social Worker III)

**CPPC** – Community Partnerships for Protecting Children

**CPS** – Child Protective Services

**CPW** – Child Protective Worker

**DHS** – Department of Human Services

**DV** – Domestic Violence

**EVE** – Empathize, Validate, Empower

**FaDSS** – Family Development and Self-Sufficiency Demonstration

**FCRU** – Foster Care Recovery Unit

**FIP** – Family Investment Program, Family Interaction Plan

**FSRP** – Family, Safety, Risk, and Permanency

**FTC** – Family Treatment Court

**FTDM** – Family Team Decision Making

**FTM** – Family Team Meeting

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

**GAL** – Guardian-ad-litem

**ID** – Intellectual Disability

**IEP** – Individual Education Plan

- IM** – Income Maintenance
- JCO** – Juvenile Court Officer
- 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
- PRC** – Pre or Post Removal Conference
- 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**

---

---

---

## Iowa Parent Partner Resources

---

### 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.

<b><i>I have the right to...</i></b>	<b><i>I have the responsibility to...</i></b>
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 in close proximity to 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.
Have my child returned home after conditions required by the court and the case permanency plan has been met.	Inform DHS, my attorney and the court if DHS has not provided me with the services listed in my case permanency plan, or if there are additional services I need.
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.	Stay in contact with my social worker and my attorney.
Have information about me and my family kept confidential, unless I agree to share it.	Give permission for release of information necessary for my child's health and welfare.

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>

**Problem Solving and SODAS Worksheet**

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 back to visit supervisor
- 

**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).

### 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

## Iowa Parent Partner Resources

---

- \_\_\_ 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

## Iowa Parent Partner Resources

---

- \_\_\_ 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 work space 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 work day
- \_\_\_ 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](http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml)  
and adapted by Lisa D. Butler, Ph.D.

### Strategic Sharing and Self-Disclosure

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 DHS 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 in order 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 your problem solved throughout your case and about what kinds of things they could do within their roles to help engage parents presently involved with DHS. 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 DHS system.

Sharing too much information could actually 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 as a way 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 DHS 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.

### Peer Support Specialist Code of Ethics

The Coordinator's Practice Guide contains a section on Boundaries and Ethics. There are many questions faced by individuals in the human services field and sometimes there no exact answers. The following Code of Ethics is borrowed from Peer Support Specialists to help you navigate some of the challenging questions and issues that come with this kind of work.

*The purpose of the Iowa Peer Support Training Academy Peer Support Specialist Code of Ethics is to outline the basic values and principles of peer support practice. The Code shall serve as a guide for Peer Support Specialists in Iowa by defining professional responsibility and ethical standards for the profession.*

*The primary responsibility of Peer Support Specialists is to help individuals achieve their own needs, wants, and goals. Peer Support Specialists will maintain high standards of personal conduct, and will conduct themselves in a manner that fosters their own recovery. Peer Support Specialists will be guided by the principle of self-determination for all, and shall serve as advocates for the people they serve.*

*Peer Support Specialists will perform services only within the boundaries of their expertise. Peer Support Specialists shall be aware of the limits of their training and capabilities, and shall collaborate with other professionals to best meet the needs of the person(s) served. Peer Support Specialists will, at all times, preserve an objective and professional relationship.*

- 1. Peer Support Specialists will, at all times, respect the rights and dignity of those they serve.*
- 2. Peer Support Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Peer Support Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.*
- 3. Peer Support Specialists will not use derogatory language in their written or verbal communication to or about persons served. Peer Support Specialists will use accurate and respectful language in all communications to and about persons served.*
- 4. Peer Support Specialists will not abuse, intimidate, threaten, harass, or use undue influence or physical force with anyone at any time.*
- 5. Peer Support Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion and/or belief system, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.*

6. *Peer Support Specialists will advocate for those they serve so that they may make their own decisions in all matters when dealing with other professionals and service providers.*
7. *Peer Support Specialists will respect the privacy and confidentiality of those they serve. Peer Support Specialists will not name or give information about a person served, former person served, or family member to other professionals except when specifically authorized by the person served.*
8. *Peer Support Specialists will not exploit persons served in disputes with colleagues or engage persons served in any inappropriate discussion of conflicts between Peer Support Specialists and their colleagues.*
9. *Peer Support Specialists will take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.*
10. *Peer Support Specialists will not enter into relationships or commitments that conflict with the interests of those they serve. Peer Support Specialists shall disclose to their supervisor any perceived or known violations of the boundaries of the treatment relationship.*
11. *Peer Support Specialists shall disclose any existing or pre-existing professional, social, or business relationships with person(s) served. Peer Support Specialists shall determine, in consultation with their supervisor, whether existing or pre-existing relationships interfere with the ability to provide peer support services to that person. Peer Support Specialists are responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.*
12. *Peer Support Specialists will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.*
13. *Peer Support Specialists will not use alcohol or other illicit mood-altering substances while practicing peer support.*
14. *Peer Support Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. Peer Support Specialists will advocate for the profession of peer support.*
15. *Peer Support Specialists will not give or accept gifts of significant value from those they serve.*

**Wellness Recovery Action Plan (WRAP)**

WRAP is an evidenced-based system for monitoring, reducing and eliminating uncomfortable or dangerous physical symptoms and emotional feelings. The Plan was developed by Mary Ellen Copeland, Ph.D., and is available along with other related resources online at <http://www.mentalhealthrecovery.com>

**Juvenile Court Handbook**

The Juvenile Court Handbook follows this section and is also available online at <https://childadvocacy.iowa.gov/images/library/file/2010%20Parent%20Handbook%20-%20English.pdf>