

# INFORMATION PACKET

## TOPIC 6: Becoming an Advocate

2014

(From the: Trauma Informed Caregiving for Resource Families Series)

### CREDITS:

Material originally used in the ACRF Rural Teleconference Series “Trauma Informed Caregiving for Resource Families and taken from the Participant Handbook developed by the National Child Traumatic Stress Network Curriculum for Resource Families

[http://nctsn.org/nctsn\\_assets/pdfs/rpc/RPC\\_ParticipantHandbook\\_FINAL.pdf](http://nctsn.org/nctsn_assets/pdfs/rpc/RPC_ParticipantHandbook_FINAL.pdf)



The following information packet contains several articles on the above topic. If you wish to receive training credit for reading this packet, please fill out the “Information Packet Questionnaire” at the back of this packet. Return the questionnaire to the Alaska Center for Resource Families for 1.0 hour of training credit. The articles are yours to keep for further reference.

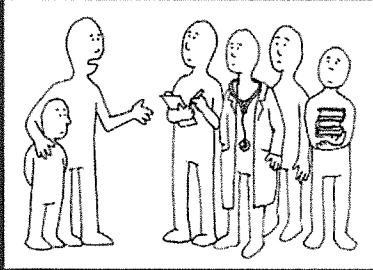
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The Alaska Center for Resource Families, a project of Northwest Resource Associates, is under contract with the State of Alaska Office of Children’s Services to provide training and information to foster parents statewide.





## Module 7: Becoming an Advocate

Illustrations by Erich Ippen, Jr. Used with permission.

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### Essential Elements 7 and 8



7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.

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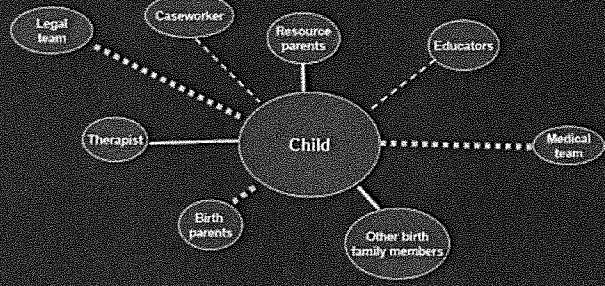
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### Know Your Child's Team (Group Activity)

— Strong, positive connection    - - - - Weak connection    ..... Stressful connection

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## Working as a Team



The team members involved in your child's life:

- Share a commitment to your child's safety, permanency, and well-being
- Have distinct roles and responsibilities
- Relate to your child in different ways
- Are NOT equally trauma-informed

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*I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me.*

*I didn't even know what rights I had . . . if I had any.*

*No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.*

—Luis

Hochman, G., Hochman, A., & Miller, J. (2004). Foster care: Voices from the inside. Washington, DC: Pew Commission on Children in Foster Care. Available at <http://pewfostercare.org/research/voices/voices-complete.pdf>

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## Trauma-Informed Advocacy



- Help others to understand the impact trauma has had on your child.
- Promote the importance of psychological safety.
- Share strategies for helping your child manage overwhelming emotions and problem behaviors.

(Continued)

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## Trauma-Informed Advocacy

(Continued)



- Support the positive, stable, and enduring relationships in the life of your child.
- Help others to appreciate your child's strengths and resilience.
- Advocate for the trauma-specific services your child needs.
- Know when you need support.

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## Advocacy in Action (Group Activity)



Help your team member understand . . .

- What child traumatic stress is
- How trauma has affected your child
- Your child's strengths and resiliency
- What your child needs

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## Partnering with Birth Families



- Respect the connection that children share with their parents and other birth family members.
- Be prepared for conflicted or even hostile initial reactions from birth parents and other family members.
- Use your "trauma lens" when interacting with birth parents and other family members.

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*It's been almost 11 years now since my son has come home [and] one consistent thing for my son and me has been our relationship with his foster parents.*

*My son has spent many nights and weekends at their house and gone on many vacations with them. . . . I've also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours. . . . I'm no longer that angry, jealous and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.*

—L. M., birth mother

Heaven sent. Rise Magazine (2005). Available at <http://www.risemagazine.org>

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## Thinking About My Child (Group Activity)



- Who are three key players in your child's life?
- How can you work together more effectively to help your child?
- How might using your "trauma lens" change the way you work with other team members or with the child's birth parents?

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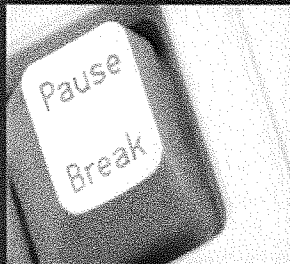
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**Let's take a break!**

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## Helping Your Child Heal



- Know when your child needs help.
- Learn about trauma-focused assessment.
- Understand the basics of trauma-informed therapy.
- Ask questions if you are not sure that the therapy is working.

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## When to Seek Help



When you:

- Feel overwhelmed

When your child:

- Displays reactions that interfere with school or home life
- Talks about or commits acts of self-harm (like cutting)
- Has trouble falling asleep, wakes up often during the night, or frequently has nightmares
- Complains of frequent physical problems but checks out okay medically

*(Continued)*

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## When to Seek Help

*(Continued)*



When your child:

- Asks to talk to someone about his or her trauma
- Talks over and over again about the trauma or seems "stuck" on one aspect of it
- Seems plagued by guilt or self-blame
- Expresses feelings of helplessness and hopelessness

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## Trauma Assessment



Trauma assessment is important for any child who has experienced trauma.

- Includes gathering a thorough trauma history
- Seeks input from you and others who know the child
- Should be used to determine the treatment plan

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## The Basics of Trauma-Informed Treatment



Common elements of effective treatments:

- Scientifically based
- Include comprehensive trauma assessment
- Based on a clear plan that involves caregivers
- Trauma-focused

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## Ineffective or Harmful Treatments



Beware of:

- Treatments that promise an instant cure
- Treatments that use hypnosis or drugs to retrieve "repressed" memories
- Rebirthing, holding therapies
- Treatments that are offered by nonlicensed providers or are outside of the medical mainstream

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## Trauma-Informed Therapy: The Real World



- Effects of trauma missed or underappreciated
- Goals of therapy unclear

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## Trauma-Informed Therapy: The Real World (Continued)



- Inconsistent care
- Therapy seems to be upsetting child
- No trauma-informed providers available

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## Medications and Trauma



- Some medications can be safe and effective
- Resource parents should ask questions about:
  - Medications alone, without therapy
  - Medication prescribed for children under age 4
  - Multiple medications
  - Side effects that concern you or the child
- When in doubt, do some research

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# fostering perspectives

Sponsored by the NC Division of Social Services and the Family and Children's Resource Program

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## Building a Positive Relationship with Birth Parents

by Donna Foster

Foster parents are taught about the things children feel when experiencing loss. We are taught in MAPP about the grief cycle and how to help children through each stage. Yet we are not always taught that birth parents go through their own grief cycle. This is critical information—before we can hope to build a relationship with the birth parents we need to understand how they are feeling.

To give foster parents the tools they need to build more constructive relationships with birth parents, I'd like to share the following suggestions, which are organized according to Charles Horejsi's ideas about the cycle of birth parent grief (see sidebar below).

### Birth Parents' Grief Process

**Shock.** Parents are in disbelief. The words people are saying don't sink in or make sense. Parents feel like they are sleepwalking. The only thing on their mind is that their child is gone. Behaviors of parents may include: shaking, screaming, crying, or swearing. They are overwhelmed with worries about their child. Parents may promise the social worker anything without understanding what they promised. Parents may be in denial and are sure the child will return tomorrow.

**Protest.** Grief shows itself more physically. The parents may feel sadness or anger and the symptoms could be upset stomach and low or no appetite. Parents may have headaches, insomnia, and exhaustion. They may be angry at everyone. The parents may make demands or threats. They may swear or cry for no apparent reason. It may be easier to blame others for the situation than to accept their responsibility. This could be a way of coping with despair and depression.

**Adjustment.** In the adjustment phase things start to settle down. Adjustment occurs sooner if the parents have an ally, such as the social worker and foster parent. The parents do not worry about their children's safety or loyalty if trust in the foster parent has developed. The child becomes the focus of the team. Those assisting the birth parents can be the social workers, foster parents, guardian ad litem, therapists and other community resources. The parents build their parenting skills and actively participate in co-parenting their children with the foster parents. The social worker, foster parent, and birth parent develop a strong Shared Parenting team. The parents fulfill their obligations and meet the case plan goals.

*Adapted from Charles Horejsi's "Working with Biological Parents"*

## Stage: Shock

At this stage of the grief cycle birth parents need to know their children are being taken care of by kind people who are not trying to replace them. No matter what caused their children to be placed outside their home, parents still care about their children and feel they should be in their care. Foster parents can help by meeting the birth parents face-to-face when children are being placed with them. If a meeting is not possible, call the birth parents after the children are placed. During meetings and phone calls foster parents should:

**Start the conversation.** Do not say “I understand how you are feeling.” This could anger birth parents who feel no one can understand how they are feeling. A better approach would be to introduce yourself by saying, “Karen, I am Donna. I am taking care of your child until he can come home to you. He is missing you. I felt you wanted to know who was taking care of your son.”

**Be ready for serious anger.** Do not let angry words stop your compassion. The birth parents have lost control over their child. They are at a loss as to how to fight for themselves. Demonstrating that you understand this frustration is a first step in the development of trust between the adults.

## Stage: Protest

The birth parents may let the foster parents know in no uncertain terms that they are their children’s only parents. They may threaten the foster parents not to harm their children. This is a method of trying to maintain control. Here are some ways foster parents can strengthen their relationship with protesting birth parents:

**Assure birth parents you will not harm their children.** Birth parents benefit from hearing these words from the foster parents. They may have heard or read scary stories about foster parents.

**Be humble.** Let the birth parent be the knowledgeable one when talking about their child. Example: “You know your child better than anyone. How do you want me to care for your child while he is here?”

**Understand the birth parent’s anger as an expression of grief.** Do not show your own anger. Instead, show compassion. This can be difficult if the children have been neglected or abused. Your feelings are your own and should not be overlooked. But as foster parents, you must remember the child loves his or her parents. The plan is almost always reunification. Use your own feelings to motivate and support the birth parents as they learn how to parent their children in healthy ways.

**Use Reflective Listening.** Birth parents need to be heard, not judged. Reflective listening is the practice of repeating or paraphrasing what the person you are talking to has just said, reflecting back the emotions you are hearing. Example: “I hate that my children are staying with strangers!” Reflective response: “You sound worried that people you don’t know will not know how to care for your children.”

Foster parents' role is to listen and to provide creative ways for the birth parents to actively parent their children. When they do this, Shared Parenting is taking root.

Don't sell yourself as wonderful, superior, or the child's salvation. Birth parents may feel embarrassed or threatened by the foster family's home. Birth parents may believe foster parents are in it for the money. Birth parents need to hear from foster parents that they are here to help families reunite. Birth parents need to hear again and again that their children need them and that material things aren't important.

## **Stage: Adjustment**

After birth parents feel recognized by the child's foster parents they become more open to being involved in the parenting of their children while they are in foster care. Here are some specific ways to communicate to birth parents that they are included in their children's care.

Ask birth parents what questions they have for you. Birth parents may want to know: Do the children have a room by themselves? Who bathes them? What do you tell them about why they are in foster care? How do you let them know we love them? When can I talk to them? Are you going to change them so that they are more like your family? Do you want to keep our kids?

Ask birth parents about their children. Ask questions such as: How do you want us to take care of them? What do your children like to eat? What allergies do they have? Are they allergic to any medications, mold, animals, etc.? What fears do they have? What do you do to calm them? What do they need with them at bedtime, such as special blankets, pillows, stuffed animals? What are their school needs? Are they close to any teachers, bus drivers, or other family members? Who are they? What do you want the children to call us?

Develop an action plan for parenting the children together. When questions are answered you can, in collaboration with the children's social worker, develop an action plan that might include phone calls, family-oriented visits at the agency, at parks, and in time, at the foster home. Birth parents can join their children and the foster parents at medical appointments, school activities and meetings, church functions, community activities, birthdays, holidays, and summer activities.

When the birth parents are attending these functions, foster parents should introduce them as the children's parents and ask doctors and school personnel to discuss their children's needs with the birth parents. This helps the birth parents practice parenting and allows foster parents to play a supportive role.

## **After Reunification**

If shared parenting is practiced, the self-esteem of the birth parents is heightened and a positive, ongoing relationship with the foster family created. After reunification the birth parents will most likely desire a continued relationship with the family who cared for their children. The foster parents can offer to take the roles of aunt, uncle, and cousins. They can offer to give respite to birth parents by occasionally caring for the family's children.

Reunification is stressful. The support of the foster parents can help the family succeed in staying together. Staying involved after the children return home also helps foster families with their own emotions.

A slow transition is healthy for all of the children and the adults who love them. Everyone wins!

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# The Importance of Connection: A Birth Mother's Perspective

By L. M.

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The first time I set eyes on my son's foster mother, I did not see her through those rose colored glasses—more like fire red! I was angry and resentful that my son had been removed from me, so I was in no mood to be friendly or forgiving.

I met her at my first visit with my son—eight weeks after he went into care! I noticed a tall blond woman with a kind but crooked face walk in and speak to my caseworker.

## He Called Her “Mom”

I had been sitting on a couch waiting for about 15 minutes to see my son. (I always made it a practice to be early for my visits). A little short-haired blond boy ran past me and I just sat there staring at my caseworker. She turned to me and said, “Aren't you going to say hello to your son?”

I said, “Where is he?”

She pointed to the kid and said, “RIGHT THERE!”

Now, when they took my son from me, he had long hair and a longer tail down his back, and the little boy she pointed out had one of those ugly mushroom cuts. I called my son's name and the boy turned around and I almost fainted—that was my son! I was furious.

Then I heard him call the blond woman “Mom.” I nearly lost my mind. After I calmed down somewhat, the caseworker explained to me that she had other foster kids and since they all called her Mom, it made him feel comfortable to call her that, too. Guess how much I liked that!

## I Asked Questions

I also found out that the ACS supervisor had given the foster mom permission to cut my son's hair and take him out of the state on vacation. (The supervisor seemed to have a personal dislike for me and had told me I'd never get my son back.)

That first visit, after my son said a tearful goodbye, I stayed behind to ask the caseworker about the foster parent. I found out that she and her husband had been doing this for many years and they were in the process of adopting four sisters that they had in their home. The father was a clerk in the family court and the mom had been a registered nurse but was now a stay-at-home mom.

While I wasn't happy about my son being in the system, my impression was that he had people who fostered out of love, not for money, and would be consistent in his life.

I knew my son would not be coming home too soon. I had been using drugs, and to get my son back I had to do an 18-month outpatient drug rehab program, take a parenting skills class, and show I could provide housing and have a steady income. I am happy to say that, although it took a lot of hard work and determination on my part, I did it.

## Getting to Know Each Other

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To show my commitment to my son, I always made it a point to get to the visits early. When my son arrived, I greeted his foster mom and we would speak briefly about my son. She would give me a progress report of sorts every week.

His foster mom was usually bringing the other kids in her home for visits, too, so I got to meet them and we became friendly. Sometimes she had to wait for the other birth mother to show up, so my son and I would stay in the larger room with his foster family and talk.

Other birth moms used to ask me how I could stand talking to the foster mom. I was kind of confused at first, because she was so friendly and thoughtful. Then I realized that they were taking their anger and shame out on the foster parent, just as I had on our first visit.

I told the other birth moms that. Believe me, that did not make me real popular with them for a bit. But I think I got through to a few of them as I saw some starting to speak to their children's foster parents.

The agency didn't actively encourage birth parents and foster parents [to communicate] at that time. Now they do, because they've seen that children do better when both families that are raising them can communicate and start to trust each other.

### A Caring, Loving Family

As time went on and I got to know my son's foster mom and we gradually became friendlier, I found her and her whole family to be warm, caring, loving, and patient.

My son loved his foster family and the only immediate problem he had was adjusting to the foster mother's cooking. At the beginning of one visit, the foster mom asked me, "Is your son a fussy eater?"

I looked at her kind of puzzled and told her, "He always ate everything on his plate and nearly always asked for seconds."

"He hasn't been eating very much except at breakfast," she said.

"I'll speak to him," I told her, and when I did he told me he didn't like her cooking but didn't want to tell her. After all, I had brought him up to be polite and not hurt people's feelings.

After the visit I told the foster mother, as politely as I could, that he was just used to my cooking and that I used a lot of garlic and oregano. I didn't want to tell her my son thought she couldn't cook!

### Little Adjustments

The only problem I had was I felt he was being spoiled. At every visit he had a new toy or a new outfit to show me. I didn't know how I was going to keep up once I got him back. Soon I was bringing him presents, too.

Finally, I stopped bringing anything except food to the visits (except on special occasions and holidays) because I wanted to be sure he was happy to see me. I wanted our visits to be good quality ones, not about me sitting and watching him play with his new toy.

When I spoke to the foster mom about this, she said that she understood and scaled back on what she got him (or at least what I saw of it).

At first I resisted asking my son too much about where he was living. I didn't really want to hear that they were taking better care of him than I had when I was using drugs. But after a while I did ask. My son told me he liked having a lot of kids to play with and that the house was really nice and he had pets to take care of. I have to admit that I was very jealous, but in time I came to realize I would someday be able to provide for my son again.

### **She Encouraged Me**

At one very low point in my recovery, when I felt there was no hope, I spoke to the foster mother and the caseworker about surrendering my rights voluntarily. The foster mom looked startled and asked me why.

"You seem to be able to do soooo much more for my son than I can do. You take him to great vacation places, buy him anything he asks for, and give him a wonderful place to live. . ."

She said to me, "No matter what I do for him, no one can give him the love you can, so don't give up."

She started me thinking that my recovery was possible. I had someone who actually believed I could get him back! It meant a lot to me that, while she might have loved to adopt my son, she nevertheless encouraged me to do my best to reunite with him.

### **An Astounding Gift**

About a week before Christmas, the time finally came for me to get my son back. (What a wonderful gift Santa gave both of us that year!) The day he came home, my son's foster mother did an unbelievably compassionate and astounding thing—she handed me a check.

"What is this for?" I asked her.

"This is the rest of the foster care money for this month. I thought you would need it to help get him some Christmas gifts, since you're not working yet," she said.

Well, I gave that woman the biggest hug I could muster and thanked her. She was right. I had hardly any money saved.

She and I talked also about keeping him in the Catholic school she'd had him attending, which was some distance from my house. She offered to pick my son up and drop him off every day so he could finish the term with his friends.

Once he finished I put him in the public school near our house, but even then she was there for us. If I had to work late or he got sick at school, she would pick him up and bring him to me when I got home. She and her family have been a fixture in our lives ever since.



## His “Other Family”

It's been almost 11 years now since my son has come home [and] one consistent thing for my son and me has been our relationship with his foster parents. My son has spent many nights and weekends at their house and gone on many vacations with them . . . I've also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours . . . I'm no longer that angry, jealous, and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.

Sometimes my son throws it at me in anger that he was in foster care. But once he also told me that he was really glad we were able to be friends with his ex-foster parents, because he had come to love them almost as much as he loved me and his brothers and sister.

## Encouraging Others

Now I work as a parent advocate at the agency that supervised my case when my son was in care. It's part of our philosophy to encourage trust and communication between birth parents and foster parents.

I get involved with my clients' relationships with their children's foster parents and try to assist in smoothing over the rough spots. I try to show birth parents that the resentment, anger, self-doubt, and guilt that they feel does not have to spill over onto the foster parents. (I also advocate for the birth parents if a foster parent is mistreating them or their child.) I use my own experiences as an example of how co-parenting can benefit everyone.

Many birth mothers seem unable to accept that anyone can take care of their child as well or better than they can, even if they were not caring for their child well because of depression, drug use, or some other problem. Foster parents sometimes have a negative opinion of the birth parents as well, and don't believe that the child will be OK when she returns home.

## Talking It Through

Communication helps. I encourage both birth parents and foster parents to ask questions about the children: What are their likes and dislikes? What are their favorite foods and toys? What routines did the birth parent have when the child was home (like prayers at night), and what things do they like to do together? What routines is the child following in the foster parent's home and what new activities is the child enjoying?

That helps the birth parents see that their children are being well cared for, and helps the foster parent make the child more comfortable in their new home. Not every foster parent or birth parent can put the children's best interests first, but I do my best to encourage and guide.

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# Developing Your Advocacy Skills

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## Advocacy and Being Part of a Team

Resource parents of children who have experienced trauma need finely tuned advocacy skills in order to ensure that their children receive all the services and opportunities they need to heal and thrive.

As you travel along on this journey, you may find that there will be social workers, other resource parents and support groups, lawyers, teachers, doctors, and others who can help in your advocacy efforts on behalf of your child. But no one will remain as committed or involved as you over the long haul. You have the potential to be your child's primary and best advocate.

To be an effective advocate, you must become informed. You must be assertive. You must be organized and keep accurate records. You will need to develop a sense of self-confidence and believe that you are on par with the "experts" with whom you interact.

## The Self-Advocacy Cycle

Tony Apolloni of the California Institute on Human Services has identified a four-stage model that he calls the "self-advocacy cycle" for effective advocacy efforts:

1. *Targeting*: The process of identifying needs and the service agencies responsible to address these needs
2. *Preparing*: The process of getting ready to participate with service professionals in making decisions for helping your child
3. *Influencing*: The process of influencing decision makers within service agencies to adopt the desired approaches for addressing your child's needs
4. *Follow Up*: The process of checking to be certain that the agreements with service professionals are carried out. The following pages offer guidelines and tips to help you in each of these four advocacy stages as you parent a child who has experienced trauma.

### Stage 1. Targeting

This step has two parts: (1) identifying your—or your child's—needs, and (2) identifying the service agencies available to address this need.

#### Identify the Need

Start by identifying your—or your child's—basic need. For example: "I want to ensure that my child's mental health provider (therapist) is trauma-informed." Then consider everything that can have an impact on fulfilling that need, such as:

- The only health insurance my child will have is Medicaid.
- The therapists that my former foster children worked with did not seem to be particularly trauma-informed, and the social service agency seems to only make referrals to that particular provider.

### Identify Service Agencies

Identify the providers in your area that you think are the best options for your child. For help in finding a provider, talk to parents in a resource parent group about their experiences and recommendations. Research as much as you can about trauma-informed services using the Web site and other materials provided the National Child Traumatic Stress Network ([http://www.nctsn.org/nctsn-assets/pdfs/tips\\_for\\_finding\\_help.pdf](http://www.nctsn.org/nctsn-assets/pdfs/tips_for_finding_help.pdf)).

### **Stage 2. Preparation**

Once you have identified several options, it's time to do more digging. Don't rule out any option until you've looked at it closely. Check out as many options as you can and compare the results thoroughly before making a decision. Some steps to take include:

- Gather brochures from various providers.
- Attend information nights or orientation sessions.
- Attend classes, workshops, open houses or other public awareness events.
- Ask each provider if you can talk to one or more of their clients.

Be sure to ask lots of questions. Important questions to ask may include:

- Who are the staff? Are they well trained? What is their experience with children and trauma, children in foster care? Do they seem enthusiastic and committed to their work?
- What are their timeframes for service? Do you use waiting lists or other means of determining when you will receive services?
- What costs and fees are involved? Will you accept Medicaid? Have you had other foster children as clients, and what forms of payment were they able to negotiate with the agency (if they don't accept Medicaid)?
- What is their overall philosophy about child abuse, neglect, trauma, and foster care?
- How do they feel about older parents, single parents, or any other "descriptor" of your family?
- How do they view resource parents' role in the therapeutic process?
- What if you are not satisfied? What grievance procedures do they have in place?
- How willing and experienced are they at working with other agencies or providers such as the child's school?

- Are they comfortable working with both the child's biological family and resource family?

Know your rights: Every state has advocacy offices, legal aid services, offices for the protection of rights for the handicapped, etc. Use these services and learn your rights as a citizen and a client; then, you will not be intimidated by eligibility requirements at agencies.

Being part of a larger group can be quite an asset during the preparation stage. Other parents can provide you with a wealth of information, listening ears, valuable contacts, and advocacy clout when needed. Don't wait until you are in a crisis or a state of desperation—establish your connection to the group before you need help. Consider the following:

- Local resource parent support groups (if there isn't one, consider starting one)
- Specialized groups for parents of children with special needs, such as United Cerebral Palsy or the Association for Retarded Citizens (ARC)

### **Stage 3. Influencing**

It's important to develop a partnerships with service agencies or mental health workers in order to effectively work together to help your child. You will be most successful in your efforts if you view yourself as a partner with the professionals with whom you work. Steps you take early in the process to develop this partnership will pay off later. Once you have selected or been referred to providers you will interact with, do the following:

#### Build a relationship

- Don't only be the person who calls with a problem. Try to attend social gatherings, fund raising events, open houses, etc.
- Become a volunteer.
- Always be clear and pleasant when speaking about your needs.
- Learn names, especially the names of the receptionist and others with whom you will need frequent interactions.
- Stay in contact with all providers at least once a month, and more often when circumstances warrant.

#### Handle yourself like a professional

- Begin every interaction with either a positive statement or an empathy statement, such as: "I understand you have a large caseload . . ." or "The information in the packet you sent was so helpful . . ."
- Describe the problem using an "I" statement, not a "you" statement: "I am concerned about the length of time it is taking to get the initial assessment completed," rather than "You are taking too long to get me the information I asked for."
- Ask for acknowledgment and clarification: "Do I have all the information straight? Is there more I need to know?"

- Maintain an even voice tone, eye contact, and non-offensive body language.
- Offer options and possible solutions: “If scheduling is an issue, would it help if I came to your office instead?”
- Plan a time to follow up: “Can I call next Thursday to see where we stand?”
- Always thank them for their time and end on a positive note.

### Be accessible

Most social workers, social service, and mental health agencies are operating on limited resources and are stretched very thin. The more accessible you are, the better service you will get.

- Leave daytime phone numbers and alternatives (cell, etc.).
- Attend all scheduled meetings and appointments, be on time.
- If you must miss an appointment, call in advance.
- Be flexible with your time; be willing to take an afternoon off from work, or be willing to travel outside of your community.

### Be organized

- Write everything down, take good notes, and keep them with you.
- Keep copies of anything you mail or turn in.
- Make sure information you provide is legible and clean.
- Keep a log of all contacts including date and time, nature of contact (i.e., phone call, scheduled meeting, unplanned visit), names and titles of all involved, and any promises made.
- Follow up every verbal contact in writing; send a letter summarizing your phone conversation or the results of a meeting.
- When speaking to someone who does not have an answer for you, plan a specific time to call back to get the answer; do not wait to be called back.

### **Stage 4. Follow Up**

Being an advocate is an ongoing process. Once you have identified an agency and established a partnership with the people working with your child, be sure to stay in frequent contact. If problems arise, be proactive in dealing with them.

- Increase the frequency of your communications.
- Draw upon the support of resource parent groups, the state foster parent association representative, and/or child advocacy organizations.

- Avoid “us” versus “them” conflicts; try to maintain the role of a partner because you are jointly working to solve a problem.
- Move up the ladder one step at a time. If you have a problem with a caseworker that you are unable to resolve, go to that person’s supervisor next—not all the way to the head of the agency.
- Use the formal grievance procedures available to you within the agency.

Once you have exhausted internal mechanisms, consider going to the power brokers in your state, such as legislators and the governor’s office. Get ideas, guidance, and support on these steps from more experienced members of your parent support group.

As an advocate, there will be times when you will operate alone, advocating for specific services for your child. At other times your efforts will accomplish more and be more effective if you work with others by participating in resource parent groups and/or advocacy organizations. As you go through this process, be sure to celebrate your victories and let others know about what you have learned—share your knowledge.

There will be times when you will advocate for a service to be provided that already exists and to which you are clearly entitled. Other times, you will be advocating for (and even demanding) that a system (such as the social service system) create a service or program that does not currently exist in your community.

At times, you will work to see that existing laws and regulations are followed and your rights are being honored. At others times, you may band together with others and work to change laws or create new laws. Sometimes the changes involve budgets rather than laws.

At all times and in all situations, keep your goals clearly in mind. Continue to ask lots of questions, and never settle for answers that you do not understand or that are too vague to be helpful. Finally, remember these two important facts:

**Advocacy is hard work—you can’t give up and you can’t sit back hoping others will do it for you.**

**There is always hope.**

Adapted from: National Adoption Exchange. (1998/1999). *Becoming your own adoption advocate: A guide for families. Families Across Michigan*. December/January. Available at <http://www.mare.org/FAM/Archives/1998/D98J99.html>

# INFORMATION PACKET QUESTIONNAIRE

## TOPIC 6: Becoming an Advocate

1.0 Hour

<b>NAME:</b> _____	<b>PHONE NO.:</b> _____			
<i>Only one person per questionnaire. Feel free to make additional copies if needed.</i>				
<b>ADDRESS:</b> _____	_____	_____		
<i>Street or Post Office</i>	<i>City/State</i>	<i>Zip</i>		
<b>EMAIL:</b> _____				
<input type="radio"/> <b>YES! I would like to receive ACRF email.</b> <i>(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)</i>				
Are you a foster parent?	<input type="radio"/> YES	<input type="radio"/> NO		
	If YES, what is your Foster Home License #: _____			
If NO, please check one:	<input type="radio"/> Pending Foster Parent	<input type="radio"/> OCS	<input type="radio"/> Birth Parent	<input type="radio"/> Adoptive Parent
<input type="radio"/> Residential Treatment Facility (License #: _____ )	<input type="radio"/> Agency: _____			
<input type="radio"/> Other <i>(please specify)</i> : _____				

**Please read the information packet. Then fill out this questionnaire and RETURN TO: ACRF, 815 Second Avenue Suite 101, Fairbanks, AK 99701. Or fax it to: 907-479-9666, you will be credited with 1.0 hour for completion of this worksheet.**

1. This packet presents concepts and ideas that may be useful to your foster parenting experience. Please list two (2) specific ideas or concepts which you learned or reaffirmed from reading this packet. Write a short sentence or two describing how you can use them in your family.

a)

b)

# INFORMATION PACKET QUESTIONNAIRE

2. List each title in this packet. In a few sentences for each article, summarize the main purpose or key points for each article in this packet.