

# Section V

## Developing and Expanding a Statewide Parent to Parent Program

2000

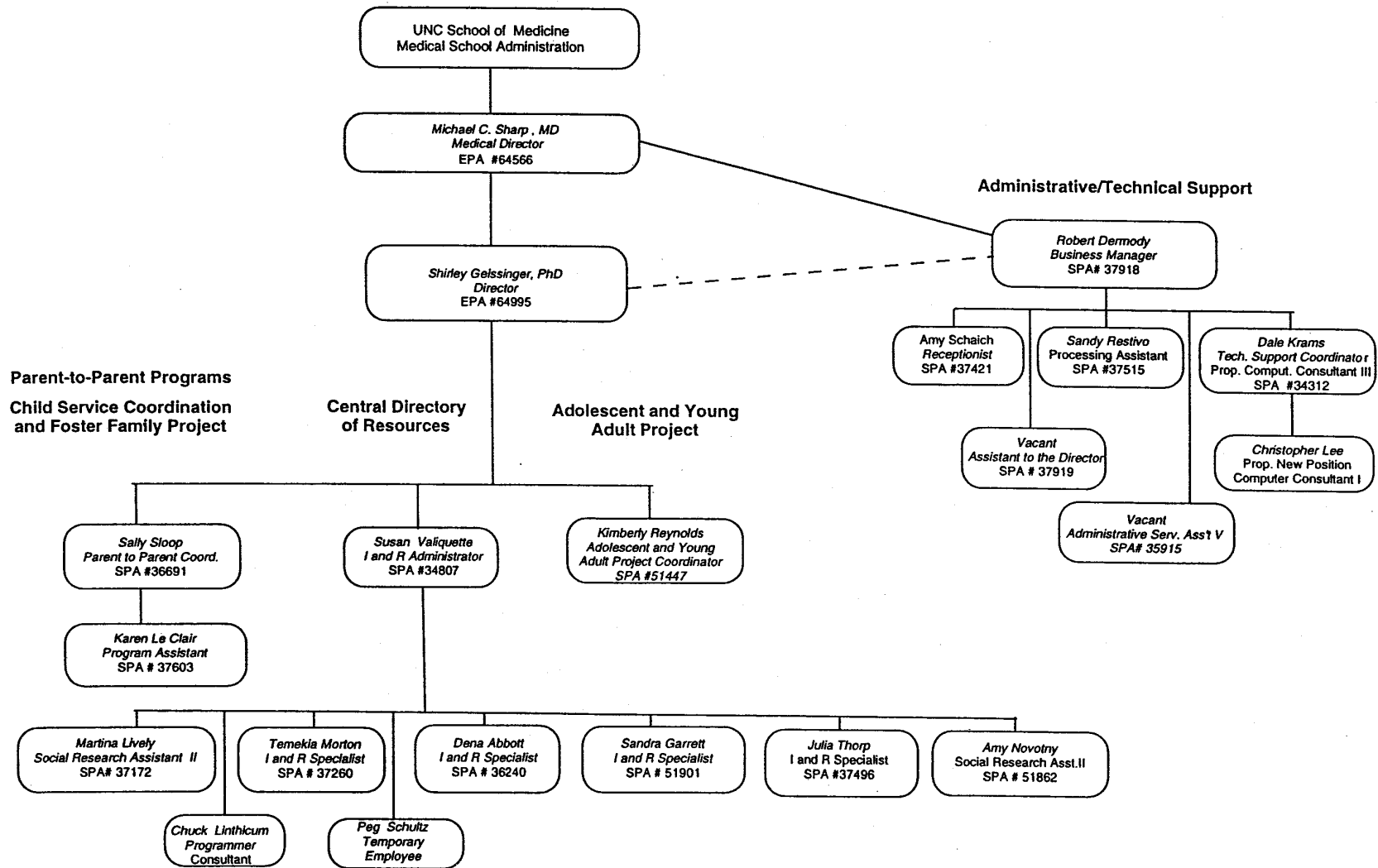
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**APPENDIX C**

**Sample Organizational Charts**

## Family Support Network of North Carolina



**APPENDIX D**

**Sample Forms for Recruiting and Screening Support Parents**

## Parent to Parent of Virginia

Date

Dear \_\_\_\_\_:

As you know, parents of children with disabilities and health problems provide invaluable support to each other by sharing their experience and knowledge. There is a common bond between parents, but often they do not know where to turn to find other parents facing similar situations following the birth or diagnosis of a child with special needs.

Parent to Parent is a network of volunteer parents who are available for telephone contact with parents facing a new diagnosis. Sharing experiences in this way can enable parents to find support, understanding and community resources which as local support groups.

We feel that you are a resource person who may know families interested in becoming a part of our Parent to Parent network. Please take a moment and think of families you see currently, or have worked with in the past who might be appropriate.

Our support parents attend training workshops focusing on communication skills, listening skills, the process of grieving, confidentiality and on local resources. Parent partners are never under pressure to accept a match so it's a wonderful way to be a volunteer without being under a commitment of spending a certain number of hours when the timing may be inconvenient. Also, it allows parents to volunteer from their own homes, with only a telephone being necessary to facilitate the matches.

Our next workshop will be held \_\_\_\_\_ at \_\_\_\_\_. Please encourage families you know to call us for registration materials or for more information. The registration deadline is \_\_\_\_\_.

I would like to thank you for your involvement and interest in Parent to Parent. Without the valued support of professionals, parents would not have access to our network.

If you would like more information about Parent to Parent or would like a representative to make a personal presentation about our services, please call.

Sincerely,

Name

Parent to Parent of Virginia

Date

Dear \_\_\_\_\_:

As you know, parents of children with disabilities and health problems provide invaluable support to each other by sharing experiences, frustration, knowledge and joys. There is a common bond between parents of children with disabilities. Yet, many times parents are not able to discover this bond as they don't know where to turn to find other parents facing similar situations.

Parent to Parent is a network of volunteer parents of children with a wide range of disabilities and illnesses who are available for telephone contact with parents facing a new diagnosis.

You have been recommended as a parent who might be willing to volunteer to become a support parent. Our training workshops focus on communication skills, listening skills, the process of grieving, confidentiality and on local resources. We will also discuss different disabilities and illnesses, how the network functions and our public awareness activities.

Our next workshop will be held \_\_\_\_\_ at \_\_\_\_\_. Please think about this. If you are interested, please call us at \_\_\_\_\_ to register. The registration deadline is \_\_\_\_\_.

We believe that this service - which only parents can provide - will enable other parents to view, in a positive manner, their child's ability to grow, learn and develop to his/her fullest potential.

We look forward to hearing from you.

Sincerely,

Name

# Parent to Parent Screening Guide

The following list is to be used as an informal guide to determining whether volunteers would make effective Helping Parents.

Keep in mind that these are sensitive questions and each person may react differently. The most important thing is: What message would this prospective Helping Parent give to a referred parent?

## **Acceptance of the Child**

- Do they view the child as a valuable person?
- Do they accept the child's strengths and weaknesses and have expectations which seem realistic?
- Do they believe their child can learn? Do they feel learning opportunities are important?
- Do they participate in services provided to their child? Do they advocate for change when necessary? Do they monitor services?
- Have the parents successfully worked through most of their anger and fear surrounding the birth of a child with a disability?
- How do the parents feel about the professionals they must deal with in order to get the specialized services they need?

## **Ability to Provide Support to Other Parents**

- Are they willing to share their own experience?
- Are they concerned about others?
- Are they non-judgmental?
- Do they view their role as a prospective Helping Parent as a supporting role rather than a decision making one?
- Are relationships within their family relatively stable?
- Are they coping well with emotional issues?

- Do they have an ability to identify the needs and feelings of others?

### **Ability to Cope with Other People's Problems**

- Are they willing to become personally involved with other people?
- Can they cope with the problems of others without being hurt themselves?
- Can they handle confidential information without the need to discuss it with other people?

### **Ability to Communicate**

- Do they express themselves well?
- Are they good listeners?
- Do they know when to be quiet?

### **Maturity**

- Are they able to accept rejection by others without being personally offended?
- Can they work without a lot of praise or recognition?
- Are they willing to give to others without the expectation of returns?

### **Time**

- Do they have the time to be involved in Parent to Parent?

### **Things to consider when recommending a parent as a Helping Parent:**

- Have they worked through their own issues and fears?
- Are they at peace with themselves over choices they have made?
- Do they convey a sense of calm reassurance?

## SUPPORT FAMILY ROLE

### SUMMARY OF RESPONSIBILITIES

Below is a summary of the expectations for Support Families:

- Commit to Family to Family for one year. However, you can remain with the Program as long as you wish.
- Attend a Family to Family Network training conference.
- Attend as many Family to Family meetings as possible for ongoing support and training
- Fill out a Support Family information form at the training, this will be used as the basis for making matches.
- When a match is accepted, contact the Referral Family within 24 hours, if possible. If you experience difficulty in reaching the Referral Family, mail a brochure and a note with your name and phone number. Keep calling until the Referral Family is reached.
- If you cannot accept a match when one is offered, tell the Coordinator right away. This will prevent a delay in contacting the Referral Family.
- Fill out the log at the start of the support relationship.
- Notify Family to Family Coordinator immediately after the first contact with the Referral Family. Update the Coordinator periodically regarding the progress of the support relationship. Consult with the Coordinator if problems arise.
- Follow the Family to Family rules regarding confidentiality.

Family to Family of ND

# Parent to Parent Volunteer Application

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

LANGUAGE(S) SPOKEN \_\_\_\_\_

NAMES OF CHILDREN

BIRTHDATE

SEX

DISABILITY

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*(PLEASE USE BACK IF YOU NEED MORE ROOM)*

Please describe the adjustment you and your family have made to your child with a disability:

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2. What have been the most rewarding events, or the easiest years, for you in your role as the parent of a child with a disability?

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3. What have been the most painful events, or the most difficult years, for you in your role as the parent of a child with a disability?

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4. Please indicate those characteristics which most nearly describe your parenting style. The purpose of this checklist is to gain an idea of your parenting style. This may be useful in matching you with another parent.

Please check appropriate boxes.

CHARACTERISTICS	USUALLY					RARELY				
	1	2	3	4	5	1	2	3	4	5
Patient										
Flexible										
Strict										
Energetic										
Physically affectionate										
Emotionally expressive										
Able to admit mistakes										
Accepting										
Frustrated										
Supportive										
Perfectionistic										
Able to make decisions										
Outgoing										
Organized										
Objective										
Passive										
Trusting										
Optimistic										
Easy going										
Impulsive										
Open to new ideas										
Accepting of change										
Protective										
Self confident										
Lenient										
Consistent										
Logical										
Contented										



5. Please explain which of the above characteristics have been the most helpful to you in parenting your child.

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6. Please explain which of the above characteristics have been the least helpful to you in parenting your child.

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7. If given the opportunity, what would you do differently in your role as the parent of a child with a disability?

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8. Please describe briefly how and from what source you received the most support in adjusting to your child's disability.

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9. Would a system of Parent to Parent Support have been helpful to you? If so, at what point and why?

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10. What do you expect to gain from the experience of being a Helping Parent?

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11. What would you describe as your goal as a Helping Parent in a relationship with a newly identified parent?

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12. What characteristics on the list would you describe as lending themselves to being a Helping Parent and what characteristics would you consider detrimental?

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Please feel free to make any further comments:

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FAMILY CONNECTION OF SOUTH CAROLINA, INC.  
2712 MIDDLEBURG DR., SUITE 103-B  
COLUMBIA, SC 29204  
(803) 252-0914

FAMILY INFORMATION ABOUT  
SUPPORT PARENTS

Date \_\_\_\_\_

**I. FAMILY INFORMATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Deceased Spouse \_\_\_

Other Household Members:

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**II. DESCRIPTION OF CHILD WITH SPECIAL NEEDS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Diagnosis or condition if known \_\_\_\_\_

Major symptoms or related problems \_\_\_\_\_

When did you learn of your child's disability? \_\_\_\_\_

\_\_\_\_\_

**FAMILY CONNECTION OF SOUTH CAROLINA, INC.**  
**Support Parent Agreement**

As a Support Parent...

I understand and agree to maintain confidentiality regarding information I receive about or from the family I am supporting. This means that conversations I have with the family I am supporting will be kept private and only shared when needed with the Program Coordinator.

I agree to provide timely and appropriate support to the families referred to me.

I agree to accept and handle referrals when possible, feeling free to say "no" if family or personal considerations make it impossible to provide help needed by a referred parent.

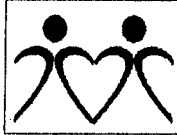
I agree to use the name and logo of Family Connection of South Carolina only for activities of this organization.

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Signature

---

Date



Date \_\_\_\_\_

**New Jersey Statewide Parent to Parent  
Support Parent Information Form**

**Primary Caregiver**

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_ Language(s) Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

%%%%%%%%%

**Significant Other**

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_ Language(s) Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

%%%%%%%%%

**Child Information**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Disability or Diagnosis: \_\_\_\_\_

Other Disability(ies) or Diagnosis: \_\_\_\_\_

Age of Onset: \_\_\_\_\_ Resulting From (if known): \_\_\_\_\_

Medications: \_\_\_\_\_

Degree Impaired: \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_ profound

*Hearing:* \_\_\_\_\_ *Vision:* \_\_\_\_\_

*Speech:* \_\_\_\_\_ *Mobility:* \_\_\_\_\_

*Behavior:* \_\_\_\_\_ *Diet:* \_\_\_\_\_

Toilet Skills: \_\_\_\_\_

*Special Equipment:* \_\_\_\_\_

Treatments: \_\_\_\_\_

*Special Procedures:* \_\_\_\_\_

School: \_\_\_\_\_ Special Education: \_\_\_\_\_

*Lives at Home:* \_\_\_\_\_

Please provide any special details about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

%%%%%%%%%

**Other Information**

Primary Doctor: \_\_\_\_\_

Specialists: \_\_\_\_\_  
\_\_\_\_\_

Therapies: \_\_\_\_\_  
\_\_\_\_\_

Insurance: \_\_\_\_\_

Siblings: \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_

Please provide any additional information (ex: support groups/organizations you belong to, areas of interest/expertise, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to being a Support Parent I would like to:

- \_\_\_\_ Sit on the Advisory Board    \_\_\_\_ Work on a committee of the Board
- \_\_\_\_ Host a Support Parent "social event" for parents living in my region.

*Thank you for the time you have given to Parent to Parent today. As a Support Parent you have a great deal to offer someone who has experienced some of the same feelings and emotions that you have. What a wonderful opportunity to share the joy you have found and help that someone feel less isolated and better able to face the daily challenges of parenting a child with special needs.*

Date: \_\_\_\_\_

# Parent to Parent of Virginia Parent Partner Form

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## Parent Information:

(circle one)

Mom

Stepmom

Grandma

Foster Mom

Name: first \_\_\_\_\_ last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ (h) ( ) \_\_\_\_\_ (w)

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Language(s) spoken other than english: \_\_\_\_\_

---

(circle one)

Dad

Stepdad

Grandpa

Foster Dad

Name: first \_\_\_\_\_ last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ (h) ( ) \_\_\_\_\_ (w)

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Language(s) spoken other than english: \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced

---

## Child with Disability:

Name: \_\_\_\_\_ Child lives at home?  Yes  No

Birthdate: \_\_\_\_\_ Sex:  male  female

Diagnosis/disability: (be specific) \_\_\_\_\_

---

When diagnosed?  before birth  at birth  at the age of \_\_\_\_\_

Insurance:  SSI/Medicaid  Private  None

Other children:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

Do any of these children have any disabilities or health issues?  yes  no

If so, first name and diagnosis: \_\_\_\_\_

Special concerns you have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Release of Information:**

Parent to Parent has my permission to release my name and telephone number to another parent for the partner match.

\_\_\_\_\_ signature \_\_\_\_\_ date

Parent to Parent has my permission to release the information on this form to the following Parent to Parent networks: (please check all that apply)

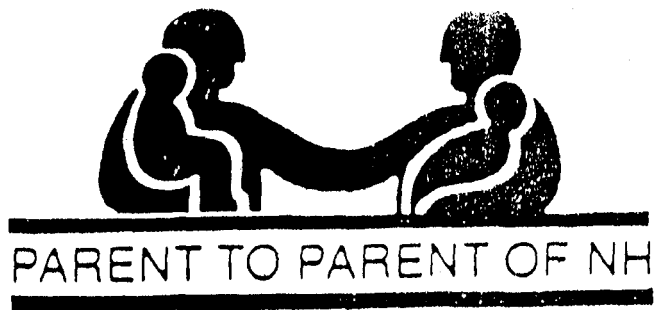
Parent to Parent local network  Parent to Parent of Virginia statewide network

Parent to Parent nationwide network  Virginia Family Leadership Networking Project

\_\_\_\_\_ signature \_\_\_\_\_ date

**APPENDIX E**

**Sample Agendas for Support Parent Training**

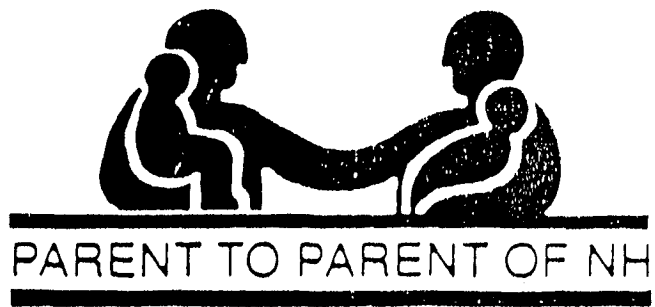


Supportive Parent Training

Friday, November 18

Workshop 1

5:00	Introduction and Welcome	Bev Parry
6:00	Parent to Parent Role within the Peer Support Movement Role of the Supporting Parent Group Activity	Bev Parry Maryellen Sullivan
7:00 - 8:30	The Myths of Special Families Family Centered Care	Debra Nelson



Supportive Parent Training

Saturday, November 19

Workshop II

9:00	Welcome "Peer Power"	Bev Parry
9:30	Community Resources	Bev Parry
10:30	The Wellness Approach	Pat Martin
11:30	Lunch	
12:30	Parent Feelings (Cycle of Grief)	Molly Connelly
1:30	Communication Skills Listening Skills Role Play	Molly Connelly
3:00	Evaluations / Adjourn	



# *Family Connection of South Carolina, Inc.*

*a support network for families that have children with special needs*

## **Support Parent Training Saturday, August 3**

### *Agenda*

- 8:30 - 9:00      **Registration/Coffee/Getting to Know Each Other**  
(Please arrive as early as possible)
- 9:00 - 9:30      **Welcome and Introductions**  
                    Connie Ginsberg  
                    Executive Director  
                    Family Connection  
(We will begin promptly)
- 9:30 - 10:45     **Overview of Special Needs**  
                    Mary Pittenger, Ph. D.,  
                    Nurse Case Manager for Neonatal Special Care Nurseries  
                    Children's Hospital of Richland Memorial
- 10:45 - 11:15    **Role of Support Parent**  
**Parents as Natural Helpers**  
                    Rebecca Robinson  
                    Support Parent /Family Partner
- 11:15 - 11:30    **Break**
- 11:30 - 12:30    **Family Issues in Families With Children**  
**With Special Needs**  
                    Julian Ruffin, PhD, Psychosocial Coordinator  
                    Children's Center for Cancer and Blood  
                    Disorders, Children's Hospital  
                    Richland Memorial Hospital

2712 Middleburg Drive, Suite 103-B, Columbia, South Carolina 29204  
(803) 252-0914 • 1-800-578-8750 • Fax: (803) 799-8017

- 12:30 - 1:00            **Lunch: Family Connection**
- 1:00 - 2:30            **Active Listening and Empathy**  
                              Diane Miller MSW  
                              Program Director  
                              Family Connection of South Carolina, Inc.
- 2:30 - 2:45            **Break**
- 2:45 - 4:00            **Managing Stress/ Care for The Caregiver**  
                              Diane Kempson MSW  
                              Psychotherapist/ Massage Therapist
- 4:00 - 4:15            **Wrap-up**  
                              Support Parents,  
                              Family Connection Staff



# *Family Connection of South Carolina, Inc.*

*a support network for families that have children with special needs*

## **Support Parent Training Saturday, August 10**

### *Agenda*

- |               |  |
|---------------|--|
| 8:30 - 9:00   | <b>Coffee/Check-in</b>   |
| 9:00 - 9:30   | <b>Sharing Your Experience<br/>Receiving Support</b>   |
| 9:30 - 11:00  | <b>Overview of Services</b><br>Diane Sibley, Training Coordinator<br>Richland Lexington Disabilities<br>and Special Needs Board<br>Barry Brown, MSW - Social Worker V<br>Children's Rehabilitative Services<br>Richland County Health Department |
| 11:00 - 11:15 | <b>Break</b>   |
| 11:15 - 12:30 | <b>Coping and Chronic Sorrow</b><br>Mary Burkett,<br>Support Parent, Board Member Family Connection.   |
| 12:30 - 1:15  | <b>Lunch: Covered Dish</b>   |
| 1:15 - 1:45   | <b>Active Listening (Practice Exercise)</b>  |
| 1:45 - 2:30   | <b>Over Your Head</b><br>Diane Miller  |
| 2:30 - 3:00   | <b>The Role and Expectations of A Support Parent<br/>and Confidentiality</b><br>Sandra Crawford<br>Program Coordinator   |
| 3:00 - 3:30   | <b>Wrap-Up and Evaluation</b><br>Family Connection Staff   |

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## Parent Partner Training

November 22, 1998

### AGENDA

- I. Introduction
  - ♥ Parent to Parent Model
  - ♥ Parent to Parent of Virginia
  - ♥ Parent to Parent of the Radford Area
  - ♥ Participants
  - ♥ Disabilities
  
- II. Role of Parent Partners
  - ♥ Role
  - ♥ Effective partnerships
  - ♥ Matching process
  - ♥ Forms
  
- III. Grief Cycle
  - ♥ Aspects of grief
  - ♥ Working with parents who are just learning of their child's disability

### L U N C H

- IV. Stress Management
  - ♥ Stress and coping
  - ♥ Child abuse and children with disabilities
  
- V. Communication
  - ♥ Skills of non-written communication
  - ♥ Attending skills
  - ♥ Listening skills
  - ♥ Perceiving skills
  - ♥ Responding skills
  - ♥ Communication leads
  - ♥ How to resolve conflicts
  - ♥ Self-awareness
  - ♥ Cultural awareness
  
- VI. Wrap-Up
  - ♥ Resource Listing
  - ♥ Evaluation form
  - ♥ Questions?

# Sample Agendas

## **Helping Parent Training Session I**

### I. Orientation

- A. Welcome and introductions
- B. Overview of Parent-to-Parent
- C. Values exercise
- D. Parent introductions

- Lunch -

- Video "My Child has a Disability" -

### II. Emotional Impact

- A. Grief model
- B. Crisis model
- C. Group discussion

- Assignments -

- Adjourn -

# Sample Agendas

## Helping Parent Training Session II

- I. Welcome/Comments
- II. Communication
  - A. Active Listening
  - B. Roadblocks & Tips
  - C. Practice

- Lunch -

- Video "Special Kids: Special Dads" -

- D. Advanced Techniques
- E. Problem-Solving
- C. Practice

- Assignments -

- Adjourn -

# Sample Agendas

## Helping Parent Training Session III

- I. Cultural Awareness
  - A. Guest Speaker
- II. Helping Parent Role
  - A. Skills
  - B. Protocol/Policies

- Lunch -

- Video "Regular Lives" -

- III. Resources
  - A. Guest Speaker
  - B. Questions and Answers

- Assignments -

- Adjourn -

# Sample Agendas

## Helping Parent Training Session IV

- I. Welcome
  
- II. Life Beyond Disability
  - A. Dreams Exercise
  - B. Questions and Answers
  
- III. Wrap-Up
  - A. Mechanics of Parent-to-Parent
  - B. Guest Speaker
  - C. Group Discussion - High/low points
  - D. Evaluations

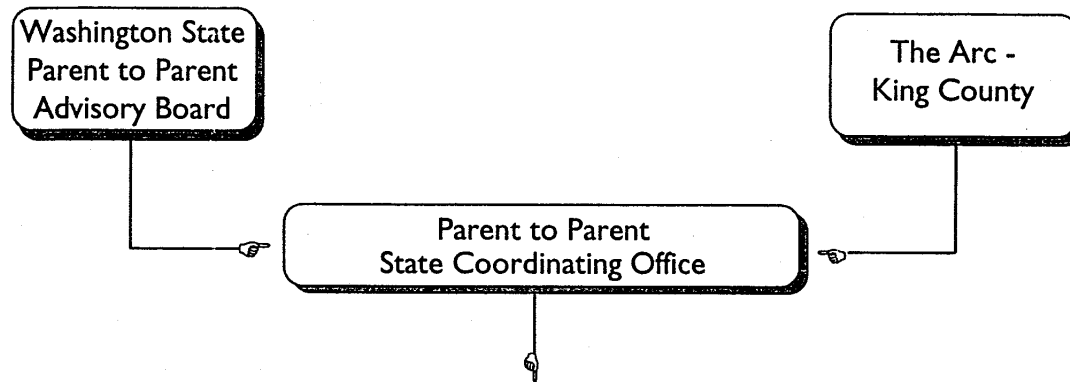
- Lunch -

- Open Discussion -

- Adjourn -



# Washington State Parent to Parent Programs Organizational Chart



## Washington State Parent to Parent Regions

NORTHEAST WASHINGTON	NORTHWEST WASHINGTON	PENINSULA AREA	SOUTHEAST WASHINGTON	SOUTHWEST WASHINGTON
<i>Regional Coordinator</i> Terry Anderman	<i>Regional Coordinator</i> Beverly Sweet	<i>Regional Coordinator</i> _____	<i>Regional Coordinator</i> Teri Hough	<i>Regional Coordinator</i> Darla Toedtemeier
Okanogan	Whatcom	Clallam	Kittitas	Pierce
* Chelan/Douglas	Skagit	Jefferson	Yakima	Thurston
Grant/Adams/ Lincoln	Island	Mason	Klickitat/Skamania	Lewis
Stevens	Snohomish	Pacific	Benton/Franklin	Cowlitz/Wahkiakum
Spokane	* King		* Walla Walla/ Columbia	* Clark
			Whitman/Garfield/ Asotin	

