

BECOMING A SERVICE DETECTIVE

***LOCATING HELPING RESOURCES AND
FINANCIAL SUPPORTS FOR FAMILIES***



**A NYS Citizens' Coalition for Children, Inc.
Training Curriculum for Foster and Adoptive Families
Parenting Children with Special Needs**

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I. Pre-Opening

- **Time Required:** As long as it takes for people to gather. Don't worry about getting a reply from everyone, it's not as important as getting started on time.
- **Supplies:** Note cards preprinted with the question, "Why do I Want to Become a Service Detective?" Handout packets or folders – if possible print on different colored paper for ease of identification .

Hand out the note cards as people enter the room or place next to the participant sign in sheet with a prominent sign asking them to complete the card and drop in a container. Have pencils available. Collect the cards just before you begin to use during the introduction.

II. Introduction

Time Required: Adjust your introduction time to how much time you have available. In general, limit the introduction to no more than 10 to 15 minutes.

A. Introduce yourself and why you are there

Keep information about you and/or your organization to a minimum in order concentrate on what people want to know about and what you hope they will leave with.

B. Attendees – Ask who is there and why

Asking for a show of hands is a easy way to find out who is in the room – parents, providers, etc. If you have time ask a few people to explain why they are interested in becoming a service detective. (Be aware that people often want to tell their story, ask for *brief* comments.)

If time is limited read and comment on some of the responses from the cards you collected. Take note of any common themes. If time permits and you have a willing helper, you might record some of the responses on a flip chart to refer to later.

C. Introduce the workshop theme

Helping services do exist in the community and caregivers can find them, but they have to be willing to play an active role in identifying their own and their child's needs and locating services to meet them. This workshop is designed to help parents learn to *Look for helping services, Ask questions, and Imagine solutions.*

D. Housekeeping Issues

1. Announce projected time frames, i.e. lecture time, discussion period, wrap up and evaluation.
2. Point out handouts and how you will use them. Mention any evaluation/feedback forms you plan to collect.
3. Let people know how you wish to handle participant questions/comments – at the end, any time during the workshop, at the end of a topic, etc..

III. Beginning the Investigation: Putting on your detective hat

A. Know the Name of the Problem – it's 90% of the Solution

1. Parents/Caregivers are the real experts about their children, they know things no one else does. The name of the problem isn't just the diagnosis, it's what needs to change. Identify what's wrong and what needs to change to make things better. Talk it through with some one and be able to articulate and describe the problem in behavioral terms.
2. Identifying what needs to change. Imagine what would be different if the problem was solved or mitigated. What would be different ? For instance Johnny would no longer _____ , Johnny could _____ , or I could _____

Use/ refer to Handout #1 - Labels are for Jars, Not Children."

B. Gather the Facts

1. Understand that some things are givens. There are normal issues/circumstances that most, if not all, adoptive and/or foster families deal with. Identify and discuss the 7 core issues of adoption, most relate to children in foster care as well.

Use/refer to Handout #2 - The Seven Core Issues of Adoption.

2. Know the Child's History. Adoptive/Foster parents should get as much information as they can about their children. This should happen before adoption, but it if doesn't go back to the agency and ask questions. NYS regulations require that agencies share information about a child's medical/social history with foster and prospective adoptive parents. Make sure there are no gaps in the information, and if there are, insist on knowing what happened during that time period. The following questions are recommended by the North American Council on Adoptable Children.
 - Where was my child during the first two years of life?
 - How many moves did my child have in foster care?
 - Can I talk to the foster parents to learn more about my child's past?
 - Is there a history of mental illness or other medical problems in my child's birth family?
 - Is there a record or signs of alcohol use or drug abuse during pregnancy?
 - Was my child born prematurely?
 - Were there signs of abuse or convictions for abuse against my child?

3. Evaluate what you know - Don't over-diagnose. Do the child's behaviors or symptoms indicate a problem; or perhaps an understandable developmental delay, or an adoption/foster care issue? Negative behaviors don't always indicate pathology. Think about the 7 core issues, and how trauma affects a child's development.

Use/ refer to Handout #3, When to Seek Treatment and Handout #4, Children with Special Needs: Helping Families Access Services and Information. Discuss the difference between developmental delays and disabilities.

C. Parents Need to Understand and Exercise the Skills and Personal Qualifications to Meet the Job Specification for Service Detective.

Successful Detectives:

1. Are curious. Caregivers need to cultivate an inquiring and discerning mind and think outside the box to consider all possibilities. Good detectives *Look, Ask, and Imagine*.
2. Are responsible for their own information. Good detectives don't wait for others (i.e. caseworkers) to tell them what they need to know or expect the people they are interviewing to know about services in other service systems (i.e. OMRDD, OMH, Dept of Education, OASAS.)
3. Ask questions until an answer makes sense. Common sense is often the best tool a detective has. NYS services and regulations are generally about what's best for the child. If something doesn't make sense, it may not be true. Ask for information about eligibility for services in writing.
4. Are willing to ask the stupid question. There *are no stupid questions*, don't be afraid to let people know what you don't know. Tell people if you are having difficulty understanding what they are telling you or haven't addressed your concerns. Don't assume that the "experts" have thought through every issue or know what *you* need. Write down any questions you have before you talk to an "expert" and ask them if they haven't been addressed.
5. Don't take NO for an answer. Good detectives are like a dog with a bone - someone, somewhere has the information you are looking for and *can* address your concerns and/or answer your questions. If someone says "you're not eligible" - ask why not, if they say "that's not my job" - ask whose job it is, or "I don't know" - ask who else might know.
6. Share what they know with others. Let people know who else you have talked to, what you learned from them, and what you hope to learn from the person you are talking to. Join a parent support network or group and share your knowledge with other caregivers. Other parents have been on the same journey you and can be a great source of information about services they have used.

IV. Conducting the Investigation: Tips and Tools

A. Investigating Other Service Systems

1. The adoption and/or foster care agency is not the only source of information/help available. Child welfare caseworkers may not be aware of helping services in other service sectors such as OMRDD or OMH. That's OK, be patient and understanding. It takes years for a Child Welfare caseworker to become an expert at negotiating his/her own service system, much less one they don't work in on a daily basis. Caseworkers do want to help, however, and can refer you to others who can. Don't get frustrated or angry - reach out and engage their interest in your search - turn them into champions for your child's cause.
2. Understand the difference between programmatic and financial eligibility. It varies from system to system. Some services are provided to families regardless of income (i.e. respite for children with developmental disabilities) and some are only provided to families below a certain income level. Your child may meet programmatic criteria, but your family might be above the allowable income guidelines.

Children in foster care aren't generally eligible for OMRDD or OMH service coordination services. That's because they aren't programmatically eligible - they are assumed to already have case management services from the LDSS caseworker and a payment mechanism (Medicaid) for needed services.

3. Educate yourself and connect with others in the system you are investigating. You are your own best advocate and know best what it is you need to know. The information is out there, you just have to accept the task of finding the place/person who can provide it. The answer might be "no" or "I don't know," but at least you can cross that person or agency off your list.

Other parents are often the very best sources of information. Don't confine your contacts to other foster/adoptive parents. There are hundreds of birth families who have expertise and experience negotiating the service system associated with their child's disability. Find them by joining email groups, web forums or local support groups specific to your child's disability.

B. Use the internet

1. You must! - It's loaded with things you want/need to know about. THE most effective tool available to service detectives. If you don't have access to the internet - get it - or use the services available at your public library. The NYSCCC website is a good place to start. (see handout below.)
2. Look outside your own community/county. Conduct online searches for services in nearby counties and communities. Some agencies are willing and able to serve families who are willing to travel even though their on-line directory might not list your community as their service area.

3. Pick up the phone and ask questions about what you see on a website. Make follow up calls to agencies about services on their website. The information on a website might be out of date or incomplete, its only as good as the time and information available to the sites web master. There might be a lot more to the story.

Use/Refer to Handout #5, Locating Helping Resources and Becoming a Service Detective, a compilation of helpful websites and discuss and encourage attendees to use the NYSCCC "Caregiver Support NYS" wiki <http://caregiversupportnys.wikispaces.com/> .

C. Keep Good Records

1. Keep a journal or running chronology of everyone you talked to, when and how you reached them, and what you learned.
2. Document instances of the problem/behavior you are trying to resolve and outcomes of interventions and/or services used to address them.
3. Read your diary - Occasionally take the time to go back to the beginning and read over your notes. You may become aware of patterns you hadn't noticed before, or even better, surprised at progress you have made.

Use/Refer to Handout #6, Keeping Good Records. Suggest using a steno pad for each child to all your notes in one place.

D. Search Out and Use Financial Supports for Adoptive Families

1. Adoption Subsidies – Not for everyone, (i.e. families who have adopted privately or internationally,) but most children adopted from foster care are eligible.

Use/refer to Handout #7, New York Adoption Subsidies and International Adoptions and Adoption Subsidies

1. Tax Benefits – See NYSCCC website Financial Supports for Families section for information on the Adoption Tax Credit for all adoptive families and IRS information about claiming foster children as dependants.
<http://www.nysccc.org/Tax%20benefits.htm>
2. Grants, Loans, and Employer Benefits – See “Making Adoption an Affordable Option” and other links on NYSCCC Becoming an Adoptive Parent webpage for information about financial assistance with private/international adoption expenses.
<http://www.nysccc.org/Adoptive%20Parent%20Info./adoppardir.htm>
3. Victims Services – Children who acquired impairments or disabilities as a result of documented abuse or neglect may be eligible for assistance with paying for medical and counseling services . See <http://www.cvb.state.ny.us/> for details.

V. Closing the Case: Committing to Service

A. You are the consumer

1. They need you! Service providers are in the business of selling services. If providers don't provide services to meet their customer's needs they can lose their funding or go out of business.
2. Explore how you can work together. You might not be eligible for a specific program, but may be for another you didn't know about. Ask about alternative options.

B. You are the expert about your child.

1. You know things nobody else does (i.e. what happens at bedtime or re-occurring behaviors when a child gets home from school.)
2. Service providers need your information to provide appropriate and successful services. If you don't tell them what you know, they won't know.

C. You pick the service provider

1. Interview providers about their services the same way you would if you were shopping for insurance or financial services.
2. Ask about price, flexibility, and experience with/understanding of the 7 core issues of adoption.

D. Keep Lines of Communication Open

1. Consult – You and the provider have the same goal, to help your child succeed. Think of providers as team members who have information you can use and *want* to work with you.
2. Advocate – Advocacy is defined as pleading the cause of another. If you don't advocate for your child, who will?
3. Educate - Help your provider to know/understand what your child needs.
4. Congratulate – Say thank you and let providers know when things are working. They want to feel successful and will work even harder for you when they do.
5. Listen – Communication is a conversation. Ask for feedback when you say something you want people to understand and explanations if you don't understand something.

Use/refer to Handout #8, Choosing a Mental Health Professional.

VI. Last, but Not Least: Take care of Yourself

A. Ask for Help –It's OK

1. Don't martyr or whine, get busy and keep looking until you find it.
2. Believe help is available and you can find it, it just might look a little differently than you imagined.

Use/refer to Handout #9, The Top Ten List for Staying the Course and NACAC support tips on Handout #3

B. Have Fun

1. Indulge in guilty or simple pleasures.

Use/refer to Handout #10, Support and discuss what some of your own guilty pleasures, i.e. expensive ice cream, manicures – whatever.



BECOMING A SERVICE DETECTIVE NYSCCC Training Curriculum Workshop Handouts

1. Labels Are for Cans, Not Children,
2. The Seven Core Issues of Adoption
3. When to Seek Treatment
4. Children With Special Need: Helping Access Services and Information
5. Locating Helping Resources
6. Keeping Good Records
7. New York Adoption Subsidies
8. Choosing a Mental Health Professional
9. The Top Ten List for Staying the Course
10. Support



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Labels Are For Cans, Not Children

by **Kim Stevens, Med, LSW**
Founder and CEO of Raising Children's Voices, Inc
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I'd like to ask all of us to please consider the way we talk about children and the effect that can have- negatively and positively- on them, our foster and adoptive family community, and the community at large.

I am truly impressed by the number of great folks out there. People from all walks of life with huge diversity in terms of culture, finances, education, career, family configuration, etc.- each one doing the best they can to raise healthy and happy kids. Each one advocating, every day, for the supports needed to raise those healthy and happy kids and keep them safe.

We fight battles every day with the media, schools, doctors, therapists, insurance providers and child welfare agencies to provide for our children and to portray them in a positive light.† We love our sons and daughters, not in spite of their challenges, but because of their strength and beauty and brilliance, etc., at times I think we are our own- and their- worst enemies in the larger world.

Every time we refer to one of our children as my ADHD son, my borderline daughter, or my RAD kid; each time we say, "Joe is ODD" or "Wanda is LD" we take something away from their humanity. And in doing, we allow the rest of the world to do so, too. In this way, our kids go from being lovable, amazing children to being a diagnosis, a problem, and an issue.

Let's make it our goal this year, and in years to come, to allow no one, not even ourselves, to dehumanize our kids, when fighting for the services and supports they need, when trying to explain to a teacher why their goals may not be the same as ours, when sitting over a cup of coffee with a friend or neighbor, when writing or speaking about them in support groups or professional circles. Instead let's talk about "my beautiful artist Cassandra, who struggles with her difficulty in connecting to people," or "my soccer star Benji, who tries to find a way to use that same energy in school that gets him cheers on the field," or even "my eldest is living away right now, trying to figure out what adulthood is all about."

The language we use allows others to use it for or against our children. I know having learned from mistakes I made in the past. Being the mom who was willing to believe her kids could learn something wrong and know that her kids did need a bit extra, I made it easy at times for others to blame my children, to lower expectations, to ignore.

Several years ago, I consciously decided to NEVER say anything negative about my children in public. At school conferences, when the teachers and administrators would worry about lack of effort or impulsivity, I stopped colluding with them about the challenges of attention deficit hyperactivity disorder. Instead I thanked them for acknowledging how capable my child is and went on to say how proud I am that this child's obvious joy at being in school among peers is such a delight.† I thanked them for making an environment where he could be happy and enthusiastic and went on to suggest that a more kinetic way of teaching seemed in order. The difference it has made in his schooling, his social life, in me and in HIM, is incredible.

I try to take this approach in all my conversations these days (though I confess I also try to stay away from political debate, the approach and such debate are rarely compatible). When talking to parents about their kids, when talking to kids about their parents, and especially when talking to kids about themselves and their worlds, I use positive language and avoid labels or generalizations. The difference it has made for me and for those around me is palpable. Most especially, the youth I know seem stronger, more self-assured, more capable - and the adults around them know it.



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Seven Core Issues of Adoption

The parent and child in an adoptive family have an unshared genetic and social history that professionals must take into account when planning intervention strategies. The most helpful therapists and experts are those who understand the seven core issues of adoption and know that they resurface often in the lives of any member of the adoption triad. The following information has been adapted from the work of Deborah N. Silverstein and Sharon Kaplan. Although their work specifically relates to adoption, much of the information can also be applied to foster children.

1. **Loss.** Adopted children mourn the loss of their birth parents, even when they are happy with their adoptive family. Their loss can feel more prominent at various developmental stages, but especially as a teenager or young adult.
2. **Rejection.** Adopted children often feel rejected by their birth parents and subsequently avoid situations where they might be rejected or provoke others to reject them to validate their negative self-perceptions.
3. **Guilt/Shame.** Adopted children often believe there is something intrinsically wrong with them and that they deserved to lose their birth parents, which causes them to feel guilt and shame.
4. **Grief.** There is no ritual to grieve the loss of a birth parent. Suppressed or delayed grief can cause depression, substance abuse, or aggressive behaviors.
5. **Identity.** Adopted children often feel incomplete and at a loss regarding their identity because of gaps in their genetic and family history.
6. **Intimacy.** Many adopted children—especially those with multiple placements or histories of abuse—have difficulty attaching to members of their new family. Early life experiences may affect an adopted child's ability to form an intimate relationship.
7. **Mastery and Control.** Adopted children sometimes engage in power struggles with their adoptive parents or other authority figures in an attempt to master the loss of control they experienced in adoption.

Source: North American Council for Adoptable Children

When to Seek Treatment

[Click here](#) to read this article in Spanish

Parents are usually the first to realize that their child may be having a problem. How can they decide if the difficulty is temporary or if professional help is needed? Talking with other adults in the child's life -- physician, teacher, coach, relatives - will provide a wider picture. The following are some signs that suggest the child may be struggling:

- Behavior problems in school or social settings
- Hyperactivity or fidgeting beyond what is expected for age
- Excessive fears, sad or anxious feelings
- Changes in sleeping or eating patterns
- Decline in school work
- Aggressive behavior
- Constant disobedience and opposition to authority
- Poor relationships with peers
- Constant complains of physical illness

You should seek professional help and guidance for your child when the child's symptoms and behaviors:

- Interfere with his/her functioning
- Are present in more than one setting (such as home, school, or social settings)
- Have lasted for more than six months
- Include other psychiatric problems, such as anxiety or depression

Questions you should ask about these symptoms include:

- How intense is the problem?
- How long has it lasted?
- Is it appropriate considering the child's age?
- Does it interfere with the child's and the family's life?

Once the decision to seek help is made, the next step is [finding the right kind of help](#). As with physical health, the outlook is better when mental health problems are treated early in the child's life. For parents who are unsure of where to start, asking the child's pediatrician, family physician or school counselor can be useful. Friends, family members, and spiritual leaders can also provide recommendations.





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Children with Special Needs: Helping Families Access Services and Information

Adapted from the North American Council for Adoptable Children Website

An overwhelming number of foster and adopted children have a variety of special needs, and parent groups often have to address the many issues related to those special needs. As a group leader, your role is to provide group members with information on where to get reliable, comprehensive resources and where to find training opportunities from qualified experts who also understand the issues of adoption. You don't have to be an authority on attachment, fetal alcohol syndrome and effects (FASE), attention deficit disorder (ADD/ADHD), or any of the complex special needs common to adopted and foster children to help families in your group. Your group can do a variety of things to increase the effectiveness and quality of the services you offer to parents by creating a resource library and a directory of local and regional services, hosting a training for families, sending parents to training, by periodically providing current information and new resources at your meetings, and facilitating group discussions on a variety of special needs topics.

Developing Your Group's Training Potential

It is important to widen your scope and see the training possibilities and support your group can receive outside your immediate area. Some groups get locked into thinking they have limited resources and can only take small steps toward helping the families in their area. Sometimes groups outside a major metropolitan area complain there aren't any experts in their community, when in fact experts are an hour or two away by car and would be more than willing to provide training.

One way to ensure that your group can bring in an expert from out of town is by partnering with other groups in your area. Several groups can pool their resources to plan a training in a central location and divide the costs. Gathering a larger audience for the training can make it more attractive to the speaker and more affordable for families.

Keep in touch with groups in your area, region, state, or province and discuss other ways you can unite efforts to provide services to families. Be open to learning from each other. Some groups have great tips for how to provide support to families and other groups are talented in planning strategies to access services.

Encouraging Parents to Get Information

Parent group leaders should encourage parents to get as much background information as they can about their children. This should happen before the adoption, but if it didn't, tell parents to go back to their agency and get more information. Make sure there are no gaps in the information and if there are, insist on knowing what happened during that time period. Share these questions with parents in your group:

- Where was my child during the first two years of life?
- How many moves did my child have in foster care?
- Can I talk to the foster parents to learn more about my child's past?
- Is there a history of mental illness or other medical problems in my child's birth family?
- Is there a record or signs of alcohol use or drug abuse during pregnancy?
- Was my child born prematurely?
- Were there signs of abuse or convictions for abuse against my child?

You will also want to get information on your child's educational history, medical records, and a social history from your agency.

Helping Parents Choose a Good Therapist

Set aside some group time for parents to discuss how to choose a good therapist. Allow group members who have found good therapists a chance to speak at the meeting. Facilitate group discussion and develop a list of tips for what to look for in a good therapist. Remind parents that they are in a position of power when they are choosing a therapist and they should:

- Take the time to interview more than one therapist.
- Look for a therapist who understands the seven core issues of adoption (listed below).
- Make sure the therapist values the attachment you already have with your child and is willing to nurture and reinforce it.
- Choose a therapist who knows when to work with the whole family and values the family (not the therapist's office) as a place where children heal.

Providing Parent-to-Parent Mentoring

One group strategy to help new parents who may be struggling raising a child who has special needs is to establish a parent-to-parent mentoring program. For example, parents who have successfully helped their child bond can be partnered with parents who are raising a newly adopted child who is fearful and resisting forming an attachment. Sometimes a behavioral incident that is viewed by a new parent as being a crisis is clear evidence to the mentor that progress is being made and the child is beginning to bond, but still feels afraid. These mentoring relationships are usually mutually beneficial. Many experienced mentors enjoy sharing the wisdom they worked hard to learn but also learn valuable information from the parents they mentor.

Talk about Child Development

It is important for parents to periodically review normal child development to understand how special needs can affect a child's development. Most children with special needs have developmental delays, learning problems, and require special care. It is important to provide group meeting time to review various special needs diagnoses, help parents realistically assess their children's developmental ages, and plan strategies for how best to deal with behavior and learning problems.

Parents can easily lose track of what is normal for their individual child. For example, new parents may notice that their recently adopted eight-year-old struggles with sharing, is clingy and staunchly independent, and continually tells lies. They may realize their child is not acting like other eight-year-olds and become overly worried about their child. A child, however, may be delayed and act more like a four-year old. It is normal behavior for four-year-olds to have trouble sharing and to experiment with lying. This is the age where children learn how to share and to distinguish between the truth and lies. Any trauma experienced when the child was four can delay learning these skills.

Parents can offer each other support for accepting children at their developmental age and share strategies for helping their children learn and grow.

Encouraging Parents to Care for Themselves

Many foster and adoptive parents focus solely on what they have to do to take care of their family. One of your roles as a leader is to help parents remember they need to take care of themselves first, because their children need them to be up to the challenge of parenting. A burned-out parent is too easily depleted of the energy needed to raise children. Think of creative ways your group can promote self-care skills among your members.

Maybe your group can begin each meeting asking what parents did during that month to take care of themselves. Award a prize to the parent who has modeled the best self-care habits during a three- to six-month period. Make a group pact to:

- surround yourselves with support by talking to friends on a regular basis and not isolating yourselves when you experience problems
- take time in your day or week to get regular exercise
- use respite care on a regular basis if necessary
- take a vacation
- protect your personal time (even if it is just a daily soak in the tub)
- set realistic expectations
- learn to say no and avoid adding more duties to an already busy life

Sharing Success Stories

Parents need to know their children can heal from trauma and their family can build a trusting, loving bond. Plan a group meeting where each family shares a success story. Those who are in

crisis can share small steps toward resolution and peace or just listen to how things improved in other families.

Some groups write their success stories and put them in a notebook for families to read as needed. You can ask parent groups in your region to contribute stories to be compiled into a book. A wider variety of stories is more likely to strike a chord with more families. It is good to tell and celebrate the hopeful stories that demonstrate family success.

Another way to focus on the positive is to bring in adults who have lived with some of the same disabilities your children have, such as ADD/ADHD. Ask them to speak about how they learned to cope with their problems and their transformation into the person they are today. It is good for parents to see how children with special needs can make choices for their future to reach their potential.

Labels are for Jars Not Children

Parents usually don't mean to talk about their children in terms of their diagnoses, but it happens sometimes when they want to quickly convey the daily problems they cope with as they parent. As a group leader, gently remind parents to avoid describing children as a series of acronyms such as RAD, ADHD, FAS, and EBD. These labels help children qualify for services and give parents a starting point for finding help, but children are much more than their diagnoses.



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Locating Helping Resources and Becoming A Service Detective

Parent Groups can provide an invaluable service to their members by assisting them to locate community services and information resources to address the complex special needs common to foster and adopted children. Available services and resources reach far beyond those available from (or even known to) voluntary agencies and local social services districts. Caseworkers cannot be expected to be information experts about the multiplicity of programs in New York's complex human service system and are often unaware of services available from other state agencies and non-for-profit organizations.

Instead of complaining about what caseworkers may not be aware of or what isn't available, parents can help themselves, and group leaders can help their members by becoming "Service Detectives" to uncover resources which might be sitting right in their own back yards. Service Detectives are curious, they ask questions of everybody and anybody they think might know something until they get answers that make sense. They don't take no for an answer - if someone says it's not their job, they ask whose job it is. They take the initiative, aren't afraid to admit what they don't know, and are willing to "ask the stupid question." Service Detectives take responsibility for their own information rather than depending on others, and most important, once they know the answers they share them widely with others in their community.

The internet is a great place to start, just be sure to follow up with local calls to providers in your own community. Don't forget to check out local information resources such as your community's United Way, public library, chamber of commerce, or information warm line. Here are some internet resources to help you on your way to earning your Detective Badge.

NYSCCC site resources - <http://www.nysccc.org/> - Be sure to check out youth pages and internet links in conference handouts. Best way to search is use the search feature in left hand window.

The ARCH National Resource Center - <http://www.archrespite.org/ARCHserv.htm> - Provides a variety of informational resources to the general public: a National Respite Locator Service. an informative website with downloadable fact sheets on respite and a list of upcoming conferences on respite and family support

Attachment Disorder Network - <http://www.radzebra.org/> - Serves children and families affected by Attachment Disorder. This site will direct you to many links and resources including a bimonthly newsletter that features articles and ideas aimed primarily at the parents of children with Attachment Disorder. NOTE: Controversy exists within the scientific community regarding

the diagnoses and treatment of attachment disorders. See Answers.com and the American Academy for Child and Adolescent Psychiatry for further information.

Bazelon Center - <http://www.bazelon.org/about/index.htm> - The mission of the Bazelon Center for Mental Health Law is to "protect and advance the rights of adults and children with mental disabilities to exercise meaningful life choices and to enjoy the social, recreational, educational, economic, political and cultural benefits of community living."

Children's Mental Health - <http://www.rtc.pdx.edu/> - A huge site dedicated to promoting effective services for families and children with emotional, behavioral or mental health disorders. Resources for kids, parents and advocates.

Resource Directory, Families Together NYS - <http://www.ftnys.org/index.htm> - Families Together in NYS, Inc. is a non-profit, parent-run organization that strives to establish a unified voice for children with emotional, behavioral, and social challenges. Organizational mission is to ensure that every family has access to needed information, support, and services.

Inside Schools - <http://www.insideschools.org/index.php> - Program of "Advocates For Children", providing NYC educational advocacy services. From registration to graduation, everything you need to know about the NYC school system. Includes parent discussion forum and where to get help section.

Kids Health - <http://www.kidshealth.org/index.html> - Doctor-approved health information about children from before birth through adolescence. Created by The Nemours Foundation with accurate, up-to-date, and jargon-free health information. Has separate areas for kids, teens, and parents, including Positive Parenting with information on discipline, homework help, and how to talk to your child about tough subjects, like sex, tobacco, and alcohol and where you can turn for help and support.

National Center for Learning Disabilities - <http://www.nclld.org/> - NCLD accomplishes its mission by increasing public awareness and understanding of learning disabilities, conducting educational programs and services that promote research-based knowledge, and providing national leadership in shaping public policy. Site includes information on types of learning disabilities and how to obtain and advocate for appropriate services.

National Organization on Fetal Alcohol Syndrome - <http://www.nofas.org/resource/directory.aspx> Extensive National and state directory of FAS information and support services.

National Resource Center on AD/HD - <http://www.help4adhd.org/> - Funded through a cooperative agreement with the Centers for Disease Control and Prevention, NRC was created to meet the information needs of both professionals and the general public.

New York State Commission on Quality of Care and Advocacy for People with Disabilities - <http://www.cqc.state.ny.us/> The NYS Commission on Quality of Care and Advocacy for Persons with Disabilities serves people with mental disabilities and their families by providing

independent oversight of the quality and cost-effectiveness of services provided by all mental hygiene programs in New York State. Provides legal and non-legal advocacy services to persons with disabilities to assist them in obtaining the services and protections of federal and state laws. New agency effective 4/1/05 also includes functions formerly assigned to the New York State Office of Advocate for Persons with Disabilities with emphasis on outreach and advocacy for individuals with physical disabilities.

NYS Health Department Resource Directory for Children with Special Health Care Needs - Service description, eligibility criteria, and contact information for major NYS funded / administered programs for children with special health care needs
http://www.health.state.ny.us/nysdoh/child/special_needs/resource_directory.htm

Health Department Physician Profiles - <http://www.nydoctorprofile.com/welcome.jsp> - Searchable database of medical doctors licensed to practice in NYS. Includes information about payment plans accepted, professional background and education.

Parent to Parent of New York State - <http://www.parenttoparentnys.org/index.htm> - Provides a variety of services and information to connect and support families of individuals with special needs including parent to parent support matching, information and referral and parent advocacy training. Website contains extensive information and links for local and statewide service and advocacy resources. Services are free and confidential.
<http://www.parenttoparentnys.org/index.htm>

Runaway Switchboard - <http://www.nrscrisisline.org/parents.asp> - Telephone support and referral for parents/youth in crisis. The Switchboard provides non-judgmental, confidential crisis intervention and local and national referrals through a 24-hour hotline. Maintains a comprehensive database of local and national agencies and services that can be of assistance and will help families develop a detailed plan of action.

Tufts University Child and Family Web Guide - <http://www.cfw.tufts.edu/> - The Web Guide is a directory that evaluates, describes and provides links to hundreds of sites containing child development research and practical advice. Topics are selected on the basis of parent recommendations; they cover all ages, from early child development through adolescence.

Voices for America's Children - <http://www.voicesforamericaschildren.org/> - Mission is "to improve the lives of children in the United States by enhancing the capacity of member organizations to effectively advocate on behalf of children and their families." Site contains many resource links, particularly in relation to youth development issues and advocacy advice.

Weekly Email Newsletter - <http://www.hunter.cuny.edu/socwork/nrcfcpp/> - Receive a weekly email update from the National Resource Center on Family Centered Practice and Permanency Planning,



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By Deborah Southard, President

*December 2004, "The Fostering Connection,"
A Publication of the Onondaga County Foster/Adoptive Parent Support Group.*

As parents it is always hard to find the time to keep good records. I know at one point I considered giving up and telling my youngest birth child that his baby book was destroyed in a fire. A fire that mysteriously only consumed his baby book and nothing else. All joking aside, foster parents need to keep good records.

A lifebook is one of the records you should be keeping for your foster child. A lifebook is the child's story. It should contain such vital information as date, time and place of birth. A copy of the Birth certificate and Social Security number should be included. Also, Birth parent information as well as any information on siblings should be put in the book. Pictures, school information, and immunization records are also good things to include. I would encourage you to take pictures of your foster child as early in the placement as possible and to send a disposable camera on any parental or sibling visits to capture those memories for your child. I recently had a foster parent tell me that she regretted not doing this because the birth mother disappeared after a few visits and her daughter now has no pictures to remember her birth mother by. A lifebook should travel from home to home with a child but I would encourage you to make a photocopy for your records, in case the original is lost. The caseworker may also like a copy for the records. This may sound like a lot of work but this information sometimes get lost when a child has multiple placements or is adopted by a different family than their foster parents.

The second record I would encourage you to keep is a journal. A separate one for each child would be a good idea. In this journal you would record, and date, concerns and problems, behaviors, child's reactions to visits, milestones, changes in visits, etc. I personally have never been really great at this but recently learned my lesson when I had to count on my foster children's caseworker to recall information I had provided to him over a year before.

For those of us that are journalizing challenged I have a recommendation. Keep a good calendar. If a visit is cancelled, record it. If your child has a visitor, write it down. If your foster child is sick, record it. Save your calendar. Pretty basic right? You already probably do this.

Now for the concerns and problems part. E-mail. If you have a concern email your caseworker. It takes less time than playing phone tag and you can send email at two in the morning, you don't have to wait for office hours. The written word is far more likely to be taken seriously. You have time to review what you have written. You don't get that option when you make "hysterical foster parent" calls. You also can send a copy to the caseworker's supervisor if you desire. Save a copy of the email on your hard drive and print a copy for your files. Anyone who has ever fried a hard drive knows you have to have a backup. Also save and print any responses

from the caseworker. I would encourage you to also ask your caseworker to put any changes in visits, instructions etc. in email form, not just verbal instructions, so that you can print and file that. If the caseworker doesn't feel they have time for this I suggest that you summarize your phone conversations in email and ask them to merely acknowledge what you have written. If you keep a file of your correspondence you will have a pretty good record of your interactions with the department and will be able to pinpoint exactly when the visit schedule changed or when a visit went bad.

Photographs are the third records I am going to ask you to keep. I always get double prints to give to the birth family, an older foster child, or save for a younger child who has no family contact. I know of one adoptive mother who was thrilled to have a complete photo record of her daughter's life before she joined their family.

I know that record keeping takes time, something we have very little of, but these records will mean a lot to your foster child as they wonder about their past and may protect you later down the road if there are ever any questions



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New York Adoption Subsidies

Source: NYS Office of Children and Families Services Website
<http://www.ocfs.state.ny.us/adopt/subsidy.asp>

The purpose of this information is to help caseworkers expedite the adoption subsidy eligibility and approval process, with special emphasis on handicapped subsidies. Approvals of adoption subsidy requests are often delayed when the quality or content of documentation that is presented with the application does not support the rate requested. This information will clarify what is needed from doctors and mental health professionals to document child need. It may be useful to share portions of this information with these professionals.

What are Adoption Subsidies?

Adoption subsidies are monthly maintenance payments that may be available based on the special needs of a child. Adopted children may also be eligible for the federal Medical Assistance program or for state-funded Medical Subsidy. Review of all adoption subsidies is based on presentation and approval of documentation that meets statutory and regulatory requirements. Except for unknown preexisting conditions, adoption subsidy agreements must be approved before completion of the adoption. An adoption subsidy agreement is a contract between the prospective adoptive parent(s) and the local department of social services.

Maintenance subsidies continue until the child is 21, unless the adoptive parent is no longer legally responsible for the support of the child or the child is no longer receiving any support from the adoptive parent. Medical Assistance and Medical Subsidies continue for handicapped children within these same parameters. Medical Assistance for hard-to-place children is not continued past the 18th birthday unless there is a determination of need.

Why are Adoption Subsidies available?

Subsidies are provided to help meet the special needs of caring for handicapped and hard-to-place children and to encourage and facilitate their adoption. Subsidies help children who are no longer able to remain with their birth family gain a warm and supportive family.

Who qualifies?

Adoption subsidies are available for handicapped and hard-to-place children who are in the custody and guardianship of the local commissioner of social services, or an authorized voluntary agency (in New York State, or a certified or approved foster parent. Not every child in the guardianship and custody of a commissioner or a voluntary agency in New York State is eligible for a subsidy.

Eligibility for adoption subsidies is based on federal and state statutes and regulations. Eligibility determination requires verification that the child meets regulatory standards as supported by provision and approval of required documentation. Rates for maintenance payments are generally based on severity of child need. For an adoption subsidy to be approved, the child need must fall within the rate category

established by each social service district. Documentation that requirements for rate eligibility are satisfied must be provided.

How are applications submitted?

An adoption subsidy application in the form of the adoption subsidy agreement is submitted for eligibility determination and approval. Prospective adoptive parents fill out this agreement at an adoption agency or the local social services district office with the assistance of their caseworker. The application is submitted for review to the county and the New York State Office of Children and Family Services, unless the Office has delegated its approval authority to the local district. This one-time subsidy eligibility and rate determination must be audit worthy and must support the rate established. All applications must be approved prior to adoption finalization unless the case falls within the small window of post-finalization or upgrade requests

What level of Adoption Subsidy payment will be approved?

A hard-to-place child who qualifies for an adoption subsidy generally will receive a basic rate. A child determined to be handicapped may receive subsidy at the basic, special, or exceptional rate. The level of handicapped subsidy is an administrative decision based on the medical and/or psychological documentation presented. The documentation review is related to definitions of adoption subsidy rates in regulations and categories established by each social service district. Appropriate documentation must be submitted to support the level of subsidy requested. The prospective adoptive parent(s) and the caseworker will decide who is responsible for obtaining this information and will ensure that proper documentation is submitted with the subsidy application.

Local districts may establish levels of payment within the basic, special, or exceptional rates for handicapped children.

Some districts use parental income and family size to determine the percentage of the subsidy to be paid. Districts may not approve less than 75 percent of the appropriate rate.

What is required documentation?

- All cases: The regulations require that documentation must be provided by a medical doctor, a psychologist, or a psychiatrist (see Glossary: **Psychosocial History**). Subsidies are based on actual problems, not risk of future problems. The purpose of the documentation is not to qualify the child for the basic, special, or exceptional rate - it is to describe child need. Doctors and mental health professionals are not required to know the regulations, and they are not expected to make recommendations on rates. Rates are recommended by caseworkers, and final approval is an administrative function. The checklist provides guidelines to ensure that documentation provides the information necessary for decision-making.

- **Initial application (prior to finalization):** Almost all adoption subsidy applications are submitted prior to finalization. The adoption subsidy application agreement may be submitted as soon as the child is in the home of the prospective adoptive parent(s). Applications based on handicapped status must have the documentation described above. This should be current (less than one year old). Doctors need to be specific about child need, describing behaviors, frequency and severity of the problem, intervention requirements, testing, results, diagnosis/ diagnoses, treatment recommendations, and prognosis. All initial adoption subsidy applications *must* receive final approval prior to finalization of the adoption in order to satisfy federal requirements and to ensure Maintenance payment and Medical Subsidy or Medical Assistance as warranted. If an initial application results in a fair hearing, a new application generally must be submitted and approved prior to finalization after the fair hearing.

- **Post-finalization requests:** Adoptions of New York State children that occur without subsidy may be eligible for a post-finalization request for subsidy under very limited circumstances. Children who have a preexisting condition unknown to the parent at the time of finalization and diagnosed after the adoption is finalized may qualify for non-IVE Maintenance and/or Medical Subsidies. The application process requires the same quality of documentation as the initial application and must also contain certification that the request covers a preexisting condition. Additionally, the medical or mental health professional must verify the date of diagnosis.

- **Upgrade requests:** Children adopted with a subsidy may undergo a worsening of the initial conditions for which the subsidy was approved. If these conditions change to the extent that the qualifications for a higher rate are met, an application for an upgrade may be requested. This application must be supported with current examination(s), must document the changes in child need, and must fulfill all other documentation requirements. Upgrade requests for unchanged or stable conditions that existed at the time of adoption but were not fully documented will not be approved. The decision whether to grant an upgrade is at the discretion of the local social services district and the Office of Children and Family Services.

What doesn't support subsidies?

A large number of applications contain information from prospective adoptive parent(s), teachers, IEPs, OP-5 forms or their equivalent, physical therapists, speech therapists, and occupational therapists. These sources can support, but cannot replace necessary documentation. The heavy workload of medical professionals is recognized; however, progress notes, rate authorizations, a prescription form stating a problem, and a diagnosis without supporting psychosocial history will not be sufficient documentation for a rate determination. The purpose of the exam is not to qualify the child for a particular rate; it is to assess child need and to show frequency and severity of specific behaviors and conditions for which the parent must provide services. Accepted documentation must be audit worthy.

What about risk of future problems?

Many children have a risk of developing problems in the future that are not evident at the time of the initial adoption subsidy application. The risk may be noted with the initial subsidy request documentation, and if related problems cause an increased child need, an application for an upgrade may be appropriate in the future. Children developing other types of problems not related to preexisting conditions or directly attributable to preadoptive circumstances will not qualify for postadoptive assistance.

What if the case doesn't meet requirements for a subsidy?

There are times when the adoption subsidy application does not meet any of the hard-to-place qualifications and when documentation cannot be produced to support the handicapped definition or the rate for which the application was submitted. Every effort should be made to ensure that necessary documentation is available and reviewed. However, when the case cannot be approved as requested, and the parent(s) refuse a lower rate for which they qualify, or are not eligible for any other rate, the case is denied. The denial can be done at the local level when the child is deemed ineligible for the adoption subsidy, or it can be done at final approval. Local or state officials must send a denial letter that informs parent(s) of their right to request a fair hearing within sixty days of the denial of an adoption subsidy application. The fair hearing process offers a vehicle for the parent(s) to question decisions. Hearing officers review the application in terms of statutes and regulations, and provide a decision in response to the fair hearing request.

How can subsidies be expedited?

Subsidies are provided as part of the adoption process in over 80 percent of cases; therefore, it is important that the application process should be familiar to caseworkers. The information needed is not different from the information that should be used for a foster care rate determination. Collection of good data that meets the requirements of the regulations can start long before the process terminating parental rights occurs. Information may need to be updated, but a solid baseline can be established when a child is placed. To make the application process work faster and more smoothly:

Do:

- 1 Collect concise, complete, and current records of examinations from the required professionals for all children in care. When this is done consistently from the time the child enters foster care, families will receive correct rates authorized each year to meet child needs, and parents will have realistic expectations of the rate they are likely to receive.
- 2 Work with medical and mental health professionals to share the purpose of the examinations and required content.
- 3 Plan to have current examinations completed so that updated reports are available when the subsidy agreement is submitted.
- 4 Assess child need based on CURRENT (not past or projected) conditions.
- 5 Use the checklist provided to make sure that you have necessary information from the required professionals.
- 6 Help prospective adoptive parent(s) with needed training and resource identification to ensure that treatment recommendations are followed.
- 7 Review all materials submitted. They must be thorough and current.
- 8 Read 18 NYCRR 421.24 and 427.6 in your policy library. Use this for decision-making.
- 9 E-mail NYSAS with questions on regulation interpretation and policy.

Don't:

- 1 Promise a rate to prospective adoptive parent(s) prior to final approval.
- 2 Request a rate that is not supported by documentation.
- 3 Submit incomplete information or material more than one year old.
- 4 Finalize an adoption before the subsidy agreement is approved. This will jeopardize payment and may result in no medical or maintenance payment.

For more information, contact the New York State Adoption Service at 1-800-345-KIDS (5437)

Choosing a Mental Health Professional

[Click here](#) to read this article in Spanish

Once the decision to seek treatment is made, the next step is to find the professional that you believe is best suited to the needs of your child and family. A good first step is to understand the different types of clinicians available and what they specialize in, including the following:

- A **psychiatrist** is a medical doctor (M.D.) with special education and training in treating psychiatric disorders, who can provide therapy in addition to prescribing medication.
- A **psychologist** must complete a doctoral degree in psychology. He/she can evaluate, diagnose and treat emotional and mental disorders as well as provide testing, psychological evaluation and psychotherapy.
- A **licensed clinical social worker (LCSW)** has completed a master's degree in social work and may provide psychotherapy, rehabilitation, and case management services in hospitals, clinics and in private practice.
- A **marriage, family and child counselor (MFCC)** has completed a master's degree and may provide psychotherapy and work in a variety of settings with individuals, couples, families and children.
- Other mental health professionals you may encounter include psychiatric nurses, social workers, substance abuse counselors, psychiatric technicians, case managers and specialized therapists.

Recommendations can be sought in several ways. Ask your pediatrician, family physician, school counselor, or clergy member for a referral to a mental health professional. You can also check with services offered at a local clinic, hospital or medical school.

Before meeting with a possible clinician, it's helpful to think about some basic questions about what you and your child might want and need.

- What are the concerns for which you want help?
- Is the focus to be on the family or the individual child?
- Do you think that you and your child would work better with a male or female clinician?
- How will the treatment address the current problem?
- What does my insurance cover? Therapy can be a big financial commitment but the rewards to your child and family can be priceless.

Scheduling one or several initial meetings will enable you to decide whether you and your child will feel comfortable and trust the clinician. At this time, some important information should be determined, including:

- The professional's experience and expertise in the specific area you are seeking treatment
- The clinician's practice of working with other professionals in the child's life
- Type and format of treatment, such as frequency of sessions and payment arrangements
- Parents' responsibilities and involvement

After these meetings you should be able to decide whether you and your child think the clinician is a good fit with your family and whether a sense of trust and understanding can be established.

The therapist's job is to act as a guide, instructor, mentor and confidante. The job of the child and

parents is to try and put what they learn into practice. If there is any doubt that a productive alliance can be built, another consultation should be sought.



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The Top Ten List for Staying the Course

by Brenda McCreight, PhD

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Everyone knows that raising children is tough at times, but parents get through it because the rewards are big enough to remind us why we decided to have children instead of well groomed poodles and a paid off mortgage. But when we adopt children who have to do all their learning about how to belong to a family in their growing years instead of in infancy when they were supposed to, then it's not uncommon for the family to experience stages where the "tough" part overwhelms the "rewards" part. Parents need some simple strategies to help them hang in there until the rewarding times start to overtake the tough times...and yes, they will. After being a therapist for 22 years and an adoptive parent for 24 years, here's what I think about staying the course:

- 1 Run, don't walk, to your nearest adoptive parent support group. Other adoptive parents are your best source of sympathy (go ahead, you deserve to roll around in self-pity on occasion), as well as your best source of suggestions for the present and hope for the future.
- 2 Keep living your life as if the problems (remember, I said the problems, not the child) didn't exist. Don't focus every day and every decision on Junior because, as we all know, Junior is going to eventually come out of this just fine. There is no point in putting your life on a shelf for two years or getting divorced while he sets a new standard for "attitude."
- 3 Get enough sleep at least four times a week. If you have to, take shifts or once in a while hire a babysitter to watch the house (not the teen) while you nap.
- 4 Get an updated psychological assessment on the child as well as blood tests and allergy tests. It may be "older child adoption issues" or it may be that Junior was never properly assessed for his needs as a younger child. Psychology is an ever-changing field, and problems that were not well understood when you adopted Junior may be more easily addressed now.
- 5 Learn conflict resolution skills. Formal conflict resolution skills really work, and while they won't change Junior, they will change how you engage in an argument and how you feel about yourself afterward.
- 6 Find a way to enjoy at least an hour with Junior once a week or once a day if possible. Take him out for a fast food lunch, and just let him talk on and on and on without benefit of your advice or opinion. (I bet your parents did that with you.) It won't change anything, and it might raise your blood pressure, but it will help you to know him in the present and to remind each other of when times were better in the family.

- 7 Find a hobby or interest that makes you feel good. Take a couple of hours a week to focus on you, not on Junior.
- 8 Let the rest of the children have a "normal" family life. Don't miss their soccer games just because Junior came home stoned. He's only going to sleep anyway, so leave the argument till later, and go cheer the one who is still behaving.
- 9 Believe in your child and your family. Your belief that your family can make it and that Junior will someday be okay again can serve as a guiding line to that destination for your other children. They want to get there too, despite what it looks like now.
- 10 Remind yourself that this will pass. As someone once said, "Everything works out in the end, and if it hasn't worked out, then it isn't the end." Fifteen-year-olds are in process; they are not finished.

Brenda McCreight, PhD, is a family and child therapist in British Columbia. She is an internationally known consultant and educator and the author of Parenting Your Adopted Older Child: How to Overcome the Unique Challenges and Raise a Happy and Healthy Child, Recognizing and Managing Fetal Alcohol Syndrome/Effects: A Guidebook, and Eden's Secret Journal: The Story of an Older Child Adoption. She is the parent of 14 children, 12 of whom were adopted, and the grandmother of two.



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Support

From: Simple Pleasures By Nora Gallagher

There was recently a study done by professors Berkman and Syme, from the University of California and Yale, respectively. The study measured the effect of social networks on resistance to disease and mortality. In other words, Syme and Berkman wanted to find out whether good friends and a community keep you from getting sick as often and help you to live longer. Surprise! They do.

It is a sad comment on our times that a study had to address this point, a nine-year study at that; but some of the particulars are interesting. For example, people who are married and have friends and relatives whom they visit often live longer than people who aren't and don't. People who are members of clubs and churches get sick less than people who are not. Even people with pets get well faster than people without them. (This study probably will have the effect of making single people - who don't own even so much as a gerbil, don't visit their family, and have never gone to church - guilty, which will probably kill them faster than cigarettes. Such things aside.) There are a couple of wonderful stories I've heard lately about "support," which is better called affection, perhaps, or love.

My friend W. lives in a beautiful nineteenth-century restored tavern in Andover, Massachusetts. He lives alone there. Early in the morning, instead of an alarm, W. gets a phone call from across the street. "Good morning, W.," says a small voice, "It's time to get up now."

W. groans. Gets up. Wanders around. In a few minutes, the small voice appears outside the bathroom door or near the kitchen, depending on where W.'s sounds are coming from. "Here," says the small voice and a little hand gives W. a hot cup of coffee from a plaid thermos. (This, as W. says, gets his heart started.) Sometimes they chat, W. and the owner of the voice, a gentleman named A., who is seven. Recently A. asked for a somewhat higher salary than the dollar a week he was getting. W. explained to him that the president had asked that people try to hold down wages in order to cope with inflation. "Then let the president wake you up in the morning," said A.

There are other, smaller things you can do for "company" as well. Make a list of the people you love and keep it around to look at when you feel depressed. Get into the habit of calling people up at regular times, or getting a call at a regular time. My friend C. and I tend to call each other around eight in the morning almost every day. Even if it seems hard, invite people to dinner a lot. The more you do it, the easier it gets.

This need not be some House and Garden dinner party. Feed people normal food, buy flowers, get them to bring wine, and make sure you like them. You can even do it with the same person twice a week, for heaven's sake. Or go to the movies every Friday night with your friend. I do.

If you are a parent with a new baby - subject for a whole book in itself—do not feel as if you are expected to tough this out. Somewhere in America we got the idea that we are supposed to tough everything, but *everything* out. Other people in other countries do not do this. Make sure you do something with an adult every day; and, again, make sure that at least one of your friends appears at the same time, once a week or more, and just takes that baby while you do what you want. A messy house and a new baby are too hard to bear. Have your house cleaned, even if you have to pawn the silver to do it.

In general, remember that this business of being individualistic and free has nothing to do with close companionship. Having needs is not a bad thing. We all need what is called "contact." It may well have something to do with what keeps us all alive. If small babies die without love (and it's been shown that they do) perhaps grown-ups do, too.

Author's Note: Much of the information in this section comes from a magazine called MEDICAL SELF-CARE, ed. Tom Ferguson, M.D., which is published in Inverness, CA (p o. Box 77, 94937).