

ENGAGING KINSHIP CAREGIVERS: MANAGING RISK FACTORS IN KINSHIP CARE

Video Training Series Discussion Guide

FALL 2017

USING THIS GUIDE

This video discussion guide aims to help those who have viewed the training series, “Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care,” and wish to expand their learning through group exercises and discussion, and to practice the strategies they have learned through the series. The guide is designed for use with small groups led by program directors, supervisors and trainers. Individuals can apply the questions and prompts — on their own or with a colleague — to deepen their understanding of the concepts.

The video training series may be found at www.aecf.org/work/child-welfare/child-welfare-strategy-group/.

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ABOUT THE ANNIE E. CASEY FOUNDATION

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation’s children by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safe and healthier places to live, work and grow. For more information, visit the Foundation’s website at www.aecf.org.

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Module 1: GUILT

This module explores how to manage the understandable feelings of guilt that relative caregivers may experience as a result of changing family dynamics.

EXPERIENTIAL EXERCISE

Expressing genuine empathy for the ways caregivers respond to their situations is key to working effectively with them. Grasping the fundamental differences between kinship caregiver arrangements and those of nonrelative foster parents also is critical. Lead a group discussion asking these questions:

- When thinking about the kinship triad, who was the caregiver’s initial experiences of attachment and bonding with? (The birth parent)
- How might the caregiver feel when placing the needs of the children over that of the birth parent?
- What kinds of comments from the birth parent — based on that original attachment of the relative caregiver with the birth parent — could trigger feelings of guilt?
- When considering the nonrelative foster care triad, who was the caregiver’s initial experiences of attachment and bonding with? (The child)
- How is that different from the kinship triad? How might it influence your direct practice with kinship caregivers?

STRATEGIES AND SCRIPTS PRACTICE

In pairs, role-play a conversation between a child welfare professional and a relative caregiver. Each person in the pair takes one of the roles. The caregiver makes some of these kinds of statements below. The child welfare professional responds using the strategies and scripts suggested below. Feel free to elaborate and improvise so that it feels more like a real conversation. After practicing for a while (3 to 5 minutes), switch roles.

Kin caregiver statements:

- “Is what’s happening to my son, daughter or brother, (the birth parent) my fault?”
- “I can’t blame my daughter for not wanting her child to live with me.”
- “Did my mistakes as a parent cause my child to turn out this way?”

STRATEGIES AND SCRIPTS FOR PROFESSIONALS

GOALS	SCRIPTED RESPONSES
Accept past behaviors	"You've admitted making mistakes and you've said you're sorry." (acceptance)
Validate growth	"Look at how you're different now." (growth/resilience)
Self-forgiveness	"You're now a better parent than you were in the past because of the sacrifice and support you are now giving the birth parent and their child."
Embrace new roles and attachments	"If not you, then who? If not now, then when?"

After completing the role-plays, discuss these questions as a group:

- In the role of the kinship caregiver, how was it helpful to have the professional respond to your feelings of guilt using the strategies and scripts?
- As the professional, in what ways could you see the kinship caregiver responding differently to guilt brought on by unreconciled past mistakes or not accepting new roles with the child?

CASE PRESENTATION AND DISCUSSION

Think about one of your kinship cases where guilt is coming up as an issue. Describe the family's situation, using a genogram to include all the relevant members of the kinship triad. Describe how feelings of guilt are expressed. Discuss these questions:

- How does the setup of kinship care in child welfare—unplanned, by default and in a crisis—contribute to feelings of guilt for the caregiver?
- Based on this situation, what are the goals for the kinship caregiver? (See the goals in the Strategies and Scripts chart in the Role Play section above.)
- How can you support the kinship caregiver in making progress toward these goals?
- How could this help in managing risk for the child's safety, permanency and well-being?

Module 2: LOSS AND AMBIVALENCE

This module explores how kinship care creates interruptions of the caregiver’s plans, priorities, space and privacy — especially since it is unplanned, by default, and in a crisis — and how these can contribute to feelings of loss and ambivalence for the relative caregiver. It is critical to understand how these feelings can present risk factors for the child if they aren’t addressed.

EXPERIENTIAL EXERCISE

Imagine that a relative asks you to take her children into your home. You have about a week to get ready.

- How does this change your life? How does this affect you emotionally? Write these down on a flip chart.
- Now imagine that you just found out that the child welfare agency is involved and you are being asked to care for the children. You learn that abuse and neglect may be the reasons the agency is involved.
- How does this change your life? How does this affect you emotionally? Add the comments from the group to the flip chart notes.

Discussion questions:

- How did the exercise help you to better understand how the role of relative caregiver is different from nonrelative caregivers?
- How do you think these differences can understandably lead to feelings of loss and ambivalence for the kinship caregiver?

STRATEGIES AND SCRIPTS PRACTICE

In pairs or on your own, role-play a conversation between a child welfare professional and a relative caregiver. Each person in the pair takes one of the roles. The caregiver makes some of these kinds of statements below. The child welfare professional responds using the strategies and scripts below. Feel free to elaborate and improvise so that it feels more like a real conversation. After practicing for a while (3 to 5 minutes), switch roles.

Kin caregiver statements:

- “I am not sure I can do this!”
- “What if things don’t work out? Can I change my mind?”
- “I only want to be a grandparent.”

STRATEGIES AND SCRIPTS FOR PROFESSIONALS

GOALS	SCRIPTED RESPONSES
Normalize the loss and ambivalence	“You should be ambivalent and anticipate sacrifices. This is a decision that’s unplanned, in a crisis with unexpected changes in your life.”
“Destigmatize” the emotions and hesitations	“I can certainly understand why you’re hesitant. You might even continue to feel hesitant or ambivalent even if you decide to take the child into your home.”
Elicit caregiver’s commitment to a process to determine if he is a permanency option	<p>“It’s only fair that you have time with the child to determine if it’s in your and the child’s best interest to live together.”</p> <p><i>AND/OR</i></p> <p>“You have to want the child in order for the child to feel loved and wanted.”</p>
Identify tasks, benchmarks and timeline for determining permanency plan	<p>“We (agency) need for you to tell us what you need in order for you to try taking care of your grandchild.”</p> <p><i>AND/OR</i></p> <p>“What accomplishments (indicators) will let you know if you can permanently care for your grandchild?”</p>
Develop a process for monitoring, identifying and knowing when an alternative placement plan is necessary	“I also need you to let me know when it becomes too much or if you’re thinking about changing your mind.”
Make it safe to disclose and talk about alternative involvement	<p>“Remember, this decision was unplanned, during a crisis that resulted in unexpected changes in your life.” It’s OK to say, “I tried but can’t do it.”</p> <p><i>AND/OR</i></p> <p>“We (agency) don’t want this to become a crisis situation for you and your grandchild, if you are no longer able to live together.”</p> <p><i>AND/OR</i></p> <p>“Let’s talk about how you can still be involved with your grandchild, even if she’s not living with you.”</p>

After completing the role-plays, as a group, discuss these questions:

- In the role of the kinship caregiver, how was it helpful to have the professional respond to your feelings of loss and ambivalence using the strategies and scripts?
- As the professional, in what ways could you see the kinship caregiver responding differently to loss and ambivalence? What was it like to discuss the caregiver's role as a potential permanency option?

CASE PRESENTATION AND DISCUSSION

Think about one of your kinship cases where loss and ambivalence are coming up as issues. Describe the family's situation, using a genogram to include all the relevant members of the kinship triad. Describe how feelings of loss and ambivalence are expressed. Discuss these questions:

- How does the setup of kinship care in child welfare — unplanned, by default and in a crisis — contribute to feelings of loss and ambivalence for the caregiver?
- Based on this situation, what are the goals for the kinship caregiver? (See the goals in the Strategies and Scripts chart in the Role Play section above.)
- In your professional role, how can you support the kinship caregiver in making progress toward these goals?
- What would it be like for you to discuss the caregiver's commitment to a process to determine if the caregiver is a permanency option? What kind of support would you need to have those discussions?

Module 3: PROJECTIONS AND TRANSFERENCE

This module explores projection and transference, which are psychological terms about unconscious processes where we redirect our emotions from one person to another. They are frequently observed — especially in families — and are not inherently bad. Everyday expressions, for example, “She’s a chip off the old block,” or “Like father, like son,” demonstrate just how common projection and transference are. But they can become a risk factor in kinship care when negative feelings about the birth parent lead to “re-creating the monster” and become a “self-fulfilling prophecy.”

EXPERIENTIAL EXERCISE

Imagine that a relative asks you to take her children into your home. Walk through these statements and questions, giving people time to reflect (to themselves) after each prompt.

- Take a moment to think about a child in your own family.
- Now, think about who else in the family that child reminds you of.
- Think about how that child is similar to the person he or she reminds you of.
- How do you feel about the person who the child reminds you of?
- Now, think about how you feel about that child.

To the group: Tell me how you feel about the child. Allow people to call out their one-word responses.

In summary, what you have just done is what relative caregivers go through when they look at the children in their care. They see the child and that child reminds them of someone in the family. They think about how that child is similar to that member of the family. That triggers how they feel about that family member. Eventually, it can affect how they feel about the child. This is projection and transference, which is a natural process in families. It can become a risk factor if the caregiver does not like the person the child reminds them of.

STRATEGIES AND SCRIPTS PRACTICE

In pairs or on your own, role-play a conversation between a child welfare professional and a relative caregiver. Each person in the pair takes one of the roles. The caregiver makes some of these kinds of statements below. The child welfare professional responds using the strategies and scripts below. Feel free to elaborate and improvise so that it feels more like a real conversation. After practicing for a while (3 to 5 minutes), switch roles.

Kin caregiver statements:

- “You’re just like your mom!”
- “Your dad hurt me and embarrassed the family the same way you are and will.”
- “I’m not going to put up with you the same way I did with your dad. Before I do, I will . . .”
- “I’m not going to make the same mistakes with you that I made in my life, and with your parent.”

STRATEGIES AND SCRIPTS FOR PROFESSIONALS

GOALS	SCRIPTED RESPONSES
Avoid re-creating “monsters” and “self-fulfilling prophecy”	<ul style="list-style-type: none"> • “If the kids keep hearing you say how much they’re like their parents, they may then use what you’re saying as an excuse to behave like their parents.” • “You don’t want to hear the kids saying, ‘I can’t stop what I’m doing,’ because Grandmom said I was always like my dad.”
Interrupt cycles	<ul style="list-style-type: none"> • “The children need to know about the lessons you’ve learned, choices and changes you’ve made in your life that made you who you are today.” • “The children need to know what changes their parents are trying to make in order for them to be a family again.” • “What opportunities, skills and resources will you provide the children so they’ll make different choices from their parents?” • “Based on what you know now, how will you raise these children differently from your own?” • Based on what you know now, how will you raise these children differently from the way you were raised?”
Facilitate the child’s positive self-image, individuality and identification with the birth parents	<ul style="list-style-type: none"> • “They need to hear about the positive characteristics, talents and events in their parent’s life/youth.” • “They need to hear about what you liked about their parents and moments when you had positive memories of their parents.” • “How are their potential/talents similar to the birth parents?” • “They need to hear how they can use their potential/talents differently from the birth parents.”

GOALS	SCRIPTED RESPONSES
<p>Avoid triangulating the child</p>	<ul style="list-style-type: none"> • “They need to know you won’t be angry or hurt if they love their parents, even if you and their parents don’t get along.” • “You don’t want to be accused by the children or their parents of coming between them.” • “They will need for you to allow and demonstrate how to acknowledge their parents, even if the child does not get along with the parent.”

After completing the role-plays, as a group, discuss these questions:

- In the role of the kinship caregiver, how was it helpful to have the professional respond to your projections and transference using the strategies and scripts?
- As the professional, in what ways could you see the kinship caregiver responding differently to projections and transference?

CASE PRESENTATION AND DISCUSSION

Think about one of your kinship cases where projections and transference are coming up as issues. Describe the family’s situation, using a genogram to include all the relevant members of the kinship triad. Describe how projections and transference can be seen in the family. Discuss these questions:

- What are you seeing in this situation that leads you to believe projections and transference are problematic?
- Based on this situation, what are the goals for the kinship caregiver? (See the goals in the Strategies and Scripts chart in the Role Play section above.)
- In your professional role, how can you support the kinship caregiver in making progress toward these goals?

Module 4: HOPE, FANTASY AND DENIAL

This module explores how one person's hope can be another person's denial. It is often difficult for relative caregivers to feel like they are giving up hope on people they love. Understanding how important hope is for family members is critical to empathetically working with them to maintain these hopes and to make other plans — for the sake of the child in their care.

EXPERIENTIAL EXERCISE

Ask the group to respond out loud to these questions:

- What does hope do for you? What does hope give you? (Record them on a flip chart if you'd like.)
- If you substitute the word denial for hope, you may have similar responses. Use some examples from the responses from the group. For example, denial can give you a reason to keep trying. Or denial can give you inspiration.

STRATEGIES AND SCRIPTS PRACTICE

In pairs or on your own, role-play a conversation between a child welfare professional and a relative caregiver. Each person in the pair takes one of the roles. The caregiver makes some of these kinds of statements below. The child welfare professional responds using the strategies and scripts below. Feel free to elaborate and improvise so that it feels more like a real conversation. After practicing for a while (3 to 5 minutes), switch roles.

Kin caregiver statements:

- “I know my son. He’ll get it together this time.”
- “I don’t plan to be taking care of kids for the rest of my life.”
- “You and your agencies want her to fail; your attitude makes her give up.”
- “I don’t want my son to think that I’ve given up on him or that I believe the things you’re saying about him. So, forget about me adopting!”

STRATEGIES AND SCRIPTS FOR PROFESSIONALS

GOALS	SCRIPTED RESPONSES
Normalize the hopes, while preparing for alternative planning	<ul style="list-style-type: none"> • “You should be hopeful but don’t let your hope prevent you from making alternative plans for the children before the courts do.” <ul style="list-style-type: none"> – If not, then what? • “Is there a back up plan to make sure the children remain in the family if they don’t return home (with the birth parents) as soon as expected?” <ul style="list-style-type: none"> – If not, then what? • “I hope your son completes rehab.” <ul style="list-style-type: none"> – If not, then what?
Develop alternative plan	<ul style="list-style-type: none"> • “When will you know it’s time to make an alternative plan?” • “What activities by the birth parent (your son) will let you know that it is time to create an alternative plan?” • “How much time and how many chances are the courts or agency going to give him before they start making alternative plans?”
Not projecting hopes onto the child	<ul style="list-style-type: none"> • “What hopes do you need to keep from the children and share only with your adult friends?” • “How will you and the children recover from unfulfilled promises, hopes and dreams?”
Implementing safety plans and making the children feel safe and believed	<ul style="list-style-type: none"> • “I know you may not believe that he did it, but the agency does.” • “What do you need to do to make sure your son is not in a position of being accused again?” • “How will you make the children feel that you believe what they’re saying is true?” • “Who will hurt the most if the children are removed because you bent the rules?”

After completing the role-plays, as a group, discuss these questions:

- In the role of the kinship caregiver, how was it helpful to have the professional respond to your hope, fantasies and denial using the strategies and scripts?
- As the professional, in what ways could you see the kinship caregiver responding differently to hope, fantasies and denial?

CASE PRESENTATION AND DISCUSSION

Think about one of your kinship cases where hope, fantasies or denial are coming up as issues. Describe the family’s situation, using a genogram to include all the relevant members of the kinship triad. Describe how hope, fantasy or denial can be seen in the family. Discuss/think about these questions:

- From the point of view of the relative caregiver, how does what you may see as denial actually feel like hope to them?
- Based on this situation, what are the goals for the kinship caregiver? (See the goals in the Strategies and Scripts chart in the Role Play section above.)
- In your professional role, how can you simultaneously support the caregiver’s hope while helping to develop alternative/concurrent plans?

Module 5: LOYALTY ISSUES

This module explores a universal truth: Loyalty runs deep in families. Shared blood, history, memories and interdependence hold us together as families. Kinship care dramatically changes family dynamics and requires shifting roles, responsibilities, authority and loyalties. Relative caregivers need support to adjust to these new realities, which go against deeply grooved, familiar and cherished norms.

EXPERIENTIAL EXERCISE

Ask the group to answer these questions and allow time for discussion:

- A relative caregiver's initial experience of loyalty are with whom first? The child in the relative's care or the child's birth parent? (The child's birth parent)
- For nonrelative foster parents, the initial experiences of loyalty are with whom first? The child in their care or the child's birth parent? (The child in their care)
- Why is this a key difference to understand when working with relative caregivers? How would this understanding make your practice with relative caregivers different from your practice with nonrelative foster parents?
- What kinds of comments or actions by the birth parent could make the relative caregiver vulnerable to split loyalties?
- How could this be a possible risk factor for the child?

STRATEGIES AND SCRIPTS PRACTICE

In pairs or on your own, role-play a conversation between a child welfare professional and a relative caregiver. Each person in the pair takes one of the roles. The caregiver makes some of these kinds of statements below. The child welfare professional responds using the strategies and scripts below. Feel free to elaborate and improvise so that it feels more like a real conversation. After practicing for a while (3 to 5 minutes), switch roles.

Kin caregiver statements:

- "I can't see my child living on the street and not letting her in. She's always been there when I needed her."

- “I can’t put my brother out because of some criminal report!”
- “I can’t choose between my son and grandchild, when it comes to who can live here.”
- “My sister or family would never forgive me if I adopted her child. I’ll keep the child, but I won’t adopt.”

STRATEGIES AND SCRIPTS FOR PROFESSIONALS

GOALS	SCRIPTED RESPONSES
Prioritizing the child	<ul style="list-style-type: none"> • “Who needs you the most?” • “Who’s less able to help themselves?” • “Whose turn is it now?”
Redefining pre-existing roles and relationships	<ul style="list-style-type: none"> • “You can’t be a parent to both your son and grandson. You’re only one person.” • “You may lose your grandson if you try to be a parent to both.” • “Who needs you and your home the most?” “Who else can help him?” “You are already helping him by caring for his son.”
Identifying and planning for “disloyalty triggers”	<ul style="list-style-type: none"> • “When your sister calls afraid that she has overdosed, you’ve always picked her up and brought her to your home.” • “What are you going to do differently, now that your nephew is with you under a protection order from his mother?” • “Who else can she call since you can’t take care of them both? You are already helping her by caring for her child.”
Not infantilize the birth parent	<ul style="list-style-type: none"> • “I know your son will always feel like your child and that’s normal. But, who will the courts and agencies expect you to take care of first?” • “You may see him as a child, but the courts and agencies are seeing and treating him as an adult.”

CASE PRESENTATION AND DISCUSSION

Think about one of your kinship cases where loyalty is coming up as an issue. Describe the family’s situation, using a genogram to include all the relevant members of the kinship triad. Describe how feelings of split loyalty or disloyalty can be seen in the family. Discuss these questions:

- How is the kinship care situation redefining pre-existing roles and relationships in the family?
- Based on this situation, what are the goals for the kinship caregiver? (See the goals in the Strategies and Scripts chart in the Role Play section above.)
- Are there particular “disloyalty triggers” (circumstances that predictably activate feelings of disloyalty) for the caregiver? In your professional role, how you can assist in identifying and planning for them?



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