

Unique Assessment Issues when Working with Relative Caregivers

1. Introduction and Objectives

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals. This lesson is: Unique Assessment Issues when Working with Relative Caregivers.

1.2 Section 1: Lesson Objectives

By the end of this lesson, you will be able to:

- Recognize challenges in assessment unique to kinship care providers across different populations.
- Synthesize your understanding of these issues into your clinical practice.

2. Unique Assessment Questions for Kinship Caregivers and Guardians

2.1 Who are Kinship Caregiving Families?

Let's start our discussion about kinship families with an understanding of who we are talking about. These are families in which children reside with, and are being raised by, extended family members, close family friends, or fictive kin (someone you are not related to by blood or legal ties, but are close to).

The birth parent may be present, transient, or not present. However, the kinship caregiver is the primary care provider.

2.2 Kinship Care Reflection

How many children do you believe are being cared for in kinship families in the United States?

- 3.4 million
- 2.2 million
- 5 million
- 7.8 million

2.3 Kinship Statistics

About 7.8 million children and youth across the country live in kinship families.

About 2.7 million grandparents report they are responsible for their grandchildren's needs. In about a third of these families, neither of the children's parents reside in the home. In many cases, the child's parent is in-and-out of the home, creating additional stress on the family.

In child welfare jurisdictions, relatives are the preferred resource for children and youth who cannot live with their biological parents, maintaining the children's and youth's connections with their families. This is particularly true in communities that have a strong extended family orientation.

According to research mental health challenges can be mitigated when children and youth are placed with kin, as they fare better within their biological family constellation. These placements are more stable, children and youth have fewer behavior problems than in other types of placements, and relative parents report feeling closer to their child and more satisfied with their adoptions and guardianships than other types.

2.4 Challenges in Kinship Families

But, these placements also come with unique challenges. When children and youth are placed with kin, everyone experiences a change in roles and expectations within the family.

Click each number to hear some of these challenges.

1. Youth must shift their alliance from birth parents to these caregivers and begin to consider them as parent figures. This can create divided loyalties and confusion about their place in that family. For instance, when grandparents become parents, the shift in roles is like a chain reaction. It can be especially confusing, as aunts and uncles become siblings, cousins become nieces and nephews, and other legal shifts in relationships occur.
2. Youth may also be at the center of controversy in the family about placement with one relative over another, or disapproval of a grandparent or great-grandparent taking on responsibility at an advanced age.
3. Other issues that affect the child's mental health may be the intermittent appearance and disappearance of the birth parent, conversation within the family about the behavior, choices, and character of the birth parent, and re-traumatizing the child if the relative caregiver cannot set reasonable boundaries with the birth parent.
4. Since placement with relatives often occurs in a crisis, the relative caregiver and child may not be prepared for the changes in roles, the stress on family dynamics, and the emotional and behavioral issues the child may present with.

5. This is further complicated when the relative feels obligated to take on the caretaking role without fully understanding the impact on them and the family as a whole. The lack of preparation and education can cause stress for everyone, as the adjustment of the child and the caregiver may begin on mutually rocky ground.
6. Caregivers may also experience feelings of guilt and disloyalty when the caregiver has to place the needs of the children over those of the birth parent. The feelings of guilt and disloyalty are the result of the child's needs taking precedence over the caregiver's pre-existing attachments, roles, loyalty, and relationships with the birth parents.
7. The caregiver's responsibility to enforce court orders and to be accountable to child welfare systems, foster care agencies, and courts rather than to the birth parent can be another source of contention. Pursuing legal and formal relationships with the child may cause feelings of betrayal, if caregivers feel they are replacing, interfering, or competing with the birth parent's rights, role, and access to their child.

2.5 Redefining Roles

As mentioned, some families will need help redefining these roles and setting boundaries. Kin caregivers might also need help bolstering their sense of entitlement to parent.

Birth family members may need help accepting the new status of the caregiver as decision-maker and authority responsible for the well-being of the child or youth.

Birth family attitudes toward the relative caregiver can either create conflict or pave the way to a smooth transition and positive relationships.

Relative caregivers often need to alter their lifestyle, living arrangements, finances, social circle, relationships, and expectations as they take on this new responsibility.

In spite of these changes, most relative caregivers want their children to remain in the family.

2.6 Physical, Behavioral, and Emotional Problems

Let's watch Donaniece as she discusses her decision to become her grandson's legal guardian, the practical and financial challenges she faced, and how she's teaching her grandson the meaning of family.

[Video Transcript]

DONANIECE: The young man I have with me today is Quentese Harris, which is my grandson. I am his legal guardian, as well. I have six grandchildren, five boys and one girl. I didn't expect to have a new child at the age of 50. It was very challenging because of my health issues. I didn't receive anything, any financial help, from social service until after I got legal custody, which was a whole year. And then I had to move from a one-bedroom to a two-bedroom, and that created more of a financial burden for me. And I don't have transportation, so that compounded things. But I'm thankful. I'm very thankful because I have him. Now I know he's safe. It's important for me as his grandmother to take him in

because he is an extension of me. I didn't want him to go in the system because that's not an extension of him. I need him to know, "You do have a family. You have someone there to support you." Every year we go out to celebrate my getting guardianship of him. So I just remind him, "This is because you're extra special. So the court says you're extra special. You're a part of me more so than before." So we celebrate that.

[End of Video]

Video obtained from: <https://www.youtube.com/watch?v=5vltF6tTmbM>.

2.7 Loyalties and Conflict

Loyalties and conflict already existing in families can be magnified by the change in legal status and may create impediments to continued contact.

Birth parents that show up intermittently, especially if unannounced, can create conflict for the family, and for the child who is likely to have ambivalent feelings about the loss of the birth parent fulfilling their role as parent.

Depending on the relationship with the birth parent, intermittent appearances can be disruptive and traumatic, and caregivers or guardians may need help setting boundaries around contact.

2.8 Assessment Questions

To learn more about the kinship families with whom you are working, you may want to integrate the following questions into your assessment.

We've also included a handout of these questions in the Resources tab.

Click on each circle to learn more.

1. Who is in your family, and how do you define family?
2. How would you describe how you were raised as a child, your own parenting experiences, and how that influences or impacts your current caregiving experience?
3. How long has the youth been placed with you?
4. What was your relationship with the birth parents and extended family prior to the placement? How would you describe it now?
5. How is your child managing their relationship with the birth parent?
6. Is reunification the plan? Was reunification attempted previously? What was the experience?
7. Is there regular visitation with birth parents? What has that been like for your child?

8. Once reunification was no longer the plan, how was that explained to your child?
9. Were there promises made of contact with birth parents and other family after reunification failed? If so, were those promises kept?
10. What was the attitude of other family members about your taking caregiving responsibility?
11. What is going well in the relationships with the birth family?
12. Can you describe any conflicts that exist between you and members of the birth family?
13. What is the relationship with the birth parents at this time? Do they visit? Are they respectful? Do they show up unannounced?
14. Given the relationships and closeness among family members, what are the expectations around contact?
15. What help do you need setting boundaries with birth parents?
16. Are you happy with the relationship you have with the birth parents, or do you want help redefining that relationship?
17. Do you think that family relationships impact your child's behaviors and challenges?
18. What changes have you made in your lifestyle as a result of taking on this parenting role?
19. What is your support system? Who can you count on to support you in a crisis?
20. How do you take care of yourself and what do you do to relax and refuel?
21. What are your primary concerns that I can help you and your child address?

2.9 Assessing the Need for Education and Services

With the increase in states adopting a "kin first" philosophy of placement for children, more children are being placed with relatives than ever before. Often, the placements are made on an emergency basis, or within a shortened timeframe. Caregivers may not have been given adequate preparation and education and support services they are entitled to may not be in place.

Caregivers often assume that their existing parenting skills will be sufficient because they are parenting kin, or children with whom they already have a relationship. However, additional education and skill-building might be essential for success in meeting each child's individual needs.

The therapist should assess the caregiver's level of need for training and education about trauma-informed parenting, supporting a child's emotions and behaviors, and integrating the child into their family. Exploration with the caregiver about what they know about the child's past experiences, trauma, and daily life will provide clues to current or expected behaviors and indicate what education and supports might be helpful to enhance the caregivers' ability to parent confidently and effectively.

2.10 Services Available to Kin

An exploration of the need for financial support, expanded housing, beds and linens, clothing for the children, food assistance, transportation, and other basic needs will be helpful for the caregiver to guide them in organizing their efforts to obtain the assistance they need. The lack of basic needs creates stress that interferes with the ability to attend to the emotional well-being of the family and may be the underlying cause of tension in family relationships.

2.11 Services Available to Kin

Let's watch Bruce and Brenda talk about their decision to adopt their four grandchildren and some of the struggles they faced with a lack of resources. Bruce and Brenda's experiences echo that of many kinship caregivers. The good news is that, because of the "kin first" approach, many states have moved to offer subsidies and other resources like kinship navigator programs specifically to support this population.

VIDEO TRANSCRIPT:

[MUSIC PLAYING]

BRUCE: In our family, we have four daughters. We both had daughters when we got married. And we have 15 grandkids. And so now we have adopted four of our grandkids. And so we are now raising two boys and two girls.

BRENDA: We didn't want our kids to stay in foster care, or have to be in a strange place. And we wanted us to be a family.

BRUCE: Kinship care is one of the unique things. In kinship you get a call. And the call is, do you want these kids, or we place them somewhere else. It's just a decisive moment. And most kinship would tell you, it's not a choice, though it is, that we're going to take our kids. And so for us, that biggest challenge was, say, yes, we've going to take all four kids at a moment's decision. But the other part is, what families like us go through, financial stuff. We couldn't get food stamps. We couldn't get any other things to help us feed the kids. The vouchers that they used to have were gone. In the old days when I was a social worker, they had the Blue Book, they had all these vouchers. They had clothing. So even baby clothing was something we didn't get, as well.

[MUSIC PLAYING]

BRUCE: Our church community really supported us and helped us through. But until that time, we felt like we were really alone. And it's really intriguing to see the struggles that we got through. And now we look back, and see how successful the kids are, and what they're doing well. And sports create another sense of family, another sense of belonging. Also teaches them how to deal with their temper and their anger, especially in boys. And so we couldn't get them into sports, so we adopted them. And that's sad. But they're really talented athletes, And they've really come so far. I'm the only father figure they have in their lives. My wife of 33 years has sacrificed, and does-- I just want to say, because of her love for this family, and her care for the kids, she stayed home, and gave up her dreams and things she wanted to do to make sure they have a stable, normal, safe, consistent, resilient environment. The kids have connection.

BRENDA: We were just born to care and take in kids. And this is what I believe that that's what God having us to do.

BRUCE: You don't have this support like you do as a foster parent. You don't have certain training that you do as a foster parent. And all of a sudden now you don't even have transportation. And I really feel like the biggest thing is to help families walk through the simple things of filling out application. When you're going through a crisis, even the most simplest task of writing something becomes very complex. And we all make mistakes as parents. But the good thing about kinship or grandparents, we've been through it, so we understand the mistakes we made with our kids, and we try not to make the same mistakes over with our grandkids.

[MUSIC PLAYING]

2.12 Assessing the Relative Caregiver/Parent's Own Issues

As you explored in your assessment, there are many issues surrounding motivation, community norms and expectations, relationships with the child and birth parents, and life impacts that may require additional attention.

To further support your work, let's consider a framework developed by Dr. Joseph Crumbley that focuses on 5 areas that need to be explored in more detail. These include:

- Guilt
- Loss and Ambivalence
- Projection and Transference
- Hope, Fantasy, and Denial, and
- Loyalty Issues

2.13 Caregiver Families

Before we delve deeply into these 5 areas, let's watch this video sharing the stories of two kinship families: Mike and Sandra Flynn (Nanny and Poppy) raising their 5 grandchildren, Willa, Dallas, Sarah, Megan, and Morgan, and Kathy Allen raising her two teenage grandchildren, Kayla and Madison.

[Video Transcript]

DEBORAH FEYERICK: Meet the Flynn family. Grandma Sandra is 64 years old.

[MICHAEL FLYNN HUGGING FEMALE CHILD]

DEBORAH FEYERICK: Her husband, Michael, who everyone calls Poppy, is 73.

You are now raising five-year-old twins.

MICHAEL FLYNN: Yes, ma'am, and the other three.

DEBORAH FEYERICK: They're raising five grandkids in a cramped, colorful Kentucky home that's equal parts chaos and love. Willa, now 16, is the oldest.

When was the last time you saw your mom, Willa?

WILLA BRUMAGEN: Five years ago, when I was 10.

SANDRA FLYNN: She kind of disappeared and no one knew where she was.

DEBORAH FEYERICK: The "she" Sandy is referring to is her own daughter, whose youngest children were all born addicted to drugs.

SANDRA FLYNN: The State came in and said she could not care for them anymore, and they called and asked us if we would take all five, and we said, "Of course."

DEBORAH FEYERICK: An estimated 3 million kids in America are being raised by someone other than their mom and dad. The opioid and heroin epidemic has hit Kentucky especially hard. More than 68,000 children there are now being taken care of by grandparents, relatives or foster parents.

MARY JO DENDY: They've been abandoned. They've been forgotten in a lot of ways in preference for the drugs.

DEBORAH FEYERICK: When you look at the generation of kids that's being raised, how do you think it's going to turn out?

SANDRA FLYNN: It has to impact them. There's always going to be a want, a need, that something they didn't get from Mom.

DEBORAH FEYERICK: Do you feel on some levels that you've been abandoned in some way by your mom?

WILLA BRUMAGEN: I know she cared about me, but she used to be a really sweet person, but now I don't know. I learned to accept it, where I am right now.

DEBORAH FEYERICK: Not far away, in another part of Lexington, Kentucky, grandmother Kathy Allen drops by the high school to pick up grandkids Kayla and Madison.

KATHY ALLEN: Did you all have a nice day at school?

KAYLA ALLEN: Uh-huh.

DEBORAH FEYERICK: Now 14 and 16, the sisters were small when they were initially placed in foster care.

How does your childhood compare? How do you describe it?

KAYLA ALLEN: It was terrible.

DEBORAH FEYERICK: It was terrible.

KAYLA ALLEN: Yeah. When you think about childhood you think about like happy things, but there wasn't really any.

[KATHY ALLEN COOKING IN THE KITCHEN]

DEBORAH FEYERICK: According to Generations United, nearly 40 percent of grandparents caring for grandchildren are over age 60; one in five lives below the poverty line.

KATHY ALLEN: Foster parents can earn as much as \$600 to \$1200 per month per child; whereas, grandparents aren't even receiving the first food stamp.

DEBORAH FEYERICK: Kayla and Madison are in touch with their father, who's currently in prison. They say they have little to no contact with their mom. Her choice, not theirs, they say.

MADISON ALLEN: Like I've forgiven my mom so many times, but like she just keeps going back, like and it's hard to forgive every single time.

DEBORAH FEYERICK: A generation of children who feel abandoned by parents who they believe chose drugs over them.

Deborah Feyerick, CNN, Lexington, Kentucky.

[End of Video]

Video obtained from: <http://www.cnn.com/2017/05/01/health/heroin-orphans-feyerick/index.html>

2.14 Feelings of Guilt

The first area of concern is feelings of guilt.

Relative caregivers are vulnerable to feelings of guilt about taking over parenting of their grandchildren or other kin children because of their ambivalent feelings about their attachment to the child's birth parent.

Click on each number to hear more about relative caregivers and feelings of guilt.

1. They may feel guilty about the choices they made as parents and how that contributed to the current situation.

2. They may feel guilty about the ambivalence they have about taking or keeping the children.
3. Kinship caregivers are also vulnerable to feeling guilty if their choice goes against the expectations of their kinship group; for example, some feeling that the decision is a betrayal of the birth parent. It will be important to assess if the caregiver is carrying guilt about the circumstances that led to parenting their kin's children.
4. Relatives need to forgive themselves for whatever mistakes they believe they have made and learn to cope with any dissension in the kinship group.

2.15 Guilt Reflection

Now imagine you are asked to work with Nanny and Poppy, as they begin to prepare for their grandchildren to have supervised visits with their daughter. What are some areas of guilt that might be impacting their ambivalence surrounding the visitation?

2.16 Guilt Response

Did you think of any of the following?

- Their guilt in not being able to forgive their daughter for the choices she made
- The guilt of not protecting their grandchildren earlier from the neglect they experienced
- Their guilt about disappointing members of their kinship group if there is disagreement about their parenting the children.

Your goal as a therapist is to provide a safe space for the caregivers to express their feelings of guilt and to manage their own expectations. Validating their feelings and normalizing their experiences are essential.

2.17 Loss and Ambivalence

The second area of concern is loss and ambivalence.

Relatives who are now caregivers sustain many losses to take on the parenting role and may feel ambivalent about the decision they made to parent a kin child.

Click on each section of the circle to hear more about ambivalence.

1. The decision may bring a myriad of losses, including impact on their work or careers, changes to their future or retirement plans, impact on their finances, and significant changes in their friendships or relationships with other family members, including the birth parent.
2. Relative caregivers might be reluctant to talk about their ambivalence and the loss they are experiencing, but it is important that they be given the opportunity to do so.

3. When their ambivalence runs counter to the norms and expectations they perceive, the sense of loss can be demoralizing. Helping them to normalize their feelings of ambivalence and loss is helpful. As a therapist, you can help them examine the factors that contribute to their ambivalence and explore their commitment to parenting.

2.18 Loss and Ambivalence Reflection

The Flynns were retired at the time and planning to sell their house and move to Florida. Once the grandkids came, the plans changed. Their savings disappeared. They live off Social Security and part-time work. They never moved.

Given the losses inherent in kinship caregiving, how would you help the Flynns acknowledge and grieve these losses?

2.19 Loss and Ambivalence Response

Did you think of any of the following?

- Create a safe, non-judgmental space for them to talk about what they had to give up and/or change in their lives in order to parent.
- Give them permission to be honest without judgment.
- Ask them to talk about the impact these losses had in their relationship.
- Ask them to identify any support systems that helped them along the way.
- Explore their commitment for long term parenting. Help them identify family and community supports if they feel they cannot manage long term.

2.20 Projection and Transference

Another area of concern is projection and transference.

Relative caregivers may struggle with projection and transference when caring for the child who reminds them of a family member with whom they have unresolved issues or negative feelings. For example, projections may surface when the child acts in a way that is unacceptable, and the caregiver sees the birth parent's behaviors in the child.

It is important for you to ask questions and listen for clues that the caregiver is unintentionally messaging to the child that they will follow their parent's path. This may result in the child over-identifying with the behaviors of the birth parent.

It is important to identify when this is happening and develop an intervention to change the script to a positive one.

2.21 Projection and Transference Reflection

Now let's think again about Kathy Allen with Kayla and Madison. Let's imagine, for example, that one of the girls begins to rebel, asserting her independence, staying out past curfew, hanging out with friends her grandmother doesn't know. Kathy discovered marijuana in her pocket while doing laundry.

In your session with Kathy and the two girls, she begins to complain about this behavior and, looking at her granddaughter, says *"You're just like your mother, doing what you want and not caring a bit about who you hurt."*

What would your approach be in addressing the unresolved issues or negative feelings grandma has about her birth daughter and the transference of these feelings to her granddaughter?

2.22 Projection and Transference Response

Did you consider any of these?

Click on each number to learn the suggestions.

1. Help support Kathy to share her fears about the impact of substance abuse and its effect on their family.
2. Help Kathy to acknowledge what she wished she had said to the birth mother or done in relation to her substance abuse.
3. Explore with Kathy how she did or didn't cope with her daughter's substance use.
4. Role play with Kathy ways she can communicate her fears and concerns with in a non-blaming, non-judgmental manner.
5. Help Kathy to communicate the power of addiction, her genetic predisposition, and what the risks are for her grandchildren.
6. Help Kathy learn how to foster her granddaughter's identity, acknowledge her strengths, what makes her unique.
7. Help Kathy help her granddaughter see that she can make different choices than her birth mom. Her grandchildren need help to learn how they are similar to and different from their birth mom.

2.23 Hope, Fantasy, and Denial

The fourth area of concern is hope, fantasy, and denial.

In a situation where the caregiver has hope that the birth parent will get their life together, it is important to help the caregiver be realistic about the birth parent and the future.

How realistic is their hope that the birth parent will be able to take their child back, and how is that impacting the child's belief about their parent?

Can the relative envision a non-custodial parenting role for the birth parent and support such a relationship in the future?

The relative caregiver may be minimizing the risk factors involved, believing that the birth parent didn't do what caused them to lose their child. They may hold a belief that drugs or alcohol caused the problem and maintain hope for recovery.

This hope may prevent them from believing what happened to the child and impact the child's safety and sense of trust.

You can join the relative in their hope, while asking them to consider what to do if what they hope for doesn't happen, so that they have a plan moving forward.

Caregivers have to be helped to manage their own expectations and disappointment, as well as their child's.

Caregivers also need your support to continually assess the relationship, boundaries, and interactions with the birth parents - to determine in what ways they can be present in the child's life. For example, attending school functions, sports games, supervised or unsupervised visits, overnight stays, etc.

2.24 Hope, Fantasy, and Denial Reflection

Think about the case of Nanny and Poppy again. They have already stated that their daughter "will never have unsupervised visits again."

How might you, as their therapist, help them prepare for this possibility down the road?

2.25 Hope, Fantasy, and Denial Response

Did you consider any of these?

Click on each number to learn the suggestions.

1. Give them permission to voice their concerns about their daughter not being able to sustain her involvement in her child's life.
2. Affirm their need and desire to protect the children from further hurt and disappointment.
3. Advocate for the caregivers and their daughter to meet first so that they can set clear boundaries about the focus and structure of the visits with the children.
4. Affirm their role as parents.
5. Help them explore what benefits a visit could have for the children. For example, it might allow Willa an opportunity to let her mother know how she felt about the choices her mother made and acknowledge the losses in a constructive way. For Dallas and Sarah, it might help them fill in the missing memories they have, and for the twins it would be the first time they meet her, removing the fantasy they may have of their mother.

2.26 Loyalty Issues

The last area of concern is loyalty.

We have talked about loyalty issues in relative caregiving in previous modules, but it is important to look at these issues in assessing the ability of the relative caregiver to place the needs of the child above the needs of the birth parent, especially if the caregiver is a grandparent.

Click each number to learn about loyalty issues.

1. Caregivers may feel that they are usurping or replacing the birth parent's role, position, or authority.
2. The caregiver may have difficulty setting boundaries with, or managing resentment toward, the birth parent or other family members.
3. Caregivers may feel that pursuing permanent, legal, or formal relationships with the child is disloyal to the birth parent.
4. You must help the caregiver to redefine the pre-existing relationships with family members in order to provide safety for the child.

2.27 Loyalty Reflection Question

Think again about Nanny and Poppy. They have already acknowledged that their daughter has tried to make contact with Willa on Facebook.

Elaborating on this further, imagine the birth mother is now back in the picture. She appears to be sober, but often shows up unannounced, sometimes making promises to visit and then not showing up. The birth mother told Nanny, "I am their mother and I have a right to see them."

Nanny is now telling you that her daughter is getting herself together and she feels bad about preventing her from parenting her own daughters.

How might you explore issues of loyalty with her and Poppy and help bolster their ability, as the guardians, to assure safety for their grandchildren?

2.28 Loyalty Response

Did you think of any of the following?

- Help Nanny and Poppy sort through their conflict of wanting to be parents to their daughter and the grandchildren.
- Help them to see who needs them the most, their daughter or their grandchildren.
- Help them set realistic expectations and clear boundaries. When they waiver help them give permission to themselves to do what feels right even though they will have feelings of disloyalty.
- Help them to vocalize their fears of not supporting their daughter, possibly losing her. Will there be retribution from other family members? Will the children be mad at her?

2.29 Additional Resources

As we have been discussing, these five areas of concern in relative caregiving need to be included in your assessment when working with these families.

See the link in the Resources tab for a series of videos with Dr. Joseph Crumbley about these issues that contain tools and scripts for working with relative caregiving families who have adopted or gained guardianship.

3. Assessment Issues for Children and Youth Raised by Relatives

3.1 Assessment Issues for Children and Youth Raised by Relatives

When working with children and youth who are being raised by relatives, also pay attention to issues to address that parallel those for caregivers. These issues may contribute to the underlying cause of symptoms and behaviors you are treating.

3.2 Guilt Reflection

What feelings of guilt might children feel about their situation?

3.3 Guilt Response

Children often believe that they are the cause of the circumstances that led to them being removed from their birth parents' care, or think that if they had tried harder, they could have prevented their parents' failings. Explore this with them to understand if this is their belief and help relieve them of the psychological burden of responsibility and clarify that adults are responsible for their own choices and actions.

When children are raised by grandparents, other children may ask them why their parents are "so old." They need to be given language they can use to respond and practice responding so that they can maintain their privacy. Being asked questions can lead to feelings of shame about their situation. This sense of guilt and shame can be debilitating and difficult for children to name, face, and talk about.

3.4 Loss and Ambivalence Reflection

What feelings of loss and ambivalence might children experience?

3.5 Loss and Ambivalence Response

Loss and grief are addressed in other modules, but they are often overlooked when children are placed with relatives because of the mistaken belief that these feelings are mitigated if children are still with family. Children grieve the loss of their birth parent(s) even when living with them was painful and dangerous. The fact that they are with family does not make the sense of loss go away, especially if the birth parent is fully absent.

If the parent is intermittently in the child's life, or makes promises not kept, the loss is reinforced with every separation and disappointment. Ambivalence sets in when children want their parent in their life, but are repeatedly disappointed by the parent's inability to parent them. Ask about the child's relationship with their birth parent and their feelings about the state of their contact.

3.6 Projection and Transference Reflection

How might projection and transference apply to children living with relatives?

3.7 Projection and Transference Response

Click the numbers to learn some of the answers you might have given.

1. Children may feel that they are destined to follow their parent's path and that they cannot create their own destiny differently. This is especially reinforced if family members speak harshly about the birth parents. Children need help to individuate and see that their own choices will determine their future.
2. Children need help in recognizing the good qualities in their parent(s) and defining the poor choices they made that led to their failing as a parent.
3. If reunification with birth parents is possible, it is especially important to emphasize their parents' resilience so that they can see this possibility for themselves, as well.

3.8 Hope, Fantasy, and Denial Reflection

How do children express hope, fantasy, and denial?

3.9 Hope, Fantasy, and Denial Response

Children usually hold out hope that their parents will get better and be able to resume the parenting role. They hold on to the fantasy of going home, and are often in denial that there is a possibility that this might not happen. For some this does become a reality, but regardless, they will need help to move forward with their life until that reality is determined.

Helping caregivers to be truthful with children about their parents' circumstances is important to building mutual trust and supporting the child's ability to feel a sense of control and less a victim. Ask them about their hopes and wishes for their child's relationship with their parent(s).

3.10 Loyalty Reflection Question

What feelings of loyalty might children hold or express?

3.11 Loyalty Response

Click the icons to learn some issues of loyalty that children might hold.

1. Children often maintain a strong sense of loyalty to their birth parent(s), preventing them from fully integrating into their kinship family.
2. When children are unsettled within their kin family, it can interfere with their ability to get good sleep, eat, learn, concentrate, and generally have a sense of well-being.
3. Feelings of anxiety and depression are common.
4. They need help understanding that they can love many people without being disloyal to anyone.
5. They need to understand why they cannot live with their birth parent(s) right now, and what their parent(s) need to do to provide a safe environment for them.
6. They can hope for a parent's well-being and enjoy visitation time with them, and still be part of their kin family without being disloyal to their birth parent.
7. If the birth parent is undermining the kin family, or if there is conflict between them, there is work to be done to help the child disengage from the conflict, and help the kin caregiver support the child by limiting contact that reinforces the conflict.

4. Unique Assessment Issues Working with Substance Abusing Birth Families

4.1 Unique Assessment Issues Working with Substance Abusing Birth Families

As the Flynns and Allens exemplify, working with relative caregivers is often complicated by the issues that manifest as a result of addiction issues and substance abuse by birth parents.

4.2 Best Practice

One of the most commonly voiced concerns among relative care providers is how to manage relationships with birth parents who abuse substances.

It is estimated that between 50 and 80% of permanency placements in child welfare are related to substance abuse of birth parents. This can create very challenging dynamics for the caregivers and children.

Policies, attitudes, and practices regarding contact between substance abusing birth parents and their children vary widely across jurisdictions.

Some jurisdictions prohibit all contact. Some allow contact only if the birth parent has a clean urinalysis. Others require that the parent be sober at the time of their contact.

Regardless of the conditions of contact, there is consensus about best practice in work with caregivers when birth parents are abusing substances.

Click each circle to hear more.

1. Safety is the first consideration for the child and the placement family.
2. Relationships with birth parents require intentional management.
3. Children and youth need developmentally appropriate education and support to understand their birth parent's addiction.
4. Relative caregivers and guardians need education about addiction and how to talk to their children in honest, developmentally appropriate, and compassionate ways.
5. Relative caregivers and guardians need support to help their children cope with the disappointment and inconsistencies that are part of their relationship with the birth parent.
6. Relative caregivers and guardians can help their children learn that the birth parent's substance misuse is not their fault.

4.3 Supporting the Kinship Family

As a mental health provider, you can help the relative caregivers think critically about whether the birth parent's behavior represents a danger to the child and how to set boundaries.

Helping the adoptive parent or guardian balance safety concerns with the child's need to have a relationship with the birth parent is essential. Involving the child in this decision, when developmentally appropriate, can empower the family to make a united decision.

You can also help the caregiver/guardian address the concerns they might have about their child's vulnerability to future addiction and to implement prevention strategies.

Finally, if you do not have experience in the addiction field, it is essential to collaborate with service providers who do.

5. Conclusion

5.1 Wrapping Up

Your ability to support kinship caregivers is increasingly important given the increased focus on kinship as the priority placement for children and youth.

We hope this lesson has given you some valuable information about special considerations when working with relative caregivers.

5.2 Your Journal

Please click on the journal page to write down your reflections on this lesson.

5.3 Journal Reflection

Reflecting on this lesson, what are your key takeaways and how might you apply these in your practice?

5.4 Journal Response

Click the "Print Results" button to print and save your answers.

5.5 Conclusion

Congratulations! You have completed Unique Assessment Issues when Working with Relative Caregivers.

In the next lesson, we will cover the use of your assessment in formulating an effective treatment plan.