

COPING WITH THE UNIQUE CHALLENGES OF KINSHIP CARE
DISCUSSION GUIDE FOR VIDEO TRAINING SERIES FOR RELATIVE CAREGIVERS

THE ANNIE E. CASEY FOUNDATION



FALL 2018

USING THIS GUIDE

This video discussion guide aims to help those who have viewed the four-part training expand their learning through group exercises and discussions and practice strategies learned through the series. The guide is designed for use with small groups led by trainers, support group leaders and one-on-one contacts with caregivers. Individuals can apply the questions and prompts on their own or with other kinship caregivers to deepen their understanding of the concepts.

The video training series may be found at www.aecf.org/kin-caregiver-training.

LEARNING OBJECTIVES

Participants will learn:

- How kinship care changes and affects family dynamics, roles, responsibilities, authority and loyalties among members of the kinship triad (kinship caregiver, birth parent, child) and extended family.
- How these changes can result in challenges that may affect a caregiver's ability to provide safety, permanency and well-being for the youth in their care.
- Approaches and coping strategies to assist in managing these challenges.

ACKNOWLEDGMENTS

The Annie E. Casey Foundation thanks Joseph Crumbley, whose deep expertise and extraordinary teaching wisdom have made this video training series possible. The Foundation also thanks the University of Pennsylvania Perelman Quadrangle, where the training was taped, for its help with video production. And importantly, the Foundation thanks Philadelphia relative caregivers who made up the live audience for the training session.

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.

Contents

MODULE 1: Loss and ambivalence	4
MODULE 2: Guilt	9
MODULE 3: Hope and denial	12
MODULE 4: Caregivers' questions	15
HANDOUTS	16

Module 1: Loss and ambivalence

This module explores:

- how kinship care creates interruptions of the caregiver's plans, priorities, space and privacy, because it is generally unplanned, by default and happens in the context of a crisis, and
- how these interruptions can contribute to feelings of loss and ambivalence for the relative caregiver. Many caregivers agree to take the children in out of a sense of love, loyalty and obligation. They know they *should* do it, but they don't necessarily ask themselves whether they *can* do it.

REFLECTION AND DISCUSSION

Crumbley opens the training with a thought-provoking statement: "Obligation may not be enough of a reason for being a kinship caregiver." Yet many caregivers have a sense that they do not really have a choice. Their responsibilities and commitment to the children in their care obligate them. They may say, "Whether I want to or not, or whether I like it or not, I have to be a caregiver."

Crumbley recommends that caregivers need to ask themselves these questions:

- Should I and can I be a caregiver?
- Should I and can I continue being a caregiver?

Even though you may not feel like you have a choice, he suggests, "You may in fact be obligated to ask these questions out of your responsibility to the children." There are many reasons you may decide that you cannot be a caregiver or that your need for help and support may change. Let's take a moment to look at some of the potential reasons and changes in life circumstances that may impact your ability to provide or continue to provide kinship care.

Reflect on each of these questions about life circumstances silently to yourself and write down your responses on a piece of paper.

- How many years do you think you will be caring the children currently in your home? Now add that to your current age. How old will you be?
- As you think about that amount of time and your age, what are some of the changes in circumstances in your life—both anticipated and unanticipated—that could affect your ability to care for the children? These changes could be in:
 - Finances
 - Housing/space

- Time
- Health
- Supportive/cooperative relationship and support system
- Daycare/educational resources
- Access to special needs services/resources for the child
- Now let's discuss those as a group. What were some of the changes in circumstances that could affect your ability to care for the children?
- How could additional support help you to be able to continue to care for the children? Who would you ask for more support?
- What changes in circumstances would mean that you could no longer care for the children? Who could help you plan for that, just in case?

SELF-DIALOGUE AND RESPONSE PRACTICE

Crumbly suggests that relative caregivers go through a decision-making process to figure out whether to say yes or no to the role. This is his advice: "If you don't want to be a caregiver or the challenges of being a caregiver are getting to the point of affecting the children in a negative way, you have to start asking yourself the question, 'Can I or should I be a caregiver?' Because *you've* got to be okay for the children to be okay."

Let's look at the six-step decision process he describes in the video:

1. Give yourself permission to be selfish on behalf of the children.
2. Require an informed decision-making process.
3. Commit to a process to determine if you should be a caregiver.
4. Identify tasks, resources, benchmarks, timeline and criteria.
5. Set up a monitoring, feedback and support system.
6. Design an alternative plan if you shouldn't or can't be a caregiver.

Please refer to the handout for this module. These exercises focus on three of Crumbly's six steps (steps 1, 4 and 5).

The first step, giving yourself permission to be selfish on behalf of the children, can be tough for many caregivers. We are used to putting other's needs before our own—especially the children's. Read through the first step and self-dialogues below—the things you need to say to yourself to accomplish this step.

STEP ONE	SELF-DIALOGUE
Give yourself permission to be selfish on behalf of the children.	<ul style="list-style-type: none"> • I have to be OK for the children to be OK. • I have to take care of myself first to take care of the children. • What will happen to the children if something happens to me? • I don't want to traumatize the children if they are removed because I couldn't keep them.

Either in pairs or as a large group discuss the following questions about this self-dialogue statement, "I have to take care of myself first in order to take care of the children."

- What kinds of things are you *already doing* to take care of yourself, so you can take care of the children?
- What kinds of things do you know you *should be doing* to take care of yourself that you are not doing, so that you can take care of the children?
- Is there one of those things you are not doing now that you could do in the next few days?

As time allows, the group can engage in discussions about each of the six steps.

Here is an example of a guided discussion about step four:

The fourth step, identify tasks, resources, benchmarks, timeline and criteria, may seem overwhelming at first. Let's break it down a little. Read through step four and self-dialogues below — the things you need to say to yourself to accomplish this step.

STEP FOUR	SELF-DIALOGUE
Identify tasks, resources, benchmarks, timeline and criteria.	<ul style="list-style-type: none"> • What do I need to consider or to continue trying in order to take care of these children? • What accomplishments will let me know if I can permanently care for the children?

Either in pairs or as a large group discuss the first self-dialogue statement if you are considering or just beginning to provide kinship care, “What do I need in order to consider trying to take care of these children?” You can also consider another version of the question if you have been a relative caregiver for a while, “What do I need in order to continue taking care of these children?”

- There are many kinds of support a family needs to take care of their children:
 - It can be emotional support: someone to vent to or who provides a shoulder to cry on.
 - It can be practical or physical: someone to do day care, shopping, cooking, cleaning, child care or giving rides.
 - It can be social and community support: people to look out for the kids in the neighborhood, a place of worship or a place to participate in recreation.
 - It can be professional: medical, family therapy, educational advocacy or legal advice.
 - It can be financial: a stipend to pay for clothing and food, health insurance or money to help in an emergency.
- When you think about these kinds of support, what would be most helpful to have that you don’t have now?
- Who would you ask for help in getting this kind of support (friend, neighbor, relative, case worker or other professional)?

Here is an example of guided discussion for step 5:

The fifth step, set up a monitoring, feedback and support system, is about making sure there are people in your life who are looking out for you. Read through the step five and self-dialogues below — the things you need to say to yourself to accomplish this step.

STEP FIVE	SELF-DIALOGUE
Set up a monitoring, feedback and support system.	<ul style="list-style-type: none"> • How and who will I let know if I am getting overwhelmed or having second thoughts about being a caregiver? • I don’t want this to become a crisis situation for me and the children if we can no longer live together. [Prevention planning]

Ask the group to silently write down answers to these questions on a piece of paper:

- Who is the person in your life that you feel most comfortable confiding in about the challenges of being a caregiver? This would be someone who listens and doesn't judge you. Someone who would give you real feedback if they had concerns for you.
- Do they have your permission to let you know if they see that you are overwhelmed or worried about the children? If yes, can you thank them for their support and encourage them to keep doing it? If no, can you ask them to give you that kind of feedback and support?

Again, as time allows, the group can engage in discussions about the remaining steps (steps two, three and six).

Module 2: Guilt

This module explores how to manage the understandable feelings of guilt that relative caregivers may experience because of changing family dynamics. One of the biggest challenges is placing the needs of the children first — before the needs of the children’s birth parents. This is a huge shift for caregivers, since their original feelings of attachment, bonding, commitment, protection and loyalty were with the birth parent.

REFLECTION AND DISCUSSION

While you may understand intellectually that the needs of the child must take precedence over the birth parent, it becomes hard emotionally when that birth parent relates to you as your child, your brother, your sister, your cousin or your friend (applies to fictive kin).

Let’s walk through the discussion that Crumbley had with the audience in the video:

- Think about a situation where you had to place the needs of the children first and how it conflicted with the needs of the birthparent. How did it make you feel?
- In the situation where you have placed the children’s needs before the birthparent’s, how do you imagine that made the birthparent feel?
- Why do you suppose the birthparent would be feeling that way?
- It may feel like the preexisting relationship between you and the birth parent — from before the child was placed with you and even before the child was born — must continue, just as it was. However, the priority of these relationships is reordered in kinship care, and may elicit confusing feelings of guilt, anger and sadness.

SELF-DIALOGUE AND RESPONSE PRACTICE

Crumbley asks, “Does guilt impact my ability to provide permanency, well-being and protection for the child in my care?” For example, feelings of guilt might lead a relative caregiver to allow the birthparent into the home even when supervised visits are not required. Feelings of guilt might make it difficult to consider legal guardianship of the children even when it is clear the birth parent will never be allowed to be the custodial parent again.

Here are three suggested goals and behaviors to cope with guilt:

- Living with the guilt.
- Forgiving yourself.

- Developing responses to “guilt triggers” to avoid being manipulated or compromising the child’s safety and well-being.

Refer to the handout for this module so we can look at some of those guilt triggers, self-dialogues and responses.

TRIGGERS	GOALS	SELF-DIALOGUE AND RESPONSES
<ul style="list-style-type: none"> • How can you live with yourself, knowing what you did? • You can never make up for what you did in the past. 	Accept past behaviors.	<ul style="list-style-type: none"> • I can admit what I did. • I’ve tried to make up for what I did. • I’ve learned from the past, so I can do things differently now.
<ul style="list-style-type: none"> • Stop trying to replace me, I’m still the parent. • You want my child to love you more than me. 	Embrace new roles and attachments	<ul style="list-style-type: none"> • If not me, then who? • If not now, then when?

In pairs, role play a conversation between a birth parent and a relative caregiver. Each person in the pair takes one of the roles. To start, the birth parent makes some of the statements above. The relative caregiver responds using the above goals and responses. Feel free to elaborate and improvise so it feels more like a real conversation. After practicing for a while (3 to 5 minutes), switch roles.

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

- In the role of the kinship caregiver, how was it helpful to use the self-dialogue and responses and not to respond out of guilt?
- Who or what could support you in responding without guilt in real life situations?

Again, as time allows, the group can engage in discussions and role playing the other triggers and goals discussed in this module.

Module 3: Hope and denial

This module explores how one person's denial can be another person's hope. It is often difficult for relative caregivers to feel they are giving up hope on people they love. Hope can help families get through difficult times. But hope can become a problem when relative caregivers cannot implement safety plans, provide alternative planning or develop permanency plans for the sake of children 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 responses on a flipchart if you'd like.)
- When does hope become a problem? When does hope become denial? By denial I mean not being able to accept the truth, not being able to accept what is real. (Record responses on a flipchart if you'd like.)

In summary, we can see that hope gives you a lot. It gives you motivation, determination, commitment and focus. However, when hope becomes denial, it is a problem because we may:

- be unable to plan for the worse;
- be unable to see or accept the problem or situation;
- ignore or excuse warning signs;
- avoid confronting the source of the problem;
- avoid preparing others for the disappointment.

REFLECTION AND DISCUSSION

Crumbly outlines several potential sources of hope and denial:

- Parent/child reunification
- Expecting the birth parent to accomplish requirements for reunification
- Caregiver's hope of resuming and pursuing previous lifestyle and goals
- Not wanting to appear as a failure or disloyal to the birth parent
- The child's hope of reunification

As you think about your family's situation, can you relate with any of these sources of hope and denial? Are they a source of hope or source of denial for you?

SELF DIALOG AND RESPONSE PRACTICE

Crumbley outlines the kinds of things you might hear or that you might say that tell you denial may be a problem. Here are some examples of verbal cues that indicate potential risk:

- “I know my son; he’ll get it together this time.”
- “He couldn’t have done that; I didn’t raise him that way and he told me he didn’t do it.”
- “I’m looking forward to the kids going back with their parents.”
- “You and your agencies want her to fail; your attitudes make her give up.”
- “I don’t want to crush the children’s hope of returning home, especially after their parents have made so many promises.”
- “I don’t want my son to think I’ve given up on him and believe the things you’re saying about him. So, NO! I’m not adopting.”

Refer to the handout for this module and look at the goals, self-dialogues and responses that can help you when hope has become denial.

GOALS	SELF-DIALOGUE AND RESPONSES
Plan before someone else plans for you. (Hope for the best, but plan for the worst.)	<ul style="list-style-type: none"> • Yes, we are family and should be hopeful, but will our hopes stop the family court and the agencies from making decisions for the children if we don’t? • I hope things turn out OK, but IF NOT, THEN WHAT? [Alternative/back-up planning]
Develop an alternative plan.	<ul style="list-style-type: none"> • When will I know it’s time to make an alternative plan? What activities by the birth parent (your son) will let me know when it’s time to plan? • How much time and how many chances are the courts or agencies going to give him before they start making plans?
Don’t project hopes on the child.	<ul style="list-style-type: none"> • What hopes do I keep from the children and share only with friends? • How will I help the children recover from or be prepared for broken or unfulfilled promises?

GOALS	SELF-DIALOGUE AND RESPONSES
Implement safety plans and make the children feel safe.	<ul style="list-style-type: none"> • I might not think he did it, but the agency does. • What do I need to do to make sure my son is not in a position of being accused again? • How will I make sure the children feel that I believe what they are saying is true? • Who will be hurt the most if the children are removed because I bent the rules for the birth parent?

In pairs, role play a conversation between a kinship caregiver and a supportive friend. Each person in the pair takes one of the roles. To start, the caregiver makes a statement that indicates that denial may be a problem. The friend supports the caregiver using the goals and responses above. 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.

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

- In the role of the kinship caregiver, how was it helpful to get support like this from a friend?
- For the supportive friends, what did you like about having responses to share when you saw that your friend had slipped into denial?
- Thinking about your own family situation, when might you have to do alternative planning? What are some of the self-dialogues and responses that would be helpful to you and other family members?

Module 4: Questions from caregivers

In this final module, caregivers in the training audience ask Crumbley questions on multiple topics, including: Setting boundaries with birthparents, transitioning children from kinship care back to their birthparents, not blaming yourself and accepting grief and loss as normal, addressing grief and loss issues with youth, bonding with the child around shared grief and loss, and planning for children with special needs

Crumbley's thoughtful responses will be of interest to many relative caregivers.

DISCUSSION

After each question and answer, pause the video and discuss these questions:

- What are the issues/feelings that the person asking the question is experiencing?
- Can you relate with what she is going through? How?
- What was most helpful about Crumbley's response or suggestion to the caregiver's question?
- How would these responses or suggestion be helpful to you if you were the caregiver asking the question?
- What other advice and suggestions would you have offered the caregiver that was not already provided?

Handouts

MODULE 1 HANDOUT

The Decision-Making Process

STEP	SELF-DIALOGUE
<p>1. Give yourself permission to be selfish on behalf of the children.</p>	<ul style="list-style-type: none"> • I have to be OK in order for the children to be OK. • I have to take care of myself first in order to take care of the children. • What will happen to the children if something happens to me? • I don't want to traumatize the children if they're removed because I couldn't keep them.
<p>2. Require an informed decision-making process:</p> <ul style="list-style-type: none"> • Knowing when enough is enough • Knowing when to say yes or no 	<ul style="list-style-type: none"> • When I initially decided to become a caregiver, it was based on loyalty, guilt and obligation. • I did it while I was in crisis, stressed and without a plan. • This time I want my decision to be informed and based on facts. • I may need to say 'No' if I have to give less to those children I already have.
<p>3. Commit to a process to determine if you should be a caregiver.</p>	<ul style="list-style-type: none"> • I need to first know if I should and can be a caregiver before I commit to being a caregiver. • It's only fair that I have time with the child to determine if it's in the child's best interest for us to live together. (Safety planning)
<p>4. Identify tasks, resources, benchmarks, timeline and criteria.</p>	<ul style="list-style-type: none"> • "What do I need in order to consider or continue trying to take care of these children?" • "What accomplishments will let me know if I can permanently care for the children?"
<p>5. Set up a monitoring, feedback and support system.</p>	<ul style="list-style-type: none"> • "How and who will I let know if I'm getting overwhelmed or having second thoughts about being a caregiver?" • "I don't want this to become a crisis situation for me and the children if we can no longer live together." (Prevention planning)
<p>6. Design an alternative plan if you shouldn't or can't be a caregiver.</p>	<ul style="list-style-type: none"> • "What are the alternatives? Who should be involved in making and implementing this plan?" • "When will I know when to make and implement the plan?" • "How and when do I inform or involve the children in planning?" • "What will be my new role with the children and alternative caregiver?"

MODULE 2 HANDOUT

Guilt Triggers and Response for Caregiver

TRIGGERS	GOAL	SELF-DIALOGUE AND RESPONSES
<ul style="list-style-type: none"> • How can you live with yourself, knowing what you did? • You can never make up for what you did in the past. 	<p>Accept past behaviors</p>	<ul style="list-style-type: none"> • I can admit what I did. • I've tried to make up for what I did. • I don't make excuses for what I did. • I've learned from the past, so I can do things differently now.
<ul style="list-style-type: none"> • You may have everyone else fooled, but I know you haven't changed. • You're not any different now than you were in the past. 	<p>Validate growth</p>	<ul style="list-style-type: none"> • Look at how I'm different now and let me prove it. • I'm recovered, I am responsible, I am no longer abusive. I've come so far.
<ul style="list-style-type: none"> • I'll never forgive or trust you, regardless of what you do now. • I'll never let anyone forget what you did in the past. 	<p>Self-forgiveness</p>	<ul style="list-style-type: none"> • I've earned the right to forgive myself because of the sacrifice and support I'm giving you and your child.
<ul style="list-style-type: none"> • Stop trying to replace me. I am still the parent. • You want my child to love you more than me. 	<p>Embrace new roles and attachments</p>	<ul style="list-style-type: none"> • If not me, then who? If not now, then when?

MODULE 3 HANDOUT

Goals, Self-Dialogues and Responses

GOALS	SELF-DIALOGUE AND RESPONSES
Develop alternative plans	<ul style="list-style-type: none">• When will I know it's time to make an alternative plan! What activities by the birth parent (your son) will let me know when it's time to plan?• How much time and how many chances are the courts or agencies going to give him before they start making plans?
Not projecting hopes on the child	<ul style="list-style-type: none">• What hopes to I keep from the children and share only with my friends?• How will I help the children recover from or be prepared for broken or unfulfilled promises?• Can the children cope with the disappointment if the hopes or promises are broken?
Implementing safety plans and making the children feel safe	<ul style="list-style-type: none">• I may not think he did it, but the agency does.• What do I need to do to make sure my son is not in a position of being accused again?• How will I make the children feel I believe what they're saying is true?• Who will be hurt the most if the children are removed because I bent the rules for the birth parent?

