

C. Promoting Reunification

Conceptual Framework

In previous sections we have focused on strategies to prevent out-of-home placement. Unfortunately, many children in foster or relative care are separated from their families for long periods of time before reunification planning is begun. Generally, the longer children are in placement, the more difficult it is to reunify them with their families.

Pine, Warsh, & Maluccio [1993] suggest several reasons for this. First, since young children cannot remain emotionally attached to persons without frequent contact, lengthy separation without regular visits can weaken the parent-child relationship. Children in long-term substitute care often develop strong attachments to their foster or relative caregivers, which may increase their ambivalence about reunification. Children's attachments to their substitute caregivers may also be threatening to parents, who may feel rejected or jealous of their children's affection and loyalty toward their caregivers. At times, parents feel they must "re-win" their children's affection. This is particularly difficult for parents who have experienced previous painful rejections, and who expect to be rejected.

Reuniting families often means integrating children back into a changed family system. Some parents may have remarried, had other children, or moved to other communities since their children were placed. The children have also

grown and developed, and may be very different from what the parents remember. The parents and children may, at times, seem like strangers to each other. This can be very disconcerting to parents, and can make reestablishing the parent-child relationship more difficult.

Reunification can be threatening to parents for other reasons as well. Many parents whose children have been removed believe themselves to be failures as parents. Reinvolvement with their children reminds them of this, and they often reexperience the pain and anger that accompanied the initial separation. Reunification is likely to be viewed by some families as another potential failure, since there is no guarantee that their involvement with their child will be any different this time. Parents whose children have been removed often lack the confidence to attempt reunification.

It is not uncommon for children in placement to question why their parents didn't come to take them home sooner or work harder to get them back. Children who have been placed for long periods may be angry and hostile toward parents who, in their minds, have failed them. Angry children may display considerable ambivalence in relating to their parents because of their fear of being abandoned or rejected again. Parents must learn to deal with their child's anger and resentment before reunification is possible.

Some children who have developed strong and healthy attachments to their substitute care families may resist separation from them. Separation may, in fact, be seriously disruptive and emotionally traumatic. Some children may clearly express their desire to stay where they are rather than be reunited with their families. In these situations, children may even sabotage efforts at reunification.

Some parents may not want to be reunited with their children, but may not be able to acknowledge this. It may be expressed nonverbally by failure to participate in reunification activities, or failure to meet case plan objectives, in spite of intensive agency support and intervention. Other parents may want to maintain a relationship with their children, but may not want the responsibility of full-time parenting. While they may continue to visit, they will not take steps to provide a home for the children. This mixed message can be very confusing to the children.

Assessing Family Readiness for Reunification

Reunification should be the goal for most families whose children have been placed. However, is not the best outcome for all families. In some situations, reunification is not possible, either because the parents cannot be engaged to reassume care of their children, or because they have not been able to make the changes necessary to assure safety for their children at home.

There are several factors that can increase the likelihood of successful family reunification. They are:

- The risk factors that led to placement of the children were acute rather than chronic. If child abuse and neglect are untreated, they tend to become more severe over time. If intensive, in-home services are provided at the time of placement to families in acute stress or crisis, this

can often resolve the problems that created risk for the child, which increases the likelihood of rapid reunification.

- When the parent is involved with the child throughout the placement, the likelihood of successful reunification is increased. With proper casework intervention, the parent-child relationship can be maintained and strengthened while the child is in substitute care. Many of the barriers to reunification that result from lengthy separation, including depression and grieving, and feelings of abandonment and/or failure can be reduced or avoided.
- Reunification success is increased if family members have nascent abilities and potentials that can be developed and strengthened by providing intensive support and counseling. As these interventions succeed, parents gain confidence and feelings of hope, which can increase parental motivation to regain custody of their children.
- Families who have strong support networks of extended family and friends, and who are willing to utilize community services and supports, have a higher likelihood of successful reunification.
- If parents are committed to the child and strongly express their desire to have their child returned home, despite the potential obstacles, this increases the likelihood of reunification success. However, workers must be careful not to mistake what appears to be ambivalence or a lack of interest as a lack of attachment or commitment. A parent's aloof or withdrawn behavior may, instead, represent the parent's fear about

experiencing further hurt and feelings of failure. The worker must use the casework relationship to create a safe, nonpunitive, and nonthreatening environment in which parents can express their fears and anxieties about reunification, or can honestly communicate their desire not to be reunited with their children.

Parents who do not want to reassume full-time custody of their children, but who are ambivalent about permanently terminating their rights, can sometimes be encouraged to develop an alternative permanent plan for their children through custody or guardianship with relatives, or through adoption by the foster family or an adoptive family. Involving parents in permanent planning can sometimes help to alleviate their guilt. At times, some level of "openness" in the permanent plan may be warranted. This allows parents to maintain some level of contact with their child, while assuring the child permanence in a safe and nurturing family.

One final caution is warranted as we assess family potential for reunification. It is difficult to assess families who have never been provided with intensive, supportive, culturally-relevant services regarding their ability or willingness to change, or their potential for successful reunification. This may be true even when the presenting risk conditions appear to be longstanding and entrenched. Families must be given the opportunity, with considerable agency encouragement and support, to jointly develop a case plan that identifies their needs. Services must be provided to help meet them.

Focusing on Strengths to Promote Reunification

Family-centered practice presumes that the vast majority of families have inherent strengths and capabilities, and that most families have the capacity to grow and change when given the proper enabling and supporting interventions. Family-centered practice, therefore, identifies and develops nascent strengths; enhances the potential of individual members and the family as a group; empowers families to identify and address their own needs; and helps them identify and implement constructive and relevant solutions to their problems. Family-centered child welfare asserts that properly delivered family services can strengthen many families sufficiently to enable them to care for and protect their own children.

This perspective is especially relevant in reunification work. Families who have had a child placed in care typically feel a sense of failure. They lack confidence that they can regain custody of their child; they feel disempowered and angry; and they often mistrust the system. Many believe they have "jumped through hoops" to regain custody, but to no avail. If workers also share the perception that reunification is likely to fail, this self-fulfilling prophesy will prevail. Zamosky and colleagues believe that examining and altering caseworkers' negative attitudes and beliefs is the necessary first step in successful family reunification [Zamosky, Sparks, Hatt, & Sharman 1993].

This is not to suggest that workers should minimize or ignore barriers and problems. Rather, a balanced approach that concurrently considers both deficits and potentials is the preferred intervention. Such an approach is most accurately called developmental. A deficit model often assumes that problematic traits and behaviors are permanent conditions that are immutable and unchangeable. A

developmental model acknowledges problems and limitations, but suggests that with the proper interventions and support, most people can learn different and more adaptive ways of thinking and behaving, and ultimately of rearing their children. A developmental model, therefore, identifies deficits but contends that they can be modified to varying degrees. Developmental casework interventions promote growth and productive change, and utilize strengths to help solve problems.

Part of the caseworker's job in reunification is to help family members assess and identify both the problems to be overcome, and the strengths and resources they have available to them. Zamosky and colleagues [1993] have identified strengths that are typical of many families attempting reunification. For example, many families retain a feeling of connectedness with their children, even though they are physically separated. Many families have demonstrated perseverance by remaining in their children's lives for years without having been the primary caregiver. Similarly, their willingness to pursue reunification, in spite of potentially ambivalent feelings, suggests a commitment that can only help them during difficult times to come.

A family's strengths may not be immediately evident to the caseworker or to the family members themselves. It is easy to lose sight of strengths and abilities when we are confronted with multiple, complicated, and challenging problems. In addition, many people take their strengths for granted, or fail to recognize them. Strengths may also be nascent, which means that precursor abilities or traits may be present, but they may not be fully developed. Developmental casework can help the parents identify traits, qualities, and attributes in

themselves that can be considered elements of strength, and can help them learn to further develop and apply these abilities in productive ways.

The Role of Visiting in Promoting Reunification

Regular and frequent parent-child visits are an essential component of reunification casework. We have already identified several ways that infrequent visits or long parental absences can potentially damage the parent-child relationship and increase barriers to successful reunification. Visitation, when properly planned and utilized, can also be a therapeutic intervention for the entire family, and can promote successful reunification.

Hess and Proch [1988] describe the important benefits of regular family visits:

- Frequent visiting reassures parents that the agency is not trying to keep their children from them, and that the agency is serious about maintaining family relationships.
- Children experience considerable anxiety and distress when separated from their parents for even short periods of time. Many children, particularly young ones, worry that their parents are dead, hurt, or otherwise permanently gone. Visiting reassures children that they have not been abandoned in substitute care, that their families are alive and well, and that their families still care about them. Frequent contact with parents can reduce children's anxiety associated with separation.

- Visits with parents help older children avoid self-blame for placement. Visitation reassures a child that his parent wants him, which can counteract the child's natural tendency to believe that he was abandoned by his family because he was somehow "bad."
- Visits present the caseworker with a valuable opportunity to help family members assess and identify their needs and strengths. By observing family members together, and using appropriate listening and interviewing techniques, the worker can elicit important information about the parent-child relationship, the parents' developmental needs, and the parents' motivation and capacity to reassume care of their children. The worker should discuss her observations with family members so they can be considered in reunification planning.
- Careful observation during visits can also help the caseworker identify when reunification may not be possible, or when termination of the parent-child relationship is in the child's best interests. Visits may also help ambivalent parents make a final decision regarding whether they want to pursue reunification or relinquish their children to an alternative permanent home.
- Visits help families prepare for reunification. Without frequent visits, parents and children are both likely to develop unrealistic expectations. Casework intervention during visits can help families develop realistic expectations for reunification, and help them identify problems that must be resolved before they can live together again.

- Family visits can be used as interventions to achieve specific objectives. For example, foster or relative caregivers might use visits to model parenting skills and train parents in home management, child care, and child management strategies. Parents can practice newly acquired parenting strategies during visits, and can receive immediate constructive feedback and coaching from the caseworker or foster caregiver.
- Regular and frequent family visits can greatly contribute to "reasonable efforts" to promote reunification. When these efforts do not result in reunification, the agency has adequate justification to pursue an alternative permanent family for the child.

Application

In general reunification refers to reuniting children with parents who assume custody and permanent responsibility for their care. According to Pine, Warsh, and Maluccio [1993], lesser degrees of parent-child contact through phone calls, letters, or visits may be indicated in some situations. The maintenance of family and kinship bonds may be an important therapeutic intervention for some children who are permanently placed in relative or adoptive homes. An example might be an older child who has an enduring and affectionate bond with a parent with a chronic and severe mental illness, and whose behaviors place the child at repeated risk of harm. Ongoing contact with their families can reduce separation trauma for children, can preserve continuity, can strengthen and support personal and cultural identity, and can assure children a sense of connectedness

to their past. Children can also maintain important relationships with siblings and other extended family members through ongoing contact.

It is also necessary to determine with whom a child will be reunited. The parent who had custody of the child prior to placement is normally involved in reunification planning. However, for some children, this may not be the best plan. Continuing high risk in the family, parental abandonment of the child, or other family circumstances may prohibit placement of the child at home.

However, reunification planning can still occur. It may be that the child can be reunited with a previously noncustodial parent now assuming custodial responsibilities. Some children will be reunified into their extended families, with grandparents or other relatives assuming custodial responsibility, and with biological parents maintaining a significant, but different, relationship with their child. Child welfare workers should obtain a family history and conduct a search to identify potential permanent caregivers, including a child's biological father and his extended family; grandparents; aunts and uncles; adult siblings; and other significant family members. The worker should contact these persons to determine their interest in providing a home for the child. If they indicate interest, the worker can conduct a homestudy to help the family assess their ability to care for the child permanently.

At times, it may be necessary to forego attempts at reunification and assure that the child has a permanent alternative placement. Family members may have failed to follow through with reunification activities, despite intensive efforts by the agency to support the plan. Some families will not have been able, even with agency assistance, to remove risk factors sufficiently to assure the child's safety at home. The worker must continually balance the benefits of reunification against

the potential negative effects of continuing temporary placement. If permanence can likely be achieved with the child's own family in a reasonable period of time, the decision to continue to pursue reunification activities is warranted.

However, if the likelihood of successful reunification in a reasonable period of time is remote, and reasonable efforts to reunite the family have not been successful, the worker should begin planning for placement in a permanent alternative family.

Strategies to Promote Reunification

In most cases, reunification planning should begin as soon as the child is placed. However, even when family members are committed to reunification, it can be a difficult and time-consuming process. This is especially true when the child has been out of the home for an extended period of time.

The first step in reunification is to complete a thorough family assessment. The family assessment for reunification does not differ significantly from a protective services family assessment. The family's current situation and their strengths, needs, and problems must be fully assessed. The assessment of potential risk to the child in the home is a critical component of this family assessment. The worker must help the family assess whether the problems and conditions that led to the original need for placement have been addressed and resolved; and, what must be done to make the home safe for the child. (See Sections II-B, "Dynamics of Child Maltreatment;" II-C, "Risk Assessment;" and IV-C, "Conducting the Family Assessment.")

The nature of the parent-child relationship must also be fully explored. The worker must determine whether the family and child maintain strong emotional bonds, or have become emotionally distanced during the period of separation. The family's commitment to reunification must also be explored, and feelings of ambivalence must be identified and discussed. The worker and family must identify together the potential barriers to reunification to assure the proactive development of strategies to overcome them.

Once the family situation has been fully assessed, the worker and family should jointly develop a case plan with specific objectives and activities to achieve reunification. (See Section IV-D, "Developing the Case Plan.") The responsibilities of each family member, the caseworker, the foster or relative caregivers, and others, as appropriate, should be clearly outlined. The plan should also specify the services the agency will provide to support the family as the reunification plan is implemented. The child or children to be reunified, and any siblings currently with the parents, should be involved in case plan development, if they are old enough to participate and can benefit from participation. Otherwise, the caseworker should explain the goal and action steps in the case plan to the children in concepts and language that is appropriate for their level of development.

Once the case plan has been finalized, the worker must prepare the family and the child for reunification activities. The degree of preparation needed by families will vary, depending upon the extent of prior casework involvement, and the regularity of parent-child visits while the child has been in placement.

When a child and parents have not lived together for many months or years, preparation for reunification is in many ways similar to preparation for adoption. Both parents and child will need help in understanding what to expect. The worker should explain that they may feel uncomfortable at first, and that an initial period of getting to know one another is inevitable. Both parents and child may feel awkward, anxious, and ambivalent, and they may experience a recurrence of negative feelings from the past. The parents must be prepared to experience initial rejection and/or testing by the children. The caseworker must reassure the parents that this is normal and to be expected, and does not mean that reunification will not be successful. Children will also need opportunities to express their ambivalence and fears, their feelings of loss related to leaving their substitute caregivers, and their anxiety about another move.

Visiting as a Reunification Strategy

A series of structured family visits is the best way to implement reunification. Each visit should have a clear purpose. This purpose should be discussed and agreed upon by the worker and family members prior to the visit. After each visit, the worker should debrief and discuss the visit with family members, both individually and as a group. The worker can then help identify and resolve problems, provide supportive feedback, and help family members plan for additional activities to work on identified problems or needs. The visits may continue for weeks to months, depending upon the family's progress toward readiness for reunification. Properly planned visits are both educational and therapeutic for family members, because they prepare family members to constructively deal with issues that are certain to arise as a result of reunification.

Several factors should be considered when making decisions about the location, frequency, and duration of visits, and whether the visits should be supervised. In general, the location of visits should be the least restrictive, most normal environment that can assure the safety of the child. Visits often occur in many child welfare agencies because they are more convenient for the supervising caseworker. Yet, the agency is the least normal, most institutionalized setting in which visits can occur, and the atmosphere may inhibit parents from interacting in a natural manner with their children. Visits should take place, in order of preference; 1) in the home of the parent; 2) in the home of a relative; 3) in the foster home; or, 4) in a public community location, such as a park. The visit should be held in the agency only if the protection of the child cannot otherwise be assured.

The frequency, location, and duration of visits should be individually planned with each family, and should enhance the objectives of the reunification case plan. For most children, reunification visits should be held weekly at a minimum; two or three contacts a week are preferred. Contacts may include telephone calls or parental attendance with the child at routine activities such as counseling sessions, medical appointments, or school events. For infants and preschool children, several visits a week will be necessary to maintain the parent-child relationship. In general, visits should increase in frequency over the course of reunification.

Objectives and activities for each visit should be negotiated and agreed upon by the family and the caseworker prior to the visit. Possible objectives for family visits might include: 1) establishing and/or strengthening the parent-child relationship; 2) instructing parents in child management or child care skills; 3)

working together to solve a problem or develop a plan for reunification activities; 4) helping parents become involved in the child's school, church, or community activities; 5) helping parents gain confidence in meeting their child's needs; 6) helping siblings become comfortable with one another; 7) identifying and assessing potential stressful situations between parents and their children; and 8) giving parents an opportunity to decide whether they want to pursue full reunification.

While most visits should be held in the family's home, visiting in another setting can sometimes offer a therapeutic advantage. For instance, if the purpose of a visit is to help parents acquire more effective parenting or home management skills, this might be most easily accomplished if visits are held in the foster home in the context of the child's usual daily activities. The caseworker or caregiver can model the skills, instruct parents in their use, let the parents try them, and provide immediate feedback and reinforcement. If the family members attend a counseling session together, a visit could occur after the session in a nearby restaurant or a park. The visits should be of adequate duration to achieve the stated objectives. In general, two to four hours is an appropriate length of time. At least a portion of the visit should be allocated for family members to visit in private.

Several overnight and weekend visits should be held prior to final reunification. More lengthy visits at home can further prepare family members for the realities of full-time care. The worker should meet with the family after such visits to identify potential problems, and to help the family develop strategies to deal with them.

Under certain conditions, close supervision of visits by the caseworker or another responsible adult may be necessary. This will be more likely if the worker is using visits to assess whether reunification is possible, since observation of the parent-child interaction during visits can provide important information about several potential risk factors. Visits should always be closely supervised when there is concern that a parent might physically or emotionally abuse a child during the visit, or if a parent is known to often behave in inappropriate or unpredictable ways. Initial visits should always be monitored when the child is visiting with the perpetrator, or when the parent has been known to verbally abuse the child or make unrealistic and inappropriate promises to the child. Finally, supervision is in the child's best interests when the child is clearly afraid to be alone with the parent. In this situation, careful observation by the worker can help identify the reasons for the child's fear.

If the visit must be supervised, the caseworker, the foster caregiver, or the relative caregiver can provide the supervision. Foster and relative caregivers must be prepared by the worker. Supervision includes monitoring to assure that family members stay within the parameters established for the visit, and knowing when and how to terminate the visit, if it becomes necessary to protect the child. If the person supervising the visit is not directly involved in family counseling or coaching, he should maintain a low profile and intervene only if needed. Parents should be allowed privacy with their children, if the safety of the children can be assured. The supervisor can locate himself outside of the visitation room so he can see and hear what is going on without being easily visible.

Caseworkers must intervene when parents routinely fail to attend visits, make unrealistic promises to their children, or exhibit other destructive behaviors during visits. A parent's failure to attend a visit will be less disruptive to the child if the visit has been scheduled in the foster home or in the home of a relative. If the parent fails to visit, the child can participate in normal activities, or can visit with other people who are important to him. The caseworker should stress to parents the importance of visits, and should help eliminate barriers to visits. This might include transporting the children to the visit, or making transportation available to other family members. Reunification planning conferences involving family members, foster parents, the caseworker, and the casework supervisor should also address parents' failure to visit.

At times, children may become upset either prior to or after a visit. There are several possible reasons. Visiting is stressful. Visits often reactivate feelings of loss and insecurity for children, and the child's distress may be exhibited in emotional outbursts or acting-out behaviors. The child may appear to regress and re-exhibit inappropriate behaviors that had been better controlled or eliminated prior to the visit. The child may also be anxious and fearful when with the parent. This is more likely if the parent and child have not seen each other for a long period of time, and are awkward and uncomfortable with each other. Children who have been previously mistreated by a parent may feel unsafe and anxious. Some children may experience loyalty conflicts after visits, and may feel a need to reject the foster or relative caregiver out of loyalty to the parent. Loyalty conflicts are exacerbated if the child has developed very strong relationships with members of the caregiving family, or if jealousy and competitiveness exist between the biological and caregiving parents.

The caseworker should use supervised visits to fully assess the reasons for a child's distress. Once the source of the problem has been determined, the caseworker should consider revising the visitation schedule or structure to lessen the child's discomfort. If a reactivation of feelings of separation and loss are determined to be the cause of the child's distress, the frequency of visits should be increased rather than decreased. The child may feel reassured and less anxious if she knows there will be another visit within a short period of time. If a child's anxiety results from discomfort and awkwardness with a parent, the caseworker's direct involvement to ease the discomfort and facilitate the visit is often helpful. If loyalty conflicts contribute to the child's distress, the caseworker can reassure the child that a choice does not have to be made between caregivers and biological family. It is useful if the worker explains this to both the parents and caregivers, so they too can reinforce this with the child. If the parents feel comfortable with the caregivers, and the caregivers are empathetic and supportive of the parents, loyalty conflicts are much less likely. Finally, if a parent threatens a child during the visit, or if a child does not feel safe being alone with a parent, the visits should be supervised.

The essential involvement of foster or relative caregivers in reunification planning and visiting requires that they, too, be well prepared. The child's behavior may change in response to the stress and uncertainty that accompanies reunification, and caregivers may interpret this to be "regression to all his old ways." At times, caregivers may feel their gains with the child have been eroded, which may result in resistance to the reunification plan. Caregivers may also believe the child has been harmed by the visit and that visitation should cease. Proper training and support of caregivers can help them be constructive and

supportive to both the child and the family during reunification. (See Section IX-C, "Working with Foster and Other Caregivers.")

When several children in a family are to be returned home, the worker should strongly consider reunifying one child at a time, with intervals of several weeks between placements. This may increase placement stability by giving parents sufficient time to adjust to the changes incrementally, thus reducing stress and preventing crisis. This practice also allows each child more intensive parental involvement during the early stages of placement back home. Parental visits with all the children should be continued throughout the reunification process.

Developmental Interventions that Promote Reunification

There are several types of developmental interventions that are valuable in reunification casework. They build upon strengths, enhance motivation, and help family members acquire new skills. These include the following:

1) Identify and point out family members' strengths and abilities

At times, family members may expect to be criticized by others for perceived shortcomings. Their strengths often are taken for granted, if they are recognized at all. During the family assessment, the worker should help the family become aware of their strengths and abilities. This can be done by pointing out behaviors and actions that reflect positive qualities and traits.

Any attribute or behavior that helps family members cope with daily events reflects an existing or potential strength. Many people view life as a process of "getting by," without recognizing the effort that goes into adapting to day-to-day demands. It is not unusual for family members and their caseworkers to underestimate the perseverance and skill needed to survive under challenging or adverse circumstances. These abilities must be recognized as valuable strengths. Examples might be the ability to meet the family's basic needs on a very limited income; maintaining a full-time job while being the single parent of several children; surviving a 24-hour day with four children under the age of five; providing a safe and secure home in a dangerous and difficult environment; providing care to

a child with a serious disability or medical problem; or managing a home while experiencing medical problems.

There are several ways the worker can point out family strengths:

- In the context of observing and assessing the family, the worker can note the things they appear to do well and comment on them;
- When discussing problem situations, the worker can ask family members how they have approached problems in the past, and what they've done that has worked;
- Begin an interview by asking family members to talk about what has gone well or right since the last meeting;
- Ask family members to relate something they like or respect about each of the other family members;
- Ask family members to relate what they believe to be their best qualities;
- Ask family members to think about what they would like to do or become, if the world were perfect; and
- Prompt family members to help one another recognize and reinforce each others' strengths, and tell one another when they appreciate something that another family member has done.

2) *Adopt an Optimistic Outlook*

At times, family members may have an unrealistically negative or pessimistic perspective, whereas realistic optimism is more likely to generate motivation to change. This can be illustrated by the classic adage, "Is your cup half empty or half full?" Someone with a "half empty" perspective typically focuses on a desired end point, and can only see how much more is needed to achieve the goal. The typical emotional response is pessimism, characterized by feelings of failure, "what's the use," and a loss of motivation to continue. By contrast, the "half full" perspective also focuses on a clearly stated goal, but success is measured in the gains made from the starting point. Recognizing success in getting this far increases motivation to continue.

Example #1

(Worker) How did your interview go?

(Ms. Ott) Okay, I guess.

(Worker) Tell me about it.

(Ms. Ott) I don't think I'll get the job. They didn't seem very interested in me.

(Worker) What did they say?

(Ms. Ott) That they'd call me. But I'm sure they won't. I forgot to tell them a lot of the things we talked about. And I'm sure they have a lot of people who are a lot more qualified. It was a waste of time.

- (Worker) So you think it wasn't worth it to even go?
- (Ms. Ott) I guess I don't.
- (Worker) You know, I see it differently. A month ago you were afraid to even look for a job. You didn't think you could get through an interview. Yet today you got on the bus, went downtown, and talked to a perfect stranger about your qualifications. Don't you think that took guts?
- (Ms. Ott) I guess.
- (Worker) You know, very few people get the first job they apply for. In a tight job market, you might have to interview for ten jobs before someone hires you. But, each time you do it, you'll learn something new, and you'll do better each time. I think it sounds like you did well for your first time. What do you think you did right?
- (Ms. Ott) Well, I did tell him about my other jobs, and gave him the names of my supervisors.
- (Worker) Good, that was important. What else.
- (Ms. Ott) I don't think I was too pushy; I tried to be polite. But I was friendly, too. I guess that's all.
- (Worker) Well, I think those are all very important. Did you learn anything that will help you next time?
- (Ms. Ott) I should make a list of everything I want to tell them before I go, and take the list with me so I don't forget anything.
- (Worker) I agree. I don't think this job interview was useless at all! I think you've gained from it.
- (Ms. Ott) I suppose you're right. I never looked at it that way.

Example #2

- (Worker) How did those discipline strategies we talked about work out?
- (Father) They don't work. Rodney is just as bad as he's always been. He's going to do his own thing, come hell or high water.
- (Worker) How did you feel about trying time-out?
- (Father) You want the truth?
- (Worker) Sure, I always want the truth.
- (Father) I felt pretty dumb. I'm standing there trying to keep this kid in a chair, and he keeps getting the better of me by running away. After a while I'm wondering, "Who's boss here anyway?"
- (Worker) So you don't think it worked?
- (Father) Not really.
- (Worker) Did you ever get him to sit in the chair?
- (Father) Yeah, after about the fifth time.
- (Worker) Would it surprise you to know that's how it is with most kids? Three year olds will test you to the limit. But it sounds like you stuck with it and, in the end, got him to sit still. Did he finally settle down?
- (Father) He squirmed a lot and sucked his thumb, and looked at me like he hated me.
- (Worker) But he quit screaming?
- (Father) Yeah. I guess he did. But it won't stop him from doing it again.

(Worker) No, you're right. Once in time-out won't stop the tantrums. But, if you keep at it, you'll be able to stop a tantrum from happening by warning him about time-out. Sounds to me like you did fine for a first time. Actually, I'm really pleased you stuck it out, even when you didn't like it! I give you credit for stamina!

(Father) Hard-headed is more like it.

(Worker) Well, hard-headed has its virtues now and then, don't you think?

3) Help family members reinterpret negative self-assessments by identifying and discussing their positive attributes.

Cognitive psychology suggests that negative self-assessments have a powerful influence on self-esteem, confidence, and motivation. In addition, poor self-esteem and lack of confidence predispose people to evaluate themselves in negative terms.

Cognitive restructuring is a term that means helping people rethink their beliefs and perceptions, and look at things in a different way. Workers can help family members reconsider their views, beliefs, and perceptions by offering alternative ways of thinking about them. This is particularly useful when family members have heard and internalized many "negative messages" about themselves. Many people have never identified certain attributes or traits as strengths, and do not know how to use them purposefully toward a positive end.

The caseworker can help family members reexamine and alter their behaviors, activities, and self-perceptions by reinterpreting their negative self-assessments in a more positive light. The worker's interpretations must always be realistic, however. False praise will generally be recognized as false.

Example #1

(Mother) I know I would have hurt Teddy eventually. I couldn't stand to have him around me. I know I could have killed him. How can anyone feel that about a six year old? But I would have hurt him. I had to send him away. He knows it too, and he hates me for it. As far as he's concerned, I've abandoned him. Who knows – maybe he's right, and it's too late to change it.

(Worker) I think it takes courage to admit that you feel violent toward a child, and to develop a safety plan to protect him. That's what you did, you know. You didn't abandon him, you didn't leave him in an unsafe place, and you didn't kill him. You found a good person to care for him. You were smart enough to do something before you hurt him. Let's work together to try to understand why you feel as you do. That's the first step in changing it. And, more than likely, it's not too late to change.

Example #2

- (Father) It's all my own fault. I don't like to say so, but it is. I can't keep my temper, and I lost my kids because of it.
- (Worker) Why do you say it's all your fault?
- (Father) My wife says I'm the cause of my own problems – if I didn't shout and swear and tell people off, I'd be a whole lot better off. She's probably right. But I can't hold things inside. I get mad, and I blow. I tell people what I think. You should know; I've yelled at you enough times. My wife says it's why they fired me, too. But, I'm mad all the time. Seems about everything! But I shouldn't take it out on the family. I know I shouldn't show it.
- (Worker) You know, this may sound strange to you, but for me, your yelling is a type of honesty. You don't hide things from me. You say what's on your mind, and you're not afraid to say what you mean. I can handle your yelling. With everything that's happened, you have a lot to be angry about. And your anger won't put me off, as long as I understand why you're feeling angry. It's important that you keep letting me know how you feel. We can also work to help you find better ways to communicate your anger than by yelling.

4) *Help family members break complex and overwhelming tasks into their component parts and work on small steps*

Many human behaviors appear, at first glance, to be deceptively simple. Yet, when we analyze the individual activities and steps that go into completion of a task, we are often surprised at the complexity of something we thought so basic.

Many complicated tasks are easy when we have mastered the prerequisite knowledge and skills. Yet, we often take the knowledge and skills we've developed for granted. We tend to forget the lifelong process of learning that helped us develop the many abilities we habitually use to solve problems and complete tasks.

Many of the skills family members must learn in order to provide safe and nurturing care for their children are very complex. In order to devise developmental case plans, the first step is to dissect complex activities into their component parts, and construct a step-by-step action plan. The worker should help family members master each step of the plan independently, which not only increases success, but provides an opportunity to learn problem solving and other skills by partializing and dealing with one thing at a time.

Case Example: Emma

The home-based services worker wanted to help 17-year-old Emma learn to care for her two-month-old son sufficiently to permit reunification. The baby had been placed with Emma's mother shortly after birth because he had been seriously neglected while in Emma's sole care. The worker determined that, among other things, Emma had not been feeding the baby properly. Emma said the nurse had explained everything to her before she left the hospital, but she didn't remember it all. Emma and the worker together decided to use Emma's visits with the baby to learn better parenting methods. They would start by teaching Emma to properly feed her son.

The worker began by making a list with Emma of the steps in feeding her son, and then walking her through each one individually. Using modeling, coaching, and feedback, the worker was able to help Emma master bottle feeding. The list of steps the worker devised with Emma looked like this:

- a) Talk to Emma about what the baby should be fed for healthy nutrition;
- b) Help Emma learn what formula and baby food to buy, where to buy it, and how much she would have to budget each week for the baby's food;
- c) Read through the instructions on the box or can with Emma so she understands how to prepare it;
- d) Make sure Emma knows how to measure and mix liquids;

- e) Make sure Emma has the proper equipment and knows how to use it (baby bottles, nipples, baby spoons, etc.)
- f) Teach Emma to recognize the baby's behavioral cues of hunger, and to differentiate them from behavior cues indicating the baby is wet, cold, or tired;
- g) Teach Emma to test the temperature of formula and food, and make sure she knows what temperature is best;
- h) Show Emma how to hold the baby while giving the bottle, and how to sit the baby and use the spoon to feed the baby cereal;
- i) Teach Emma how much food should be given at each feeding; and
- j) Teach Emma how and when to burp the baby.

The list was valuable in several respects. First, it reaffirmed for Emma that feeding her new baby was, indeed, a complicated undertaking, and she felt less of a failure for not doing it right. Second, it helped the caseworker fully understand how complicated the task appeared from Emma's perspective. Finally, the worker taped the list to Emma's refrigerator, and when Emma completed an item on the list, she and the worker checked it off. When they had completed the whole list, Emma felt very proud at how much she had learned. She and the worker then prepared a second list to teach Emma to bathe the baby.

5) *Model New Behaviors*

Research suggests that people learn and remember a small percentage of what they hear, a little more of what they see, and quite a lot of what they do. This means that family members will better learn new skills when they can watch and participate in the learning process, rather than being told how and what to do.

Caseworkers can transmit new skills through a strategy called modeling. The worker demonstrates how something is done, one step at a time, and makes sure the learner can repeat the step before moving on to the next one. Once the learner has mastered the steps, the worker and learner go through it together several more times. First, the worker and learner do the task together. Second, the worker coaches the learner through an independent try. Third, the worker watches the learner, prompts only when necessary, and positively reinforces good performance. Finally, the learner performs the task independently, and asks the worker for assistance if needed.

Workers can help family members learn a variety of skills by modeling, including: basic child care skills; housekeeping and home management skills; child management and discipline strategies; techniques to play with children, nurture them, and promote their development; and problem-solving skills.

Post Reunification Family Services

There is no aspect of child welfare practice in which family systems theory is more relevant than reunification. The reunification of a child after a lengthy absence changes the family structure and functioning in significant ways. Even if the child and family have maintained contact during the separation, the child's reintegration into the family will still alter the family system and create stress for all family members. Reunified families often encounter problems and issues similar to those faced by step-families or families created by remarriage. The absence of support for the family during the critical early stages after reunification can doom reunification efforts.

Intensive, in-home supportive services should be considered a valuable agency resource to help prevent placement disruption once a child has been returned home. The family should also be linked to community support networks and services. Parent support groups, respite care providers, mental health or family counselors, and other community service providers can help strengthen and sustain the family. Family services after reunification are not significantly different from in-home services designed to help families retain custody of their children. However, it is valuable if the family has access to counselors with special expertise in working with step and reconstituted families.

When the family has been stabilized, and a risk assessment has determined the children to be at little to no risk at home, the worker can consider closing the case. However, the worker should assure that the family has the knowledge and

resources needed to access supportive services within its own family and community.

When Reunification Fails

Reunification case plans should specify an expected time frame for reunification to occur. As with any case plan, the reunification plan must be reviewed and revised as necessary. In most cases, this should occur every few weeks. If the family is working successfully toward reunification, but more slowly than expected, expanded time frames can be negotiated. However, if the agency has made reasonable efforts to support reunification, and the family does not comply with the reunification plan, the worker must consider termination of parental rights, and the formulation of a permanent plan for the child.

In these situations, it is important that the caseworker help the child understand the reasons for termination of contact with family members, and fully explain that a permanent family will be sought for the child. The child should be provided with a Lifebook and a "story about you," to explain the circumstances that led to placement, and the reasons reunification was not possible. Adoption or other permanency planning should be initiated. (See Section VII-C, "Placement Strategies to Prevent Trauma," for information on developing and using Lifebooks, and stories for children in placement. See Section XI-C, "Preparing a Child for Adoption," for information on preparing a child for adoptive placement.)