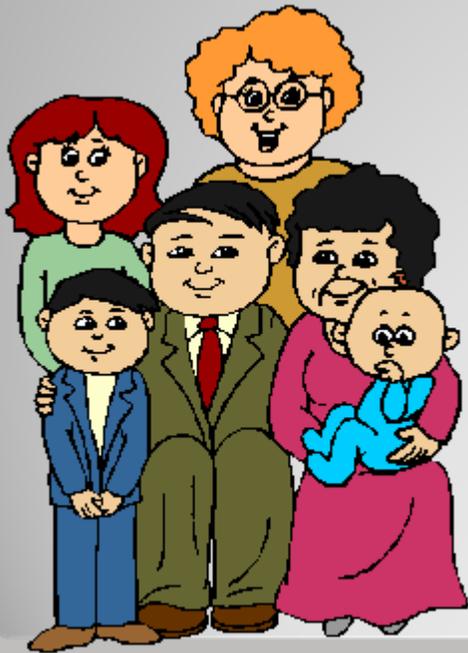


FAMILY INTERACTION: THE EXPRESSWAY TO PERMANENCY - FACILITATING SUCCESSFUL VISITATION



- *Prepared by:*
- *Norma M. Ginther, M.S.W.,
L.I.S.W.*
- *Jeffrey D. Ginther, J.D.*
 - *From*
- *The Institute for Human Services*
 - *Prepared for:*
- *Western Wisconsin Training Partnership*
 - *At The University of Wisconsin*
 - *River Falls, Wisconsin*

Nuts and Bolts



Developing
Planned, Therapeutic
Family Interaction

NORMALIZED FAMILY CONTACT FOR CHILDREN

- Least restrictive, most family like environment
- Parents performing activities as they normally would
- Parents taking full responsibility for the safety and well-being of their children



Case assessment by family contact specialist in collaboration with case social worker

- Model best parenting practices with families
- Agencies must take minimum risk
- Never do anything for a child that a parent can do.
- Constant review of FI with parents and children
- Allow parents to make the plans and support them
- Permanency is always the goal - LIFEBOOKS
- Foster parents must be specifically trained to work with birth parents and assist in the supervision of family contact.

Assumptions!

1. Agency must approach contact the opposite of how we have.
2. Family permanency is not built on reward/punishment.
3. How often can you come?
How can I help get you here?

Basic Elements of Family Interaction Plan

- Frequency
- Length of time
- Location
- Supervision
- Participants
- Support Services
- Activities
- Case identification information
- Reasons for child being in care, risk to the child, ways to protect child if child needs to be protected.



The program must include:

- A center with a home like atmosphere
- Access to public transportation or in neighborhoods of highest removal
- Program directed by trained attachment therapist
- Case assigned a trained family interaction specialist

Caseworkers' Role/Responsibility

- **Develop, implement and revise plan.**
- **Prioritize facilitation of plan.**
- **Support the parent, foster family and child.**
- **Inform parent of their responsibilities.**
- **Assess family attachment and extended family connection.**
- **Evaluate success of plan.**
- **Supervise Family Interaction, if needed.**
- **Work with child and parent over setbacks in plan.**
- **Provide conflict resolution to the plan.**
- **Stress to all that safety is sole responsibility of parent.**

Parents' Role/Responsibility

- Insure emotional and physical safety and well-being of child.
- Provide or support transportation, whenever possible.
- Attend Family Interaction as scheduled 📞
- Call in advance to cancel and discuss cancellation with child.
- Take on parental role to meet child's needs.
- Respond to direction during visits.
- Follow agreed-to rules and conditions



Foster Families' Role/Responsibility



- Assist or provide transportation of child.
- Have regular on-going contact with parent.
- Permit Family Interaction in foster homes.
- Active in arranging Family Interaction.
- Document behavior before, during, and after.
- Encourage contact and support child.
- Have child ready to participate.
- Pack clothing and other essentials for overnight.
- Help child accept separation from parent – life book opportunities.
- Notify caseworker of any unplanned activity that occurs.

CONTACT MUST BE CHILD SPECIFIC



- Child's ability to self-care
- Family's willingness/ability to get help
- Child's request for and reaction to visits
- Divided loyalty/chaos at home
- Developmentally appropriate activities
- Therapeutic needs of child
- Consider child's schedule

Parent/Child Relationship Neglect

- Lack of knowledge
- Immature
- Ambivalent
- Living conditions – poor
- Rejection/unwilling





Parent/Child Relationship Physical Abuse

- Inability to manage anger
- Limited child management skills
- Philosophical commitment to corporal punishment.

PARENT/CHILD RELATIONSHIP: SEXUAL ABUSE

- Different from physical abuse/neglect – it is the disabling condition
- Not curable, can be managed
- Child contact with the perpetrator with should be based on the child's therapy
- Support non-offending parent to build attachment for child and receive counseling
- Supervise until non-offending parent takes responsibility for safety of child
- Watch for failure to protect.

Special Conditions Affecting the Parent

- Drug or alcohol addiction
- Incarceration
- Parental non-compliance with Family Interaction
- Issues of foster parents
 - * Extra supports to assist parent
 - * Putting aside biases



Phases of Family Interaction

- I. Initial

- II. Middle

- III. Transitional



Initial Phase

Characteristics:

- Builds relations
- Assessment/Goal setting
- Ten to Twelve weeks
- People uncomfortable
- Pressure on child
- Close supervision
- Supervisor plays important roles
- Levels of supervision – fade in/out



Initial Phase Reasons

- Assessment
- Mediate
- Problem Solve
- Assess ability to provide safety
- Demonstrate strength resources
- Identify impediments to reunification
- Modeling/Facilitate goals

Middle Phase

Characteristics:

- Responsibility shifts agency to parent
- Work toward goals
- Activities chose to provide learning/practice
- Collaboration of agencies
- Timing and reconnection assessed
- Consider change in arrangements
- More often/longer
- Time – months to years



MIDDLE PHASE REASONS

- ❖ Forum for parents to show growth
- ❖ Facilitate progress
- ❖ Demonstrate reduction of risk
- ❖ Show timing
- ❖ Reactions to family interactions
- ❖ Messages sent
- ❖ Shift responsibility
- ❖ Use community supports

Transition Phase

Characteristics:

Case goal in sight
Secure services after
return

Plan ahead

Maximize contact
Evaluate remaining
stressors



Transition Phase Alternative Permanent Placement

- Three Critical Messages:

I love you

I can't take care of you

I give you permission to love
someone else

- Video and/or letter

- Parents role changes

