

CLINICAL ISSUES FOR CHILDREN IN KINSHIP CARE

Loss

The most obvious loss for a child is the loss of a parent. Often, children believe that it is better to have an abusive or absent parent than to not have any parent at all. The children's loss of the sibling is another thing. We often know that older siblings take on a parentified role, where they care for their younger siblings when their parents don't care for them. Sometimes the loss of a parentified sibling may be just as hard as the loss of a parent. Many children may tolerate the loss of their parents if they are placed in the same home as their siblings.

The child's loss of privacy and space, loss of a place to come home of their own, or having their own bedroom is something that's very difficult for children and youth as well. The children's loss of normalcy, so children may state, "I wish I live with my parents like other kids, or my friends, or I wish I had a normal parent like other kids," is something that they usually state. They may fabricate stories about why they're living with their relatives by stating like, "My parents are in the hospital, or my dad is in the service, or my mom is working in another city."

The child's loss of rights, privileges, and entitlements. They might feel indebted rather than entitled to live with their relatives. Child's loss in relationship is the last one. Before living with their relatives, the child may have viewed the relative as unconditional, loyal, and forgiving, just a private confidant or a friend, not a disciplinarian. That might be a really difficult thing for a lot of the children and youth that might be living in your home with you. The role of a protector has now become the enemy as you must now act like a parent to the child. That's always very difficult for them.

Rejection & Abandonment

Children try to justify and rationalize why their parents couldn't keep or properly care for them. Feelings of rejection and abandonment, however, may still be subconsciously prevalent or simply denied.

Guilt & Low Esteem

Children may experience guilt and low self-esteem as they internalize responsibility for causing their parents to place them with a relative, perceiving themselves as burdens to their parents, and now to their kinship caregivers, or feel inferior to other children, relatives, and siblings who are not in care. Feeling inferior or different from other children may also be a source of low self-esteem for children in kinship care. Some children seem to find living with divorced or separated parents more socially acceptable than living with their relatives.

A child's anger and resentment may arise from, or be directed at the parents, relative caregivers, or agency court system, or professionals. Children may be angry with their parents for allowing themselves to be put in a situation that resulted in the child's placement, taking advantage of relatives by giving them additional children and responsibilities, choosing to give them away instead of another sibling, choosing to conceive additional children while the child is still in placement, continuing to have the same problems that resulted in the child's initial placement, such as drug problems, employment, evictions, incarceration, and thus failing to regain custody. Parental conflict with kinship caregiver and not keeping visits, contact or promises, can also be a thing that the child would be angry about. The parent's lifestyle, which causes embarrassment for the child is also very difficult for them.

Anger & Resentment

The child may be angry with or resent the kinship caregiver for agreeing to receive the placement of the child in their home, reasoning that if you hadn't taken me, then I'd still be placed with my parents. They may also resent the caregiver for petitioning for custody or guardianship, or taking legal action against the parent, such as putting a restraining order or reporting abuse.

Split Loyalties

The child may experience divided loyalties among the kinship caregiver, the parent, the siblings, and professionals. These divided loyalties become a problem for the child when the recipient of the child's loyalty are in competition with each other. The child is given an ultimatum to choose between loved ones or risk rejection, or the child has manipulated or triangulated by individuals to whom the child is loyal to.

A major source of embarrassment for the child in kinship care is the discovery by others that the child is not being raised by their own parents. The two most embarrassing situations for children in kinship care are when the age difference between themselves and their caregiver is visible, extreme, and obvious, and when the relative caregiver is unable to publicly participate with them in normal parent-child activities, such as parents and sports events, or father-daughter dances.

Sabotage

Relative placements are easily subjected to disruption by children as non-relative placements. A child's attempt to sabotage may be out of fear of losing contact with their parents, or they may be hopeful that by acting out, they may return with their parents.

Redefining Boundaries & Relationships

Accepting the exchange of roles between the kinship caregiver and the parent is one of the most difficult tests for the child. The child must adjust to seeing the relative as the primary caregiver, decision-maker, authority figure, and disciplinarian, and the parent as a supporter or advisor only. Some of the things that you might see on just in the behaviors that the kids might demonstrate is, they might test you constantly, they might defy you, and resenting the caregiver's authority is something that's a very common thing that you might see in the children that are placed in your home.

Other things will also be: feeling as though the parent should have authority, resenting the caregiver having authority over the parent's involvement, encouraging the parent to defy the caregiver's authority and control, becoming angry with the parent for accepting the caregiver's authority, complaining to the parent or professional about the caregiver's misuse of or abuse of authority, manipulating and attempting to split the caregiver and parent. This is especially seen if there's conflict between the parents and the caregivers.

Morbidity & Mortality

The child in kinship care is often concerned with issues of illness and deaths. They may question who will take care of my mom and dad if I'm not there, who will take care of grandma and grandpa if they get sick, or who is going to take care of me if everyone gets sick or dies. These are concerns that may be triggered by previous losses and separations. The kinship caregiver's age and medical condition associated with aging, and the child codependency with the parent and the caregiver.

CLINICAL ISSUES FOR KINSHIP CAREGIVERS

Loss

Those who take on the care of the kinship child or the youth may experience multiple losses, interrupted life cycles, such as postponed plans of retirement, or second career, delayed goals, intrusion on space and privacy, and changes in the caregiver's role and relationship with the child or youth and the children's parents.

Redefining Boundaries

Changes in the caregiver's roles and boundaries occur not only with respect to the child, but also with respect to the child's parents. Relationships with the parents are redefined as the kinship

caregiver undergoes a transformation from supporter to primary caregiver, from advisor to decision-maker, and from friend or peer to authority figure. For example, the relative may have the authority to determine if, when, how, and where the parent may visit or have contact with the child. Boundaries will shift and the child may feel confused and resentful towards relatives bossing him or her around and telling the parents what they can and cannot do.

Guilt & Embarrassment

Kinship caregivers may experience guilt and embarrassment if they feel responsible for the parents' loss of the child. Many relatives, especially grandparents, wonder if the parents' problems are as a result of their own failures as a relative or a parent. Kinship caregivers may also feel guilty about being able to care for the child better than the parent did. Embarrassment and guilt may result from the caregiver reporting or giving information to agencies. They may have negative impact on the parent's image. Finally, embarrassment may arise when the caregiver must request services from public agencies, such as TANF, or medical, financial and medical health services.

Transference & Projection

Transference and projection arise when the kinship caregiver has an unresolved issues with the parent, that are then transferred or projected to the child. For example, acknowledging the child's resemblance to the parents is usually the highest compliment that can be paid to a child and a parent. If the comparisons and resemblance are considered negative, though, then the child is subjected to ridicule and misplaced feelings from the caregiver.

Split Loyalty

Split loyalties, this dilemma arises when the caregiver must place the needs of the child before those of the parents, whom the caregiver may have known first cared for or been otherwise attached to. Many kinship caregivers, especially grandparents, have been the recipients of comments from parents, such as, how could you report me, I'm your child? Or you can take care of the baby, then you can take better care of the baby than you did me, or you never let me get away with that. I'm sure a lot of you guys have heard that one a lot.

Anger & Resentment

Kinship caregivers' anger and resentment may arise from or be directed at the parent, the child, the agency or professionals or themselves. Resentment and anger towards the parent may be due to attempts to be reunited with their child, but the relative's opinion that the parent is irresponsible.

Kinship caregivers may also feel resentment towards the child in their care due to the child's affection, loyalty and identification with the defense of the parents. Child's desire to return or maintain contact with the parent, or behavioral problems such as acting out or ungrateful attitude. Kinship caregivers may also resent or be angry with professionals, community agencies and institutions, for taking the child from the parent, if the caregiver feels that the removal wasn't just. Allowing the parent to have contact with the child, considering the return of the child to the parent, not providing adequate supportive services, such as funding, legal assistance, daycare, or having a difficult criteria of requirements in order to become eligible for formal or legal caregiver status or for kinship care funding. Finally, kinship caregivers are sometimes angry at themselves for deciding to become caregivers. Caregivers may be angry at themselves for taking the responsibility of caring for a child after raising their own children. Not being selfish enough and helping parents avoid their responsibilities, but not wanting the children to have end up in foster care.

Child Rearing Practices & Responsibilities

Many kinship caregivers are challenged by the changes in child rearing practices that have been taking place since they've last raised a child. What was once considered normal, appropriate and legal, a legal form of discipline, punishment and limit settings may now be considered abusive or illegal. Kinship caregivers are confronted with the need to learn non-corporate approaches to discipline, and limit settings such as denying privileges, verbal reprimands and positive and negative reinforcement. Kinship caregivers may also need an education update to learn how to use computers, or the new math to assist a child in completing their homework assignments. Kinship caregivers may also confront unfamiliar behavioral, emotional and learning disabilities that may require medication or specific behavioral interventions and teaching techniques. It's something to think about, that receiving these services for the kids, if they need additional services, if you don't have full legal custody, you might have to make negotiations with the court systems, with the child advocates, child welfare system, and the parent as well. It's just something to keep in mind, that if you are seeking services for the kids, you might have to go through jumps and hurdles before you can get there, that's if you don't have the full legal guardianship.

Morbidity & Mortality

An elderly relative may not live long enough, or be physically able to complete the raising of the child, especially a very young child. Most kinship caregivers need supportive services and systems in place to compensate for their physical and emotional limitations. Caregivers should develop morbidity and mortality plans to ensure the child's continued care if the caregiver should die or become physically or emotionally incapacitated.

Overcompensation & Competition

Many kinship caregivers feel extreme empathy and sympathy for the child and parent, given their history of domestic violence, child abuse, or neglect, among other things. The caregiver may try to make up for the child's past losses and traumas. The task for the caregiver is to provide the child with balance. Balance and consistency are needed to offset an extreme deprivation, and instability, and overcompensation only reinforces the child's perception of human behavior, and life as extremes, rather than balanced. Part of the balancing process, is finding a middle ground between being flexible, and being firm, between nurturing, and disciplining.

We'll talk more about this in a little bit when we talk about the different types of parenting styles. Many relatives speak of feeling forced into a competition with the parents, court agencies, and even the children by trying to prove that they are qualified and able to parent and raise the children better than their parents.

Fantasies

Many kinship caregivers often express the hope of seeing the parent and the child reunited. Such fantasies may be problematic if the caregiver isn't able to accept the reality of the parent's needs and limitations. Problems also arise if the caregiver isn't unable to protect the child from the parent because of those fantasies.

Redefining Relationships

To successfully assume a parental role, the caregiver must list it from the child's dependency, confidence, and respect for the caregiver, as a provider, protector, and authority figure in a parent/child relationship. Grandparents who take on the responsibility of raising their grandchildren, must accept that they are now the disciplinarian, independent, and not in need of the child's approval or support. The grandchildren must give up the role of little helper.

PARENTING SUPPORTS

Parenting Styles

It's just important to note that most research on parenting shows that there are four different types of parenting styles, however, that does not mean that these are the only ways to parent. Depending on one's culture and environment, one's parenting style may emerge as a more effective way to parent for you. However, after hearing about these different parenting styles, you may learn that parenting differently may be more effective.

The different parenting styles include permissive, authoritative, uninvolved, and authoritarian. The very responsive parent would be high control, and high warmth, so that would be the authoritative parenting style. What you would see from that kind of parenting style, is that they're supportive and have rules, but they're also assertive and flexible. The high-demand parent would be high control and low warmth. That would be the authoritarian parenting style. They focus on obedience and rules. If I say jump, they say how high.

The unresponsive parent would be the low control and low warmth. That would be the uninvolved parenting style. They demonstrate un-interest, distant and neglectful towards their children. Then the last one is the low-demand parent, and that would be low control and high warmth. That would be the permissive parenting style. That's where they have no rules, they're indulgent and enabling.

Research shows parenting with the balance is very effective. Be supportive and have rules. Be flexible. Knowing right from wrong, and caregivers helping the children to understand. All of that is also very helpful. In doing all of those things, you're parenting with a balance. That's something that we've seen has been very effective with a lot of the children that you might have in your home.

Good Attachment

Parenting with the balance is important because it creates a supportive and consistent environment, which leads to good attachment. It's also a way to provide some guidance when everything is chaotic, or you're not sure what to do as a caregiver.

Buttons

Now let's talk about some of the supportive tools that you can use when you might be dealing with a difficult situation. We must begin by identifying our buttons, what triggers or annoys you. Something important to think about can be reflected in this quote by Andy Smithson. The sign of great parenting is not the child's behavior, The sign of truly great parenting is the parent's behavior. It's just very important to look at yourself as a parent and see what you are doing that is reflecting on the child's behavior.

Once again, I would like you to take a few moments and reflect on this. What pushes your buttons as a parent? I want you to think of what annoys you, what may be the kids do that really push your buttons or that just you can't handle sometimes. What happens when your buttons are pushed? How do you react? What do you do? What do you need to regulate yourself? What are some techniques or things that help you in staying calm, and just regulating yourself before you explode.

Regulate, then relate, then reason.

This statement was made by Dr. Bruce Perry, which is a psychiatrist that focuses on children's mental health and neurosciences, as it relates to the child's brain development and the impact of trauma on a child's brain.

Talking

You might get questions from the relative children that are placed in your home or that are living in your home with you. It's important to talk. These are some of the questions that might be helpful that maybe they may ask you, and it's good to be prepared to see how you're going to respond if they do ask you these questions. Where is my mom and dad? Why don't they live with us? When are they coming back? Do they miss me? Why do other kids have parents and I don't? Did I do something wrong? Some tips for talking with your children is: Be open and approachable. Allow your kids to ask questions without getting upset. Be patient and thoughtful as your child works through this process. Plan talking points. Tell the truth if it's age appropriate or you feel like the child in your home can handle it. Validate their feelings. Avoid bashing the biological parents. Share positive memories. Avoid comparing them to their biological parents. Then give them tools to cope. Some of the tips or some tips for you to do to help your child cope, is check-in with your child. We had a hard discussion about your parent today, how are you feeling? That's a good question to ask all the time, are you doing okay? I know we had a really difficult conversation. Always check in with them.