

Behavioral Indicators for Reunification Planning*

Ambivalence: Mixed feelings or emotions, or the co-existence of opposing attitudes or emotions.

Readiness: Mentally disposed, or willing to do a specific action.

Caregiver/Child Ambivalence

1. Overall Caregiver/Child Ambivalence		
Clear Strength	Baseline/Adequate	Serious Problem
Both child(ren) and caregiver(s) are eager to reunite, as evidenced by both verbal and behavioral expression of desire to be together. Family receives mild to clear strength rating on the items in this domain (Parent/Caregiver Ambivalence Towards Child; Child Ambivalence Towards Parent/Caregiver; Ambivalence Exhibited by Substitute Care Provider; Disrupted Attachment; and Pre-Reunification Home Visitations.)	Both child(ren) and caregiver(s) say they want to be together; one or both may be apprehensive or nervous about reunion, but that apprehension is determined to be due to uncertainty about capability, rather than competition for affection, substantive inability to parent, or significant unresolved treatment issues. Some mild problems may be present on the items comprising this domain, but family is working to resolve those issues.	Child(ren) and/or caregiver(s) express serious reservations about being together, either due to fear of future harm, strong negative affect by one or both parties towards the other, previous history of removal of this or other child(ren), and/or prior failed reunification efforts. Generally problematic or some strongly negative ratings on the items comprising this domain.
2. Parent/Caregiver Ambivalence Towards Child		
Clear Strength	Baseline/Adequate	Serious Problem
Caregiver responds appropriately to child, both verbally and non-verbally. Caregiver receptive and responsive to services designed to support reunification by bringing the caregiver and child closer together, and is willing to attend to child's needs before their own. Caregiver acknowledges and accepts responsibility for role in family difficulties leading to removal.	Caregiver generally responds appropriately to child, but may harbor some resentment or occasional feeling of intrusion or excessive demands by child. Caregiver accepts some responsibility for family difficulties leading to removal and is making progress in this area. Generally positive feelings towards child, but may need ongoing support or additional services after reunification.	Caregiver purposefully abused/neglected child in the past; expresses disaffection towards child; associates negative feelings towards child with negative feelings towards child's other caregiver; originally requested removal of child. Caregiver claims not to understand child, fails to respond to child appropriately, or responds very inappropriately; expresses disillusionment with child, feels anger or a sense of violence towards child, and/or resents child's interference with caregiver's own life. Caregiver blames child for family difficulties leading up to removal; caregiver has refused to respond to services intended to achieve reunification.

Behavioral Indicators for Reunification Planning* (continued)

3. <u>Child Ambivalence Towards Caregiver</u>		
Clear Strength	Baseline/Adequate	Serious Problem
Child is very comfortable in presence of caregiver; expresses love for caregiver. Child responds appropriately to caregiver affection, expressions of love, and exercising of caregiver responsibilities (limit setting, discipline.) As appropriate to age, child exhibits a desire to live with caregiver; acknowledges and accepts any responsibility child had for family difficulties leading to removal; has responded to and engaged in treatment or services intended to effect reunification.	Child is generally comfortable in caregiver's presence, but may respond fearfully or withdraw if caregiver becomes angry or if family tensions arise. Generally responds appropriately to caregiver affection, but may resist caregiver limit setting or discipline. Does not always acknowledge caregiver authority or responsibility. Child expresses a desire to be with caregiver, but expresses some reservations about caregiver's desire to be with child. Child is somewhat conflicted by desire to return home, leaving behind feelings of security or comfort afforded during period of substitute care.	Child is fearful of caregiver. Child experienced serious physical or emotional harm prior to removal and holds caregiver responsible (verbally or behaviorally.) As appropriate to age, child verbally or otherwise expresses fear, mistrust, anger, or feelings of violence towards caregiver; feels that caregivers limits are too strict; is embarrassed by caregiver; states that he/she will not stay with caregiver to work out problems that may arise in the future.
4. <u>Ambivalence Exhibited by Substitute Care Provider</u>		
Clear Strength	Baseline/Adequate	Serious Problem
Substitute care provider has always expected reunification to occur; supports reunification philosophically; is willing to work with, and/or be a resource for, caregiver to achieve successful reunification.	Substitute care provider understands policy on reunification, but has bonded with child and is experiencing feelings of separation/loss. As age appropriate, child feels or behaves with reciprocity. Substitute care provider expresses some reservations about caregiver's ability to adequately care for child, but is willing to give caregiver a fair chance at resuming role as caregiver.	Substitute care provider opposes reunification; threatens or has taken legal steps to block reunification; strongly views caregiver as flawed or unworthy of return of child; has provided/promoted different socio-economic environment (e.g., food, clothing, play items, recreation) for child and uses that difference to sabotage reunification efforts. Substitute care provider has denigrated caregiver to child, actively expressed view of caregiver's inability to resume parental/caregiver role.
5. <u>Disrupted Attachment</u>		
Clear Strength	Baseline/Adequate	Serious Problem
Both caregiver and child long to resume intimate family relationship. As age appropriate, each acknowledges the strengths and limitations of the other, and is willing/eager to resume relationship with accommodation to limitations.	Child and/or caregiver acknowledge that separation has been painful and have worked/are working to repair relationship. Relationship reparations include counseling or other treatment regarding development and age-appropriate expectations, to effect reconnection between child and caregiver.	Child or caregiver or both express marked feelings of lost attachment to the other. Period of separation has been very long, and/or child was removed at very young age, and has developed/aged/bonded in relation to persons other than the caregiver. Child is at a markedly different stage of development (particularly for older children) than when removal from caregiver occurred. Caregiver may have had another child or joined another family unit and has transferred affection/attention to other persons.

Behavioral Indicators for Reunification Planning* (continued)

6. Pre-reunification Home Visitations

Clear Strength	Baseline/Adequate	Serious Problem
Both caregiver and child (as age appropriate) exhibit positive anticipation of home visits. Caregiver plans activities or special time together with child and executes those plans. Home visitations have progressed well in terms of increasing frequency and duration and decreasing necessary supervision. Visitations are incident-free; child and caregiver express sadness/sorrow that visitation period ends.	Caregiver and child (as age appropriate) are working out issues and re-establishing roles during home visitations. Some minor incidents may arise, but caregiver discusses them with service provider and uses them as opportunity to learn more and prepare for next visit. Child and/or caregiver complete visits with minor reservations about longer-term reunification, but continue to work to resolve differences or issues.	Caregiver has not participated satisfactorily in scheduled home visits; has missed visits; has failed to supervise child adequately during visits; has requested early termination of visits; has allowed family issues to escalate into incidents of high tension or even suspected abuse/neglect of child. Child has requested early termination of visits; has refused to stay with caregiver; has reported maltreatment (substantiated or not) at hands of caregiver during visitations.

Readiness for Reunification

1. Overall Readiness for Reunification

Clear Strength	Baseline/Adequate	Serious Problem
Family has made substantial progress on practical/logistical/legal issues since removal, and is ready to have child returned permanently. Family generally receives mild to clear strength ratings on the items associated with this domain (Resolution of Significant CPS Risk Factors; Completion of Case Service Plans; Resolution of Legal Issues; Parent/Caregiver Understanding of Child's Treatment Needs; and Established Back-Up Supports or Service Plans.)	Family has made some progress on practical/logistical/legal issues, and is moving in the right direction. Some issues may remain, but are not viewed as sufficiently serious to prevent reunification. Additional services may be necessary to continue progress on outstanding or unresolved issues. Some mild problem ratings may be evident on domain items, but family is making progress on those items.	Family clearly not ready for return of child due to family chaos, unsatisfactory or high-risk living situations, or dangerous or illegal family lifestyles. Little or no progress made on the issues leading to removal. Family embroiled in contests with the law and with authority figures in general. Family receives numerous problem ratings on items in this domain.

2. Resolution of Significant CPS Risk Factors

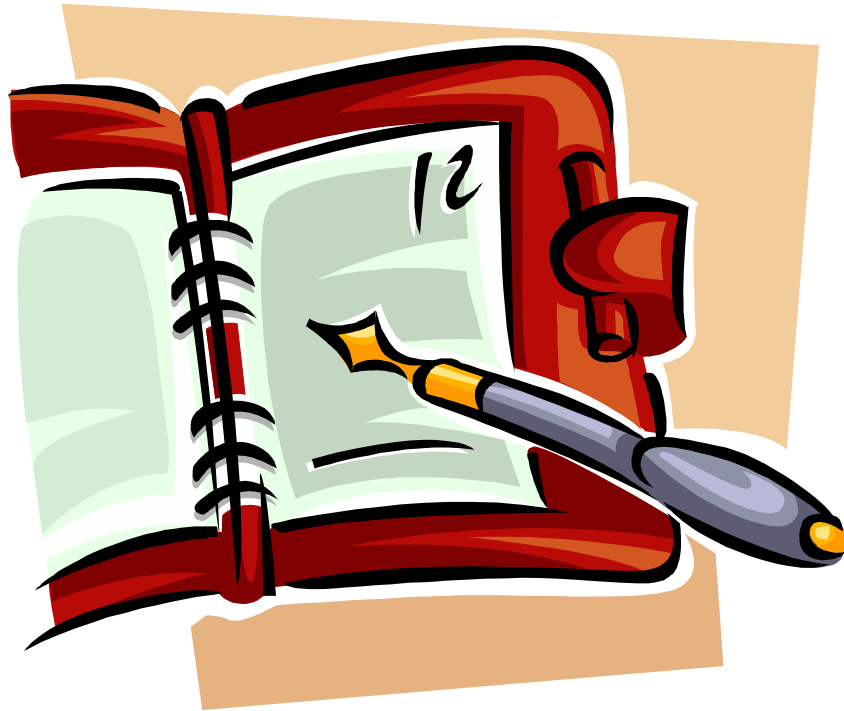
Clear Strength	Baseline/Adequate	Serious Problem
Caregiver has addressed pre-potent needs of family (transportation, housing, employment, income, supervision, etc.) If appropriate, perpetrator has been removed from family by remaining caregiver. Caregiver has reconstructed living environment to afford protection and care of child.	Caregiver has made substantial progress towards resolution of risk factors that led to removal. Some issues remain unresolved but improved, and progress continues to be made. Caregiver acknowledges and accepts responsibility for continued work on those issues.	Caregiver has maintained destructive, abusive, or inappropriate relationships with other adults (or perpetrator) or has established new such relationship(s) in child's absence. Caregiver has failed to address pre-potent needs that place family under extreme stress or threat of legal intervention, such as continued use of drugs and/or alcohol, or engaging in prostitution or other criminal lifestyle.

Behavioral Indicators for Reunification Planning* (continued)

3. <u>Completion of Case Service Plans</u>		
Clear Strength	Baseline/Adequate	Serious Problem
Caregiver has successfully completed required services and/or voluntary services (especially alcohol/drug abuse, anger management, crisis management, communications) and has demonstrated newly acquired skills/abilities. Caregiver appears gratified by new skills/abilities and appears to have internalized changes.	Caregiver has completed required services at least to the extent required by court order or authoritative service plan. Caregiver can verbalize knowledge about skills/behaviors/abilities, but has not necessarily demonstrated same. Caregiver may deny having needed some of the offered services, but acknowledges benefits of some of the services.	Caregiver strongly denies need for services, is oppositional to receipt of services, and has failed to participate meaningfully or complete required services. Caregiver repeatedly exhibits behaviors that were the focus of service plan, and/or flaunts non-compliance to service providers or others in authority. Caregiver blames others, including service providers, “the system,” adult partner(s), or child for problems and in defense of non-participation.
4. <u>Resolution of Legal Issues</u>		
Clear Strength	Baseline/Adequate	Serious Problem
Caregiver has pursued legal remedies or accepted legal services to resolve specific issues of a legal nature, including obtaining domestic violence restraining order, resolving legal charges resulting from abuse/neglect allegations. If appropriate, paternity has been established and child support is being provided. Other legal/criminal difficulties being experienced by caregiver that may affect future ability to parent or provide care have been resolved (e.g., pending eviction, pending criminal court cases.)	Caregiver is engaged in process of resolving legal issues that may affect ability to provide steady, competent care. Some issues are still not completely resolved, but caregiver is engaged in the process of resolution, with appropriate and realistic expectations. Caregiver is not resistant to receiving legal assistance when it is necessary. None of the unresolved issues is likely to cause family chaos or removal or caregiver is unsuccessfully resolved.	In spite of restraining order, caregiver continues to maintain destructive or dangerous relationship with other adult(s); caregiver has chosen to legally oppose authority in spite of low probability of “winning,” and is expending energy on losing legal conflicts rather than expending energy on becoming a more competent, caring caregiver. Caregiver has serious legal charges pending that may result in incarceration or other serious impediment to future care giving.
5. <u>Parent/Caregiver Understanding of Child’s Treatment Needs</u>		
Clear Strength	Baseline/Adequate	Serious Problem
Caregiver has completed education or counseling on child-centered issues and understands what to expect from child, as age appropriate, including possible different developmental stage of child than prior to removal (e.g., puberty.) If child has cognitive or developmental disabilities, caregiver knows what to expect and has service plans in place to help child develop. If child is coming out of institution or closed treatment facility, caregiver is aware of and supportive of treatment goals, and is prepared to support future treatment.	Caregiver is fairly knowledgeable of treatment provided to child during period of out-of-home care and seems to understand treatment goals. Caregiver may not understand completely the potential future treatment needs of child, but professes to support future treatment, if needed. Caregiver may not fully understand cognitive/developmental disabilities of child, but is willing to accept outside assistance, if needed. Caregiver may not fully understand medication regimen, but is willing to administer medication and to allow child to have access to ongoing psychological services.	Caregiver blames child for cognitive or developmental disabilities, holds child responsible for progress that may not be attainable. Caregiver views normal child developmental processes as deliberately oppositional to caregiver authority or lack of respect. Caregiver is unwilling to engage in discussion of child’s experiences in institutional or closed facility care, and expects child to return “fixed” or cured. Caregiver denies need for or opposes medications or ongoing psychological or medical services.

Behavioral Indicators for Reunification Planning* (continued)

6. Established Back-Up Supports or Service Plans		
Clear Strength	Baseline/Adequate	Serious Problem
<p>Caregiver has established plans and back-up plans for supervision of child, for accessing emergency family services, and for respite, if needed. Caregiver has plans for accessing social services, mental health services, or law enforcement, if needed. Friends and family are available for social/emotional support. Plans and mechanisms are in place to provide health care, education, and age-appropriate socialization of child.</p>	<p>Caregiver has some plans in place to provide basic supervision of child or to access services on emergency basis. Caregiver has minimum social/family support. Caregiver does not oppose health, education, or socialization efforts on child's behalf, but is fairly passive, relying on external sources such as school system and emergency medical care.</p>	<p>Caregiver has constructed no plans or ineffective plans for childcare and supervision. Caregiver opposes outside provision of services (e.g., refuses to respond to requests by school for parent meeting.) Caregiver remains oppositional with regard to publicly provided social services, mental health services, and psychological services, and has not engaged those services for post-reunification support. Caregiver remains estranged from family and/or remains socially isolated, and therefore without social or emotional support should a crisis or need for assistance arise.</p>



Kirk, Raymond S. (2001) *The North Carolina Family Assessment Scale-Reunification*. North Carolina: University of North Carolina-Chapel Hill.