



**DAY**  
*Three*





## Allen's Story...

Being a Resource family is not just about caring for the children. It is about being able to be a partner with the system of care and the family to make that child as happy and successful as possible. It is about providing support and guidance to the family. It is about sharing your experience and strengths to a family in need. Allen shared in that belief. Allen was a Caregiver for less than a year when he received a happy and playful infant into his home. The child was placed in Allen's home after he was removed from his parents for domestic violence concerns in the home. He was only 7 months old.

Both parents were in their early twenties and this was their first child. From the time the child was placed in Allen's home, Allen was active with all the parties associated with the case. Allen attended as many visits as he could. During each visit, it made it a point to inform the parents about the child's daily routines, ask questions about what things he liked and offered to supervise their visits. Not that this was always easy. The child's mother was not receptive to Allen's kind hearted approach at first. Both parents were angry. They did not understand why their African- American child was with a single white male. They criticized his outfits and how he was being treated but over time, they were able to see how well taken care of and loved he was. Allen was supportive of the parents and honest in how they interacted with the child. It took time to help the parents with caring for the child during visits. He attended all meetings and made sure the agency was aware of the progress that the parents made. He facilitated visits for the family on the weekends and during holidays. He made this child a part of his family by taking him on family trips and ensuring that the Biological Family was able to speak with their child while they were away. Allen attended as many court hearings as he could to make sure that he heard the court updates and was able to provide updates to the court. And when this mother became pregnant with her second child, he made sure to continue to help her to make sure the pregnancy would not jeopardize her case plan tasks. He became not only a support to her but a mentor. When she was progressed to unsupervised visits and was caring for an infant, he drove to her home to assist her with learning how to parent two children. Because of Allen's commitment to this child and his family, the child was reunified with his mother successfully. Thankfully that was not the end of their relationship. He maintained contact with the family to provide mentorship to make the reunification a success. While every case is different, and outcomes can change, Allen's continued dedication to the children in his home makes him a success.

# DAY Three

**DAY Three** of 21st Century Caregiving: Foster VC Kids Resource Family Training will serve as a continuation of the learning about how children can successfully navigate through their early and ongoing developmental years when they have experienced child abuse and neglect. This session is also an introduction to partnership. As a resource family, you will be asked to partner with a great many people and agencies to ensure a child's safety, permanency and well-being, so it is of critical importance that you understand the dynamics of a successful partnership as well as your role as a partner within the system of care. The tasks for team members are laid out in the Case Plan and Child's Needs and Services Plan, which forms a roadmap to permanency for children and families within the Foster VC Kids system. As a team member, you need to understand the context of the work, and the losses and needs for children in care. Within the 'team', as the resource family, you will be constantly focused on the nature of the child's experience, while forming partnership across many different professional and family supports to successfully nurture the child in your care.



Ventura County Children & Family Services

## Today's OBJECTIVES

- 1 Effective Partnership.** Describe the characteristics of an effective partnership.
- 2 Primary Partnerships.** Identify the primary partnerships and describe their roles within the system of care.
- 3 Case Plan.** Explain how the case plan forms a roadmap to permanency for children and families.
- 4 Attachments.** Explain how attachments are formed and their importance for a child's mental health and define the resource family's role in helping a child form and transfer attachments.
- 5 Resource Family's Role in Case Plan.** Define the Resource family's role within the context of the case plan.
- 6 Resource family's Role as Family Mentor.** Define the Resource family's role as a family mentor and identify strategies for nurturing and promoting family connections and attachments.



## Characteristics of Partnerships



### Research shows that most successful partnerships:

*Grow Out Of Commonly Perceived Needs.* Address those needs and seek to serve and yield benefits beyond the partners themselves. Our commonly perceived needs involve strengthening families.

*Include Partners Who Understand the Mission and Anticipated Outcomes.* We are all here to serve the vulnerable children and families of our community. By understanding and embracing the overarching outcomes of safety, permanency and well-being and respecting that reunification is the ultimate goal for our families, we can all be on the same page.

*Are Supported by Leadership.* This includes allocated resources, proper guidance and empowerment of partners.

*Clearly Define the Roles And Responsibilities.* Adoption and Safe Families Act (ASFA) and the Welfare & Institution Code provide the guidance, laws, policies and procedures we must follow. Foster VC Kids and its partners have built off of these requirements to form our system of care.

*Build Off the Skills, Strengths and Resources Of Partners.* Foster VC Kids recognizes the value in local community resources to address the needs of our children

*Include Partners Who Respect And Value the Contributions, Strength and Skills of the Other Partners.* This includes talking positively about other partners and when conflicts arise, resolve them in an appropriate manner without blaming.

*Include Effective Communication Systems and Open Lines of Communication.* Communication is important for so many aspects of what we do. There are so many people involved in this child's life and so many requirements to meet. An effective communication system is essential to our success.

*“Alone we can do so little.  
Together, we can do so much.”*

# Partnerships supported by **LEADERSHIP**

## **Foster VC Kids Commitment to Partnership**

Foster VC Kids strongly supports the team approach to care and is fully committed to family-centered approach while fully embracing the skills, strengths and resources of each team member. We also believe that the deepest connection children and parents have is each other. Foster VC Kids believes in a family-centered approaches to achieving safety, permanency and well-being for children, which has mothers, fathers and other relatives involved right from the start as partners in discussions on what is best for the child. Families' strengths and potential are recognized, along with the services needed for the children and family and the goals that parents must achieve to be reunited with their children.



## **Quality Parenting Initiative**

The Quality Parenting Initiative was developed under the leadership of Carole Shauffer of the Youth Law Center and Jane Soltis of the Eckerd Family Foundation. This effort requires community-based systems of care to identify elements of quality care. Ventura County's Quality Parenting Initiative seeks to facilitate increased collaboration, partnership, and information sharing across the system of child welfare. It also seeks to improve the quality of training and resources available to caregivers to support them in providing high-quality, trauma-sensitive care in partnership with a team.





# ROADMAP to permanency

## Case Plan Components

- Permanency Goals
- Reasons that the child/ren came into care.
- Parental changes that must occur so the child/ren can return home.
- Plans to meet child/ren's needs.
- Timeframes and future court dates

There is a road map for children and families from start to finish. This road map is the case plan. The case plan in all court involved families involves some major components that are important guidance for parents, for caregivers, for children, and for the agency. This case plan is a roadmap for parents seeking to make changes and get their children home. This roadmap also identifies the child's needs and specifies who will do what and when to assure Safety, Permanency, and Well-Being for the child. The case plan tells everyone on the team what their responsibilities are and lays out accountability for timely progress on the journey to permanency. The case plan is a confidential document. Any activities the resource family will be responsible for assisting in implementing will be listed on the Child's Needs & Services Plan that is provided to you upon placement

## Resource Family's Primary Partners

The Resource Family Approval social worker, is responsible for approving your home, annual renewals, and answering your questions related to RFA written directives. The RFA worker is charged with ensuring your home meets minimum standards and is safe.

The Foster VC Kids Recruitment Development & Support worker will meet with you after you receive your license to review resources, get to know you and your family more, and begin discussing what kinds of children will thrive in your care. The RDS team member will help you manage your role of fostering and can help you identify and access services.

The Social Worker is assigned to the child in your care, which may include siblings who are not placed in your home. The social worker is tasked with supporting the birth family in meeting their case plan goals, ensuring the child's safety and well-being while in care, which include working with the resource family, and providing linkage to community resources.



# Permanency Goals

Permanency goals represent the court's best idea about what type of permanency will work for this family. For most families, the permanency goal starts out as 'Reunification', but when parents do not make timely progress on the changes requested, the permanency goal may change to 'adoption' or 'guardianship', or 'Long Term Foster Care'.

*Concurrent Planning: Working towards two goals at once*

## TASKS FOR CAREGIVERS

These tasks list out the responsibilities that you have for providing for the child/ren in your care, both basic needs and needs related to the child. You will find these listed on the Placement Agreement and the Child's Needs and Services Plan.

These tasks are the business of the care team, particularly regarding your role, the role of the social worker, and the birth family.

These tasks may be transferred back to the biological parents in anticipation of reunification.

## SOCIAL WORKER

### Assists The Parents In Case Plan Tasks And In The Process Of Change

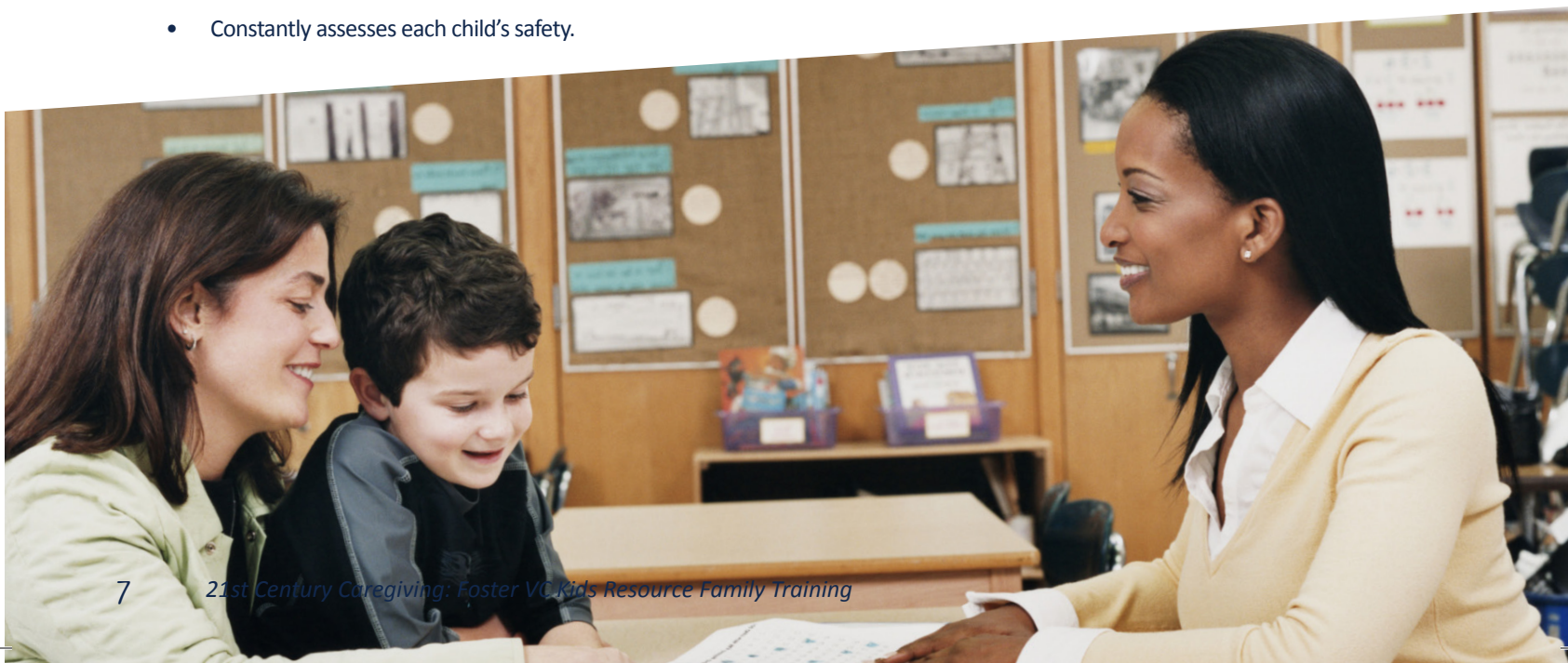
As you are mentoring parents, you, the social worker and the parents will be working from the case plan tasks to identify any tasks that you will share with the parent.

### Works Intensively With Parents And All Children, For Every Case Assigned To Him/Her

Your role in providing care for the child frees the social worker to focus on promoting and assessing the possibilities for reunification.

### Ensures That The Needs Of Each Child Are Met

- Monthly, social workers check in with caregivers to make sure that children's tasks and needs are accomplished. Most visits from the social worker should take place in the foster home.
- Provide resources and financial support to meet needs
- Constantly assesses each child's safety.



# EFFECTIVE

## Foster Care Partnerships

1

What are some of the areas where you will need to develop a clearer understanding of the roles of RDS, RFA worker and the Social Worker?

2

How does insight into RDS, RFA worker, and the Social worker's point of views help you build a relationship with these professionals and plan for having a child in your home?



# Point-Counterpoint Worksheet



3

How does insight into the biological parent's point of view help you to build relationships with him/her and plan for having a child or children in your home?

4

What aspects of this dialogue surprised you, concerned you or had you considering a new deal breaker.



Working with  
*bio parents*

## How to support Co-Parenting

### *Establish first contact.*

In partnership with the social worker, try to contact the birth parents as soon as possible. Ice Breaker meetings will be an opportunity to meet the family early into the placement; this meeting will be facilitated by staff and will focus on sharing information about the child and family in order to lessen the trauma and fear in the early days of a case and is an opportunity to begin to build the co-parenting relationship. If meeting in person not possible, make a phone call or send a note or e-mail. Provide reassurance.

### *Ask Questions.*

Ask parents questions about the child. Demonstrate respect for the parent's knowledge of the child. You may want to ask about routines, preferences, strategies for soothing, and other relationships that should be maintained during the out of home care experience.

### *Plan for visitation & activities.*

The social worker, resource family, and birth family should develop a plan for visitation scheduling and activities.

### *Be Positive.*

Talk positively to the child about biological parents. Never speak negatively whether verbally or non-verbally about the birth family to the child.

### *Build on strengths.*

It is important to build on the strengths of the biological parents who has probably not often hear good things about themselves.

### *Prepare and plan for setbacks & complications.*

Co-parenting is, at its core, in the best interest of the child. It can, however, come with complications and problems. Some of the challenges relate to what the Biological Parent brings to the equation and other challenges rest in our own biases, values, and our family needs. You should have strategies and resources in place for dealing with these issues and you should seek the support of RDS and the social worker when needed and advisable.

### *Share.*

Updates and milestones with parents( photos,school successes,a journal of progress/milestones).



*“ Attachment is considered a vital component of social and emotional development in the early years, and individual differences in the quality of attachment relationships are believed to be important early indicators of mental health.”*

– Charles Zeanah Jr. MD, Child Psychiatry Faculty, Tulane University

## What we know...

### *Family Engagement strengthens Relationships*

A family's belief that their feelings and concerns are heard strengthens the relationship. This positive relationship can increase the chances for successful intervention.

### *Family Buy-in.*

When families are part of the decision-making process, and have a say in developing plans that affect them and their children, they are more likely to be invested in the plans and more likely to commit to achieving objectives and complying with treatment that meets their individual needs.

### *Placement Stability*

States with high ratings for developing case plans jointly with parents and youth also had high percentages of children with permanency and stability in their living situations. Research on family group/team decision making points to improvements in creating stability and maintaining family continuity.

### *Permanency Decisions.*

Research also suggests that parental involvement is linked to quicker reunification and other forms of permanency.

### *Improved Skills.*

By being involved in strengths-based decision making processes and having appropriate problem-solving approaches modeled, families are more comfortable communicating their own problem-solving strategies that may benefit themselves and their children.

## Child attachment to the *Resource family*

For attachment, the building block, or 'wiring' for development, to occur, there have to be caregivers available to attach to an infant. Babies are wired to attach, to entice adults to care for them and make the critical connections that spark the brain to develop. Both Resource families and Biological Parents need to understand that the bonding experienced by the substitute caregiver and child is critical for the healthy development of the child and is in the best interest of the child's well-being and successful reunification.

Bonding with multiple caregivers is a great benefit to a child and does not distract from the child's bond with his/her biological parent. The more positive attachments a child forms, the stronger his/her ability to form healthy relationships becomes.

## Roles For Co-Parenting

### **Resource family**

The role of the Resource family in this partnership is to develop a nurturing relationship with the Biological Parent, prepare child for visitations, provide coaching and modeling in appropriate practices as well as cheerleading, involve the parent in the child's life to the greatest extent possible and help keep the child connected to the parent.

### **Biological Parent**

The role of the Biological Parent in this partnership is to develop a relationship with and learn from the Resource family, provide input and information about the child, and maintain involvement in their child's life to the greatest extent possible.



Working with  
*Bio parents*

## 5 elements of family visits

**EMOTION.** Family visits trigger LOTS of emotion. As Resource family you should help the child make sense of and manage his/her emotions by normalizing what the child is feeling, by reassuring the child and by providing boundaries for the child. It is normal for a child to feel stress, fear, or confusion before and after visits. Visits can trigger the emotions related to the child being separated from his/her parents, as the end of a visit can serve as a reminder of the traumatic good-bye related to the child coming into care.

**COMMUNICATION.** Communication can be facilitated by regular contact between the Resource family and Biological Parent as well as a visitation plan that defines roles, responsibilities and expectations.

**PREPARATION.** Talk with your RDS worker and the child's social worker as to how you can best prepare for visitations with the family and deal with potential conflicts.

**CONNECTION.** Frequent visitation promotes the ability for children and their parents to develop and maintain a strong connection. As a Resource family, you can help during the visits by giving them privacy, but offering guidance when needed.

**TRANSITION.** Transitions are often the most difficult part of the visitation process as having to say goodbye can be a trigger for the child. Have a plan in place to help with transitions which includes activities and rituals you will do before and after the visitations.

## Child attachment to *Biological Parent...*

### **BIOLOGICALLY DRIVEN RESPONSE**

Each action and reaction is designed to stimulate both the child and the caregiver to attach to one another, with a deep biologically driven response. When a child's needs are met, the result is a sense of security and worthiness. At the same time the caregiver is rewarded for doing a good job.

### **ATTACHMENT SHAPES BRAIN**

These messages, learned through repetition over months and early years shape the way children are in relation to others, and how they see the world. Babies and children become wired to expect the response, gratifying or not, that they received in the early attachment years. Through secure attachment we learn attunement & communication, give and take which serves people well into their adult lives.



# Tips for Visitation

**START VISITATION IMMEDIATELY.** Biological parents are more likely to show up for visits if they start immediately after placement, so you should be prepared for visitation right away, when possible, appropriate and approved.

**VISIT FREQUENTLY.** Research has shown that frequent visits with Biological Parents improves permanency outcomes. Visit frequency has positive effects on the child's well-being while in care, the length of stay in care, the child's perceptions of their parent(s), and with achieving the outcome of reunification.

**VIEW VISITATION POSITIVELY.** Visitation allows children to maintain attachments and reduces the sense of abandonment that children experience at placement. Children in care who are visited frequently by their parents are more likely to feel a greater sense of well-being and adjust better to placement.

**CONSIDER THE LOCATION.** Studies suggest that where visits take place is related to the frequency with which they occur.

**MAKE IT NATURAL.** Try to consider visitation less as a formalized sit-down, but rather a natural part of your daily life. What are the things we do naturally with our families? Sit down to dinner, attend football games at school, go to church, go to the doctor. These types of visits should occur frequently during the week.

**UNDERSTAND ATTACHMENT.** Visitation should be a safe place for children and parents to bond and attach. In order to maintain attachment, children should have close proximity to parents (frequent visitation).

**USE THIS OPPORTUNITY TO MENTOR.** Because the child's Social Worker cannot be there for every visit, it is up to you to provide guidance. If you notice the parent struggling during an interaction with the child, you can take the opportunity to teach him/her how to more effectively interact. The upcoming ABC-V visitation program will support resource and birth families working together during visitation to make the experience more child centered and supportive to the family.

**HAVE A TRANSITION PLAN IN PLACE.** Visitation can be difficult for children to process. Having a plan in place to help the child transition before and after the interaction will help children deal with their feelings and accept separation from his/her parent following contact.

"I have been a caregiver for over 20 years and I have seen it all. One thing I have come to believe is that the only real thing that matters is that the birth family and I have this child in common. We both love the child and we both want what is best for the child. If the birth parents and my wife and I can sit on my front porch, drink a glass of ice tea and have a good conversation about what is best for the child, and if we can talk openly about how to get to that place, together, we [my wife and I] have done our job. I am only in that child's life for a short time, but the parent is there for a lifetime...and the child wants the love of their parents."

- Resource Family

## INSECURE ATTACHMENT

For children whose attachment experience is negative or unpredictable, the biological programming to seek and achieve attachment can be thwarted, resulting in Insecure or Anxious attachment. Important early wiring and milestones are disrupted or delayed when attachments are insecure or create anxiety.

## THE BOND PERSISTS

The many interactions between adult and child has formed a strong bond. The bond persists, even if the two are not together. And the loss of the attachment, whether by trauma or removal or both, will impact how we support children in our care and their caregivers. If attachment early on was positive and strong, the loss of that strong safe relationship is tremendous.



## The Dialogue of Co-Parenting

1

What can you say at first contact?

2

What questions can you ask about the child?





## Worksheet

3

What questions might the Biological Parent ask?

4

What can you say to the child about the Biological Parent (if true)?

5

What can you do to encourage the Biological Parent?

# Supporting Connections Worksheet



1

What activities can you arrange for visitations?

2

How can you support connections during visitations?

3

How can you support connections between visitations?



# Partnership, Co-Parenting & Attachment RESOURCES

## Roles Of The Social Worker & RDS In Co-Parenting

Your primary resource for an effective co-parenting relationship with the biological parent(s) is the family's social worker and your RDS worker.

The role of the social worker and RDS workers is to provide support and guidance as well as boundaries regarding visitation, frequency of contact, safety considerations, and expectations. Open and frequent communication by all parties will help facilitate an appropriate level of trust for a healthy relationship over time.

Please know that the co-parenting journey is one that you, your professional team support and the Biological Family are embarking on together. The ongoing building of how that partnership will look is something that cannot be pre-determined but is a shared creation among you.



## RESOURCES ON PARTNERSHIP, CO-PARENTING & ATTACHMENT

### **National Resource Center for Permanency and Family Connections at the Hunter College School of Social Work.**

([www.hunter.cuny.edu/socwork/nrcfcpp](http://www.hunter.cuny.edu/socwork/nrcfcpp)) This organization is a training, technical assistance, and information services organization dedicated to help strengthen the capacity of State, local, Tribal and other publicly administered or supported child welfare agencies to: institutionalize a safety-focused, family-centered, and community-based approach to meet the needs of children, youth and families.

### **Relationship Between Public Child Welfare Workers, Resource Families and Birth Families: Preventing the Triangulation of the Triangle of Support.**

([http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/triangle\\_of\\_support.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/triangle_of_support.pdf)) This document provides perspectives from different points of view ( child welfare workers, Resource Families, Birth Families) and provides suggestions for building these relationships.

### **FamilyConnect: Making Family Visits Work for Children in Foster Care.**

([www.familyalternatives.org](http://www.familyalternatives.org)). Family Alternatives, a private foster care agency in Minneapolis, MN conducted a 3-year research initiative to identify best practices in family visiting in response to the growing research on the topic as well as their own experience with children living in the foster homes they serve. They put together the Family Connect guides to provide a hands on, practical tool for Resource families, children, and birth parents.

### **The Science of Attachment: Implications for Foster Care in Early Childhood.**

(<http://centerforchildwelfare.fmhi.usf.edu/videos/Pages/rebrand.aspx#science>). Throughout his career, Dr. Zeanah's clinical and research focus has been on early experiences and their effects. On the Quality Parenting Initiative website, he has a series of lecture videos on attachment for foster care. In these videos, Dr. Zeanah speaks of the critical importance of early attachment and how substitute caregivers can help in this critical process.

3 months later

## CHILDREN'S STORIES UPDATES



*Miguel (5) & Marisol (7)*

**Miguel and Marisol have been with you for about three months.**

### *Miguel*

Miguel has made a good adjustment initially upon placement. He is helpful with his sisters, especially Ibiza, and gets along with the members of your family for the most part. Miguel has had a more difficult time in school, as the placement is in a different zone for elementary school. Initially he was placed in the mainstream, but his behaviors and aggression, particularly towards other boys, have been an issue. As his Resource family, you see how he is generally clumsy and unaware, which may look like aggression to the school, but the school is concerned that other children are now afraid of Miguel's behavior. He now has a scheduled I.E.P. to figure out how to give him behavioral support and to help him catch up on subjects where he is behind. Nighttime seems to be the time when Miguel is most open with you. He has been able to tell you that he is worried about his mom and, over the past week, has begun to tell you about some of the things that he experienced as a child, including being left with adults who hurt him. When asked what, if anything, he misses about the past, he says that

he used to be able to go to the Boys' and Girls' club after school and he liked playing basketball with the older kids.

### *Marisol*

Marisol has struggled with placement since she arrived. It is important to her to be able to take care of her brother and sister and she resists any type of parenting that you try to do, including bathing Ibiza. Marisol states that she does not want to visit her mother and it is difficult to get her in the car, which causes a fight with Miguel each week. Marisol throws tantrums before and after each visit, although you were able to work with the RDS and the Social worker to develop some rituals to help her get ready and she is now a little more willing to get dressed and get in the car on time.

Marisol is far behind in school and although she is 7 years old, tests put her at a kindergarten level. She had tutoring and individual assistance from her favorite teacher, Ms. Clinton, at her old school but your elementary school does not offer this program. The school set up an IEP for Marisol and agreed to put her in first grade with extra support, but will not promote her until she masters most of the benchmarks. The case plan requires that she have tutoring and educational supports, so the school and agency are struggling over who needs to set up and pay for tutoring.

### **Therapy**

Miguel and his sister, Marisol, are beginning work with a family therapist who will be seeing them both in the home individually and together. Over time, the goal is to include their mom in treatment, if her psychiatrist believes she can participate.

### **Connections**

The children currently visit their mom at a treatment program where she is seeking help for her addiction to prescription drugs and her mental health issues. You go with them and the visit is supervised by program personnel.



## Birdy (13)

### *Birdy*

Birdy has been with you for three months, and yet you feel that you don't even know her yet.

Birdy is a polite child. She says she is glad to be in a home where she has her own room and has privacy. She seems to just do what she has to do: she gets herself up in the mornings, cleans her room, goes to school, comes home, does her homework, eats with the family, watches 'One Tree Hill' and 'DeGrassi', and then she goes to bed, only to do it again. When she is asked to participate in family events, she will join you but stays to herself and either reads or listens to the iPod her father gave her on the day they agreed to a final plan for reunification. She does not interact with other children in the house or neighborhood. Her smile is a rare and fleeting sight in the home.

### Connections

Birdy's grandparents have tried to be in contact, but she states she is too busy for visits with them. Birdy is allowed to visit her dad at rehab on visitor days and you and the social worker take turns transporting and supervising the visits, which are also monitored by the program. Birdy's dad, Joe, shows physical signs of the hard life he has led and looks much older than his age, but both he and Birdy light up when they are together. Joe has just earned the right to make phone calls at night and you and he and the social worker are going to meet about what would work for all of you.







# Miguel & Marisol

1

List the losses we know about for Marisol.

2

List important connections and signs of attachment from Marisol and her history, as we understand it.

3

Identify what your family could offer in terms of stability and support for Marisol.

4

Identify what Marisol's biological family (parents and extended family) might offer to assist her in stability and support.

# Continuity & Support Plan Worksheet

1

List the losses we know about for Miguel .

2

List important connections and signs of attachment from Miguel and his history, as we understand it.

3

Identify what your family could offer in terms of stability and support for Miguel.

4

Identify what Miguel's biological family (parents and extended family) might offer to assist him in stability and support.



# Continuity & Support Plan Worksheet



*Birdy*

1

List the losses we know about for Birdy.

2

List important connections and signs of attachment from Birdy and her history, as we understand it.

3

Identify what your family could offer in terms of stability and support for Birdy.

4

Identify what Birdy's biological family (parents and extended family) might offer to assist her in stability and support.



# DAY Three

Thoughts, Feelings & Actions NOTES



## Day Three Homework

**Before we meet for Day Four, please complete the following journaling questions to help you reflect on concepts of partnership.**

- 1. Do you feel you have the qualities and resources to meet the commitments of a Resource family?**
- 2. Explain how RDS, RFA worker and Social Workers will work with your family and foster child. Identify any questions you might have about these partnerships.**
- 3. Explain your thoughts and feelings about the Biological Parent(s) role as a partner.**
- 4. Have you ever worked with someone professionally where personal “like” didn’t exist? What were your thoughts, feelings, and actions when this happened? How did you remain professional and respectful?**
- 5. Explain how you will approach conflicts or communication challenges within your professional resource family role.**