

# Residential Family Treatment: A creative alternative in child protection work

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*The maintenance of the physical and emotional safety of children about to be returned to their families following serious abuse is a complex and significant problem. This paper describes a treatment offered to such families which makes use of a residential setting, and which involved intensive work over the period of a week. This approach was cost effective, allowed for greater creativity by child protection workers, and impacted significantly on the lives of the families. This paper offers a philosophical as well as practical framework for treating at risk families in which a child is about to be returned.*

**T**here are circumstances where the physical and emotional safety of children can only be assured by removing them from their family for a time. This causes problems for a number of reasons.

Family bonds are torn apart and the guilt felt by the family is reinforced. Although children may receive professional help and guidance their families have frequently been left feeling bewildered, hurt and angry. Frequently the process of removal has created negative attitudes towards child protection agencies making further work with families very difficult. Family systems have been irrevocably damaged by the removal of children. The decision to return a child to his family is of equal importance. A poor decision or inadequate preparation can result in the same dangerous family dynamics that triggered the abuse re-emerging.

The physical and emotional safety of children can sometimes only be assured by removing them from their family for a time. This is problematic for a

number of many reasons; such as the tearing apart of family bonds and the reinforcement of guilt already felt by the family, and such action has at times irrevocably damaged the family system. The children may well receive professional services and guidance to adjust to the changes in their lives, but their families have frequently been neglected by workers, and left feeling bewildered, hurt and angry. As well, the family system which perpetrated the abuse in the first instance remains substantially unchanged, except for the absence of one or more members. Families' perceptions of the role of helping agencies becomes increasingly negative. For all these reasons, it has become a risky business to return children to their families.

*The first challenge for both the therapeutic team and the family is to make a clear statement of the concerns that have led to the Department's radical intervention in the family*

Such problems are accentuated in country areas that have few if any specialized treatment centres for abused children and their families. The purpose of this paper is to describe an innovative family treatment programme, developed within a child protection team, which maximizes the chances of successful rehabilitation of children and their families.

The decision to remove a child from his or her family is a decision to act on a family system in a very intrusive manner, and is only made after careful

consideration of the best alternatives for the child and his or her family.<sup>1</sup> There must be clear evidence that a child is at serious physical risk or that a child's development is being hindered in such a way as to cause long-term damage. Similarly, a decision to return a child to his or her family is of equal importance: a poor decision or poor preparation can result in the same dangerous dynamics that triggered the original abuse.

The Department of Family Services has the statutory responsibility in Queensland to protect children. In 1987 the Maryborough office of the Department of Family Services set out to determine how best to help families when caseworkers had to make a decision to return a child or children. The goal was to give families the confidence and skills to ensure the continuity and safety both their family life and of their children.

Maryborough is a relatively small country town with a population of 22,000 and it is chronically short of specialized child abuse treatment teams. In October 1987, a Department of Family Services work group of five professional workers and a homemaker decided to establish and develop a family therapy team. For several months the work group discussed and formulated a therapy framework and developed a team value base. It soon became evident that families to whom workers were about to return a child required special support and preparation. The work group devised a residential treatment program, a week of intensive therapeutic input, to respond to these families' needs. That treatment program is the subject of this paper.

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### PROGRAM DESCRIPTION

As a method of treatment of child abuse cases, family residential treatment is comparatively rare.<sup>2</sup> Lynch and Ounstead describe a program designed for a family shortly after abuse has been diagnosed.<sup>3</sup> Berger has described residential weekends for "at risk" families.<sup>4</sup> However, to our knowledge, this is the first family-therapy oriented residential program specifically designed to prepare parents and children for the return of a child to their family following an incident of abuse or neglect.

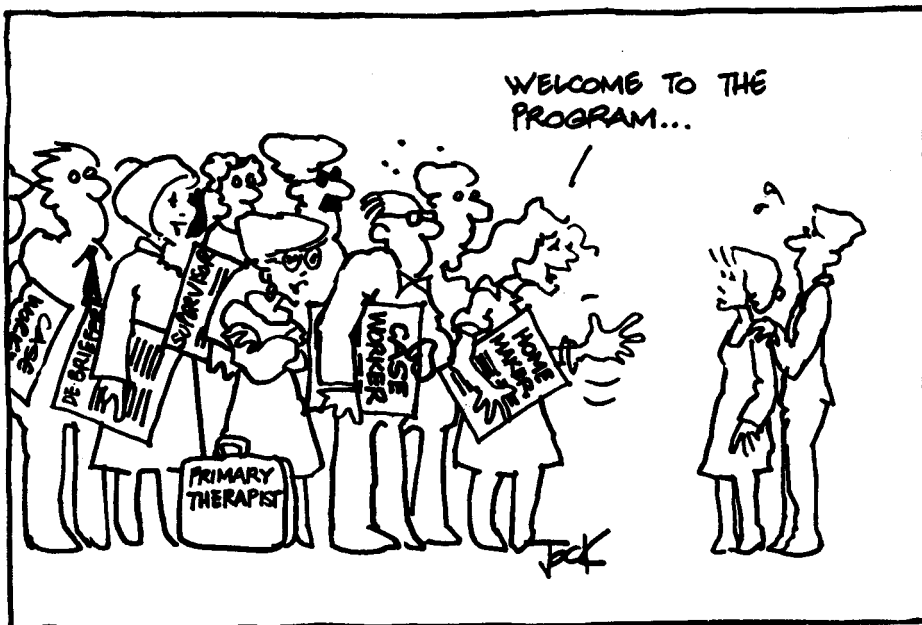
### ENTRY TO THE PROGRAM

Families participating in the residential program have had a number of characteristics in common.

Firstly, the Department of Family Services have had to remove the child from the family following a period of severe family dysfunctioning in which either abuse or neglect has occurred. Secondly, this child has been out of the home for several months. Thirdly, despite a serious breakdown in family relationships, the child's family have evinced a continuing commitment to the child and the child likewise a commitment to the family.

***Without challenge, the family fails to appreciate its present functioning or the alternative relationships that are possible. Family systems, then, need firm challenge in order to establish and change goals.***

Fourthly, the family has been able to acknowledge at some level that their ability to function as a family has been ineffective in the past. But, within that acknowledgement, they have also recognised that they share love and warmth for each other. Sometimes parents have said this in as many words. Other times, the presence of love and warmth has been evident in the physical contact between family members. Workers can gauge this positive regard by asking themselves, for example, does the estranged child sit close to his/her parents? Is there a comfortable degree of eye contact between family members? Does the rest of the family display tolerance



when the identified "problem" child speaks? Such positive dynamics within the family suggest a commitment to family relationships, even when the family appears to feel hopeless about their past and current situations. Such families also express a desire to see things change in the future, that is, they are able to identify hope.

Finally, the family has been committed enough to make themselves available to participate in the residential program. This has been, in fact, not only a commitment of time, but also a commitment to self-disclosure, that is, to consider publicly the intimacy of their family life.

### PREPARATORY PHASE

The preparatory phase while lengthy provides valuable information about ideas the family has for its future.

The caseworker first engages individual family members in preparing themselves for the program. This involves identifying the issues related to the family crisis and the level of readiness in each family member to work together to maintain the family. The caseworker has to be convinced that the child's parents or significant care-providers can now accept responsibility for their past role in the abuse. It is not necessary at this time for the parents or careproviders to declare this to the child. That comes later, during the residential treatment week.

The caseworker then canvasses each family member for his or her individual commitment to attend the program. These individualised contacts counteracted any pressure from family members to coerce other members to attend. Also, they offer a forum for discussion of concerns, apprehensions and specific issues which individual family members may wish to raise during the treatment week. The residential program begins when all the family members come together for the week.

Meanwhile, the homemaker plays a vital role in preparing the family for their week. She meets with the family to assist them prepare a menu for the week and organize a shopping list. She may even assist them with the shopping if necessary. The homemaker helps the family to make lists of clothing and essential items they need to take with them. She also encourages them to identify what they need to do to secure the family's residence in their absence. If required, the homemaker can also arrange transportation.

When the team plans a residential program, the homemaker helps with the overall preparation. She may, for example, search for and find suitable accommodation for the family at a nearby holiday resort where short term rentals are available; she may negotiate rent with real estate agents and pay a deposit. An outcome of this work has been a high Departmental profile in the community. The homemaker has

ensured the necessary co-operation and goodwill between the community and the Department, and has liaised with such community organizations, as the toy library, real estate agents, shopkeepers, Social Security, Commonwealth Employment Service and, occasionally, other interstate government departments.

On two occasions families have come to Maryborough specifically to participate in the program. The caseworker with responsibility for the child in the Maryborough office has liaised with the caseworker with case responsibility for the family in the referring office. This referring caseworker has done the preparatory work with the family. It is essential that the referring caseworker is committed to provide followup work with the family on their return home. It is best, if at all possible, that the referring caseworker participate in the treatment week as co-therapist, and so ensure continuity for the family. If a referring caseworker is unable to participate, there have to be on-going consultations during the preparatory phase and during the week itself.

Once the family and caseworkers have established a program time, the primary therapists, homemaker, and debriefer (usually a worker from the work group Regional Resource Unit) meet to plan and identify the key issues for the family and develop strategies to address these issues. The primary therapists put aside all other work during their week with the family. Consequently, the residential treatment program requires the commitment of the whole Departmental work-group, some of whom may have to deal with matters that arise for the therapists in their absence.

*The genogram ... invariably rivets the family's attention. As the relationships between family members become explicit, often surfacing for the first time, there is pain, humour, excitement, embarrassment, gentleness, love, anger*

Daily debriefing sessions are very necessary. The therapists debrief amongst themselves, usually tape-recording their discussion and the debriefer meets with the team two to

three times during the week to clarify the goals, evaluate the family's current situation and restructure the process where necessary. Consultation with the referring caseworker also occurs two to three times during the week and more often as required. Dale, Davies, Morrison & Waters have described well both the seriousness and the humour of debriefing sessions.<sup>5</sup> This experience is consistent with that of Maryborough staff.

### **TREATMENT PROCESS**

The first challenge for both the therapeutic team and the family is to make a clear statement of the concerns that have led to the Department's radical intervention in the family. Caseworkers present the issues to the family clearly, simply and firmly. The challenge then for the family is to hear these statements and to respond to them. To help the family respond effectively, the therapists invite them to explore the family's functioning and history.

*A family "tradition" becomes apparent... the family is [given] the opportunity to look at the value of their tradition and to see how it may be impeding a fuller, healthier and more functional expression of the family's relationships.*

To prepare for this exploration, the therapists encourage the family to discover who they are collectively. The genogram through which family history is explored,<sup>6</sup> invariably rivets the family's attention. As the relationships between family members become explicit, often surfacing for the first time, there is pain, humour, excitement, embarrassment, gentleness, love, anger ... the list goes on. The genogram gives the family access to its range of experiences. Themes begin to emerge that explain many of the dynamics of the family's functioning, for example, mothers leaving the family, domestic violence, families separating, and so on. A family "tradition" becomes apparent. The therapeutic benefit of this exercise for the family is the opportunity to look at the value of their tradition and to see how it may be impeding a fuller, healthier and more functional expression of the family's relationships.

The next step in the process is for each member to disclose his or her hopes and wishes for the family. The task of the therapists at this point is to clarify these expressions and to make sure that all family members hear them. Closely linked to this step is a statement from each family member about their "ideal" family. Drawing, clay modelling, storytelling and family sculpting can elicit this information. A homework task at this stage, one which both yields information and reinforces the capacities for happiness and warmth in the family members, is for each member to recall a time when the family was happily together. This task often allows the family to lower its guard, to hear new information, and, tentatively, to look at present realities.

The next few days are typically difficult, and often turbulent, as family members recognise their pain, sadness and anger, particularly when they have to reconcile the gap between ideals and realities. The therapists need to maintain an environment of honest, open expression without permitting destructive blaming and name-calling. The therapists help the family to make sense of and find meaning in their system as family members move towards healthier communication with each other.

A family is in crisis when it enters the program. Now that the crisis is explicit, the family learns that it can deal with pain and remain intact, and also that it is possible for the family system to change.

To resolve the family crisis, and towards the end of the week, therapists and family undertake a problem solving exercise, and consider, "How do we move from here?" With the firmly stated belief that the family system has the capacity to solve its own problems, therapists act as facilitators, drawing the threads of the previous days together. The families engage in this process with energy and enthusiasm as they experience the power of their own problem solving and the spontaneity in their communication. The possibilities for future change include the inevitable hiccups that will occur, and family members devise ways to deal with such set-backs.

Throughout the program, therapists emphasise the importance of evidence.

New commitments are measured by behavioural indicators. An individual's commitment to the family is gauged by his or her willingness to comply with family rules and to share family responsibilities. To underscore the importance of such tangible evidence, participants keep a daily wall chart record of indicators of being "in" or "out" of the family. Indicators of "in" or "out" are partly defined by how the family views itself. Co-operation, helping other family members, doing assigned jobs, and following the coach's (parent's) instructions can all serve as indicators. The family decides for itself who is in or out at different times.

For a more specific description of the treatment process refer to Appendix I - "the Kann family".

### **THE ROLE OF THE HOME MAKER**

During the treatment week, the homemaker joins the family in the evening when they come together to eat, play and exchange information about their day's activities. The homemaker has four main meals with the family during the program, arriving about 4.00 pm. On the first day there is an overlap period between time with therapists and time with the homemaker when the family arranges the week's duty roster for household duties. (Some families are able to organize themselves.) During this evening time the homemaker is able to guide or reinforce the parents in their efforts to co-ordinate a number of simultaneous tasks. The time before the evening meal is a busy time of day for all families and a time when it may be difficult for parents to practise the behaviours learned during treatment.

Sharing mealtimes with the family helps the homemaker develop a rapport with the family, and allows her to monitor the program and give feedback to the therapists. In some instances the homemaker has been able to identify communication blocks not apparent during the day sessions. Being on hand at mealtime, the homemaker can address these blocks immediately. For some families, sitting down to eat a meal together is a new experience. Meal preparation is also an opportunity for the homemaker to talk to family members about family team-work, and

about nutrition, budgeting or meal presentation.

After dinner the homemaker assists family members to play together. She comes equipped with games so that the family can entertain itself without the television which has been removed for the week. At times, a family is able to create its own entertainment, so the homemaker needs to be sensitive and flexible in her work. The homemaker can also assist the family practise new discipline techniques discussed during the day, to reinforce parents' efforts to emphasise positive behaviour in their children. She helps the parents to establish regular bedtime routines and rituals, that is, quiet times, storytelling, and so on.

*Now that the crisis is explicit, the family learns that it can deal with pain and remain intact, and also that it is possible for the family system to change.*

Because the impact of the program is profound, not only for the family but also for the therapists and homemaker, debriefing is essential. Workers need to maintain personal and professional space. Debrief sessions also provide the homemaker with an opportunity to give up to the minute observations about the family and to keep in touch with the therapists' work during the day. The presence of an independent team supervisor at these debriefs helps the team evaluate and assess information as it comes to light.

### **EVALUATION**

In June 1989, a consultant from the University of Queensland to the Maryborough team and a final year social work student interviewed the five families who had taken part in a residential program. The families, prior to the interview date, were asked if they were prepared to give their comments and ideas about the program to these visitors from Brisbane. All the families agreed to do this. The interviewers had little or no knowledge of the families prior to the interviews. They requested that each family define its situation for itself and they used open-ended questions as much as possible to enable the families to raise

significant issues in their experiences leading up to, during, and after the program. Some were interviewed in a face-to-face contact; others who could not travel into Maryborough were interviewed by a telephone conference. After the interviews, the records were read back to the families so that they could check them for accuracy.

*A wide range of benefits was reported by different family members. These benefits varied from new personal understandings and skills, to new interactions between the family group as a whole*

The interviews obtained the following comments.

#### ***Families' perceptions of the purpose of the project***

For all, the goal of the program was the return of the child to their family home, that is, the reuniting of the family. For one family, the notion that the child would primarily benefit or 'be sorted out' was the purpose of achieving family unity; other families understood that the whole family had to change.

#### ***What was achieved through the project***

All but one family agreed that 'it worked'. Not only had the child been reunited with the family but there had also been positive changes in family functioning. One family still had a child in placement, but had high hopes that this second child would be placed home shortly. One family, however, believed that the project had not worked for them. They had expected their child to be returned home. Instead, as they saw it, the workers' covert goal was to gather evidence of the family's behaviour to confirm, for court purposes, the existence of child abuse by the parents. When, during the treatment week, the parents came to this conclusion they viewed the workers' efforts with suspicion. In spite of this, both parents felt that definite improvements had been achieved, especially in interpersonal communication. They reported that they were more able to share important issues and

were consequently dealing better with conflicts.

All the families reported that they began the program with doubts and hopes about its possible success. Most became increasingly hopeful as the week proceeded, but two families still had some doubts about the likelihood of long-term change. Two families had begun to feel optimistic when they saw positive interactions beginning to develop between parents and children. Some acknowledged that they gained confidence in the program when the family began to use some of the problem solving skills to good effect.

### *The benefits of the project*

A wide range of benefits was reported by different family members. These benefits varied from new personal understandings and skills, to new interactions between the family group as a whole. Parents gained insights into children's needs and behaviours and insights into the effect of their behaviours on their children. Some learned to express their feelings more openly, some to control their own aggressive feelings, while others learned ways to air grievances, to talk to a teenage daughter about embarrassing matters or to communicate with a resentful son. For others there were insights into how the family had been caught in intergenerational patterns and traditions, and new learnings about how to solve family problems more openly.

***All the families felt there was clear evidence that family interaction was more positive and that they had the tools to solve future conflicts***

Some family members felt they could trust problem solving skills to get them through future conflicts, even though they were not clear about the exact nature of these skills. Above all, participants expressed a strong sense of optimism for the future for their families. While perceptions varied, all but one family were confident that things were working out for them. At the time of the follow-up interview, the program had been operating for over twelve months, and most families had completed the program at least three months previously. They were therefore

describing their present circumstance from a range of time perspectives. All the families felt there was clear evidence that family interaction was more positive and that they had the tools to solve future conflicts. Improved communication had given some family members hope that difficult marital and parental relationships could survive successfully, although the family mentioned earlier were still very sceptical that their child would be reunited with them, and another family was sad that their second child had been adopted out of the family.

### *Ways families saw to improve the program*

There was clear consensus that families wanted the program to continue longer – for one family, up to three weeks. The experience of 'finding themselves' as a family during the program gave them a longing to extend the good experience or to return for another program.

Two parents suggested, firstly, that parents needed to be more in charge of the program agenda at particular times, and one wanted more opportunities to try her hand at determining family activities so that social workers could give her observations and feedback. Secondly, they felt that too many people 'came and went' in the house during the week: they wanted a greater acknowledgment of the privacy of their family.

One teenage boy found the week too long without a TV set ('things got boring'), and the family whose child was not returned to them found the implications of the role plays too negative, and thought the social workers used them to reinforce the retention of the child from the family.

### *Family perceptions of the worker team*

The majority of family members enjoyed the diversity of staff input during the residential program: the more the diversity, 'the more solutions they bring'. One parent reported that one key team member was excellent because so many people 'take over your job as parent'. However, most participants believed that the workers let the family members discover things for

themselves. The family who believed that the social workers were gathering evidence of child abuse were comfortable only in the presence of the homemaker team member.

### *Other families who could benefit from the program*

The families interviewed believed that there were many families who should take advantage of the project. Some thought the program would benefit 'any family in trouble with their children' because it would give them a chance to work on their problems. Some single parents thought the program would be of most benefit to other single parents; it is easier for single parents to work through issues, especially separation issues when there is another adult present.



Families pointed to the savings in government money and family distress, compared with the solution of residential placements. One parent claimed that it would benefit any family who was prepared to 'stick it out for a week together'.

### **TREATMENT TEAM VALUES**

In terms of child protection requirements, a significant outcome for a family with a child at risk is the ownership by the parents of the responsibility for the child protection concerns, both past and future. The hoped for long-term outcome for a child at risk is a safer environment

which enhances his/her development and emotional growth within the family.

In order for the Maryborough area office to operate the residential treatment program of its work with families, there has to be a total commitment by the work-group and administration staff to the process and the philosophy of the program. The philosophy of the program includes a number of beliefs and values that are integral to the process.

Firstly, families can change, and relationship structures and patterns within family systems can change. Partners in powerful and destructive dyadic relationships can relinquish some of their power, and, at the same time, less powerful or weak relationships can be strengthened. Painful situations can become less painful; experiences can leave individuals with little dignity can change to allow greater dignity. Most importantly, a dangerous family system can become safe.

Secondly, families want to share time and a sense of being together. No matter what painful or hurting experiences may have occurred previously there is still an overwhelming desire amongst family members to share "togetherness" and an experience of unity.

Thirdly, a family system has many of the essential answers to their problems within its own structure. We do acknowledge, however, that many dysfunctional family systems seem not to be able to generate the energy or the capacity to solve their own problems. External resources are often necessary to give a family the basic security to work on their problems together. By exploring and discovering the family's inherent capacities and energy, the workers can prepare the family system itself to create and recreate solutions.

Fourthly, in our work with families, we are exploring new territory for that system, as well as for the therapist system.

We believe then, as a team, that such family systems are able to and capable of discovering new ideas, unearthing new paths and of exploring alternate routes in family life. A value that we consider to be important is the belief that families can learn new ways.

Responsibility for change and ownership of responsibility is another major value our therapy team endorses. We believe strongly that family members need to accept responsibility for handling their own problems. The family system then owns the changes that occur.

As we guide and support the family system to discover new options and skills, we believe that it is our role as therapists to provide firm challenges to that system. Without challenge, the family fails to appreciate its present functioning or the alternative relationships that are possible. Family systems, then, need firm challenge in order to establish and change goals.

A common theme and essential element in our team work is hope. Hope is a vital message that we can bring to those with whom we work. Hope is an intangible element which defies measurement yet has the most significant impact on a family's successful functioning.<sup>7</sup>

Change within the family occurs when the therapist maintains a certain distance and objectivity. While some advocate that therapists join the family as friends or co-members, this often results in the family losing sight of its changed goals and the therapeutic relationship subsequently becomes confused.

## CONCLUSION

The Maryborough area office residential family treatment program is still a very new initiative. While it certainly meets important needs in a country area which is chronically short of resources, there are also costs in such a program: most importantly, two caseworkers are taken off-line for a week, and remaining staff must assume responsibility for new intakes and crises. The financial costs average about \$200 per family excluding the costs of staff time and petrol costs to travel to and from the nearby holiday township. However, we must weigh these costs against the costs of long-term alternate care for a child or children, and the costs of, for example, a court hearing.

In less tangible terms, the work of this statutory child protection agency is enhanced, such that staff can actively assist families. The area office is able to develop a variety of strategies to use

in family work, and individual workers can review their intervention strategies to include more effective and creative options for family intervention.<sup>8</sup> The worker survives the stresses of the work better, and becomes proactive rather than reactive in crisis situations. The long-term benefit to the agency has been its stable and competent staff, in a field renowned for its high levels of burnout.

Finally, the children and families are the most significant beneficiaries. To the crucial process of returning a child to his or her natural home workers can give the detailed attention it rightly deserves. The program's week of intensive therapeutic input helps prevent the family re-establishing the same negative functioning which in the future as in the past might seriously threaten the welfare of their child.

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## RESIDENTIAL PROGRAMME - KANN FAMILY - 16-20 May 1988

Theme - "Do you want to be a family?"

## OUTLINE OF PROGRAMME

**MONDAY****Before Lunch:**

## Intro

- \* Setting agenda rules, basic philosophy, that there will be difficult things dealt with when family is ready

## Joining exercises/games

**Post Lunch:**

- \* Why do you want to be a family?
- \* Dreams for family
- \* Genogram
- \* Obtain commitment to work at becoming a family - draw up chart for inclusion of evidence for and against individual's commitment to the idea of being a family (to be completed daily)
- \* 4.00 pm - Homemaker arrives to complete week's roster

**Homework Monday:**

Think of one happy time they have had as a family (not to talk to anyone else about this)

**TUESDAY****Before Lunch:**

- \* Draw the happy family time thought of for homework and explain to family/role plays

**Post Lunch:**

- \* What is your family really like?
- \* Good and not so good aspects being in care
- \* Include role plays, sculpting games

**WEDNESDAY****Before Lunch:**

- \* Draw a sad thing that has happened regarding the family
- \* Explain to family

**Post Lunch:**

- \* Discussion around sadness/loss eg why they came into care feelings about parents Department's role foster placement breakdown, etc
- \* Conclusion - present theme of the Kann strength - survived with love and care in tact
- \* Restate good things about family

**Homework Wednesday:**

Prepare picnic lunch for tomorrow

**THURSDAY****Before Lunch:**

- \* Treasure hunt, beach games

## Picnic Lunch

**Post Lunch:**

- \* Swim
- \* Picture of ideal family
- \* Return to house and discuss what would you like your family to be like really?
- \* Grow up - divorce the welfare
- \* How do you go about achieving the ideal
- \* Carrol, Bev and Sandy to stay for dinner

**Homework Thursday:**

Make a celebration cake for tomorrow

**FRIDAY****Before Lunch:**

- \* Further discussion re: achieving/working toward ideal family
- \* Commitment to ongoing sessions
- \* Feedback where Kanns seen as consultants - what have they learnt/what changes would they suggest, etc
- \* Negotiations of family schedule

**Conclusion:**

- \* Family concert/celebration

**GOALS OF PROGRAMME**

- ◆ Team Building within a family
- ◆ To assist with living skills

**OBJECTIVES**

- ◆ To have family together for a week
- ◆ To help family develop resources to go on without Family Services - i.e. divorcing Family Services
- ◆ To settle family rules, closeness and distance

**INDICATIONS OF GOALS & OBJECTIVES BEING MET**

- ◆ Less fighting
- ◆ Change in attitude dealing with welfare - i.e. divorce
- ◆ Being able to set family rules