



Basic Safety Issues in Supervised Parent-Child Contact: An Ebook for the Child Welfare Community



About the Clearinghouse on Supervised Visitation

The Clearinghouse on Supervised Visitation (Clearinghouse) is a project of the Institute for Family Violence Studies (IFVS) at Florida State University's College of Social Work. The work of the IFVS increases the knowledge base on effective interventions for family violence. The IFVS also provides technical assistance and training for family time/visitation service providers and serves as a resource for professionals and for the general public. The Clearinghouse is funded by the Florida Department of Children and Families.

Karen Oehme, J.D. serves as the Director of the IFVS.

Zachary Summerlin, M.S.W. serves as the Project Manager.

Delaney Anderson serves as a graduate assistant on Clearinghouse projects.

The Institute for Family Violence Studies and the Clearinghouse on Supervised Visitation can be reached using the contact information below.

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Institute for Family Violence Studies Clearinghouse on Supervised Visitation

Florida State University, College of Social Work C2309 University Center

296 Champions Way

Tallahassee, FL 32306-2570

Phone: 850-644-6303

Email: koehme@fsu.edu <http://familyvio.csw.fsu.edu>

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Basic Safety Issues in Supervised Parent-Child Contact: An E-Book for the Child Welfare Community

Purpose

This E-book provides management and line staff – including case managers and other child protective workers -- with an introduction to basic safety issues in dependency case supervised visits. It includes practical safety tips and information to increase the safety of case managers, social workers, child transporters, and all other child protective workers involved in parent-child visitation when a child has been removed from the home pursuant to Florida Statutes Chapter 39.

For specific discussions of safety at Supervised Visitation Programs, visit:

<https://itrs.csw.fsu.edu/clearinghouse-supervised-visitation>

Introduction

When a judge orders supervised visitation between a child and a non-custodial parent due to abuse or neglect allegations, most parent-child contact occurs without incident. Still, there is a potential for risk to the child and the case manager who supervises the visit. Supervised Visitation program staff in

Florida receive on-going, specialized training to safely manage supervised visits in a controlled setting. However, much of the supervision of family visits is conducted by case managers in community-based care agencies and in community settings. For this reason, this E-book explores different ways that both management and line staff can enhance the safety of the children and the staff involved in supervised visitation in child protection settings.

This E-book applies beyond case managers in the supervised visitation setting; many of the safety concerns and precautions described can apply to social workers in a variety of different settings, such as substance abuse counseling, mental health counseling, victim advocacy, and elder care.

Objectives



There are many objectives to this E-Book. They are described in the chart below:

<p>After viewing this E-Book, both Management and Line staff will be able to:</p>	<p>Understand why case managers should learn about the risks involved in supervised visits.</p> <p>Be aware of past episodes of violence perpetrated against case managers to avoid future tragedies.</p> <p>Understand the dynamics of different types of cases and the safety measures involved in them.</p>
<p>Management will also be able to:</p>	<p>Understand the importance of agency-wide safety policies and protocols, including an Emergency Plan, as seen in the Federal Emergency Management Agency (FEMA)'s sample plan.</p> <p>Develop new measures that can be utilized to increase the safety of agency staff who monitor visits.</p> <p>Use this as an in-service training with staff.</p>
<p>Line staff will also be able to:</p>	<p>Learn basic guidelines for parent-child contact.</p> <p>Understand basic effective communication with clients.</p> <p>Define and identify critical incidents and understand how to respond to them.</p>



Ways to Use this E-Book

1. Direct all staff to review the E-Book.
 - a. Have current staff print out a Certificate of Completion and keep it in each employee's file.
 - b. Be sure to have new staff review the E-Book as part of the orientation process.
2. Create an in-service lunchtime training to discuss the safety issues raised in this E-Book.
 - a. Discuss the scenarios raised in this E-Book.
 - b. Invite law enforcement representatives to talk about security issues during the training.
 - c. Invite representatives from the local supervised visitation program to discuss safety issues during the training.
3. Review current safety policies and procedures and determine whether they should be amended to reflect the issues raised in this E-Book.

Working with Families in Child Protection Agencies: About Respect, Professionalism, and Safety



All parents involved in the child protective system are entitled to respect and courtesy from case managers. Much has been written about ensuring parent-child contact to reunify families, and this is the overarching goal of the child protective system and family-centered practice. Thus, all interactions with parents should be framed in mutual cooperation and a shared purpose: improving the parent's capacity and motivation to be a healthy caregiver to his or her child. Safety is the first and most important issue in parent-child contact.

For more information on family-centered practice, see:
<https://itrs.csw.fsu.edu/clearinghouse-supervised-visitation>



Understanding the Safety Issues in Supervising Parenting Time or Visits

One of the most important safety measures in supervised visitation is for staff to be aware of the dynamics of the case, as well as the risks involved in different types of cases.

Why do some people become violent? There are many theories about society's increased violence. Some involve clients' histories of violence and abuse, their substance use, mental illness, frustration with feelings of powerlessness, lack of social responsibility, or even brain injuries.

THINK ABOUT IT:

You are preparing for a case with a father visiting his son. The father has a history of violence with a criminal record for assaulting a police officer. The father is accused of stalking the child's mother and for physically abusing the child.

Questions to consider: What do you think the risks or dangers are in this case? Who might be at risk? How should you prepare for this type of visitation? What should you know about the case and the parties involved in supervision? Consider whether this case should be referred to the local supervised visitation program to enhance safety for all involved.

The Clearinghouse on Supervised Visitation has studied the risks involved in several types of cases. Specific case dynamics are listed here with information about risks. Child protective workers should remember that they are working with clients in volatile situations, and that sometimes clients focus their anger and frustration on staff. Cases that are extremely dangerous and high risk should be sent to supervised visitation programs.

Domestic Violence in Child Abuse Cases

Many cases in the dependency court system involve a parent accused of domestic violence, even if the child was removed from the home because of some other cause, such as neglect or physical

child abuse. For this reason, case managers should understand the complex dynamics of domestic violence in order to better understand the risks in supervising visits. For information on the dynamics of domestic violence, please refer to:

<https://itrs.csw.fsu.edu/clearinghouse-supervised-visitation>

Parental behaviors that have been associated with domestic violence:

- Threats and/or controlling behavior towards the staff.
- Testing and/or violating agency rules.
- Denying and/or minimizing abusive behavior to the child and staff.
- Blaming the other parent for the abuse.
- Sending threatening messages to the other parent via the child.
- Making suicide threats.
- Attempting to bring weapons to a visit.
- Stalking the child or non-offending parent.
- Intimidating the child into revealing his or her current living situation.
- Slashing tires and/or other destruction of property at the agency.

Child Physical Abuse in Child Abuse Cases

Agency staff working in child protection should understand the dynamics of child physical abuse in order to better understand how this abuse can impact parent-child contact.

Parental behaviors that have been associated with child physical abuse:

- Hurting and/or being rough with the child.
- Blaming the child for the abuse.
- Attempting to influence the child's testimony.
- Being physically aggressive to staff.
- Blaming another person for the child's injuries.

If the case involves a prior history of violence, the case manager should conduct a thorough risk assessment according to agency protocol.

Child Sexual Abuse in Child Abuse Cases

Agency staff working in child protection should understand the dynamics of child sexual abuse in order to better understand the dynamics of child sexual abuse in supervised visitation. For information on the dynamics of child sexual abuse, see:

<https://itrs.csw.fsu.edu/clearinghouse-supervised-visitation>

Florida Statute 39.0139 is the “Keeping Children Safe Act.” This statute mandates that any child who has been sexually abused must be protected. The statute instructs that visitation between a child and his or her parent in these cases must be supervised by a person with specific training in the dynamics of child sexual abuse. For more information on this statute, see: <http://www.flsenate.gov/Laws/Statutes/2012/39.0139>

Parental behaviors that have been associated with child sexual abuse:

- Revictimization - Attempting to touch the child inappropriately, through tickling, lap sitting, or prolonged kissing or hugging.
- Whispering to the child so that the visitation supervisor cannot hear what is said.
- Blaming the child for the abuse; accusing the child of being “provocative.”
- Influencing the child’s testimony.
- Speaking in coded messages to communicate threats to the child.
- Making the child upset, frightened, anxious, or distressed about past or potential abuse.

If the case involves a history of child sexual abuse, additional restrictions on physical touching should apply to avoid re-victimization during the visit. Training is available online at the Clearinghouse’s website. Supervised visitation programs have specialized training to deal with these issues.

Substance Abuse in Child Abuse Cases

Agency staff working in child protection should understand the dynamics of substance abuse in order to better understand how substance abuse can impact parent-child contact. Many referrals involve parental substance abuse, so it is important for agency staff to understand the dynamics involved.

Parental behaviors that have been associated with substance abuse:

- Visiting while under the influence. This may increase aggression and lower inhibitions.
- Using substances at the agency (“huffing” or using in the bathroom, in the parking lot, in the stairwell).
- Acting erratically, stumbling, falling, injuring self, speaking with slurred speech.
- Acting aggressively towards the child or staff.
- Becoming physically ill.
- Not being able to follow the protocols or directions of staff.
- Injuring the child or staff.
- Showing up late for visits; missing visits.

If a parent’s prior substance abuse is an issue in the case, the case manager should be alert to the parent using substances or arriving for the visit under the influence of substances.

Mental Illness in Child Abuse Cases

Agency staff working in child protection should understand the dynamics of mental illness in order to better understand how mental illness can impact parent-child contact. Unlicensed staff should not

diagnose the parent, but rather focus on a parent’s behavior in case it poses a threat to those involved in visits.

Parental behaviors that have been associated with mental illness:

- Acting erratically or unable to focus.
- Becoming agitated during a visit.
- Becoming overwhelmed by loud noises or toys.
- Having delusions or hallucinations.
- Becoming paranoid and being unable or unwilling to follow protocols.

- Having tremors.
- Becoming confused over where he or she is and what he or she is doing there.
- Injuring child.
- Injuring self.

Case Scenario: Read the following example and think about safety issues present in this situation:

A father with a documented history of chronic substance abuse was recently ordered to have supervised contact with his two year old son who was removed from his home because of child abuse. The father comes to the agency and seems to be stumbling and slurring his speech. During the visit, the father tries to pick up his son, but almost drops him. The father becomes frustrated and upset. The child cries and the father yells at him to “Shut up!”

Questions to consider:

1. What behavior may indicate a problem?
2. What safety issues could arise from this behavior?
3. What steps should the case manager take to protect the child?

Answers:

1. The problematic behaviors present in this example are the stumbling, the slurred speech, the possible dropping of the son, and the father’s frustration. The case manager should document the father’s behavior. The visit should not take place if the case manager cannot reasonably ensure that the child will be safe during the visit. Given the current facts, the visit cannot go on.
2. Safety issues present in this example are the possibility that the father may hurt the son physically because the father is not completely in control of his faculties.
3. The steps the case manager can take to protect the child include: cancelling the visit, rescheduling, reporting the problem, and recommending a substance abuse evaluation for the father. Before the next visit, the father should be consulted about making sure he shows up sober at the next visit.

Considering Safety

This E-book emphasizes safety precautions to prevent tragedies. However, no E-book or training can prevent all violence. Instead, our goal is to reduce risk whenever possible.

Security Breach:

Past Episodes of Violence in Child Protection

The following section alerts case managers to past tragedies involving supervised visits, and although none of them occurred in Florida, the potential always exists. Be sure to discuss any concerns that you have about cases, clients, behaviors, or specific situations with your supervisor.

Case 1

During a supervised visitation in a counseling center, a father shot his young daughter and the supervising caseworker. The girl was killed and the caseworker was seriously injured.

Jensen, Steve. (1992). Police Arrest Father Of Slain Girl. Hartford Courant. Retrieved from: http://articles.courant.com/1992-11-04/news/0000110324_1_girl-s-mother-daughter-hostage-court-records

Case 2

During a scheduled home visit with a couple concerning their infant child, a social worker was assaulted, beaten, and suffocated upon entering their home.

Johnson, Curtis. (2008). Trooper: Social worker beaten, suffocated. The Herald Dispatch. Retrieved from: <http://www.herald-dispatch.com/x2021816872/No-Headline>

Case 3

During a home visit to check on a 17 year old client, a female social worker was stabbed to death by the teenager.

Sedensky, Matt. (2004). Increased Protections for Social Workers Urge. Los Angeles Times. Retrieved from <http://articles.latimes.com/2004/oct/10/news/adna-killing10>

Case 4

During a supervised visit, a mother smuggled a knife in to the office. The mother stabbed the infant several times before being apprehended.

Hermann, Peter. (2012). I hope my baby is dead. The Baltimore Sun. Retrieved from http://articles.baltimoresun.com/2012-04-26/news/bal-i-hope-my-baby-is-dead-20120426_1_multiple-stab-wounds-kitchen-knife-crime-lab

Case 5

During a supervised visit, a father locked the social worker out of the home. The father proceeded to attack his two sons with a hatchet and then set fire to the house.

Cuomo, Chris, Phillips, Harry, & Curry, Colleen. (2012) Josh Powell told sons he had 'surprise' for them, social worker. Retrieved from <http://abcnews.go.com/US/josh-powell-told-sons-surprise/story?id=15549745>.

It is important to note that the vast majority of parent-child contact occurs without incident. Thinking about and planning comprehensively for safety can increase the likelihood that families and staff will be safe during the provision of services.



Safety Measure Considerations for Agency Management

Safety: An Agency's Priority

Child safety, family safety, and employee safety should all be of equal importance to every agency.

Safety considerations are an integral part of each child protection agency and each visit supervised by child protection staff. Safety precautions should be considered and implemented throughout the system. Each agency should consider:

- Has the agency conducted a worksite analysis to determine risks?
- Is management committed to safety, developing safety policies and protocols, and involving
- employees in safety analysis and feedback?
- Do case managers have safety training on critical incidents, including how to deal with clients who are violent or use intimidation on-site; or who are injured or experience health crises on-site (including injuries diabetic shock, epileptic seizures, or other health issues)?
- Does the agency have a recordkeeping system for risk management issues, training records, employee feedback/concerns, and program evaluation?

Link to The Occupational Safety and Health Act of 1970, regarding needs for safety planning and violence prevention for social services workers. Hyperlink:

<https://www.osha.gov/laws-regs/oshact/completeoshact>

Worksite Analysis

Each agency should conduct a worksite safety analysis. This analysis often involves a walk-through of the agency to look for potential safety concerns. The physical layout of an agency should meet the safety needs of parents and children who receive services, as well as agency staff. This process includes walking through the offices at the agency and eliminating safety hazards, either based on common sense or on previous experience. Asking local law enforcement to assist in this process is crucial. The following are some typical considerations regarding safety:

Working with law enforcement

Does the local law enforcement agency understand the nature of the agency's work and the risks involved in case management onsite? Has law enforcement been consulted to help assess risks and contribute to risk management? If an employee called 911 from

the office, would law enforcement understand that the emergency from that agency could involve vulnerable children and adults?



Parking

Are parking areas well lit?



Lighting

Are rooms and stairwells well-lit (both inside and outside)?



Checkpoints

Has the agency considered metal detectors to check for weapons? (This should be operated by security staff.)



Alarm System

Does the agency have an alarm system, panic buttons, or some other method of emergency?



Monitors

Does the agency use video surveillance?



Objects

Does the agency keep any objects that may be used as weapons out of reach from clients? This includes items such as large desk items, lanyards, and sharp objects, like letter openers.



Training

Has management trained employees on safety measures, such as understanding the risks of each case, agency protocols, and de-escalation techniques?



THINK ABOUT IT:

Think about site safety measures within your agency. Is your parking area well lit? Does your agency have a monitoring system? Do you have objects around the office that could be used as weapons? Make sure that you think about how your staff might be at risk because of the physical layout of your agency.

Management Commitment

Agency management is committed to the emotional and physical safety of clients and employees. In order to do this, management should consider doing the following:

- provide training on intervention and risks,
- enforce policies such as prompt reporting of incidents,
- consult with law enforcement on safety concerns,
- make sure employee safety is as important as serving the client,
- have a zero tolerance policy for violence in the agency,
- be trained to manage a situation and support staff in times of emergency.

The following is a link to The Occupational Safety and Health Act of 1970 and the needs for safety planning and violence prevention for social services workers. Hyperlink:

<https://www.osha.gov/laws-regs/oshact/completeoshact>

In addition, management understands the importance of constant communication within the agency. Communication is also a key measure in ensuring safety while supervising visitation.

- a) *Communication within the staff:* Staff should be able to share concerns with supervisors about potential threats from participants or general concerns about a participant. This enhances safety.
- b) *Communication with the referral agencies (courts):* All agencies should be able to communicate with the courts. This includes being aware of all orders of protection that the victim might have, other court orders in effect, and family background information on the case.
- c) *Communication with the clients:* Agencies should communicate program policies that directly involve the clients. In addition, the consequences for breaking the policies or creating an unsafe situation should also be communicated in a respectful, supportive manner.

Safety and Health Training:

Agencies should utilize training to reduce the chance of violence to staff, children, or other people. Through training, staff will be able to identify potential risks. This process includes learning the agency safety plan. This safety plan will help staff learn:

- the workplace violence prevention policy,
- risk factors that contribute to assaults,
- initial escalating behaviors and warning signs of violence,
- how to address a safety issue before it causes a problem,
- how to prevent, defuse, and respond to aggression and violence,
- when to terminate a visit,
- the location and operation of emergency alert systems,
- methods of protecting themselves and others,
- policy and procedure on recordkeeping and reporting,
- sensitivity for and awareness of cultural issues and differences.

If the staff is not trained, they may not be able to recognize and manage potentially dangerous behavior.

A Model Emergency Plan

A component of the safety plan is knowing how to respond to an emergency if one occurs. This component is called an Emergency Plan. FEMA offers a sample emergency plan. For the purposes of this E-Book, some of the main points are outlined here in order to help social service agencies to create their own.

For more information or to access the full sample plan, see here:

<http://training.fema.gov/EMIWeb/emischool/EL361Toolkit/assets/SamplePlan.pdf>

Introduction:

Purpose of the Plan: The purpose of this emergency plan is to provide the agency with a plan to train staff members on how to deal with an emergency. In the case of an emergency, agency management and staff will be able to respond to the emergency quickly and appropriately to ensure the safety of staff and all involved.

Scope of the Plan: This emergency plan outlines the roles of different staff in an emergency; including communication plans, training plans, and safety procedures.

Situation Overview:

- Staff Information
- Building Information
- Preparedness, Prevention, and Mitigation Overview:
 - Prepare: planning, organizing, training, exercising, and evaluating.
 - Prevent: actions to avoid an incident or to intervene to stop an incident from occurring.
 - Mitigate: activities to reduce the loss of life and property by avoiding or lessening the impact of a disaster.

Organization and Assignment of Responsibilities

This section establishes who does what in an emergency situation.

- Agency Administrator: The agency administrator maintains overall responsibility for the safety of participants and staff.
- Incident Commander: The staff member who follows the steps of the emergency plan in order to keep staff and clients safe.

Plan Development, Maintenance, and Distribution

- Following the development of a plan, the agency should:
 - Review and Validate the Plan
 - Present the Plan (for comment or suggestion)
 - Distribute the Plan

Part of the process of distributing the plan should include providing law enforcement with a copy of the agency's physical blue print. In the case of an emergency, law enforcement will be better prepared to assist the agency when the physical layout is known.

Plan Review and Updates

- The agency's emergency plan should be updated based upon problems found in drill exercises and when threats or resources have changed.
- An agency should conduct trainings and drill exercises in order to ensure that first responders and staff are aware of their duties and responsibilities.

Recovery: Psychological Healing Procedures

- These procedures focus on providing emotional support to staff impacted by trauma.
- Immediately Following a Serious Injury or Death and/or Major Incident:
 - Convene a staff meeting immediately to discuss how the situation is being handled and to discuss what resources are available.
 - Set up crisis centers and designate private rooms for private counseling/defusing. Staff Support should include outside mental health professionals to assist with staff grief.

What Kinds of Threats Exist?

Building an emergency plan, like the one outlined above, allows an agency to plan for emergency situations that it may not be able to control. A chart is listed here with some safety threats an agency may experience and can utilize the emergency plan to respond to.

Client Threats	A disgruntled parent; a relative or friend of a disgruntled parent; a parent who becomes upset during parenting time; a parent who uses substances at the agency; a parent suffering from a mental illness during a visit; a parent who tries to harm the case manager or the child; a parent who uses the agency to stalk the child or the other parent; a parent taking a hostage during a visit.
External Threats	Someone coming into the agency from outside who wants to inflict harm; a car accident that hits the agency; a robbery happening near the agency; an abusive partner of an employee who stalks the employee at the agency, a former employee who is disgruntled at management or at other workers.
Natural Disaster Threats	A tornado; a fire; an earthquake; a bad thunderstorm; fallen trees; and power outages that affect the program.
Medical Threats	A parent who has a medical problem while at the agency; a child who has a medical problem while at the agency; a staff member who has a medical problem when supervising a visit.

THINK ABOUT IT:

Think about staff training on safety measures. Do you have trainings to make your staff more aware of safety issues? Does your staff periodically conduct risk assessments? Make sure that you think about how your staff might be at risk without proper safety training!

Recordkeeping and Program Evaluation:

Recordkeeping and program evaluation are crucial to determining the effective functioning of the agency. In addition, this will help management and staff understand where the agency may need extra training or consideration.

Recordkeeping: Managers and employees should be trained in different forms of recordkeeping. Many community-based care organizations may have formal recordkeeping procedures. Managers and employees should be trained in any recordkeeping or documentation specific to that agency. In addition, staff should also be trained in the use of risk assessments and critical incident reports.

- Risk assessments should be completed at various times throughout the agency's
- contact with families.
- Agencies should first conduct a risk assessment during the intake process. The risk assessment focuses on identifying different types of risks to the child and will therefore inform the risk to the case manager as well.
- Incident reports are completed by staff when an incident occurs. This report allows the agency to document what occurred and the person(s) involved. This will inform all staff about problems with participants and help prevent future incidents.

Program Evaluation: Evaluation of an agency's program is important both throughout services and following incidents. Evaluation should occur periodically in order to consider any issues that arise from every day functioning within the agency. Additionally, it is also important to evaluate agency protocol following an incident. Once an incident occurs, new issues may be brought to light or new safety concerns may develop. For this reason, evaluation is crucial at this time. Program evaluation keeps the agency aware of safety concerns and improvements to better serve the families and better ensure the safety of all participants.

Additional Safety Considerations for Line Staff

Employee Involvement

Employee involvement allows employees to also contribute to safety planning through safety policies. Employees should:

- Learn and follow the agency safety plan.
- Make personal safety concerns known to supervisors.
- Immediately report any incidents that occur.
- Receive continual training on safety issues.

Family-Centered Practice:

Agency staff should embrace family-centered practice. Family-centered practice is a way to work with families in order to help parents to care for and protect their children. This focuses on the needs of children in their families and in their communities. The Department of Children and Families has embraced this model; it is present in every aspect of the child protective services delivery system.

In child welfare, there are generally four core components of family-centered practice. They are:

1. The focus of attention is on the family unit.
2. Professionals must emphasize the encouragement of effective functioning within families.
3. Families are involved in the process of establishing policies, services, and program evaluation.
4. Families work with comprehensive, diverse, and community-based services and supports.

The family-centered model focuses on empowering families. There is a strong emphasis on family strengths, responsibility, autonomy, and active participation by families with professionals.

It's a partnership: Explain to the parent at intake that you are working together to ensure compliance with the case plan. The monitoring helps protect the parent. There can be no false allegations against the parent while he/she is being supervised.

Trauma-Informed Care:

Agency staff are trained in trauma-informed care. Because many children in supervised visitation will have experienced a trauma, and most likely a trauma associated with the non-custodial parent, it is important for staff members to be aware of safety issues associated with the child. If a child is a victim of a trauma, he/she may act out in anger or fear. This might include the child banging his/her head against the wall or attacking a parent. Just as agency staff should pay close attention to the actions of the non-custodial parent to ensure safety, they should also pay close attention to the behavior of the child.

Importance of Knowing a Client's Baseline

An important component of intake is establishing a client's baseline. A baseline is the client's normal state of being and normal behavior at the time of intake. Just like the safety plan emphasizes prevention of violence and hazards, understanding a client's baseline may help prevent incidents of violence.

Understanding a client's baseline allows agency staff to identify how the client normally acts. Then, if a client's behavior later differs from the baseline observed at intake, the worker can identify this new behavior and determine whether it threatens the safety of the agency staff or clients.

A child's baseline is more difficult to establish. However, for older children it may be possible to at least determine a child's demeanor. It is important for case managers to pay close attention to a child's demeanor during the visit and to respond appropriately if he/she notices any concerning behaviors.

Like all the safety measures discussed in this E-book, understanding a client's baseline DOES NOT entirely prevent violence. However, understanding a client's baseline may alert staff to potential problematic behavior before it occurs.

Communication Skills with Clients

Effective communication in supervised visitation involves both verbal and non-verbal skills. Individuals who monitors visits must communicate effectively with the custodial parent, non-custodial parent, child and foster parent or caregiver (if there is one), in a manner that is respectful, clear, assertive, and empathetic. To do so, staff members supervising visits must possess and demonstrate what are referred to as "attending skills."

Attending skills include:

- Encouraging attitude: engage the participants in communication through encouragement. Examples might be, “Tell me about your child” And “When you have the children at home, how do you play?”
- Paraphrasing: repeat back to the client what he or she is saying in a different fashion to assure the client that you understand what is being conveyed: “OK...What I hear you saying is _____.”
- Open and closed questions: use questions that require short answers as well as those types of question that allow more information to be conveyed. For example, “I’m very interested. Tell me what games you play at home.”
- Be genuine, warm, professional, and respectful: be respectful of cultural differences and family differences. It is also important to avoid being condescending or patronizing of families different from one’s own.
- Be assertive: direct participants to respond appropriately, in a firm and respectful manner.
- Give directions: state specific outcomes and get feedback so it is clear that the
- recipient understands the message.
- Practice non-verbal skills: this includes non-verbal communication, such as head nods and eye contact. Non-verbal communication can also be as ineffective as poor verbal communication. Visit monitors need to be aware of how their everyday posture, gestures, and body-space may affect communication.
- Use confrontation only when appropriate, such as when a child is put at risk during a visit.

Verbal responses to avoid:

- Avoid surprise exclamations: such as, “That’s awful! I never heard such a thing!”
- Avoid expressions of over-concern: such as, “I just don’t know how you manage.”
- Avoid criticizing: such as, “You are just not acting like you care at all today.”
- Avoid making false promises: such as, “I’m sure you’ll get your children back in the next month.”
- Avoid threatening or coercing a parent: such as, “If you don’t go in that room and see your child right now, I am going right to the judge, and he won’t be happy.”
- Avoid burdening the parent with your own problems: such as, “I am so tired today.
- My child was sick last night and my car broke down...”

- Avoid displays of impatience: such as, frustrating sighs, clenched jaws, and irritation.
- Avoid political discussions, such as “Who are you voting for?”
- Avoid arguing.
- Avoid ridiculing: don’t mock what family members say, how they say it, or their cultural differences, clothing, etc.

Keep “supervising” in Supervised Visits

The case manager assigned to the case must keep the parent and child within sight and sound for the visit to be truly supervised. This means that if the case manager is filing, typing, or reading, he/she is not focused completely on the parent-child contact. Most children can use the toilet on their own. If a child needs assistance from the parent, the case manager should accompany the parent and child to the restroom. If the case manager leaves the room, the supervision has ended and the visit can no longer be called “supervised.” Higher risk cases should be sent to local supervised visitation programs.

THINK ABOUT IT:

Think about communication within agency. Does your staff have instructional training on communication with other staff members and with clients? Are rules of the agency clearly communicated to clients? Are there back up plans for one case manager “covering” for another if necessary, so that supervision of a visit can continue uninterrupted?

Case Scenario:

Read the following example and think about safety issues present in this situation.

An eight-year old child is having supervised visitation with his non-custodial parent who was accused of physically abusing him. The child seems very distressed and begins screaming. The non-custodial parent attempts to comfort the child and the child starts thrashing around on the ground, repeatedly hitting his head in the process.

Questions to consider:

1. What behavior may indicate a problem?
2. What safety issues could arise from this behavior?
3. What steps should the case manager take to protect the child?

Answers:

1. The problematic behaviors present in this example are the child becoming upset and inconsolable.
2. The safety issues present in this example are with the child acting very distressed, this behavior may be indicative that he worries that the parent will hurt him.
3. The steps the case manager should take to protect the child include: trying to soothe the child, asking the parent to help soothe the child, and finally, ending the visit if the child's discomfort can't be alleviated. Based on a therapist's evaluation counseling for the child and parent may be necessary, along with additional pre-visit preparation, in order to help the parent develop more skills in calming the child and ensuring a more pleasant visit for the child.

Critical Incidents:

A critical incident is any incident that may endanger the physical or emotional health of supervised visitation clients or staff.

- A critical incident is NOT: an intervention or re-direction to assist the child which occurs by merely facilitating the visit or suggesting age appropriate interaction.
- A critical incident IS: an incident which occurs that a reasonable person would believe could endanger the emotional or physical health of the clients or staff.

Examples of Critical Incidents:

- A child has a seizure during a visit.
- A car is shot at in the parking lot during a visit.
- A parent raises a fist to staff.
- A parent physically abuses a child during a visit.
- A parent stalks the other parent or case manager in the parking lot.
- A parent brings a weapon to the agency.
- A parent uses drugs in the agency bathroom.
- A parent arrives intoxicated.
- A child falls and is bleeding on the head.
- A parent takes the child and tries to leave the agency with him/her.

Continuum of Responses for Critical Incidents:

- Different types of incidents will require staff to:
 - Suspend the visit.
 - Notify emergency personnel.
 - Involve other professionals.

Why do we analyze critical incidents?

- To prevent revictimization on site,
- To assist with the development of program policies, procedures, and forms to maximize safety and effectiveness, and
- To identify topics for staff trainings.

Reporting:

- **Always: Respond first, document second.**
- Law enforcement may have to be notified depending on the severity of the incident. For example, if a parent who arrives intoxicated refuses to leave the

- visit, law enforcement will have to be notified. Also, if that parent arrives in a car, he or she should not be allowed to get back in the car because s/he may harm someone.
- All agencies should have a way in which to let supervisory staff know if there has been a critical incident.

After a critical incident:

- Intervene (deal with the situation), then,
- Document the incident, and
- Debrief staff – offer referrals to counseling, make suggestions on how to avoid a similar incident in the future, seek increased training for staff.

Case Scenario:

You are supervising a visit between a mother accused of sexually abusing her son. During the visit, the mother starts to tickle the boy and he begins to cry. You notice that the boy is whining, but the mother continues to tickle him under his arms, on his bottom, and on his legs.

How should you handle this situation?

The case manager should be aware of the potential for revictimization of the child, because he/she has received training on supervising visits in child sexual abuse cases. As soon as the case manager observes this behavior, he/she should stop it immediately. If the child calms down, the case manager should redirect the visit to another type of activity that does not involve intense physical contact. If this physical contact persists, the case manager should intervene and terminate the visit. In addition, the behavior should be documented in the case file.



General Guidelines for Planning and Supervising Visits: The Basics

Step One – Preparation

1. Have a clear understanding of the agency's protocols for client and employee safety.
2. Receive agency training in defusing aggression and recognizing escalating behaviors and warning signs that lead to assaults.
3. Be sure that safety issues in the visit setting have been considered.
4. Be ready to approach clients in a helpful, non-authoritarian manner.
5. Know how to alert management and emergency personnel of safety violations and incidents.

6. Understand how to assess cases for risk dynamics.
7. Have a thorough understanding of the risk dynamics of cases sent to supervised visitation at your agency.
8. Plan for parent-child contact in a setting that balances all of the risks involved. The higher the risk, the more restrictive the setting, including having security in the room with the parent and child. The case should be sent to a supervised visitation program in the community when the higher risk cannot be safely accommodated at the agency.

Step Two – Provide the Visit

1. Gather background information on each family member (children, parents) to determine the past history and dynamics in the case. Understand the risks and dynamics of each case.
2. Inform each family member of program rules and parameters of visit. This must be done in a respectful way that encourages and supports the parents.
3. Decide on parameters that will match the safety considerations to the case risks. These may include limitations on the site used for visitation and extra security personnel. Parameters should also include the names and relationship to the child of other individuals who are allowed to participate in the visit (per court order).
4. Facilitate visit while monitoring using program policies and procedures for ensuring safe visit.
5. Directly observe all interaction between the parent and the child. Be able to hear and see what is said and done. Document the interaction according to program rules.

Step Three – Intervention, Termination, and Reporting of Critical Incidents

1. Use agency policies for intervening in cases where program rules are violated or in cases where the visit is causing harm to the child.
2. Redirect parents if the violation is minor.
3. Physically intervene and remove the child if necessary for the child's safety.
4. Complete incident reports per agency protocols. Provide feedback to the agency on how to make subsequent cases or visits safer.

Apply What You've Learned

Read the following scenario and consider the safety issues in this situation.

Case Scenario:

A father walked into the Great Children's Welfare Agency. He immediately went to the check-in desk, which was empty. The father started banging his empty beer can on the desk, demanding to see his son. He shouted, "Where's my d*** kid?" An intern saw the father and asked what the father needed. The father said he wanted to meet with his case manager. The intern shrugged, and led the father back to the case manager's office. The case manager had not yet met the father or read the file, but the individual who transported the child had just dropped the child off for a visit. The father immediately started yelling when he saw his child. "Are you still in diapers? You should be potty trained already!" The father slammed his hand on the case manager's desk and knocked items off her desk. The father stood between her and the door. The case manager froze and did not know how to call for help from inside the office. The father put one of his hands in his pocket and told the case manager, "This is all your fault. I'm not going to put up with this anymore." The case manager could not move; the child started to cry.

What could happen next?

A: This situation has the potential to escalate quickly. The father has placed himself between the case manager and the door. Because the case manager does not know about the case history, she does not know the details of the case. This situation could turn violent quickly and put the child and case manager at risk.

How could this affect the case manager? How could this affect the child?

A: Besides putting the case manager and child in physical danger, this situation may lead to the case manager feeling the need to leave this line of work or to further victimization of the child.

What safety issues were presented in this example?

A: From the beginning, this situation was unsafe. There was no one at the front desk to receive the angry father. An intern was untrained. The case manager did not know the background of the case. The father may have been intoxicated. The situation was already out of control.

What decisions could have been made differently to avoid this situation?

A: All of the safety issues discussed earlier should be addressed. There should be security staff to screen for clients with obvious substance abuse issues. A father should not be brought to an office without notice. A case manager should understand the referral and conduct an intake to understand the father. A case manager should also focus on de-escalating the situation.