Training Manual for Florida's Supervised Visitation Programs

CHAPTER

CRUCIAL SAFETY COMPONENTS: SITE SAFETY, INTAKE, MONITORING, AND TERMINATING VISITS

Case Scenario

Jeff Kuehn is a 31-year-old father of one daughter, Alyse, age 8. As a result of concerns with substance use, Jeff's is ordered to have supervised visitation. He arrives to his first visit late and hurries the visit monitor through an intake session so he can see his daughter. The monitor asked only few questions about background information. The monitor saw Jeff as charming and polite, and assumed that the intake information wasn't necessary for this substance abuse case. Throughout the visit, Alyse does not smile or talk, and refuses to play. Later in the visit, Jeff and Alyse are reading a book together on the floor. Jeff starts whispering to her about her mother. "Your mom has been accusing me of drinking around you. You're making up lies about me again, aren't you?" Jeff whispers just loud enough for the visit monitor to hear. The monitor steps in between the two and says to Jeff, "That behavior is not appropriate during visits. Please stop." Jeff quickly turns angry and picks up a letter opener that had been sitting on the desk next to him, saying, "I came here to get answers!" Turning to Alyse, he says, "Now tell me what you told her!" Alyse starts to cry, barely getting out the words, "I didn't mean to…" The visit monitor moves between Alyse and Jeff and he backs down and puts the letter opener down, quickly running out of the room.

After completion of this chapter, you will be able to answer the following questions:

- How could an assessment of background information and safety risks change this situation?
- What information should the monitor have provided before the visit began?
- What questions could the visit monitor have asked Alyse to create a safety plan?
- What maladaptive behaviors was Alyse showing that the monitor missed?
- What assertive behaviors did the monitor use to intervene? How did it help reduce the conflict?
- Would this constitute a critical incident? What about termination of visitation?
- What workplace safety hazard existed in the situation that could have led to grave harm for the child or monitor?

Introduction

The most crucial goal in supervised visitation is safety: safety for the children, the vulnerable parent, both parties, the program staff, and the community. It is essential for visit monitors to know how to prepare both the site and their clients for visits. It is also important to know how to conduct a visit effectively and how to terminate visits while keeping safety in mind. This knowledge provides the basis for a visit monitor's day-to-day work. At each step of the process, monitors should feel confident about options for intervening when needed. This can lay the groundwork for a successful supervised visit that meets the family's needs while maintaining a safe environment for everyone.

What will I learn in this chapter?

Upon completion of this chapter, participants will be able to:

- Identify workplace safety considerations and threats
- Conduct a worksite analysis
- Safely prepare self and clients for visits
- Develop a safety plan with children prior to the first visit.
- Identify risk factors for each family member
- Safely and effectively provide visits
- Identify the primary responsibilities of visit monitors
- Understand your responsibility in child abuse reporting
- Employ strategies for managing reactions during visitation
- Identify safety concerns during visits
- Identify maladaptive behaviors in children
- Address children's concerns during visits
- Engage in activities that foster positive parent-child interaction
- Use assertive behavior to intervene in visits
- Prepare clients for visits and terminate visits safely

DID YOU KNOW?

A survey completed by the Supervised Visitation Network revealed that over 80% of all supervised visitation providers agree or strongly agree on three goals. They want:

- recognition as being well-trained,
- an increase in professionalism in the field, and
- more accountability.

To accomplish this, visit monitors need to be well aware of the safety needs in supervised visitation and the steps for intake, monitoring and terminating visits in a safe way.

Workplace Safety

A supervised visit can only be safe when a visit monitor is prepared, creates a comfortable space, takes into consideration all safety precautions, has adequate information about the case, and knows how to intervene appropriately when necessary. A threshold question is the safety of the space the visit takes place in. Child safety, family safety, and employee safety should all be of importance to every agency. Safety precautions should be considered and implemented throughout the system. Many supervised visitation programs are part of larger agencies. Some, however, are stand-alone programs. Thus, we will refer to agencies/programs below.

Each agency/program should consider:

- Has the agency conducted a worksite analysis to determine risks associated with supervised visitation?
- Is management committed to safety, developing safety policies and protocols, and involving employees in safety analysis and feedback?
- Do all employees 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/program have a recordkeeping system for risk management issues, training records, employee feedback/concerns, and program evaluation?

STOP and read **Basic Safety Issues in Supervised Parent-Child Contact: An E-Book for the Child Welfare Community** by visiting http://familyvio.csw.fsu.edu/wp-content/uploads/2010/05/Safety_eBook.pdf.

Worksite Analysis

Each agency/program should conduct a worksite safety analysis. This analysis often involves a walk-through of the visitation site 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. 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?
  - Are the parking lots littered with debris?
  - Are there any unexpected cars parked or people loitering?
- **Lighting**
  - Are parking areas well lit?
  - Are rooms and stairwells well lit (both inside and outside)?
- **Checkpoints**
  - Has the agency considered metal detectors to check for weapons or checkpoints at which staff check bags and parcels for weapons or disallowed items? (This should be operated by security staff.)
- **Alarm System**
  - Does the agency have an alarm system, panic buttons, or some other method of emergency alerts?
- **Monitors**
  - Have your monitors all been trained thoroughly?
  - 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.
  - If the program has a kitchen, are knives locked up?
- **Training**
  - Has management trained employees on safety measures, such as understanding the risks of each case, agency protocols, and de-escalation techniques?

REMINDER:

Safety is always the first priority in supervised visitation.

You can provide the following handout on **10 Rules for Workplace Safety** to staff at your program as a starting point while discussing workplace safety. It is important that all staff are aware of safety rules and feel comfortable implementing them.

10 Rules for: WORKPLACE SAFETY

1. You are responsible for your own safety and for the safety of others.
2. All accidents are preventable.
3. Get informed on your program's policies and procedures.
4. If you are not trained for the task, find someone who is.
5. Do not take short cuts. Follow the rules.
6. Keep your work space clean and organized.
7. Wear appropriate and safe work clothing and footwear.
8. Seek security staff when needed.
9. Report any unsafe conditions or injuries.
10. Always prioritize safety.

Leading Causes of Workplace Injury

25.7% Overexertion
Involving lifting, pushing, pulling, turning, throwing, and catching

24.3% Fall
Due to uneven surface, object, or structure.

10.1% Struck by Object
Such as vehicle or equipment

7.6% Other Physical Exertions
Such as bending, reaching, or running.

A Model Emergency Plan

Agencies should utilize training to reduce the chance of violence to staff, children, parents, or other people. Through training, staff will be able to identify potential risks. This process includes learning the agency safety plan. One component of the safety plan is knowing how to respond to an emergency if one occurs, aptly 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

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 displaying disruptive symptoms 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 in to the agency from outside who wants to inflict harm; a car accident that hits the agency; an unrelated 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, child or staff member who has a medical problem while at the agency.

Tips to Reduce Safety Threats

- **Staff Training**
  - It is essential that staff are trained regularly on topics that relate to supervised visitation and its clients, including safety risks at visits (particularly off-site visits), how to intervene safely, and updated information and research on topics like child welfare and domestic violence. Visit monitors need this information to meet the needs of clients effectively!

Always speak up about any safety concerns you have surrounding your workplace or client interactions. Safety is the first priority of supervised visitation!

- **Keep "Supervising" in Supervised Visits**
  - Visit monitors need to be vigilant in supervising all statements, behaviors, and interactions of both parents and children during visits. Simply observing parent-child interactions from afar without vigilance does not further the goal of supervised visitation: safety.

- **Recordkeeping**
  - Visit monitors should keep clear records of any concerns about safety of anyone involved in the visit in accordance with the program's policies. Visit monitors are then able to track progress and effectively respond to safety threats that exist.

- **Creating a Safety 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 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.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario from the start of the chapter.

What workplace safety hazard existed in the situation that could have led to grave harm for the child or monitor?

Preparing Self & Clients for Visit

Being informed thoroughly about the history of a client and providing safe, effective visits can be difficult and even emotionally draining at times. To make sure you are prepared to provide effective supervised visitation, prepare yourself mentally and physically before a visit with the following steps.

Preparing Yourself for Visits

1. Have a clear understanding of the agency's protocols for client and employee safety.

2. Receive and/or review agency training on defusing aggression and recognizing escalating behaviors and warning signs that lead to assaults.

3. Receive and/or review agency training in the dynamics of parental behavior that results in supervised visitation, such as mental illness, domestic violence, and substance abuse.

4. Be sure that you have considered safety issues in the visit setting and know how to help parents and children move through the process of visitation, from welcome to the end of the visit.

5. Be ready to approach clients in a helpful, non-authoritarian manner.

6. Know how to alert management and emergency personnel of safety violations and incidents.

7. Understand how to recognize escalating risk.

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.

Preparing for Visits – Intake and Preparation are Crucial for Safety

Safety is not just about a program safety plan. It

is also crucial that your program has sufficient information to understand what the risks are in each and every case. This happens through a process called intake. Thorough intake helps programs plan specifically for each case. Intake provides you with information upon which to create a safe visit. It also helps family members feel prepared for visits to ensure an open environment that supports communication and progress. Intake should be done in every case -- even in dependency cases where a case manager has already conducted a separate intake.

Step One: **Conduct a thorough case history. Gather identified background information from caseworker, guardians ad litem, the parents, and sometimes, the child.** The most effective, safe visits are ones in which staff fully understand the family dynamics, the risks, and the problems that face the family.

- In dependency cases, before meeting with clients to complete an intake, speak with the caseworker and/or guardians ad litem involved in the referral of the case to supervised visitation. They may have already assessed violence and abuse history that you can use as a foundation for intake in these areas.

- According to the 2014 Annual Report on Supervised Visitation Database Case and Client Statistical Analysis, 36.2% of cases were referred to Florida supervised visitation programs due to domestic violence. To help manage the risks for domestic violence victims, staff should understand that a referral to a local domestic violence center is essential so that the vulnerable parent has resources and advocacy.

- Refer to the following tables for important information that can help supervised visitation program staff manage risks.

Intake Issues

A complete understanding of the dynamics of the case will require that you obtain the following information. Both parents should be asked about these issues. Keep in mind that the dependency case manager will likely have already obtained this information in dependency cases.

About the Child(ren) *Note: You may have to ask these questions more than once if there are multiple children in the case to assess the full family dynamics.*	
Current living arrangements	Where does the child currently reside? Who resides there with the child? How long has the child lived there?
Age	How old is the child?
Educational level or developmental stage	Is the child in school? What grade is the child in? Do you feel that the child has any developmental setbacks or advantages?
Mental status (emotional problems, developmental delays)	Does the child have any emotional or mental health issues that may affect the visit? Does the child have any physical challenges, developmental delays, areas of concern, medications or special needs that may affect the visit?
Juvenile justice system involvement, including juvenile sexual offenses	Has the child ever been involved in the Juvenile Justice (DJJ) system? Does the child have any gang affiliation or criminal history/record?
Past history of abuse (physical, sexual, neglect)	Is there a history of allegations of physical, sexual, or emotional abuse or neglect?
Current abuse experience	What are the current allegations related to physical, sexual, or emotional abuse or neglect?
Relationship between alleged perpetrator and child	Who is the alleged perpetrator of the alleged physical, sexual, or emotional abuse or neglect? What is the child's relationship to the alleged abuser?
Characteristics of abusive situation	What other details can you tell me about the alleged abuse?
Reaction of non-perpetrator parent	Did you believe the child when they disclosed? What support are you providing to the child?
Reaction of alleged perpetrator	What was the alleged perpetrator's reaction to the child's disclosure of abuse?

Information to Obtain About Custodial and Visiting Parents During Intake

In dependency cases, the case manager is likely to have conducted a thorough intake and is likely to have provided the family with a broad spectrum of resources. Especially in family court cases, though, you will also want to gather as much background information as you can to determine what the risks are in each case.

About the Custodial/Visiting Parent	
Current living situation	Is your current housing affordable? Is your current housing safe and stable? What adults currently live with you? What children currently live with you?
Education	What is the highest level of formal education that you have completed? Are you interested in going back to school?
Employment	Are you currently working? • If yes, is it full-time, part-time, or temporary? Where do you work? • If no, are you interested in assistance finding employment?
Concerns	Do you have any concerns about your child(ren)?
Parenting Skills	What do you think are your strengths as a parent? Do you feel that you have a good relationship with your child? Do you feel there are areas of your relationship that you could potentially work on improving? *Note: It is important to assess parenting skills at intake, but sometimes you will be unable to tell the true level of parenting skills until the first visit.*
Discipline concerns	Do you have any concerns about disciplining your child(ren)? Do you have any concerns about your partner's discipline of your child(ren)?
Partner relationship	Is there a person you can count on to care about you regardless of what is happening to you? Do you have a significant other? What is your relationship like?
Domestic violence history	Does this case have a history of domestic violence?
Substance abuse history	Have you ever been in a detox program? What about a residential treatment facility for drug or alcohol use? Have others ever raised concern about how often you drink or use drugs?
Mental health history	Have you ever received or are you currently receiving mental health treatment or counseling?

	Are you currently taking any medications to treat a mental health condition? How do you manage difficult feelings or emotions?
Mental status (emotional problems, developmental disabilities, etc.)	How often do you feel anxious, depressed, or confused? How often do you find yourself feeling sad or hopeless? Do you ever think about hurting yourself or others?
Criminal history	Have you ever been arrested and charged with a crime? Were you ever convicted of a crime? Have you ever been incarcerated?
Past history of childhood maltreatment, including child sexual abuse	Did you ever experience maltreatment or abuse in your childhood?

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario from the start of the chapter.

How could an assessment of background information and safety risks change this situation?

Step Two: Inform each family member of program rules and parameters for the visit in an encouraging, respectful tone, particularly noting that rules apply to all program participants.

It is important for clients to feel well-informed when entering into a visit, as well as feel respected and encouraged for an open dialogue and overall successful visit to occur. When clients have the information needed to make them feel comfortable during visits, a positive parent-monitor relationship can be developed more efficiently and families can begin making progress sooner. Make sure you readily prepare clients by utilizing the items listed in the Table X.1 in your preparation of clients for visits.

Table X.1
Information to be Conveyed/Assessed in Preparation for Visits

Children	Custodial Parent or Care-Giver	Non-Custodial Parent
Location and schedules for visits	Location and schedules for visits	Location and schedules for visits
What degree of physical contact child wants or will be permitted	Program rules	Program rules
Signals for child to use to indicate need for help	Role of visit monitor	Role of visit monitor
Conversation topics child wants or doesn't want to occur	Security measures in place	Degree of physical contact
Other program rules	"Checking in" with the victim parent before each visit, to ascertain safety between visits	Toilet rules
Any other concerns child has regarding visits	Any concerns residential parent has regarding visits	Rules on items brought to visits
		Conversation topics allowed or disallowed
		Emphasis on respect, fairness
		Intervention techniques to be used by visit monitor during visits

*Information given to children will depend on your assessment of the child's developmental age and emotional status.

Child Orientation

If a child is of sufficient age and capacity, the program should include him or her in some structured orientation meeting. Child orientation is the process by which staff familiarize the child with the program, program staff, safety protocols, and facilities in an age-appropriate and child-friendly manner. The child should also be assured that the involvement of the Program is not the child's fault. This is not an intake session; the child should not be questioned about the case during orientation.

Any orientation should be presented to the child in a manner appropriate to the child's developmental stage. Children of a sufficient age and maturity should attend at least part of the orientation without the parent; this will help the child understand that the parent will not be present with the child during the visits.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario from the start of the chapter.

What information should the monitor have provided before the visit began?

Step Three: Develop a safety-plan with children prior to their first visit.

After a child has been given the basic information about his/her scheduled visit outlined above (and after any further risk assessment is made subsequent to reviewing case information from parents), staff should engage the child in making a safety-plan for his/her scheduled visit or assist the child in an identification of his/her safety concerns about the visit. Again, the extent to which this is done will depend upon the developmental level of the child and the allegations or findings in the case. This step can assist the child in feeling less anxious about the visit and also help reassure the child that his or her safety will be addressed.

The following questions can be used by visitation intake or visit monitors to assist in identification of concerns throughout the period of time the family receives services at the program, not just prior to the first visit. (Note: Not all questions need

to be asked of each child. These are examples that can be modified by each program.)

Creating a Safety Signal

When you develop a safety plan with a child, it is also a good idea to establish a safety signal the child feels comfortable using during visits that indicates he /she feels sad, upset, or unsafe. Encourage the child to use the safety signal you decide on together at any point the child needs to during the session.

Simply ask the child:
"Is there a signal (raised hand, certain word, song) that you can use during a visit to let me know you don't feel safe or you are upset?"

Some possible signals you can use are:

- **Raised hand**
- **Certain word or phrase**
- **Song**
- **Crossing arms across chest**
- **Two hands forward, as if to say "Stop"**
- **Putting both hands in lap**

Make sure that the signal is not anything too obvious like tapping the left foot or any movement that is frequently used like shaking the head from side-to-side.

- What makes you feel safe? (e.g., Teddy Bear? Blanket? Picture?)
- What kinds of games or toys do you like to play with?
- What would be fun for you to do while you are here?
- Did you bring something with you today (or can you bring something) that makes you feel safe?
- What makes you feel upset, nervous or sad?
- How can I help you feel safe during your visit?
- Sometimes certain smells, music, or clothes remind us of scary things, does anything in particular like that scare you?
- Where would you like your visiting parent to be in the room during your visit?
- Is there anything you don't want him/her to say to you during the visit?
- If you become frightened, upset or sad during the visit, how can I help you?

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario from the start of the chapter.

What questions could the visit monitor have asked Alyse to create a safety plan?

<u>Step Four:</u> Identify the risk factors for each family member from the background information you receive.

Based on the background information for each family member, along with the child(ren)'s discussion of safety and risks, determine the risk factors for each family member. These risk factors can include past experience with neglect or abuse, substance abuse history, mental health, behavioral issues, specific needs, or a variety of other issues identified in your initial assessment of the family. For any risks you find in each case, decide on parameters that will address any safety concerns you may have. These may include limitations on the site used for visitation, set-up of the room used for visitation, extra preparation on your part before visits, or 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).

<u>Step Five:</u> Schedule visit, decline referral, or modify court order.

According to the Florida Supreme Court Standards, programs have the discretion to decline cases. Consider whether a safe visit can be provided in the case based on safety assessment, background information, and risk factors identified.
If a safe visit can be provided, schedule visit. Otherwise, you have two options. You can:

1. Decline the referral due to risks identified (in client safety or staff training); Or
2. Request a modification of the court order (e.g. for therapeutic supervision or other modification).

<u>Step Six:</u> Conduct the pre-visit screening and assess children, parents/caregivers, and the visitation monitor.

If you decide to schedule the visit, move forward in the visit process by conducting a pre-visit screening following program policies. At this stage, you may still cancel the visit due to the visiting parent's behavior or an indication of a need for a more skilled visit monitor due to the child's emotional state. Make sure you are able to facilitate the visit while monitoring using program policies and procedures for ensuring a safe visit.

Providing the Visit

Primary Responsibilities of Visit Monitors

Visit monitors must be able to fulfill a variety of roles that sometimes may seem contradictory, such as remaining neutral while being on constant alert for safety risks. Visit monitors must remain close enough to hear conversations and notice

inappropriate behavior, yet allow the parent and child to take center stage of the visit.

The primary responsibilities of visit monitors include:

- ❖ Ensure that no physical or emotional harm is directed at the child during the visit, at the other parent, or at other program participants.
- ❖ 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.
- ❖ Facilitate the visit when necessary by suggesting age-appropriate games or activities. This entails being sensitive to the needs of the parent and the child.

- ❖ Model healthy parenting behaviors and communication tactics for parents.
- ❖ Teach parents skills they can adapt for use with their children.
- ❖ Coach parents on how to achieve their goals and improve their parenting capacity and strengthen the parent-child bonds that exist within the family.
- ❖ Monitor the length of visit in order to allow an opportunity for participants to prepare for the end of the visit.
- ❖ Remind parents of the role of the visit monitor and the rules of the program if necessary.
- ❖ Redirect inappropriate behavior, both physical and verbal, in a manner consistent with program rules.
- ❖ Avoid letting personal feelings or bias about parents, children, or situations interfere with the monitor's objectivity in observing visits.
- ❖ Terminate the visit according to program policies if rules are violated.

Identifying Safety Concerns during the Visit

Visits may proceed without problems, but it is imperative that in every case visit monitors attend to the interaction, be alert to both verbal and nonverbal messages, and watch for indications that the child is demonstrating maladaptive reactions as described below. These behaviors may appear during a visit, but they may also appear after a visit and be reported to the supervised visitation program by the custodial parent. If these behaviors appear, a formal mental health evaluation conducted by a mental health professional is recommended prior to the scheduling of any further visits between the offending parent and the child. It is imperative that the program's letter of agreement with the court provide for this. To allow subsequent visits while having knowledge of these behaviors can result in serious harm to the child.

Maladaptive behaviors include:

- Rage including suicidal or homicidal threats, aggressive play, (e.g. destroying toys, furniture), or severe temper tantrums;
- Excessive aggression including physical or verbal attacks on visiting parent, custodial parent or caregiver, supervised visitation staff, siblings or others;
- Depression manifested by reduced expression of emotion, slowed body movements, excessive crying, mood swings, lack of interest in school or in play subsequent to visits, suicide threats or self-injurious behaviors;
- Numbing illustrated by memory loss (e.g., can't remember coming to see offending parent week before), depersonalization, excessive fantasizing, high-risk play, compulsive behaviors (picking at skin or pulling out hair);
- Panic attacks brought on by stressors or triggers of the sexual abuse experience (e.g., child has panic attack after smelling father's aftershave or being shown photograph of where abuse took place);
- Severe distrust of others;
- Sexualized behaviors such as masturbating during scheduled visits, molesting other children during visits, behaving in a sexual manner toward program staff or toward other parents;

- Flashbacks of sexual abuse which may occur during the visit triggered by certain smells, actions, sights, or sounds;
- Sleep disturbances such as nightmares following or prior to visits, inability to sleep soundly, or falling asleep during visits;
- Somatic complaints such as severe headaches, stomach aches, nausea, vomiting without physical cause; and,
- Elimination disorders in children who have been toilet trained, such as soiling or wetting during scheduled visits or immediately following a visit.

Strategies for Managing Reactions

A key component of conducting supervised visits is the visit monitor's ability to manage reactions of participants as they arise. This can be necessary in a variety of situations, from a child becoming anxious around certain topics to a parent raising his voice at his child. The following strategies can aid you in managing client reactions effectively while maintaining respect and fairness:

1. Prepare all participants prior to the first visit, by discussing any emotions they feel in anticipation of scheduled visits.
2. Set behavioral expectations for clients, specifying exactly what appropriate and inappropriate behavior is during visits.
3. Aid all participants in prioritizing children's needs over their own.
4. Be attentive and responsive to the child's reactions.
5. Be attentive and responsive to the parents' ongoing reactions before, during, and following visitation sessions.
6. Respond to parents' emotions during visits, especially revolving anger.
7. Help clients communicate and process their emotions regarding issues of separation, changes in custody or reunification (e.g., frustration due to custody, changes in visitation).
8. Process your own emotions and reactions throughout the visit. Make sure to practice self-care to ensure your emotions and personal experiences don't affect visits or clients negatively.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

What maladaptive behaviors was Alyse exhibiting that the monitor missed?

It’s easy to ignore these signs of possible abuse and neglect in children, but remember:

- An average of 678,810 children in the U.S. were found to be victims of abuse or neglect in 2012 alone.
- In Florida, an estimated 51,920 children were victims of child abuse or neglect in 2010.
- About 1 in 7 girls and 1 in 25 boys will be sexually abused before the age of 18.
- Perpetrators often consist of family members, friends, and acquaintances.

Child Abuse Reporting

Another factor in safety at visits is prohibiting child abuse. Part of a visitation monitor's work is to ensure the safety of all children involved in visitation. In order to ensure safety, visit monitors must have an understanding of child abuse and how to report when cases may arise.

Note

To learn more about the types, prevalence, and risk factors of child abuse, keep reading this manual!

Chapter X of this manual addresses the impact of child physical and sexual abuse on supervised visitation.

Keep Reading!

Florida Statutes 39.201 states that any person who knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected shall report it to the Florida Child Abuse Hotline. If a visit monitor suspects abuse or neglect, it must be reported by calling 1-800-96-ABUSE. Supervised visitation programs have exceptions to their confidentiality policies for child abuse and neglect. Programs also should have protocols for making hotline calls.

The law states that **you report when you have a suspicion**. You **do not need proof.** You **must report** when you have **reasonable cause** to believe that a child or adolescent has been abused or neglected or is in danger of being abused.

In Florida, **the reporting requirement is not limited to the first person reporting.** In other words, you cannot assume that the report has already been made. **You must always make a report if you suspect that a child is or has been abused.**

It is important to note that all calls to DCF will remain anonymous (if requested, you do not even need to provide your name) and it is up to DCF on whether a case will be opened or not. However, the Clearinghouse recommends that programs provide their full name and the names of staff.

Addressing Children's Concerns During Visits

Many children in supervised visitation may have experienced trauma, such as abuse or neglect. It is essential that you keep this in mind while communicating and interacting with children at visits. Children may experience trauma due to:

- The death of a parent, friend, or pet
- Physical, sexual, or verbal abuse
- Neglect or maltreatment
- An unstable or unsafe environment
- Bullying

- Surviving a natural disaster (fire, hurricane, etc.)
- Separation from a parent
- Witnessing domestic violence

Children who have experienced trauma will have unique needs, which you can help meet by practicing trauma-informed care to best promote empowerment and effective treatment. These can include ethnic or cultural differences, mental or physical disabilities, or language barriers.

"Trauma-informed care" involves the provision of care that, borrowing from the field of cultural competence, is "trauma competent."

Children and Safety

Trauma-informed care must begin with the provision of safety, both physical and emotional, by adult caregivers to the child facing trauma.

In the absence of safety, the child will be unable and often unwilling to alter behavior, consider new ideas, or accept help. Children concerned about their survival cannot broaden their focus, engage in self-reflection, or allow themselves to be emotionally vulnerable.

In cases where the abuse has been confirmed, as well as in cases where there is "some indication" of child abuse, the child should be allowed to signal when the visit needs to end or break for a period of time. This is a perfect time to remind children of the **safety signal** you chose together during your initial safety planning. If the child leaves the visit for a break or asks that the visit be terminated, staff should conduct a risk assessment to determine how the child is being affected by the contact.

When child abuse has been alleged or proven, a child should be reassured that the supervised visitation staff wants to make sure he or she is safe at visits. It may be confusing for a child victim if staff remains silent about what happened or may have happened to the child. On the other hand, a program must not begin advocating for one parent, or treating a parent with disdain or contempt.

Supervised visitation staff do not need to be specific about the allegations with a child. The following examples are statements that monitors can use to alleviate a child's fears prior to visits. Make sure to give the child assurances that let the child know that staff will be vigilant, such as:

- “You are here because the judge cares about you.”
- “We care about you, too.”
- “You have not done anything wrong.”
- “We are here so you can have a safe visit.”
- “Tell us if there is anything we can do to make your time here better.”
- “Tell us how we can help you feel more comfortable.”

Always remember the trauma the child may have experienced when interacting with them at visits. If a child starts to become upset or overly withdrawn, stop the visit and talk with them one-on-one to make sure everything is okay before moving forward with the visit. Make a note of any child behaviors or statements that may indicate past trauma in your case notes, and make sure to address these concerns in your safety plan.

Intervening in Visits

Each visitation program has policies and procedures describing when a visit monitor should intervene in a visit. Below are some common situations in which monitors may need to intervene:

- The visiting parent questions the children in detail about the activities of the custodial parent.
- The visiting parents tells the children to convey a message to the custodial parent.

- The visiting parent makes derogatory comments about the custodial parent, step-parent, foster parent, judge, etc.
- The visiting parent falsely tells the children that he or she will be back soon- unless reunification really is imminent.
- The visiting parent asks the children to choose which parent they want to live with.

- The visiting parent promises trips, gifts, or privileges on the condition that the child does something. For example, if the parent tells the child, "I will bring you to Disney World if you tell me what school you are attending", the monitor must intervene.
- The visiting parent harms or threatens to harm the child emotionally or physically during a visit.
- The visiting parent threatens to harm other visitation participants, custodial parent dropping off children, or staff.
- The visiting parent begins to speak in a foreign language, following a staff member has informed of the restrictions on language use in visitation.
- The visiting parent has significant impairments due to symptoms of mental illness, physical illness, or substance abuse that prevents the parent from engaging in an appropriate manner with the child. For example, if a monitor discovers that a parent is intoxicated during the visit, the monitor must intervene.

Immediate Intervention

In many cases, visit monitors will have to intervene immediately in a situation, many times within earshot or presence of the child. For this reason, we recommend that the visit monitor or director use the following steps when intervening in front of children:

1. Stay calm and focused on the behavior
2. Express redirection and verbal warnings in a clear, controlled manner.
3. Use "I" statements as often as possible.

If the intervention requires more than a quick statement or the parent does not respond in a positive manner, ask the parent to accompany you to a nearby office to discuss the problem at hand in a lengthier manner. The child should not be present for the conversation. Find a supervisor or other trusted member of the staff to stay with the child during this time.

If you feel or any staff member feels threatened, the child should be removed from the visit immediately.

Using Assertive Behavior to Intervene

There are three ways a visit monitor can react to a parent's inappropriate behavior at visits: passively, aggressively, or assertively.

A visit monitor is reacting **passively** when he or she ignores what is occurring and defers to the offending person. Passive behavior such as looking away or laughing nervously is not effective and can encourage escalation of inappropriate behavior.

A visit monitor is reacting **aggressively** when he or she uses authority to attack, dominate, or inappropriately control the situation. Aggressive behavior such as angrily confronting the parent or attacking the parent personally is not effective and can support escalation of inappropriate behavior.

A visit monitor is reacting **assertively** when he or she communicates what is desired in an open, courteous, and firm manner. Assertive communication that incorporates clear, direct communication about the inappropriate behavior occurring can be very effective and help to defuse hostility and anger.

Assertive body language involves:

- Maintaining direct eye contact
- Sitting/standing up straight
- Speaking clearly
- Using a firm, audible tone
- Adding emphasis with facial expressions and gestures

Examples of Assertive Behavior:

1. In reaction to Mr. Goodman, a visiting father, talking negatively to his children about their mother, the visit monitor could say, "Mr. Goodman, I would like to speak to you away from your children for a moment." The visit monitor can then guide the father into another area and calmly say, "I can tell you have anger toward your wife, but it is not appropriate to involve the children in this manner. I will have to terminate the visit if you continue to do this."

2. In response to a visiting mother, Camilla Rodriguez, bringing her son Jaelyn a small gift bag for his birthday during a visit, the visit monitor could say, "Ms. Rodriguez, "We need to screen all gifts for safety reasons. Let's take the bag into the office first so that we are following our program policies."

Assertiveness Assessment

Do you have difficulty with any of the following behaviors?

❖ Asking for help
❖ Stating a difference of opinion
❖ Receiving and expressing emotions, particularly negative ones
❖ Saying "no"
❖ Responding to criticism
❖ Negotiating
❖ Taking charge
❖ Asking questions
❖ Dealing with someone who refuses to cooperate
❖ Making speeches in front of audiences

If so, you may need to work on your assertiveness with clients. Assertive behavior can allow you to:

⇒ Gain help when needed
⇒ Be listened to and understood
⇒ Foster cooperation in clients
⇒ Improve your self-confidence
⇒ Feel more comfortable in negative situations
⇒ Guide conversations effectively
⇒ Gain leadership roles in the workplace

STOP and Think

After reading this section, you should be able to answer the following questions regarding the case scenario at the start of the chapter.

What assertive behaviors did the monitor use to intervene? How did it help reduce the conflict?

Would this constitute a critical incident? What about termination of visitation?

Preparing for Visit's End

Make sure to keep track of time during visits so that you are able to prepare parents and children for a session's end. Let parents and children know when there are 10 and 5 minutes left in the session so they are able to say goodbye and feel the visit come to a natural end. This can help the visit go smoothly and allow for children to feel safe, secure, and expect the end to come.

Children have specific needs at supervised visits. One of the most important is to have support in preparing for the end of a session. While some children may be okay without added guidance, many children require emotional support in order to deal with the transition. For some children, the end of a supervised visit may seem traumatic. With education and support, children can better understand what to expect and will react in a non-traumatic way.

Developing Rituals

Children can be comforted by a routine for the end of a session they can learn to trust in. Some ways to incorporate rituals into a session include:

- Identify what will happen ahead of time and allow for questions.
- Allow children the opportunity to be involved in developing rituals.
- Minimize changes made to the routine, unless necessary.
- Define rules for the session and explain them in detail to the child. This can include what physical touch is allowed, what can be discussed, and how long visits will last.
- Create an agreed upon signal for ending the visit, such as a specific phrase or a song that is played.
- Determine a ritual for the end of the session, such as hugging the visiting parent, shaking hands, or waving goodbye.

As the supervisor, ask routine check-in questions following the departure of the visiting parent, such as what specific things the child liked or disliked about the session. This can allow the child to have a sense of purpose after the end of the visit.

Age-appropriate Rituals

Infants & Toddlers (Birth to 5 years): Children under the age of five have yet to fully develop their sense of time, causing confusion and frustration over when they will see their parent again. Professionals can help by providing color-coded calendars or describing how long until they see the visiting parent in terms they would understand, such as the number of school days or meals. Children of this age also have higher needs for consistency and routines than others.

Elementary School (5-12 years): Children of this age develop stronger sense of awareness and feelings, such as sadness and anger, requiring stronger emotional support at the end of sessions. Be prepared for discussions of emotions and assure children it is okay to feel this way.

Adolescents (12-18 years): This age group desires more self-autonomy, so allowing them to help create routines can be positive for them. Adolescents also try to break rules just to see how adults react. Remain concrete in your enforcement of rules and routines, relaying that you care about their behaviors. Encourage discussions of emotions, but do not expect sharing with this age group. Adolescents' needs can range vastly depending on personality and upbringing.

If setting limits and routines fails to reduce anxiety, consider making changes to the arrangement and look out for signs of bigger issues that could be causing the anxiety.

Termination

In the case of severely inappropriate behavior or statements by either party, suspension or termination of visitation may be considered. We reviewed termination of visits due to critical incidents in Chapter X, but suspension and termination can occur due to actions and statements that may not be deemed critical incidents.

There is a great deal of discretion left to directors in deciding the most appropriate course of action to take regarding inappropriate behaviors and statements. When making intervention decisions that may lead to suspension and termination, consider the following:

- **How severe is the action or statement by the parent?**
    - If the action endangers the child, the visit should be suspended or terminated.

- **Has the parent directed the statements or behaviors directly to the staff or to the child?**
    - If the parent expressed anger or displeasure at the staff, the child may or may not be alarmed.
    - If the parent expresses anger at the child, the child may be unable to continue to participate in the visit.
- **What are the child's reactions to the statements or behavior?**
    - If the child is upset by the statement or behavior, even if he/she is not physically harmed, the visit may need to be suspended.
- **Is the statement or behavior a "first offense" or has the parent repeatedly engaged in such conduct during the same visit or in past visits?**
    - A parent's continuous violations of a program's rules despite repeated interventions may warrant suspension or termination of visits, even if such violations do not endanger or upset the child.

PRACTICE EXAMPLES

Case Scenario 1

Derrick Morlen regularly attends supervised visits with his 6 year old son Ethan. Derrick was originally referred to supervised visitation for domestic violence allegations. During his most recent session, Derrick and Ethan are putting together a puzzle on the floor when Derrick starts to ask inappropriate questions, such as, "Where do you and your mom stay at now?" and "Where are you going to be tomorrow in the afternoon?" The visit monitor tries to change the subject, but doesn't address the issue directly or note it in the file. The next day, she hears that Ethan's mother say that Derrick stalked her and Ethan at the baseball park.

Discussion Questions:

1. What safety concerns exist in this family?
2. Why should the visit monitor have been more concerned about the questions?
3. What could the visit monitor have done to intervene immediately in the situation?
4. What could the visit monitor have done to address the situation fully post-visit?

Case Scenario 2

Eddie LaRosa was recently assigned to supervised visitation with his 8 year old son Demetri. During intake, the visit monitor addresses substance abuse and domestic violence history, but thinks it's best to spend the rest of the time playing an introduction game to relax the father and son. During the first session, the visit monitor notices Demetri becoming frustrated and withdrawing during activities that should be appropriate for his age. Near the end of the visit, Demetri says, "I hate this. I don't ever want to come back." Eddie says, "Your mother made you hate me." After the visit, the monitor speaks to Demetri's mother, and notes Demetri's behavior and lack of effort in the visit. Demetri's mother responds by saying, "Don't you know he has a developmental disability? Those activities were much too hard for him. And that made him feel left out. Of course he doesn't want to come back."

Discussion Questions:

1. What key questions did the visit monitor skip during intake?
2. What could the monitor have done differently if she had the full background information?
3. How did the monitor's lack of knowledge harm the visit?
4. How did the monitor's lack of knowledge harm the family's engagement and interaction?

Quiz Yourself!

1. As a visitation monitor, which of the following is not one of the ways to prepare yourself for visits as a visit monitor?
a) Consider the safety issues present.
b) Review the agency's protocols for safety.
c) Be confident in your abilities to monitor the visit, regardless of your experience or the risks involved.
d) Receive agency training on defusing aggression.

2. Developing a safety signal for children during visits helps to:
a) Scare them of the safety risks present.
b) Give children a way to communication when they feel upset or unsafe during visits.
c) Give one, universal signal that all children use to designate feeling unsafe.
d) Make sure children never feel unsafe during visits.

3. True or False: Maladaptive behavior in children during visits may show a need for a mental health evaluation conducted by a mental health professional before proceeding to future visits.

4. When intervening in visits, it's best for the visit monitor to use:
a) Passive behavior
b) Aggressive behavior
c) Assertive behavior
d) Introverted behavior

5. What should you do if you noticed a light in the parking lot at your center to be out?
a) Ignore it, it's not important.
b) Hope that a co-worker spots it.
c) Inform a supervisor of the light.
d) Fill out a purchase request for a new lightbulb.
e) Either C or D.

6. True or False: In order to make a child abuse report you MUST have proof of abuse occurring including but not limited to photos, statements from the child, or personal witness to the abuse.

7. To fully understand the safety risks and because of the high prevalence in dependency and family law cases, it is important to discuss any history of ______________ with both parties.

a) Violence
b) Cigarette smoking
c) Relocation
d) None of the above

8. True or False: It is every monitor's job to be specifically trained on important safety considerations for each case.

9. List three ways monitors can work with children to enhance safety in any case.

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____
____

10. When terminating or suspending a visit due to a non-critical incident, what are some important factors in the determination?

____
____
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Answers: 1. C; 2. B; 3. True; 4. C; 5. C; 6. False; 7. A; 8. True; 9. Develop a safety plan, transparency about process of visitation, reassuring statements of care and safety; 10. The severity of the incident, the child's reaction to the incident, has the parent directly threatened a child or staff, and if the incident a first-time incident.

Online Resources

- **Causes & Symptoms of Sexually Maladaptive Behaviors.** *http://www.resolutetreatmentcenter.com/behavioral/sexually-maladaptive/symptoms-effects.* This resource outlines the causes, risk factors, signs and symptoms, effects, and co-occurring disorders of sexually maladaptive behaviors in children.

- **Assertive Versus Aggressive Behavior.** *http://www.etfo.ca/AdviceForMembers/PRSMattersBulletins/Pages/Assertive%20Versus%20Aggresive%20Behaviour.aspx.* This resource covers the specific definitions and differences between assertive and aggressive behaviors, as well as the negative impacts of remaining passive.

- **Guiding Principles. Safe Havens: Supervised Visitation and Safe Exchange Grant Program.** *http://www.justice.gov/sites/default/files/ovw/legacy/2008/08/06/guiding-principles032608.pdf.* This guide introduces the guiding principles of supervised visitation, including equal regard for the safety of children and adult victims which covers workplace safety needs.

- **Child-Directed Interaction Skills.** *https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/7%20Positive%20Parenting/Client%20Handouts/Parenting%20Skills/Child-Directed%20Interaction%20Skills.pdf.* This handout displays an overview of tips for encouraging child-directed interactions between parents and children with specific examples of what to say and what to avoid saying.

- **Managing Strong Emotional Reactions to Traumatic Events: Tips for Parents and Teachers.** *http://www.nasponline.org/resources/crisis_safety/angermgmt_general.aspx.* This article relays common reactions to trauma, how emotions are displayed physically, and effective ways to manage strong emotions in yourself and others.

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