



EPRESS

Questions from Directors

We recently found an empty beer can in our restroom after a visit. The problem might have been caused by someone who left the beer in the bathroom in order for a parent to pick it up and consume it. How can we stop this?

Please check page 43 of the Report to the Florida Legislature. <http://familyvio.csw.fsu.edu/clearinghouse/standards-best-practices/> It says that programs shall develop “policies and procedures addressing parcels/containers brought to the Program by participants.” Programs may choose to create a mandatory prohibition or a mandatory inspection of all bags, packages, purses, duffels, briefcases, backpacks, and/or any other type of container in which items may be concealed. Programs should give participants a choice as to whether to leave items at home or have them subject to inspection at the Program. These policies must reflect staff awareness of the dangers associated with weapons, substances, or other dangerous, illegal, or inappropriate items which may be

knowingly or unknowingly brought into visitation programs by participants.

Anytime you write a new policy, please be sure to alert parents to it before you subject them to it. I recently had my own purse searched at the airport, and the officer used a long ruler to look inside. I assume that was to avoid being accused of taking anything. Think about using that method at your program. You should have the ability to search any container/package that comes into your program.

Our program wants to re-brand itself, because after many years, many people in our community do not know what we do. Can you help us come up with phrases or words that describe us? Do you think social media can help? Can we raise funds with it?

Yes, we can! We started an excel spreadsheet of words that describe supervised visitation and families. If anyone wants it, just email the Clearinghouse. This should be circulated among your staff and volunteers, who can add to it. The director can remove or highlight words. It's just a start, but it may help. We also sent out our Social Media E Book, and we will talk about it at the phone conference (on a Thursday this month). Remember, using an online funding site only works if you have already established a substantial email list of supporters, stakeholders, and the public. But if you use one (GoFundMe, Kickstarter), you'll be the first SV program that I know of that uses one! Keep us posted. The Social Media E Book can be located on our website: <http://familyvio.csw.fsu.edu/new-resource-on-social-media/>

We were shocked to see our off-duty law enforcement officer fall asleep at our program during visits. We pay a high hourly fee, and worry that the agency does not understand that we really need

vigilant safety measures, not just a uniform on site. What do you suggest?

I have never received this complaint before, and I, too, am alarmed at the report, which apparently has occurred multiple times with this agency. I have several suggestions. The first is for you to report this immediately to the agency head. An internal affairs investigation will likely be launched. Having a video or picture will help if your allegation is denied by the accused officer. But there are things that every single program that uses security personnel should take to avoid this situation. First, the law enforcement agency should fully understand what your program does before an officer is assigned. You as director should make the agency head aware of the risks associated with supervised visitation and monitored exchange. We created a Toolkit for this, and it may help. It's online at

<http://familyvio.csw.fsu.edu/wp-content/uploads/2010/05/LawEnforcebook.pdf>

Next, prepare each individual officer for the work he/she will do at your program. Spend ten minutes explaining the seriousness of your services. Emphasize how attentiveness and alert responsiveness are essential to you. Talk about children's and families' safety. Do this frequently, until you feel confident that the message has been received.

Complacency is a dangerous thing at supervised visitation. No security officer should ever feel as though he or she can nap on the job. People's lives may depend on him or her. That's why you hired an officer in the first place.

Building Confidence and Resilience in Adolescents

By Melissa Ferraro

Introduction

The transition from childhood to adolescence can be very challenging, because of the major changes in physical, cognitive, social, and moral development. The major task for adolescents during this time is to **develop a sense of identity**. Although many adults think of childhood as a carefree time, children and adolescents can still experience struggle and pain in growing up. It has been suggested that children and adolescents need to build seven crucial “Cs” — competence, confidence, connection, character, contribution, coping, and control — so that they can bounce back from challenges and be able to excel in life. Be ready to share the following information with parents of adolescents, in order to help them parent their child through these challenges.

Objectives

This training will provide Supervised Visitation Providers with the following:

- Knowledge about resilience and self-esteem in adolescents
- Effects of lacking self-confidence
- Understanding of the link between confidence and resilience
- Tips for building confidence in adolescents
- Resources



Resilience and Self-Esteem in Adolescents

Self-esteem refers to an individual’s general attitude toward his or herself. Supervised visitation providers should talk with adolescents about ways to build confidence, how it can be lost, and how it can be recovered. Adolescents with the highest levels of confidence typically have the most involved parents. While some

adolescents have parents who want to be involved or act as good role models, others lack this opportunity to learn skills and build confidence, leading to low levels of self-esteem. Some adolescents have experienced abuse and neglect, which can also lead to the development of low self-esteem.



Lacking self-confidence can lead to:

- Overly strong peer influence
 - Slower development
 - Lower self-esteem
 - Higher self-doubt
 - Decreased motivation
 - Reduced willingness to try new things
 - Avoiding setting goals
- Frequent feelings of failure

Adolescents who encounter adversity before adulthood may face negative effects, such as low self-confidence, slowed development, social withdrawal, or learning difficulties. It is important for parents to understand how they can aid their children in developing coping methods and resilience that can help them overcome barriers in the future.

Resilience refers to adapting well to adversity, trauma, threats, stress, or other obstacles an adolescent may face. Developing this skill can help adolescents gain self-assurance and confidently handle overwhelming situations. Parents can learn to help their children hone this skill.

Resilience and Middle School Children

School-aged children often reveal their levels of stress through school performance. Just as an adult's performance at work diminishes with increasing stress, children also find it difficult to focus on schoolwork in times of high stress. Anytime a child's grades are slipping significantly, it should be a red flag that alerts caring adults to explore what is going on in the child's life.

Middle school can be an extremely difficult time for children. They tend to have new groups of friends and challenges. It is important to reinforce empathy and help the child keep perspective. Encourage parents to talk to children about their own feelings during stressful situations; this teaches children that it is acceptable to express their emotions when they feel overwhelmed. By watching the parents' modeling positive coping methods, the child may feel more in control and confident when dealing with a stressful situation.

Resilience and High School Adolescents

It's important to talk with parents about being on the lookout for changes in their teenager's behavior. Although a new circle of friends or radical change in dress style can merely be a sign of self-development, parents should be wary of these changes as a possible indicator of stress. Adolescents sometimes use unhealthy coping methods in reaction to stress, such as giving into peer pressure, rebellion, or using or abusing substances. Any suspicion that a teenager may be abusing substances calls for parental involvement, as well as potential professional guidance.

It is important to engage adolescents in conversation about stress, coping, and resilience. Parents should create a safe environment in which adolescents feel they can express themselves on these issues without being judged. Parents can help adolescents develop positive skills by presenting possible stressful situations and appropriate coping methods adolescents can use if they encounter any of the situations. Adolescents will then be able to identify stress when it arises and will have options for how to handle it healthily.

Tips for Parents

Supervised visitation providers can help educate parents about building confidence and resilience in adolescents. Here are some tips for parents on teaching positive coping methods to their adolescents:

- Set rules and follow through with appropriate discipline.
 - Create a sense of accountability in which adolescents know and understand the consequences they will face for their actions.

- Stay positive.
 - If an adolescent breaks a rule, avoid using negative comments and instead say something like “What can you do to improve the behavior?” This provides adolescents with the understanding that negative behaviors are temporary and can be improved upon.



- Work alongside the adolescent.
 - Talk with the adolescent to address what he or she perceives as potential stressors. For example, if an adolescent is worried about his or her weight, help him or her develop healthy eating and exercise goals. Allowing adolescents to voice their concerns will give them a sense of purpose and will make them feel heard.
- Spend positive time with the adolescent.
 - Adolescents want independence, but they also want a sense of belonging. Do things adolescents are interested in doing, provide them with daily support, and spend time developing a relationship with them. This can help adolescents feel comfortable sharing their stressors with parents and asking questions when needed.
- Encourage positive skills.
 - Praise the adolescent for the effort he or she puts into school, sports, clubs, or friendships. Identify and encourage positive skills in your adolescent, such as determination, leadership, loyalty, or kindness. Existing strengths can be utilized and built on in times of stress.
- Be a role model

- Use positive coping methods in reacting to stress in your own life. Explain to your child that you use exercise, friendships, or a hobby to help you balance stress in your life. This will give the child resilient behaviors to model in his or her own life.

Conclusion

Developing resilience is a process. All people, even the most stable and resilient, reach their limits with stress at times. It is not a sign of weakness for a child to be stressed, but simply a part of life. Supervised visitation providers should inform parents that they can help guide the adolescent on building resilience, but it's important to note that what works for one individual may not work for another. Parents can help their adolescents identify positive coping methods and resilient behaviors that most relate to them as an individual.

Resources

www.apa.org/helpcenter/resilience.aspx

<http://www.fosteringresilience.com/books.php>

<http://www.wikihow.com/Increase-Teenager-Self-Esteem-Effectively>

<http://voxxi.com/2013/08/08/build-confidence-teens-parenting/>

<http://www.psychologytoday.com/blog/raising-resilient-children-and-teens>

http://usscouts.org/games/game_t.asp

New Research on Maternal and Child Victimization

By Kayla Kirk

The Clearinghouse regularly reports on current research to ensure that supervised visitation providers know about the most recent findings and new analyses of studies on families and children.

Claridge, A. M., Lettenberger-Klein, C. G., Farineau, H. M., Wojciak, A. S., & McWey, L. M. (2014). Maternal History of Victimization and Adolescent

Behaviors: Protective Function of Relationship Quality among At-Risk Mother-Adolescent Dyads. *Journal of Family Violence*, 1-10.

This study examined the protective function of mother-adolescent relationship quality between mothers who experienced violent victimization and adolescent behavior problems. This study aimed to determine how a positive mother-adolescent relationship related to maternal victimization and mental health issues, as well its link to adolescent internalizing and externalizing behaviors.

Maternal victimization includes any childhood physical or sexual abuse and intimate partner violence. Maternal victimization has been linked to high rates of depression and substance abuse, low self-esteem, fewer social supports, and poor physical health. Internalizing behaviors of adolescents include feelings of fear and distress that can lead to depression or anxiety. Externalizing behaviors include aggression, delinquency, and hyperactivity.

Researchers found that maternal victimization is significantly correlated to higher rates of maternal mental health issues. A history of victimization is negatively associated with relationship quality between mothers and adolescents. However, maternal mental health issues were not significantly correlated with relationship quality or behaviors. This shows that a high quality parent-adolescent relationship is a protective factor for internalizing and externalizing behaviors in adolescents. Services focusing on strengthening the relationship between mothers and adolescents can help prevent or eliminate problem behaviors. Family therapy may be beneficial to enhance parenting skills, improve communication, and strengthen the attachment bond.

Kisiel, C. L., Fehrenbach, T., Torgersen, E., Stolbach, B., McClelland, G., Griffin, G., & Burkman, K. (2014). Constellations of Interpersonal Trauma and Symptoms in Child Welfare: Implications for a Developmental Trauma Framework. *Journal of Family Violence*, 29(1), 1-14.

This study proposes that a new developmental trauma framework be used to adequately capture the spectrum of symptoms and needs of children exposed to

interpersonal violence and attachment-bond trauma. Currently, a Posttraumatic Stress Disorder (PTSD) diagnosis has been used for children, but the varied effects of multiple interpersonal traumas are not adequately captured through this diagnosis. Many children fail to meet the current diagnosis for PTSD or receive diagnoses unrelated to their trauma. When children fail to meet the criteria for PTSD or are given a different diagnosis, it does not indicate a need for treating the child's trauma. When children are not treated for their trauma, they receive less effective care which can harm them over time.

Children in the welfare system are exposed to multiple and chronic traumatic experiences. Various studies have found that between 46% and 90% of all children in child welfare have experienced multiple traumas. Complex trauma exposure is defined as exposure to multiple and chronic interpersonal trauma in childhood, typically from a caregiver. Youth are exposed to both interpersonal violence and attachment-based traumas within the caregiving system. Interpersonal violence includes physical, sexual, and family abuse, while attachment based trauma includes emotional abuse and severe neglect.

Children who experience both types of trauma exhibit higher levels of functional impairment and are more likely to have placement disruptions and psychiatric hospitalizations. They have higher levels of affective and physiological problems, attentional and behavioral problems, relational dysregulation, and post-traumatic stress symptoms. The symptoms associated with complex trauma exposure include: a greater number and severity of functional and mental health problems, difficulty with affect and impulse control, a negative self-image, relational problems, and difficulties with attention and concentration.

This study's findings provide support for the use of a developmental trauma framework in order to fully identify when children are traumatized. The development of such a framework will examine the effects of different types of interpersonal trauma on areas of impairment and advance empirical research in this area.

Parenting Skills: Infants and Young Toddlers

By Kayla Kirk

Introduction

Do not assume that every new parent knows how to perform certain skills correctly that are crucial for raising a healthy, safe baby and toddler. As a supervised visitation provider, you will have the opportunity to work with parents and teach them at least some of these important skills. In this training, you will learn about a variety of different skills that are important for raising an infant and young toddler. By the end of this training, you will be able to communicate and demonstrate these helpful skills to parents. Important skills all parents need to know are:

- Breastfeeding and bottle-feeding
- Burping
- Changing diapers
- Bathing
- Anticipating infants needs
- Bonding and Eye Contact
- Sleep and crib safety
- Car seat safety
- Discipline - not punishment

Breastfeeding and Bottle Feeding

Breastfeeding can be difficult at first, especially for new mothers. It is important to understand how to get a baby to latch correctly and comfortably. Below are the steps to breastfeeding:

- A baby will begin to “root” when they are hungry.
 - Signs of rooting include being more alert and active, putting his or her hands and fists in the mouth, and moving the head back and forth looking for the breast.

- Hold the baby to your chest upright, with his or her head under your chin.
- Support his or her neck and shoulders with one hand and the hip with the other.
- With the baby's head tilted back slightly, the baby will be able to suck and swallow easier.
- Touch the nipple to the baby's mouth until he or she opens the mouth. Guide the nipple towards the top of the baby's mouth so that he or she can fully latch on.
- Once a good latch is established, the baby will begin to feed.

Bottle feeding is another option for infants. Some parents find it easier because other people can assist, which provides more freedom. Below are the steps to bottle feeding:

- Select a formula that provides all the nutrients the baby needs. A doctor will normally give a recommendation.
- Sterilize the entire baby feeding equipment. Do this by boiling the equipment in a pot of water and then washing it in warm soapy water.
- Boil water and then add the correct amount of water and powder to the bottle.
- Test on your own wrist to make sure the formula is warm. It should NOT be hot.
- Begin feeding the baby, while providing the correct support, as mentioned above.

Burping

Burping a baby is important so that he or she does not become colicky and he or she can release gas from feeding. Burping is the repeated gentle patting on a baby's back. It is NOT hard pounding. You may want to tell the parent to place a towel or bib underneath the baby's mouth in case of spit ups. There are many burping positions, but the three most common are listed below:

1. **The Shoulder Burp:** With one hand, hold the baby upright with his or her chin on your shoulder. Gently pat the baby's back using the other hand. Walking around the room or sitting on a rocking chair can help move the gas trapped in the baby's tummy.
2. **The Sit Up Burp:** Sit the baby on your lap and support his chest and head with one hand. Make sure to place the palm of your hand over his chest for extra support. Gently pat the baby's back using the other hand.
3. **The Lap Burp:** Place a pillow on your lap. Now place the baby over the pillow with his tummy facing down. Gently pat or massage the baby's back. This is a soothing position for babies.

Changing Diapers

Diaper changing is one of the most common things people think of when it comes to taking care of babies. It is also one of the skills so many people are afraid to do or think they will do it incorrectly. Below is a step-by-step guide to changing an infant's diaper.

1. Make sure to have all of the supplies. You NEVER want to leave a baby unattended, especially on a changing table where he or she could fall. The parent will need:
 - a. A clean diaper
 - b. Wet wipes/warm wash cloth
 - c. A burp cloth
 - d. A changing pad/table
 - e. Baby powder/lotion/diaper rash ointment
2. Lay the baby down on the changing pad or table.
3. Remove the baby's clothes.
4. Unstrap the soiled diaper, but do not remove it yet.
5. Put the burp cloth over the baby to prevent any messy accidents, especially for baby boys.
6. Clean the diaper area with the wipe or wash cloth. Wipe from front to back to avoid spreading bacteria.
7. Open the clean diaper.

8. Gently lift the baby's legs up and slide out the dirty diaper. Replace with the clean one.
9. Apply any lotion or powder the baby needs.
10. Pull the front of the diaper through the baby's legs.
11. Secure the back tabs to the front of the diaper.
12. Make sure the diaper is not too tight or loose.

Bathing

Newborns should be given sponge baths until their umbilical cord stumps have fallen off. Here are the steps to give an infant a sponge bath:

- A sponge bath is given in a warm place with a flat surface.
- The baby should be spread out on a soft blanket or towel.
- A sink or shallow plastic basin should be filled with warm water. It should be checked to make sure it is not too hot.
- When you begin to wash the baby, he or she should be wrapped in a warm towel. Only the area being washed should be exposed.
- Give special attention to folds in the skin, under the arms, around the diaper area, and the baby's fingers and toes.

Once the umbilical stump has fallen off, a regular bath can be given. There are also certain steps that should be taken to bathe a baby and toddler safely.

- Choose a bathing area that is SAFE. Options include free-standing plastic tubs specifically designed for babies and toddlers, plastic basins or inflatable tubs that fit in a regular bathtub, or a sink lined with a towel or rubber mat.
- Gather the same supplies needed for a sponge bath - towel, warm water, baby soap, plastic cup for rinsing water.
- Fill the tub about 2 to 3 inches. NEVER leave your baby alone during a bath.

Anticipating Infants Needs

When a parent first brings home a baby, he or she will cry to have his or her needs met. These needs can include being hungry, having a wet diaper, feeling sick, or being afraid. It is important that the parent attends to these cries and begins to anticipate what the infant needs. Babies have cues that can alert parents to what they need. There are three types of “cues” babies commonly use.

1. **Engagement Cues:** When babies want to interact they will look, move, and make noises in a specific way. Babies will have wide open eyes and look at you or a toy. Babies’ faces and bodies will be relaxed. Older babies may smile and try to touch or taste whatever interests them. When they are very excited, they will kick their legs and squirm.
2. **Disengagement Cues:** When babies need a break they will use different movements and noises. Babies might close their eyes, turn their faces or bodies away from the parents, or arch and twist their bodies. Babies’ muscles will be tense and they may frown or look like they are about to cry. Older infants will stiffen their hands and bring them up to their faces.
3. **Clustered Cues:** Babies will give parents lots of cues when they need something important. Hungry babies will move their heads looking for something to suck. They will put their hands and knees upward toward their faces. When babies are full, they will relax their muscles, slow down their eating, and sometimes fall asleep.

When babies don’t get a response to these subtler cues, they will begin to cry. By anticipating what a baby needs and responding, parents can help reduce crying. When a baby does cry and a parent can’t seem to find the problem, recommend that the parent use repetition to calm the baby down. Singing, rocking, or riding in a car are common ways to help quiet a crying baby. Picking up a crying baby, holding him or her close, and rocking him or her while repeating the same words are a great way to calm a baby down. Keep doing the same thing over and over.

Bonding and Eye Contact

A parent bonding with his or her baby is very important. Bonding is the intense attachment that develops between parents and their babies. Bonding makes a parent attentive to the baby’s wide range of needs and cries. Bonding with the

parents gives that baby his or her first model for an intimate relationship and fosters a sense of security and positive self-esteem. Bonding is a process and does not happen immediately. For many, it is a byproduct of everyday caregiving. Below are ways a parent can bond with their baby:

- **Skin-to-skin contact.** Touch and having skin-to-skin contact is soothing and promotes healthy growth and development.
- **Talking, laughing, and playing.** A baby will recognize his or her parent's voice and laugh and long for it. When a parent plays with the baby, he or she provides learning opportunities and grows closer to the baby.
- **Eye contact.** Eye contact provides meaningful communication at close range. When babies are first born they cannot see farther than a foot from them, and eye contact begins their development of trust.

The benefits of bonding with a baby are endless. Infants and toddlers that have a close bond with their parents benefit from the following strengths:

- Developing fulfilling intimate relationships
- Maintaining emotional balance
- Having confidence
- Enjoying being around others
- Sharing feelings and seek support from others

Sleep and Crib Safety

When babies are first born, a majority of their time will be spent sleeping. Sleep is critical for infants and toddlers because during this age their brains develop.

Below are the average amounts of sleep infants and toddlers need each day:

- **Newborns to 1 Month:** 15 to 16 hours over a 24-hour period is the average. Premature babies may sleep more. During the first month, sleep is acquired during short periods of time ranging from 2 to 4 hours. Your baby has no internal biological clock or circadian rhythm at this time and needs frequent feedings.

- **1 to 4 Months:** 14 to 15 hours over a 24 hour period is the average. Your baby is now establishing a more regular sleep pattern and will sleep 4 to 6 hours at a time.
- **4 to 12 Months:** 14 hours is the average. It is important to establish healthy sleep habits at this time. Also, at about 6 months your baby will no longer require several naps in the day, but can drop down to two.
- **1 to 3 years:** At this point, a toddler needs an average of 12 hours. Your toddler will now be able to sleep through the night without feedings. The number of hours and naps will range for each child.

It is important to establish a routine with infants and toddlers as they learn sleeping habits. A regular sleep time and wake up time should be established. One regular nap time will also help maintain sleeping habits. Bedtime routines such as a warm bath or reading a bedtime story can help infants and toddlers prepare for bed as well. Not only is a regular sleep schedule important, but crib safety as well. Below are recommendations for crib sleeping:

- To prevent suffocation, never place pillows or thick quilts in a baby's sleep environment. Here's the slogan to pass along: Bare is better!
- Make sure there are no gaps larger than two fingers between the sides of the crib and the mattress. Your child could break a limb if these gaps are larger.
- Proper assembly of cribs is paramount! Follow the instructions provided and make sure that every part is installed correctly.
- Do not use cribs older than 10 years or broken or modified cribs. Infants can strangle to death if their bodies pass through gaps between loose components or broken slats while their heads remain entrapped.
- Never place a crib near a window with blinds, curtain cords, or baby monitor cords; babies can strangle on cords.

Car Seat Safety

Road injuries are the leading cause of preventable deaths and injuries to children in the United States. When correctly used, child safety seats can reduce the risk of death by as much as 71 percent. Below are guidelines for car seat safety:

- Find a car seat that fits the child. As the baby or toddler grows, he or she will need to have the car seat grow with him or her.
- Make sure the car seat fits the vehicle. Not all car seats work for all vehicles.
- Install the car seat correctly. If it is not set up or used correctly, the child is at risk. Be certain by having it checked at an inspection station by a certified child passenger safety technician.
- Once a car seat has been in a vehicle collision, it must be replaced.
- Never leave a child alone in a car. A vehicle will become much hotter inside than it is outside and they can suffocate.

Explain to the parent that their infants and toddlers should be in a car seat every time the cars are driven. There should be no exceptions! Vehicle accidents are the number one cause of death from birth to age 34.

Discipline - Not Punishment

A parent should never punish his or her baby. Spanking, hitting, and slapping are all considered “physical punishments.” A baby will not be able to make the connection between his or her unwanted behavior and the physical punishment. Instead, the baby will only feel the pain. When a child is acting inappropriately a parent should calmly tell him or her “no.” Remove the child from the area and distract him or her with an appropriate activity. Explain why the behavior is inappropriate. Timeouts can be effective for toddlers, but never longer than a minute or two. Longer than that is not effective for young children. Another helpful tool is to be positive when toddlers show good behavior. Give them praise and rewards when they do something good. Below are two case examples of disciplining an infant and a toddler.

Infant Discipline Case Example

Your infant is grabbing and chewing on your necklace. You do not want your baby tugging or breaking it. How would you discipline this child?

Answer: When the baby is grabbing the trying to chew on the necklace calmly tell them no. Take the necklace off and explain "This isn't for playing with." Instead, give them a pacifier or toy to chew and play with and tell them "Here, this is something you can play and chew with."

Toddler Discipline Case Example

Your toddler just threw a bowl of peas on the ground and is laughing. You do not want them to cause messes and watch you clean it up. How would you discipline this child?

Answer: Calmly tell your toddler no. Explain to them that this is not good behavior. Have them help clean up the peas with you and say "Since we made a mess we have to clean it up."

Conclusion

Raising a healthy and safe infant and toddler can be challenging. It is important to know the basics and provide him or her with the correct assistance. As a supervised visitation provider, you can now explain and demonstrate to parents how to do these important skills correctly.

References

<http://www.parenting.com/article/baby-poop>

http://kidshealth.org/parent/pregnancy_center/newborn_care/guide_parents.html#

<http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html>

http://www.helpguide.org/mental/parenting_attachment.htm

<https://www.womenshealth.gov/breastfeeding/learning-to-breastfeed/>

<http://www.babycentre.co.uk/a752/bottle-feeding-basics>

http://kidshealth.org/parent/pregnancy_center/newborn_care/burping.html

<http://americanpregnancy.org/firstyearoflife/changingadiaper.htm>

<http://www.mayoclinic.org/healthy-living/infant-and-toddler-health/in-depth/healthy-baby/art-20044438>

<http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs/>

<http://www.safercar.gov/parents/index.htm>

<http://kidshealth.org/parent/positive/talk/discipline.html#>

Current Facts on the State of Child Care in Florida

Child Care Aware of America recently gathered integral information from Child Care Resource and Referral (CCR&R) agencies and other state agencies to examine the state of child care across our country. This data can help you, as a supervised visitation provider, to better understand the issues families face.

How many children and families are there in Florida?

Total residents	19,081,930
Children age birth to 4 years	1,070,914
Children age birth to 4 years living in poverty	291,994
Children age 5 to 11	1,535,835
Total families with children	1,790,823
Single parent families	657,970
Families in poverty	402,509

How many children under age 6 potentially need child care?

Children in two-parent families, both parents in labor force	442,175
Children in single-parent families, parent in the labor force	399,901
Total children under age 6 potentially needing child care	842,076

How many working mothers are there?

With infants under one year	138,061
With any children under age 6	542,623
With children under age 6 only	313,583
With both children under age 6 AND children age 6 to 17	229,040
With children under 18	
Married working mothers	807,128
Single working mothers	430,849

How many centers/family child care homes are available?

Number of centers	11,629 17% vs. national average of 10.3%
Percent of centers that are nationally accredited	
Number of family child care (FCC) homes	4,308 4% vs national average of 1.1%
Percent of FCC homes that are nationally accredited	
Total spaces/slots	827,718
Percent of spaces in centers	95% vs. national average of 78.1%
Percent of spaces in FCC	5% vs. national average of 20.7%

What kind of child care is requested?

Percent of requests for referrals received by CCR&Rs

For infant/toddler care	30%
For preschool-age care	36%
For school-age care	34%
For full-time care	96%
For part-time care	4%

For before-/after-school care	8%
For nontraditional hours care	7%
Families receiving referrals from CCR&Rs (annual)	102,906

Unless otherwise noted, statistics in these sections are from the American Community Survey, U.S. Census Bureau, 2010-2012 three-year estimates

(<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>)

References

http://usa.childcareaware.org/sites/default/files/19000000_state_fact_sheets_2014_v04.pdf Preliminary 2014 Child Care in the State of Florida

Families Post-Deployment: Issues and Tips for Supervised Visitation Providers to Consider

By Cristina Batista

Parents who are returning from deployment face difficulties adjusting back to life in regular society, but also adapting to the various changes their families may have gone through during their deployment. It is important for parents to remember to have patience with this process, as there may be many changes that have occurred. In the best of circumstances, the returning parent can work with family members to reestablish certain roles and strengthen familial bonds. When the parents are separated or divorced, the supervised visitation provider or other social services staff should discuss with both parents separately how to make the transition easier for all.

There have been many reasons why returning vets have used Florida’s supervised visitation programs. Sometimes court litigation has resulted in the order for a certain number of supervised visits after a parent returns. Divorcing parents may have had unresolved allegations before one parent was deployed. Visitation staff should be ready to provide services in these cases. Additionally, one of the

biological parents may now be a new partner to someone who has been deployed. It's crucial that the issues that sent the families to supervised visits be addressed by the court and other service providers.

An important thing to remember is that children can have a difficult time adjusting to a parent's return and that can impact visitation. All types of change can be stress-inducing for a child, but the return of a parent can be confusing, overwhelming, and emotion-ridden. It is important for supervised visitation providers to understand certain behaviors in children that can be related to parents and their deployment, in order for supervised visitation providers to help the family safely and successfully adjust, even when the parents are divorced or separated.

The most important message to give parents is that the return from deployment is a period of adjustment for everyone. Be patient. Challenges are normal.

Reactions of Children

Younger Children

Parents can usually anticipate behavior changes in young children based on their personalities and typical reactions to stress. Some parents find that the child might be scared of the returning parent, because he or she has not seen the parent for an extended period of time, while others experience children become overwhelmingly excited about and attached to the parent. It is also common for the child to temporarily have disturbed sleeping patterns, due to strong emotions, such as stress, fear, excitement, or confusion. The following contains a breakdown based on age of common reactions young children may have once a parent has returned from deployment.

0-2: If the child is under the age of two, he or she may cling to or favor the primary caregiver and react by increased fussing, crying, and changes in his or her sleeping and eating patterns.

3-5: Preschool children typically have strong emotional reactions to seeing the returning parent, such as excitement or confusion. This may lead to them constantly wanting to be by the parent's side, becoming angry when the parent is not around, or having little understanding of the need to share the parent with other family members.



Warning Signs: If the parent notices some of these changes listed below are lasting for longer periods, or are increasing in intensity, it may be helpful for a supervised visitation worker to identify and recommend suitable resources for parents.

- Extensive crying — unable to be soothed or calmed (ages 0-2 only)
- Significant and prolonged change in child's clinginess or ability to calm down (ages 3-5 only)
- Considerable changes in sleep or eating patterns
- High levels of aggression (i.e. hurting toys, pets, other children, caregivers, or themselves)
- Significant developmental delays or losing skills the child had previously mastered

Older Children

Older children experience many of the emotions younger children experience during this transitional time, but typically are focused on excitement over the return of their parent.

A unique transition to this age involves the switching of roles children have held. Typically, older children take on some of the parent's responsibilities to help out around the home during his or her deployment. Because of this, they have probably gained confidence and independence and may have trouble giving the responsibilities they shouldered back to the parent after he or she has returned.

The children should feel appreciated for the roles they played while the parent was away.

In areas that require a role transition, parents should approach the subject and transition slowly. The parent and child should share their experiences and feelings of the time during deployment in order to build stronger connections.

6-12: School-aged children are more aware of what deployment means, but they still see things in right or wrong dimensions. The children are starting to use logical thinking and reasoning, but they still need leading and support when it comes to understanding feelings and questions of the returning parent.

Warning Signs:

- High levels of aggression (hurting others, themselves, pets, or toys)
- Significant and continued changes in sleeping and eating patterns
- Refusing to go to school or participate in typical activities
- Difficulty calming down or coping with daily problems or routine issues
- Major changes to school grades or friendships



13-17: Teenagers are at an age where they can better understand what deployment is and means. They may talk to their parents beforehand and ask a lot of questions during the deployment. But many teenagers will also demonstrate anger, apathy, and acting out as they struggle to find a balance between their lives and the parent's deployment.

Warning Signs:

- High level of aggression or violence toward people, pets, or property
- Any mention of suicide or harming oneself
- Total withdrawal from the family or running away
- Considerable and prolonged drop in grades
- Considerable and continued changes in mood, eating, or sleeping patterns

Overall Concerns

It has been found that there are a number of things that most children worry about when a parent returns from deployment. It is important for a visitation worker to pick up on any of these concerns and help children work through any difficulties.

- Adjusting to fit the deployed parent back into the home routine
- Worrying about another deployment
- Dealing with the deployed parent's mood changes
- Worrying about how parents are getting along
- Becoming reacquainted with the returning parent
- Deciding which parent to turn to for support and advice

Supervised visitation providers can help parents gain awareness of these issues and encourage them to apply active listening, support, and bonding activities with these children during this transition.

Tips for Parents Post-Deployment

It can be difficult for the returning parent to settle into the family life that he or she has been away from for an extended period of time. It is important to recognize that both parents will have to make adjustments. Below are strategies that visitation workers can suggest to help both parents in rearranging and reconnecting with children post-deployment:

The Deployed Parent



He or she should:

- Focus on going slowly: The parent who stayed behind has had a significant

burden running the family alone, and the family – even a divorced family --has changed to some degree while the deployed parent was gone.

- Avoid harsh criticism: Give the partner who stayed behind credit for the job he or she did running the household while the deployed parent was away. Even if the deployed parent doesn't agree with some of the choices made, he or she should give credit to the partner who stayed behind for the effort he or she put in to the family. This may be difficult when the parents are hostile toward each other because of divorce or separation issues.
- Work with the family to re-establish a routine at both homes.
- Be present and make time for each parent and child.

The Parent Who Stayed Behind

This parent has been in sole control of the child and his or her family and household for months or even years.

He or she should:

- Work toward getting ready to make opportunities for the parent to reintegrate into day-to-day life with the child safely.
- Take time for him or herself: Parents need to understand that they are no longer on their own in raising children or maintaining the household and should utilize available help from the returning parent to create a supportive environment for the children when he or she is able to do so.

For Both Parents

Both the deployed parent who served our country abroad and the parent who held things together at home will need to present a united front to the children, even if they are no longer a couple. This time of transition is extremely difficult for children. Supervised visitation providers can help parents successfully navigate through the changes by focusing on the following.

- Talk to parents about using more encouraging words when speaking to their children. The children need to feel valued in the family.
- Encourage the parents to be consistent in their routines, promises, and discipline. In order for the children to fully adjust, the children need to be able to

fully trust their parents.

- For young children, show parents how “the two I’s” (Isolate, Ignore) can be more helpful when managing misbehaviors than “the two S’s” (Shouting and Spanking).
- Talk to parents about staying involved in school and connecting with the child’s friends and teachers.

Relationships

Every member of a family must reestablish relationships within the family during the post-deployment period. The following are tips that the supervised visitation provider can work on with families to help ease the transition:

- Remind both parents that the relationship they have with their children is invaluable. Finding a way to connect with each child individually makes parenting a much easier job.
- Encourage an open discussion about the expectations, thoughts, and feelings of each family member.
- Speak to the parents separately about continuing family traditions, or making new ones.
- Help parents accept that many family dynamics will change but that this is natural and unavoidable.

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