E Press
April 1, 2008

This month, news updates, children and grief, and non-offending parent training.

Monthly Phone conference:

Please plan to attend our monthly phone conference, where we will discuss much of the material here, and much more!

WEDNESDAY, APRIL 16th, 2008
850-644-2255

NOON EASTERN for ONE HOUR!

EVALUATION TIME! Please fill out the attached Performance Measures survey and send it back to us. It's that time again, and we need your help! Have your lead staff/volunteers fill one out, too!

When Dialing 911

It seems simple – anyone can do it, right? Calling 911 is actually more complicated than it looks, and recent studies show that up to half of the people who call 911 make major mistakes that can slow down the response time of police.

Therefore, we are asking everyone to do short role-plays with all staff and volunteers this month. Pretend there is a crisis, and direct your staff to call 911. Actually pick up an unplugged phone and have them do it. Can they stay calm, remember the address of the program, know the phone number of the program, and follow directions? Here are other tips:

- Be calm, direct others to remain quiet.
- Let the dispatcher ask all of the questions. Your answers should be brief and clearly stated.
- Describe your location and the location of the emergency.
  - On cell phones, provide exceptionally detailed information on your location.
- Describe all of the physical characteristics of everyone involved in the incident.
- Describe any vehicles involved in the incident.
- Be patient as the dispatcher asks you questions.
- Don't hang up until the dispatcher tells you too.

Reference:
http://www.911dispatch.com/911/911tips.html

True story: What kind of mother gives her son a razor knife for his birthday present? A mentally ill mom at supervised visitation, last month.

I hope this scenario got your attention, because far too often we become complacent about parents, and last week's news that a mom nearly killed her son during a court-ordered visit at a psychiatrist's office may shake program staff back into reality. The reality is that visitation can be risky, dangerous for everyone involved. The mom who tried to give her son a knife was completely baffled as to why such a gift would be inappropriate. Staff were vigilant, and had a policy about checking gifts to determine whether they are safe. But this could happen anywhere, which is why SV staff have a responsibility to stay focused on safety.

Here's an update of the Largo Case, with reader's comments attached.

'She Has An Illness,' Boy Said Of Mom Accused In Stabbing

By STEPHEN THOMPSON

The Tampa Tribune

Published: March 25, 2008

LARGO - Three years ago, while his parents were in the midst of a bitter divorce, Bradley Driscoll, then 12, told a court-appointed psychologist he didn't feel safe with his mother.

"I wouldn't want to spend 30 minutes with her alone," Bradley told psychologist Herbert Goldstein, according to court documents. "She once pulled all the phones out of the house because she did not want me to call my dad and go home.

"I don't know what she's capable of," he said.

On Saturday, Bradley, now 15, was at a court-ordered supervised visit with his mother in a psychiatrist's office when she pulled a 15- 1/2 -inch decorative dagger and a 12-inch drywall knife from her purse and attacked him, Largo police say.

Celeste Minardi, 55, stabbed her son in the abdomen, severely injuring his intestines, Largo police said. He was also slashed across the throat twice - one cut was 8 inches long, the other 3 inches- and over his right eye, police said.

Bradley remained at Bayfront Medical Center on Monday evening; his condition was not being disclosed at the request of his family, a hospital spokeswoman said.

Minardi was charged with attempted murder. The Dunedin woman was being held without bail at the Pinellas County Jail.

'I Don't Want To Be With Her'

A clearer picture of Minardi's mental history and relationship with her son emerged Monday from documents related to her divorce. Included in the five-volume case are snippets of Goldstein's interview with Bradley.

"I don't want to be with her," the then-sixth-grader told Goldstein. "She doesn't provide a civil environment and she acts crazy sometimes, like kicking my dad in a restaurant.

"She has an illness ... a mental illness," Bradley told the psychologist. "If she doesn't, she acts like it.

"I hope she gets better but right now I don't want to see her," Bradley said. "I'm forced to ... it's court ordered."

He said he couldn't wait for the visits to come to a close. He said he didn't love her.

Bradley's father is Gulfport City Attorney Timothy Driscoll, previously city attorney for St. Pete Beach. He filed for divorce from his wife in August 2004, after, among other things, he learned she had advertised herself for group sex on the Internet, the divorce suit says.

His wife denied the charge. Their son was 11 at the time.

Though trained as a licensed practical nurse, Minardi became a homemaker once Bradley was born, the file says. In 1986, she was in an accident that left her with nerve damage and chronic pain, and she has been diagnosed with bipolar disorder, court documents say. The file also says she was taken into custody at least twice under the state's Baker Act.

Driscoll wanted primary custody of his son and sought a psychological evaluation of all three members of the family. The attorney, who was grossing roughly $136,000 a year, also wanted his wife evaluated to see whether she could return to work, but she would not cooperate with a disability analyst during an interview, the records show.

Her attorney, Carl T. Boake, took exception to Driscoll insisting that Minardi work because Driscoll knew she was mentally ill, the court records show.

At one point, Driscoll asked for an injunction because his estranged wife was telling the staffs in Gulfport and St. Pete Beach he wasn't paying child support when he was, and that he had kidnapped their son, the records show. On Oct. 26, 2005, Circuit Judge Amy Williams barred Minardi from going to her husband's office or to either city hall in Gulfport or St. Pete Beach, the records show.

Minardi was also at one point barred from going to Shorecrest Preparatory School, which her son attended at the time, the court records show.

The day after Williams entered her order, a mediated agreement was filed, with Driscoll agreeing to pay $3,600 a month in alimony, the court records show. He was given sole parental responsibility.

Boy 'Is Frightened Of His Mother'

Minardi was allowed to see her son during visits supervised by psychiatrist Gerard Boutin or anyone Boutin referred the pair to, the documents say. The visits were three hours long on alternating weeks,

and Driscoll agreed to pay for them. By then, however, Bradley was already seeing his mother during supervised visits, and she spent much of the time bad-mouthing his father, he told Goldstein.

Even though he said he couldn't wait for the supervised visits to end, Bradley told Goldstein he didn't feel he was in any danger during them.

"I feel more comfortable because I'm safer ... knowing she won't attack me and go crazy," the boy said.

Minardi had told Goldstein that she would be "devastated" if Driscoll was given sole parental responsibility.

"I think my husband is brainwashing my son against me," she said.

When asked if she had any weakness as a parent, she said, "I hug too much," according to a report Goldstein wrote.

Goldstein found her to be manipulative.

"Bradley is frightened of his mother," Goldstein wrote. "We should be concerned about her anger to the level of rage and the fact that she has apparently made threats to kill in the past," he wrote in his evaluation, which was filed Nov. 9, 2005, when the divorce was finalized.

The following year, Minardi asked the court to make her husband give her more money. Her health coverage lapsed and she was paying Morton Plant Hospital $112.50 a month to pay for an unanticipated stay. Her medications were also running $1,000 a month, she said in a court motion. Her attorneys withdrew from the case two months later, citing irreconcilable differences.

Reporter Stephen Thompson can be reached at (727) 451-2336 or spthompson@tampatrib.com.

Reader Comments

Posted by (Kaye) on March 25, 2008 at 8:46 a.m. (**Suggest removal**)

yet the court made the poor kid see her! The courts are a joke in custody cases. Just because you can give birth does not make you a mother

Report Abuse

Posted by (6ftunder) on March 25, 2008 at 8:50 a.m. (**Suggest removal**)

This is so horrible. That poor kid is going to have nightmares and anxiety problems for the rest of his life. She should be shot in the head and thrown into the garbage dump. I don't care how mental she is. I don't understand why people get away with murder just because they are mental. Don't you have to be mental to do that to begin with? So, it's not an excuse that requires pity. Don't waste my tax money on her living.

Report Abuse

Posted by (northfla) on March 25, 2008 at 9:12 a.m. (**Suggest removal**)

I just can't imagine how a kid deals with his mother trying to kill him.

I hope some good can come of this.

Report Abuse

Posted by (BigJim) on March 25, 2008 at 9:17 a.m. (**Suggest removal**)

Is that Marylin Manson on that pic ?..

She doesn't look like she's ok..

I feel bad for the kid, good luck!

Report Abuse

Posted by (donttazemebro) on March 25, 2008 at 9:41 a.m. (**Suggest removal**)

to the moron that told me the judge was no way at fault for this kid getting hurt. Now do see why I said it was the JUDGES fault, if you could not tell by the other story, that the only reason the kid was forced, (court ordered at a doctors office) to visit his mom, was there was evidence she was a nut case. the boy was forced to see his mom, by the JUDGE. the JUDGE has this on his hands. Dear JUDGE you need to look closer at what you order. You have this on your shoulders forever ! it was all you. And your job is to serve and protect ? or just sit and look pretty?

Report Abuse

Posted by (JDdisgusted) on March 25, 2008 at 9:46 a.m. (**Suggest removal**)

Our court system at its finest!!If she would have killed him..she would have gotten off on an insanity plea...why would we lock up someone who is crazy, or get her the help she needs when we cant even keep murderers and sex freaks behind bars.

Report Abuse

Posted by (donttazemebro) on March 25, 2008 at 9:57 a.m. (**Suggest removal**)

I looked it up, it was Budbkind2u,
that was the moron that said I was wrong about saying it was the judges fault.
Thought everyone should know your not too bright.

Report Abuse

Posted by (6ftunder) on March 25, 2008 at 10:16 a.m. (**Suggest removal**)

I sort of agree with commonsense a little bit. If you think for a second that a gator wouldn't hurt you, I dare you to go stand by one and see how long you last. They will kill and eat anything that gets in front of them. They do not have a conscience. Most animals don't. And that's a fact. They live on instinct. A gator's instinct is to be a predator. It just is and there's no arguing that. just like it's a sharks instinct. If that had been a 2 yr old, everyone would be up in arms about it.

Report Abuse

Posted by (6ftunder) on March 25, 2008 at 10:18 a.m. (**Suggest removal**)

Oops! Ignore my dog/gator post. i clicked on the wrong link by accident and left a comment.

Report Abuse

Posted by (TommyT) on March 25, 2008 at 10:25 a.m. (**Suggest removal**)

This is so typical; the courts and government don't give a rats about kids, it's all about the adults. Can't have anyone getting their little feelings hurt by not having access to their kids, now can we?

Report Abuse

Posted by (Jen1897) on March 25, 2008 at 10:43 a.m. (**Suggest removal**)

People are so utterly delusional. I can't understand why some people think it is that important to be with biological parents. Kids need to be with whoever loves them and is good for them. Who cares if they have the same DNA!!?? I used to work at a home for abused and neglected children and when they went back home to mom or dad for a visit, they would come back with fresh wounds. Then more counseling for mom/dad and they get visits with their child again and the same thing happens. Why is it the goal to get children back with biological parents?

Report Abuse

Posted by (BigMu) on March 25, 2008 at 11:12 a.m. (**Suggest removal**)

donttazemebro- How utterly precise you are. How about this. I went to court, & petitioned for "Supervised Visitation" The "Judge" or should I say the worm playing God decided against this even after I submitted strong proof to support my claim. It wasn't until DCG & HRS became involved (after the decision)that it was recommended that Supervision is the most conducive way to go. The judge's excuse" Biological parents should be afforded every opportunity to (kill) their children. How about that coward judge has never admitted to being wrong. If these folks are placed in positions of authority by the public, then that's who should be able to get rid of them. These bottom feeders believe virtue of their positions guarantees a career & possible Godhood.

Report Abuse

Posted by (Tunes) on March 25, 2008 at 11:33 a.m. (**Suggest removal**)

Where was the supervisor that was suppose to be overseeing the visit?

Report Abuse

Posted by (therockofages) on March 25, 2008 at 11:34 a.m. (**Suggest removal**)

It is interesting that when men attack, kill, or stab children, they are rightly the 'worst of the worst' criminals. When women do the same; they are 'sick' and somehow a 'victim of circumstances', and deserve rehabilitation and therapy. What is up with this sexist and backwards judicial propaganda? Men's lives are as valuable as women's, although it seems society has been brainwashed. The application of women's rights do not dictate that women are any more valuable or important than men. The entire idea of 'gender equality' has literally been stood on it's ear in America. In Florida in the past week, we have had 4 women teachers arrested for sex with their underage students. These women are treated like media celebrities and the men think it's funny and cool, while the women seem to believe it is somehow not as serious a crime. When men are arrested for sex with underage female's, these same men (and women) vilify these men and want them thrown in jail forever, with no chance or consideration for rehabilitation. Do the math. We should hold both genders to the same legal standard, this is how the laws are written. Justice and equal protection under the law is designed to be 'blind', without special consideration for race, gender, age, religion, or sexual orientation.

Report Abuse

Posted by (chjh) on March 25, 2008 at 11:45 a.m. (**Suggest removal**)

The family court system in Pinellas is a train wreck. Children who are afraid of their parents are forced to see them all the time. It's amazing that this child even had supervised. Ususally it's just for a short time if at all. The rights of the parents supercede any "rights" the child has to a safe and loving environment. Childrens's needs are routinely ignored in favor of a bad parent. Children have absoluely no rights in this state in a divorce. Not even to support. Dead beat parents abound. Yet they still have their court ordered visitation. A parent who tries to protect their child from an abusive parent will be accused of "alienation" and might lose all rights to the child. This is a disgusting situation for too many children.

Report Abuse

Posted by (awehl) on March 25, 2008 at 10:05 p.m. (**Suggest removal**)

rockofages - AMEN. I am a free thinking woman but not a sexist. I think that if woman want to be treated equally they need to accept the responsibility that goes with that. You are sooooo right about it being the mom not the dad that did this. THAT IS WRONG. SHE did it. Not Dad. He did everything he could to keep them apart. Trust me. The courts forced visitation. Sad but true - giving birth does not make you a mom.

Report Abuse

Here's another report of tragedy associated with visitation from yesterday's news:

3 children killed at city hotel

Father expected to be charged; family in custody fight

The bodies of three children, ages 6, 4 and 2, were found in a room at the Baltimore Marriott Inner Harbor at Camden Yards.

By Arin Gencer, Nicole Fuller and Annie Linskey | Sun Reporters

- *March 31, 2008*

A Montgomery County father engaged in a custody battle brought his three children to an Inner Harbor hotel and apparently killed them yesterday, Baltimore police said.

The bodies were discovered after the man called hotel security about 1:15 p.m. from his 10th-floor room at the Baltimore Marriott Inner Harbor at Camden Yards, saying that he had killed his children and was considering harming himself, said Officer Troy Harris, a city police spokesman.

When security personnel entered the room, police said, they found the three dead children: Anthony Castillo, 6; Austin Castillo, 4; and Athena Castillo, 2.

Their father, identified by police as Mark Castillo, 41, was taken to University of Maryland Medical Center with what appeared to be minor self-inflicted cuts, authorities said.

Sterling Clifford, a police spokesman, said homicide detectives are investigating the possibility that the children were drowned, suffocated or strangled. Clifford said they were not shot or stabbed.

"There is some evidence that something happened in the bathroom. What that is, I do not know," he said late last night. Detectives were awaiting autopsy results. Clifford said it was likely that Castillo would be charged overnight.

Police executed a search warrant yesterday at Mark Castillo's home in Montgomery County.

Castillo's estranged wife, Amy Castillo, also lives in Montgomery County, a police source said. She was interviewed by detectives last night.

Mark and Amy Castillo were separated, and online court records indicate that they have been involved in a long-running custody battle in Montgomery County.

In the Silver Spring neighborhood where Amy Castillo lives on Waterford Road, the lights were on throughout a two-story brick house, though no one responded to knocks on the door. A shattered window by the door was held together with duct tape.

Neighbors, just learning of the news, reacted with horror. One next-door neighbor who identified herself as a friend burst into tears, sank down in her doorway and sobbed upon hearing about the deaths.

The news generated similar dismay in Baltimore. Mayor Sheila Dixon slipped out of a community meeting at a Little Italy restaurant yesterday afternoon to take cell phone calls about the dead children. She returned minutes later and spoke with emotion in her voice.

"There are some things we have no control over," she told the crowd of about 100, referring to the killings.

Dixon and Police Commissioner Frederick H. Bealefeld III are expected to hold a news conference today at police headquarters.

Clifford, the police spokesman, said Mark Castillo seemed to have "some history" of domestic violence. Court records show a domestic dispute between him and Amy Castillo in December 2006.

They had been sharing custody of three minor children since mid-2006, when Amy Castillo filed divorce papers, according to court records. A judge had ordered that Mark Castillo's visits with the children be supervised.

In September 2006, a Montgomery County circuit judge ordered that Mark Castillo undergo a psychological review, and later court entries show that he was undergoing therapy. But that December, when domestic violence issues emerged, a court ordered that Mark Castillo leave the home and have no contact with Amy Castillo.

In June 2007, Amy Castillo filed an emergency motion to prevent Mark Castillo from having access to the children, records show. The outcome was unclear, but Mark Castillo filed motions to enforce a visitation agreement. Another court date was set for May.

Lt. Paul Starks, a Montgomery County police spokesman, said "there was an active agreement for visitation, and he and she were working with that." He added that county police had "a limited

role in this."

Reached by phone yesterday, Amy Castillo's attorney, John R. Tjaden, did not know about the deaths and declined to comment.

Safety is an ongoing concern in supervised visitation. Remember that tragedies do occur. Caution is key. Ask yourselves: are we continuously training on safety at our program? Do we know how to balance dignity and safety? Are we forever mindful of the tremendous responsibility we have to keep families safe?

Resources for Child Play

The foundations of Early Childhood Education have been built from the work of theorists including Dr. Jean Piaget, who posited that children learn through hands-on experience. He once said that "the young child is an explorer, and it is the job of the adults around her to provide the experiences and materials to stimulate her development" (http://www.familytlc.net/toddlers_articles.html).

When we give a child the opportunity to play, experiment, talk, and enjoy her surroundings, we are helping him to learn more about the world, other people, and himself. By encouraging your child's play and exposing her to new experiences, then, you are being a first-rate "teacher". It is your job, accordingly, to know more about the toys, games, materials, and *playful* experiences that are appropriate for your child or children; which may pose a sizeable challenge when your children are of different ages or developmental stages.

When preparing for play with *sibling groups*, keep in mind the importance of inclusion. By increasing awareness of child development, you will discover ways to teach and play with children of all talents, interests, and abilities; and children who play in inclusive environments:

- ✓ demonstrate increased acceptance and appreciation of diversity;
- ✓ develop better communication and social skills;
- ✓ show greater development in moral and ethical principles;
- ✓ create warm and caring friendships; and
- ✓ demonstrate increased self-esteem (http://www.naeyc.org/ece/1996/07.asp).

When planning for inclusive play, you might find any number of developmentally appropriate play ideas helpful. Resources include:

- www.123child.com
- www.artisticflair.com
- www.activitiesforkids.com
- www.crafterscommunity.com
- www.craftideas.com
- www.earlychildhood.com
- www.crafts4kids.com
- www.freekidcrafts.com
- www.holidays.net

- http://www.cfw.tufts.edu/category/5.htm
- http://www.playingforkeeps.org/site/resources_parent_05.html, sites endorsed by the Child Life Council at http://www.childlife.org/

- Family TLC, suggested by The Nation's Network of Child Care Resource and Referral, at www.familytlc.net
- Family Fun at http://familyfun.go.com/arts-and-crafts/crafts-by-age/
- Arbuckle, Katrina; Meiklejohn, Julie; Kline, Trish; Schofield, Christina; and Case, Steve. *Games for All Ages: 100 Fun Activities Everyone Can Play*. 2001
- Booth, David and Bartl, Almuth. *Everybody Wins*. Markham, Ontario: Pembroke Publishers Limited, 2000

For more information on early childhood education, please visit:

- The National Association for the Education of Young Children (NAEYC) at http://www.naeyc.org/

Supervised Visitation: Children's Grief

There are many misconceptions about the idea of grief. Many people think of grief and loss as only pertaining to death. In reality there are many forms of loss that all of us experience throughout our lives. No matter what the loss is, we all grieve it in some way.

These same concepts pertain to children as well. Children of all ages experience grief and loss. One of the most significant losses that a child could ever experience is the loss of their family system. In supervised visitation we see children every day that have experienced the loss of their family system as they once knew it. They are dealing with the loss of one or even both parents and possibly the loss of siblings. During supervised visitation these children are given a portion of this family system back for a very brief period of time. When that visit is over, the child experiences this loss all over again.

In his article, "Dispelling Ten Common Myths About Children and Grief", Dr. Alan Wolfelt speaks about the common misconceptions that we as adults have about children's grief. One of the myths that Dr. Wolfelt speaks about is that there is a predictable "stage-like" pattern to grief. Even as adults, we all experience grief in different ways. But this is especially true in children. Many children are not given the opportunity to express their grief. Even further than that, many children do not know how to express grief. Some adolescents still do not have the vocabulary to adequately express how they are feeling. Therefore we often see that bereaved children mourn more through their behaviors than they do through words.

Another myth that Dr. Wolfelt dispels is that infants and toddlers are too young to mourn. He says the following:

> "In my experience, any child old enough to love is old enough to grieve and mourn…While infants and toddlers cannot verbally teach us about their grief, if we pay attention, we will note that they protest the loss in a variety of ways. A few practical examples are regressive behavior, sleep disturbances, and explosive emotions. I see children as young as eighteen months old in my clinical practice… Unless we support and nurture these young children when they are confronted with the loss of a primary relationship, they can potentially develop a lack of trust in the world around them. By providing both verbal and non-verbal support, we can and should be certain that adequate maternal and paternal care is provided to bereaved infants and toddlers. Holding, hugging, and playing with them are the primary ways in which we can attempt to help these lovely children. We can also serve as support to the parents of bereaved children in teaching them about these ways of helping. In doing so, I truly believe we are doing preventative mental health care."

One of the most important things to remember about children is that they ARE aware of what is going on around them. They know when a parent is upset. Children learn by modeling their parent's behaviors. Children can and must learn that when Mom or Dad is sad, it doesn't mean it is their fault.

The following are tips on how children express their grief and how we as adults can help them through this process (from Kimberly L. Keith: childparenting.about.com)

How Preschoolers Express Grief

- Bedwetting
- Thumb sucking
- Clinging to adults
- Exaggerated fears
- Excessive crying
- Temper tantrums
- Regression
- Stubbornness

Helping the Grieving Preschooler

- Answer the child's question honestly and simply; allow them to talk about the loss; help them share their fears and worries.
- Provide simple routines.
- Give the child affection and nurturing; attempt to connect with them.
- Provide more opportunities for play.
- Be patient with regressive behaviors such as thumb sucking.
- Provide opportunities for the expression of painful emotions through play, creative outlets, and talk. Teach them to recognize and name their full range of feelings.

How Elementary School-Age Children Express Grief

- School and learning problems
- Preoccupation with the loss and related worries; daydreaming; trouble paying attention
- Bedwetting; regression; developmental delays
- Eating and sleeping problems (overeating, refusing to eat, nightmares, sleepiness)
- Fighting, anger

Helping the Grieving Elementary School-Age Child

- Keep tasks simple. Explain things before they experience them - new neighborhood, school, church, family routines and changes.
- Provide a structured environment that is predictable and consistent; limit choices; introduce small, manageable choices over time.
- Contain acting out behavior; insist that children express their wants, needs, and feelings with words, not by acting out.
- Encourage them to let you know when they are worried or having a difficult time.

How Pre-Teens and Early Adolescents Express Grief

- Physical symptoms (headaches, stomachaches, sleeping and eating disorders, hypochondria) Wide mood swings
- Able to verbally expresses emotions
- Feelings of helplessness and hopelessness
- Increase in risk-taking and self-destructive behaviors
- Anger; aggression; fighting; oppositional behavior
- Withdrawal from adults
- Depression; sadness
- Lack of concentration and attention
- Identity confusion; testing limits

Helping the Grieving Pre-Teen and Early Adolescent

- Accept that they will experience mood swings and physical symptoms.
- Encourage them to honestly recognize their painful feelings and find positive outlets in physical and creative activities.
- Listen for the feelings behind their words and actions and respond with empathy.
- Be truthful and factual in explaining the loss.
- Help them develop and maintain their sense of identity.
- Allow preteens to make choices that are not harmful.

Case Example & Discussion Questions

Read the case example below and then answer the questions about the case.

Casey is a 9-year old girl who has been placed in foster care due to allegations of neglect. The case worker reports that Casey has been having nightmares at her current foster home. Casey's grades have also been dropping in school. At visitation, Casey and her mother, Janet, smile when they see each other. They begin talking and playing monopoly. Janet avoids all discussion of foster care and the dependency case and begins talking to Casey about school and movies. The visitation monitor notices that Casey is sucking her thumb. Casey then gets very frustrated with the game and begins banging her head against the wall. Janet tries to calm her down but becomes very angry when she cannot. Janet yells at Casey to act her age. The yelling only upsets Casey even more and she begins to wet her pants. The monitor intervenes and ends the visit.

Discussion Questions

1. Could Casey's behaviors be signs of grief?
2. What are some other possible causes of Casey's behavior?
3. How could the visitation monitor help Casey's mother to deal with these behaviors in a more constructive way?
4. What could be done to help Casey child at Orientation?
5. What kinds of discussions could staff have with Janet at Intake?

Resources

Dispelling Ten Common Myths About Children and Grief
by Alan D. Wolfelt, Ph.D.
http://www.goodgriefresources.com/articles/article18.htm

Grief and Children
by Kimberly L. Keith
http://childparenting.about.com/cs/emotionalhealth/a/childgrief.htm

Children's Grief & Loss Issues ...and how we can help them
http://www.childrensgrief.net/

Children's Grief Education Association
http://www.childgrief.org/

Child Life Council
http://www.childlife.org/Resource%20Library/ClinicalPractice.cfm#Grief

The Caring Tree of Big Bend Hospice: Creative Grief Support for Children and Teens
http://www.bigbendhospice.org/850.878.5310/grief_caringtree.cfm

There is a new pdf of Principle One: Safety attached to this E Press. Please send comments directly to me at clearinghouse@fsu.edu or call 850-644-6303 x.1

Thinking about Non-Offending Parents

Feelings and emotions are the root and condition of all relationships. Bonds are formed as a result of strong emotional responses toward people, commonalities, shared experiences, and linked histories. Emotions are especially connected to strength and health of the bonds between parents and their children. **Put another way, one of the most powerful tools a parent has for raising children is the natural emotional bond that exists between them.** These parent-child bonds are essential for a child's emotional stability, and can have a tremendous impact on a child's ability to communicate and interact with others. The more parents nurture the bonds they share with their children, the greater chance a child has for overall healthy development. Unfortunately, these bonds are also susceptible to harm. **Traumatic, life-altering events can jeopardize the relationships between parents and children. This is particularly true for non-offending parents, who are often besieged by a wide array of pressures and emotions as a result of disruptive, harmful events in their lives.** As research has shown that parents play a major role in lessening the negative impacts of trauma on children, it is therefore critical that non-offending parents are given appropriate information and support to enable them to deal with their own feelings and to provide the support necessary for the child.

COMMONLY EXPERIENCED EMOTIONS

Non-offending parents are often absorbed by indefinite periods of chaos and stress that can accompany sudden life changes, such as allegations of abuse of a child (or self) or separation. If a child is to be protected and remain in their own home, the non-offending caregiver often must choose to support the child in the face of their own denial, that of the alleged abuser, and the denial of their family and friends. According to the National Children's Advocacy Center (NCAC), this task is made more difficult by the various emotions with which the parent must deal, including:

- Guilt
- Denial
- Shame
- Rejection
- Fear
- Anger
- Loss
- Loneliness
- Isolation

Added to this is the reality that many such parents themselves were victimized as children, thus the alleged abuse potentially rekindles old emotions. Emotions such as these can also cause rifts among family members, parents and children. For instance, non-offending parents may be affected by divided loyalties between the child and the alleged offender.

PARENTAL RESPONSES

The range of reactions parents and family members can have during times of crisis can be frightening, and can complicate day-to-day activities. Some emotions are progressive, and may manifest or intensify over time. However, many reactions are normal after such experiences. Non-offending parents and caregivers need to be reassured of this and provided with help, support and encouragement. The following are brief descriptions of normal emotional reactions non-offending parents may experience:

- **Denial**- The initial reaction is often shock and denial. It is a normal reaction for any parent to have some amount of denial, and denial usually transforms into another stage of grief over time. However, it is possible that a parent may never be able to acknowledge what happened to her child. Non-offending parents who continue to deny may need considerable therapeutic treatment before they can accept their child's allegations.
- **Guilt and Blame**- Guilt is almost universal when the reality of a child's abuse is accepted. Most parents blame themselves and women, in particular, berate themselves for not having seen clues that the abuse had been going on and for not taking action. Some parents may also blame the child.
- **Anger**- Anger toward the offender, and depression, may follow as the non-offending parent contemplates the losses and disruptions in their lives. Sometimes parents will direct the anger toward themselves.
- **Bargaining**- Parents move from anger to a bargaining stage as greater acceptance of the allegations occur. Parent's now accept the fact that the abuse happened but begin to struggle with the level of impact the abuse had

on the child and family, as well as their need for recovery. Bargaining occurs when parents look and hope for a fast and less painful recovery.

- **Acceptance**- Parents who enter this stage are accepting of the facts and the impact of the abuse. Parents in this final stage realize and acknowledge that their child and family can survive their losses, changes and recovery process.

A major task for supervised visitation staff is to understand the normal process of response that non-offending parents typically go through and to provide appropriate support for those parents. It is also imperative that supervised visitation staff remove all preexisting biases and notions that may hinder their ability to respond to the non-offending parent and child in a compassionate way. An article entitled "Sexually abused Children at Intake and Follow-up: Mediating Factors" states that **professional attitudes and beliefs about the family, as well as other aspects of the social environment and abuse, are often and unfortunately based on unfair stereotypes and associations** (Conte, Berliner, & Schuerman, 1990). In order to improve the lives of children in supervised visitation programs, staff must be aware of the natural responses by non-offending parents as well as any personal stereotypes they may perpetuate.

PARENTAL RESPONSES TO THE CHILD AND OTHERS

All of the feelings and emotional responses outlined above can become part of how a non-offending parent relates to a child. On the positive side, parents may communicate more with their child to discuss changes in emotions, feelings and relationship. On the other hand, parents may be afraid to confront the issues affecting a child because they are dealing with issues of their own. Also, behavioral

consequences in children such as bedwetting, lack of sleep, aggression and clinginess may make non-offending parents angry or stimulate their sense of guilt. Supervised visitation staff should encourage non-offending parents to talk to their child about the feelings he or she has. The child's behaviors are a reflection of their feelings and are likely to disappear when properly addressed.

Non-offending parents may also have emotional responses that affect the way they approach supervised visitation programs and staff. Allegations of abuse and subsequent separations can fling non-offending parents into an overwhelming new world full of police, legal and medical systems. This can be frustrating for non-offending caregivers. There are new challenges and protocols, as well as innumerable interactions with strangers that often leave non-offending caregivers feeling marginalized and ignored. These experiences can create feelings of inadequacy, which can impact the way non-offending parents handle relationships.

Case Scenario and Discussion Questions

Read the case examples below and then answer the questions about the case.

Number One

Pam and David Taylor were married for ten years and have two children, Cara, age five and Nicole, age seven. Mrs. Taylor recently filed for divorce after Cara reported that Mr. Taylor had sexually abused her. The court ordered supervised visitation so that Mr. Taylor could maintain contact with his children, while the investigation progresses. The supervised visitation staff has noticed that Mrs. Taylor is having difficulty dealing with Cara. Mrs. Taylor gets angry with Cara very quickly, and has pushed Cara away from her when she drops her off. Mrs. Taylor discloses that Cara is constantly wetting the bed and that it makes her furious. In the same discussion with staff, Mrs. Taylor admits that she feels a strong allegiance to Mr. Taylor and is debating whether or not to reconsider their separation.

Discussion Questions:

1. What steps might supervised visitation staff take to improve the interactions between Cara and Mrs. Taylor?

2. Which emotions might mother and daughter be experiencing?

3. What steps would your program take to address this scenario?

Anticipate a non-offending parent's possible reactions, and address them at Intake. Parents need to understand that their reactions are common and normal. Comfort parents by saying "It's normal to feel frustrated, sad, and upset under these circumstances."

Number Two

Gina DeTillio met her estranged husband, Danny, while in college and they married a year later. Until she had her son, Marco, Gina worked as a secretary and Danny worked as a contractor. When Marco was seven, he told his teacher that his father hit him and left welts on several occasions. Gina moved out of the house with Marco because she was afraid that DCF would take Marco away from her if she did not leave. The court ordered that Danny and Marco have supervised visitation. Gina repeatedly tells staff that she is not sure that Marco is "making this up" and that 'Danny loves his son." Sometimes she weeps and moves slowly when she drops off Danny. Sometimes she tells Marco loudly "Now, you tell the truth, son."

Discussion Questions

1. What emotions is Gina displaying?

2. How can supervised visitation staff respond to Gina?

3. How can staff protect Marco?

4. Has your program had a case in which a non-offending parent is having trouble coping with the family's problems? How did you resolve the issues?

OUTDOOR PLAY: IDEAS, GAMES, AND EXPERIMENTS

Beyond the Frisbee and the ball, there are many ways parents and kids can enjoy time outdoors together. Listed below are some creative, diverse ideas for supervised visitation staff to promote outdoor play and encourage healthy behavior for kids and parents.

- The benefits of playing outside with kids aren't limited to physical functions. **Time in the sun and among the trees can improve kids' attention spans and their self-control**, as well as other areas of psychological behavior: http://familyfun.go.com/arts-and-crafts/season/feature/fun-backyard

- **Art** can be created anywhere:

http://home.howstuffworks.com/easy-outdoor-activities-for-kids4.htm

- **Street or sidewalk games** can be easy or challenging. These games are readily adaptable for any age level: http://childparenting.about.com (search "streetgames")

Have questions? Call the Clearinghouse! 850-644-6303!

May, 2008 E Press

Greetings! I hope to see most of you at the Ponte Vedra Beach SVN Conference at the end of May. If you just got permission to travel, it's not too late to sign up!

I will be attending and answering any questions you have. Also, DCF representatives Julie Mayo and Johanna Hatcher, as well as Access and Visitation director Tracie Pogue, from Washington DC will be there to discuss the federal grants!

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It's That time again: Please fill out the Performance Evaluation at the end of this E Press and either email, fax, or mail it back to me! THANK YOU!!

MAY PHONE CONFERENCE

Wednesday May 7 at Noon Eastern

Dial in at 950-644-2255

Don't forget to call in! **Mark your calendars!**

Training Opportunities

DON'T MISS OUT ON THE FLORIDA SVN CONFERENCE!

THE SVN CONFERENCE WON'T BE HELD IN FLORIDA AGAIN FOR YEARS! MAY 28-31 IS YOUR CHANCE TO LEARN, NETWORK, AND IMPROVE YOUR PROGRAM AND SERVICES! GO TO
HTTP://SVN2008.SHUTTLEPOD.ORG/

THERE ARE SESSIONS THAT WILL HELP YOU UNDERSTAND DIVERSE FAMILIES, KEEP CHILDREN AND NON-OFFENDING PARENTS SAFER, OPERATE YOUR PROGRAMS BETTER, AND LEARN ABOUT FUNDING STRATEGIES. DON'T WAIT – MAKE PLANS TODAY! THE HOTEL EXTENDED ITS LOW ROOM RATE FOR ANOTHER WEEK!

DOMESTIC VIOLENCE TRAINING:

BEHIND CLOSED DOORS

Breaking the Silence in Rural Communities
http://www.fcadv.org/projects-rural.php

Sponsored by the Florida Coalition Against Domestic Violence
http://www.fcadv.org/

May 6 – 8, 2008 at Chipola College, Marianna, Florida

This conference brings together advocates and practitioners working to protect battered women and their children in rural communities. This year's theme is *"It happens…Stop pretending it doesn't! Recognize. Report. Respond."* The institute offers a wide array of speakers that will inspire and educate you and is designed to help domestic violence advocates, professionals and community members work together to end violence against women. Continuing Education Credits will be offered. ***Registration cut off date is April 25, 2008; register online at: www.fcadv.org/registration.***

DATABASE UPDATE!

It is time for you to UPDATE your Program's Data (address, staffing info, phone numbers, email etc) on the DATABASE. This is not the client data that you put in monthly. It is the annual update of the information about your individual program. The entire process should take less than fifteen minutes, and is only necessary annually.

We will print a cumulative report about the Programs in the big legislative report due in the Fall!

PLEASE UPDATE BY JUNE 1!

Information for Florida SV Program Staff:

All About Attachment: Theory, Quality, and Practical Advice

By Brianna A. Schiavoni, MSW Student, Florida State University

What is Attachment? There exists a universal tendency for humans to attach; to seek closeness to another person and to feel secure when that person is present. Extensive brain research poses that attachment is, in fact, a regulatory system that develops during infancy and early childhood.

Attachment is originally formed over many weeks and months through social interactions between infants and caregivers. It is an essential component of the developing parent/child relationship and has been identified as playing a vital role in developmental tasks including: maintaining the bonds of trust, attaining full intellectual potential, acquiring a conscience, developing relationships with others, forming identity and self-esteem, learning to regulate feelings, and language development. But what, one might wonder, constitutes a *healthy* or strong attachment, and what happens if attachment does not occur?

What is Attachment Theory: Attachment theory is both psychological and evolutionary in nature; it is a theory that suggests that there are fundamental reasons for the ways in which humans experience grief in loss. In 1961, John Bowlby postulated that attachment behavior contributes to a living being's survival by keeping the organism in touch with its caretakers and, subsequently, reducing the risk of harm. Research maintains that forming attachments is characteristic of most species. Since the goal of attachment behavior is to preserve the affectionate bond, responses to the perceived threat of loss serve an adaptive purpose:

> At first the organism cries. This is adaptive because usually when a young creature cries the mother returns to him. After crying, he becomes angry. In temporary separations this is useful because it can help him overcome obstacles to reunion and punish the one responsible for the termination, making a subsequent separation less likely (Rando, 1984, pp.21-22).

The greater the potential for loss, the more intense these reactions and the more varied. According to Bowlby, "in such circumstances, all the most powerful forms of attachment behavior become activated- clinging, crying, and perhaps angry coercion… when these actions are successful, the bond is restored, the activities cease and the states of stress and distress are alleviated" (as cited in Worden, 2002, p.8). If the danger is not eliminated, the individual will ultimately experience withdrawal, apathy, and/or despair.

Today, Bowlby's theory of attachment has become the primary conjecture used in the study of infant and toddler behavior and in the fields of infant mental health and various forms of treatment for children.

Quality of Attachment Relationships: Mary Ainsworth added significantly to the field of attachment by empirically examining and describing the quality of parent/child attachment relationships from which she developed three categories: secure, anxious-avoidant, and anxious-resistant or ambivalent. The latter categories explain relationships that are considered to be insecure; those which fail to utilize the primary caregiver as a secure base from which to explore.

Secure Attachment: An infant or toddler with a secure attachment to its parent will use the primary caregiver as a secure base from which to explore. These children trust that when needed, they can successfully elicit the mother's attention by evoking attachment behaviors previously discussed. These children typically engage with strangers, are often visibly upset when the parent departs, and are generally happy to see the parent-figure return. The attachment figure is consistently sensitive, accepting, and cooperative, and the superior quality of subsequent relationships put respective children at an advantage in later adjustment.

Anxious-Avoidant Insecure Attachment: Generally speaking, a child with an anxious-avoidant attachment style will avoid or ignore his or her caregiver upon return. Avoidant infants learn to reject the attention of their parents in unfamiliar situations and oftentimes erupt in unwarranted attacks against their mothers in familiar environments. Overtime, this rejection and anger is often directed by the avoidant child towards other people.

Anxious-Resistant Insecure Attachment: A main difference between the primary caregivers of avoidant infants and resistant infants is that the former are most often consistently unresponsive to the needs of their children, while the latter are inconsistently responsive. Research indicates that resistant attachments have been related to unresponsive, under-involved, intrusive, and inconsistent caregiving. Due to the overwhelming inconsistency of care, resistant children develop patterns of simultaneously seeking and avoiding attention; expectations of their parents are ambiguous and resultant of prevailing mistrust. In foreign situations and upon separation, resistant children become extremely distressed and, markedly, are not easily calmed by the mother upon her return. In childhood, the pattern of avoiding attention is manifested in social withdrawal and chronically vigilant attempts to gain attention and comfort (Ainsworth et al., 1978).

According to the National Association of School Psychologists (NASP), unattached individuals lack the ability to make and maintain human bonds. They move through life devoid of the human emotions necessary to find love and happiness. They are incapable of attaching to anyone and use people to get what they want. They lack a conscience and have no genuine guilt or remorse for wrong doing. In a pair of handouts designed for parents (biological or foster) and teachers, NASP provides for the following inquiries:

Who is at Risk?

- Children of divorce, when visitation fails to meet their emotional or developmental needs
- Children who experience inconsistent or insufficient childcare
- Children who have experienced lengthy separation from a primary caregiver during infancy (i.e. long term hospitalization, death of a parent)
- Children who have been placed in numerous foster homes
- Adopted children who have experienced prolonged delays preceding permanent placement
- Children with a history of abuse (physical, sexual, and/or emotional)
- Children of adolescent parents
- Children of parents who exhibit psychopathology
- Children of parents who abuse drugs and/or alcohol
- Children raised in impoverished homes, which lack adequate stimulation
- Children who are inconsistently punished by their parents
- Children who are born prematurely
- Children with central nervous system disorders

Warning Signs:

Infants

- Week crying response or consistent whining
- Extreme resistance to holding and cuddling; poor clinging
- Avoids eye contact
- Poor sucking response
- Lacks reciprocal smile response; resistant to smiling
- Is passive; doesn't respond to people

Children

- Incapable of giving and receiving affection
- Self injurious behavior (i.e. bites, hits, or scratches self)
- Exhibits cruelty to people or to pets
- Phoniness, insincerity
- Stealing, hoarding, and gorging
- Developmental delays in speech; prone to use "baby talk"
- Severe control problems; resists adult authority
- Poor impulse control, particularly with feelings of aggression
- Inability to maintain long-term childhood friendships
- Poor eye contact, except when acting in anger or being manipulative
- Preoccupation with blood, fire and gore
- Learning disorders resultant of actual skill deficits or refusal to learn
- Blatant and consistent lying; deceitfulness (Bayer et al.)

What Can Parents do to Encourage Attachment?

- ✓ Fashion and preserve a stable environment and routine for your baby
- ✓ Show interest in your infant; play with him or her
- ✓ Hold and caress your baby; communicate love through appropriate touch

- ✓ Gently rock your baby with slow rhythmic movements
- ✓ Have face to face contact, establish eye contact, and smile
- ✓ Provide stimulus and the opportunity for your infant to observe and interact with others
- ✓ Provide appropriate and preventative medical care when necessary
- ✓ Enjoy time spent with your baby; engage in activities that are stimulating for both parties
- ✓ Make certain that chosen day care facilities are adequately staffed and nurturing towards children

What Are Some Behaviors Parents Should Avoid?

- × Overstimulation; too much physical contact or talking
- × Leaving baby, when awake, in isolation for long periods of time
- × Responding in anticipation of baby's needs *before* these needs are expressed
- × Responding inconsistently to needs expressed by baby
- × Irregular and punitive discipline
- × Use of inconsistent and/or inattentive caregivers

What Can I do as a Teacher/Coach/Counselor/Liaison? Children lacking sufficient affectionate bonds with their primary caregivers are in dire need of alternative supportive relationships. Teachers, coaches, counselors, and even supervised visitation liaisons or case managers, are oftentimes in positions to act as consistent, responsive adults for a poorly attached child with whom a bond can be created. While success is possible in later childhood, research shows that intervention is most successful when initiated before the age of seven. Suggestions made by the NASP for developing a well-bonded relationship with applicable children are as follows:

- ✓ Become knowledgeable about attachment related problems
- ✓ Set realistic goals and limits for the child
- ✓ Build upon the child's strengths to foster healthy, positive self-esteem; focus on the child's strengths and successes rather than his/her shortcomings
- ✓ Allow the child to make his or her own decisions in non-threatening situations, and to experience ensuing consequences
- ✓ Use "I" messages when addressing negative behavior (e.g. "I feel sad when you choose not to share" or "I feel angry when you hit your sister")
- ✓ Use positive reinforcement, as often as possible, when the child's efforts warrant praise
- ✓ Use time-outs as reinforcement for negative behavior; provide affection and social praise once the child has begun behaving
- ✓ Focus on what the child answered correctly on school work; discuss why he/she got those items right- suggest it is because he tried harder or is getting better at the subject
- ✓ Set aside a few minutes each day to give the child your <u>complete</u> attention, listen thoughtfully to what is on the child's mind
- ✓ Encourage the child to make eye contact through praise and modeling
- ✓ Give *at least* one personal compliment to the child per day
- ✓ Connect the child with a school volunteer (i.e. additional adults with which an affectionate bond can be formed)
- ✓ Be confident and optimistic, approach this undertaking with a "can-do" attitude

- ✓ Be patient and persistent; although success may take some time, it can happen if you are persistent
- ✓ Recognize when a child's problems are outside of your realm of expertise, and refer to suitable sources when necessary (Bayer et al.)

For more information or to enlist further support, please contact your local school district's school psychologist, local Mental Health Association, community church, or local crisis hotline, where you can request a list of support groups in your area (e.g. Parents Anonymous Support Group, Parents Without Partners Support Group, Tough Love Support Group).

Resources:

Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment.* Hillsdale, NJ:
Erlbaum.

Bayer, N., Citowitz, G., & King, C. *Attachment.* [Handout]. Milwaukee, WI, University of
Wisconson: National Association of School Psychologists.

Rando, T.A. (1984). *Grief, dying, and death: clinical interventions for caregivers.* Champaign,
IL: Research Press.

Worden, J.W. (2002). *Grief counseling and grief therapy.* (3rd ed.). New York: Springer Publishing Company.

HURRICANE SEASON AND SUPERVISED VISITATION

It's soon to be hurricane season in the state of Florida, and as the season approaches, it is important for supervised visitation programs to take the necessary precautions to ensure

the safety of their clients and staff. Without proper and timely preparation, hurricanes can be dangerous—and expensive—natural disasters. Before the season starts, supervised programs throughout Florida are advised to make sure the following items are on hand at their centers. Even though you will not be operating your program during a hurricane, the following are essential -- keep them at home, pass them along to your clients, and share them with staff.

- Candles, flashlights, lanterns, and other illumination devices. Be sure to have matches or lighters on hand, too!
- Battery operated radio and extra batteries.
- Bottled water. Save empty milk jugs and water bottles for filling if a storm approaches.
- Stock up on perishable food items such as canned goods, and peanut butter and crackers.
- Blankets and other items to keep warm/comfortable.
- Pick up a hurricane tracking chart and/or map. The following sites lead to one of each: http://www.weather.gov/os/hurricane/images/_atlchartshpmillclr.pdf http://www.weather.gov/om/hurricane/images/_atlnoaachart.pdf
- Plywood or sturdy material. Before hurricane season starts, cut the plywood to size to cover windows.
- A generator, in case of loss of power.
- A list of emergency numbers and contact information.

HURRICANE PLANNING

You won't have clients during a hurricane, but the best defense against hurricane damage is to have a plan. Being prepared is only partial protection. A hurricane plan doesn't have to be anything extremely complicated, but it should at least consist of the following things:

1. Determine if your center is in an evacuation zone. This information can be obtained from your local emergency management office. Evacuation routes can also be found in the front of your local phone book. If you are located in an evacuation zone, know when and where you will be going to pass the storm.
2. Determine where you will keep/store important documents and files, such as client and case files, licenses and registrations and bills (rent, utilities, etc) if your center is hard-hit by a hurricane. Put them in a plastic bag and store in a location that you can quickly grab them to take with you if you have to evacuate, or in an area that is well-protected and dry.
3. Create a list of responsibilities and determine who will be responsible for each item. For instance, who will be responsible for fitting the windows with plywood? Having an agreed-upon list before a hurricane hits will save time and prevent confusion, damage and unnecessary complications.

Talking about Hurricanes

Who says you can't use a hurricane to your advantage? We often know for days – sometimes up to a week – that a hurricane is threatening Florida. Children often hear about and see hurricane coverage on the radio and TV. So consider using hurricanes as a learning experience/tool to engage children and their parents during supervised visitation.

Hurricanes can be the focal point of a variety of games and activities. **Talking about them can sometimes help alleviate fear. Games can help assure kids that the adults have things under control. <u>Don't overdo it, though. If the child seems upset by the discussions, change the subject!!!</u>**

- Create trivia/guessing games. What is the difference between a hurricane warning and a hurricane watch? What is the eye of the storm? What are some names of Hurricanes? Why does Florida have so many hurricanes?
- Have children write about their personal experiences during hurricanes and share those stories with their parent. What did the child feel before, during and after a storm? What did the child think before, during and after the storm? How can families prepare for storms?
- Have children make collages or posters by cutting out items in magazines or newspapers that would be useful or of important consideration during a hurricane: clothes, food, pets, shoes, flashlights, tape, aluminum foil, can openers, etc.
- Using newspapers and magazines again, have older kids skim the sports sections to find whether weather played a factor in any of the scheduled games. Were any games rained out, or perhaps called off because of more severe or even hazardous weather?
- People have been naming storms for hundreds of years, giving them saints' names, numbers, descriptive names, women's names and, since 1979, men's names. Children can create their own list of names for hurricanes. Which athletes' and coaches' names would they use? Which singers and TV stars?

HELPFUL WEBSITES

American Red Cross: www.redcross.org

Florida Division of Emergency Management: www.floridadisaster.org

National Oceanic and Atmospheric Administration: www.noaa.gov

National Hurricane Center: www.nhc.noaa.gov

The Humane Society of the United States: www.hsus.org

Florida Disaster: www.floridadisaster.org/kids/index2.htm

In Florida, we have had ongoing discussions about questions regarding "parental alienation." I thought I would pass along a recent statement issued by the American Psychological Association on the topic.

Statement on Parental Alienation Syndrome
January 2008

The American Psychological Association has no official position on "parental alienation syndrome." This concept has been used in contested child custody cases and has become the subject of significant debate. While it may be that in some divorces, children become estranged from their non-custodial parent for a variety of reasons, there is no evidence within the psychological literature of a diagnosable parental alienation syndrome.

Review and Excerpt from:
Introduction to Working with Adult Survivors of Childhood Trauma: Techniques and Strategies

By Carolyn Knight

[This is an excellent book with helpful advice. Knight is a thoughtful writer who understands the stresses of working with clients in crisis. You can buy this book online at www.amazon.com]

COMPASSION FATIGUE

Researchers and theorists sometimes use the term compassion fatigue interchangeably with secondary traumatic stress and/or vicarious traumatization. However, compassion fatigue is distinguishable from these latter two terms. Secondary traumatic stress and vicarious traumatization stem from indirect exposure to trauma through work with trauma survivors, and the terminology refers to the effects such exposure has on the clinicians themselves. Compassion fatigue can occur in response to exposure to client distress of any sort and compromises the helper's ability to engage empathetically with clients. In some respects, compassion fatigue can be viewed as analogous to burnout in that both involve "negative, callous, or exceedingly detached responses to various aspects of the job." However, it also refers to the challenges of working with clients who have difficulty making connections and relating to others—and therefore often approach helping professionals with suspicion and hostility.

The results of several studies suggest that compassion fatigue is common among practitioners who work with survivors of trauma. Findings of several studies also suggest that it is particularly likely to occur when clients are difficult to work with and unappreciative of the help that is offered or that clients are receiving.

CASE STUDY EXAMPLE

The reactions of a practitioner typify how work with angry clients can affect a helper's ability to connect and engage with them. "Susanne" works in foster care with biological parents, situations in which the goal typically is reunifications of the child with the biological parent. Therefore, it is important for Susanne to connect with the parents so that she can assist them with the difficulties that have led to the removal of their children. Understandably, parents often are angry that their children have been removed. Many, if not most of these parents have experienced trauma in their own childhoods, and their views of and reactions to Susanne inevitably reflect these experiences.

As Susanne discussed a particularly challenging case, her lack of patience was evident—the biological mother was not following through on a number of tasks that she was required to do as conditions of getting her children back. When her impatience was pointed out to Susanne, she commented:

> I hadn't really thought about it, but I think you are right. I am so pissed at that woman [the biological mom]. I've heard it all before, you know? She had a rough childhood, she was sexually abused, her mother used to beat her up, yada, yada, yada. I know I'm not supposed to feel this way, but after a while it's like, who cares? I sure don't!

Susanne expressed a lot of guilt about her comments, saying that she knew she sounded very unprofessional. However, Susanne's reactions are not abnormal, and I commended her for her honesty and willingness to admit to her feelings. In fact, her reactions are quite understandable, given the clients with whom she works and nature of her work. Like all of us, Susanne is human, and she is inevitably affected by her clients and the context within which she practices. The problem in not how we feel about our clients and our work—it's what we do with those feelings. Not surprisingly, when asked if she ever talked about her feelings about clients and her reactions to her work, Susanne expressed surprise at the question. "All my supervisor cares about is my keeping my paperwork up to date, so I'm not going to talk to her. Anyway, I t think she would think I wasn't doing my job right if I told her how I felt. I sometimes talk with some of my coworkers, but they're all swamped and frustrated as me, so it doesn't help a whole lot."

Like our clients, we need to be able to give voice to our thoughts and feelings about our work. In doing so, we decrease the power of indirect trauma to disrupt our personal and professional lives. Unfortunately, Susanne's experiences in her agency are all too common. Practitioners who work with adult survivors of childhood trauma need to know that their reactions to their work are normal—that they are not "unprofessional" when for example they get angry or impatient with clients. Validation, not isolation, is what we need if we are going to be able manage these sorts of feelings and be effective in our work.

RISK FACTORS FOR AND PROTECTIONS AGAINST INDIRECT TRAUMA

A variety of studies have sought to identify variables that heighten or mitigate that risk of indirect trauma—unfortunately, the terms secondary traumatic stress, vicarious traumatization, and compassion fatigue are often used interchangeably in much of this research, which produced contradictory findings due at least in part to this imprecise research, which produces contradictory findings due at least in part to this imprecise terminology. Results do suggest, however, that these three interrelated aspects of indirect trauma are affected by similar risk and protective factors.

Several studies suggest that age, training, and professional experience of the practitioner play a role in indirect trauma. For example, the risk of indirect trauma appears to be heightened and more symptoms are exhibited in young professionals, those with relatively little education, and those who are new to their jobs. Although results pertaining to length of experience and risk of indirect trauma are inconsistent, the findings suggest that those practitioners with the *greatest* and *least* amount of experience working with survivors of trauma are most likely to be affected.

Research also suggest that the more a clinician's work is concentrated in treating **survivors of trauma**, as opposed to clients with other sorts of difficulties, the greater the risk is that she or he will experience indirect trauma. Further, studies indicate that practitioners who work with survivors of childhood trauma, as opposed to survivors of other sorts of trauma, are at greatest risk of experiencing indirect trauma—and this is particularly true when the survivor, but not the practitioner, has experienced sexual abuse. Interestingly, there also is evidence that working with clients with histories of childhood trauma has the potential to enhance the practitioner's sense of spiritual well-being and job satisfactions.

Factors associated organizational context also have been found to be associated with the risk of indirect trauma. **Not surprisingly, professionals who report feeling "supported in the work" experience fewer symptoms of indirect trauma,** while those who describe feeling professionally isolated or unsupported in the work environment appear to be at greater risk. At least one study found that feeling supported on the job did not affect he practitioners' risk of experiencing indirect trauma.

SELF-CARE STRATEGIES FOR HELPING PROFESSIONALS

Ultimately, each of us who works with clients with histories of childhood trauma has the responsibility of taking care of ourselves and being proactive in recognizing and managing the signs, symptoms, and manifestations of indirect trauma. What we must strive for is to become beneficiaries of our work and not victims of it—to become stronger and wiser as a result of our encounters with adult survivors of childhood trauma. This parallels what we want for our clients—for them to move beyond their victimization and become survivors and experience adversarial growth as a result.

A variety of authors discuss self-care strategies for practitioners who work with adult survivors of childhood trauma and emphasize the need to "own" our feelings about our work at the same time we seek out experiences and activities that allow us to escape it.

I give myself *permission* to not think about clients. I am not always successful, but I have learned how to shut off thoughts and feelings about them when it's not convenient or helpful. I apply the same principle to my own life that I suggest clients apply to theirs: There is a time to feel our feelings, and there's a time not to. I don't have to think about my clients or feel their (and my) pain about their experiences when it is not productive to do so. If the strategies that I suggest to m clients are good enough for them, they are certainty good enough for me.

We must nurture our personal relationships and keep our personal and professional lives separate. I rarely talk about my work with my friends and loved ones, even when I am feeling challenged by it. It's not that I don't trust these individuals. It's not even that I want to protect the privacy of my clients, though I do. I don't talk about my work because I want my personal relationships to be sources of comfort and places where I can laugh, love, and be loved. I also go out of my way to avoid being needlessly exposed to trauma outside of my work with clients. Therefore, I stay away from movies, books, news stories, and the like that deal with childhood trauma. In fact, I deliberately seek out movies, books, and leisure time activities that make me laugh and allow me to escape.

I have developed self-care strategies that work for me. You readers must do the same. In fact, one study found no relationship between indirect trauma and engagement in the sorts of self-care activities that are frequently identified in the literature. Rather than suggesting that such activities are unnecessary, the findings underscore how important it is for each of us to take responsibility for our personal and professional well-being, recognizing that this is a lifelong and ongoing process. Read the book for more!

WORK OF THE SV STANDARDS COMMITTEE

The New SV Standards are being drafted as you read this E Press. Keep up with the work of the Committee by participating in the Phone Conferences, and by reading and commenting on the developing Standards.

Here is the link to the Message Board on which we post the developing Standards:

http://familyvio.csw.fsu.edu/phpBB3/viewforum.php?f=15

Scroll down for the Performance Evaluation!

Performance Evaluation Forms are due! Have you filled yours out yet?
Please mail or fax or email back to me ASAP! These are required by our contract!

FLORIDA STATE UNIVERSITY | *The* COLLEGE *of* SOCIAL WORK
Clearinghouse on Supervised Visitation
Institute for Family Violence Studies

March, 2008

Annual Performance Measure Survey

Please indicate the extent to which you agree that the information provided by the Clearinghouse on Supervised Visitation assists you in performing your job. The usefulness scale is indicated below for each product. *Please indicate Not Applicable if you do not use a specific tool or product.*

1. How useful was the newsletter: **The Bar and Bench Visitation Report?**

   _____ **Not Applicable** _____ **Not Useful** _____ **Very Much Useful**

2. How useful was the newsletter: **The Family Visitation Times?**

   _____ **Not Applicable** _____ **Not Useful** _____ **Very Much Useful**

3. How useful was the **Monthly E Press?**

   _____ **Not Applicable** _____ **Not Useful** _____ **Very Much Useful**

4. How useful was the **Memorandum to Directors?**

   _____ **Not Applicable** _____ **Not Useful** _____ **Very Much Useful**

Continued on other side!

5. How useful was the ("meet me") **Monthly Phone Conferences?**

_____ Not Applicable **_____ Not Useful** **_____ Very Much Useful**

6. How useful was the **Institute's Website** (with training materials, archive, and message board)?

_____ Not Applicable **_____ Not Useful** **_____ Very Much Useful**

7. How useful was the **Database** (and data reports)?

_____ Not Applicable **_____ Not Useful** **_____ Very Much Useful**

Thank you for completing this survey. You may return it by email (clearinghouse@fsu.edu or fsuvisit@aol.com) or by fax (850-644-8331) or by regular mail (Clearinghouse on Supervised Visitation, Florida State University, Room C2501 UCC, 296 Champions Way, Tallahassee, FL 32306-2570). We would be happy also to receive your comments and questions to improve our services.

Clearinghouse Summertime E Press

June, 2008 **Attachments: ABA Card; Bar and Bench in pdf**

Summer Phone Conferences

June – 19th

July – 30th **Mark Your Calendars!**

August – 13th

All calls are at 12:00 EST

Dial 850-644-6303 to join us!

Alert For Programs Receiving Access and Visitation Funding!

If you receive Access and Visitation funding from your local CBC, you need to know that Tracie Pogue, who is the A and V manager at the federal Office on Child Support Enforcement Office, came to the conference last week to tell us that Florida is in danger of losing its funding because supervised visitation programs are not cooperating in data reporting requirements. Pogue answered many questions, such as "Do I really have to report?" (YES!) "Do the feds really want to have all the categories answered?" (YES!) and the biggest one: "What happens if we don't report?" (You lose your funding!).

There is no excuse for noncompliance. **Anyone who has ever asked for help with the database has received it. The programs that never have problems with reporting are the ones that enter their data regularly. The entire state, and entire Access grant, is at risk because of the programs that do not enter the data. This is the second-largest source of visitation funding in the nation, and Florida is at risk of losing it because of the programs that refuse to enter their data.**

Florida is going to be addressing this issue again over the next two months. Now is the time for you to enter all your back data. Now is the time for you to get caught up. Now is the time to call if you need help, passwords, or guidance. Together, we can do this! We can save the A and V funds. We may even get the amount of the A and V funds increased. But not without meeting those reporting requirements!

Do you receive A and V funding? If you do not know, we have a list. If you do receive it, are you entering data into the database? Only those programs who are regularly entering data will be able to comply with the reporting requirements!

CALL THE CLEARINGHOUSE!

Training:

Below are Updates for the "Snapshots" sections of the Manual for Supervised Visitation Programs. Please review them with your staff at your next in-service training!

Updated Snapshots for *A Training Manual for Florida's Supervised Visitation Programs with Administrative Supplement*

- Updated Snapshots for Chapter 3: The Impact of Child Physical and Sexual Abuse on Supervised Visitation

- An estimated 905,000 children were found to be victims of abuse in the US in 2005.
- The National Child Abuse and Neglect Data System (NCANDS) reported an estimated 1,460 child fatalities in 2005.
- Of these fatalities, children younger than 1 year accounted for 41.9% of deaths, while children younger than 4 years accounted for 76.6% of fatalities.
- In 2005, physical abuse alone was cited in almost one-quarter (24.1 %) of reported fatalities.
- In 2005, one or both parents were involved in 76.6% of child abuse or neglect fatalities.
- In 2006, 64.1 % of victims experienced neglect, 16.0 % were physically abused, 8.8 % were sexually abused, 6.6 % were psychologically maltreated, and 2.2 % were medically neglected.
- Most fatalities from *physical abuse* are caused by fathers and other male caretakers.
- African-American children, American Indian or Alaska Native children, and children of multiple races had the highest rates of *reported* victimization.
- In 2006, 48.2 % of child victims were boys, and 51.5 % of the victims were girls.
- In 2006 nearly three-quarters of victims (74.7%) had no history of prior victimization.

- Male and female perpetrators did not differ in terms of race.

- Nearly 83 % (82.4%) of victims were abused by a parent acting alone or with another person.

- Sources: http://www.childwelfare.gov/pubs/factsheets/fatality.cfm

- http://www.acf.hhs.gov/programs/cb/pubs/cm06/chapter3.htm#sex

- Updated Snapshots for Chapter 4: The Impact of Child Neglect on Supervised Visitation

- In 2005, 42.2 % of child maltreatment fatalities were associated with neglect alone.

- Mothers are most often responsible for *deaths* resulting from child neglect.

- The biological father was a perpetrator in more than 50% of neglect cases, while in 34% of neglect cases in 2005 the biological father was acting alone.

- Source: http://aspe.hhs.gov/hsp/05/child%2Dmaltreat/report-text.htm#Findings

- Updated Snapshots for Chapter 7: The Impact of Parental Substance Abuse on Supervised Visitation

- The U.S. Department of Justice found that 61% of domestic violence offenders also have substance abuse problems.

- Children of substance abusing parents are more likely to experience physical, sexual, or emotional abuse than children in nonsubstance abusing households.

- As many as 80% of child abuse cases are associated with the use of alcohol and other drugs.

- http://www.ncadv.org/files/substanceabuse.pdf

Updated Snapshots for Chapter 8: The Impact of Parental Mental Illness on Supervised Visitation

- Mental illness can cause parents to use manipulative behavior or act violently or aggressively.

- About 6% of American adults suffer from a severe mental illness.

- Bipolar disorder affects about 2.6 % of the U.S. population age 18 and older in a given year.

- Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44.

- Schizophrenia affects about 1 % of the general population. In people who have close relatives with schizophrenia, the illness is much more common — about 10%.

- Children whose parents have a mental illness are at risk of developing social, emotional and/or behavioral problems.

- Sources: http://www.nmha.org/index.cfm?objectid=E3412BB7-1372-4D20-C8F627A57CD3D00F
- http://www.nimh.nih.gov/health/topics/statistics/index.shtml
- http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Mental_illness_family_and_friends?OpenDocument
- http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml#Bipolar

- Updated Snapshots for Chapter 10: Working with the Court

- Statistics kept by the Florida Office of the State Courts Administrator reflect the following for the fiscal year 2006-2007:

- Over 16,000 Petitions for Dependency were filed;
- Over 91,000 Petitions for Dissolution were filed; and

- www.flcourts.org

Updated Snapshots for Chapter 13: Working with Culturally Diverse Families at Supervised Visitation

- Florida's population is becoming increasingly Hispanic: according to U.S. Census estimates, Hispanics represented 20.58% of the state's population, up from 16.8% in 2000.

- The U.S. Census Bureau estimates that in 2007, 81.35% of the population identified as being White-either alone or multiracial. 13.51% identified as at least partly black; 5.03% Asian; 1.50% American Indian/Alaskan Native; and .34% Native Hawaiian/Pacific Islander.

- Children with gay/lesbian biological or adoptive parents have the same incidence of homosexuality as in the general population.

- According to the FBI, in 2006 there were 7,722 hate crimes reported. Of these, 51.8% were motivated by racial bias; 18.9% were caused by religious intolerance; 15.5% were the result of a sexual orientation; 12.7% were triggered by an ethnicity/national origin bias; and 1% was prompted by disability bias.

- An estimated 65,500 adopted children are living with a gay or lesbian parent.

- Data shows that more than 14,000 children are living with a gay or lesbian foster parent.

- Gay and lesbian parents are raising 4 % of all adopted children in the United States.

- Sources:
  http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=PEP&_submenuId=population_0&_lang=en&_ts=
- http://www.fbi.gov/ucr/hc2006/incidents.html
- http://www.law.ucla.edu/williamsinstitute/publications/FinalAdoptionReport.pdf

Did you get a copy of the Bar and Bench?

If not, call the Clearinghouse today!

Issues that Affect Adolescents: Training for SV Staff

By Kathryn Gerber

Adolescence is a time of transition, development, evolution, and emergence. Although the ages of adolescence vary by culture, the World Health Organization defines adolescence as the period of life between 10 and 19 years of age. For both boys and girls, adolescence is a complicated phase in life, characterized by mental, biological, social and psychological changes. This period of maturity is generally associated with notable changes in attitude, behavior, emotion and mood. Such shifts can be either minimal or considerable, however regardless of the level of intensity, many teenagers experiencing these cognitive and physical developments oftentimes start to view their friends—their peer group—as more important and influential than their parents/guardians. Pressures exerted on teenagers by their peer groups often encourage those individuals to alter their personal and social morals, despite possible adverse and problematic results. Two of the most prevalent problems among teens in the United States today are drug and alcohol abuse, and bullying.

Drug and Alcohol Abuse

According to the National Institute on Drug Use, it appears that illicit drug use by teenagers is decreasing; overall youth drug use is down by 23 percent since 2001. The Department of Health and Human Services has been tracking teen drug use since the 1970s and reports a modest yet significant movement away from the troublesome trends observed through most of the 1990s. The troublesome trend is in reference to six years of steady increases in drug use among teenagers between 1991 and 1996.

The current trend relates to how young people perceive drugs. Many teens are reassessing the dangers and social acceptability of drugs. This may be due in part to the increased attention being paid to the issue of drugs by parents, community groups, the media, and the government. Alarmingly, however, the abuse of prescription drugs—especially painkillers—is fast becoming popular among teens. According to a report from the Office of National Drug Control Policy, abuse of prescription painkillers is second behind marijuana as the nation's most prevalent illegal drug problem. Much of this abuse appears to be fueled by the relative ease of access to prescription drugs such as codeine, oxycodone, Valium, Xanax, and Vicodin. Teenagers are also abusing stimulants prescribed to treat attention-deficit hyperactivity disorder (ADHD), such as Adderall and Ritalin. Prescription drug abuse poses a unique challenge because of the need to balance prevention, education, and enforcement. Many teenagers assume that prescription drugs are safe, when in fact they are highly addictive and can cause severe side effects.

The following are some statistics regarding teenage drug and alcohol abuse:

- The latest, 2002 National Survey on Drug Use & Health (NSDUH) reports that 11.6 percent of youths aged 12 to 17 were current illegal drug users

- Underage drinking costs the United States more than $58 billion every year.

- 40 percent of those who started drinking at age 13 or younger developed alcohol dependence later in life. Ten percent of teens who began drinking after the age of 17 developed dependence.

- Teens that drink are 50 times more likely to use cocaine than teens who never consume alcohol.

- 63 percent of the youth who drink alcohol say that they initially got the alcohol from their own or their friend's homes.

- Alcohol kills 6 ½ times more teenagers than all other illicit drugs combined.

- Teenagers whose parents talk to them on a regular basis about the dangers of drug use are 42 percent less likely to use drugs than those whose parents don't.

- 20 percent of 8th graders report that they have tried marijuana.

What to Know: Warning Signs

As teenagers progress through adolescence, they tend to take up new fads such as hairstyles, clothing and speech. But sudden and extreme changes may signal drug use. Be alert if some of these major changes are displayed:

- Personality

    - Becomes disrespectful—is verbally and physically abusive
    - Is angry a lot, acts paranoid or confused, or suffers from extreme mood swings
    - Seems depressed and less out-going than usual
    - Is secretive and lies about what he is doing and where he is going
    - Is stealing or "losing" possessions he used to value
    - Seems to have a lot of money, or is always asking for money
    - Withdraws from the family and family activities
- Physical appearance
    - Not taking care of hygiene and grooming
    - Not sleeping or sleeping too much
    - Loss of appetite
    - Weight loss or weight gain
    - Too hyperactive or too little energy
- Social Activity/School performance
    - Drops old friends and activities
    - Is skipping school
    - Loses interest in school work and is getting low grades
    - Is sleeping in class
    - Loses concentration and is having trouble remembering thing

Teen Bullying

The Florida legislature this year passed the Jeffery Johnson Stand Up For All Students Act, an anti-bullying bill that prohibits bullying or harassment of any public school student or employee during school or related activities. It is being touted as the most comprehensive anti-bullying legislation in the United States. Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, and stealing or damaging belongings, or more subtle, indirect attacks such as spreading rumors or encouraging others to reject or exclude someone.

Almost 30 percent of teens in the United States (or over 5.7 million) are estimated to be involved in school bullying as either a bully, a target of teen bullying, or both. In a recent national survey of students in grades 6 to 10, 13 percent reported bullying others, 11 percent reported being the target of school bullies, and another 6 percent said they bullied others and were bullied themselves.

School bullying occurs more frequently among boys than girls. Teenage boys are much more likely to bully others and to be the targets of bullies. While both boys and girls say others bully them by making fun of the way they look or talk, boys are more likely to report being hit, slapped, or pushed. Teenage girls are more often the targets of rumors and sexual comments. While teenage boys target both boys and girls, teenage girls most often bully other girls, using more subtle and indirect forms of aggression than boys. For example, instead of physically harming others, they are more likely to spread

gossip or encourage others to reject or exclude another girl. Teens are also using the Internet, e-mail messages, blogs and networks such as facebook and myspace for "cyberbullying." Those and other tools for electronic harassment allow bullying to both be less obvious to adults and more publicly humiliating. Only recently has online harassment become pervasive enough that the practice has garnered attention.

Teen bullying can lead teenagers to feel tense, anxious, and afraid. It can affect their concentration in school, and can lead them to avoid school in some cases. If teen bullying continues for some time, it can begin to affect teens' self-esteem and feelings of self-worth. It also can increase their social isolation, leading them to become withdrawn and depressed, anxious and insecure. In extreme cases, bullying can be devastating for teens, with long-term consequences. Some teens feel compelled to take drastic measures, such as carrying weapons for protection or seeking violent revenge. Others, in desperation, even consider suicide. Researchers have found that years later, long after the bullying has stopped, adults who were bullied as teens have higher levels of depression and poorer self-esteem than other adults.

For More Information on Substance Abuse and Bullying

http://whitehousedrugpolicy.gov/drugfact/prescrptn_drgs/index.html

http://www.teendrugabuse.us/teen_drug_use.html

http://www.12-step-treatment.com/

www.wiredsafety.org

http://www.troubledteen101.com/articles21.html

Sample Bench Card You Should Use as a Template:

Many thanks to Gail Tunnock, who generously gave us a copy of the Bench Card she uses to keep judges apprised of her program. Everyone should create such a Bench Card: It will soon be part of the new Standards!

Agency:	**Children's Advocacy Center of Collier County (CAC)** **http://www.caccollier.org**
Locations:	**1036 Sixth Avenue North, Naples, FL 34102** **750 South Fifth Street, Immokalee, FL 34142**
Phone: **Fax:**	**239-263-8383** **239-263-7931**
Contact Person: **gtunnock@caccollier.org**	**Gail Tunnock, Program Director (ext 23)**
Hours of Operation: **closed Saturday**	**Naples Office: Sunday through Friday 9:00am to 5:00pm,** **Immokalee Office: Wednesday 9:00am to 5:00pm and by appointment**
Basic Visit Schedule:	**One visit per week for one hour supervised visit** **(One monitor per family, visits may be recorded)** **Exchanges 9:15, 11:30, 2:30, 4:15 or as approved in advance**
Security: **remote alarm panic button**	**Law Enforcement on site Sunday all day, secured entry,**
Costs:	**No fees**

Basic Program Rules:	**Designed for Domestic Violence Cases (ex. Victim arrives last and leaves first, no communications between parents or messages or items exchanged, bags may be searched)**
Expertise of Staff:	**Case Managers: Bachelor's Degree in Psychology** **Program Director: Master's Degree in Counseling**
Scope/Limitation of Services: Contact Orders, and	**Accepting: Domestic Violence Injunctions, Criminal No** **Family Court Orders (Reported History of Family Violence)** **Not accepting: Dependency Court cases**
How referrals are received:	**All referrals must be accompanied by a court order** **Parties call to schedule initial intake appointments** **Intake and risk assessment must be completed prior to visit or exchange** **Parties complete Domestic Violence History, sign releases of information,** **And agree to follow program rules and policies**
Reports to the Court:	**Risk Assessment with recommendations for further evaluation. Progress Reports for non-compliance and case closure. Critical Incident Reports**
Drug and Alcohol Testing:	**Referral to David Lawrence Center (payment required)**
Counseling/Psych. Testing:	**Referrals provided** **Case coordination/management provided**
Reasons to Decline Case:	**Inability to offer services at times/days requested** **Staff not trained to handle issues identified at intake** **Conflict of Interest**

Work of the Supervised Visitation Standards Committee

Below are the current drafts of Principles Two and Three of the new Standards for

Supervised Visitation Programs:

Principle Two: Training

Draft May 25, 2008

Supervised visitation staff must have specific qualifications and skills as well as initial and ongoing training on the complex and often overlapping issues that bring families to their programs.

The families referred to supervised visitation programs may have any number of problems, including, but not limited to: substance abuse, domestic violence, mental illness, child abuse/neglect, and long term parental absence. In order to provide safe and informed services to these families, supervised visitation staff and volunteers must have initial and ongoing training in a wide variety of topics. These Standards are intended to raise the level of professionalism of supervised visitation programs so that services are provided to vulnerable families by highly trained and knowledgeable staff and volunteers.

I. Minimum Qualifications of Supervised Visitation Staff and Volunteers

A. All program staff, whether paid or volunteer, who have direct contact with program clients or children, must:

1. have attained the age of 18 years, if a college intern working at the program under the direction of a college professor/instructor at an accredited college or university in an official practicum course and under the direct supervision of program staff;
2. have attained the age of 21 years if not a college intern as described above;
3. have received acceptable results of a background check in accordance with Florida Department of Law Enforcement standards for child care providers;
4. have attended a screening interview with the Program Director/Administrator or his/her designee that includes an application and references review;
5. have executed a signed statement which addresses confidentiality in a Code of Conduct;
6. have executed an Affidavit of Good Moral Character;
7. have executed an affidavit of disclosure that lists any and all active pending criminal or civil litigation;
8. have no conviction for driving under the influence (DUI) within the last 5 years;
9. have not been on probation or parole for the last 10 years;
10. have no conviction for child abuse, or other crimes against a person;
11. have not been named as the defendant/respondent in a civil or criminal restraining order within the last 10 years**;**
12. have successfully completed additional training requirements for the position as specified in this section.

B. Conflict of Interest

All persons working/volunteering at supervised visitation program in any capacity involving working directly with families must avoid personal and business relationships with family members referred to the program (or their close relatives), which could

impair professional judgment or invite exploitation. In order to avoid a conflict of interest, no employee/volunteer shall:

(1) Be financially dependent on the person being supervised;
(2) Be an employee of the person being supervised;
(3) Have a personal or business relationship with the person being supervised;
(4) Be an employee of or affiliated with any superior or municipal court in the county in which the supervision is ordered unless specified in the employment contract;
(5) Be a family member or in an intimate relationship with the person being supervised.

II. General Training Principles

1. The training of program staff/volunteers must correspond with the services offered by the program, and the needs of and the risks presented by the family.
2. Any person who has not completed the required training may provide direct service only under the direct and constant supervision of a person who has completed the required training.
3. When supervised visitation services are provided or operated by an agency whose primary function is not supervised visitation, the agency is responsible for ensuring that staff or persons providing supervised visitation are trained and qualified according to these standards.

III. Role-Specific Minimum Qualifications of Program Personnel

A. Program Director

1. Qualifications of Program Directors: The Program Director is responsible for the overall quality of services, as well as for employing and supervising staff, ensuring that every staff member has adequate and appropriate training to monitor visits, and overseeing the day to day administration of the program. Directors are also able to assume roles associated with that of visitation monitor. Persons serving as Program Directors by a different title, but performing the same functions and having the same responsibilities, shall meet these same qualifications. If the Program Director has hiring authority for the Program, any employee, volunteer, or intern may be dismissed for no cause at the discretion of that Program Director; all employment and volunteer applications, regardless of qualification, shall be accepted, denied, or otherwise acted upon at the sole discretion of the Program Director/Administrator.

These Standards require Program Directors to possess diverse skills such as communicating with the court, networking with other agencies, understanding state laws and agency policies, collaborating with a wide range of individuals across the community, and understanding family dynamics. The Committee believes that requiring a four-year degree for such a position will increase the probability that a Director will have a solid foundation for such tasks.

Thus, **for all Program Directors hired after January 1, 2009,** Program Directors must have complied with the following three requirements:

a. Graduation from an accredited college or university with a Bachelor's Degree in social services or related field; **and**
b. Two (2) years professional, full-time experience in an agency which has as its core function the protection of children or victims of violence, custody, substance abuse, or visitation issues; **and**
c. Demonstrated proficiency in competency-based training developed by the Florida Clearinghouse on Supervised Visitation.

Although the Standards require that Program Directors hired after January 1, 2009 have bachelors degrees, if the governing board or agency makes and documents good-faith but unsuccessful efforts to hire a qualified Director with a Bachelor's Degree after January 1, 2009, then the Program Director must have at least an Associate's Degree and (4) four years of professional, full-time experience in an agency which has as its core function the protection of children or victims of violence, substance abuse, mental health, or closely related family issues, **in addition** to the demonstrated proficiency in competency-based training developed by the Florida Clearinghouse on Supervised Visitation.

The above provisions relating to educational degrees do not apply to directors hired prior to January 1, 2009.

Compliance Measures:

Beginning January 1, 2009, each Director (hired after that date) shall have proof in his/her personnel file of meeting the above requirements, including records of educational degrees and related employment.

If a Director hired after January 1, 2009 does not have a Bachelor's Degree, the personnel file must reflect good faith efforts to hire such a candidate, as well as proof of an Associate's Degree and additional years of related experience.

2. Training for Program Directors: Within three months of being hired, all Program Directors must complete 16 hours of administrative training (in addition to the 24 hours of staff training listed in **Section IV**) covering the following areas:

1. Conducting intake and orientation, including preparing children;
2. Record keeping and confidentiality;
3. Receiving referrals
4. Establishing a visitation contract with clients;
5. Setting fees;
6. Setting conditions (rules) for receiving services;
7. Setting up the physical space or location for safe visits/exchanges;

8. Collaborating with the court, child protective agencies, and other referring sources;
9. Referring clients to other services;
10. Training and supervising staff, including volunteers and interns;
11. Reporting to the court or other referring sources;
12. Testifying in court;
13. Suspending and/or terminating services; and
14. Managing and reviewing cases.

Compliance Measures:

In order to satisfy the above requirements, the 16 hours of administrative training for Program Directors must include at least three hours of Clearinghouse phone training for Directors (offered one hour per month), and may also include the following, documented in his/her personnel file:

1. ***Documented hours of peer mentoring relationships and consulting with other Program Directors who have served at least three years as Directors in Florida, signed by the mentor;***
2. ***Documented hours with Community Advisory/Governing Boards or Committees established to assist the supervised visitation program, signed by Board member(s) or circuit judge;***
3. ***Documented hours with Court staff on issues related to supervised visitation, signed by court staff;***
4. ***Evidence of enrollment in community college or university classes in management or child development;***
5. ***Documented conferences conducted by Office of the State Courts Administrators, DCF, SVN, the Clearinghouse on Supervised Visitation, and/or Community-Based Care Agencies;***
6. ***Attendance at sessions conducted in these topics at conferences by any of the following: the Florida Coalition Against Domestic Violence, the Florida Council Against Sexual Violence, the Guardian ad Litem Program, the Supervised Visitation Network, and the Child Advocacy Centers, or any local trainings sponsored by the above.***

The Clearinghouse will develop forms to track compliance with training. Such forms may include checklists and copies of written materials related to Clearinghouse and other acceptable trainings. If Directors are unsure whether specific materials will meet these requirements, they must contact the Clearinghouse directly for guidance.

For all directors hired after January 1, 2009, any Certificates of Completion of Clearinghouse web-based materials, including the Manuals for Supervised Visitation

Programs and the Child Sexual Abuse Referrals Manual must accompany copies of written answers to case scenarios, exercises, and quizzes in his/her personnel file to meet these requirements.

Competency in materials developed by the Clearinghouse will be demonstrated by evidence of satisfactory completion of written exercise and test answers to each chapter in Clearinghouse manuals, as well as attendance certificates at Clearinghouse telephonic trainings.

B. Visitation Monitors/Observers

1. Qualifications of Visitation Monitors/Observers: Persons serving in this capacity, whether paid or volunteer, are responsible for supervising the contact between the non-custodial parent(s) and child in accordance with the program's mission. In all cases, whether paid or volunteer, the visitation monitor/ observer shall:

a. ensure that contact between parties proceeds pursuant to the visitation agreement and court order;

b. relay relevant information relating to the child's welfare between the custodial and noncustodial parent at the commencement and conclusion of supervised contact (e.g. special needs, medication, diet, etc.); in dependency cases, relay relevant information to the case manager;

c. intervene, where necessary or appropriate, to ensure the welfare of the child or parent;

d. facilitate, if necessary, child/parent interaction during the supervised contact;

e. terminate the visit if the child's safety or that of other parties' or staff cannot be maintained;

f. provide constructive feedback, correction, or redirection to the parent(s);

g. document the visits consistent with program policies.

The Visitation Monitor/Observer must have the following minimum qualifications prior to having direct contact with families or children at the program:

(1) **Education:** High School Diploma or Equivalency Certificate

(2) **Mentoring:** Five (5) hours in a mentoring/practicum training program with a practicing supervised visitation monitor at an existing visitation program. These five hours shall include:

a. Direct observation of parent/child contact performed by a trained visitation monitor (shadowing);
b. Co-supervision of the visit by the trainee with a trained visitation monitor; and
c. Direct observation by a trained visitation monitor while the trainee independently supervises the visit (reverse shadowing).

(3) **Training:** An additional 24 hours of training, and demonstrated proficiency in competency based training as specified by the Florida Clearinghouse on Supervised Visitation, which shall include the topics listed in **Section IV.**

C. College Interns

1. Qualifications of College Interns: Persons serving in this capacity must meet the following minimum qualifications:

a. Enrollment in an accredited four year college or university or community college and official enrollment in a practicum/internship program under the supervision of a college instructor/administrator.

b. Official enrollment in a college or university in an area of major studies related to families, children, domestic violence, substance abuse, mental health, or the function of the program.

c. Presentation of clearly defined educational goals and objectives related to supervised visitation (which may include a syllabus, relevant coursework, etc.)

No intern, volunteer, or staff member shall be able to monitor a family visitation without direct and constant supervision by fully-trained staff until such time as he/she has completed the required 24 hours of training. The 24 hours of training must be completed within three months of the date of hire/start, absent hardship or special circumstances documented in the personnel file. In such special cases, the 24 hours of training must be completed within six months of the hire/start date.

D. Others.

1. Qualifications of Others: The qualifications and training required of those staff/volunteer/interns who do not have direct contact with children, parents, or other program participants, is left up to the discretion of the Program Director.

E. Training for Therapeutic Supervision at a Certified Supervised Visitation Program

Any person providing Therapeutic supervised visitation services at a Program must be a licensed mental health professional and have the same amount of training as Program Directors (described in **Section III A.1.**).

IV. Training Topics

A. Training for All Program Personnel

All supervised visitation program staff/volunteers/interns who have contact with children and participants must have 24 hours of training in the following topics:

1. Program policies and procedures;
2. Safety for all participants;
3. Mandatory child abuse reporting;

4. Florida Standards and Statutes, including the Keeping Children Safe Act;
5. Professional boundaries, conflict of interest, confidentiality;
6. Basic stages of child development;
7. Effects of separation and divorce on children and families;
8. Grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
9. Cultural sensitivity, multiculturalism, and diversity;
10. Danger assessments;
11. Family violence, including domestic violence and the effects of domestic violence on children;
12. Child maltreatment, including child sexual abuse;
13. Substance abuse;
14. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
15. Program documentation policies and philosophies;
16. Parent introduction/re-introduction;
17. Intervention to promote change;
18. Parenting skills;
19. Assertiveness training and conflict resolution;
20. How and when to intervene during visits or exchanges to maintain the safety of all participants; and
21. Preparation of factual observation notes and reports.

It is left to the discretion of Program directors to determine the length of time devoted to each topic.

B. Training for Supervised Exchange Only

Not withstanding the requirement of the above section, any person providing only supervised exchange services may meet these standards by completing 16 hours of training prior to conducting any exchanges, to include the following:

1. Florida Standards and Statutes, including the Keeping Children Safe Act;
2. Provider policies and procedures;
3. Danger Assessments and safety for all participants;
4. Mandatory child abuse reporting;
5. Professional boundaries, conflict of interest, confidentiality;
6. Documentation policies and philosophies to ensure all staff has an understanding of, and complies with them;
7. Effects of separation and divorce on children and families;
8. Family violence, including domestic violence and the effects of domestic violence on children;
9. Cultural sensitivity and diversity;
10. Child abuse, including child sexual abuse and neglect;
11. Substance abuse;
12. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
13. Parent introduction/reintroduction;
14. Assertiveness training and conflict resolution;

15. How and when to intervene during exchanges to protect and maintain the safety of all participants;
16. Information reporting and documentation according to program policies;
17. Relevant laws regarding child custody and visitation and child protection;
18. Intervention to promote change;
19. Parenting skills; and
20. Behaviors that facilitate positive attachment, separation and reconnection.

It is left to the discretion of Program directors to determine the length of time devoted to each topic.

Compliance Measures

The personnel files for all staff, volunteers, and interns must reflect that the training requirements detailed herein are met. Records of training shall include hour amount, topic, type and date of training. For purposes of meeting the training requirements, all of the following training opportunities are acceptable:

Training sessions, conferences, curricula, or meetings on the training topics listed in this section, taught by program directors or their designees, meet this requirement. Other acceptable trainings/sessions/conferences/curricula/meetings include those sponsored by the Clearinghouse on Supervised Visitation, the Florida Coalition Against Domestic Violence, the Florida Council Against Sexual Assault, the Guardian ad Litem Program, the Florida Department of Children and Families or its contracted agencies, the Supervised Visitation Network, the Office of the State Courts Administrator, or the Florida Bar, serve to meet these training requirements.

V. Continuing Education

All directors, staff, volunteers, and interns must participate in continuing education on topics related to supervised visitation, including, but not limited to the topics listed in Section IV of this Principle. After the first year of their employment, full-time personnel must have at least seven hours of continuing education per year of employment, and part-time personnel must have three hours of continuing education in each year of employment. At least one hour each year of this training must be devoted to issues of multiculturalism, recognizing and overcoming biases, and enhancing cultural competency.

Compliance Measures

All personnel files must reflect the topics, medium, and hours of continuing education for each person, each calendar year. All files must include at least one hour of training on multicultural issues, diversity training, or cultural competency. It is the responsibility of the Program Director to determine that the hours are met. It is left to

the discretion of the Director to determine what will suffice as continuing education, as Directors may choose in-service practical role-playing, on-line training, individual reading of articles/books/journals, training at agencies or organizations, as indicated in Section V., or some other form of training. Cultural competency training can include these and other activities, such as guest speakers who can teach staff to engage in cultural capacity-building.

VI. Code of Conduct

Each person who has direct contact with families and children in the Program must sign a Code of Conduct that includes at least the provisions in the model Code included in this Section:

THE MODEL VISITATION PROGRAM
VISITATION MONITOR'S CODE OF CONDUCT STATEMENT

The Visitation Program visit monitor agrees to maintain high standards of conduct in carrying out his or her duties and obligations. The visit monitor agrees to also:

1. diligently adhere to the Program's policies and procedures in the monitoring of all families;
2. resist influences and pressures that interfere with impartial monitoring;
3. report honestly and impartially in the Observation Reports what occurs during visits;
4. respect the privacy of the child and the family and hold confidential all information obtained in the course of service as a staff member or volunteer with The Visitation Program, as required by law and Program standards;
5. decline to monitor cases in which he or she may have a conflict of interest as described in the Standards;
6. attend pre-service training, and in-service trainings as required by position description and length of employment or service with the Program;
7. not practice, condone, facilitate, or participate in any form of discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status; and
8. keep all information regarding persons who participate in The Sunshine Visitation Program confidential.

I will not disclose, or participate in the disclosure of, confidential information relating to a case, child, or family to any person who is not a party to the cause, except in Observation Reports and as provided by law or court order. I will abide by all protections of confidentiality provided to victims of domestic violence. I understand that a violation of confidentiality may result in disciplinary action, up to and including termination. I further understand that I could be subject to legal action.

Failure to comply with the Code of Conduct may result in discipline or discharge. The visitation monitor hereby acknowledges that he/she does not have a right to serve in any

capacity at The Sunshine Visitation Program, but that he/she serves at the Program Director's discretion.

_____

Signature of Visitation Monitor/Date

Compliance Measure
Each volunteer, staff member, or intern file must contain a signed and dated Code of Conduct, signed before the individual has contact with families.

Comments on the Standards?

Please call or write the Clearinghouse

At 850-644-6303

fsuvisit@aol.com

Principle Three: Dignity and Diversity May 30

All clients who use supervised visitation programs are entitled to be treated in a fair and respectful manner that acknowledges their dignity and diversity.

Florida's supervised visitation programs must treat individuals fairly and respectfully in ways that acknowledge their life circumstances and cultural backgrounds, without ignoring the safety concerns that resulted in the referral to the program.

Florida is a large, diverse state. Families referred to supervised visitation programs include individuals from every socio-economic, ethnic, and racial group represented in Florida's population. Visitation programs should strive to be responsive to the diverse cultures of the families they serve. In addition, families receiving supervised visitation services may experience a wide range of emotions, including frustration, sadness, anger, embarrassment, happiness, confusion, fear, relief, anxiety, and anticipation. The complexities of the court system and judicial processes coupled with the perceived

intrusion of outsiders into their private lives can often exacerbate these emotions and make dealing effectively with family members difficult for even experienced visitation staff.

As a result of these dynamics, it is essential for program staff to offer the parents (as well as the child, depending on his or her age and maturity) an opportunity to help shape the visitation process to make it as positive and rewarding as possible for each participant. This should be done in such a way as to acknowledge the unique strengths, experiences, values, circumstances, needs, and cultural background of each person receiving program services.

Standards

1. Non-discriminatory practices

Programs shall not discriminate against any client due to race, religion, gender, sexual orientation, national origin, age, disability, marital status, or economic status.

Individuals experience their cultures differently and they assimilate other cultural values in different ways and to varying degrees. An individual's cultural reality comes from the unique perspective based on that person's life experiences in the context of the cultural traditions and values to which he or she subscribes. Visitation program staff, therefore, must be willing to try to understand the individual experiences and perspectives of those with whom they interact.

Compliance Measure

1. **Non-discriminatory practices statement, signed by the program director and updated annually. Program audits will review grievance file for claims of discriminatory practices, as well as compliance with cultural competency training (Principle Two: Training).**
2. **Inquiries must be incorporated into Intake about what each particular family may need to make the service sensitive to the unique characteristics of the family.**
   This is currently encompassed in the Intake section of Principle One: Safety and is listed as Special Considerations, Needs, and Issues. It is at this point that staff can, within safety considerations, begin to reach out to families to sensitively acknowledge and accommodate their unique characteristics. Those characteristics may include issues of race/ethnicity, mental or physical health, developmental challenges and capabilities, and other issues.

2. **Prioritize staff diversity**

Supervised visitation programs should strive to recruit and hire bilingual and culturally diverse staff/volunteers/interns from within the community whenever possible, in order to best serve families who speak languages other than English.

Compliance Measure

Program files must contain copies of job descriptions, recruitment material, outreach letters to community organizations (Principle Four: Community) or other material which demonstrates that the program has sought diverse staff/volunteers/interns.

3. Interpreters

Optimally, all communication between program staff and the families they serve should be conducted in the primary language of the family. This includes intake, discussions, and the services themselves. However, in any given community there are potentially dozens of languages spoken by families, and it may not be possible for a visitation program to provide staff who speak those languages. Thus, the following standards apply:

When a family's primary language is not English, the best approach is for the service to be provided in the family's language. This means that the visit monitor and intake staff should be bilingual, able to speak and understand the family's language. When possible, programs must strive to permit individuals to complete orientations, receive information, ask questions, and participate in visits using their native or preferred language, or sign language. Program administrators should try and work with community groups to facilitate the availability of visitation and exchange services in the individual's native or preferred language, whether through the use of verbal or sign language interpretation services or bilingual staff.

If the program does not have a bilingual staff member for the family, the program should find an interpreter who is or can be trained in the program's policies and who can assist staff with providing services to the family. The program must ensure that the role, policies, and safety precautions of the visitation center are clearly communicated to every interpreter. The presence of an interpreter does not replace the requirement of having a visit monitor fully observe the visit; the interpreter merely translates what is being said, and helps the monitor communicate with the family. Programs should work with community agencies and groups from which interpreters can be recruited (Principle Four: Community).

In cases when interpreter services are not available, the program should ask the family members if they can communicate in English. The program should provide services in English only if the family speaks English and agrees to speak only English during the visit. However, the program should decline the referral and notify the court or other referral source if no interpreter can be located, and the family cannot or will not speak English during the provision of services.

Problems with using family members and/or friends of the family as interpreters
Family members and friends are not appropriate interpreters for visitation, as conflicts of interest, intimidation, emotional attachments, and familial alignment make the possibility

of meaningful, vigilant supervision improbable. A family member or friend may truly believe that he or she can undertake the responsibility of serving as an interpreter. It is altogether likely that the majority of such family members and friends have good intentions. In addition, the referral source may be desperate to find someone to provide interpretation at the visit. Thus, the temptation to use such volunteers is great.

Compliance Measure: **Programs must be able to demonstrate that they have collaborated with the court, community agencies, and groups to facilitate the availability of bilingual staff/volunteers/interns within the last calendar year. Programs must also demonstrate that they have made significant efforts to find funding for interpreters if they have had to decline referrals because of lack of interpreters. A file of such efforts must be kept for audit purposes.**

4. Diverse views of family

All families are different. The roles and responsibilities of child rearing may include persons other than a parent in any particular family, and some families may emphasize the bonds between other adults (or even an older child) and a child who has been separated from a family in a custody or child maltreatment case. These dynamics may reflect a common cultural practice of certain ethnic or racial communities, or they may simply exist as a characteristic of an individual family. Thus, Programs should consider, within the constraints of existing court orders, input from the case manager, as well as the non-offending parent, along with any safety concerns, when considering allowing other adults and children to accompany the visiting parent to the visit.

Compliance Measure

Copy of written policy demonstrating that program allows families under some circumstances to bring other adults or children to the visit.

5. **Grievance Procedure**

All Programs must establish a grievance resolution procedure to ensure that participant complaints are attended to and resolved. A complaint is liberally construed to include a concern for any action of the Program staff/volunteers/interns for which the Program has decision-making authority, discretion and or interpretive responsibility. This procedure must be in writing. All staff/volunteers/interns shall have training in the grievance resolution procedure, and all program participants must have access to the procedure.

Compliance Measure

A written copy of the program's grievance procedure must be on file. Principle One requires that all participants must be made aware of the grievance procedure.

6. Periodic Assessment of Multiculturalism Efforts

A culturally responsive program is one that seeks to be fair and accommodating to diverse groups. Incorporating multiculturalism and diversity into policies, procedures,

and practices should be a priority for programs. Such an approach to service provision may enhance safety and lead to better outcomes for parents and children.

Compliance Measures:
1. Annual review, documented by the Program Director, of program forms, policies, procedures, and materials for cultural responsiveness, competence, and relevance, with the following noted in writing and kept in a file on Multi-Cultural Efforts: date of multicultural review, any changes made to documents, and any outside (community group) assistance sought and/or obtained. Copies of any Memoranda of Understanding between the Program and community groups should also be kept in this file, signed and dated.
2. Training: Valuing multiculturalism and recognizing the role it can play in the delivery of safe, effective services, requires periodic training of staff and volunteers in diversity and cultural competency issues. In addition, individuals need to become aware of their own cultural identities and backgrounds, and to examine their own unintentional biases. Training issues on this topic are required and included in Principle Two: Training, Section V.

7. Confidentiality

Every individual served by a supervised visitation program has a right to expect to have his or her dignity protected by staff who are committed to keeping each individual's information confidential. However, unlike clients of lawyers, clients of visitation providers do not have the privilege of confidentiality, which means that, under certain circumstances, client records may be subpoenaed by the court or by another party as part of a court proceeding.

A provider of supervised visitation services must maintain confidentiality and refuse to disclose information without written permission, except in the following situations:

- In reports of suspected child abuse and neglect to the appropriate authority as required by law;
- As required by law;
- As governed by program policy relating to the creation of Reports to the Court (Principle One);
- Pursuant to valid subpoena by the parties; and
- In reporting dangerousness or threats of harm to self or others as required by law.

8. Different levels of service

If a supervised visitation program offers different levels of services for families, such as both one-to-one supervision and group supervision, the following Standards apply:

a. In cases which include allegations of child sexual abuse, or in cases where the Court has entered a Final Injunction for Protection Against Domestic Violence, or there has been a criminal conviction of domestic violence, the Court is the only entity which can decide that a family can move to a less restrictive level of service.
b. In all cases, it is the Court in consultation with the program, which moves a family from supervised visitation to monitored exchange.

c. In dependency cases, the case manager must be consulted before a program director can move a family to a different level of monitoring. If the program director and the case manager do not agree, the court makes the ultimate decision. (This is okay with me because if there is dv in the dependency case, the case manager has been consulted and the case manager will know whether the batterer is in compliance.)
d. In non-dependency, non-sexual abuse allegation cases, the program director is encouraged to consult with the non-offending parent about the initial decision as to the level of supervision and any subsequent decisions to change the level of supervision. The program should take into consideration the visiting parent's compliance with any court orders concerning counseling, treatment, or other intervention before making the decision to change the level of supervision for that visiting parent. However, if the program and the parent disagree on the program's decision, the referring court makes the ultimate decision. If the case is not court-referred, the ultimate discretion to initially place or move families to more or less restrictive services within a program lies with the program director, although the program director is encouraged to consult with the parents, and in cases where there is a history of domestic violence, conduct a lethality assessment prior to the change.
e. All programs which offer different levels of service must have written polices which reflect the levels of supervision and the policies that determine how decisions to move families from or to more restrictive

Compliance Measures
Written polices regarding different levels of service that comply with these Standards and dictate program policy in areas not addressed by these Standards.

Attached is a Bench Card on Myths and Facts about Domestic Violence

available online. It was created by the American Bar Association.

Please remember to Join us JUNE 19th by phone

July E Press

I hope the summer is going well for all of you.

Please be sure to join the phone conference this month on JULY 30 at Noon (EDT).

Dial in at 850-644-2255.

Program Transitions: New Program Alert!

We have a new program in Altamonte Springs! Please welcome KidsPeace to the Florida family.

KidsPeace Supervised Visitation Program
711 Ballard St
Altamonte Springs, FL 32701
407-339-7451 x303
Dana Giblock - Program Manager
Dana.Giblock@kidspeace.org

Also, the Family Connection Center of Northeast FL, lead by Laurie White and Bernice Cabral in the 8th Circuit, is opening August 1. It has been listed as a Program in Progress this year.
PO Box 1645
Glen St. Mary
32042
904-434-2174
lauriewhite@windstream.net

Program Closing:

Unfortunately, Kids in Distress, in Ft. Lauderdale and led by Alicia Stacy, will be closing August 1.

We have some continuing education training to offer your staff this month on interesting topics.

Cultural Competency

"Culture" is a broad term which can be used to describe almost any aspect of a certain family or community. As defined by the Elizabeth M. Boggs Center on Developmental

Disabilities, culture "refers to the shared meanings, values, and belief systems that are *learned* and *transmitted* in a society and within social groups and influence individuals as well as social institutions and organizations in terms of customs; social, political and other norms and practices; religious and spiritual traditions; psychological processes; and behavioral norms." Cultural competence, or an awareness, understanding, and acceptance of cultures different from one's own, is especially important in Supervised Visitation Programs. In order to become culturally competent, a person must first examine his or her own biases and preconceived ideas about cultures different from his or her own and learn about these cultures' practices. Although physical abuse is never acceptable, we must remember that an East African mother who practices facial markings on her child is only following the social norms of her culture so that her son may be accepted into it. The same mother might be horrified to see painful metal orthodontic appliances in children's mouths; American parents do this so that their children can resemble everyone else and be more easily accepted into society.

If we attempted to list different cultures (African-American, Latino, Asian, Native American, etc.) and describe the customs and practices of each of them, we would most likely fall prey to stereotypes about these cultures, as there is great variation within every ethnic group. **It is important to remember that *diversity is often greater within groups than between them.* Therefore, even if one studies a certain culture and is aware of practices often common to this group, she should not expect every family that she encounters to act in accordance to her ideas about the culture.**

Directors should instruct staff that, when interacting with a family from a different culture from their own, they should ask themselves certain questions in order to become aware of possible biases they may harbor. Questions include:

- Do I respect this family's culture?
- When talking to the parents, do I do most of the speaking or do I listen to what they have to say?
- Do I ask the parents for their ideas and opinions?
- Could I learn something from this family?
- Do I subconsciously exert my social or economic status over them, or do I make a concerted effort to minimize social barriers?
- What aspects of the visit do parents have a say in?
- Will I work with the parent in a respectful manner to make the service I provide more comfortable for that family?
- Am I willing to ask the parents to help me understand how their family views a "successful" visit?
- Do I believe the parent if he or she offers a different interpretation of the child's actions from the way I construed them?

Adapted from C. Miles' 2002 Boggs Center Presentation

Tips for Using a Translator

When a family has little or no knowledge of English, it is of the utmost importance to provide a staff member visit monitor who speaks the language fluently. If bilingual staff is not available, a translator should be used so that communication between the family and staff is possible. There are a few key things to remember when using an interpreter:

- Always speak directly to whomever you are addressing (the parent or child). Do not look at the interpreter while she translates what you or the other person has said; maintain eye contact with the parent.
- Speak at a normal pace, making sure not to alter your speed to very fast or very slow. Do not speak louder, although this may be a temptation; it will not help and only be insulting.
- Watch the parents' nonverbal cues, such as body language. This accounts for 60% of all communication. Ask the translator for help interpreting body language.
- If the translator and parent begin speaking to each other in the parent's native language, ask for an interpretation. Do not allow them to have a conversation without you. Likewise, do not have lengthy conversations with the interpreter in English; allow the interpreter to translate any exchange between the two of you.
- Speak clearly and plainly. Avoid slang, colloquialisms, and idioms as much as possible. Do not make jokes unless you are sure that everyone understands them. We never want families to think we are laughing at them.

(http://www.gwu.edu/~iscopes/LearningMods_Culture.htm#14)

The Importance of Fluency

Some of your staff members may have taken classes in a foreign language and be eager to act as a translator for families who speak that language, but studying a language for a few years in high school or college does not qualify someone to be a translator. If you are not able to hire a certified translator, you must be sure to hire someone who is fluent in the family's language, that is, has a perfect command of the language. If a person is fluent, he should be able to read, write, listen, and speak the language at roughly the level of a native speaker. Most languages have different dialects which vary from region to region. For example, almost every country in Latin America has its own specific way of speaking, including pronunciation differences and use of different vocabulary. There are also variations within each country. Therefore, staff who have only a basic working knowledge of Spanish will most likely not be able to grasp the subtleties and idioms which the parents use.
-- By Sarah Stern

http://www.casanet.org/program-management/diversity/cultural-child.htm

http://content.healthaffairs.org/cgi/content/full/23/2/215

http://www.nhchc.org/Curriculum/module2/module2D/module2d.htm

www.cjrlc.org/Links/**Cultural**%20Diversity%20And%20**Cultural**%20**Competency**%20Updated%20May%202008.ppt

http://www.gwu.edu/~iscopes/LearningMods_Culture.htm#14

Conference Follow-up

It was great seeing so many Florida people at the conference in Ponte Vedra last month. I have mailed out certificates of training to all Florida participants. If you did not receive yours, please let me know immediately, and we will get one out to you!

Children's Stage of Development at Ages 3-5 years, and What This Means for Supervised Visitation

Developmental psychology is the branch of psychology devoted to the study of the way that children's brains develop while they grow up and how these changes affect the way in which children act and how they perceive the world. It is important for Supervised Visitation Staff to have some knowledge of these stages so that they can engage in appropriate activities and better understand the children's psychosocial development process. Here we will be focusing on children from approximately three to five years of age.

Erikson's Theory on Social Development

Erik Erikson, an influential psychologist, divided life up into separate phases, each with its own challenges. He termed this period the Play Age, and the dilemma confronted is Initiative vs. Guilt. At this stage children are discovering that they are separate entities from their parents or caregivers and are trying to establish their own identity. They are able to follow simple directions and should be given small tasks like cleaning up toys; they want to be able to set out to do something and then finish it. Children need to be allowed to develop their own self-initiative so that they can set their own goals; this can involve something as simple as putting together a puzzle or constructing something out of building blocks. They may also decide to make up their own games or act out a short play in which they take on a different role which could include being animals. Children of any age need to be in a play environment which is both stimulating and challenging; they have fun climbing furniture and should be provided with various odds and ends which they can use for a variety of functions. For example, having empty boxes encourages imaginative play, especially if the child is also provided with toys it can use for make-believe.

The Importance of Motor Skills

Children's motor skills have improved but are still at a basic level; they may attempt to throw a ball but will not be very successful until around age six. At this stage of development kids can catch a ball, albeit awkwardly. Hand-eye coordination is fairly fine-tuned and thus children can participate in activities such as drawing, tracing, and tying. Beginning at about age four children enjoy playing with large bouncing balls.

Egocentrism in Children

Children in this age group are egocentric; they find it hard to see things from someone else's point of view and are largely concerned only with themselves, although they are able to have empathy for others. They think that everyone around them sees the world the same way that they do and should react in the same way that the child does.

Kohlberg's Theory of Moral Reasoning

Children at this age are usually only capable of a pre-conventional level of moral reasoning; that is, they do not look at the consequences of their actions on others, only on themselves. This is a simple reward-punishment level of reasoning. An action is "bad" if the child gets punished; therefore, children only an act as wrong if they know that they will be punished for it. Because of their egocentricity, young children are not able to think about what kind of effect their actions will have on others. This is why children need to be taught early on that hurting other people, lying, stealing, etc. is wrong so that when they are older and able to use a conventional and post-conventional level of moral reasoning, they will already be predisposed to do the right thing.

What this information means for staff

•□□□□□□□ Intake is a perfect time to share this kind of information with parents. This will help them to be aware of what is normal for kids, and may make them more patient if they understand why their children are acting a certain way. The more information they have about their children's development, the more understanding and patient they may be at visits.

•□□□□□□□□ Be sure to provide a variety of different toys and other objects for young children to play with, including

- o Colorful cardboard or plastic boxes,
- o building blocks,
- o toddler puzzles,
- o coloring books, and
- o bouncing balls of different sizes.

•□□□□□□□□ Tell parents to engage children in imaginative play (pretending to be adults, animals, or certain professions like teachers, veterinarians, musicians) and encourage their children to use their imaginations.

•□□□□□□□□ Children like to make up their own games. Have the parent ask the child if she has been taught any games to play; if not, ask if she has ever invented a game of her own.

- □□□□□□□□ Encourage parents to redirect their children if they misbehave or break a rule; it is important for children at this age to have a sense of discipline. Teach parents simple alternatives to spanking and physical discipline.

- □□□□□□□□ Always suggest to the parent that he or she explain to the child *why* his actions were wrong.

- □□□□□□□□ Do not assume that the child is selfish if he or she is not willing to share or seems to be concerned only with his or her own well-being; remember that at this age children are still egocentric. Explain to the parent that it is very difficult for children of this age to view things from someone else's perspective. This is an important lesson that you can remind parents of at intake.

- □□□□□□□□ Suggest to the parent that the child help pick up and put back some of the toys when the visit is over. Perhaps the parent and child can accomplish this task together.
  -By Sarah Stern

Primary Sources

Kohlberg, Lawrence; T. Lickona, ed. (1976). "Moral stages and moralization: The cognitive-developmental approach", Moral Development and Behavior: Theory, Research and Social Issues. Rinehart and Winston.

Piaget, J. (1983). "Piaget's theory". In P. Mussen (ed). *Handbook of Child Psychology*. 4th edition. Vol. 1. New York: Wiley.

Erikson, Erik H. Identity and the Life Cycle. New York: International Universities Press, 1959.

Other sources
http://www.pbs.org/wholechild/abc/social.html

http://ehlt.flinders.edu.au/education/DLiT/2000/Motor%20Dev/stages.htm

Parents with Mental Illnesses at Supervised Visitation

Program directors must take special considerations when a parent with a chronic mental illness is referred to their program. Besides knowing the general information about the causes and treatments of these disorders, directors and staff members should be aware of myths associated with the illnesses and what effects a parent's illness can have on the visit.

Different types of mental illnesses:

Depression: Depression is by far the most common mental illness in the United States, affecting about 6.7% of the adult population. It is also the leading cause of disability in the 15-44 year old demographic. Women are twice as likely as men to experience major depression, which is different from the short bouts of sadness everyone experiences occasionally. Major depression interferes with a person's ability to function normally and can be completely debilitating. Depressed people's brains have a shortage of serotonin, the neurotransmitter which controls pleasure, appetite, and sleep.

There is no single cause for depression, but usually it occurs because of a combination of factors. Studies show that poorer physical health, lower quality of life, socioeconomic disadvantage, abusive relationships, and minority status all cont can all increase a person's risk of developing depression. Most people do not seek medical help for their depression because of the stigma and also the cost of treatment.

Schizophrenia: Schizophrenia occurs in more than 2 million adults in America, or about 1.1% of the population. Although rare, it is a very serious condition which, when left untreated, often results in poverty or homelessness. Schizophrenia is largely misunderstood and is characterized by auditory and/or visual hallucinations, extreme paranoia, and a loss of touch with reality. It does not cause people to have "split personalities," as some people falsely believe. Antipsychotic medication can help people with schizophrenia live relatively normal lives, but many schizophrenics resist treatment. The disease runs in families and may be caused by an excess of the neurotransmitter dopamine.

Bipolar Disorder: Bipolar disorder, which is also caused by the misfiring of neurons in the brain, is characterized by sharp mood swings. People with the disease swing between two "poles": intense stages of mania, in which they can be either very happy or angry, and deep depression. Mood-stabilizing medications in conjunction with therapy have proven to help bipolar patients lead fulfilling lives.

***Impact for Visitation*:** Families who come to supervised visitation programs are already dealing with difficult situations, of which the mental illness may be a cause or effect. Living with a disease is stressful enough, and visits are likely to increase that strain. It is important to remember that parents with mental illnesses may be less capable of dealing with the stresses of visitation and are more emotionally fragile. It can be more difficult for people with mental illnesses to find and hold down jobs, so their employment situation is often precarious. Visitation staff should be sure to learn as much as they can about the medical, financial, judicial, and other pressures on the family so that they can make the visit run as smoothly as possible.

Intake Protocols: When a parent has a mental illness, be sure to consult with any CPS workers, Guardians ad litem, or other service providers for information about the parent's illness and how it may affect the visit. This should not be done in the presence of either parent. Staff may want to simplify the questionnaire so that it does not create unnecessary stress for the parent or help the parent fill it out. Remember that, depending on the

severity of the illness, the parent may be highly emotionally unstable, and staff should not do or say anything which might trigger an episode in the parent. Staff must also remember that the illness is a sensitive subject and that it is rarely appropriate to discuss the specifics of the disease with a very young child. If the child is a teenager, he or she is most likely aware of the illness and may be used to acting as a caregiver for the parent. Thus, staff will have to sensitively gauge the level of the child's maturity and understanding of the parent's illness before discussing it with him or her.

Connecting Parents to Services: At intake and beyond, a few highly organized supervised visitation programs may be able to help connect parents to needed resources, such as income transfer programs (TANF, SSI), or to health insurance information. Depending on whether the parent is already receiving medical help, directors may be able to direct him or her to treatment centers and/or support groups. Knowing of the resources available in the community is important, as is being able to refer a family to a place where they can get help. Of course, the CPS worker and GAL can help with this undertaking.

Program set-up: Parents with mental illnesses may need extra isolation from the other people at the program, depending on their mental stability. Ask the other professionals involved how the parent may act toward strangers and whether there is anything particular at the program which might set them off. The question to keep in mind is: What can we do to help this family have a good visit?

Schedule accommodation: As noted above, employment problems and medical care cause additional disturbance in families with a mentally ill parent. Finding a job and dealing with the illness and the reasons they were referred to the program are all additional stresses on the parent. Be patient and try to accommodate the needs of the family, even if it means that the parent is chronically late with the child. High cancellations may be common with these families, and transportation is frequently a problem. Expect more demands on program resources and try to be as flexible as possible in meeting their mental illness-related needs.

-by Sarah Stern

http://www.nami.org/Template.cfm?Section=About_Mental_Illness&Template=/ContentManagement/ContentDisplay.cfm&ContentID=53155
http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=61089
http://www.nimh.nih.gov/health/publications/depression/complete-publication.shtml#pub5
http://www.northwestern.edu/observer/issues/2006/01/11/depression.html

Reminder to all A and V – funded programs: The reporting date for those programs that receive Access and Visitation funding is quickly approaching. Call Johana Hatcher at DCF if you need help or have questions. 850-488-1929

Update from the Supervised Visitation Standards Committee

We have some new work products for your review. Remember that the drafts are all on the MESSAGE BOARD on our website. Call Karen if you have questions/comments/complaints! 850-644-6303. Be sure to read the NEW DRAFT OF OFF-SITE VISITATION at the bottom.

Principle Two: Training
Draft June 30, 2008

Supervised Visitation and Monitored Exchange staff and volunteers must have specific qualifications and skills as well as initial and ongoing training on the complex and often overlapping issues that bring families to their Programs.

The families referred to Supervised Visitation and Monitored Exchange Programs may have any number of problems, including, but not limited to substance abuse, domestic violence, mental illness, child abuse/neglect, and long term parental absence. In order to provide safe and informed services to these families, Supervised Visitation and Monitored Exchange staff and volunteers, including those at freestanding Monitored Exchange Programs (which do not offer supervised visits)must have initial and ongoing training in a wide variety of topics. These Standards are intended to raise the level of professionalism of Programs so that services are provided to vulnerable families by highly trained and knowledgeable staff and volunteers.

I. Minimum Qualifications of Supervised Visitation and Monitored Exchange Staff and Volunteers

A. All Program staff, whether paid or volunteer, who have direct contact with Program clients or children, must:

1. have attained the age of 18 years, if a college intern working at the Program under the direction of a college professor/instructor at an accredited college or university in an official practicum course and under the direct supervision of Program staff;
2. have attained the age of 21 years, if not a college intern as described above;

3. have received acceptable results of a background check in accordance with Florida Department of Law Enforcement standards for child care providers;
4. have attended a screening interview with the Program Director/Administrator or his/her designee that includes an application and references review;
5. have executed a signed statement which addresses confidentiality in a Code of Conduct;
6. have executed an Affidavit of Good Moral Character;
7. have executed an affidavit of disclosure that lists any and all active pending criminal or civil litigation;
8. have no conviction for driving under the influence (DUI) within the last 5 years;
9. have not been on probation or parole for the last 10 years;
10. have no conviction for child abuse or other crimes against a person;
11. have not been named as the defendant/respondent in a civil or criminal restraining order within the last 10 years**;**
12. have successfully completed additional training requirements for the position as specified in this section.

B. Conflict of Interest

All persons working/volunteering at a Supervised Visitation Program or a Monitored Exchange Program in any capacity which involves working directly with families must avoid personal and business relationships with family members referred to the Program (or their close relatives). This could impair professional judgment or invite exploitation. In order to avoid a conflict of interest, no employee/volunteer shall:

(1) Be financially dependent on the person being served;
(2) Be an employee of the person being served;
(3) Have a personal or business relationship with the person being served;
(4) Be an employee of or affiliated with any superior or municipal court in the county in which the service is ordered unless specified in the employment contract;
(5) Be a family member or in an intimate relationship with the person being served.

In some communities, especially rural areas, the likelihood of staff and client being previously acquainted or distantly related may be greater. Questions regarding potential conflicts in extended family relationships where a client is related to a staff member should be resolved by the Program Director.

II. General Training Principles for all Programs

1. The training of Program staff/volunteers must correspond with the services offered by the Program and the needs of and the risks presented by the family.
2. Any person who has not completed the required training may provide direct service to families only under the direct and constant supervision of a person who has completed the required training.
3. When Supervised Visitation or Monitored Exchange services are provided or operated by an agency whose primary function is not Supervised Visitation or Monitored Exchange, the agency is responsible for ensuring that staff or persons providing

Supervised Visitation or Monitored Exchange are trained and qualified according to these Standards.

III. Role-Specific Minimum Qualifications of Program Personnel

A. Program Director

1. Qualifications of Program Directors: The Program Director of the Supervised Visitation and/or Monitored Exchange Program is responsible for the overall quality of services, as well as for employing and supervising staff, ensuring that every staff member has adequate and appropriate training to monitor visits/exchanges, and overseeing the day to day administration of the Program. Directors are also able to assume roles associated with that of staff or volunteers. Persons serving as Program Directors by a different title, but who perform the same functions and have the same responsibilities, shall meet these same qualifications. If the Program Director has hiring authority for the Program, any employee, volunteer, or intern may be dismissed for no cause at the discretion of that Program Director; all employment and volunteer applications, regardless of qualification, shall be accepted, denied, or otherwise acted upon at the sole discretion of the Program Director/Administrator.

These Standards require Program Directors to possess diverse skills such as communicating with the court, networking with other agencies, understanding state laws and agency policies, collaborating with a wide range of individuals across the community, and understanding family dynamics. The Committee believes that requiring a four-year degree for such a position will increase the probability that a Director will have a solid foundation for such tasks.

Thus, **all Program Directors hired after January 1, 2009** must have complied with the following three requirements:

a. Graduation from an accredited college or university with a Bachelor's Degree in social services or related field; **and**
b. Two (2) years professional, full-time experience in an agency which has as its core function the protection of children or victims of violence, or custody, substance abuse, or Visitation issues; **and**
c. Demonstrated proficiency in competency-based training developed by the Florida Clearinghouse on Supervised Visitation.

Although the Standards require that Program Directors hired after January 1, 2009 have bachelors degrees, if the governing board or agency makes and documents good-faith but unsuccessful efforts to hire a qualified Director with a Bachelor's Degree after January 1, 2009, then the Program Director must have at least an Associate's Degree and (4) four years of professional, full-time experience in an agency which has as its core function the protection of children or victims of violence, or substance abuse, mental health, or closely related family issues, **in addition** to the demonstrated proficiency in competency-based training developed by the Florida Clearinghouse on Supervised Visitation.

The above provisions relating to educational degrees do not apply to directors hired prior to January 1, 2009.

Compliance Measures:

Beginning January 1, 2009, each Director (hired after that date) shall have proof in his/her personnel file of meeting the above requirements, including records of educational degrees and related employment.

If a Director hired after January 1, 2009 does not have a Bachelor's Degree, then the personnel file must reflect good faith efforts to hire such a candidate, as well as proof of an Associate's Degree and additional years of related experience.

2. Training for Program Directors: Within three months of being hired, all Program Directors must complete 16 hours of administrative training (in addition to the 24 hours of staff training listed in **Section IV**) covering the following areas:

1. Conducting intake and orientation, including preparing children for them;
2. Record keeping and confidentiality;
3. Receiving referrals;
4. Establishing a visitation or exchange contract with clients;
5. Setting fees;
6. Setting conditions (rules) for receiving services;
7. Setting up the physical space or location for safe visits/exchanges;
8. Collaborating with the court, child protective agencies, and other referring sources;
9. Referring clients to other services;
10. Training and supervising staff, including volunteers and interns;
11. Reporting to the court or other referring sources;
12. Testifying in court;
13. Suspending and/or terminating services; and
14. Managing and reviewing cases.

Compliance Measures:

In order to satisfy the above requirements, the 16 hours of administrative training for Program Directors must include at least three hours of Clearinghouse phone training for Directors (offered one hour per month), and may also include the following, documented in his/her personnel file:

1. ***Documented hours of peer mentoring relationships and consulting with other Program Directors who have served at least three years as Directors in Florida, signed by the mentor;***
2. ***Documented hours with Community Advisory/Governing Boards or Committees established to assist the Supervised Visitation Program, signed by Board member(s) or circuit judge;***

3. ***Documented hours with Court staff on issues related to Supervised Visitation, signed by court staff;***
4. ***Evidence of enrollment in community college or university classes in management or child development;***
5. ***Documented conferences conducted by Office of the State Courts Administrators, DCF, SVN, the Clearinghouse on Supervised Visitation, and/or Community-Based Care Agencies;***
6. ***Attendance at sessions conducted in these topics at conferences by any of the following: the Florida Coalition Against Domestic Violence, the Florida Council Against Sexual Violence, the Guardian ad Litem Program, the Supervised Visitation Network, and the Child Advocacy Centers, or any local trainings sponsored by the above.***

The Clearinghouse will develop forms to track compliance with training. Such forms may include checklists and copies of written materials related to Clearinghouse and other acceptable trainings. If Directors are unsure whether specific materials will meet these requirements, they must contact the Clearinghouse directly for guidance.

For all Directors hired after January 1, 2009, any Certificates of Completion of Clearinghouse web-based materials, including the Manuals for Supervised Visitation Programs and the Child Sexual Abuse Referrals Manual, must accompany copies of written answers to case scenarios, exercises, and quizzes in his/her personnel file to meet these requirements.

Competency in materials developed by the Clearinghouse will be demonstrated by evidence of satisfactory completion of written exercise and test answers to each chapter in Clearinghouse manuals as well as attendance certificates at Clearinghouse telephonic trainings.

B. Visitation Monitors/Observers

1. Qualifications of Visitation monitors: Persons serving in this capacity, whether paid or volunteer, are responsible for supervising the contact between the non-custodial parent(s) and child(ren) in accordance with the Program's mission. In all cases, whether paid or volunteer, the Visitation monitor/ observer shall:

a. ensure that contact between parties proceeds pursuant to the Visitation agreement and court order;
b. relay relevant information relating to the child's welfare between the custodial and non-custodial parent at the commencement and conclusion of supervised contact (e.g. special needs, medication, diet, etc.); in dependency cases, relay relevant information to the case manager;
c. intervene, where necessary or appropriate, to ensure the welfare of the child and/or parent;
d. facilitate, if necessary, child/parent interaction during the Supervised contact;
e. terminate the visit if the child's safety or that of other parties' or staff cannot be maintained;

f. provide constructive feedback, correction, or redirection to the parent(s);

g. document the visits consistent with Program policies.

2. **Qualifications of Monitored Exchange**[KO1] **:** Persons serving in this capacity, whether paid or volunteer, are responsible for monitoring the exchange of the child from parent to parent in accordance with the Program's mission. In all cases, whether paid or volunteer, the Monitored Exchange staff/volunteer shall:

a. ensure that contact between parties proceeds pursuant to the Monitored Exchange agreement and court order;

b. relay relevant information relating to the child's welfare to the parents (e.g. special needs, medication, diet, etc.);

c. terminate the exchange if the child's safety or that of other parties' or staff cannot be maintained;

f. document the exchanges consistent with Program policies.

Staff and volunteers at all Supervised Visitation or Monitored Exchange Programs must have the following minimum qualifications prior to having direct contact with families or children at the Program:

(1) **Education:** High School Diploma or Equivalency Certificate. In addition, Supervised Visitation staff and volunteers must also have the following mentoring and training:

Mentoring: Five (5) hours in a mentoring/practicum training Program with a practicing Supervised Visitation monitor at an existing Visitation Program. These five hours shall include:

a. Direct observation of parent/child contact performed by a trained Visitation monitor (shadowing);

b. Co-supervision of the visit by the trainee with a trained Visitation monitor; and

c. Direct observation by a trained Visitation monitor while the trainee independently supervises the visit (reverse shadowing).

2. **Training:** 24 hours of training for those working in Supervised Visitation; 16 hours of training for those working in Monitored Exchange, and demonstrated proficiency in competency-based training as specified by the Florida Clearinghouse on Supervised Visitation, which shall include the topics listed in **Section IV.**

C. College Interns

1. Qualifications of College Interns: Persons serving in this capacity at Supervised Visitation or Monitored Exchange Programs must meet the following minimum qualifications:

a. Enrollment in an accredited four year college or university or community college and official enrollment in a practicum/internship Program under the supervision of a college instructor/administrator.

b. Official enrollment in a college or university in an area of major studies related to families, children, domestic violence, substance abuse, mental health, or the

function of the Program.
c. Presentation of clearly defined educational goals and objectives related to Supervised Visitation or Monitored Exchange (which may include a syllabus, relevant coursework, etc.)

No intern, volunteer, or staff member shall be able to monitor a family visitation or exchange without direct and constant supervision by fully-trained staff until such time as he/she has completed the required training. (24 hours for Supervised Visitation, 16 hours for Monitored Exchange only) The 24 hours of training must be completed within three months of the date of hire/start, absent hardship or special circumstances documented in the personnel file. In such special cases, the 24 hours of training must be completed within six months of the hire/start date.

D. Others.

1. Qualifications of Others: The qualifications and training required of those staff/volunteer/interns who do not have direct contact with children, parents, or other Program participants, is left up to the discretion of the Program Director.

E. Training for Therapeutic Supervision at a Certified Supervised Visitation Program

Any person providing Therapeutic Supervised Visitation services at a Program must be a licensed mental health professional and have the same amount of training as Program Directors (described in **Section III A.1.**).

IV. Training Topics

A. Training for All Supervised Visitation Program Personnel

All staff/volunteers/interns who have contact with children and participants involved in the supervised visitation process must have 24 hours of training in the following topics:

1. Program policies and procedures;
2. Safety for all participants;
3. Mandatory child abuse reporting;
4. Florida Standards and Statutes, including the Keeping Children Safe Act;
5. Professional boundaries, conflict of interest, confidentiality;
6. Basic stages of child development;
7. Effects of separation and divorce on children and families;
8. Grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
9. Cultural sensitivity, multiculturalism, and diversity;
10. Danger assessments;
11. Family violence, including domestic violence and the effects of domestic violence on children;
12. Child maltreatment, including child sexual abuse;
13. Substance abuse;
14. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;

15. Program documentation policies and philosophies;
16. Parent introduction/re-introduction;
17. Intervention to promote change;
18. Parenting skills;
19. Assertiveness training and conflict resolution;
20. How and when to intervene during visits or exchanges to maintain the safety of all participants; and
21. Preparation of factual observation notes and reports.

It is left to the discretion of Program directors to determine the length of time devoted to each topic.

B. Training for Supervised Exchange Only

Notwithstanding the requirement of the above section, any person providing only Supervised exchange services, either at a Program which also offers supervised visitation, or at a freestanding Monitored Exchange Program (that does not offer supervised visits) may meet these standards by completing 16 hours of training prior to conducting any exchanges, to include the following:

1. Florida Standards and Statutes, including the Keeping Children Safe Act;
2. Provider policies and procedures;
3. Danger Assessments and safety for all participants;
4. Mandatory child abuse reporting;
5. Professional boundaries, conflict of interest, confidentiality;
6. Documentation policies and philosophies to ensure all staff has an understanding of and complies with them;
7. Effects of separation and divorce on children and families;
8. Family violence, including domestic violence and the effects of domestic violence on children;
9. Cultural sensitivity and diversity;
10. Child abuse, including child sexual abuse and neglect;
11. Substance abuse;
12. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
13. Parent introduction/re-introduction;
14. Assertiveness training and conflict resolution;
15. How and when to intervene during exchanges to protect and maintain the safety of all participants;
16. Information reporting and documentation according to Program policies;
17. Relevant laws regarding child custody and Visitation and child protection;
18. Intervention to promote change;
19. Parenting skills; and
20. Behaviors that facilitate positive attachment, separation, and reconnection.

It is left to the discretion of Program directors to determine the length of time devoted to each topic.

Compliance Measures

The personnel files for all staff, volunteers, and interns must reflect that the training requirements detailed herein are met. Records of training shall include hour amount, topic, type, and date of training. For purposes of meeting the training requirements, all of the following training opportunities are acceptable:

Training sessions, conferences, curricula, or meetings on the training topics listed in this section taught by Program directors or their designees meet this requirement. Other acceptable trainings/sessions/conferences/curricula/meetings which serve to meet these training requirements include those sponsored by the Clearinghouse on Supervised Visitation, the Florida Coalition Against Domestic Violence, the Florida Council Against Sexual Assault, the Guardian ad Litem Program, the Florida Department of Children and Families or its contracted agencies, the Supervised Visitation Network, the Office of the State Courts Administrator, or the Florida Bar..

V. Continuing Education

All directors, staff, volunteers, and interns must participate in continuing education on topics related to Supervised Visitation and or Monitored Exchange including, but not limited to, the topics listed in Section IV of this Principle. After the first year of their employment, all full-time personnel at Supervised Visitation Programs must have at least seven hours of continuing education per year of employment, and part-time personnel must have three hours of continuing education in each year of employment. All staff, both part and full time at Programs which only offer monitored exchanges, not visits, must have three hours of continuing education. At least one hour each year of this training must be devoted to issues of multiculturalism, recognizing and overcoming biases, and enhancing cultural competency.

Compliance Measures

All personnel files must reflect the topics, media, and hours of continuing education for each person for each calendar year. All files must include at least one hour of training on multicultural issues, diversity training, or cultural competency. It is the responsibility of the Program Director to determine that the hours are met. It is left to the discretion of the Director to determine what will suffice as continuing education, as Directors may choose in-service practical role-playing, on-line training, individual reading of articles/books/journals, training at agencies or organizations, as indicated in Section V, or some other form of training. Cultural competency training can include these and other activities, such as guest speakers who can teach staff to engage in cultural capacity-building.

VI. Code of Conduct

Each person who has direct contact with families and children in the Program must sign a Code of Conduct that includes at least the provisions in the model Code included in this Section.

THE MODEL VISITATION/MONITORED EXCHANGE PROGRAM CODE OF CONDUCT STATEMENT

All participants in the services of the program are entitled to respectful, well-trained staff and volunteers. The Supervised Visitation/Monitored Exchange Program staff/volunteer agrees to maintain high standards of conduct in carrying out his or her duties and obligations. Staff/volunteers agree to also:

1. diligently adhere to the Program's policies and procedures in the monitoring of all families;
2. resist influences and pressures that interfere with impartial monitoring;
3. report honestly and impartially about what occurs during visits/exchanges;
4. respect the privacy of the child and the family and hold confidential all information obtained in the course of service as a staff member or volunteer with The Visitation/Monitored Exchange Program, as required by law and Program standards;
5. decline to monitor cases in which he or she may have a conflict of interest as described in the Standards;
6. attend pre-service training and in-service trainings as required by position description and length of employment or service with the Program;
7. not practice, condone, facilitate, or participate in any form of discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status; and
8. keep all information regarding persons who participate in The Sunshine Visitation Program confidential.

I will not disclose, or participate in the disclosure of, confidential information relating to a case, child, or family to any person who is not a party to the cause, except in Observation Reports and as provided by law or court order. I will abide by all protections of confidentiality provided to victims of domestic violence. I understand that a violation of confidentiality may result in disciplinary action up to and including termination. I further understand that I could be subject to legal action.

Failure to comply with the Code of Conduct may result in discipline or discharge. The individual hereby acknowledges that he/she does not have a right to serve in any capacity at The Program, but that he/she serves at the Program Director's discretion.

_____

Signature of Visitation Monitor/Date

Compliance Measure

Each volunteer, staff member, or intern file must contain a signed and dated Code of Conduct which has been signed before the individual has contact with families.

Principle Three: Dignity and Diversity June 30

All clients who use Supervised Visitation and Monitored Exchange Programs are entitled to be treated in a fair and respectful manner that acknowledges their dignity and diversity.

Florida's Supervised Visitation and Monitored Exchange Programs must treat individuals fairly and respectfully in ways that acknowledge their life circumstances and cultural backgrounds without ignoring the safety concerns that resulted in the referral to the Program.

Florida is a large, diverse state. Families referred to Supervised Visitation and Monitored Exchange Programs include individuals from every socio-economic, ethnic, and racial group represented in Florida's population. Programs should strive to be responsive to the diverse cultures of the families they serve. In addition, families receiving services may experience a wide range of emotions, including frustration, sadness, anger, embarrassment, happiness, confusion, fear, relief, anxiety, and anticipation. The complexities of the court system and judicial processes coupled with the perceived intrusion of outsiders into their private lives can often exacerbate these emotions and make dealing effectively with family members difficult for even experienced staff.

As a result of these dynamics, it is essential for Program staff to offer the parents (as well as the child, depending on his or her age and maturity) an opportunity to help shape the Visitation or exchange process to make it as positive and rewarding as possible for each participant. This should be done in such a way as to acknowledge the unique strengths, experiences, values, circumstances, needs, and cultural backgrounds of each person receiving Program services.

Standards

I. Non-discriminatory practices for All Programs

Supervised Visitation and Monitored Exchange Programs shall not discriminate against any client due to race, religion, gender, sexual orientation, national origin, age, disability, marital status, or economic status.

Individuals experience their cultures differently and assimilate other cultural values in different ways and to varying degrees. An individual's cultural reality comes from the unique perspective based on that person's life experiences in the context of the cultural traditions and values to which he or she subscribes. Staff and volunteers must therefore

be willing to try to understand the individual experiences and perspectives of those with whom they interact.

Compliance Measures

1. **Non-discriminatory practices statement, signed by the Program director and updated annually. Program audits will review grievance files for claims of discriminatory practices, as well as compliance with cultural competency training (Principle Two: Training).**
2. **Inquiries must be incorporated into Intake about what each particular family may need to make the service sensitive to the unique characteristics of the family.**

This is currently encompassed in the Intake section of Principle One: Safety and is listed as Special Considerations, Needs, and Issues. It is at this point that staff can, within safety considerations, begin to reach out to families to sensitively acknowledge and accommodate their unique characteristics. Those characteristics may include issues of race/ethnicity, mental or physical health, developmental challenges and capabilities, and other issues.

II. Prioritize staff diversity

Supervised Visitation and Monitored Exchange Programs should strive to recruit and hire bilingual and culturally diverse staff/volunteers/interns from within the community whenever possible in order to best serve families who speak languages other than English.

Compliance Measure

Program files must contain copies of job descriptions, recruitment material, outreach letters to community organizations (Principle Four: Community), or other material which demonstrates that the Program has sought diverse staff/volunteers/interns.

III. Interpreters

Optimally, all communication between Program staff and the families they serve should be conducted in the primary language of the family. This includes intake, discussions, and the services themselves. Thus, Programs should seek funding and resources for interpreters, in addition to bilingual staff and volunteers, in every community they serve. However, in any given community there are potentially dozens of languages spoken by families, and it may not be possible for a Program to provide staff who speak those languages. Thus, the following standards apply:

When a family's primary language is not English, the best approach is for the service to be provided in the family's language. This means that the staff/volunteers should be

bilingual, able to speak and understand the family's language. Whenever possible, Programs must strive to permit individuals to complete orientations, receive information, ask questions, and participate in services using their native or preferred language or sign language. Program administrators should try and work with community groups to facilitate the availability of Visitation and exchange services in the individual's native or preferred language, whether through the use of verbal or sign language interpretation services or through bilingual staff.

If the Program does not have a bilingual staff member for the family, the Program should find an interpreter who is or can be trained in the Program's policies and who can assist staff with providing services to the family. The Program must ensure that the role, policies, and safety precautions of the Program are clearly communicated to every interpreter.

The presence of an interpreter does not replace the requirement of having Program personnel fully observe the service; the interpreter merely translates what is being said and helps the monitor communicate with the family. Programs should work with community agencies and groups from which interpreters can be recruited (Principle Four: Community).

In those cases when interpreter services are not available, the Program should ask the family members if they can communicate in English. The Program should provide services in English only if the family speaks English and agrees to speak only English during the visit. However, the Program should decline the referral and notify the court or other referral source if no interpreter can be located, and the family cannot or will not speak English during the provision of services.

Problems with using family members and/or friends of the family as interpreters

Family members and friends are not appropriate interpreters at Programs, as conflicts of interest, intimidation, emotional attachments, and familial alignment make the possibility of meaningful, vigilant supervision improbable. A family member or friend may truly believe that he or she can undertake the responsibility of serving as an interpreter. It is altogether likely that the majority of such family members and friends have good intentions. In addition, the referral source may be desperate to find someone to provide interpretation at the visit. Thus, the temptation to use such volunteers is great. However, third parties who have a conflict of interest in the case should not be used as interpreters.

Compliance Measure

Programs must be able to demonstrate that they have collaborated with the court, community agencies, and groups to facilitate the availability of bilingual staff/volunteers/interns within the last calendar year. Programs must also demonstrate that they have made significant efforts to find funding for interpreters if they have had to decline referrals because of lack of interpreters. A file of such

efforts must be kept for audit purposes. Copies of fliers and letters, agendas from meetings, summaries of phone conferences (with dates and attendance lists) are all acceptable proof of such efforts.

IV. Diverse views of family

All families are different. The roles and responsibilities of child rearing may include persons other than a parent in any particular family, and some families may emphasize the bonds between other adults (or even an older child) and a child who has been separated from a family in a custody or child maltreatment case. These dynamics may reflect a common cultural practice of certain ethnic or racial communities, or they may simply exist as a characteristic of an individual family. Thus, Programs should consider, within the constraints of existing court orders, input and any safety concerns from the case manager, as well as the non-offending parent, allowing other adults and children to accompany the visiting parent to the visits or exchanges.

Compliance Measure

A copy of written Program policy demonstrating that the Program allows families under some circumstances to bring other adults or children to the visit or exchange must be kept on file.

V. Grievance Procedure

All Programs must establish a grievance resolution procedure to ensure that participant complaints are attended to and resolved. A complaint is liberally construed to include a concern for any action of the Program staff/volunteers/interns for which the Program has decision-making authority, discretion, and/or interpretive responsibility. This procedure must be in writing. All staff/volunteers/interns shall have training in the grievance resolution procedure, and all Program participants must have access to the procedure.

Compliance Measure

A written copy of the Program's grievance procedure must be on file. Principle One requires that all participants must be made aware of the grievance procedure.

VI. Periodic Assessment of Multiculturalism Efforts

A culturally responsive Program is one that seeks to be fair and accommodating to diverse groups. Incorporating multiculturalism and diversity into policies, procedures, and practices should be a priority for Programs. Such an approach to service provision may enhance safety and lead to better outcomes for parents and children.

Compliance Measures

1. Directors should keep on file annual review, documented by the Program Director, of Program forms, policies, procedures, and materials for cultural responsiveness, competence, and relevance, with the following noted in writing and

kept in a file on Multi-Cultural Efforts: date of multicultural review, any changes made to documents, and any outside (community group) assistance sought and/or obtained. Copies of any Memoranda of Understanding between the Program and community groups should also be kept in this file, signed and dated.
2. Training: Staff must be trained in valuing multiculturalism and recognizing the role it can play in the delivery of safe, effective services, requires periodic training of staff and volunteers in diversity and cultural competency issues. In addition, individuals need to become aware of their own cultural identities and backgrounds and examine their own unintentional biases. Training issues on this topic are required and included in Principle Two: Training, Section V.

7. Confidentiality

Every individual served by a Supervised Visitation or Monitored Exchange Programhas a right to expect to have his or her dignity protected by staff who are committed to keeping each individual's information confidential. However, unlike clients of lawyers, clients of visitation or exchange providers do not have the privilege of confidentiality, which means that, under certain circumstances, client records may be subpoenaed by the court or by another party as part of a court proceeding.

A provider of Supervised Visitation or Monitored Exchange services must maintain confidentiality and refuse to disclose information without written permission, except in the following situations:

- As required by law;
- In reports of suspected child abuse and neglect to the appropriate authority as required by law;
- As governed by Program policy relating to the creation of Reports to the Court (Principle One);
- Pursuant to valid subpoena by the parties; and
- In reporting dangerousness or threats of harm to self or others as required by law.

VIII. Different levels of service for Supervised Visitation Programs only

If a Supervised Visitation Program offers different levels of services for families, such as both one-to-one supervision and group supervision, the following Standards apply:

a. In cases which include allegations of child sexual abuse, or in cases where the Court has entered a supervised visitation order and a Final Injunction for Protection Against Domestic Violence, or there has been a criminal conviction of domestic violence, the Court must is the only entity which can decide that a family can move to a less restrictive level of service.
b. In all cases it is the Court in consultation with the Program which moves a family from Supervised Visitation to monitored exchange.
c. In dependency cases, the case manager must be consulted before a Program director can move a family to a different level of monitoring. If the Program director and the case manager do not agree, the court makes the ultimate decision.

d. In non-dependency, non-sexual abuse allegation cases, the Program director is encouraged to consult with the non-offending parent about the initial decision as to the level of supervision and any subsequent decisions to change the level of supervision. The Program should take into consideration the visiting parent's compliance with any court orders concerning counseling, treatment, or other intervention before making the decision to change the level of supervision for that visiting parent. However, if the Program and the parent disagree on the Program's decision, the referring court makes the ultimate decision. If the case is not court-referred, the ultimate discretion to initially place or move families to more or less restrictive services within a Program lies with the Program director, although the Program director is encouraged to consult with the parents, and in cases where there is a history of domestic violence, conduct a lethality assessment prior to the change.

e. All Programs which offer different levels of service must have written polices which reflect the levels of supervision and the policies that determine how decisions to move families from or to more restrictive settings are made.

Compliance Measures

Directors must keep written polices regarding different levels of service that comply with these Standards and dictate Program policy in areas not addressed by these Standards.

Note: Off-site Visitation (put in with Principle One)

Nothing in this section applies to dependency cases governed under Chapter §39 Florida Statutes.

Off-site Visitation:

In non-dependency cases, courts sometimes ask Programs to provide supervision of parent-child contact in a setting such as a mall, restaurant, park, or similar place. These visits are called "off-site" visits because, by definition, they are not conducted in a program site/location. They have the disadvantage of less control, fewer safety precautions, and increased risk of intervening persons and circumstances. For these valid reasons, many programs do not offer "off-site" visits.

General Considerations for Off-site Decisions

The following considerations should be part of any Program's decision to offer or reject offsite visits:

1. Programs may not be compelled to conduct off-site visits by any referring source, including the courts.

2. Program directors retain the discretion to reject any off-site referral for safety reasons.
3. Cases where there is currently entered a temporary or final order of injunction for protection against domestic violence, or where there has been a criminal conviction for domestic violence are not appropriate for off-site visits.
4. Cases in which there are allegations of sexual abuse are not appropriate for off-site visits.
5. Programs must demonstrate that they have considered the risks involved before agreeing to supervise off-site visits.
6. Referring judges must issue written orders for off-site visits, and must consider any potential safety risks, including allegations of domestic violence. The order must contain specific findings that off-site visitation is safe for the parties and the child, and is in the child's best interest.

Risks Involved

The following is a partial list of risks inherent in off-site visits. The Clearinghouse training materials address these risks more thoroughly.

- Risks of child abduction. An unsecured location with many entrances/exits, open spaces, public access, and /or crowds increases the ability of a parent or his/her cohorts to abduct the child.
- Risks of child abuse. The ability to be vigilant – hear and see everything going on in a visit - is an essential component of supervised visitation, but is severely reduced in off-site visits.
- Slow responses in emergency. Programs have on-site security plans and work closely with local law enforcement to augment safety. The ability to get help quickly off-site may be reduced by the very nature of off-site visits. Staff simply have less control over the setting, intervening factors, and surrounding circumstances.
- Multiple child complications. Having more than one child present increases the possibility that the children will not be appropriately monitored off-site; that if something such as an illness affect one child, all of the staff's attention must go to that child; that children can distract the monitor's attention easily, and that there is no backup to assist the monitor, as there is onsite.
- Transportation risks. Visit monitors are not permitted to transfer the children in their own cars. This makes off-site visitation much more likely to involve the transporting parents (who are involved in the dispute) to have an opportunity to negatively interact in the presence of the children. It also increases the risks to non-offending victim parents.
- Concealed weapons risk. On-site, programs choose between prohibiting visitors from bringing packages or parcels to visits, or searching any such parcels brought

onsite. This helps avoid the presence and dangers of concealed weapons. Off-site visits offer no such control, as there is no way to secure a public park, mall, or other similar location.

- Intervening emergencies and circumstances. Power outages, storms, intervening adults who show up unannounced (friends, family, etc), all decrease the monitor's ability to control the visit.

Off-site Pre-requisites [new sections]

For those communities and programs that have considered the risks yet have decided to offer off-site visits, the following apply:

1) Programs may decide not to offer off-site visits under any circumstances.
2) Programs that decide to offer off-site visits must be certified under these Standards.
3) Off-site visitation can only conducted by staff who have at least three years of experience working with families at an on-site Program.
4) Each off-site referral must be pursuant to a court order which specifically states that off-site visitation is in the child's best interest.
5) Any program offering off-site visits must have liability insurance that specifically includes coverage of off-site visits.
6) Separate policies and procedures dealing with off-site security issues must be developed by the Program and must have been part of the certification process. In other words, if a program becomes certified before it offers off-site services, it must submit to a new review of its off-site procedures before it can initiate off-site services.
7) The Program's Agreement with the court must include references to all of the above prerequisites (numbers 1-5 of this section).

Compliance Measures

1) Proof of liability insurance which includes provision for off-site visitation.
2) Copies of court orders in all off-site visits which include a statement that off-site visitation is in the child(ren)'s best interest.
3) Copies of Program policies and procedures specifically dealing with off-site security issues, including those listed in this section.
4) Copies of Certificate of Completion of Clearinghouse's "Off-site Considerations" Training.
5) Copies of the Agreement with the Court enumerating the prerequisite requirements above.

[KO1]This is a new section

Karen Oehme, J.D.
C-2309 University Center
Clearinghouse on Supervised Visitation

Institute for Family Violence Studies
College of Social Work
Florida State University
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AUGUST E PRESS

The phone conference this month is on Wednesday, August 13 at Noon eastern. Please join us by dialing in at 850-644-2255.

The September conference will be on Thursday, September 25 at Noon eastern, at the same phone number.

PLEASE JOIN US!

Reminders for the Month:

- ***Keep entering data in to the database. Call us if you need training.***
- ***Let us know if you find new SV programs in your area.***
- ***Write to us to obtain Certificates of Training for your staff.***
- ***Have new staff take the Sexual Abuse Issues training online.***
- ***Notify us of Program changes.***
- ***Read and comment on the emerging Standards!***

Training

Batterers Continue to Harass their Victims

Note: Supervised Visitation staff often report that one tactic batterers use is to file reports of child abuse against their spouses. Here is a recent New York report about this issue. - KO

City and State Fail to Protect Domestic Violence Victims and Their Children from Continued Abuse, Public Advocate Says
Batterers not prosecuted for filing malicious false reports of child abuse against victims; survey shows 72% of domestic violence workers know of false reporting
Public Advocate Betsy Gotbaum

(July 16, 2008) Public Advocate Gotbaum today released a new survey that found batterers continue to harass their victims by filing malicious, false reports of child abuse. While 72% of domestic violence service providers reported having at least one case that involved false reporting, only 5% indicated that an abuser was prosecuted for knowingly filing a false report.

Public Advocate Betsy Gotbaum said, “Our new survey confirms what I’ve been hearing from the domestic violence community for a long time- that abuse doesn’t stop when the victim walks out the door. One phone call, one malicious report, can keep a victim trapped in a cycle of abuse and

harassment for years. It is time we take action to raise awareness of this problem and prosecute abusers for this type of harassment."

Perpetrators of domestic violence often continue to abuse their victims after they are separated by manipulating the existing child abuse and neglect reporting system. They file false reports against their victims, often repeatedly, to the State Central Register for Child Abuse and Neglect (SCR), claiming that the survivors—their victims—are abusing their children. The motives for such malicious behavior include an attempt to gain leverage in an upcoming custody battle and punishment for leaving.

"It is common practice for perpetrators of domestic violence to threaten their victims with the loss of their children if they dare to leave them. Many abusers use the child welfare system to make good on their threats. The Voices of Women Organizing Project (VOW) is documenting cases of malicious reports by batterers and we hope to work with the Public Advocate's office and domestic violence advocates to discourage this form of harassment and abuse." Susan Lob, director of VOW, an organization of survivors of domestic violence working to shape policy and improve services for battered women.

Tanya McLeod, a VOW member and organizer said, "My ex-husband was sent to jail for his violence against me and my children. While in jail, he made a false and malicious report of child abuse against me. My home felt invaded when the police responded to the report and my children were interrogated. I felt re-victimized. This false and malicious report caused a lot of pain for me and my children. Making false reports is a crime and I want to see that perpetrators are prosecuted and that justice prevails."

Report available at http://pubadvocate.nyc.gov/news/documents/DVACSReportFinal-WebJuly2008.pdf

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In-Service Training for Your Staff

Scientific Reports on the Impact of Domestic Violence on Infants and Children
By Sarah Stern

Psychologists and scientists have done many studies on the effect of exposure to domestic violence on children and teenagers, demonstrating that these children are at a higher risk for depression, anxiety disorders, academic difficulties, and behavioral problems. Not as much research has been conducted on the effects of domestic violence on infants, but psychologists have carried out tests and studies which show that babies are also negatively impacted by exposure to domestic violence, whether it is verbal or physical.

In 2003 Koenen et al. published an alarming study which showed that, when they controlled for such variables as socioeconomic status, community violence, and other stressors**, children who have been exposed to domestic violence rank an average of eight points lower on the Full Scale IQ than their non-exposed counterparts**. Ybarra et al. replicated this experiment in 2007 using the highly regarded and widely used *Wechsler Preschool and Primary Scales of Intelligence- Revised* and found that exposed children had an average score of 8.9 Full Scale IQ points lower, with a Verbal Scale IQ

that was a full eleven points lower, although interestingly their non-verbal development did not seem to be arrested. This puts children who have experienced domestic violence at a great intellectual disadvantage at school and may demonstrate a "lack of a readiness to learn" (Ybarra et al.)

Researchers at Michigan State University conducted the first study "examining sensitivity to conflict in infants exposed to domestic violence," as they describe it (DeJonghe et al.). Infants become stressed when there is any kind of fighting going on around them, whether it is physical violence or verbal conflict. Studies have shown that babies react the most strongly and exhibit more severe signs of "hyperarousal, aggression, and fear" when it is their primary caregiver who is being hurt or is upset, most likely because infants form such a strong attachment with and are so dependent upon their primary caregiver. This hypervigilance can lead to children being unnecessarily aggressive and belligerent when they reach school age. Even though infants are not fully cognizant of what is going on, when they witness domestic violence they become much more likely to exhibit both externalizing (aggression) and internalizing (depression, anxiety) behaviors as adolescents and adults (Ybarra).

Infants do not distinguish between physical and verbal conflict, so seeing their mother being screamed at is just as bad as seeing their mother being beaten. Infants exposed to any kind of conflict may be hypersensitive to conflict in the future; they may become very upset if they come into contact with fighting or arguing. When infants in a test study were placed in the same room as a person conducting a (staged) angry telephone dispute, they became distressed. It seems likely that if the person yelling and arguing is the infant's mother or primary caregiver, the infant will exhibit more severe signs of distress. Even if the infant does not directly witness the domestic violence, he will probably witness the aftermath, such as the mother's crying and wounds and possible police involvement (DeJonghe et al.). Expressions of fear from their caregiver seem to be the most distressing for infants, because if the mother is in fear, then the infant feels that he is facing danger as well (De Arth-Pendley).

Exposure to domestic violence interferes with infants' ability to control behavior and emotion when they are older, and the more often an infant is exposed to episodes of domestic violence, the more likely he or she is to develop behavioral and emotional problems. Although there is no conclusive evidence, research suggests that an infant's temperament is also a predictor for lasting negative effects on the child. If a baby possesses a "highly reactive temperament," that is to say, the infant already has a heightened response to surrounding stimuli, then it seems to be more likely that the infant will be predisposed to experience the negative effects of exposure to domestic violence as described above.

When a person of any age senses danger or feels threatened, that person's body activates a "fight or flight," or acute stress, response which causes their adrenal glands to produce epinephrine (adrenaline) and the stress hormone cortisol. This is an evolutionary mechanism which all mammals have and helps us be faster, more aggressive, and more alert when we are in dangerous situations. However, if the stressor does not call for us to, as the name suggests, fight or flee, then this response can be damaging to the body. Prolonged or repeated exposure to stress wears down the central nervous system because the body is constantly ready for an attack and thus causes the heart and lungs to work overtime.

De Arth-Pendley, G., & Cummings, E.M. (2002). Children's emotional reactivity to interadult nonverbal conflict expressions. Journal of Genetic Psychology, 163(1).

DeJonghe, Erka et al. "Infant Exposure to Domestic Violence Predicts Heightened Sensitivity to Adult Verbal Conflict." https://www.msu.edu/~mis/publish/Infant_Exposure.pdf.

Friedman, H. S., & Silver, R. C. (Eds.) (2007). Foundations of Health Psychology. New York: Oxford University Press.

Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. Journal of Consulting & Clinical Psychology, 71(2), 339–352.

Koenen, K. C., Moffitt, T. E., Caspi, A., Taylor A., & Purcell, S. (2003). Domestic violence is associated with environmental suppression of IQ in young children. *Development & Psychopathology*, *15*, 297–311.

McIntosh, J.E. (2002). Thought in the face of violence: A child's need. Child Abuse & Neglect, 26(3), 229–241.

Ybarra, Gabriel et al. "The Influence of Domestic Violence on Preschooler Behavior and Functioning." (2007). Springer Science and Business Media. http://0-eb.ebscohost.com.library.lausys.georgetown.edu/ehost/pdf?vid=4&hid=115&sid=6c4acc83-47d9-4e25-9bc6-57a0cd92b788%40sessionmgr104.

Updates from the SV Standards Committee

Attached are pdf files of Principles Two and Three, plus the new draft of the Introductory section. Please read and comment ASAP!

At the last phone conference, we discussed the new Off-site rules recommended by the Committee. They are as follows:

Nothing in this section applies to dependency cases governed under Chapter §39 Florida Statutes.

Off-site Visitation:

In non-dependency cases, courts sometimes ask Programs to provide supervision of parent-child contact in a setting such as a mall, restaurant, park, or similar place. These visits are called "off-site" visits because, by definition, they are not conducted in a program site/location. They have the disadvantage of less control, fewer safety precautions, and increased risk of intervening persons and circumstances. For these reasons, many programs do not offer "off-site" visits.

General Considerations for Off-site Decisions

The following considerations apply to off-site decisions:

1. Programs may not be compelled to conduct off-site visits by any referring source, including the courts.
2. Program directors retain the discretion to reject any off-site referral for safety reasons.
3. Cases where there is currently entered a temporary or final order of injunction for protection against domestic violence, or where there has been a criminal conviction for domestic violence are not appropriate for off-site visits.
4. Cases in which there are allegations of sexual abuse are not appropriate for off-site visits.
5. Programs must demonstrate that they have considered the risks involved before agreeing to supervise off-site visits.
6. Referring judges must issue written orders for off-site visits, and must consider any potential safety risks, including allegations of domestic violence. The order must contain specific findings that off-site visitation is safe for the parties and the child, and is in the child's best interest.

Risks Involved

The following is a partial list of risks inherent in off-site visits. The Clearinghouse training materials address these risks more thoroughly.

- Risks of child abduction. An unsecured location with many entrances/exits, open spaces, public access, and /or crowds increases the ability of a parent or his/her cohorts to abduct the child.
- Risks of child abuse. The ability to be vigilant – hear and see everything going on in a visit - is an essential component of supervised visitation, but is severely reduced in off-site visits.
- Slow responses in emergency. Programs have on-site security plans and work closely with local law enforcement to augment safety. The ability to get help quickly off-site may be reduced by the very nature of off-site visits. Staff simply have less control over the setting, intervening factors, and surrounding circumstances.

- Multiple child complications. Having more than one child present increases the possibility that the children will not be appropriately monitored off-site; that if something such as an illness affect one child, all of the staff's attention must go to that child; that children can distract the monitor's attention easily, and that there is no backup to assist the monitor, as there is onsite.
- Transportation risks. Visit monitors are not permitted to transfer the children in their own cars. This makes off-site visitation much more likely to involve the transporting parents (who are involved in the dispute) to have an opportunity to negatively interact in the presence of the children. It also increases the risks to non-offending victim parents.
- Concealed weapons risk. On-site, programs choose between prohibiting visitors from bringing packages or parcels to visits, or searching any such parcels brought onsite. This helps avoid the presence and dangers of concealed weapons. Off-site visits offer no such control, as there is no way to secure a public park, mall, or other similar location.
- Intervening emergencies and circumstances. Power outages, storms, intervening adults who show up unannounced (friends, family, etc), all decrease the monitor's ability to control the visit.

Off-site Pre-requisites [new sections]

For those communities and programs that have considered the risks yet have decided to offer off-site visits, the following apply:

1) Programs that offer off-site visits must be certified under these Standards.
2) Off-site visitation can only conducted by staff who have at least three years of experience working with families at an on-site Program.
3) Each off-site referral must be pursuant to a court order which specifically states that off-site visitation is in the child's best interest.
4) Any program offering off-site visits must have liability insurance that specifically includes coverage of off-site visits.
5) Separate policies and procedures dealing with off-site security issues must be developed by the Program and must have been part of the certification process. In other words, if a program becomes certified before it offers off-site services, it must submit to a new review of its off-site procedures before it can initiate off-site services.
6) The Program's Agreement with the court must include references to all of the above prerequisites (numbers 1-5 of this section).
7) Programs may not circumvent these requirements by referring offsite cases to current volunteers or staff acting as "independent contractors." All current volunteers and staff must agree not to take cases independently. This must be part of the Code of Conduct. (The Code of Conduct is part of Principle One: Safety.)

Compliance Measures

1) **Proof of liability insurance which includes provision for off-site visitation.**

2) **Copies of court orders in all off-site visits which include a statement that off-site visitation is in the child(ren)'s best interest.**
3) **Copies of Program policies and procedures specifically dealing with off-site security issues, including those listed in this section and the program's right to decline referrals and/or decide not to offer any off-site visitation structure.**
4) **Copies of Certificate of Completion of Clearinghouse's "Off-site Considerations" Training.**
5) **Copies of the Agreement with the Court enumerating the prerequisite requirements above.**

New Recommendation that all monitors in dependency cases have our training:

In Dependency Cases, referring agencies are encouraged to adhere to the following recommended hierarchy beginning in October, 2009:

Due to the complex dynamics and critical issues involved in visitation, coupled with the often volatile nature of family interactions in dependency cases, the Department of Children and Families, local Sheriff's Office, Community-Based Care lead agency and/or the Case Management Organization with primary responsibility for the dependency case should adhere to the following hierarchy for supervised visitation between the child(ren) and the non-custodial parent(s):

1. Whenever a court orders supervised visitation, that court, or the agency with primary responsibility for the case, should refer the parties to a local Certified Supervised Visitation Program if one exists in the community.

2. If no Certified Program exists, or if the existing Certified Program is unable to accept the referral, then the Child Protective Investigator or Case Manager with primary responsibility for the case may supervise the parent-child contact.

However, prior to being able to supervise any visits after October 1, 2009, all Child Protective Investigators and/or Case Managers who supervise visits must complete a review of the online Training Manual for Florida's Supervised Visitation Programs and certify to their own agencies that they have read and understand these Standards/Principles. This timeframe gives the Department and Community-Based Care agencies sufficient time to comply with these requirements.

3. If no Certified program exists, or if the existing Certified Program is unable to accept the referral, and the Child Protective Investigator or Case Manager is unable to supervise the parent-child contact, the designated individual with primary responsibility for the case may refer the case to others within the agency to supervise the contact (e.g., interns, other agency staff, transporters, etc.).

However, prior to being able to supervise any visits **after** October 1, 2009, all agency staff who supervise visits must complete a review of the online Training Manual for Florida's Supervised Visitation Programs and certify to their own agencies that they have read and are familiar with these Principles. This timeframe gives the Department and Community-Based Care agencies sufficient time to comply with these requirements.

At some point in the future, the Legislature may require individual mental health professionals who provide supervised visitation and/or monitored exchange services to become Certified under these or similar Standards. However, after considerable discussion, the Committee concluded that such a task was beyond the scope of its current charge.

September E Press

Pdfs of Standards attached.

Autumn Greetings! Here is some news and information just for you!

The next statewide phone conference is on
THURSDAY September 25, 2008. Noon Eastern.
850-644-2255.

Bring your questions and feedback!

Supervised Visitation in the News:

The Clark Rockefeller Case Updates

By Sarah Stern

Have you been reading about the Clark Rockerfeller case? The case raises issues about how safe off-site visitation really is.

On July 27, 2008, a man using the alias Clark Rockefeller kidnapped his seven-year-old daughter, Reigh Storrow Mills Boss, from a Boston Back Bay street during off-site supervised visitation. The visit supervisor was walking on the street with the father-daughter pair, when a black SUV pulled up, and Mr. Rockerfeller jumped in the car with his daughter. The visit supervisor was dragged a short way. He sustained no major injuries. The driver of the car, Daryl Hopkins, says that he had been hired by Rockerfellerr before, and this time was to pick them up and take them to Newport, R.I. for an "important meeting." Rockerfeller's explanation to Hopkins for the visit supervisor chasing the car was that he was "a gay friend [he] was trying to lose." Hopkins says he had no reason not to believe that his client was telling the truth.

The national news reported the kidnapping.

In August, we found out that Mr. Rockerfeller had no real ties to the Rockerfeller family. His name was repeated all over television news, and the Rockerfeller family disavowed any relationship to him. He was arrested in Baltimore on August 2. The FBI and Boston police department have now confirmed the true identity of the man: Christian Karl Gerhartsreiter, an immigrant from West Germany. The FBI matched fingerprints from a wine glass recently held by "Rockefeller" with fingerprints taken from

Gerhartsreiter when he came to the United States 27 years ago. Described as a “serial fraud” and “the center of the longest con” that Boston police have seen, Gerhartsreiter used many aliases while in the US and claimed to have various professions, including physicist, luxury cruise captain, and filmmaker. Under his most recent alias of Rockefeller, Gerhartsreiter passed himself off as a descendant of the famed New York City family.

Throughout August, police tried to answer this question: how did Gerhartsreiter manage to keep his identity hidden and continue conning people for well over twenty years? He accumulated a great deal of wealth and married a woman in order to obtain a Green Card, after which he promptly left her. The con man was also married to a Harvard MBA for ten years until she finally demanded evidence of his true identity. When she divorced him, he lost custody of his daughter because he still refused to reveal his identity and was only allowed to see her during court-ordered supervised visitation.

Gerhartsreiter is also a “person of interest” in the 1985 murder of John and Linda Sohus in California. Gerhartsreiter was staying at their guest house under the alias Christopher Chichester at the time of their disappearance; what is believed to be their remains were found in the area in 1994. Gerhartsreiter denies the accusations and claims to have little memory of events prior to 1993, but does say he remembers staying at their guest house.

The visit supervisor appears not to have done any type of background check on his client before he agreed to monitor the visit.

Rockefeller Saga: Rockefeller to be arraigned today in child abduction

Frank C. Girardot and Nathan McIntire, Staff Writers
Article Launched: 09/02/2008 10:08:08 PM PDT

Clark Rockefeller (AP Photo/ Essdras Suarez)
Clark Rockefeller aka Christian Karl Gerhartsreiter faces arraignment in a Boston court this morning on various charges of child abduction and assault, officials said.

Los Angeles County sheriff's homicide detectives say Rockefeller, 47, is a person of interest in a 23-year-old San Marino missing-persons case and possible homicide.

During the 1980s, Rockefeller, who went by the name Christopher Chichester, lived in the back house of a Lorain Road estate. Two residents of that home, Linda and John Sohus, disappeared in 1985.

In Boston, the name Clark Rockefeller still appears on the official indictment. He is accused of abducting his daughter, Reigh "Snooks" Boss, during a supervised visitation July 27.

A grand jury has been hearing portions of the case and Rockefeller could face additional charges of using a false name during interviews with police, said Jake Wark, press secretary for the Suffolk County District Attorney's Office.

"It's likely we will amend the indictment to reflect his true name," Wark said Tuesday.

A recent interview with Rockefeller that appeared on the "Today Show" is being reviewed by prosecutors as well, Wark said.

"Prosecutors will take (the videos) and do what they can with that information," Wark said. "He's spoken more to (the `Today Show') than
he's spoken to us."

Similarly, sheriff's homicide detectives who flew to Boston in early August with hopes of interviewing Rockefeller were rebuffed.

On Friday, detectives, coroner's investigators and crime scene analysts conducted a dig at the Lorain Road home where Rockefeller once lived. Their hope was to find evidence connecting Rockefeller/Chichester to the disappearance of John and Linda Sohus.

In 1994, workers digging a pool at the Lorain Road house discovered bones believed to be those of John Sohus. Friday's search, described as "productive" by Sheriff's spokesman Steve Whitmore, revisited areas near where the bones were found.

"I'm not going to say what we found or didn't find," Whitmore said. "There is some testing that has to occur."

Tallahassee Democrat Article About Social Worker Who was Assaulted

Tallahassee Democrat (FL)

July 17, 2008

DCF worker, baby recover from assault

Author: Angeline J. Taylor
Edition: Tallahassee Democrat
Section: Main
Page: A5
Estimated printed pages: 2
Article Text:
By Angeline J. Taylor
DEMOCRAT STAFF WRITER
A Department of Children and Families investigator and the 6-week-old baby boy she was trying to protect are doing fine after an Monday in which the father became violent during a state visit to the family's home, said Angel Trejo, an agency administrator.
"The baby's fine and we have to (work out) the custody of the baby," he added.
The baby's father, Kendrick Porter, 22, is in the Leon County Jail on charges of aggravated assault with a firearm, aggravated child abuse, false imprisonment and battery of a DCF investigator. He is being held without bail.

Treyo said Porter put a gun to the investigator's head after knocking her and the baby to the floor. The baby was knocked unconscious and taken to the hospital. He was examined to ensure there were no fractures and released from the hospital Tuesday, Trejo said.
The baby's mother was also present during the attack, but not injured. She said Porter didn't want the state to take the infant. DCF now is looking for a "good, safe home" for the baby, Trejo said. The investigator involved in the incident has opted to take days off from work to visit her family. She has scratches on her elbows where she landed after Porter knocked her down. Porter threatened to kill her with a handgun.
Sgt. Tony Drzewiecki of the Leon County Sheriff's Office said the investigator protected the mother and the baby and talked Porter out of doing harm. Porter's father then arrived and "physically restrained him and took the handgun away."
The DCF investigator visited the home in the 700 block of Pointe Court Monday to check on the family because Porter had threatened his wife, who is also the baby's mother, in the past. She went to the apartment Monday morning, along with a law enforcement officer, but nobody was there. She later returned alone and found Porter, his wife and the baby inside.
Porter and his wife were not supposed to be in contact with each other because of the threats, Trejo said.
"The safety plan wasn't being followed," Trejo said, explaining that the couple violated the state order by being in contact with each other.
He added that it's a rare occasion that a DCF investigator is assaulted in such a way. In the last six months, only one similar case has occurred and that was in Panama City, he said.
"They (investigators) get training in how to talk to people," Trejo said. "We're fortunate this child protective investigator also has a mental-health background. That's why she was so successful."

These two cases highlight safety concerns related to supervising visits.

Question of the month

My program wants to incorporate parenting classes, separate from the visitation service, but with the same clients. We take nearly 100% domestic violence cases. The court really wants us to develop this service. Can we?

The short answer is yes, you can, if you think through the process carefully and consider the potential problems associated with dual roles.

Let me get you started, and then we can follow up with the full cast of directors at the monthly phone conference.

Considerations:

1. Remember that you would never provide SV services of any kind to the parents in a domestic violence case *at the same time.* The parents stay separated. That's best practice.
2. Be sure that you have written rules about all services, and that clients have signed releases confirming that they understand that information gleaned during services may be subject to judicial scrutiny. In other words, there are no secrets kept from the court at your program.
3. Beware of collusion. This is one of the pitfalls of offering services to batterers. If your staff are spending lots of time working with batterers, and providing multiple services to them, those staff members need to be reminded that collusion is always a threat. Victims see that staff have "bonded" with the perpetrator, and they may start to question those bonds. Perpetrators may also brag (to the victim) about their relationships with staff, making the victim feel insecure and worried about whether the staff will side with the batterer. (We will talk about collusion in the phone conference.)
4. Avoid opportunities for clients to band together. When similarly situated clients see one another, there is sometimes the tendency for them to become friends, to create their own 'support group' session – even for them to develop off-site intimate relationships. This can happen at supervised visitation, but the opportunities for such contact increase when multiple services are offered by the same program.
5. Have the court order additional services. It is probably best for a program to make the additional service –ie parenting classes—part of the court order. This creates a formal obligation between the program and the party. It also highlights the fact that the service should be taken seriously by the party.
6. Consider what information you will give to the other parent. This coincides somewhat with collusion, but your program should think about whether and to what extent the non-offending parent will have access to the records involving the additional service (like parenting classes). It may make a victim feel much better to know that her child's other parent is working on such important skills such as alternatives to physical punishment or child development awareness. Your program may decide to provide brief summaries monthly, or after a certain period of services.
7. Use trained personnel for the additional services. This is obvious, right? Just because a person has been trained to be a visit monitor does not mean that the person is trained to teaching parenting classes. Have your staff take additional, locally accepted training.

8. Be careful not to create a therapeutic relationship with the client. We often come back to this caveat. It bears repeating again: the fact that you are facilitating or supporting visitation, or teaching parenting skills, should never rise to the level of a patient-counselor relationship. Clients also need to be reminded of this fact, and it should also be in writing.
9. Don't allow the additional service to be an opportunity for a batterer to blame, deny, or minimize abuse. It is clear that the visit can not be used for this purpose, but be careful: additional time with a batterer sets up additional opportunities for the batterer to attempt to manipulate staff. The victim knows this, and she may be fearful of all the time staff are spending with her batterer.

What is Collusion, and how can you avoid it? Come to the next telephone conference to find out!

NEW PROGRAM IN TALLAHASSEE

DISC VILLAGE is now the Supervised Visitation Provider for Tallahassee. The hours of operation are Mon-Thurs 10-7 and Sat 9-2

Jamie Cason, MSW

Utilization Manager/ Visitation Coordinator

DISC Village, Inc.

3333 West Pensacola St. Suite 310

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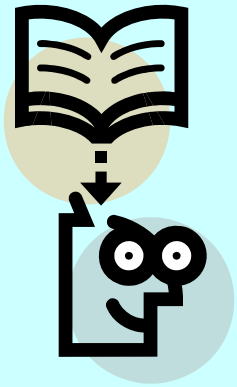
Cell Phone : 850-519-8047

jcason@discvillage.com

READ THE NEW STANDARDS! I have attached pdfs of the newest drafts of the Standards. You will have one year to reach compliance once they are approved.



Access and Visitation Meeting News

As some of you know, there will be a re-scheduling of the A and V meeting of the CBC representatives within the next month. I will let you know as soon as I hear that a date has been set. THIS ONLY APPLIES TO A and V GRANTEES!

New Definition of Supervised Visitation

As many of you are aware, I have become quite concerned over the fact that some programs consider themselves "no-intervention" programs. That approach, in which a program plans to stay "hands off" *in every single visit,* without *any* support

or facilitation of the relationship between the parent and the child, is not a best-practices approach. Of course, individual *cases* may require no intervention, but that decision is made on a case-by-case basis. Thus, we have submitted the following new definition of supervised visitation to clarify what SV is, beyond the old definition of "monitored contact between a parent and child."

Supervised visitation is contact between a parent and a child overseen by a trained third party in a controlled environment which ensures the safety of all vulnerable parties. The contact between the parent and the child is structured so that program personnel may actively encourage the parent-child relationship by providing age-appropriate activities, helping parents develop or enhance parenting skills when necessary, modeling appropriate interactions with the child and discouraging inappropriate parental conduct. Although Supervised Visitation program staff facilitate and support the parent and the child relationship, facilitation and support should not be construed to mean therapeutic intervention rising to the level of a therapist-client relationship.

Further, we emphasize that "In some individual referrals, the family may not need intervention or facilitation by the staff. However, all referrals must be assessed to determine the level of Program facilitation and support necessary. No Program may adopt a program-wide "no facilitation, observation only" policy for all referred cases."

Program Updates! Send information about your program and your innovative projects to koehme@fsu.edu or fsuvisit@aol.com

The New Hierarchy for Dependency Cases

How will agencies and courts make decisions about supervised visitation in Chapter 39 cases? Here's what the Committee proposes:

In Dependency Cases, referring agencies are encouraged to adhere to the following recommended hierarchy beginning in October, 2009:

Due to the complex dynamics and critical issues involved in visitation, coupled with the often volatile nature of family interactions in dependency cases, the Department of Children and Families, local Sheriff's Office, Community-Based Care lead agency and/or the Case Management Organization with primary responsibility for the dependency case should adhere to the following hierarchy for supervised visitation between the child(ren) and the non-custodial parent(s):

1. Whenever a court orders supervised visitation in dependency cases, that court, or the agency with primary responsibility for the case, should refer the parties to a local Certified Supervised Visitation Program if one exists in the community.

2. If no Certified Program exists, or if the existing Certified Program is unable to accept the referral, then the Child Protective Investigator or Case Manager with primary responsibility for the case may supervise the parent-child contact.

However, prior to being able to supervise any visits after October 1, 2009, all Child Protective Investigators and/or Case Managers who supervise visits must complete a review of the online Training Manual for Florida's Supervised Visitation Programs and certify to their own agencies that they have read and understand these Standards/Principles. This timeframe gives the Department and Community-Based Care agencies sufficient time to comply with these requirements.

3. If no Certified program exists, or if the existing Certified Program is unable to accept the referral, and the Child Protective Investigator or Case Manager is unable to supervise the parent-child contact, the designated individual with primary responsibility for the case may refer the case to others **within** that agency to supervise the contact (e.g., interns, other agency staff, transporters, etc.).

However, prior to being able to supervise any visits **after** October 1, 2009, all agency staff who supervise visits must complete a review of the online Training Manual for Florida's Supervised Visitation Programs and certify to their own agencies that they have read and are familiar with these Principles. This timeframe gives the Department and Community-Based Care agencies sufficient time to comply with these requirements.

4. Under no circumstances can the agency that has primary responsibility for the case refer the case to a subcontracting or other agency to perform the supervised visitation service (either on or off-site) unless that subcontracting agency is Certified under these standards. In this circumstance, subcontracting agency staff's completion of the training manual alone will not sufficient to supervise visits.

We asked. Directors Answered

What is the biggest challenge in dependency cases at supervised visitation programs?

We'll look at these answers, and more, during the phone conference:

1. **Incomplete referrals**
2. **Caseworkers who leave the investigation to the GAL or SV**
3. **Caseworkers who don't communicate with the SV program.**
4. **Parents who have low levels of education and literacy in a very document-oriented process. They're lost before they even get to SV!**
5. **Parents who have no parenting skills and are labor-intensive at visits.**
6. **Multiple children overwhelming parents and monitors.**
7. **Transporters rearranging schedules; parents missing visits**
8. **Families needing lots of services and help. Desperate families.**
9. **Staff frustration with parents who seem unmotivated.**
10. **Staff sadness and burnout from terrible, gut-wrenching abuse stories.**

Stress Management: A Gentle Reminder to SV Stakeholders

In your phone calls to the FSU office, I am frequently reminded how stressful your jobs are. No one is immune to stress in today's fast-paced world. Even if you spend your days dipping your toes into the South Pacific on a lovely beach, it is probable that you will still experience stress at least occasionally. (Shark!) Still, some people are better than others at coping with the daily irritations that cause tension and anxiety. I must admit that I still need to be reminded periodically how to deal with stress appropriately. However, I am writing this article as a reminder to myself and my worthy colleagues that we should learn how to manage stress in a healthier way. Perhaps we will discover together some techniques that can help us be more relaxed. I wrote this article after hearing from three different stakeholders who had gotten sick from pure exhaustion. As we head into the busy Fall and holiday season, I hope you spend some time thinking about how you can help yourself and your staff on this important topic!

It's in our best interest

Everyone knows by now that stress is bad for both our physical and mental health. It's also bad for our clients. When we are stressed, we are more easily angered and frustrated and often do not handle our troubles as well. If left unchecked, stress can lead to myriad physical problems such as

- Headaches
- Back pain
- Arthritis
- Depression
- High blood pressure

- Heart disease
- Anxiety
- Insomnia
- A lowered immune system, making us more susceptible to illnesses.

Stress at Work

Work is one of the biggest stressors for most people. Sitting at a computer all day can become grueling, not to mention deadlines, tough clients, sad cases, and using our brain until it feels fried. While it is not in my power to shorten the work day, I have a list of ten things we can all do to ease tension and make the office a more enjoyable place to work:

- Get up and walk around every hour. This will stimulate circulation and increase our energy, even if we just walk down the hall and back.
- Don't stare at the computer screen for too long. This will exhaust the muscles in our eyes; instead, try to occasionally close your eyes or just look away from the computer. This truly helps.
- Don't gulp down gallons of coffee. Although we may be more awake, it will make us more jittery and anxious.
- Sit up straight. Having good posture at your desk will decrease back pain and actually help you concentrate better.
- Take a walk on your lunch break. Even if it's just around the parking lot, this will get your blood flowing. Plus, exercise reduces stress. Be sure to have some time between visits to clear your head. Never schedule visits back to back, if possible! Give yourself at least a 15 minute break!

- Be on time. Constantly rushing to work can definitely be stressful; we should give ourselves enough time to get to the office.
- Organize your desk. Besides eliminating the stress of not knowing where anything is, just having a clean desk can make us feel better.
- Banish negative thoughts. Easier said than done, I know, but if we can change our negative thoughts into positive ones, we will be more motivated and energized.
- Find humor in the situation. Even in a really stressful situation, try to find something to laugh at. But never laugh at a client. This will give you perspective on the issue and also keep your blood pressure from rising.

Stress: The Big Picture

Managing stress can be as simple as taking a step back and looking at the larger picture, doing something you enjoy, or spending time with people you love. If we all made time to do these things every day, we would be much happier on the whole. Try not to take on more than you can handle and learn to prioritize your time better. Time mismanagement is a leading cause of stress; remember that you, just like everybody else, only have 24 hours in a day, and try to make the most of that time.

Dealing with Other People

All workers, but Supervised Visitation Program directors especially, must deal with confused, angry, frustrated, bitter, uncooperative people from time to time. In an office situation, this might be an annoying coworker, but at a SV Program it is more likely to be a client. This can present difficulties because, unlike with colleagues, we

cannot simply avoid clients or tell them that they are irritating you. Here are a few pointers for dealing with people without getting sick over it.

- Try to see things from their perspective. If you make an effort to understand what they're going through (and many clients are under a great deal of stress), then you will gain insight as to why they are acting the way they are.
- Don't argue. If you are doing your job, debating is pointless and inappropriate.
- Grow assertive, not aggressive. Even (or especially) if the other person becomes aggressive, take a breath and stay calm. Never allow yourself to get sucked into a shouting match or other unprofessional situation.
- Feel sympathy instead of anger. If you take into consideration the circumstances of your clients, it is much more likely that you will be able to cope with their frustration. Feel empathy, not anger.
- Try to let it go. If you have been respectful and appropriate, don't feel that you need to take responsibility for other people's negativity; instead, concentrate on not letting their negativity affect you, like "water off a duck's back." Don't internalize other people's anger!
- Try to remember that when you have done your job effectively and respectfully, client anger is "not personal." Otherwise you will be

incredibly stressed; simply remind yourself that you are not the true cause of this person's outburst.

Specific Ideas for Stress reduction

Taking yoga or tai chi classes are obvious ways to tackle stress, but not everyone has time to attend these regularly. However, the good news is that many recent studies show that simply meditating can provide similar benefits such as lower blood pressure, increased energy, improved concentration, and reduction of tension. Even better, you can practice meditation at any time and any place! There are various methods of meditation, but I will outline a common one here:

1) Sit in a comfortable position on the floor or in a chair. Loosen any tight clothing and make sure that you will not need food, water, or a bathroom during the meditation.
2) Close your eyes and begin breathing deeply through your nose. Try to breathe from your diaphragm instead of your chest; this way your body will take in more oxygen. With each breath out, imagine that you are exhaling all negative thoughts from your body.
3) Clear your mind of all thoughts and worries. If a thought comes to you, do not become anxious or try to drive it away; instead, gently redirect your mind away from the thought.
4) Begin "scanning" your body. Concentrate on each body part individually and be aware of its presence and weight. Be mindful of how the different parts of your body feel in their natural state.

5) Repeat a sacred phrase, if desired. Some people like to simply concentrate on their breathing or scanning their body, but others use meditation to connect to a higher power and repeat some comforting word or phrase. Repeat it slowly in your head with each breath you take.

Progressive Muscle Groups

Another stress reliever frequently recommended by doctors is called progressive muscle group relaxation. All you have to do is flex each of your muscle groups at a time, from your toes up to your face. The basic idea behind this is that by tensing your muscles and then releasing them, you will be more conscious of the relaxation and also learn to differentiate between tensed and relaxed muscles. Tense each muscle for 5-10 seconds and then concentrate on relaxing them for 30 seconds. Repeat. This can be done at an office desk or while you're trying to go to sleep at night.

"Staycation"

One last stress reliever is the idea of a "staycation." Have you heard a lot about this on the news this summer? With the high price of gas and the increased hassle of air travel, more and more people are opting to take their vacations at home, thus avoiding the stress that inevitably comes with travelling. Although it might sound rather boring, many people find that they are able to enjoy their home and family much more fully when they are not constantly preoccupied with work. Be a tourist in your own city, walk around in your pajamas in your house, spend more time on your hobbies, call up an old friend, just do what makes you happy right where you

are. Try to disconnect your electronic gadgets as much as possible. Try to “tune out” if you can.

For further reading, visit:

http://usnews.healthline.com/galecontent/relaxation?utm_medium=usnews&utm_campaign=article&utm_source=hlinks&utm_term=relaxation-techniques

http://usnews.healthline.com/galecontent/relaxation?utm_medium=usnews&utm_campaign=article&utm_source=hlinks&utm_term=relaxation-techniques

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

October E Press 

October is Domestic Violence Awareness Month. Is your Program doing anything special for the month? Let us know!

This month's Phone Conference is on Thursday, October 23 from Noon Eastern to 1:00. Call 850-644-2255 to join the conversation. Last month, we had over 35 people join us! Remember, you can use your attendance as training in your personnel records. It can be used as Peer Mentoring for directors, as part of the 24 hour training for directors, or as part of the 24 hour training for staff/volunteers/interns.

The new Certification Process for Supervised Visitation Programs is attached. Keep in mind that this is a draft, and has not yet been approved or enacted by any agency or court. Please comment freely on this draft and send all comments to the Clearinghouse immediately!

Certification Process for Florida's Supervised Visitation and Monitored Exchange Programs

The general framework and processes for Certification are described below. The Clearinghouse will refine and modify the process in light of experience with the assistance of a Supervised Visitation Advisory Committee. The following general parameters will be effective as soon as the Florida Legislature approves them.

1. The Standards provide the basis for Certification.

The Minimum Standards for Supervised Visitation Programs create the basis for certification of a Supervised Visitation Program in Florida. The Standards provide for flexibility and creativity in implementation while maintaining the integrity and potency of the SVP model. Minimum Standards are meant to provide a vision for developing SVPs and to stimulate the improvement of services.

Certified Supervised Visitation Programs -- which follow all of the Compliance Measures in each of the four Principles (safety, training, dignity and diversity, and community) -- will offer the greatest assurance of safety, trained staff, and community partnerships.

2. Programs will be required to substantially meet the terms of each Compliance Measure.

The Clearinghouse recognizes that it is highly unlikely that any single Program will meet all of the criteria in each compliance measure in a way that is always 100% perfect. Factors such as size, community resources, access to funding, geography, and population size are obviously considerations for meeting these criteria.

These factors need not stand in the way of certification, as long as the program exhibits a commitment to meeting the standards, and is substantially compliant with each compliance measure. A Program will be certified when it is determined that the Program has submitted proof that it substantially adheres to the principles and compliance measures created for programs and has exhibited a commitment to meeting each compliance measure in the Standards.

3. **Certification emphasizes Program pre-planning to prepare evidence of compliance.**

The certification process emphasizes a Program's active pre-application planning and the submission of a binder to the Clearinghouse that includes evidence of compliance with such compliance measures in the Standards. Thus, although the certification process includes a site visit, Program applicants will be expected to do the majority of the certification prep work in advance of the site visit. This will keep costs associated with repeated site visits low.

The Program can receive technical assistance from the Clearinghouse to support them with compiling the binder and ask any questions they might have about the certification process. These conferences may include the presence of stakeholders, referring agencies, or other interested individuals as determined by the Program.

The four steps to certification are as follows:

A) ***The Planning, Pre-Application Phase***

In anticipation of an application for certification, a Program should conduct an internal review to ensure that they have complied with the Standards. The Program director must be certain that all of the staff, both paid and unpaid, are properly trained, and that the Program has proof that it has complied with both the letter and the spirit of the Standards under Principles One through Four. The Program's information should be ready to compile in anticipation of sending it to the Clearinghouse. The Program's Board of Directors or Community Advisory Board should be aware of the Process, and the administrative staff should feel that they will be prepared for a site check and random administrative file check and redacted case file check after submitting their binder.

B) ***Letter of Intent***

Once the director is confident that the Program is meeting the Standards, he or she should write a letter of intent informing the Clearinghouse that the Program intends to apply for certification. The Chief Judge, Board members, and other stakeholders should be copied on the letter. The Letter of Intent triggers the following:

a. The Clearinghouse will schedule a timeframe within which the Program can receive technical assistance related specifically to the individual Program's practices and policies, and during which the compliance binder must be submitted.
b. The Program acknowledges that it will be able to substantially complete the application binder in good faith before scheduling a site visit with the Clearinghouse.

C) ***Submission of the Binder***

The Binder is submitted by the Program to the Clearinghouse. The submission of the binder triggers a Clearinghouse review of the application binder, a series of phone conferences to try to remedy any minor shortcomings of the binder, and an obligation on the part of the Clearinghouse to schedule a site visit within three months.

Arranging the Binder- The binder must contain:

- The name of the Program, plus its contact information: address, phone number, website, and fax line.
- The name of the person (and email and phone number) who is most responsible for the Program's Certification process, if different from the Program Director.
- Program director and his or her email address and phone number.
- If applicable, the names of any persons, including Board members or referring judges who are actively involved with the Certification Process for the individual Program and who might contact the Clearinghouse or be contacted for purposes of Certification issues.
- Organized written proof of meeting all of the Standards and Compliance measures under the four principles. The binder should be divided into four parts, one for each principle, and further divided into separate sections within the principles. If case information is included, all confidential and identifying information must be redacted before submission. The sections of the binder that directly relate to Standards and compliance measures must be marked and referenced clearly.

If the Program submits a substantially incomplete binder, or if the binder may be complete but is poorly organized, or does not clearly reference the Standards and compliance measures, the Clearinghouse will return it to the Program, and notify the

Program in writing that the application binder can not be considered at that time. If this occurs, the Program has an additional three months to correct the problems.

The Clearinghouse will inform the Program of any missing information or minor problems of the binder and ways to meet the Standards. The site visit will not be conducted until the Clearinghouse staff believe the binder is nearly complete. However, the site visit can still result in a denial of certification, as there are Standards regarding the site that can not be verified solely through the binder submission process.

D) ***The Site Visit***

The assessment of the Program will include on-site review of the Program, and may include interviews with the director, inspection of the site itself, examination of redacted files, and scheduled meetings with judges or community stakeholders, if necessary.

After the site visit, the Clearinghouse has 30 days to render a decision in writing to the Program based on the binder and the site visit regarding whether or not the Program will be certified. The three possible outcomes are:

a. Certification without Recommendation: no further action is required on the part of the Program, and the Program is certified for three years.
b. Certification with Recommendation: the Program is certified, but the Clearinghouse makes specific recommendations for minor improvements that can be verified *without* the use of an additional site visit. All improvements must be made within three months, or certification will be withdrawn. Once the Clearinghouse has removed the recommendations, the Program is certified for three years.
c. Certification Withdrawn or Denied: The Program is denied certification, and the Program can elect to begin the appeals process, which triggers additional responsibilities to the Program outlined by the Clearinghouse and requires an additional site visit.

4. Certification decisions are not competitive.

Programs do not compete against each other to receive Certification. Any Program that meets the Compliance Measures can become certified.

5. An appeals process will be established by the Clearinghouse for certification denials and any withdrawals of certification.

The Clearinghouse, with the assistance of a Standards Appeal Review Team consisting of at least four representatives of stakeholder organizations, will create a process by which programs may appeal a withdrawn or denied certification. Decisions of the advisory board will be final, with a simple majority determining the outcome of the appeal.

The Standards Appeal Review Team will consist of at least two administrative staff members of currently certified Programs when such exist (either two Directors of Programs or their designee with at least two years of administrative responsibility at the Program). The other three members can be judges, lawyers, staff at the Department of Children and Families, former members of the Supervised Visitation Standards Committee or their designees, or the designees of directors of state agencies or organizations named in the Standards themselves (for example, the Florida Council Against Sexual Violence or the Florida Coalition Against Domestic Violence). These Committee members will be chosen by the Clearinghouse on Supervised Visitation. Members of the Review Team will not be members of the community that operate in the same jurisdiction as the Program whose application has been denied.

The Clearinghouse has the option of convening the Committee telephonically or in person.

The Committee will consider the information reviewed and will decide the outcome. The Committee can decide by a majority vote to confirm or reverse the Denial of Certification. If the Denial decision is confirmed, the Program has no further recourse, except to begin the Application Process again after at least a six-month period of time. If the decision is to reverse the Denial, the Committee may either reverse the decision entirely, and direct the Clearinghouse to Certify the Program, or require that the Program take additional steps to correct problems immediately. Any additional costs incurred to verify these corrective actions must be paid by the Program to the Clearinghouse. At this point, the Program will be obligated to pay additional fees for site visits and technical assistance, depending on the recommendations of the Committee and the costs estimated by the Clearinghouse, before Certification is granted. If the Program does not make changes required by the Committee, the Program's denial of Certification will be confirmed. The Program has no further recourse, except to begin the Application Process again after at least a six-month period of time.

If the Denial reversed, the program is Certified for a period of three years.

6. The Clearinghouse will create a process for the investigation of Third Party Claims.

From time to time, third parties such as community members, parents, and government agencies contact the Clearinghouse stating that a specific Program is not operating in a satisfactory manner. Such matters can cause concern due to the high esteem in which all Programs are held.

The Clearinghouse does not certify Programs according to case outcomes but based upon organizational and procedural methods in accordance with the Minimum Standards for Supervised Visitation Programs; therefore, no claims other than those directly related to matters involving a Program's compliance with these Standards will be investigated by

the Clearinghouse. All Programs must have their own internal grievance procedure for handling case-specific grievances.

Investigation of claims directly related to the Standards will be conducted pursuant to a process created by the Clearinghouse.

Step One: A letter outlining the exact nature of the complaint must be sent by the third party to the Director of the Clearinghouse.

Step Two: The Clearinghouse will determine if the complaint is directly related to compliance with the Standards for Certified members. If found to be so related, the Standards for Certification Committee will provide the named Program with a copy of the complainant's letter and ask for a written response within a specified timeframe. As part of this response, the Clearinghouse may require specific documentation to support the Program's position. Confidential information will only be shared within the parameters of applicable law.

Step Three: Program response will be reviewed by the Clearinghouse. A conference call involving the named parties may be deemed necessary. If the Clearinghouse finds that the Program appears to be in continued compliance with Clearinghouse standards, no further action will be taken, and the parties will be notified. If the Clearinghouse finds that the Program needs to make improvements, the Program will be notified. If changes are made in accordance with Clearinghouse recommendations, nothing more needs to be done. If the Program does not act to become compliance with the Standards and make all changes within six months, the Program's status will be re-classified as "Certification Withdrawn." The Program can appeal this decision according to the same process as Certification Denied.

7. Resources will be available to Programs.

Numerous resources are available to both developing and established Programs, including updated training materials, sample forms to help track each compliance measures, training manuals, online family violence tutorials, E-Presses, newsletters, statewide group phone meetings, the Institute website, and many other accessible resources. Programs are strongly encouraged to access these services as they are in the developmental process, before embarking on the certification process, and in resolving any issues identified during the process. Of course, these resources are available at all other times as well.

The Clearinghouse wishes the certification process to be cooperative in nature. Programs working towards certification should view these services as complementing the process. Applicants are encouraged to ask questions up front while preparing for the process.

8. Applicant Programs will be guided to use local experts to help in the Certification process.

As previously mentioned, the certification process is meant to be cooperative in nature. The Clearinghouse is available to provide guidance throughout the process. Following are tips for programs embarking on the certification process.

- The process should not be undertaken solely by the Program director. Certification should be viewed as a project of the staff, referring agencies, board of directors or community advisory board, and community stakeholders. Participation will lead to buy-in and ownership and will provide an insight as to why the Program's policies and procedures are structured as they are.
- Begin meeting the Standards well in advance of your target submission date. As a busy Program administrator, plan for unexpected interruptions, such as staffing lapses, which can lead to delays. Identify major events, such as fundraisers and conferences, which may put large demands on time blocked for working on the certification.
- Form task forces or committees that are assigned to review various portions of the application. Such groups could be facility/organizational issues, team and protocol, and programmatic task forces. These committees would review Standards generally falling within their topic area, conduct a self-assessment, and recommend any necessary adjustments or changes.
- Use case review as an opportunity to review the Minimum Standards. Each month discuss a different standard and ask team members to identify the Program's strengths and weaknesses in that standard.
- Consult with your peers. Other Certified Program directors and team members will be more than happy to share their experiences with the certification process and can give pointers on how best to prepare.

DCF's Family Safety Bulletin is attached electronically.

New Optional Forms to Track Compliance with the Standards are being circulated as our team produces them. Included here are the two forms to help programs track compliance with Principle Four: Community. These may be modified in was which Program Directors find most useful. Contact the Clearinghouse if you need help or advice on these forms.

Checklist of Requirements for *Principle Four: Community*

Pursuant to *Principle Four: Standard I*, Supervised Visitation and Monitored Exchange Programs staff should be knowledgeable about other community agencies. The following is a list of compliance measures for this standard.

Compliance Measure	Requirement met
Program has a current listing of community resources, including a wide variety of services commonly accessed by families involved in the court system.	Y / N
Program directors have contacted other agencies and organizations within the last calendar year to inform them of the Supervised Visitation Program's mission, scope, and services.	Y / N
Logs or copies of written communication for the above compliance measure are attached.	Y / N
Program has a written policy regarding scope and nature of services offered by the program, as well as policies about case-specific information sharing and waivers/releases allowing such.	Y / N
Transparent Collaboration in Individual Cases: Program has formal, written policies on file re: sharing confidential/identifying information with other groups/agencies (e.g. GAL, child advocacy center, rape crisis or domestic violence advocates, etc.)	Y / N
Voluntary consent forms signed by the involved parties in cases where identifying information has been shared.	Y / N

Attach all written policies pertaining to these compliance measures to this checklist.

_____

Director Signature Date

Evidence of Cross-Training and Program Outreach

This form helps track the requirements of *Principle Four: Standard II,* which states that all Supervised Visitation and Monitored Exchange Programs must document non-case-specific outreach to certain community organizations. Documentation must indicate offers for training, training conducted, and meetings held and/or attended by Supervised Visitation Staff. A record of at least one solicitation and offer of cross-training must be made to these groups each calendar year.

Date	Organization Contacted	Form of Contact (offer/solicitation, training)	Place of Meeting (phone or specific location)	Topic Discussed/ Training Topic

*Attach any flyers, certificates, or other form of documentation that serves as evidence of the training/communication.

_____

Director Signature Date

Make copies of this form for documenting additional collaborations.

Templates of County Services Being Developed! Breaking news! Our Clearinghouse teams are developing a list of services in a county-by-county data collection. These will be completed in 2009 and posted on our website. We hear from Programs that they are confused about how to best put together such a list that vulnerable parties can use. Thus, we will "get the process started" for programs by creating our own templates! Below is a sample list for Duval County. (If your Program has an intern or volunteer who can undertake this job for your county, use this as a Template. Remember that you must check all internet links, as well as all phone numbers to make sure they are accurate. If you develop a county form, please share it with the Clearinghouse!)

DUVAL COUNTY

DOMESTIC VIOLENCE SERVICES

Hubbard House
www.hubbardhouse.org
(904) 354-3114 / 1-800-500-1119
Provides emergency shelter. Also provides temporary housing for female and male victims of sexual violence and their children as well as any adult dependents. Includes 17 bedrooms and 72 beds and is staffed 24 hours a day providing individual as well as group counseling and victim advocacy. Also provides day-care for infants and toddlers and before and after school care for school age children. They can also assist in filing a Petition for Protection against Domestic Violence.

Victim Services Center
403 West 10th Street
Jacksonville, FL 32206
Phone: (904) 630-6300
Fax: (904) 630-0770
http://www.coj.net/Departments/Recreation+and+Community+Services/Behavioral+and+Human+Services/Victim+Services/default.htm
24 Hour Sexual Assault Hotline: (904) 244-RAPE
Provides counseling, support groups, case management, referral and victim advocacy services for victims of crimes.

Intimate Violence Enhanced Services Team
904-588-0200
http://www.coj.net/Departments/Recreation+and+Community+Services/Behavioral+and+Human+Services/Victim+Services/Domestic+Violence+Program.htm
If the domestic violence you are experiencing has a high risk of being lethal, this department can provide free and confidential interventions to protect you.

Jacksonville's After Hours Program
(904) 630-6300
http://www.coj.net/Departments/Recreation+and+Community+Services/Behavioral+and+Human+Services/Victim+Services/After+Hours+Program+%28AHP%29.htm
The Behavioral and Human Services Division provides after-hours crisis intervention services for crime victims and their families from 8 p.m. until 7 a.m. Services are provided at the emergency rooms of Shand's Jacksonville and St. Vincent's Hospital and are free. Counseling as well as medical assistance is provided.

Women's Center of Jacksonville
5644 Colcord, Jacksonville, FL 32211
904-722-3000 fax: 904-722-3100
Emergency Counseling—Pager #: 904-617-7927
Rape Recovery Team—on-call pager: 904-617-7888
http://www.womenscenterofjax.org/
Provides several counseling services including individual, group, sexual violence as well as HIV/AIDS. Fees for counseling services are offered on a sliding-scale basis. They also have a Rape Recovery Team which is available 24 hours a day and provides information, crisis intervention, emotional support, advocacy and legal support, as well as support for family members and friends to victims twelve years and older. This center also provides several educational and awareness programs and events to promote self-worth.

The Sulzbacher Center
http://www.sulzbachercenter.org/
611 East Adams Street
Jacksonville, FL 32202-2847
904-359-0457 (main)
904-359-0926 (fax)
Provides many services to women, men, and families including shelter, meals, case management, a housing program, and is a Federally Qualified Health Care Facility which provides services including: Vision care/glasses, Procedure Clinic, Mental health services, Child Health Services, HIV/STD Testing, Drug rehab linkage, Asthma clinic, Community outreach, Mental Health Services, and Dental Services.

Jacksonville Sheriffs Office
911 (Emergency)
904-630-0500 (Non-Emergency)
http://www.coj.net/Departments/Sheriffs+Office/Default.htm

SEXUAL ASSAULT SERVICES

Sexual Assault Response Center
2104 Boulevard (on the corner of 11th Street and Boulevard)
(904) 244-4600 or (904) 244-RAPE(7273) / FAX 244-4653

http://www.coj.net/Departments/Recreation+and+Community+Services/Behavioral+and+Human+Services/Victim+Services/Services+for+Victims+of+Sexual+Assault+.htm
Able to provide medical exams within 72 hours of the assault as well as counseling, education/prevention programs, and support for safety, medical, emotional, legal, and economic issues. Full team is available within 45 minutes 24 hours a day. This team can coordinate temporary shelter through Hubbard House.

See Also:
Hubbard House, Victims Services Center, Intimate Violence Enhanced Services Team, Jacksonville's After Hours Program, Women's Center of Jacksonville, and Jacksonville Sheriffs Office (all under Domestic Violence Services).

HOUSING/FOOD SERVICES

Housing and Urban Development of Florida Jacksonville Office
Charles E. Bennett Federal Building
400 W. Bay Street, Suite 1015
Jacksonville, FL 32202
Phone: (904) 232-2627
Fax: (904) 232-3759
Office Hours: 8:00 a.m. to 4:30 p.m., Monday through Friday
http://www.hud.gov/homeless/index.cfm
They can help with housing resources if you are or are going to be homeless or need help or information in locating housing or shelters as well as homeless counseling and immediate help. Also can help you with locating food banks, receiving food stamps, receiving government assistance, the VA resources available, and other domestic violence resources.

Catholic Charities of Jacksonville
904-354-3416 (Emergency)
904-354-4846
134 East Church St.
Jacksonville, FL 32202
http://www.ccbjax.org
Provide emergency financial assistance with rent/mortgages, utility payments, food, travelers' aid and other support. Please call non-emergency phone number for eligibility screening. The eligibility screening line is open starting at 9:00 am Tuesday through Friday until all appointments have been filled for the next two business days. Basic eligibility requirements for emergency financial assistance are: Have experienced a financial setback within the past three months that resulted an inability to pay basic housing needs; one or more months behind in rent/mortgage or utility payments, or have a three-day or eviction notice or utilities cutoff notice or have utilities cut off. Emergency financial assistance is limited to residents of Duval, Clay, Baker and Nassau Counties. Other restrictions may apply. Travelers' aid offers twenty five percent discounted Greyhound bus tickets for stranded travelers. Travelers are responsible for

the remaining seventy five percent of the fare. Travelers' aid is available on-site between 1:00 and 3:00 pm on regular business days. Also provide counseling for housing as well as abuse or any other issues.

Jacksonville Housing Services
214 N. Hogan St., 8th Floor
Jacksonville, Florida 32202
(904) 255-8200
http://www.coj.net/Departments/Housing+and+Neighborhoods/Housing+Services/default.htm
The Housing Services Division administers and operates Jacksonville's affordable housing program as well as various programs targeted at improving the quality of life for low- to moderate-income residents of Jacksonville. These programs include down payment assistance, home repair, rehabilitation of multifamily housing units, lead-based paint remediation, septic tank emergency assistance and conversion to city sewage from septic tanks. In addition, the Housing Services Division provides funding to external agencies for new home construction, housing rehabilitation, down payment assistance, housing counseling, emergency rental assistance, emergency shelter, rental housing, special needs housing and technical and administrative support for non-profit housing agencies.

Jewish Family and Community Services
6261 Dupont Station Court, E.
Jacksonville, Florida 32217
Main line: (904) 448-1933 Fax: (904) 448-0349
www.jfcsjax.org
JFCS helps people get back on their feet by providing food, money for deposits, past due rent, electricity, water, and natural gas. The agency also provides mental health counseling, foster care, older adult services and support groups. You do not need to be Jewish to receive services, but for some services, appointments must be made. For specifics, visit the website or call to receive detailed information based on individual needs.
Food Pantry Information: Open Tuesday and Thursday 1p.m. to 3 p.m. Walk-ins are welcome for the food pantry ONLY. You will need to bring your Picture ID, Social Security card, and a Social Security card for all members of your household. You are eligible to receive food three times in a twelve-month period.

St. Francis Soup Kitchen and Clothing Center
134 East Church Street
Jacksonville, FL 32202
(904) 356-2902
Only Saturdays: Meals served from 10 a.m.to 1p.m. and Clothing distributed from 8:00 a.m. to 10:00 a.m.
Franciscan and diocesan groups serve free meals and provide emergency food baskets.

The United Way of Northeast Florida

1301 Riverplace Blvd. Suite 400 Jacksonville, Florida 32207
904-390-3200
904-632-0600 (Information and Referral number)
www.uwnefl.org

CHILD SERVICES

Family Nurturing Center
904-389-4244
http://www.fncflorida.org/
Three Locations:
1740 Kingsley Ave, Orange Park. Phone: (904) 637-0058
1221 King Street, Riverside. Phone: (904) 389-4244
4714 Shelby Ave, Westside. Phone: (904) 389-4244
Family Nurturing Center of Florida has created a warm, compassionate environment where children can safely meet their non-custodial parents for supervised visitations and exchanges. They also here to help adults learn to be better parents with several comprehensive support and educational programs offered at three locations throughout the area. Some services such as the supervised visitation may need court-ordered referrals and parenting classes require registration and payment for the classes. Helpful information and forms can be found on the website listed above.

Network for Strengthening Families – Jacksonville Children's Commission
1095 A. Philip Randolph Blvd.
Jacksonville, FL 32206
Office Hours 8 a.m.-5 p.m.
Telephone: (904) 630-6481
Fax: (904) 630-1141
http://www.coj.net/Departments/Childrens+Commission/Parenting+and+Family+Programs/JNSF/default.htm
Offers several programs to support families and children suffering from a wide variety of stressors. Specifically provides several family workshops aimed at strengthening the family and help getting in contact with community resources.

Duval County Public Schools
904-390-2000
1701 Prudential Drive
Jacksonville, 32207
http://www.duvalschools.org/

See Also:
Hubbard House (Under Domestic Violence Services), Family Court Services and Guardian Ad Litem Information (Under Legal Services).

LEGAL SERVICES

Duval County Clerk of Courts
(904) 630-7514
City Hall Annex 220 East Bay Street, Jacksonville, Fl. 32202
http://www.duvalclerk.com/ccWebsite/DomesticViolence.department
Website to Duval County Clerk of Courts which provides information on what a Domestic Violence Injunction is how to begin the process. Office Hours are 8:00 a.m. - 4:00 p.m. Monday - Friday.

Jacksonville Area Legal Aid
126 W. Adams St.
Jacksonville, FL 32202
(904) 356-8371 or (866) 356-8371 toll-free
(904) 356-8285 FAX
General Walk-in Client Application Intake Hours:
Mondays & Thursdays: 8:30 a.m. - 11:00 a.m.
http://www.jaxlegalaid.org
Please note that due to Staff and resource limitations, only the first 55 applicants each day may be seen. They are able to represent domestic violence and other abuse survivors in filing for injunctions for protection against domestic violence, repeat violence, dating violence, sexual violence, and related matters. They currently receive special funding which allows us to represent clients in these cases regardless of whether you meet their income eligibility criteria.

Jacksonville State Attorney's Office
http://www.coj.net/Departments/State+Attorneys+Office+/default.htm
904-630-2400
Downtown
City Hall Annex, 11th floor
220 East Bay Street
Jacksonville, Florida
Monday through Friday: 8:00 a.m. - 5:00 p.m.
Beaches
Jacksonville Beach City Hall, 1st floor
11 North 3rd Street
Jacksonville Beach, Florida
Wednesdays only: 9:00 a.m. - 4:00 p.m.
Victims can contact this office to find out information regarding pressing charges. They have a Special Assault Division that handles cases involving sexual battery of children and adults, felonious domestic violence and child abuse. Special Assault cases are often difficult to prosecute in light of their sensitive nature, the domestic issues involved, and the inherent concerns with child victims. To assist with the diverse issues this unit faces, the unit has a large support staff consisting of investigators, paralegals, and victim advocates. Members of the Special Assault Unit receive ongoing specialized training to assist with their duties in the unit.

Three Rivers Legal Services
1725 Oakhusrt Ave
Suite C
Jacksonville, FL 32208
904-394-7450
866-256-8091
Fax: 904-394-7459
http://www.trls.org/Index.htm
Is a local, non-profit corporation that provides free civil legal services to low-income eligible clients throughout North Florida. They provide quality legal assistance to victims of abuse. Call either phone number listed above to schedule an appointment and see if you are eligible.

Family Court Services (FCS) of Duval County
Room 413 Duval County Courthouse
330 East Bay Street
Jacksonville, Florida 32202
(904) 630-2111
http://www.coj.net/Departments/Fourth+Judicial+Circuit+Court/Family/default.htm
The FCS staff will assist litigants from 9:00 a.m.- 4:30 p.m., Monday - Friday, on a "walk-in" basis.
The mission of the Family Court Services (FCS) is to provide self-represented (*pro se)* litigants with an accessible and coordinated means of resolving their family law cases in a fair and efficient manner and to provide assistance to the families and children involved in the court system by offering appropriate court-related services and linkages to community service providers. A self-represented litigant is a person who decides to pursue or respond to a family law case without the assistance of a lawyer authorized to practice law before the court. A family law case is any case that is assigned to the family law division in a judicial circuit. The family law division has jurisdiction over dissolution of marriage, custody and visitation, child support, name change, paternity, adoption, delayed birth certificates and domestic violence matters. You may also download and print the necessary forms for many family law actions from this website.

GUARDIAN AD LITEM
220 E. Bay Street 6th Floor
Jacksonville, Florida 32202
For more information please call (904) 630-1200
http://www.coj.net/Departments/Fourth+Judicial+Circuit+Court/Duval+County/Guardian+Ad+Litem.htm
A Guardian Ad Litem must be appointed by a Judge to represent the best interest of a child in a Dependency, Family Law or Criminal case. An attorney or an individual may also file for appointment. Please call the GAL office for more information.

HEALTHCARE SERVICES

We Care Jacksonville
900 University Blvd. North # 609
Jacksonville, FL 32211
904-630-3372
http://www.dcmsonline.org/WeCare2006.htm
Provides free medical services to patients whose income is at or below 200% of poverty level or who carry no applicable health insurance. The website lists clinics where you may receive these services.

Baptist Health Medical Center
http://www.e-baptisthealth.com/
Beaches:
1350 13th Avenue South
Jacksonville Beach, Florida 32250
Main Telephone: 904.627.2900
Psychiatric and Psychological Care: 904.376.3800
All other outpatient appointments: 904.627.2939
Downtown
904.202.2000
800 Prudential Drive
Jacksonville, Florida 32207
South
904.821.6000
Address: Interstate 95 Exit 335
14550 St. Augustine Road
Jacksonville, Florida 32258

Mayo Clinic
http://www.mayoclinic.org/jacksonville/
4500 San Pablo Road
Jacksonville, FL 32224
General Number: (904) 953-2000
Hearing Impaired (TDD) (904) 953-2300
Appointment Office (904) 953-0853

Memorial Hospital
http://www.memorialhospitaljax.com/
3625 University Blvd. S.
Jacksonville, FL 32216
Telephone: (904) 399-6111
Fax: (904) 399-6817

Nemours Children's Clinic – Jacksonville
http://www.nemours.org/index.html

904-390-3600
807 Childrens Way
Jacksonville, FL 32207-8426

St. Vincent's Health Care
http://www.jaxhealth.com/default.asp
904-308-7300
Informational Phone number providing referral services regarding where your needs may be met.

St. Luke's Hospital
http://www.stlukesjax.com/
904-296-3700
4201 Belfort Road, Jacksonville, FL 32216

Shands Jacksonville Hospital
http://jax.shands.org/
Main Phone: (904) 244-0411
TDD: (904) 244-4536
655 W. Eighth St.
Jacksonville, FL 32209

Duval County Health Department
515 W. 6th Street
Jacksonville, FL 32206
904-253-1000
http://www.dchd.net/index.htm
Provides information regarding various health centers available in the county.

Question of the Month: Do Supervised Visitation Programs have to change their names to Parenting Time programs because of the changes that went into effect in Chapter 61, Florida Statutes?

No, but you'll need to change your court orders and referral forms. I consulted with the Supervised Visitation Standards Committee about this. Chapter 39 still refers to the custodian, and the changes to 61 did not mandate changes in 753 (the supervised visitation statute) except in the definition of monitored exchange. What did change is the emphasis on making a distinction between parents in divorce cases. Instead of labeling the parent a custodial parent or a noncustodial parent, programs should be thinking in terms of visitors and custodians. As you can see from the new definition of a custodian –for purposes of supervised visitation programs only – the custodian is a wide-reaching term.

Custodian for purposes of Supervised Visitation and Monitored Exchange only: The custodian is typically the person who brings the child(ren) to the service. This may be a biological or adoptive parent, a relative caregiver or foster parent, guardian, or state agency or its representatives that has temporary or permanent physical custody of a child. A custodian does not have to be a parent.

Visitor may refer to a biological or adoptive parent or other adult authorized by a court order to have supervised contact with the child.

Monitored Exchange Program provides trained staff and volunteers to supervise a child's movement from one parent to the other parent at the start of first parent's parenting time and from the first parent back to the other parent at the end of parenting time. Currently all monitored exchange services are offered under the auspices of supervised visitation programs. However, there may at some point be stand-alone monitored exchange programs which do not offer supervised visitation.

****

Thus, Programs will have to take a look at forms and stop referring to the custodial and noncustodial "parent." We are trying to create some of the forms that will help do this.

In addition, we added the following to new Legislative Report:

A Note Regarding Legislatively Changed Terminology

The Committee is aware of the changes made to Chapter 61 Florida Statutes in 2008 which removes the terms "non-custodial" and "custodial parent," and adopts the term "parenting time" while eliminating the concept of "visitation." Due to the unique nature of the supervised visitation process, however, and considering the fact that the term "visitation" was not entirely removed from Chapter 753, Florida Statutes, the Committee decided to omit the term "custodial parent" wherever possible, and define the parties who participate in the visitation process as the "custodian" and the "visitor." These terms are only applicable in cases of supervised visitation, and are in no way are meant to trivialize a parent's attachment to his or her child. The terms are also narrowly defined in the Definition Section of these Standards.

NOVEMBER 2008 E Press

HAPPY THANKSGIVING

This month brings many new tools and announcements to Florida Supervised Visitation and Monitored Exchange Programs.

PHONE CONFERENCES:

NOVEMBER 12 (Wednesday) at Noon Eastern

DECEMBER 11 (Thursday) at Noon Eastern

Dial in at 850-644-2255

Remember, five phone conferences equal a Certificate of Training. Phone Conferences also count toward administrative and staff training under Principle Two of the new Standards.

Sample of Program Anniversary Party

Kudos to Ida Rivera, whose Program just celebrated its Tenth Anniversary. I have attached the very professional and attractive invitation she sent out. You can open it in pdf.

Found on the Web:

Good Website for attracting, recruiting, training, and keeping happy volunteers
http://www.energizeinc.com/art/subj/recruit.html

Sample Release Form

During the last phone conference, several people asked for sample release forms for clients. I took four of the best, and combined them so that you could pick and choose what elements are appropriate for your program. All Programs are different. BE SURE TO HAVE YOUR FORM APPROVED BY YOUR CHIEF JUDGE. I also ask you to have a local pro bono attorney take a look at the form you decide to use!

Resource List by County

As I told you in the Director's Memo last month, we are creating a list of Resources by County for our website, and for your use with clients. As of Oct. 31, we have the following counties completed. IF YOU WANT the electronic version of the Resource List, you must email me, and I will send you the pdf! These will also be available on the Message Board on our website.

County Lists Completed:

	County	Date
1.	Alachua	10/30/2008
2.	Baker	10/30/2008
3.	Bay	10/30/2008
4.	Calhoun	10/30/2008
5.	Charlotte	10/30/2008
6.	Citrus	10/30/2008
7.	Clay	10/30/2008
8.	Duval	10/30/2008
9.	Gilchrist	10/30/2008
10.	Holmes	10/30/2008
11.	Levy	10/30/2008
12.	Okaloosa	10/30/2008
13.	Santa Rosa	10/30/2008

Supervised Visitation Program
Sample Template: Consent to Release Confidential Information

I, _____, born _____, do hereby consent and authorize the Sunshine Visitation Program to release any information pertaining to me to the agencies/persons indicated below, and I also authorize the indicated sources to release information/documentation regarding my case to the Sunshine Visitation Program: (be specific)

- ☐ Department of Children and Families or CBC
  (name)_____
- ☐ School or Childcare Provider _____
- ☐ Mental Health Agency/Professional _____
- ☐ Physician or Medical Facility _____
- ☐ Community Agency (name)_____
- ☐ Other: _____

BE SPECIFIC IN FILLING OUT THE AGENCY NAMES ABOVE: e.g. Hillsborough County Community Based Care Unit Three; Survivor Certified Domestic Violence Center; Broward Batterer Intervention House

The duration of this authorization is until:

- ☐ Six months from the date of my case's discharge from the Program
- ☐ One year from the date of my case's discharge from the Program
- ☐ Resolution of billing for Program services.
- ☐ Other: _____

I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

_____ _____
Client Signature Date

_____ _____
Parent/Legal Guardian Signature (if required) Date

_____ _____
Witness Signature Date

DISCLAIMER: This is only a sample. All Visitation Programs are different. Before you circulate a release form, be sure to have it approved by your Program's Pro Bono attorney and/or your advisory committee members.

Some Visitation Programs may wish to include the following options, depending on the services offered by the Program:

A listing of specific Information which may be disclosed in special cases:
(Check all that apply, and obtain the approval of judge/legal advosor)

- ☐ Presence in therapy/treatment/intervention/contact/visits (admit/discharge date)
- ☐ Complete or summary Medical Record
- ☐ Brief Description of Medication History
- ☐ Admission Psychiatric Assessment
- ☐ Other: _____

A listing of why this information is needed – e.g. for the following purposes:
(Check all that apply)

- ☐ Provide ongoing services
- ☐ Fulfill court order
- ☐ Provide educational services (e.g. parent education)
- ☐ Coordinate services with authorized officials
- ☐ Coordinate program intervention efforts with my family/significant other/concerned person
- ☐ To judges, attorneys, probation/parole officers, to support my reunification goals under Chapter 39, Florida Statutes
- ☐ Other: _____

New Train the Trainer Guide

Those of you who joined the phone conference in October got a sneak preview of the new Train the Trainer guide for Program Directors. Here it is for those of you who did not join the phone conference. Remember, these phone conferences offer value for your program.

TRAINING THE TRAINER
A Clearinghouse Mini-Guide for Program Directors

Tell me, I forget. Show me, I remember. Involve me, I understand. (Ancient Proverb)

The Clearinghouse has produced a large collection of training material and continually releases new material online. However, even though some of the manuals can be self-taught, it is important to offer in-person trainings for your new staff using our materials. Don't just leave staff to take all their training online. Each Program Director should learn how to train his or her staff on Clearinghouse materials. We'll help!

Benefits to Training Staff

When you teach your own staff, you can:

- Learn about their dispositions and their ideas about families.
- Ensure that they understand the material.
- Offer them an opportunity to ask questions.
- Reinforce the material with real life case scenarios.
- Ensure that the Training Standards (Principle Two) are met.
- Offer opportunities for staff to work together to solve problems. This strengthens the team approach.

This instruction guide will help directors learn the basics of being an effective trainer.

What are the components of successful training?

There are many components of a successful training session. We break it down into five parts. A trainer must do all of the following:

1. Understand how adults learn and what motivates them.
2. Obtain training experience from a variety of sources.
3. Understand all training material thoroughly.
4. Use a variety of methods, media, and approaches to teach the material.
5. Learn to improve training methods by responding to feedback from training sessions.

Adult Learning 101

Program Directors need to understand the basics of adult learning. Here are the fundamentals:

A. **It's all about desire/need/motivation:** Adults resist learning simply because they "must". Learning has to be applicable to their work or other responsibilities to be of value. Learning has to be a means to an end rather than the end itself.
B. **Adults are goal oriented:** Adults usually know what goal they want to attain from the learning and respond best to an educational program that is organized and has clearly defined elements.
C. **Adults appreciate a varied pacing/presentation of material and a intellectual challenge:** Presentation materials should stimulate as many senses as possible in order to increase successful learning. Fast-paced, complex, or unusual learning tasks interfere with the learning of concepts they are intended to teach or illustrate by overwhelming the learner. Optimal pacing should challenge adult learners just beyond their current level of ability or knowledge to avoid boredom and create acceptable intellectual challenge.
D. **Adults learners have varied life experiences and want to be treated with respect:** Adults should be treated as equal participants and encouraged to voice their opinions, relate past experiences and knowledge, and explore a variety of potential situations or solutions.
E. **Adults care about their learning environment:** The learning environment must be physically as well as psychologically comfortable. Avoid long lectures and periods of interminable sitting with the absence of practice opportunities.

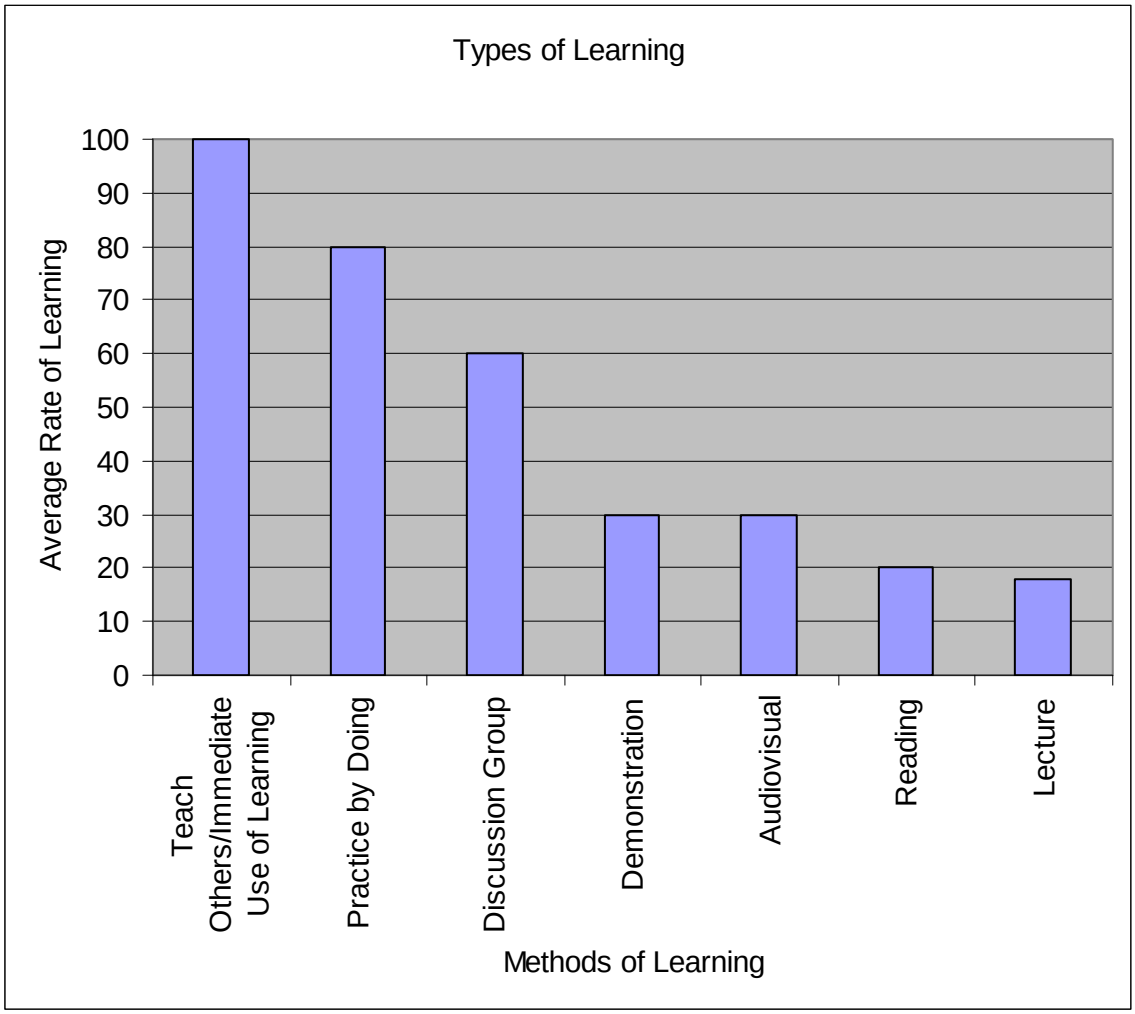
The Components of Memory

There are six components of memory. Each component means different things to a trainer. Adults tend to remember things that:

1. **Stand Out** – So try to provide information that is unusual, important to the learner, or peaks their interest. Make your information dynamic!
2. **Link to the known** – So offer information that builds on what the learner already knows.
3. **Are written down or recorded** – So write information to help reinforce your message. Use handouts. Have desks or tables to enable participants to take notes or highlight portions of their manuals.
4. **Are reviewed** – Your periodic review of information will increase learner retention. Quizzes at the end of each chapter, group activities, and closing exercises will help you review information with participants, thereby increasing retention.
5. **Use primacy** – People tend to remember beginnings and endings and are more likely to forget what happens in the middle. Information in the early or later stages will be more easily remembered. Make your key points early and in the end of the presentation. The training manuals written by the Clearinghouse are structured in this fashion.
6. **Are recent** – Remember that newly gained information, such as that at the end of the training, will be more easily recalled than earlier information.

Keep these facts in mind when implementing your training sessions.

Of course, the initial transference of information to the learner is only the first step – retention is the key. How do you help adults retain the information you are giving them? The following chart demonstrates the average retention rates for various learning methods.



Average Rate of Learning

Method	Retention Rate
Teach Others/Immediate Use of Learning	100
Practice by Doing	80
Discussion Group	60
Demonstration	30
Audiovisual	30
Reading	20
Lecture	18

Some studies have found that adults learn most effectively in the same way that children do – through active participation in learning. Active learning makes important points more meaningful and allows participants to practice newly acquired skills and knowledge. In light of this, it's recommended that trainers lecture or discuss the material with the participants first, and then help them to practice the skills and facts covered in the lessons.

If you simply read the material aloud, your training will be boring and dry.

If you present the material as interesting and compelling, your lessons will be absorbed!

Learning How To Become An Effective Trainer

If you want people to learn, you have to learn how to teach effectively. This process is easily learned if you become a student of successful teaching. Here are some tips:

- Attend training courses on the subjects (or related subjects) you plan to teach. Take notes. What was effective about the training? What would you have done differently?
- Obtain current resources on subjects you plan to teach, for reference. The more you know, the better trainer you will be.
- Use online training courses offered by experts. There are many free training materials online. Go to "YouTube" and watch video trainings. http://www.youtube.com/ Search "How to Give Presentation"
- Plan to begin to train others in small time frames to get started, and incorporate questions/feedback in material.
- Attend every monthly meeting the Clearinghouse hosts. You will pick up pointers every month.
- Stay current on developments/changes in the subject matter. Read all of the E Presses and the Director Memos.
- When you watch others train, decide which teaching styles are most like your own. Develop your own teaching style.
- For your very first training, choose a subject that can be taught in an hour or less!

Plan Every Training Session Carefully and Thoroughly

Pick a subject to train. Plan a timeframe. Then commit yourself to a compelling training!

1. Organize your material in small, simple lessons. Call the Clearinghouse if you have questions about the material.

2. Include reference material in handouts for your learners.

3. Tailor materials to your audience. Choose cases ahead of time that reflect the training material. For example, if you are training on the topic of substance abuse from the Clearinghouse training manual, use a real case example from your file that reinforces the material. "The Jones case shows the effects of substance abuse on the family. Mr. Jones was an alcoholic, and he could not be left alone with the children. He was referred to the Program because he passed out on the front lawn when he was supposed to be taking care of the three children. Now we're going to talk about the issues of his denial, and the progress of the treatment program."

4. Plan to incorporate various types of presentations into your training.
   ---PowerPoint/slides can be used to project the summarized written material on the screen

---Small group activities can engage learners and encourage them to discuss what they've learned. "Now I'd like to break into groups of three, and each group can write down their answers to the exercise in the chapter. Then we will have one spokesperson for each group come to the front of the room and offer their ideas about the case scenarios."
--Short films and DVD can provide an effective way to supplement the material. The Clearinghouse has a lending library of videos.

5. Use local statistics and news stories. If there are local statistics that you can obtain to reinforce the message, it will be more relevant to learners. Use newspaper accounts of child abuse cases to reinforce the material on child abuse. Ask a local judge or domestic violence expert to explain how divorce or domestic violence cases can be complex and difficult to understand. Set a "google alert" to supervised visitation to collect stories on SV to use in your trainings.

Make it fun to learn

The most memorable trainings are those in which the participants have fun and connect with other people. Here are a few ways to facilitate that connection:

- Use ice-breakers, whether or not the people in the training room know each other. Here are some old favorites:
  - Everyone in the room must decide, if magic happened, what animal they would be if they could be an animal, and why.
  - The liars game: everyone writes down something outrageous they once did – or did not do -- and then everyone must vote by a show of hands whether they think the story is a lie or the truth. Did you really hunt a moose in Alaska? I was Cinderella in a Disney Parade one summer in college!
  - The lottery winner wish: Everyone tells you one silly or crazy thing they would buy or do if they won $10 million. (No one gets to name a favorite charity or pay off a mortgage.)
  - The song game. Everyone must sing or recite a line from a favorite song. Other people can join in to finish the song! (R-E-S-P-E-C-T!) A fun variation on this is the TV show theme song game. Everyone must come up (sing, hum, or whistle) with a tune. (" Here's a story, of a lovely lady" or "It's a jungle out there…")
- Let people "team up." Break up the room into teams of two, three, or four people. Give them assignments so that they work together. Use the case examples in the modules to get them discussing solutions to real problems. Have one member of each group come to the front of the room to speak for the group when the room is ready to exchange feedback. Working together is more fun than working alone for many people.
- Have small door prizes to create excitement. Tape an index card with the word "Winner!" to the bottom of a few chairs. Ask people to reach under their chairs to find the winner of small prizes. Candy, stationery, Dollar-store finds are perfect for this.
- Be sure to offer refreshments if the session goes beyond an hour.
- Break up monotony with the unexpected. Record the music for "jeopardy" and play it after you ask participants a question. Think of something gentle, but surprising. Make people smile.

References:
Billington, Dorothy D. "Seven Characteristics of Highly Effective Adult Learning Programs." Ego Development and Adult Education, 1988. http:www.newhorisions.org/lifelong/workplace/billington.htm.
Conner, Marcia L. "How Adults Learn." Ageless Learner, 1997-2007. http://agelesslearner.com/intros/adultlearning.html.
Lieb, Stephen "Principles of Adult Learning." *VISION*, Fall 1991. http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-2.htm.
Zemke, Ron and Susan "30 Things We Know For Sure About Adult Learning." *Innovation Abstracts*, 1984. http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-3.htm.

Training Manual Changes

Due to changes in statutory language, the following changes are being made in the **Training Manual for Florida's Supervised Visitation Programs**. We have made the changes on the Website Manual, but you should make them in your hard copy at the office!!

1. Page 9, ¶1, first line – take out the word "noncustodial" completely.
2. Pg. 10, #3 – take out the word "noncustodial.
3. Page 15, bullet 4 – take out "custodial parent and the noncustodial parent" and replace with "parents." It will now read: "Relay relevant information relating to the child's welfare between parents at the commencement and conclusion of supervised contact (e.g. special needs, medication, diet, etc.)."
4. Pg. 19:
   - Sentence beginning "Authorized person…" – Remove "noncustodial."
   - Sentence beginning "Child means an unmarried person…" – Remove "noncustodial."
   - Sentence beginning "Client means…" – remove "custodial parent, noncustodial" and remove comma after "parent"
   - Sentence beginning "Custodial Parent…" – remove "Custodial Parent" and replace with "Custodian"

- Sentence beginning "Exchange Monitoring…" will now read: "Exchange Monitoring means the supervision of a child's movement from one parent at the start of the contact or from the parent back to the other parent at the end of visit.
- Sentence beginning "Noncustodial Parent…" – remove "noncustodial parent" and replace with "Visitor"
- Sentence beginning "Off-site Supervision" – remove "noncustodial"
- Sentence beginning "On-site Supervision" – remove "noncustodial"
  Next sentence, same paragraph – remove "noncustodial"

5. Pg. 20:
   - Sentence beginning "Visitation Agreement" – remove "custodial and noncustodial"
   - Sentence beginning "Visitation Monitor/Observer" – remove "noncustodial"
6. Pg. 36, last bullet – remove "custodial"
7. Pg. 66, bullet 5 – remove "custodial" and replace with "victim"
8. Pg. 68:
   - 2nd column, 1st box down – remove "non-custodial" and replace with "victim"
   - 2nd column, 4th box down – remove "noncustodial parents" and replace with "batterers"
9. Pg. 77, #8 – remove "custodial"
10. Pg. 83, bullet 6 – remove "custodial"
11. Pg. 89 beginning with section entitled "Understanding Florida Law" through the end of Pg. 91 – this will be removed entirely and replaced with supplement!

12. Pg. 92, #4 – remove "custodial"
13. Pg. 159, Ch. 11, first sentence – remove "non-custodial"
14. Pg. 169, ¶1 – remove "custodial"
15. Pg. 171, bullet 1 at bottom of page – remove "custodial" and replace with "other"
16. Pg. 172, bullet 1 – remove "custodial" and replace with "other"
17. Pg. 176, paragraph beginning with "Principle of Privacy and Confidentiality", 3rd sentence – remove "by a noncustodial parent". Remove "a custodial parent's" and replace with "the other parent's." The sentence will now read "A seemingly benign request for information about a child or information about the other parent's whereabouts can endanger the life of both."
18. Pg. 177 –
    - #2 – remove question "Does it make any difference if the parent is the custodial or non-custodial?" completely.
    - #3 – remove "who has custody" from 1st sentence.
19. Pg. 183 –
    - 2nd box – remove "Custodial" and replace with "Non-offending." After "Caretaker" add "/Custodian". Will now read "Non-offending Parent/Caretaker/Custodian"
    - 3rd box – remove "Non-Custodial Parent" and replace with "Visitor"
20. Pg. 189, bullet 2 – remove "on visiting parent, custodial parent" and replace with "about one of the parents"
21. Pg. 190, Exercise section, ¶1, last sentence – remove "custodial" and replace with "non-offending"

Changes made to Chapter 6 of the Manual

Understanding Florida Law

Prior to divorce, both parents have equal rights of custody, care, and control of children. Upon divorce, called dissolution of marriage, Florida gives preference to the continuing contact between both parents and their children as "shared parental responsibility." Chapter 61 of the Florida Statutes deals with the children's issues after separation and divorce. Effective October 1, 2008, the changes made to chapter 61 of Florida Statutes went into effect. The statute no longer uses the term "custody" and instead refers to a "parenting plan" and "time sharing."

Still, there is no mandate that Programs change their Program names (e.g., from the *Sunshine Visitation Program* to the *Sunshine Parenting Time Program*), as the terms custodian and non-custodian are still in effect in Chapter 39, Florida Statutes (for dependency cases). In addition, there is no rule against Programs referring to the "visitor" at a Program. The terms "visitor" and "custodian" have specific and unique meanings at Programs. The custodian can be anyone who brings the child to the Program. These terms are defined by the Minimum Standards for Supervised Visitation Programs.

Program staff should know, at minimum, the following about Chapter 61:

Parenting Plan

A. ***Shared parental responsibility*** describes the preferred parenting arrangement between a child and his/her parents after divorce. That means Courts prefer for parents to share parental responsibility regarding their children. There are two components of shared parental responsibility. They agree to confer with each other, which allow major decisions to be determined together.

1. ***Shared Decision-making*****:** In this arrangement, both parents have the same legal rights to make major decisions regarding the child's care such as those involving education, health, etc.

2. ***Ultimate responsibility:*** The court may consider the expressed desires of the parents and may grant to one party the ultimate responsibility over specific aspects of the child's welfare or may divide those responsibilities between the parties based on the best interests of the child. Areas of responsibility may include education, health care, and any other responsibilities that the court finds unique to a particular family

B. ***Time Sharing Schedule:*** The Florida Statutes use the terms parenting plan and time sharing schedule.

a. Time sharing describes how a child spends time with each parent. Although a child may spend more time living with one parent, there is no determination of a primary or residential parent.

b. "Time-sharing schedule" means a timetable that must be included in the parenting plan that specifies the time, including overnights and holidays, that a minor child will spend with each parent

Sole Parental Responsibility is awarded when the court feels that it is in the best interest of the child. When a parental responsibility agreement cannot be reached by the parties, involved consultations with social intervention professionals (qualified staff of the court, a licensed child-placing agency, a psychologist, a clinical social worker, marriage and family therapist, or mental health counselor) assess the situation.

The courts prefer that both parents be involved in the life of a child, if possible. In some cases, however, one parent may have ultimate parental responsibility for the major medical and religious decisions only in cases in which the involvement of the other parent would be detrimental to the child.

It is incumbent upon the program to determine the legal status of both parents prior to the first service, because the court's decisions regarding parental responsibility impact the decisions that parents can make at the program. There are several possible combinations of court-ordered responsibility explored in Table 6.3.

Table 6.3
Impact of Parental Responsibility

Parental Responsibility	Example of Impact at Program
Parent at supervised visitation program has shared parental responsibility.	If a child gets a headache during a visit, the visiting parent can advise staff to give the child appropriate medicine. Both parents separately may be consulted regarding the comfort and needs of the child during visits.
Non-supervised parent has ultimate parental responsibility over all issues.	Supervised parent has no right to attend program's child intake session with the child. Supervised parent has no right to make decisions about the child that contradict the parent who has ultimate parental responsibility.
Visitor has parental responsibility over some issues, but the other parent has ultimate parental responsibility over one or two issues.	If the child has a disability, the parent with ultimate parental responsibility over health decisions is the only one who can be consulted regarding the child's disability. The other parent cannot bring alternate medical equipment to the visit to use with the child. If one parent has ultimate responsibility over religious decisions, the other parent is not allowed to bring alternate religious material to the child during the visit.

How the Courts Determine Parenting Plans and Time Sharing

According to Florida Statute §61.13, there are a number of factors the court may weigh in making its determination of a parenting plan and time sharing. Evaluation of these factors allows the court to determine what is in the best interest of the child. The court will consider the following:

- The demonstrated capacity and disposition of each parent to facilitate and encourage a close and continuing parent-child relationship, to honor the time-sharing schedule, and to be reasonable when changes are required;
    - It is Florida's public policy to maintain continuing contact between the child(ren) and both parents and to have both parents share parental responsibilities.
    - The each parent has a duty to encourage the relationship between the child and the non-residential parent;

- The anticipated division of parental responsibilities after the litigation, including the extent to which parental responsibilities will be delegated to third parties;

- The demonstrated capacity and disposition of each parent to determine, consider, and act upon the needs of the child as opposed to the needs or desires of the parent;

- Mental and physical health and moral fitness of parents;

- Child's physical, mental, and educational status;

- The home, school, and community record of the child;

- Length of time the child has lived in a stable, satisfactory environment;

- The geographic viability of the parenting plan, with special attention paid to the needs of school-age children and the amount of time to be spent traveling to effectuate the parenting plan. This factor does not create a presumption for or against relocation of either parent with a child;

- Preference of child, if the court determines the child is old enough and sufficiently able to express an opinion based on understanding and experience;

- Evidence of domestic violence, sexual violence, child abuse, child abandonment, or child neglect, regardless of whether a prior or pending action relating to those issues has been brought;

- Any other relevant factor.

(In box)
Courts determine parenting plans and time sharing according to the best interest of the child, regardless of the age or sex of the child.

(In box)
Evidence of domestic violence and child abuse is considered evidence of detriment to the child. Whether or not there is a conviction of any offense of domestic violence or child abuse to the existence of an injunction for protection against domestic violence, the court can act to protect the child or victim.

Training Staff – Using Pre and Post Testing

Gail Tunnock wrote to me, asking about how she can ensure that her staff is truly learning the material in our training manuals when they use the online resources. Two traditional ways are Pre and Post Testing of all learners, and performance-based testing.

I have attached some sample pre and post tests. We will be discussing these at the November phone conference. Please look these over, and take the tests yourselves. These can be modified in any way you choose. You might decide, for instance, that you want to use the Pre test both BEFORE and AFTER staff read the manual. Yes, the same test can be used. Or you can decide to use two different tests. I recommend that you sit with the learner and go over the answers together, as there are often different ways of interpreting the material. The goal is not to "catch" a wrong answer, but to make sure that your staff have understood the material.

The performance based testing consists of creating scenarios and requiring staff to tell you how they would respond to those scenarios, based on the material learned**. As you know, we already have many case scenarios in the manual.** My own opinion is that these case scenarios should be presented to staff, and their written answers should be reviewed in person. This is one of the best ways to ascertain their grasp on the material. A combination of pre-and-post testing, and written answers, is probably the most thorough trainer combination.

SEE FOLLOWING SAMPLES

Child Sexual Abuse Referrals
Sample PreTest

Directions: For each statement write True, False, or Unknown

Answer	Statement
	1. Sexual abuse of a child can extend beyond physical contact, and a child can be revictimized through verbal interactions and/or the presence of items that depict aspects of the victimization experience.
	2. If a staff member hears a child disclose sexual abuse, he or she should gather as much information from the child as possible to ascertain more details about the allegation.
	3. More abused children are abused by family members than strangers.
	4. Research indicates that the highest incidence of sexual abuse occurs at a much earlier age in boys than girls.
	5. By studying cases and behaviors of convicted sexual abuse offenders, the public can be educated and can learn to identify other unknown sexual abuse offenders in the community.
	6. Even if you do not have specific training on sexual abuse issues, you may still monitor visits in the case to protect the child.
	7. When meeting with a family group in which a child was sexually abused, it is important to communicate the value of respecting what the child says about his/her experiences.
	8. Families of children who engage in sexually aggressive behaviors often present some form of substance abuse, abusive behaviors, or other dysfunction.
	9. Sexual abuse of a younger sibling by an older child should *always* be viewed as an indication of potential prior sexual abuse.
	10. In Florida, Children's Advocacy Centers are responsible for supervised visitation in all sexual abuse cases.
	11. Parents may represent themselves in disputed divorce and custody cases, or the court will appoint an attorney for free.
	12. During supervised visitations a guardian ad litem should not interact with the parents and/or child.
	13. Any physical contact at visits between the child and the visiting parent should be kept to a minimum in a child sexual abuse case, even when a monitor is in the room.
	14. Parents accused of sexual abuse should bring items to a visit that will ease the tension with the child.
	15. The Department of Children and Families (DCF) permits off-site visits in cases of sexual abuse if it convenient for all parties involved.
	16. After explaining the visitation process to a child at child orientation in an age-appropriate manner, the next step should be asking questions of the child addressing simple safety concerns and how staff can keep the child safe at visits.
	17. If a visit is terminated due to inappropriate behaviors, a Termination Report must be filed.

Child Sexual Abuse Referrals
PreTest (Program Director Answer Sheet)

Chapter 1

1. Sexual abuse of a child can extend beyond the physical contact, and a child can be revictimized through verbal interactions and/or the presence of items that depict aspects of the victimization experience. – True
2. If a staff member hears a child disclose sexual abuse, he/she should gather as much information as possible to ascertain more details about the allegation. – False

Chapter 2

3. More children are abused by family members than strangers. – True
4. Research indicates that the highest incidence of sexual abuse occurs at a much earlier age in boys than girls. – True
5. By studying cases and behaviors of convicted sexual abuse offenders, the public can be educated and learn to identify other unknown sexual abuse offenders in the community. – False

Chapter 3

6. Even if you do not have specific training on sexual abuse issues, you may still monitor visits in the case to protect the child. – False
7. When meeting with a family group in which a child was sexually abused, it is important to communicate the value of respecting what the child says about his/her experiences. – True

Chapter 4

8. Families of children who engage in sexually aggressive behaviors often present some form of substance abuse, abusive behaviors, or other dysfunction. – True
9. Sexual abuse of a younger sibling by an older child should *always* be viewed as an indication of potential prior sexual abuse. – True

Chapter 5

10. In Florida, Children's Advocacy Centers are responsible for supervised visitation in all sexual abuse cases. – False
11. Parents may represent themselves in disputed divorce and custody cases, or the court will appoint an attorney for free. – False
12. During supervised visitations a guardian ad litem should not interact with the parents and/or child. – True

Chapter 6

13. Any physical contact at visits between the child and the visiting parent should be kept to a minimum, even when a monitor is in the room. – True
14. Parents accused of sexual abuse should bring items to a visit that will ease the tension with the child. – False
15. The Department of Children and Families (DCF) permits off-site visits in cases of sexual abuse if it convenient for all parties involved. – False

Chapter 7

16. After explaining the visitation process to a child at child orientation in an age-appropriate manner, the next step should be asking simple questions of the child addressing safety concerns and how staff can keep the child safe at visits. – True
17. If a visit is terminated due to inappropriate behaviors a Termination Report must be filed. – True

Child Sexual Abuse Referrals

Sample Post Test

1. In a disputed divorce/custody case, parents' options for legal services include (circle 2):
    a. DCF attorney
    b. court appointed attorney
    c. private attorney
    d. public defender
    e. representing themselves
2. Sexual abuse of a younger sibling by an older child should:
    a. always be viewed as an indication of the older child's potential prior sexual abuse
    b. be considered in relation to the family dynamics
    c. be evaluated based on family abuse history
    d. never assume previous experiences without interviewing all children
3. Which of the following details the steps for most intervention regarding escalating parent misbehavior?
        1) immediate redirection
        2) physical intervention (separating parent and child)
        3) reminder
        4) terminate visit
    a. 1, 2, 3, 4
    b. 3, 1, 2, 4
    c. 4, 1, 3, 2,
    d. 4, 3, 1, 2,
4. Child sexual abuse offenders are least likely to be:
    a. family members
    b. friends of the child or family
    c. strangers
5. Any physical contact at visits between the child and the visiting parent should be:
    a. encouraged to restore the damaged relationship
    b. kept to a minimum, even when a monitor is in the room.
    c. prohibited
6. The importance of communicating the value what the child says about his/her experiences is critical. When the child's caregivers, family, or investigating authorities do not believe the child, it is referred to as:
    a. re-victimization
    b. research analysis of claims
    c. sabotage therapy
    d. secondary victimization
    e. victimization evaluation
7. If staff hear a child disclose sexual abuse, he or she should:
    a. consult with the parents to see if they also exhibit any behaviors that are associated with sexual abuse
    b. gather as much information from the child as possible to ascertain more details about the allegation
    c. let the child know that he or she was the victim and how inappropriate the behaviors were
    d. report the allegation to the authorities

8. Research indicates that statistically:
    a. boys are abused at an earlier age, and at a higher rate
    b. boys are abused at an earlier age, and at a lower rate
    c. boys are abused at a later, and a higher rate
    d. boys are abused at a later, and a lower rate
    e. boys are abused at about the same age as girls, and at the same rate
9. Parents accused of sexual abuse should not bring the following items to a visit with the child:
    a. books
    b. dolls
    c. photographs
    d. written material
    e. all of the above
10. If you do not have specific training on sexual abuse issues, you _____ monitor visits in the case to protect the child.
    a. are obligated to
    b. defer to the local authorities to
    c. may still
    d. report the situation to a supervisor to
    e. should decline to

11. Families of children who engage in sexually aggressive behaviors often present:
    f. abusive behaviors
    g. emotional deprivation
    h. parental separation/absence
    i. some form of substance abuse
    j. all of the above

12. By studying cases and behaviors of convicted sexual abuse offenders, the public can
    a. be educated as to how to respond to sexual abuse offenses
    b. develop a reliable tool for determining whether a person has sexually abused children
    c. identify “typical” child molesters
    d. not determine whether a person has or has not sexually abused children

13. Which of the following is not one of the categories of Child Sexual Abuse Accommodation Syndrome?
    a. bargaining (with the child)
    b. disclosure
    c. entrapment & accommodation
    d. helplessness
    e. secrecy

14. Which of the follow is not a step to take after the intake and orientation of a child?
    a. asking questions of the child addressing simple safety concerns and how staff can keep the child safe at visits
    b. conducting risk assessments as indicated
    c. explaining the visitation process to a child at orientation in an age-appropriate manner
    d. interviewing the child to determine whether abuse occurred
    e. schedule visit or decline referral

15. Supervised visitation providers should be aware of a child exhibiting behaviors such as ____ _____ when interacting with an alleged offending parent.

a. self-injurious behaviors
b. toileting accidents (developmentally inappropriate)
c. unusual clinging behaviors to the non-offending parent
d. all of the above
e. none of the above

Child Sexual Abuse Referrals

PostTest (Program Director Answer Sheet)

2. *(chapter 5)* In a disputed divorce or custody case parents' options for legal services include (circle 2):
    a. DCF attorney
    b. court appointed attorney
    c. private attorney
    d. public defender
    e. representing themselves
3. *(chapter 4)* Sexual abuse of a younger sibling by an older child should:
    a. always be viewed as an indication of the older child's potential prior sexual abuse
    b. be considered in relation to the family dynamics
    c. be evaluated based on family abuse history
    d. never assume previous experiences without interviewing all children
4. *(chapter 7)* Which of the following details the steps for intervention regarding escalating parent misbehavior?
        i. immediate redirection
        ii. physical intervention
        iii. reminder
        iv. terminate visit
    a. 1, 2, 3, 4
    b. 3, 1, 2, 4
    c. 4, 1, 3, 2,
    d. 4, 3, 1, 2,
5. *(chapter 2)* Child sexual abuse offenders are least likely to be:
    a. family members
    b. friends of the child or family
    c. strangers
6. *(chapter 6)* Any physical contact at visits between the child and the visiting parent should be:
    a. encouraged to restore the damaged relationship
    b. kept to a minimum, even when a monitor is in the room.
    c. prohibited
7. *(chapter 3)* The importance of communicating the value what the child says about his/her experiences is critical. When the child's caregivers, family, or investigating authorities do not believe the child, it is referred to as:
    a. re-victimization
    b. research analysis of claims
    c. sabotage therapy
    d. secondary victimization
    e. victimization evaluation
8. *(chapter 1)* If staff hear a child disclose sexual abuse, he or she should:
    a. consult with the parents to see if they also exhibit any behaviors that are associated with sexual abuse
    b. gather as much information as possible to ascertain more details about the allegation

c. let the child know that he or she was the victim and how inappropriate the behaviors were
d. report the allegation to the local authorities

9. *(chapter 2)* Research indicates that statistically:
   a. boys are abused at an earlier age, and at a higher rate
   b. boys are abused at an earlier age, and at a lower rate
   c. boys are abused at a later, and a higher rate
   d. boys are abused at a later, and a lower rate
   e. boys are abused at about the same age as girls, and at the same rate
10. *(chapter 6)* Parents accused of sexual abuse should not bring the following items to a visit with the child:
   a. books
   b. dolls
   c. photographs
   d. written material
   e. all of the above
11. *(chapter 3)* If you do not have specific training on sexual abuse issues, you _____ _____ monitor visits in the case to protect the child.
   a. are obligated to
   b. defer to the local authorities to
   c. may still
   d. report the situation to a supervisor to
   e. should decline to
12. *(chapter 4)* Families of children who engage in sexually aggressive behaviors often present:
   a. abusive behaviors
   b. emotional deprivation
   c. parental separation/absence
   d. some form of substance abuse
   e. all of the above (all though many of these are hidden!)

13. *(chapter 2)* By studying cases and behaviors of convicted sexual abuse offenders, the public can
   a. be educated as to how to respond to sexual abuse offenses
   b. develop a reliable tool for determining whether a person has sexually abused children
   c. identify “typical” child molesters
   d. not determine whether a person has or has not sexually abused children
14. *(chapter 3)* Which of the following is not one of the categories of Child Sexual Abuse Accommodation Syndrome?
   a. bargaining (with the child)
   b. disclosure
   c. entrapment & accommodation
   d. helplessness
   e. secrecy
15. *(chapter 7)* Which of the follow is not a step to take after the intake and orientation of a child?
   a. asking questions of the child addressing simple safety concerns and how staff can keep the child safe at visits
   b. conducting risk assessments as indicated

c. explaining the visitation process to a child at orientation in an age-appropriate manner
d. interviewing the child to determine whether abuse occurred
e. schedule visit or decline referral

16. *(chapter 1)* Supervised visitation providers should be aware of a child exhibiting behaviors such as _____ when interacting with an alleged offending parent.
    a. self-injurious behaviors
    b. toileting accidents (developmentally inappropriate)
    c. unusual clinging behaviors to the non-offending parent
    d. all of the above
    e. none of the above

DECEMBER 2008 E Press

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Holiday Greetings!

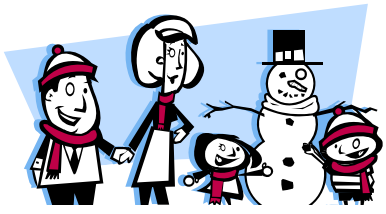
The next statewide phone conference is on

THURSDAY, DECEMBER 11, 2008.

Noon Eastern

(850) 644-2255

Bring your questions, comments, and feedback!



OPTIONAL COMPLIANCE FORMS (for eventual Certification)

The Clearinghouse is continuing to work on the *Optional* Compliance Forms for use to achieve Certification under the new Standards for Supervised Visitation. These forms are posted on our website:

http://familyvio.csw.fsu.edu/ The Institute for Family Violence Studies at Florida State University (click on **Clearinghouse for Supervised Visitation**)

http://familyvio.csw.fsu.edu/CHV.php The Clearinghouse for Supervised Visitation (under *Information for Supervised Visitation Programs,* click on **Message Board and Archive**)

http://familyvio.csw.fsu.edu/phpBB3/index.php Board Index (click on **2008 New Standards for SV** to access the website)

http://familyvio.csw.fsu.edu/phpBB3/viewforum.php?f=15) The Optional Compliance Forms are filed under each Principle.

As new forms are created, they will be posted here. The most recent one posted is the Case File Checklist, which tracks the requirements of Principle One: Standard IX for all case files in Supervised Visitation Programs. It is inserted here but may be downloaded from the website.

Case File Checklist

This checklist tracks the requirements of *Principle One: Standard IX* for all case files in Supervised Visitation Programs.

Requirement	√
The Court Order for Supervised Visitation	
Copies of relevant Court Orders, including current Custody Orders	
Intake forms	
Documentation of clients' receipt of Program policy and procedure information	
DCF/CBC Referrals, if applicable	
Program's danger assessments	
Other danger assessments done by separate entities	
Order Appointing Guardian Ad Litem, if applicable	
Program Agreement forms signed by the parties	
Copies of all communication regarding the parties	
Records of All Visits	
Documentation of periodic case review if applicable	
Other:	

_____ _____

Program Director Signature Date

****

The Clearinghouse will mail hardcopy versions of the formal *Report to the Legislature* to you. Attached to this EPress is an electronic version of DCF's Response to the Report.

The electronic version is posted on the Clearinghouse website under the forum "2008 New Standards for SV".

Supervised Visitation in the News:

Attached is an article about Supervised Visitation in domestic violence cases. It emphasizes the importance of trained staff in these complex cases. See "Danger Zone: Battered Mothers and Their Families in Supervised Visitation", Edelson_supervised_visitation_danger_zone.pdf.

Resource List by County

We are continuing to create the List of Resources by County and these are posted on **the Message Board** on our website under **"Announcements".** As of November 30, we have lists for the following counties completed and posted.

County Lists Completed:

	County	*Date*
1.	Alachua	10/30/2008
2.	Baker	10/30/2008
3.	Bay	10/30/2008
4.	Calhoun	10/30/2008
5.	Charlotte	10/30/2008
6.	Citrus	10/30/2008
7.	Clay	10/30/2008
8.	Duval	10/30/2008
9.	Gilchrist	10/30/2008
10.	Holmes	10/30/2008
11.	Levy	10/30/2008
12.	Okaloosa	10/30/2008
13.	Santa Rosa	10/30/2008
14.	Lake	11/10/2008
15.	Marion	11/10/2008
16.	Sumter	11/10/2008
17.	Bradford	11/18/2008
18.	Brevard	11/18/2008
19.	Osceola	11/18/2008
20.	Glades	11/18/2008
21.	Hendry	11/18/2008
22.	Highlands	11/18/2008

23. Leon 11/19/2008
24. Union 11/19/2008

Remember, this is created to help you identify agencies and groups in the community to refer clients to, and to help you meet the Community Standards of Principle Four!!!

This is the list for Osceola County as an example.

OSCEOLA COUNTY

DOMESTIC VIOLENCE SERVICES

Florida Coalition against Domestic Violence – Domestic Violence Hotline
http://www.fcadv.org/
Hotline: 800-500-1119
Hours: 24-hours
Fees: None
The Florida Domestic Violence Hotline provides crisis counseling and refers callers to the nearest domestic violence center.

Help Now of Osceola, Inc.
http://www.helpnowshelter.org/
24-Hour Domestic Violence Hotline: 407-847-8526
Outreach Office: 407-847-3286
Shelter: 407-847-0128
Administrative Office: 407-847-3260
821 Emmett Street
Kissimmee, FL 34741
Hours: 24-hours
Fees: None
Help Now provides safe emergency shelter, counseling, case management, information and referral, legal advocacy, and a 24-Hour crisis phone line.

Osceola County Sheriff's Office – Victim Services

http://www.osceola.org/index.cfm?lsFuses=department/Sheriff
Emergency Phone: 911
Service Phone: 407-348-1150
Fax: 407-348-1182
2601 East Irlo Bronson Highway
Kissimmee, FL 34744
The Osceola County Sheriff's Office Victim Advocate Unit is on call 24-hours a day and provides crisis counseling and intervention, emergency cell phones, transportation, and assistance in filing victim's compensation claims.

See Also: Coalition for the Homeless of Central Florida – Women's Residential Counseling Center

SEXUAL ASSAULT SERVICES

Florida Council Against Sexual Violence – Sexual Violence Hotline
http://www.fcasv.org/
Hotline: 1-888-956-7273
24-hours
Fees: None
The Florida Sexual Violence Hotline provides crisis counseling and refers callers to the nearest sexual violence services center. For child, adolescent, and adult victims.

Help Now of Osceola, Inc.
http://www.helpnowshelter.org/
24-Hour Sexual Violence Hotline: 407-847-4668
Outreach Office: 407-847-3286
Shelter: 407-847-0128
Administrative Office: 407-847-3260
821 Emmett Street
Kissimmee, FL 34741
Hours: 24-hours
Fees: None
Help Now provides safe emergency shelter, counseling, case management, information and referral, legal advocacy, and a 24-Hour crisis phone line.

See Also: Children's Advocacy Center of Osceola, Arnold Palmer Hospital – Howard Phillips Center for Children and Families, Coalition for the Homeless of Central Florida – Women's Residential Counseling Center, Osceola County Sheriff's Office

FOOD/HOUSING SERVICES

Coalition for the Homeless of Central Florida – Women's Residential Counseling Center (WRCC)
http://www.centralfloridahomeless.org/services_WRCC.html
24-Hour Crisis Hotline for crime victims: 407-425-1076
Phone: 407-426-1250
Fax: 407-426-1269
639 West Central Blvd
Orlando, FL 32801
Hours: 24-hours
Fees: Fees for residential living services; no fees for victim assistance services
The WRCC is a 138-bed facility for single moms who are homeless or victims of domestic violence. Clients have access to a case manager, a victim services center, an early childhood development center, counseling, job placement, and build a savings account while they are at the WRCC.

See Also: Children's Home Society of Florida, Help Now of Osceola, Inc.

CHILD SERVICES

Children's Home Society of Florida
http://www.chsfl.org/division.php?divID=2001053016164794
Phone: 321-397-3000
1485 S. Semoran Blvd., Suite 1402
Winter Park FL 32792
Fees: None
Hours: 24-hours
The Children's Home Society has a wide array of services available for children. These include emergency shelter for abused or neglected kids, intensive home visitation to families who are risk to abuse or neglect their children, a family visitation center, and case management.

Department of Children and Families
http://www.myflorida.com/cf_web/
Phone: 407-245-0400

400 W Robinson St.
Orlando, FL 32801
Hours: Mon – Fri 8:00am – 5:00pm
DCF provides services to families for children (birth-18 years) that have been abused, abandoned, or neglected. To receive services you must provide a birth certificate, social security card, and a picture ID.

Children's Advocacy Center of Osceola
http://www.osceolakids.com/
Phone: 407-518-6936
1605-B John Young Pkwy
Kissimmee, FL 34741
Fees: None
Hours: Mon – Fri 8:00am – 5:00pm
The Children's Advocacy Center helps children who have experienced physical or sexual abuse by providing forensic interviews and medical exams, crisis intervention, therapy and support groups, professional support and advocacy.

Arnold Palmer Hospital – Howard Phillips Center for Children and Families
http://orlandohealth.com/ArnoldPalmerHospital/HowardPhillipsCenter/HowardPhillipsCenter.aspx?Wid=17&Pid=656
Phone: 407-518-6936
1605 N John Young Parkway
Orlando, FL 32804
Hours: Mon – Fri 8:00am – 4:30pm, on-call 24-hours a day
Fees: None
The Howard Phillips Center's Sexual Trauma Recovery Center (The Healing Tree) assists children who have been sexual abused or assaulted through counseling, support, and referral services. The staff also works with the non-offending caregivers through counseling, self-care techniques, and instruction on how to care for their abused child.

See Also: Guardian ad Litem, Help Now of Osceola, Inc.

LEGAL SERVICES

Guardian ad Litem, 9th Judicial Circuit
http://www.guardianadlitem.org/partners_c9.asp#map
Phone: 407-343-6655
2 Courthouse Square, Suite 3400

Kissimmee, FL 34741
Fees: None
Hours: Mon-Fri 8:00a-5:00p
The Guardian ad Litem is appointed to children who have experienced abuse and neglect. They provide advocacy and appeal for the child's best interest in legal matters.

Community Legal Services of Mid-Florida
http://www.clsmf.org/
Phone: 407-933-1791 / Toll-Free: 800-984-2920
Fax: 407-847-4866
800 North Main Street
Kissimmee, FL 34744
Fees: None
Hours: Mon – Fri 8:30am-12:00pm and 1:00pm-5:00pm
Community Legal Services provides legal assistance concerning education, family law, filing for Injunctions for Protection, dissolution of marriage, child custody, child support and visitation, housing, public benefits, and taxes. You must meet eligibility requirements. Call the office to determine your eligibility and have information regarding your income and assets ready.

Heart of Florida Legal Aid
Phone: 863-519-5663
550 East Davidson Street
Bartow, FL 33830
Provides free legal assistance for those needing help with housing, family law, public assistance, etc.

Florida Rural Legal Services
http://www.frls.org/index.html
Phone: 863-688-7376 / Toll-Free: 800-277-7680
Fax: 863-683-7861
963 East Memorial Blvd
PO Box 24688
Lakeland, FL 33802
Provides free legal assistance with housing, education, public assistance, family law, etc.

See Also: Help Now of Osceola, Inc., Osceola County Sheriff's Office

HEALTHCARE SERVICES

Osceola County Health Department
Phone: 407-343-2000
Fax: 407-343-2002
1875 Boggy Creek Road
Kissimmee, FL 34744
Hours: Mon – Fri 8:00am-5:00pm
Fees: Based on a sliding scale

Osceola Regional Medical Center
http://www.osceolaregional.com/
700 West Oak Street
Kissimmee, FL 34741
Phone: 407-846-2266

See Also: Children's Advocacy Center of Osceola, Arnold Palmer Hospital – Howard Phillips Center for Children and Families

SUPERVISED VISITATION SERVICES

These Programs are in the Ninth Judicial Circuit but may not provide services in all counties within that circuit.

Eunice Keitt, Director
The Family Support and Visitation Center
118 Pasadena Place
Orlando, FL 32803
407-999-5577
ekeitt@devereux.org

Bill Bazarewski, LMHC, Director
Asst: Michelle Edwards
Choices-Changes Counseling Center
2298 W. Airport Blvd.
Sanford, FL 32771

407-268-4441 Fax: 407-323-2374
Choiceschanges@bellsouth.net

Millie Lopez, Program Director
Family Ties Visitation Center
425 N. Orange Ave., Room #330
Orlando, FL 32801
407-836-0426 Fax: 407-836-0553
ctfcmL1@ocnjcc.org

Jackie Dalton, Director
The Children's Visitation Center for Families with Domestic Violence
2 Courthouse Square, Ste #3100
Kissimmee, FL 34741
407-742-2467 Fax: 407-742-2446
Ctadjd2@ocnjcc.org

Kim Corcoran, Director
Attn: Visitation Center
Osceola Family Visitation
2653 Michigan Avenue
Kissimmee, FL 34744
407-846-5077 Fax :407-846-5080
kim.corcoran@chsfl.org

Ivette Martinez, Director (Intake Coordinator)
American Therapeutic Corporation
4790 North Orange Blossom Trail
Orlando, FL 32810
407/298-0461 Fax: 407-298-8016
Playapnc1@aol.com

Renee Cherowitz, Director of Services
Dr. Deborah Day
Psychological Affiliates, Inc.
Partners with Families
2737 W. Fairbanks Ave.
Winter Park, FL 32789
407-740-6838

r.cherowitz@psychologicalaffiliates.com
Dday234@aol.com

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HOLIDAY CLOSING ANNOUNCEMENT!

Florida State University will close for the holidays at *noon on Wednesday, December 24th*. The University will reopen on *Friday, January 2nd, 2009*. This annual closing is campus-wide and no one will be in the office. If you need to contact Karen Oehme during this time, do not call the office! Messages will not be retrieved until the campus reopens. But you can Contact Karen directly on her cell phone in an emergency! 850.567.9464.

Outcome Measures and Sample Instruments

In our November phone conference, we discussed Outcome Measures. These **are NOT REQUIRED BY THE STANDARDS. THEY ARE COMPETELY OPTIONAL!** Thanks to Gail Tunnock for the sample measurement instruments copied below and her suggestions:

- Review the goals (see Sample "Outcome Measurement Framework" below) with each new family to help them understand what the Program does and what to expect from the Program.

  1 – Families and staff are safe in our facility.
  2 – Visits are a positive experience for children and adult victims.
  3 – Families resolve their crisis and begin the healing process.

- Conduct exit interviews with clients leaving the program.

- Conduct exit interviews with children leaving the program.

- Conduct exit phone interviews with clients who have already left the program.

Samples

OUTCOME MEASUREMENT FRAMEWORK

OUTCOME	INDICATOR(S)	DATA SOURCE	DATA COLLECTION METHOD
Families and staff are safe in our facility	1. Decrease the number of critical incident reports by 50%.	Staff	Incident reports are completed
	2. 100% of staff trained in safe visitation practices	Staff	Training checklist
	3. 100% of staff report that they are safe in out facility	Staff	Interview
	4. 95% of clients report that they feel safe in our facility	Clients	Interview
	BARRIERS TO SUCCESS	**DATA SOURCE**	**DATA COLLECTION METHOD**
	1. Incidents beyond our anticipated preventative measures		

OUTCOME MEASUREMENT FRAMEWORK

OUTCOME	INDICATOR(S)	DATA SOURCE	DATA COLLECTION METHOD
Visits are a positive experience for children and adult victims	1. 90% of custodial parents report that they and their children had a positive experience in our facility	Parents	Interview
	2. 90% of the children appear relaxed and comfortable with staff and during visits and exchanges	Staff	Observation checklist
	3.		
	4.		
	5.		
	BARRIERS TO SUCCESS	**DATA SOURCE**	**DATA COLLECTION**

			METHOD
	1. Age of the child		
	2. Extent of traumatization		

OUTCOME MEASUREMENT FRAMEWORK

OUTCOME	INDICATOR(S)	DATA SOURCE	DATA COLLECTION METHOD
Families resolve their crisis and begin the healing process	1.Visitation is occurring outside of an agency for 75% of the cases that are closed in the last six months	Families Court	Follow up Interview New court order
	2. 75% of the families follow through on community referrals	Families Community Providers	Interview Case management Case Review
	3.		
	4.		

5.		
BARRIERS TO SUCCESS	**DATA SOURCE**	**DATA COLLECTION METHOD**
1.Courts dismiss action prior to treatment		
2. Follow up communication with clients as many move or change phone numbers		

PARENT EXIT INTERVIEW – Sample 1

	1=Never	2=Sometimes	3=Most of the time	4=Always
1. Did you feel safe at our facility?	1	2	3	4
2. Did your children feel safe at our facility?	1	2	3	4
3. Did the following help you feel safe?				
Police Officer	1	2	3	4
Building location	1	2	3	4
Rules for arrival/departure	1	2	3	4
Experienced staff	1	2	3	4
4. Overall, did you have a positive experience with our agency?	1	2	3	4
5. Overall, did your children have a positive experience with our agency?	1	2	3	4
6. Did the following help you have a positive experience?				
Rules for visitation and exchanges	1	2	3	4
Caring staff	1	2	3	4
Competent staff	1	2	3	4
Child friendly environment	1	2	3	4
Office location	1	2	3	4
Office hours	1	2	3	4
7. Do your children have consistent visitation now?	1	2	3	4
8. Are there any problems with visitation?	1	2	3	4
9. Did your family get helpful referral information from this agency?	1	2	3	4
10. Did the services provided help your family through the crisis?	1	2	3	4

OFFICE USE ONLY

How long did the family participate?

0-3mos 3mos-6mos 6mos- 12mos 1 - 2 years 2+ years

What types of services were offered? Check one or more

___Case Management ___Supervised visits _____Monitored Exchanges _____Referrals for Counseling _____Court Testimony

PARENT EXIT INTERVIEW – Sample 2

OFFICE USE ONLY
How long did the family participate?
0-3mos 3mos-6mos 6mos- 12mos 1 - 2 years 2+ years

What types of services were offered? Check one or more
___Case Management ___Supervised visits ___Monitored Exchanges ___Referrals for Counseling
___Court Testimony

1. Did you feel safe at our facility?
   1-not at all 2-almost never 3-some of the time 4-most of the time 5-all of the time

2. Did your children feel safe at our facility?
   1-not at all 2-almost never 3-some of the time 4-most of the time 5-all of the time

3. List other reasons you felt safe.

_____

List reasons you did not feel safe.

_____

4. Overall, did you have a positive experience with our agency?
   1-not at all 2-almost never 3-some of the time 4-most of the time 5-all of the time

5. Overall, did your children have a positive experience with our agency?
   1-not at all 2-almost never 3-some of the time 4-most of the time 5-all of the time

List other reasons you had a positive experience.

_____

List reasons you did not have a positive experience.

_____

6. How often do the children have visitation now?
   1-not at all 2-almost never 3-some of the time 4-most of the time 5-all of the time

7. Are there any problems with visitation now?
   1-not at all 2-almost never 3-some of the time 4-most of the time 5-all of the time

8. Did your family get helpful referral information from this agency?
   1-not at all 2-almost never 3-some of the time 4-most of the time 5-all of the time

9. Describe how the services provided helped your family through the crisis.

_____

10. What services does your family need now?

_____

Children - Sample

What do they want from a visitation center?

-Nothing, I don’t want to go
-A place to see my dad
-Nice people

Have you felt safe coming to the visitation center?

-yes

Have you ever not wanted to see your parent? If so, did you tell the staff?

-I told my mom
-I have not wanted to see him but once I get there I am fine

What should the center do if kids don’t want to see their parent?

-Don’t know
-let them stay with their mom

Conclusions - Sample

Based on the limited information obtained the following recommendations/needs could be made:

Outcomes

- Many of the clients were thankful they had a safe place to visit or exchange their children.

- Many of the clients felt safe for themselves and their children (where they stated they had not prior to using the center.)

- There were many positive comments made about the staff that included they were caring and professional.

-The family visitation program was not as well known with the target audience as needed to get valid information. Writer spent a great deal of time explaining the program to the audience before addressing questions.

- There appeared to be individual staff that they did not feel treated them compassionately.

-There is a definite need in the community for the visitation program.

Recommendations

-There are needs for more access to referrals for economic and legal needs.

- An accurate risk assessment and ongoing communication with victims is very important to their safety and for that reason a better level of communication would be helpful.

-There should be active communication with the schools when there is a protective order in place.

-There should be continued training for staff on working with difficult people and being non-judgmental.

-There should be more targeted community outreach to increase the number of families that may benefit from the program (specifically for non-English speaking clients)

-If there is a prior history of violence, courts have the opportunity to directly order treatment services. This may help the individual learn healthier ways to deal with their children during visits.

-When multiple exchanges take place, especially on Sunday afternoon, there are many families coming and going at the same time. This may block some of the observations staff can conduct as they are busy documenting arrival times. It may be more beneficial for each family if there are a limited number of clients coming in and out to ensure safety and foster better communication with the children.

-Staff should meet with the children briefly at least once a month to determine if they
are feeling safe. This will also help build the relationship if safety becomes an issue.

- The visitation program should offer extended hours to accommodate the needs of working families.

Start the **New Year** with the first statewide phone conference on

THURSDAY, JANUARY 15TH, 2009

Noon Eastern

(850) 644-2255

Bring your questions, comments, and feedback!