



2013 EPRESS

Questions from Directors

Our program has a mother who visits with her four children. The problem is that she only wants to spend time with the infant, not the other children, and I am having a really difficult time communicating this to the case manager. I have called many times, and the case manager is always someone different – we've had several on this case already. So there's no consistency, and I really need help.

It is true that there is generally a great deal of turnover in social service providers. That is not a reason to let this case continue with unpleasant visits. Please call the case supervisor immediately and let her know what's been going on in the case. Ask for help immediately. This mom is terrified that someone will accuse her of hurting the infant, and she needs assurance and guidance. She will also have to learn how to care for all her children, not just the infant, so the sooner she starts learning, the sooner she will have her children home with her. Start teaching her skills to be able to meet the needs of all of her children while keeping the most vulnerable safe. It's a big job, and you need help. That's what the case manager is for. Perhaps this mother can also benefit from counseling to deal with her anxiety. Perhaps she can be enrolled in parenting classes. There's a range of options that you are not getting the benefit of because of the high turnover. Call the supervisor today.

I took a case and charged the parents for intake. After that, I realized that I could not keep the case. Do I have to refund the parents' money?

No. Unless you have some stipulation that you will return fees if you can't take the case, you can still charge for intake. After all, you have already put in the time to conduct and document intake, and I'm assuming that you did so in good faith, not knowing that the case would be too dangerous to accept into the program. However, I have heard of complaints about programs that charge amounts over a

hundred dollars for intake, and then frequently reject the cases. As judges hear about such complaints, my guess is that they will limit their referrals to that program.

A visiting mom brought an additional child with her to the visit, and though we first thought it was a great idea (after all, the children are half-siblings) the visits have not gone well. The children fight and argue and seem to dislike each other a lot. Should we tell her to stop bringing the second child?

Yes, at least for a few visits. I have some concerns that the first child is jealous of that second child, and that you have not had time to re-establish the bond between the mother and the first child yet. A visit that disintegrates into squabbling and tears each time may need a “time out.” So consider starting over. Have the visits first between the mother and the first child, so you can get a sense of the relationship and how you can help strengthen it. The sibling relationship is important, of course, but you might get a clearer picture of what dynamics are at play if you start with the mother and a single child first. Also, you don’t really know the first child’s baseline behavior, so we can’t tell whether he is always angry and withdrawn, or if he is only withdrawn in the presence of the other child. This family may need additional therapeutic intervention, but I can’t tell from what you’ve told me.

How can I help a client whose needs are extremely overwhelming? I feel like we can’t even touch the surface of what she needs.

When it’s a dependency case, please contact the case manager. It would be helpful if you had a list of needs that you think the client has. If the case is a family court case, start with 2-1-1. The Florida 2-1-1 Association provides free, confidential information and referral services. Trained professionals are available 24 hours a day, 7 days a week, to provide crisis counseling and help callers identify and connect with health and human service programs that can meet a variety of needs including food, housing, employment, health care, and more. Services are available statewide!

Grieving Children: Addressing Deaths with Children and Families

By Ember Maselli, MSW

Death affects all families at some point in time. Children who experience the death of a loved one may experience fear, sadness, confusion, feelings of numbness, and other discomforting emotions.

During supervised visitation, parents can learn how to address these issues with their children through modeling and suggestions from staff members. Staff can use this opportunity to help parents understand their child's view of death, answer questions, and take the culture of the family into account when talking about death.

Below is a guide for parents on explaining and dealing with death and children. Each step provides information for supervised visitation staff on how they can incorporate this guide during visits.

Telling the Child about a Death

- Language – Use direct language, like using words such as death, dead, or died, instead of phrases like passed away or went to sleep. Children often do not understand that death is permanent, and may think that someone who “passed away” or “went to sleep” is coming back or will wake up.
- Example statement – *Megan, there is something I need to tell you. You remember that Grandpa was very old and sick. Last night, he died. So we are not going to be able to see him again.*
- For Visitation staff – *Mom, can you explain to Brandon what passed away means? He may not know.*
- Depth of Explanation – The way parents tell children about the death may vary with age of the child. Younger children may require more explanation than older children. The way the person died may also change how a parent explains the death to a child. For example, younger children may not understand suicide like an older teenager would.
- Explaining a suicide to an 8-year old – *Tim, Aunt Beth called and said that Uncle John died this morning. He had a sickness in his head that made him hurt himself and he died.*
- Explaining a suicide to a 15-year old – *Jen, you know how Uncle John has been depressed for a while? Aunt Beth just called. Uncle John committed suicide and he is dead.*
- For Visitation staff – *Do you have any questions for your dad?*
- Cultural/Religious Explanations – Families that are religious may explain death as though a friend/family member has gone to heaven, is an angel, or is with God. These kinds of explanations can be comforting for religious families. It is important, however, to emphasize the permanence of death.



Reassuring the Child

- We're Safe – Children who learn about death may fear for their own lives. Parents can reassure children that they are safe, and what happened to their friend/relative who died will not happen to them.
- Example statement – *Miguel, I know you are worried about riding in the car since your cousin Adrian died in his car. But our car has air bags, seat belts, and I will make sure you are safe.*
- Example statement – *Grandma died because she was very old; that's what happens when people get old. Their bodies are too tired and they die. You, and me, and your sister are young! Our bodies will not get tired for a very long time.*



- For Visitation staff – *Dad, how do you think he feels about the car?*
- We'll Stick Together – Children may be afraid that other people will leave their lives, including parents or siblings. Recognize the child's feelings and let him or her know that the family will stick together and help each other.
- Example statement – *I know you are scared because Lanisha from school died. What happened to Lanisha is not common and you don't have to worry about that happening to your brother.*
- For Visitation staff – *Lanisha, how do you feel about your friend dying? [...] Why are you scared?*

Expressing Feelings and Meeting Needs

- It's Okay to Cry – This is important for parents, caregivers, and children. It is okay to cry in front of the child and let him or her know you are sad. If a child finds you crying, it is okay to explain why and ask him or her about his or her own feelings.
- Example Statement – *Oh, Dwayne, it is okay. I'm just crying because I miss your aunt. She was my sister and I'm sad that I won't see her again. How do you feel about Aunt Deb dying?*



- Expressing Feelings – Some children may not want to talk about a loved one's death, and other children may keep asking questions, talking about the loved one, and expressing emotions openly. Both reactions are normal, but some children may not know how to describe their emotions and feelings. Explaining your own feelings and asking how he or she feels can help put a name to emotions and help the child feel less lonely.

- Example statement – *Tiffani, I have been thinking about your dad lately. I feel sad that he is gone. How are you feeling?*
- For Visitation staff – *Mom, how do you feel? Have you asked Tiffani how she feels?*
- Meeting Needs – Children may show signs of difficulties after a death. Feeling sad, anxious, numb, or scared are normal reactions. Some reactions are common, but may be troublesome for children. Be aware of your child's problems and needs, and address issues at hand.

How to Address Problems

- Having Nightmares or Trouble Sleeping – A peaceful nighttime routine can help children with nightmares. A warm bath, a positive happy story, and calming music may help ward off nightmares and may help children sleep soundly.
- Avoiding Talking about the Death – Let children know that it is okay if they do not want to talk about the death, but that you are there for them if they need you when they do want to talk.
- Hiding or Avoiding Family Members and Friends – Talk to children about their behavior and try to ease their fears by talking about their feelings and needs.
- Performing Poorly in School – Talk to children about their issues in school, and give children support and one-on-one time to help assist them. Setting up a teacher conference may also be helpful.
- Excessively Irritable – Talk to children about their feelings and try to get them to express themselves without being rude to others.
- Developing New Fears – Talk to children about their behavior and try to ease their fears by talking about their feelings and needs.
- Regressing (showing behaviors of a younger child, like tantrums, thumb sucking, bed wetting) – Comfort children who are throwing tantrums and ask them to calm down. Let children who wet the bed know that it is not their fault and work on focusing on meeting their needs and talking about feelings related to the death of the loved one. If you are worried about your child, or his or her problems are not stopping or getting better, talk to your case manager about these issues.
- Examining Sudden vs. Expected Deaths – Sudden deaths are often more difficult for adults and teenagers to process and handle emotionally, but even expected deaths can shock them. Young children especially may experience confusion, sadness, and loneliness even if the death is expected. Explain deaths in ways that address sudden and expected deaths.



Normal Experiences and Feelings Children May Have

After an Expected Death:

- Children may still feel overwhelmed even though they knew or were told that a loved one may die. Children may fear for their own personal safety after the death of a loved one.
- Children may feel relieved. For example, one parent may have spent time taking care of a dying relative and now the parent has more time for his/her child.

After a Sudden Death:

- Children may see their loved one as a hero if he/she died protecting or serving the community.
- Children may become preoccupied with avoiding what caused the death of their loved one (an illness, old age, injuries). Children may resent the loved one for dying and leaving them.
- Children may ask questions and wonder what could have been done to prevent the death. Children may become preoccupied with avoiding what caused the death of their loved one (automobiles, doctors, water)



Remembering Loved Ones

- It is a Choice – Some children may want to see a loved one at a wake, or attend a funeral. Other children may want to try to avoid thinking about the dead loved one. Children should be given a choice (if possible) to attend a funeral, a wake, or visit the grave of a dead loved one. Alternative ideas to remember loved ones may be more fitting for children.

Ways to Remember Loved Ones

- Attend the funeral, wake, or visit the burial site. Explain to children what they can expect, and provide emotional support while in attendance or visiting the burial site.
- Have a smaller memorial for your family. Decorate with things your loved one enjoyed, light candles, share memories and stories, and eat foods your loved one enjoyed. Incorporate religious/spiritual traditions in your family.
- Listen to or sing a song dedicated to the memory of a loved one. Pick a song together with your child and talk about how the song makes you feel.
- Create a memento or craft. Help children create picture frames, charms, locket, drawings, or memorials to remember your loved one by.

- Write letters to loved ones. Help children write a letter to their loved one which can be secret or read to the family. Hang the letter up or put it in a keepsake box for the child to read when he or she misses the loved one.
- Continue Celebrating Birthdays. Look through photos, have cake or ice cream, and talk about the loved one.
- Give your family something to look forward to. Go on outings, picnics, and on vacation if possible, to give your family things to look forward to.

Caring for Yourself

- The loss of a loved one can be painful for children and adults. Talk with parents about the importance of taking care of themselves in this painful and emotional time.
- Handling the impact of a death on your children and on yourself can be difficult. Taking care of yourself is important so that you can manage stress, maintain your health, and take care of your family.

Ways to Care for Yourself

- Address your own thoughts and feelings. Use a journal, or talk to a friend, counselor, or case manager about your feelings, fears, concerns, and stress. Find a grieving group or support system if desired.
- Be aware of physical changes. After the death of a loved one, you may feel panicked, sweaty, uncomfortable, or you may begin eating more or less than usual. Pay attention to your body and meet the needs your body has by eating well, exercising, and seeking physician care if needed.
- Take time out for yourself. Ask a trusted friend or family member to watch your children and take a spa day, go out with friends, or stay home and relax.
- Relax your mind. Spend time writing, meditating, listening to music, or praying to relax and calm down.
- Seek help if you need it. Talk with your case manager or call a hotline if you are feeling overwhelmed and need someone to talk to.
- Realize it's okay to feel. Cry, talk it out, and realize that it is okay for you to feel bad, sad, scared, or overwhelmed.



Resources:

http://www.aboutourkids.org/files/articles/crisis_guide02_w_spanish.pdf

<http://www.dougy.org/grief-resources/how-to-help-a-grieving-child/>

<http://childrengrieve.org/>

Working with Parents with Learning Disabilities

Introduction

A significant number of people have learning disabilities. Supervised visitation personnel are sure to encounter parents with learning disabilities in visits. It is important to understand learning disabilities and how these may affect a family or a supervised visit. This training offers information to help supervised visitation personnel best support and supervise parents with a learning disability in a supervised visitation setting.

Snapshots about Learning Disabilities

Listed below is information on the prominence and characteristics of learning disabilities in the US.

- As many as one in five people in the United States has a learning disability.
- While the number of parents with learning disabilities is unknown, the number of parents with learning disabilities working with social service providers is increasing.
- Learning disabilities last throughout a person's life and do not go away when one reaches adulthood.
- Learning disabilities may affect a person's thoughts, attention, abilities, and social and emotional competence.

Objectives

After having completed this training, you should be able to do the following:

- Understand what a learning disability is and how prominent it is.
- Learn about struggles unique to parents with learning disabilities in a supervised visitation setting.
- Develop strategies for working with parents with learning disabilities in a supervised visitation setting.
- Test your knowledge on parents with learning disabilities.
- Know online resources available in order to better understand parents with learning disabilities.

Defining Learning Disability

The US Department of Education defines learning disabilities as “disorders that manifest with a deficit in one or more of the following areas:

- attention,
- reasoning,
- processing,
- memory,
- communication,
- reading,
- writing,
- spelling,
- calculation,
- coordination,
- social competence, and
- emotional maturity.

There are many different types of learning disabilities. The most common are listed here.

- Dyslexia – when individuals have difficulty understanding words and sentences.
- Dysgraphia – when individuals have difficulty forming letters or writing in a space.
- Dyscalculia – when individuals have difficulty solving math problems and understanding math concepts.
- Dyspraxia – when individuals have a speech problem that hinders their abilities to pronounce sounds, syllables, and words.
- Auditory, Memory, and Processing Disabilities – when individuals have problems understanding language, even with normal hearing and vision.

Struggles for Parents with Learning Disabilities

Parents with learning disabilities have additional struggles that they may encounter in all aspects of their lives. Parents with learning disabilities may:

- Have trouble accessing services when they are in need.
- Be afraid to ask for help for fear of their children being taken away.
- Feel shy or embarrassed by their learning disability.
- Face scrutiny of their parenting abilities and skills.
- Have difficulty finding appropriate care for children.
- Experience poverty, low literacy, poor mental and physical health, domestic violence, and lack of social support.



All of these are problems that supervised visitation staff should consider in working with parents with learning disabilities.

Strategies for Working with Parents with Learning Disabilities

Supervised visitation personnel should be aware of unique issues when working with parents with learning disabilities. The following are additional strategies that supervised visitation personnel can utilize when assisting parents with learning disabilities and specific struggles they may encounter. Be very clear and direct when talking to parents.

- Avoid jargon or idioms, such as “a stitch in time saves nine” or “reap the harvest of.” Use simple, plain language and avoid phrases that people may not understand.



- Personnel may need to repeat information.
- Assist parents by providing them with referrals to other agencies.
- Assist parents in accessing resources from additional agencies in the community.
- Spend extra time with parents by slowly and carefully going over the policies and procedures associated with your supervised visitation center.
 - Many adults in the U.S. have low literacy skills. Many speak English as a second language. Staff may not know that families have trouble reading, so it may be best to read the program rules out loud to avoid embarrassment on everybody's part.
- Encourage parents to ask questions if they become confused or if they are having trouble understanding what is going on.
 - Personnel should ask if clarification is needed because parents may be afraid of asking.
- Validate parents' concerns or feelings and encourage them to express themselves.
- Be sensitive about parents' disabilities and do not patronize, belittle, or call names.
- Do not assume learning disabilities are the cause of parenting issues. Assess environmental and social factors as well, such as poverty, mental health, and domestic abuse.

Quiz

Here is a final quiz to test you on the information covered. Answer the questions that follow.

1. How many people have learning disabilities?
 - a. 1 in 5
 - b. 1 in 50
 - c. 1 in 500
 - d. 1 in 5000
2. True or False: It is important for supervised visitation personnel to know whether a parent has a learning disability.
3. Learning disabilities:
 - a. Are only present in childhood
 - b. Are only present in adulthood
 - c. Are lifelong
 - d. End when an individual turns 18

4. Learning disabilities affect a person's:
 - a. Abilities
 - b. Attention
 - c. Thoughts
 - d. All of the above
5. Which of the following is defined as "when individuals have difficulty understanding words and sentences"?
 - a. Dyspraxia
 - b. Dyslexia
 - c. Dysgraphia
 - d. None of the above
6. Which of the following is defined as "when individuals have difficulty solving math problems and understanding math concepts"?
 - a. Dypraxia
 - b. Dyslexia
 - c. Dysgraphia
 - d. Dyscalculia
7. True or False: Parents with learning disabilities may be worried that asking for help will make someone take their kids away.
8. Which of the following is something a parent with a disability may typically encounter?
 - a. Difficulty accessing services
 - b. Difficulty finding appropriate care for a child
 - c. Concern over their parenting abilities
 - d. All of the above
9. Which of the following is NOT something a supervised visitation worker can do to help parents with learning disabilities?
 - a. Refuse to answer any questions they may have
 - b. Discuss feelings
 - c. Refer them to resources
 - d. Help them access services
10. True or False: Supervised visitation personnel do not need to take extra time when meeting with parents with learning disabilities.

Correct Answers: 1 – A; 2 – T; 3 – C; 4 – D; 5 – B; 6 – D; 7 – T; 8 – D; 9 – A; 10 – F.

Resources

This website from the National Center on Learning Disabilities offers information on adults with learning disabilities. It has information on how learning disabilities affect daily rights and an individual's work place.

<http://www.nclld.org/adults-learning-disabilities>

This website from the Learning Disabilities Association of America offers information on adults with learning disabilities. It has information on many different issues adults with learning disabilities may encounter.

<http://www.ldanatl.org/aboutld/adults/index.asp>

References

<http://www2.ed.gov/about/offices/list/ovae/pi/AdultEd/dislearning.html>

<http://www.ldanys.org/index.php?s=2&b=5>

<http://disability-studies.leeds.ac.uk/files/library/Booth-parents-with-lea-diff.pdf>

<http://www.nclld.org/adults-learning-disabilities/living-disability-tips/learning-disabilities-adulthood>

<http://www.barnardos.org.uk/wwparwld.pdf>

<http://www.bestbeginnings.org.uk/parents-with-learning-disabilities>

<http://www.baringfoundation.org.uk/Findingrightsupport.pdf>

Working with Toddlers: Temper Tantrums

Temper tantrums are a normal part of child development, but they can be incredibly difficult to handle. However, they are a natural reaction to frustration for most young boys and girls alike, and they can serve as a perfect learning opportunity for the child when dealt with properly. As professionals working with young children, it is important to know where temper tantrums come from, as well as how to react and respond in the midst of them.

Causes

Again, they're natural and normal. As children develop into autonomous humans, they desire control and independence, as well as the ability to explore the world. Unfortunately, the world is not that easily controlled or explored – especially for someone who is still learning to walk and speak. It's a frustrating part of growing, and

throwing a tantrum seems to be the best way to vent those feelings. Listed are some other common causes...

The child may be:

- Seeking attention
- Tired
- Uncomfortable
- Learning to communicate
 - Children tend to understand more than they can express – how frustrating does that sound! Even learning to speak and communicate can lead to temper tantrums

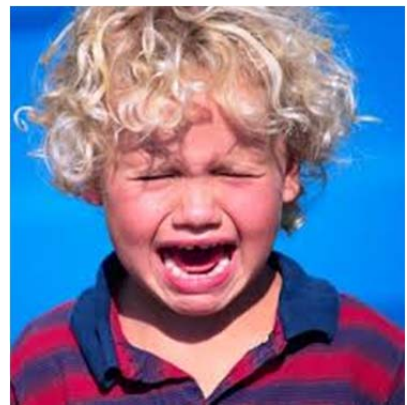


Avoid Tantrums

Temper tantrums may be normal, but they aren't always beneficial. Limiting a child's opportunity to throw a temper tantrum (or get frustrated in the first place) is the best way to avoid them. There may be many occasions during supervised visitation that are frustrating to a young child.

When a child is:

- Seeking independence → give them *choices*
 - Autonomy is important for human development, so children are looking for opportunities to “be their own person.” A way to foster this in a child, while also avoiding frustration, is by offering him or her choices.
 - Be careful not to ask them questions that will lead to a yes or no. Try asking questions like “Would you like to sit here or there?” If you ask one-way questions, like “Would you like to sit here?” he or she is given the opportunity to say “no” and be upset about it.
- Seeking control → give them *toys*
 - Toys are perfect instruments to offer a child control, but they must be age appropriate. When a child doesn't understand how to use a toy, he or she can become incredibly irritable!
- Seeking attention → give them the *right* attention
 - Any amount of attention – negative or positive – increases behavior in a child. Encourage your child by rewarding him or her with *positive* attention for *positive* behavior.
 - Try to avoid giving negative (or *any*) attention for negative behavior. This naturally teaches a child to self-regulate and to discern what types of behavior are acceptable.
 - This also models for the parent how to interact with his or her child.



- Tired → don't push a child's *limits*
 - If a child is clearly tired, his or her attention span may not be fit for certain activities during supervised visitation. Don't push it!
- Uncomfortable → give the child a comfortable *environment*
 - A child may be uncomfortable in certain settings, and it is unlikely that he or she will be cooperative if he or she is uncomfortable.
 - Try to alter the environment to better suit the child. Bring the child to a soothing, calm room, or open up the blinds/curtains and look out the window together.

Intervening During Temper Tantrums

We've talked about where temper tantrums come from and how to avoid them. But the most important part of interacting with a child during this process is while he or she is in the midst of their tantrum. Below are some strategies to be used in response to temper tantrums.

1. First and foremost → *relax*
 - a. Responding to a frustrated child by also being frustrated is never beneficial. It teaches the child that throwing a fit is an acceptable response to anything that doesn't go his or her way.
 - b. Try to remember that throwing a temper tantrum is the only "tool" that a young child can use to vent his or her frustration.
 - c. Remember that parents may see the child's tantrum as a failure on his or her part, so the parent will probably feel anxious and upset. Remember and remind the parent that the child's tantrum does not reflect "badly" on the parent.
2. For violent or abusive temper tantrums → *move* the child
 - a. If a child's fit turns into aggressive behavior, he or she needs to be moved to a quiet, safe place until he or she can regain control.
3. *Never* use force
 - a. Spanking a child during a temper tantrum is more damaging than not. It can teach him or her that responding to upsets with physical force is okay.
4. *Empower* the child
 - a. One tactic that can be used is to tell the child to move to the corner of the room until he or she regain control of him or herself. This empowers and gives the child an opportunity to self-regulate his or her reactions to frustration.
5. Don't *reward* the child for calming down



- a. Rewarding a child for overcoming a temper tantrum will give him or her a good reason to throw another fit in the future. Again, positive attention for negative behavior will only increase that behavior.
6. *Teach* the child other ways to deal with his or her frustration
 - a. We are not born knowing how to regulate our emotions, so we can't expect children to just try something different next time. After the child has conquered his or her upsets, affirm his or her feelings, but then teach him or her more positive and acceptable ways to overcome the frustration in the future.

Resources

<http://kidshealth.org/parent/emotions/behavior/tantrums.html#>

http://www.nasponline.org/resources/behavior/tantrums_ho.aspx

<http://www.parenting.com/article/temper-tantrums?page=0,1>

Refresher Course: An Overview of Chapter 39

Child Abuse & Neglect

The general purpose of the Chapter 39 Florida Statutes is to provide children protection from abuse, neglect, and exploitation and provide them with a permanent and stable home with a safe and nurturing environment that will preserve their sense of personal dignity and integrity. Children will be provided with adequate nutrition, shelter, and clothing as well as effective treatment for any physical, social, and emotional needs. In addition, an equal opportunity to quality and effective education that meets the needs of each individual child is to be provided along with access to recreation and other community resources so that children can develop their individual abilities (Fla. Stat. §39.001(3)).



Child Abuse

“Abuse” can be an act or omission that is willful or threatened which results in any physical, mental, or sexual abuse that harms the child’s physical, mental, or emotional health. Corporal discipline is not considered abuse unless it is inappropriate or excessively harsh causing harm to the child (Fla. Stat. §39.01(2); see also *T.G. v. Dep’t of Children and Families*, 927 So. 2d 104 (1st DCA 2006)). Abuse can also occur when a child witnesses

domestic violence that results in some physical, mental or sexual injury (*In re L.C.*, 947 So. 2d 1246 (2d DCA 2007)).

Harm

“Harm” to a child’s health can occur when any person inflicts or allows someone to inflict physical, mental, or emotional injury to a child. Many factors are taken into consideration in determining whether harm has occurred and it includes a wide range of acts such as drugging, sexual exploitation, use of unreasonable restraints, violent behavior, etc (Fla. Stat. §39.01(32)). A parent’s use of alcohol and/or controlled substances is harmful if it is chronic and severe and it has an adverse effect on the child (*C.A. v. Dep’t of Children and Families*, 958 So. 2d 554 (4th DCA 2007)).

Child Neglect

“Neglect” occurs when a child is deprived of necessary food, clothing, shelter, or medical treatment. It can also occur when a child lives in an environment that causes this deprivation or one that significantly impairs the child’s physical, mental, or emotional health. Financial ability can be an excuse so long as help is not refused when others offer it. In addition, a recognized religion can be an excuse when it comes to medical treatment being refused (Fla. Stat. §39.01(44)).

Sexual Abuse of a Child

“Sexual abuse of a child” can occur when a person commits one of seven different acts:

1. Oral intercourse
2. Genital or anal intercourse
3. Touching
 - i. Unless for medical purposes
 - ii. Unless it is a normal caregiver responsibility (i.e. changing diapers)
4. Use of objects for penetration
5. Masturbation in the presence of a child
6. Exposure of genitals in presence of a child
7. Sexual exploitation of a child, prostitution (Fla. Stat. §39.01(67)).

Physical Injury

“Physical injury” includes death, permanent or temporary disfigurement, or impairment of any bodily part (Fla. Stat. §39.01(56)).

Mental Injury

“Mental injury” is an injury to the intellectual or psychological capacity of a child. This can be shown by the child’s inability to function normally in the child’s performance or behavior (Fla. Stat. §39.01(42)).

Abandonment

A child is “abandoned” when the parent or legal custodian makes no significant contribution to the child’s care or fails to have a substantial and positive relationship with the child. This includes frequent and regular contact and communication with the child, and the exercise of parental rights and responsibilities. Minimal effort in token visits or communications is insufficient (Fla. Stat. §39.01(1)).

Duty to Report

Any person who knows, or reasonably suspects that a child is being abused, abandoned, neglected, or sexually abused must report such knowledge to the Department of Children and Family Services’ central abuse hotline (Fla. Stat. §390.201). The name of the reporter will be known by the employees of the department responsible for child protective services, the central abuse hotline, law enforcement, the child protection team, or the appropriate state attorney when necessary (Fla. Stat. §39.202). Anyone who makes a good faith report is immune from liability under this statute. A person required to report but fails to do so or prevents another from doing so, commits a third degree felony. A person who knowingly makes a false report or who tells another to make a false report is guilty of a third degree felony (Fla. Stat. §39.205).

Taking Custody by Law Enforcement

For a child to be taken from custody, the officer must have probable cause that the child has been abused, neglected, or abandoned, that the parent or legal custodian is in some way violating a condition of placement imposed by the court, or that the child has no one immediately known and available to provide supervision and care (Fla. Stat. §39.401).

Grounds for Termination of Parental Rights

There are numerous circumstances in which parental rights can be terminated. For example, parents can terminate their rights voluntarily, by abandonment, when the parent’s conduct threatens the life, safety, well-being, or physical, mental, or emotional health of the child, etc (Fla. Stat. §39.806). In determining whether parental rights should be terminated, it is the manifest best interest of the child that is taken into consideration. There are many relevant factors taken into consideration in determining the manifest best interest of the child (Fla. Stat. §39.810).

Goodbye, Sunshine State Standards and FCAT... ...Hello, Common Core State Standards!

On July 27, 2010, the state of Florida adopted the Common Core State Standards (CCSS) for public education, like 44 other states and 3 territories in the U.S. Listed

below are some facts about *what* CCSS is, *why* it exists, *how* it will change education, *who* it will affect, and *when* it will go into place.

WHAT is CCSS?

- Educational standards for reading, writing, and math that will replace the Next Generation Sunshine State Standards (NGSS)
- Researched, written, and developed by professional educators and education experts around the nation
- Created to ensure that all students graduate high school and increase success rates beyond graduation
- International benchmarks for skills in every subject

WHY CCSS?

- Previous standards (NGSS) have been vague, whereas CCSS will be specific to educational benchmarks
- Previous standards, policies, and tools did not align with the rest of the country, whereas CCSS ensures consistent standards regardless of location or demography

HOW will CCSS change education?

- More specific benchmarks for learning
- More rigorous but also relevant material
- Text covers a wider range of genres and format
- New end-of-year assessments will be developed (right now, Florida uses the "FCAT")
- Examples of change (*from the Tallahassee Democrat*):
 - o 3rd Grade Writing:
 - Common Core (new): With guidance and support from adults, use technology to produce and publish writing (using keyboard skills) as well as to interact and collaborate with others.
 - Sunshine State (old): The student will write a final product for the intended audience.
 - o 6th Grade Math:
 - Common Core: Distinguish comparisons of absolute value from statements about order. For example, recognize that an account balance less than -\$30 represents a debt greater than \$30.
 - Sunshine State: Use and justify the rules for adding, subtracting, multiplying, dividing and finding the absolute value of integers.
(Note: Absolute value is not mentioned until seventh grade.)
- *A categorical list of the Common Core State Standards by grade and subject can be found [here](http://www.cpalms.org/downloads.aspx). www.cpalms.org/downloads.aspx*

WHO will CCSS affect?

- *Teachers* across the nation:
 - o Will have a shared set of expectations and goals for students in their respective grade levels. The change won't dictate curriculum, or how the teachers teach, but it gives more specific standards for the students' knowledge and skills – what they should know by the end of the school year.
- *Students*:
 - o Will have more consistency in their education. Movement between schools and states won't negatively impact their learning process.
 - o Will be assessed at the end of the year on their common core skills and knowledge. "FCAT" is the statewide test currently being used. Just as the FCAT is based on NGSS, so will the new end-of-the-year test be based on Common Core Standards
 - o Will have a more thorough but also rigorous learning experience
 - o Will be better prepared for college and/or the work force after graduation
- *Parents*:
 - o Will need to be more involved in their child's education. Because of the increase in expectations on the students, parents will need to be equally supportive at home – this means more time spent with the child on homework and more communication with teachers.
 - The Florida Department of Education offers free guides and handouts to parents of children who will experience this change. They can be found [here](#).

WHEN will CCSS go into effect?

- Full implementation will take place in the beginning of the 2014-15 school year
- Because changes in educational structure have to take place from the bottom up, full implementation started for Kindergarten in the 2011-12 school year, but all grade levels will experience a gradual change until 2014. The timeline for implementation can be found at: <http://www.fldoe.org/schools/ccs.asp>

References:

http://blogs.edweek.org/edweek/on_innovation/2012/09/quick_guide_to_the_common_core_key_expectations_explained.html

<http://www.corestandards.org/>

<http://teaching.about.com/od/assess/a/Common-Core-Standards.htm>

<http://www.fldoe.org/schools/ccs.asp>

<http://www.tallahassee.com/apps/pbcs.dll/article?AID=2013307140034>

**Have a question? Want training on a specific issue?
Call or write the Clearinghouse on Supervised Visitation**

koehme@fsu.edu

850-644-6303