



Clearinghouse on Supervised Visitation

The Institute for Family Violence Studies

Florida State University

AUGUST EPRESS

QUESTIONS FROM DIRECTORS

Q: I received a referral of a closed dependency case for a mother to visit her child in which the court has terminated jurisdiction. Now what?

A: Thank you for asking! This question is becoming a frequent inquiry to the Clearinghouse. I have modified a court order so that everyone can see what such a referral looks like (below).

There are many issues raised by such a referral. The first, of course, is that when the Court terminates its own jurisdiction, there is a question of what recourse the program has to enforce its own policies and procedures. Without a court to return to for help, the program is on its own when a client violates a program policy. The only recourse is to terminate the case. (Of course, if there is a safety issue, the program can also call law enforcement.) In my view, there is likely no longer contempt power to enforce your own policies except through termination.

The next issue is longevity of the case. It looks as if the Court is making a referral for visitation for an indeterminate length of time. Which could mean that some visitation program is going to have this case until the child turns 18. That raises a real problem of program resources. Most programs do not have the resources to give a “spot” at the program to one family for ten years. If there were multiple visitation programs in your area, the family could circulate to other programs every few months. But Florida does not have an abundance of resources in each circuit.

Another problem may be money. It is not likely that this mother has many financial resources, and the father – though willing now – may not always be happy about paying for the visits. The mother will likely be ordered to pay child support, yet visits also cost money. You still have to pay staff and rent and utilities, whether or not the client pays (or is willing to pay). The local child protection agency is not likely to pick up the tab for the visits because the court terminated jurisdiction. The court is also unlikely to pay. If you are an Access and Visitation recipient, you are entitled to use that funding to pay for this case, even though those funds are extremely limited.

IN THE CIRCUIT COURT OF THE XX JUDICIAL

IN AND FOR ___ COUNTY, STATE OF FLORIDA

IN THE INTEREST OF:

JUVENILE DIVISION

JANE DOE DOB: 01/01/19XX

CASE NO: XX-XX-XX-

XX

CHILD

ORDER TERMINATING SUPERVISION AND JURISDICTION

WHEREAS, the Court on the day of Month, Day, Year adjudicated the Child to be dependent and said child was placed in the custody of the biological father ___ under the Protective Supervision of the Department of Children and Families, and

WHEREAS, it has been made to appear to the court, and the Court finding from evidence produced before it said child no longer requires further supervision,

IT IS HEREBY ORDERED that:

- 1. The child shall be released from further Protective Supervision by the Department of Children and Families since permanency for the child has been achieved.**
- 2. The Court's jurisdiction over said child in this cause is hereby terminated.**
- 3. Said child shall remain in the custody of the biological father _____.**
- 4. The biological mother, _____, has the right to have visitation with the child, to be supervised by a visitation agency once a month.**
- 5. Records are available to the child, the child's caregiver, Guardian Ad Litem, or attorney until the child reaches age 30. Records can be obtained at, Address, Street, City, State, Zip Code, Phone Number.**

DONE AND ORDERED in City, County, Florida on this XXth day of Month, SIGNED this ___ day of ___, Year.

Remember that you are not compelled to take the case. If you do, be sure to advise the local CBC and DCF of your actions. Often the child protection agencies don't realize that supervised visitation programs are helping to keep children out of the system. Supervised visitation programs are keeping children safe. Yet very often, programs don't get recognized for that once the Department and the Courts have terminated the case.

Other remaining issues include the mother's responsibility to go back to court at some point if she wants more visitation (once a month is very infrequent for a lifetime), and how that might affect your program. Also, be careful not to make recommendations about unsupervised visitation, because you cannot make such determinations based on the very limited knowledge that programs obtain from monitoring visits. Never "vouch" for a client. No matter how well visits go, you and your staff do not know how the mother would act unsupervised. The final risk I want to raise at this point is complacency – I find that is a huge risk in long term cases in which the staff become too comfortable with the parent.

One last option: Explain to your judges and case managers why this situation (some programs use the unfortunate term "dump and run") is untenable. Create a relationship with the chief judge and referring judges (and case managers) so that they don't terminate cases immediately. They can offer a six month temporary order to supervised visitation, during which the parent must get the case transferred to family court (on a petition to establish visitation, or some other family court issue) so that the supervised visitation program has an open court order.

Remember, there are programs that will not accept cases without a court order. There is an important reason for that.

SUMMER SAFETY CHALLENGE

Remember our Summer Safety Challenge!

Email us the names of staff who have given information and reminders to parents about water and heat safety. We will enter their names in a drawing for free children's books.

Winners announced in the August phone conference.

See resources at:

<http://www.centerforchildwelfare.org/Prevention/PreventionPublication.shtml>

Kindergarten Readiness

By Kimberly Newby

Note: This E-press can be printed and given to parents with a child who will be starting his or her first year of school.

Introduction

Starting kindergarten is a big step for both you and your child. You may be experiencing feelings of worry, nervousness, but also excitement. Helping your child prepare for school will help make this big transition easier and more comfortable for each of you. This E-press provides helpful tips to get your child ready for kindergarten.

5 Ways to Help Prepare Your Child for Kindergarten

1. **Boost Your Child's Self-Awareness.** Help your child memorize information about him or herself. For instance, phone number, address, and how to spell his or her name. Knowing this information will help your child become more comfortable in new situations and prepare them if they are asked at school.
2. **Expand Your Child's Mind.** Read to your child and encourage them to tell you stories. Informally teach your child counting, colors, and shapes by asking them to identify things around the house. Cooking with your child can be a great way to practice counting as well as identifying shapes and colors.
3. **Build up Your Child's Motor Skills.** Have your child help you open mail, sort silverware, tie their shoes, and other activities that require them to be hands on. This will help prepare your child for activities he or she may do in kindergarten.
4. **Focus on Your Child's Social Interactions.** In kindergarten your child will be interacting with other children all day every day. If your child does not go to preschool, consider getting involved in group activities with other children. This could include taking your child to parks, libraries, or enrolling in some sort of group class. Knowing how to interact with other children will be very beneficial for your child.
5. **Create a Consistent Routine.** Try aligning your routines at home and your child's sleep schedule as it will be when kindergarten starts. This will help



your child adjust and be prepared for the upcoming transitions in his or her life.

References

http://www.babycenter.com/0_how-can-i-prepare-my-child-for-kindergarten_67245.bc?page=2

<http://www.gse.harvard.edu/news/uk/15/03/kindergarten-milestone>

How to Respond to Children's Intense Emotions

By Cristina Batista

When children experience intense or complex emotions, they usually rely on their parents/caregivers to help them process what they are feeling. There are skills that parents can use in order to help children calm down and understand what they are feeling.

How do you know when a child has intense emotions?

Emotion dysregulation is when children experience emotions at intense levels. These children frequently react quickly and strongly to situations that might not usually provoke those same responses in children whose emotions are more regulated.

5 Strategies for Parents

1. **Stay calm.** No matter what the child is expressing, it is important for parents to calm themselves down before responding. Methods to do this include taking deep breaths, closing the eyes for a few moments, or taking a couple minutes to sit still. If a child is upset, he or she usually feels comforted when the adults around him or her stay calm. Staying calm during a time of a child's emotional turbulence allows the parent to maintain the role of the strong, wise, and kind adult.
2. **Show compassion.** Acknowledge the child's emotional expression with calmness and compassion. This will help the child feel understood and valued. If the child knows that his or her feelings are accepted even when they are difficult, the child will be more



open to sharing their emotions and thoughts with parents. This may be a difficult task for parents to maintain, especially when the conflict the child is dealing with involves parental guidance or discipline, but is essential to helping a child during an intense emotional time.

Parent Example:

“You seem pretty upset about leaving.”

“It seems like you have a lot of big feelings right now.”

3. **Provide physical and emotional contact.** Parents should also offer physical and emotional interaction. Being physically present with a child during an emotional time, if possible, is important for parents to remember. This can be done through offering a hug or even just sitting next to the child. If the child does not want physical contact, parents should respect those feelings. Additionally, parents can offer emotional support by reassuring that they are listening. They should talk in a gentle voice and slow down their speech to help the child focus on what is being said.

Parent Example:

“I’m sorry you’re so sad, I’m with you.”

“You can sit next to me while you cry.”

“I will stay here while you finish yelling into the pillow.”

4. **Get information.** Parents should determine what situations or events lead the child to their current emotional state. This requires parents to ask questions about what happened if they are not aware. However, parents should avoid asking too many questions that may distract the child. Parents should ask questions that help them understand the big picture.

Parent Example:

“What were you doing before you started feeling this way?”

“Did someone say something that made you upset?”



5. **Help guide behavior.** A child's emotions come in waves and parents can often recognize when there is a lull in emotional expression. After the child expresses his or her emotions nonverbally, parents can help the child verbalize the emotions and come up with a plan on how to handle the emotions when they resurface. When parent and child go through this process together, the child learns that he or she plays an active role in regulating the emotional

experience, and that the parent can be counted on for comfort and assistance. This technique helps the child organize his or her behavior into something new – the child's emotional expression is now being validated and the child is participating in making choices.

Parent Example:

"That was really hard. You seem like you're feeling a little better, are you ready to find something to do?"

"I know you're still a little bit angry about what happened, is there anything I can do?"



Parental Support

Offering emotional support to children can be an intricate and difficult process for parents to understand. Parents have to first understand and manage their own emotions and realize their role and responsibility in guiding their child through their emotional expressions. Parents should support their child through their emotions and validate their experiences. Through this, children can learn how to respond and respect their own emotional experiences.

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3. <http://sengifted.org/archives/articles/tips-for-parents-of-intense-children>
4. <http://beforeitsnews.com/family/2012/12/the-child-with-intense-emotions-2446560.html>
5. <http://drelinorbashe.blogspot.com/2010/03/emotionally-sensitive-child-raising.html>

Managing Back-to-School Anxiety

By Thallia Malespin

Introduction

It is common for children to feel anxious during times of change or transition. A transition that can ignite fear and worry for many kids is returning to school or, for first-timers, starting kindergarten. This change can be stressful and disruptive for the entire family, but this article will cover some of the common causes of anxiety for children as well as tips for parents to make a comfortable transition into the next school year.

Objectives

This document provides the following information to help with managing back-to-school anxiety:

- Common fears of children when returning to school.
- Tips to help parents cope with children's anxiety.
- When stress or anxiety may require professional help.



Common Worries

The fears children have about school can be very real; they may be apprehensive about school busses, friends, teachers, or even separating from their parents. A child's emotions before the start of school can lead to a general sense of anxiety, and many children do not know how to articulate those feelings. The main sources of anxiety may vary for each age group and development of the child. Below are common reasons why children may experience anxious feelings.

First-time Kindergarten Students

- Children may have unrealistic expectations of what they need to learn right away and are worried about other students being more advanced or "smarter."
- Children may be worried about being separated from parents throughout the day. Parents offer a sense of security for many children, and if this is the first time the child will be left alone in a school setting this separation can be the source of anxiety.

Elementary and Middle School Children

- When a child is returning to school they gain the ability to compare their current experiences to past situations. Children will compare their teachers, peers, classrooms, and activities to previous experiences. This may include wanting a teacher that is just like their last one or one completely the opposite. When children want something specific they may become anxious due to the unknown.
- Children experience anxiety over how they might handle social situations during the new school year.
- Middle school children may worry about the “horror stories” such as kids fighting in the hallways or getting locked in a locker. Going to school with older and bigger teens can be a frightening experience.



Common Questions

Who will be my new teacher?

What if my new teacher is mean?

Will any of my friends be in my classes?

Will I fit in?

Are my clothes OK?

Who will I sit with at lunch?

What if I miss the bus?

What if I can't understand new schoolwork?

Will I make good grades?

Will people like me?

Teenagers and High School Children

For older children experiencing anxiety, it typically relates to changes in the way the child's body looks and feels, social acceptance, and conflicts about independence. These factors can be magnified when returning to school due to uncertainty of the unknown. Teenagers may feel uneasy about managing their personal concerns in the school environment. In addition, as students get older there is an expectation to make plans for the future and this can make many students worry if they are unsure about their future plans.

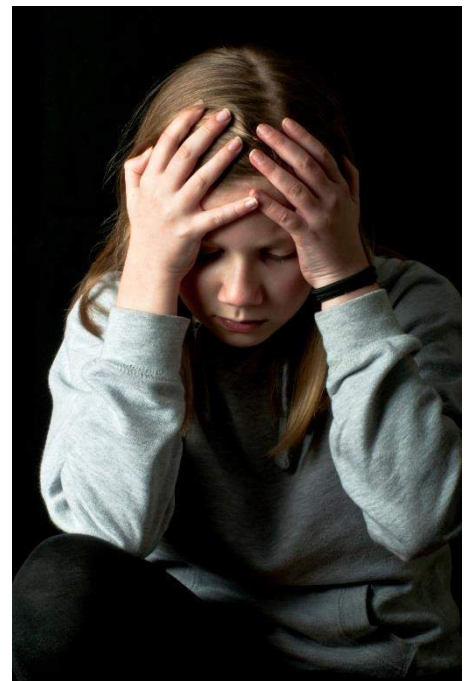
Tips to a Smooth Back-to-School Transition

Although it is normal for children to have worries when returning to school, there are general strategies that can help parents and children adjust to the upcoming changes.

- **Attend school.** It is crucial to make sure children attend school despite their worries or fears. Avoidance of school may increase or reinforce a child's fear in the long-term. If a child avoids school it may become more difficult to attend later. Aside from missing school work the child could miss opportunities to:
 - Develop and practice social skills
 - Find success or mastery of material
 - Be acknowledged and praised for talents
 - Foster relationships with peers

Visitation monitors should motivate parents to talk with their children and encourage them to attend school.

- **Check the basics.** When children are stressed they may neglect the basics of staying healthy. Children won't cope well if they're tired or hungry and feeling anxious can deter a child from sticking with a routine. Children can get the nutrition and rest they need through a regular routine. Monitors can inform parents about creating routines and the importance of getting plenty of rest and exercising.
- **Discuss fears.** It is beneficial for children to talk about their worries in order to process how they're feeling. Together, parents and children can understand what the biggest worries are and parents should offer a safe space for discussion. Monitors can talk to parents about setting aside a time and place to talk about worries. (e.g. right before bed, during mealtime)



- **Take away the unknowns.** One way to ease a child's anxiety is to show them what their school year will look like. Anxiety often stems from fear of the unknown and parents can help students with their uncertainty before the school year even starts! Monitors can suggest to parents the following information to help children process the unknown:

- *Attend orientation.* Many schools will have an orientation that parents and students can attend to become more informed about the campus, teachers, and schedule.



- *Talk about transportation.* Discuss the school bus, stops, times, and what to do if they miss the bus. If walking or biking, walk the route with children to become familiar and to alleviate any stress about getting lost. If carpooling or picking-up, parents can discuss time, place, and who the designated adult drivers are.

- *Walk the campus.* Allowing children to become familiar with the environment where they will spend the day is crucial to alleviating stress. Even if the child is returning to the same school, visit the classroom, cafeteria, library, and playground.

- *Visit with peers.* If a child has not seen any school friends over the summer, it might be a good idea to invite children from the neighborhood to help the child

get re-acquainted and even excited for school.

- *Role-play.* If a child has ideas about the situations they may face (teachers, bullying, acting out), parents can role-play the situation and help the child feel more prepared if encountered. Role-playing can help a child feel more confident and they can then model appropriate responses and coping techniques.

- **Avoid reassurance; instead PROBLEM-SOLVE.** Children may seek reassurance to reduce their worry about bad situations, and parents may be too anxious to give such reassurance. However, parents can't assure that difficult things won't happen and should remember that offering reassurance may be problematic if the child faces a negative situation and is unprepared. Using terms like "don't worry!" or "everything is going to be great!" can give children a false sense of security about what they may face at school. Parents should give

children the tools they need to cope with unexpected situations that may arise. Here are some examples of problem solving with children:

- “If (the worst) happens, what could you do?”
- “Well, let’s think of some ways you can handle that.”
- “What do you think you could do to avoid (something terrible) from happening?”
- **Reframe and be positive.** Parents can reframe anxious thoughts by encouraging a positive perspective. Asking children about what they are most excited for may distract them from repetitive worries. Most children will be able to think of at least one good thing about starting school even if it’s lunch or going home at the end of the day. Parents and monitors can help children find the fun aspects that may be getting overlooked due to fear.



The Tipping Point – Problematic Anxiety

Fear and worry are useful emotions because they tend to keep us safe. While this is good, too much worry, stress, or anxiety can interfere with functioning and can stop children from doing what they need or want to do. There are signs for parents to look out for that may warrant seeking professional help:

- If anxiety is out of proportion to the situation
- Persists for more than a few weeks
- Developmentally inappropriate
- Causes impairment to daily functioning

The most important sign to look out for is the impairment to daily functioning; excessive anxiety can cause impairment in the family functioning as well. Monitors may recommend services or assessment from a school counselor or licensed mental health clinician.

Conclusion

School, whether returning or brand new, can ignite a wide range of emotions and fears for children as well as parents. These emotions can include excitement, nervousness, fear, or worry and are bottled up inside children as they approach the unknown. It is important for



monitors to remind parents that every school year is filled with highs and lows and all kids will experience some struggles from time to time. With encouragement, support and processing of emotions, parents can lay down a smooth transition for future success in school.

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Back to School Shopping 101



This year, in the state of Florida, Governor Rick Scott has extended what was formerly known as tax-free weekend to last ten days long. You will find information below explaining what you'll need to know about the 10-day tax-free shopping period and how you can best plan for your child's back to school necessities.

1. Mark your calendars with these dates: August 7th-16th.
2. School supplies, clothing, bookbags, footwear and computers are tax free during this 10-day shopping period but there are exceptions.
3. School supplies are tax free unless they cost more than \$15
4. Clothing, footwear and bookbags are tax free on items that cost \$100 or less.
5. Computers are tax free for the first \$750 of the sales price.
6. Plan before you go shopping so that you can get everything you need for your children. Most schools distribute a school supply list before the first day of school. Sometimes, the local supermarket may even have copies of the school supply lists from the different city schools.
7. Make a list of the things you need and compare different stores prices for the items listed. Some items might be very similar in price so it may be easier to stick to one store.
8. Most importantly, all of the items above will be tax free for ten days! You have time to make the best shopping plan for your child's back-to-school shopping.

Training Manual for Florida's Supervised Visitation Programs

CHAPTER

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

Case Scenario

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

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

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

Introduction

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

What will I learn in this chapter?

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

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

DID YOU KNOW?

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

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

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

Workplace Safety

A supervised visit can only go safely when a visit monitor is prepared, creates a comfortable space, takes into consideration all safety precautions, and knows how to intervene safely when needed. Even more important at a basic level is the safety of the space the visit takes place in. Child safety, family safety, and employee safety should all be of equal importance to every agency. Safety considerations are an integral part of each child protection agency and each visit supervised by child protection staff. Safety precautions should be considered and implemented throughout the system.

Each agency should consider:

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

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

by visiting http://familyvio.csw.fsu.edu/wp-content/uploads/2010/05/Safety_eBook.pdf.

Worksite Analysis

Each agency should conduct a worksite safety analysis.

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

The following are some typical considerations regarding safety:

- **Working with law enforcement**
 - Does the local law enforcement agency understand the nature of the agency's work and the risks involved in case management onsite? Has law enforcement been consulted to help assess risks and contribute to risk management? If an employee called 911 from the office, would law enforcement understand that the emergency from that agency could involve vulnerable children and adults?
- **Parking**
 - Are parking areas well lit?
- **Lighting**
 - Are parking areas well lit? Are rooms and stairwells well-lit (both inside and outside)?
- **Checkpoints**
 - Has the agency considered metal detectors to check for weapons? (This should be operated by security staff.)
- **Alarm System**
 - Does the agency have an alarm system, panic buttons, or some other method of emergency alerts?
- **Monitors**
 - Have your monitors all been trained thoroughly?
 - Does the agency use video surveillance?
- **Objects**
 - Does the agency keep any objects that may be used as weapons out of reach from clients? This includes items such as large desk items, lanyards, and sharp objects, like letter openers.
- **Training**
 - Has management trained employees on safety measures, such as understanding the risks of each case, agency protocols, and de-escalation techniques?

REMINDER:

Safety is always the first priority in supervised visitation.

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

10 Rules for: **WORKPLACE SAFETY**

1

You are responsible for your own safety and for the safety of others.

2

All accidents are preventable.

3

Get informed on your program's policies and procedures.

4

If you are not trained for the task, find someone who is.

5

Do not take short cuts. Follow the rules.

6

Keep your work space clean and organized.

7

Wear appropriate and safe work clothing and footwear.

8

Seek security staff when needed.

9

Report any unsafe conditions or injuries.

10

Always prioritize safety.

Leading Causes of Workplace Injury

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

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

10.1% **Struck by Object**
Such as vehicle or equipment

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

A Model Emergency Plan

Agencies should utilize training to reduce the chance of violence to staff, children, or other people. Through training, staff will be able to identify potential risks. This process includes learning the agency safety plan. This safety plan will help staff learn: A component of the safety plan is knowing how to respond to an emergency if one occurs. This component is called an Emergency Plan. FEMA offers a sample emergency plan. For the purposes of this E-Book, some of the main points are outlined here in order to help social service agencies to create their own.

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

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

What Kinds of Threats Exist?

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

Client Threats --- A disgruntled parent; a relative or friend of a disgruntled parent; a parent who becomes upset during parenting time; a parent who uses substances at the agency; a parent suffering from a mental illness during a visit; a parent who tries to harm the case manager or the child; a parent who uses the agency to stalk the child or the other parent; a parent taking a hostage during a visit.

External Threats -- Someone coming in to the agency from outside who wants to inflict harm; a car accident that hits the agency; a robbery happening near the agency; an abusive partner of an employee who stalks the employee at the agency, a former employee who is disgruntled at management or at other workers.



Natural Disaster Threats -- A tornado; a fire; an earthquake; a bad thunderstorm; fallen trees; and power outages that affect the program.

Medical Threats--- A parent who has a medical problem while at the agency; a child who has a medical problem while at the agency; a staff member who has a medical problem when supervising a visit.

Tips to Reduce Safety Threats

- **Staff Training**

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

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

- **Keep “Supervising” in Supervised Visits**

- Visit monitors need to be vigilant in supervising all statements, behaviors, and interactions of both parents and children during visits. Simply observing parent-child interactions from afar does not retain the essential goal of supervised visitation: safety.

- **Recordkeeping**

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

- **Creating a Safety Plan**

- The purpose of this emergency plan is to provide the agency with a plan to train staff members on how to deal with an emergency. In the case of an emergency, agency management and staff will be able to respond to the emergency quickly and appropriately to ensure the safety of staff and all involved.
- Scope of the Plan: This emergency plan outlines the roles of different staff in an emergency; including communication plans, training plans, and safety procedures.

STOP and Think

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

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

Preparing Self & Clients for Visit

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

Preparing Yourself for Visits

1. Have a clear understanding of the agency's protocols for client and employee safety.
2. Receive agency training in defusing aggression and recognizing escalating behaviors and warning signs that lead to assaults.
3. Receive agency training in the dynamics of parental behavior that results in supervised visitation, such as mental illness, domestic violence, and substance abuse.
4. Be sure that you have considered safety issues in the visit setting and know how to help the parents and child move through the process of visitation, from welcome to the end of the visit.
5. Be ready to approach clients in a helpful, non-authoritarian manner.
6. Know how to alert management and emergency personnel of safety violations and incidents.
7. Understand how to assess cases for risks and dangers in each case.
8. Plan for parent-child contact in a setting that balances all of the risks involved. The higher the risk, the more restrictive the setting, including having security in the room with the parent and child. The case should be sent to a supervised visitation program in the community when the higher risk cannot be safely accommodated at the agency.



Preparing for Visits –Intake and Preparation are Crucial for Safety

Safety is not just about a program safety plan. It is also crucial that your program has sufficient information to understand what the risks are in each and every case. This happens through a process called intake. Thorough intake helps programs plan specifically for each case. Intake provides you with information upon which to create a safe visit. It also helps family members feel prepared for visits to ensure an open environment that supports communication and progress. Intake should be done in every case -- even in dependency cases where a case manager has already conducted a separate intake.

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

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

- In both dependency and family law cases, ensure that a violence assessment has been done. If case workers and/or guardians ad litem have not already assessed abuse and violence in the family, it is imperative for you to assess the risk for domestic violence victims within the family during intake. According to the 2014 Annual Report on Supervised Visitation Database Case and Client Statistical Analysis, 36.2% of cases were referred to Florida supervised visitation programs due to domestic violence. To assess the risk for domestic violence in the family, you can ask both the non-visiting and custodial parents the following questions:
 - In the past twelve months, has there been an increase in the level of physical or other types of violence?
 - Has your partner choked or attempted to strangle you?
 - Has your partner recently acquired guns or knives?
 - Has your partner become threatening with guns or knives which were previously possessed?
 - Has your partner stalked or attempted to use other surveillance tactics in the last thirty days?

- Has your partner threatened to kill him/herself in the past thirty days?
- Has your partner threatened to kill you or your children in the past thirty days?

These are just a selection of the questions you can ask to assess domestic violence in the home. To see the full assessment, review at Chapter ____: The Impact of Domestic Violence in this manual. Read the **Risk Identification for Domestic Violence Victims**. If the parent says yes to any of the questions, or you are at all concerned there may be a risk for domestic violence in the family, you should provide a referral to a local domestic violence center so that the vulnerable parent has resources and advocacy.

- Refer to the table below for important information that you should assess to gain a full understanding of critical family dynamics and prior history, as well as example ways to phrase questions on each topic. You may not be able to obtain all of the information on this list, but the more information you can gain on these subjects, the better you will be able to serve clients.

Intake Issues

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

About the Child(ren)	
<i>Note: You may have to ask these questions more than once if there are multiple children in the case to assess the full family dynamics.</i>	
Current living arrangements	Where does the child currently reside? Who resides there with the child? How long has the child lived there?
Age	How old is the child?
Educational level or developmental stage	Is the child in school? What grade is the child in? Do you feel that the child has any developmental setbacks or advantages?
Mental status (emotional problems, developmental delays)	Does the child have any emotional or mental health issues that may affect the visit?

	Does the child have any physical challenges, developmental delays, areas of concern, medications or special needs that may affect the visit?
Juvenile justice system involvement, including juvenile sexual offenses	Has the child ever been involved in the Juvenile Justice (DJJ) system? Does the child have any gang affiliation or criminal activity?
Past history of abuse (physical, sexual, neglect)	Is there a history of allegations of physical or sexual abuse or neglect?
Current abuse experience	What are the current abuse allegations? Are there any sexual abuse allegations?
Relationship between alleged abuser and child	Who is the alleged perpetrator of the abuse? What is the child's relationship to the alleged abuser?
Characteristics of abusive situation	What other details can you tell me about the alleged abuse?
Reaction of non-offending parent	Did you believe the child when he/she disclosed? What support are you providing to the child?
Reaction of offender	What was the offender's reaction to the child's disclosure of abuse?

Information to Obtain About Custodial and Visiting Parents During Intake

In dependency cases, the case manager is likely to have conducted a thorough intake and is likely to have provided the family with a broad spectrum of resources. Especially in family court cases, though, you will also want to assess background information. You can speak to both the custodial and visiting parents about these issues to get a full idea of the family dynamics and be able to make meaningful referrals to community resources.

About the Custodial/Visiting Parent	
Current living situation	Is your current housing affordable? Is your current housing safe and stable? What adults currently live with you? What children currently live with you?
Education	What is the highest level of formal education that you have completed? Are you interested in going back to school?
Employment	Are you currently working? <ul style="list-style-type: none"> • If yes, is it full-time, part-time, or temporary? Where do you work? • If no, are you interested in assistance finding employment?

Parenting concerns	Do you have any concerns about your child(ren)?
Parenting Skills	<p>What do you think are your strengths as a parent? Do you feel that you have a good relationship with your child? Do you feel there are areas of your relationship that you could potentially work on improving?</p> <p><i>Note: It is important to assess parenting skills at intake, but sometimes you will be unable to tell the true level of parenting skills until the first visit.</i></p>
Discipline concerns	<p>Do you have any concerns about disciplining your child(ren)? Do you have any concerns about your partner's discipline of your child(ren)?</p>
Partner relationship	<p>Is there a person you can count on to care about you regardless of what is happening to you? Do you have a significant other? What is your relationship like?</p>
Domestic violence history	Does or has a partner, or anyone at home, hurt, hit, or threaten you?
Substance abuse history	<p>Have you ever been in a detox program? What about a residential treatment facility for drug or alcohol use? Have others ever raised concern about how often you drink or use drugs?</p>
Mental health history	<p>Have you ever received or are you currently receiving mental health treatment or counseling? Are you currently taking any medications to treat a mental health condition? How do you manage difficult feelings or emotions?</p>
Mental status (emotional problems, developmental disabilities, etc.)	<p>How often do you feel anxious, depressed, or confused? How often do you find yourself feeling sad or hopeless? Do you ever think about hurting yourself or others?</p>
Criminal history	<p>Have you ever been arrested and charged with a crime? Were you ever convicted of a crime?</p>
Past history of childhood maltreatment, including child sexual abuse	Did you ever experience maltreatment or abuse in your childhood?

STOP and Think

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

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

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

It is important for clients to feel well-informed when entering into a visit, as well as feel respected and encouraged for an open dialogue and overall successful visit to occur. When clients have the information needed to make them feel comfortable during visits, a positive parent-monitor relationship can be developed more efficiently and families can begin making progress sooner. Make sure you readily prepare clients by utilizing the items listed in the Table 12.1 in your preparation of clients for visits.

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

Children	Residential Parent or Caregiver	Non-Residential Parent
Location and schedules for visits	Location and schedules for visits	Location and schedules for visits
What degree of physical contact child wants or will be permitted	Program rules	Program rules
Signals for child to use to indicate need for help	Role of visit monitor	Role of visit monitor
Conversation topics child wants or doesn't want to occur	Security measures in place	Degree of physical contact
Other program rules	“Checking in” with the victim parent before each visit, to	Toilet rules Rules on items brought to visits

	ascertain safety between visits	
Any other concerns child has regarding visits	Any concerns residential parent has regarding visits	Intervention techniques to be used by visit monitor during visits Conversation topics allowed or disallowed
		Emphasis on respect, fairness

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

Child Orientation

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

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

STOP and Think

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

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

Step Three: Develop a safety-plan with child(ren) prior to the first visit.

After a child has been told the basic information about his/her scheduled visit outlined above (and after any further risk assessment is made subsequent to reviewing case information from parents), staff should engage the child in making a safety-plan for his/her scheduled visit or assist the child in an identification of his/her safety concerns about the visit. Again, the extent to which this is done will depend upon the developmental level of the child and the allegations or findings in the case. This step can assist the child in feeling less anxious about the visit and also help reassure the child that his or her safety will be addressed. The following questions can be used by visitation intake or visit monitors to assist in identification of concerns throughout the period of time the family receives services at the program, not just prior to the first visit. (Note: Not all questions need to be asked of each child. These are examples that can be modified by each program.)

- What makes you feel safe?
- What do you keep with you that makes you feel safe or loved? (e.g., Teddy Bear? Blanket? Picture?)
- What kinds of games or toys do you like to play with?
- What would be fun for you to do while you are here?
- Did you bring something with you today (or can you bring something) that makes you feel safe?
- What makes you feel upset, nervous or sad?
- How can I help you feel safe during your visit?
- Sometimes certain smells, music, or clothes remind us of scary things, does anything in particular like that scare you?



Creating a Safety Signal

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

Simply ask the child:

“Is there a signal (raised hand, certain word, song) that you can use during a visit to let me know you don’t feel safe or you are upset?”

Some possible signals you can use are:

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

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

- Where would you like your visiting parent to be in the room during your visit?
- Is there anything you don't want him/her to say to you during the visit?
- If you become frightened, upset or sad during the visit, how can I help you?

STOP and Think

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

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

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

Based on the background information for each family member, along with the child(ren)'s discussion of safety and risks, determine the risk factors for each family member. These risk factors can include past experience with neglect or abuse, substance abuse history, mental health, behavioral issues, specific needs, or a variety of other issues identified in your initial assessment of the family. For any case risks you find, decide on parameters that will meet any safety considerations you have. These may include limitations on the site used for visitation, set-up of the room used for visitation, extra preparation on your part before visits, or extra security personnel. Parameters should also include the names and relationship to the child of other individuals who are allowed to participate in the visit (per court order).

Step Five: Schedule visit or decline referral.

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

If a safe visit can be provided, schedule visit. Otherwise, you have two options. You can:

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

Step Six: Conduct the Pre-Visit Screening & Re-assess

If you decide to schedule the visit, move forward in the visit process by conducting a pre-visit screening following program policies. At this step, you may still cancel

visit. This can be on account of the visiting parent's behavior or an indication of a need for a more skilled visit monitor due to the child's emotional state. Make sure you are able to facilitate the visit while monitoring using program policies and procedures for ensuring a safe visit.

Providing the Visit

Primary Responsibilities of Visit Monitors

Visit monitors must be able to fulfill a variety of roles that sometimes may seem contradictory, such as remaining neutral while being on constant alert for safety risks. Visit monitors must remain close enough to hear conversations and notice inappropriate behavior, yet allow the parent and child to take center stage of the visit.

The primary responsibilities of visit monitors include:

- ❖ Ensure that no physical or emotional harm is directed to the child during the visit, to the other parent, or to other program participants.
- ❖ Directly observe all interaction between the parent and the child. Be able to hear and see what is said and done. Document the interaction according to program rules.
- ❖ Facilitate the visit when necessary by suggesting age-appropriate games or activities. This entails being sensitive to the needs of the parent and the child.
- ❖ Model healthy parenting behaviors and communication tactics for parents.
- ❖ Teach parents parenting skills they can adapt for us with their children.
- ❖ Coach parents on how to achieve their goals and improve their parenting capacity and the parent-child bonds that exist within the family.
- ❖ Monitor the length of visit in order to allow an opportunity for participants to prepare for the end of the visit.



- ❖ Remind parents of the role of the visit monitor and the rules of the program if necessary.
- ❖ Redirect inappropriate behavior, both physical and verbal, in a manner consistent with program rules.
- ❖ Avoid letting personal feelings or bias about parents, children, or situations interfere with the monitor's objectivity in observing visits.
- ❖ Terminate the visit according to program policies if rules are violated.

Strategies for Managing Reactions

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

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

Identifying Safety Concerns during the Visit

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



Maladaptive behaviors include:

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

- Somatic complaints such as severe headaches, stomach aches, nausea, vomiting without physical cause; and,
- Elimination disorders in children who have been toilet trained, such as soiling or wetting during scheduled visits or immediately following visit

STOP and Think

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

What maladaptive behaviors was Alyse showing that the monitor missed?