



Clearinghouse on Supervised Visitation

The Institute for Family Violence Studies

Florida State University

MAY EPRESS

QUESTIONS FROM DIRECTORS

I'm a new provider, and I am out of the loop! Can you tell me when the upcoming phone conferences are?

Yes! Welcome! In May, the call is on the 18th. In June, the phone conference is on the 22. In July, it's on the 20. It's always at noon, eastern. Call the Clearinghouse if you need more information. We always post the times on the monthly E Press, and we send out a reminder to all directors on the list. If you are not on the list, we can't keep you updated! Sometimes people come onto the phone conference line at the wrong time – be sure to mark your calendar and double check the epress.

My program can't participate in the Protective Factor study that you talked about in the last phone conference. Can I still participate in the phone training?

Yes! We will notify all directors of the training. Expect it to be in May or June!

We want to do a special event for Mother's Day, but we're concerned that some of our clients have not been very good parents. What can we do?

You can build on strengths, and celebrate even the smallest successes. You can also use the handouts created by the Clearinghouse, such as Things Parents do Great! That handout is positive and aspirational. It's on our website in the posters section. <http://familyvio.csw.fsu.edu/wp-content/uploads/2012/06/10 Things Parents Do Great.pdf>

Is it okay for me to talk to the step mother of the child, or can I only speak to the parents? The step mother seems very sensible, and the parents really hate each other. This child could use an ally.

Yes, you may speak to the step parents about the important role they play in nurturing the child and helping the parents focus on the child's best interest. I am glad you see that the step mother loves the child, and that she can help her husband adjust to the co-parenting role. Be careful, though, about giving advice: don't give legal advice, and don't let the step mother take over the full parenting role. If the Dad develops a relationship with his son, he may have more of a stake in lowering the conflict and increasing the cooperation.

How does Poverty affect a Child's Brain?

By Aundrea Dilanchian

Introduction

A child's brain and biological development is the most important during the first year of life. The development of a child's brain and its neurons form from conception to the age of 6. Given this fact, the experiences a child encounters are the most critical during this time and it is important to understand the role poverty may play in child development.



With many families served in supervised visitation living or coming out of poverty, it is important for monitors to understand related issues. Poverty is “the condition of not having enough income to meet the basic needs for food, clothing, and shelter”. Twenty-one percent of children live in poverty in which 1.6 million will experience homelessness. In the United States, a family of four with an annual income of \$22,050 or less is considered to be living below the poverty line. Also, in the United States, 19% of children live in households that are unable to obtain adequate food and/or housing. Research shows that children coming from a family making \$25,000 or less in annual income have brain surface areas that are approximately 6% smaller than children who come from a higher income family. Children living in poverty are proven to hear roughly 30 million words less than their peers who come from a higher income household.

Objective: The purpose of this E-press is to educate and inform parents and monitors about the effects poverty has on a child's brain as well as emphasize the importance of early intervention with children living in poverty to lower the risk of developmental issues later in life.

"The Two-Pronged Problem"

What about Poverty Hinders Brain Development?

A child's environment has a great influence on how his or her brain will develop. These negative environmental influences are, but not limited to, homelessness, lack of nutrition, unstable family relationships, lack of education, lack of community resources, etc.

Things that are used to stimulate a child's brain such as social interaction, crayons, toys, books, etc. are not made available to the child. Without these mental stimulations, a child's brain may not develop at an average rate.

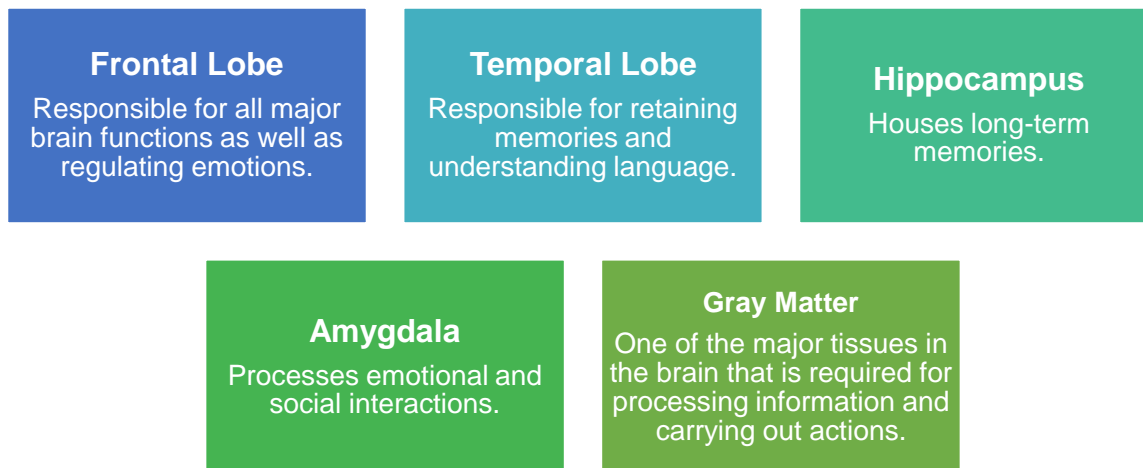
A child living in poverty is more likely to be exposed to harsh life stressors such as lack of food, unstable family relationships, crime, and exposure to violence. These factors delay brain development immensely.

- ✓ Studies show that there is a significant relationship between a

- child's socioeconomic status and the size of his or her cerebral cortex.
- ✓ Children in poverty are exposed to harsher environments which cause stress to the brain and may cause developmental issues.
 - ✓ A child's peers, teachers, and family have a large impact on his or her development as well.

The Effect on the Brain

The brain contains sections which are responsible for different biological functions:



When a child lives in an impoverished environment, many factors affect these five parts of his or her brain. Poverty can hinder a child's understanding of emotions and have long-term effects on his or her social competence.

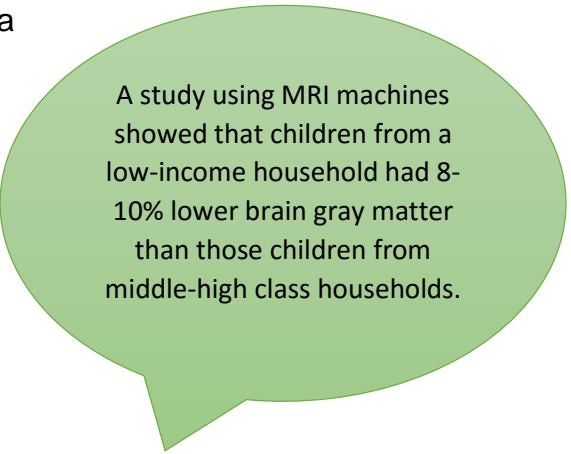
Considerations for Children living in Poverty

- The key to preventing negative effects on a child's brain development is to provide resources and programs for him or her at a young age. By providing this early intervention, the child is receiving cognitive stimulation and environmental stability.
- Some programs that could benefit a child living in poverty could be a specialized school program that is tailored to children from a low socioeconomic status. This program can offer activities that stimulate the different parts of a child's brain. Assessing these needs in the early



childhood stages will have a great impact on how a child's brain will develop.

- Early intervention coupled with proper nutrition and a routine school schedule will increase a child's protective factors that will improve better health and brain development.
- Monitors should work with parents to eliminate as much early life adversity as possible. This can be done by providing community resources to assist with poverty. Monitors can also assist by providing environmental stimulation and activities during visitation.



A study using MRI machines showed that children from a low-income household had 8-10% lower brain gray matter than those children from middle-high class households.

Conclusion

Poverty has an adverse effect on a child's brain development which hinders his or her ability to grow and flourish into adolescent and adult life. With the use of early intervention, a child's brain development can overcome the negative impacts of poverty by providing resources to children in low-income areas. Providing educational programs that aim at stimulating a child's brain with the use of books and toys can improve the chances of a positive brain development for a child living in poverty.

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Teaching Parents How to Discuss Mental Health with Their Children

By Morgan Lodes

Although communication about important topics between parents and children is necessary, it seems that many parents are uncomfortable discussing mental health with their children. Supervised visitation programs can help parents create healthy dialogue about mental health in their families in order to combat the mental health stigma that harms many people experiencing mental health issues.

Understanding Mental Health

As defined by the U.S Department for Health and Human Services, mental health “Includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood”.

Why Don't People Talk About Mental Health?

- Some people think that mental health is not worth discussing unless there is a severe illness involved.
- Parents may avoid talking about mental health within their families because they feel like their children won't encounter any issues.
- Many people don't talk about mental health because they don't know how to talk about it or don't know what to say.



Stigma around Mental Health

There is often a negative stigma that people associate with mental health and it is a strong reason why most families do not talk about mental health. This stigma leads to the misconception that mental health is only about mental illness and severe health issues. In reality mental health is about a variety of things such as mental wellness, our thoughts and feelings, and if we're experiencing any issues like anxiety, depression, or maladaptive coping mechanisms.

Here are the facts

- **1 in 5** adults has experienced a mental health issue.
- **1 in 10** young children has gone through a time of major depression.
- **1 in 20** Americans live with a serious mental illness, such as schizophrenia, major depression or bipolar disorder.

Mental health is an important topic for parents to discuss with their children. In many cases, it may even be in the form of “checking in.” When parents ignore this topic, it can lead to negative consequences such as:

- It can cause those with mental health issues to be reluctant to ask for help.
- A lack of understanding about mental health amongst family members, friends, and co-workers.
- Bullying, physical violence or harassment due to inaccurate views of people living with mental health issues.

How to Eliminate Stigma and Open Communication in Families

The only way to move past mental health stigmatization in families is to help encourage parents to become comfortable talking about their own mental health. Monitors can do this by:

- Helping parents learn how to normalize discussing mental health within their families. Mental health should be discussed as frequently as families would talk about their own physical health concerns.
- Discuss feelings about mental health.
 - What stereotypes might they have about mental health?*
 - What makes them feel uncomfortable talking about mental health?*
- Provide families with education about mental health and community resources that focus on promoting mental health.

| <i>Creating Age Appropriate Discussions</i> | |
|---|---|
| <u>Pre-School Aged Children</u> | <ul style="list-style-type: none"> • Pre-school aged children will focus on mental health issues that are easily observable, such as a person crying or visibly sad, they might ask questions about those individuals. • Providing simple responses such as these may be helpful: <ul style="list-style-type: none"> - “That man is crying because he is sad” - “That woman is yelling because she is upset” |
| <u>School-Age Children</u> | <ul style="list-style-type: none"> • As children age they begin to ask more questions about mental health and will ask questions that are specific to understanding mental health on a deeper level. • Parents can listen to children’s concerns and provide them with reassurance about the feelings they might be having. |
| <u>Teenagers</u> | <ul style="list-style-type: none"> • Teenagers may ask challenging questions regarding mental health. They might ask questions to better understand what mental health is, how it affects someone, what it means when someone has mental health issues, and ways to help someone work through his or her mental health issues. |

*Review the handout at the end “**Conversation Starters to Encourage Discussion**” with parents to provide examples of how parents can start a conversation about mental health in their families.*

Mental Health and Cultural Competence

It is important to recognize the influence that culture can have on a family's discussion about mental health. For many individuals of marginalized communities, it can be difficult discussing mental health because of preexisting judgement or discrimination that they have experienced. The stigma surrounding mental health might add fear that they will face further discrimination.

When discussing mental health with individuals from diverse backgrounds it is important to acknowledge how their culture affects their perspective of mental health. Respecting their culture and taking the time to understand how their culture has influenced their ideas surrounding mental health will allow you to incorporate culturally competent techniques and strategies. This will help parents to become more comfortable talking about mental health within their families.



Conclusion

Mental health is a difficult topic to discuss, especially when there is a negative stigma circulating. There are several reasons why parents can be uncomfortable talking about mental health, but the benefits of discussing mental health with children outweigh the discomfort that might arise during the conversation. As a supervised visitation monitor, you can help families discover ways to encourage positive dialogue about mental health. Children need to know that they can discuss their own concerns and issues with their parents. It is important for parents to be prepared for when their children ask questions about mental health. Remember to be culturally competent when working with families and help them find the best ways to incorporate discussions about mental health into their lifestyles. Open discussion between children and parents will create a more positive and understanding society about mental health and its benefits.

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Conversation Starters to Encourage Discussion

When working with families who have just started learning about mental health it is important to give them talking points that can help make the conversation about mental health natural and comfortable.

1. How are you feeling?

- This gives children the opportunity to discuss what issues or concerns they are experiencing. This also shows the child that the parents care about his or her feelings.

2. You can talk to me about anything.

- Parents can say this in a calm and reassuring tone so that their child feels safe and comfortable talking to their parents about their mental health.



3. I am here for you, no matter what.

- Children may not be ready to talk about mental health right away so this helps them understand that their parents are available to talk and help whenever they are ready.

4. Have you ever felt this way before?

- This question helps a child explain what he or she is experiencing. It can also help the parent gain a better understanding of how long their child certain feelings or thoughts.

5. It's normal for us to talk about mental health, do you have any questions?

- Children may be afraid to talk about mental health for various reasons, just like their parents! That's why it's important for parents to provide an environment that encourages discussion about mental health and makes them feel normal for wanting to talk about it.

Local Mental Health Resources

Florida Department of Children and Families Mental Health

<http://www.myflfamilies.com/service-programs/mental-health>

Florida United Way 2-1-1

Call 2-1-1 or 407-839-4357; Text Zip Code to 898-211

Bathtub Safety

By Alexander Sullivan

It is important for parents and caregivers to understand the many dangers that may be present with bathing. Not only is there the potential risk for drowning, but the bathroom is full of dangers such as the potential for slips, access to medications, unintentional burns, and the presence of electronic appliances. Here are a few dangerous situations and info on how parents can keep their children safe during bath time.

Inadequate supervision

Supervision is key to protecting young children during bath time. Children under the age of 6 should not be left unattended to bathe, not even for a brief period. Make sure you have all needed items in place before you place a child in the bath, and if you do need to leave the bathroom, wrap your child in a towel and take them with you. Make sure the tub is fully drained after each bathing and do not leave water in it, as children can come back later and attempt to play in it unattended.

Slips and falls

Use non-skid decals or rubber mats in the bathtub to prevent slips. Take the time to try the floor surrounding the bathtub and dry the child's feet before letting them walk around. Ensure they know never to run in the bathroom.

Water temperature

A real danger in the bathtub is having water that is too hot and causes burns. To prevent this, ensure your water heater is set to no higher than 120°F. With older children, teach them how to judge for themselves an appropriate water temperature.

Electronic Appliance

Be sure to store away electronic devices, such as hairdryers and razors, before bath time. Curious children may try to pull on these cords and they may fall into the sink or tub

Reference

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Trauma-Informed Care: The Environment

Trauma-informed care traditionally is viewed in light of its impact the development of programs and staff interactions with clients. Given the nature of those who are in need of supervised visitation programs, it is important to understand the prevalence of trauma as a part of clients' lives. The mere event of losing custody of a child is traumatizing for a non-custodial parent, and being removed from a parent is potentially traumatizing to children. In addition to this, domestic violence, child abuse, substance abuse, neglect, and many other potential traumas may have occurred in the lives of the parents and children who use supervised visitation programs. Trauma-informed care extends far beyond the interpersonal interactions of the visitation but also include the environment and culture of the organization. Survivors of trauma are likely to be hyperaware of anything that may be potentially triggering to them. It becomes important to develop an appropriate environment so that those being served are able to feel safe and receive the maximum benefit from services. Cultivating an environment where a client feels valued will allow for more helpful environment. A healthy, trauma-informed environment will allow an organization and staff to effectively provide care.

The Trauma-Informed Environment

In the supervised visitation setting, the culture of the organization will either help or harm the organizations ability to provide care. The trauma-informed environment extends far beyond the visitation monitor working with families. Rather, it is the whole organizational culture that creates a more helpful environment. The trauma-informed environment demonstrates the following characteristics.

The Trauma-Informed Environment holds all of the following qualities:

Safe, calm, and secure.

The trauma-informed environment attempts to promote feelings of safety and decrease potential stressors or traumatizing experiences for the clients. The environment is aesthetically pleasing, organization policies and practices are designed to avoid re-traumatization, privacy is respected, and the physical layout is easy to navigate.

Understanding of the prevalence of trauma.

All staff has been trained on the prevalence of trauma in the populations served. This training should be universal to all domains, whether they have direct contact with clients or not. This should increase the responsiveness of the entire workforce to the populations served to better provide services. The trauma-informed environment should understand that service providers also

have histories of trauma. Emerging best practices is disseminated to all staff and updated training takes place regularly.

Culturally competent.

All domains of an organization are sensitive to the cultural influence on the families served and how an individual’s culture may influence how he or she responds to trauma. Additionally, the organization and the client are able to communicate appropriately and understand one another. Translators and materials in different languages are used as necessary.

Gives clients a voice, choice, and advocacy.

Populations served have a say in the planning, implementation, and evaluation of program’s efforts to improve services. Regular evaluation of the organization by consumers is used. When appropriate, the consumer has a say in their own services.

Recovery and consumer driven.

Emerging best practices are continually used and the organization updates regularly to provide the best standards of services.

Healing, hopeful, honest, and facilitates development of trusting relationships.

Staff in an organization work together and speak positively of one another at all times. The culture of the staff is to support one another and work towards greater collaboration. Care is taken to not betray the trust of the clients, who may feel that they cannot trust others.

Practices

There are a number of best and worst practices. It is important for supervised visitation programs to consider the impact the organization has on the clients through the existing practices. The following matrix has been adapted from the National Council for Behavioral Health.

| Domain | What Hurts | What Helps |
|----------------------|--|---|
| Relationships | Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, or judgmental. | Interactions that express kindness, patience, reassurance, acceptance, and listening. |
| Physical Environment | Congested areas that are noisy, poor or confusing signage, uncomfortable furniture, and non-inviting paint on the walls. | Comfortable and calm environments, furniture is clean and comfortable, wall coverings and posters are pleasant and convey hope. |

| | | |
|-------------------------|---|--|
| Policies and Procedures | Rules that are commonly broken, policies focus more on organization's needs rather than client, policies that make the client "jump through hoops" to get the care they need, and language and cultural barriers. | Rules are fairly explained, emphasis is on what the organization can do, transparency in documentation and service planning, materials and communication are available in native language of the client, and the client is allowed provide feedback into the organization. |
| Attitudes and Beliefs | Asking questions that convey the idea that something is "wrong" with the parent or child, regarding difficulties as a result of some other issue, such as mental health. | Asking questions for the purpose of understanding what harmful events may contribute to the current problem, Recognizing that some non-constructive behaviors are used as a coping mechanism for trauma. |

More Information

Several organizations well developed resources to help agencies become more trauma-informed. Consider accessing any of the following to develop a more comprehensive understanding of how your organization can become trauma-informed.

The National Council for Behavioral Health offers a number of trainings and resources to help organizations implement the most recent best practices. Their website is www.thenationalcouncil.org.

Thrive Initiative is the Maine based organization for leading organizations to become trauma-informed. The Trauma-Informed Agency Assessment can be accessed here. The website is thriveinitiative.org.

Trauma Informed Care Project is available at traumainformedcareproject.org.

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Implementing Changes to Become a Trauma-Informed Organization

The following steps are suggested to organization leaders to develop more trauma-informed practices within their organization.

1. Form a trauma-informed change team
 - a. Identify persons in the organization that desire to become trauma-informed and wish to implement change in the organization. At least one member should be in a role to implement system wide change (supervisor or director level).
 - b. Keep the team limited to no more than 10 people, have as many departments represented as possible.
2. Distribute the Trauma-Informed Agency Assessment (see below). All staff or strategic positions can take this assessment. Consider using an online survey tool for easy dissemination.
3. Review the results of the Trauma-Informed Agency Assessment and flag any areas that are consistently rated low.
4. Prioritize the need by using the Prioritization matrix. Chart each domain in the two by two matrix by changeability (capacity as in resources and readiness) and importance (how much will this impact/affect the issue or the agency).
 - a. The domains that score highest on importance and changeability should take first priority.
5. Develop a plan to address the needs of your own organization.
6. Disseminate the new plan and training to implement the desired changes. The change team becomes the facilitators of change that takes place within the organization.
7. Develop ways to adequately train all staff on the basic of trauma-informed care. Consider hiring a consultant to lead the training or have staff attend a training webinar.
8. The change team should continually evaluate the needs of the organization and formulate ways to improve the organization culture.

| | | IMPORTANCE | |
|---------------|------|------------|-----|
| | | HIGH | LOW |
| CHANGEABILITY | HIGH | | |
| | LOW | | |

This is a continual process and requires continued evaluation and dissemination of new ideas for the organization. The Trauma-Informed Agency Assessment should be redistributed at regular intervals.

The Trauma-Informed Agency Assessment can be accessed at <http://www.traumainformedcareproject.org/resources.php>

For additional help in becoming a Trauma-Informed Agency please visit:
 Thriveinitiative.org Thenationalcouncil.org Traumainformedcareproject.org

MORE FROM OUR NEW TRAINING: (view all of our chapters on our website!)

Strategies for Working with Diverse Families

Visit monitors will work with diverse families and must be able to develop skills and strategies to effectively facilitate visits with these families. Monitors must be aware of and vigilant about the dynamics that result from cultural differences and similarities between clients and monitors. In addition, monitors must work to prevent the exclusion of diverse clients in visitation services by attempting to meet the unique needs of all families.

Respect the unique culturally-defined needs of all families.

As a supervised visitation monitor, you may assume that every family's needs are circled around visitation and child welfare. Culture can play a pivotal role in the needs of a family and monitors must be sensitive to what those needs may be. Even though two individuals may share a cultural identity, other factors may cause them to respond differently to the same situation. Monitors should avoid the assumption of behaviors based on any cultural determinant.

Avoid stigmatizing cultures, races, etc. Avoiding stigmatization is an obvious part of working with culturally diverse families and should go without saying. Despite this general knowledge, social service professionals may make comments that are harmful but do not believe to be stigmatizing without even realizing it. Even well-intentioned comments can be harmful to clients from various backgrounds.

EXAMPLE

A Spanish-speaking monitor may see a mother who “looks” as if she is from a Spanish-speaking country and approaches her and says “Hola, como estas?” The mother then looks at her strangely and says “I don’t speak Spanish.” These types of interactions, while well-intentioned, can make clients feel uncomfortable and can strain the client-worker relationship.



Acknowledge culture as a primary force in shaping a family's behaviors, values, and institutions. While it is common to think of culture in a sense of country or ethnic group, culture can also be developed through family dynamics. Family culture is a way of thinking, feeling, judging, and acting. Children and families develop fluid cultures that can and will differ from monitors and even other families at visitation. It is important for monitors to understand that they may not be familiar with some families' norms

and should seek understanding rather than judgement.

Acknowledge that some values of families may be in conflict with dominant societal values. Families are different, despite their culture, race, or ethnicity. Because of these differences, monitors must be willing to accept families' cultural norms (as long as they are not violent, aggressive, or compromise safety) and spend their visit time in a way that makes them comfortable. In cultural responsive practice, monitors should be concerned with the comfort of clients in relation to their culture rather than their own understanding and comfort with cultures.

Expect that some clients' culture may impact their ability or response to receive services. Due to culture, community, and other variables, some families may be hesitant to receive services, seek help, or trust service providers. It is important for monitors to acknowledge this hesitation and allow for the client to build trust and comfort in the supervised visitation process.



Did you know?

Women and men reported that where there was a person who did not understand them or was unfamiliar with them and their culture, they felt less willing to share or to trust that person (Williams, 2007).

Acknowledge that culturally diverse clients are usually best served by persons who are either part of their culture or in tune with their culture. This means that monitors may not work with all clients, and monitors should have families' best interests in mind. Clients and families may respond best with a monitor in tune with their culture or language. This strategy requires self-awareness from all monitors to determine client-monitor matches.

Understand clients' environment and community. Believe in clients and make sure they feel that monitors and workers value them, their experiences, their language, how they are living, and everything else that is included.