

CHAPTER

PRACTICE SKILLS FOR VISIT MONITORS

Case Scenario

Bradley is court-ordered to use the local supervised visitation program to see his 11-year-old daughter, Loretta, but the visits have been awkward. Bradley shows up to a visit with a small necklace that he gives to Loretta, who seems pleased. Christie, the visitation monitor assigned to the visit, thinks it’s sweet to see a dad giving a gift to his daughter, so she doesn’t intervene or even think to record the gift in her observation notes. The visit seems to be at a stand-still, as Bradley and Loretta peer at each other through awkward silence. Christie writes down in her notes that Loretta must be shy, but says nothing to encourage engagement. All of a sudden, Loretta’s mother Sonya walks into the visitation room without permission at a time she knows she should not be there. Loretta runs to her, saying, “Mommy, look at my new necklace Daddy gave me!” Sonya’s face reddens and she turns to Bradley, screaming, “How could you give my baby your new girlfriend’s necklace? How dare you?!” Bradley and Sonya begin yelling insults at each other, and just as the conflict is escalating, Christie turns and leaves the room to get help, leaving Loretta in a dangerous situation. The security guard helps to calm the adults down and they depart separately. Later, Christie’s supervisor asks to see her notes from the visit and is disappointed to see a lack of description of the gift-giving or the pattern of unhealthy communication in the family.

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

- What would have been helpful observations for Christie to record?
- What skills could have been modeled by Christie for Bradley?
- What skills could have been utilized by Christie to facilitate healthy communication?
- How could Christie have supported Bradley and Loretta’s confidence to motivate them to set goals?
- What are some positive goals for Bradley and Loretta to work toward during visitation?
- What should Christie have done to prevent the conflict or resolve the conflict as it arose?
- What critical incidents occurred? How should Christie report these critical incidents?
- What could Christie do better to prevent and respond to critical incidents in the future?

Introduction

Monitoring supervised visits is not a simple task. It requires a vast skill set and various facilitation abilities, from gauging clients' emotional needs accurately to recording sessions properly. Supervised visitation involves engaging clients in a way that fosters healthy communication, supportive parent-child interaction, and parental self-growth. Crises and conflicts can occur, and it is up to the visit monitor to intervene appropriately and find solutions. Juggling these roles can seem like a daunting task, but with the appropriate skills, visit monitors have the opportunity to help families engage in healthy relationships and meet their goals.

This chapter will allow you to learn new skills, as well as review previously learned facilitation techniques, to become a more skilled visit monitor. Learning new skills can help give you the confidence to model healthy communication, maintain control and safety in visits, prevent problems before they occur, and resolve any conflict that arises.



What will I learn in this chapter?

Upon completion of this chapter, a visit monitor will be able to:

- Record observations made during visits effectively
- Practice parent coaching and modeling to facilitate learning and application of new parenting skills
- Help families build confidence through visitation
- Model skills such as engagement, healthy communication, and goal-setting
- Resolve conflicts in a healthy manner
- Intervene in and de-escalate crises
- Understand the basics of using trauma-informed approaches

This chapter will be divided into two sections:

The Role of the Monitor

Practice Skills

Part 1

The Role of the Monitor

Monitors are trusted to supervise visits between parents and children and ensure the health, safety, and welfare of children. It is recognized that monitors play an important role in the welfare of children and this chapter will help in understanding the skills, requirements, and the role of visitation monitors.

In many supervised visitation programs, the contact between the parent and the child is structured so that program personnel may encourage parent-child relationships by providing age-appropriate activities, helping parents develop or enhance parenting skills when necessary, modeling appropriate interactions with the child and discouraging inappropriate parental conduct. Although supervised visitation program staff facilitate and support the parent and the child relationship, facilitation and support should not be construed to mean therapeutic intervention rising to the level of a therapist-client relationships.



Monitor Responsibilities

The responsibilities of visitation monitors extend beyond contact between the visitor and the child(ren) in accordance with the program’s mission, to facilitating and supporting that contact as necessary. In all cases, the visitation monitor shall:

- Ensure that contact between parties proceeds pursuant to the visitation agreement and court order;
- Relay relevant information relating to the child’s welfare between the custodian and

REMINDER:
These are general guidelines for monitors. Your individual program may have more specific duties and responsibilities for visitation monitors.

visitor at the commencement and conclusion of supervised contact (e.g. special needs, medication, diet);

- Intervene, if necessary and appropriate, to ensure the welfare of the child and/or vulnerable parent;
- Facilitate, if necessary and appropriate, child/parent interaction during the supervised contact;
- Terminate the visit if the child's safety or that of other parties' or staff cannot be maintained;
- Provide constructive feedback, correction, or redirection respectfully to the parent(s);
- Document the visits consistent with program policies.

Code of Conduct

In addition to the above responsibilities, all program personnel must abide by a Code of Conduct set forth by the Recommendations of the Supervised Visitation Standards Committee to include the statements below.

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

- Adhere to the program's policies and procedures in the monitoring of all families diligently;
- Resist influences that interfere with impartial monitoring;
- Report honestly and impartially regarding what occurs during the course of service;
- Respect the privacy of the child and the family and hold confidential all information obtained in the course of service as a staff member or volunteer with the visitation/monitored exchange program, as required by law and program standards;
- Decline to monitor cases in which he or she may have a conflict of interest as described in the standards;
- Attend pre-service training and in-service trainings as required by position description and length of employment or service with the program;
- Decline to practice, condone, facilitate, or participate in any form of discrimination on the basis of race, color, sex, sexual orientation, age,

STOP and Think

- **How are children, families, and staff protected by the Code of Conduct?**
- **How can you, as a monitor, ensure that you meet the standards of the Code of Conduct?**

religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or status;

- Decline any referrals of non-program, private-pay cases in which private parties or their attorneys have asked for supervised visitation or monitored exchange services; and
- Keep all information regarding persons who participate in supervised visitation services confidential as required by program policies.

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

Monitor Signature: _____ Date: _____

Failure to comply with the Code of Conduct may result in disciplinary action, termination, or legal action. The individual hereby acknowledges that he/she does not have a right to serve in any capacity at the program, but instead that he/she serves at the program director's discretion.

Monitor Signature: _____ Date: _____

Role of the Supervised Visitation Provider **in Family Engagement**

Ensure the safety of the child and family

Be aware of each family's safety needs

Respect and listen to each family member

Participate in training

Engage families in activities and communication

Build parental capacity and motivation

Assist the family to identify their strengths and needs

Provide skill building to help parents

Help the family develop hope by breaking goals into achievable steps

Encourage parents and children to participate

Be aware of one's own biases and judgments

Identify service design that accommodates each family's uniqueness

Accurately document visits

Observing and Recording

In your role as a visitation monitor, observing and recording visits is a vital skill to develop. Monitors must be proficient in conducting visits, observing properly, and recording pertinent information. **Observation** is the process of watching an individual or family interact. **Recording** is the process of documenting the observations or behavior in an objective manner.

Observations

It's important to avoid putting your judgment or perceptions into your notes. Only objective observations, such as visible actions and words spoken, are helpful in the recording of visits.

Objective observations are behaviors or verbalizations that were seen or heard, such as "Mr. Gandy yelled at his son Marc when he started crying" or "Mrs. Johnson held her three-year-old son on her lap and read him a book".

Subjective observations are labels or judgments such as "Mrs. Young was anxious during the visit" or "Joseph was being aggressive toward the monitor". These statements don't convey helpful information. What would be more helpful to note would be, "Mrs. Young was pacing back in forth during the visit and verbally expressed feeling anxious about her work assignment due tomorrow." Or "Joseph threatened the monitor, saying, 'If you tell me what to do one more time, I may have to do something' and raised his fist at her."

What to Observe

As a supervised visitation monitor, you must observe visitations for many different families. While families may change, you as a monitor will make the same active observations in every visit. The best way to actively observe is to take note of who, what, when, where, and how the events are occurring in front of you. As you observe a family, it is important to note the following observations:

TRY THIS!

Pull out a piece of paper and stop to look at the world around you. Record your observations by asking yourself:

- ❖ Who is involved?
- ❖ What concrete actions and behaviors are occurring?
- ❖ What words or sounds do I hear?
- ❖ Is there anything concerning happening that I should note?
- ❖ Could an individual get a clear picture of the events occurring around me by just looking at my notes?
- ❖ The easiest way to conceptualize documentation is by thinking: WHO, WHAT, WHEN, WHERE, AND HOW. Monitors should be mindful to not think about "why" as this predicates judgment and opinion.

- What is the parent/child doing?
- What is the interaction?
- What does the parent/child say?
- What questions are asked by the parent/child?
- How does the child react to the parent?
 - Smiles?
 - Cries?
 - Cold shoulder?
 - Laughs?
 - Ignores?
- Is there a relationship between the parent and child?
- Does the parent use corporal punishment?

Objective Observations

When observing families, take note of factual events rather than subjective feelings.

Ex. “The child cried and refused to sit next to his mother.”

RATHER THAN

“The child was upset with his mother.”

This language allows the reader to see what happened during the visit rather than what the monitor interpreted.

Helpful Behaviors to Observe & Record in Children

It is particularly important to record the behaviors and interactions of children to help track developmental progress, as well as help identify any potential indicators of neglect or abuse.

When observing children, make sure to note the following:

1. Use of Language

- Does the child use full sentences? Does he/she initiate conversation or express feelings in words? Is he/she choosing to use appropriate words when interacting with others?

2. Physical Movement

- Is the child active and moving around the room? Is the child high or low-energy? Does the child seem to be healthy and able to use his body appropriately? Is the child able to balance, walk, crawl, jump, throw, etc.?

3. Mood & Temperament

- Is the child smiling, laughing, making eye contact, or displaying any signs of wanting to interact? Is the child refusing to interact? Is the child positive, flexible, and open to new experiences?

4. Parent-Child Interactions

- Are the parent and child interacting? How so? Are they talking, playing, reading, making eye contact, etc.? Do any of the interactions seem inappropriate?

5. Activities and Play

- Is the child engaged in the activity at hand? Is he/she able to share, take turns, clean up, etc.? Is the child disruptive? Does the child initiate play and interaction?

6. Times of Quiet and Transition

- Is the child able to be quiet? Is he/she able to make smooth transitions? Does the child follow instructions easily?

7. Skills

- Does the child display a variety of developmentally-appropriate skills, such as talking, reading, writing, expressing emotions, sharing, playing with others, etc.? What is the child good at? What skills does the child need more time developing?

8. Self-Esteem

- Does the child seem pleased with his/her own accomplishments? How does the child talk about him or herself?

9. Health & Well-Being

- Does the child complain of feeling sick? Is the child absent due to illness? Does he/she have allergies? Does the child have energy for interaction and activities?

Recording

Keeping records enables programs to identify a client’s need for services, track services delivered, and document critical incidents that occur, among various other benefits. Courts and child welfare agencies that refer visits to programs often want an accurate record of visits.

There are other reasons to keep good records. Imagine if a client switches visitation programs, or the monitor assigned to the family is sick for the day. Recording client history and past visits enables service providers to have the information necessary to maintain continuity and stability. Or perhaps a visit needs to be terminated due to a critical incident, such as a client bringing a weapon into the program.

Documentation can help programs accurately record what occurred. It is important for monitors to maintain a factual record of every visit that contains, at a minimum, the items in the following checklist.

Checklist of the Minimum Requirements for Recording a Visit	
	Client identifier or case number
	Who brought the child to the visit
	Who supervised the visit
	Any additional authorized observers
	Date, time, and duration of visit
	Who participated in the visit
	A detailed description of any Critical Incidents that occurred. See section on “Critical Incidents” for further instructions on documenting critical incidents.
	An account of termination, cancellation, or temporary suspension of visitation by the program, including the reasons for the termination or suspension of contact.
	Any failure to comply with program’s procedures
	Cancellations, tardiness, or no-shows by the client and the reasons given by the client for cancelling, being late to, or missing the visit.
	Incidents or suspicion of abuse or neglect as required by law, including documentation of any calls made to 1-800-96-ABUSE.
	Visitation Notes of the parent-child interaction, either Summary or Observation Notes as described in the next section.
	Contact Notes , which are summary accounts of all other contacts by the program staff in person, in writing, by telephone, or electronically with any party, the children, the court, attorneys, or other paraprofessionals or professionals involved in the case. These Contact Notes must be kept in the case file. All entries should be dated and signed by the person writing the Contact Note.

Visitation Notes

In addition to keeping basic records of information regarding parent-child contact as described above, all supervised visitation programs should have policies regarding any other kinds of documentation and recording they may keep about the contact, such as summary or detailed observation notes on the interaction between the parent and child.

Recording Visits

There is variation across programs in terms of how observation reports are written. Some programs use narrative reports written by visitation monitors and others use checklists. Other programs only record whether the parties came to the program as scheduled. Because of this variety, the content here may or may not apply to any specific program but is useful for monitors to be familiar with the issues involved in observation and recording of visits.

Summary Notes provide an overview of the interaction that took place between the parent and child during a supervised visit. The summary note must be factual, objective, and absent of any professional recommendations. Unlike the detailed observation note, the summary note shall not contain a comprehensive list of all observations. Instead, this report is meant to provide a brief synopsis of the parent-child contact.

Observation Notes are detailed observations that offer a comprehensive account of events that took place between the visitor and child during visits, signed by the staff member/volunteer who completed the notes. Observation notes must also be factual, objective, and absent of any professional recommendation. In addition, observation notes may also include various observations and direct statements from the child, parent, or other authorized observers. When developing policies governing observation notes, programs should take into account the potential for the notes to be reviewed by courts,

parents and/or his/her attorney, and other outside agencies. All notes should be constructed in a way that is sensitive to the cultural identification of the family, the safety needs of vulnerable parents and/or children, and provisions of Florida law addressing the collection of information about the case and family. Due to the potential for observation notes to be interpreted incorrectly and be used to harass the program or client, programs should consider keeping only summary notes, without lengthy details of activities, except in cases of Critical Incidents.

Writing Contemporaneously

When observing visits, monitors are encouraged to take notes during the interaction. This concurrent, or contemporaneous recording, is beneficial for a number of reasons including:

- Memories fail
- Observations tend to be more accurate
- Clear notes are necessary for each case
- Concurrent notes reduce confusion and increase reliability
- Observers feel more confident in their capability to capture observations when they are contemporaneously being recorded

In a busy visitation center, monitors may not always be able to write case notes immediately after a visit occurs. Writing and taking notes while the visit occurs can aid monitors to remember what occurred accurately during the 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 would have been helpful observations for Christie to record?

Recording Children's Behavior

Recording children's actions can be especially important, as children often express more in actions than in words. By recording your observations, you can document children's behavior and the quality of parent-child interactions, leading to more accurate goal-setting for your clients. Observations of children can, over time, lead to the discovery of a multitude of important findings regarding the child's well-being, including:

A Note on Cultural Sensitivity:

It is important to be sensitive to cultural values, such as differences in eye contact or displays of affection. Every family is different.

More information is available in Chapter XX, Working with Culturally Diverse Families.

- Developmental gains or setbacks
- Modes of coping
- Individualized learning preferences
- Behavioral patterns that may indicate the presence of abuse or neglect
- Special needs, such as a developmental or learning disability or attention-deficit disorder
- Medical concerns

It is imperative to the quality and safety of supervised visitation programs that visit monitors keep precise records of. Records not only help programs facilitate services that are effective for clients, but can also be compiled and used to determine best practices, or to help display the need for continued funding of supervised visitation.

Cultural Differences

As staff fill out forms and describe the parent-child interaction, or recount interactions in narrative format, it is likely that the information is based on one's own cultural norms. It is important for monitors to recognize the cultural differences of the families understand how those differ from the dominant culture. Monitors must be sensitive to differences in other people's ideas of respect, affection, and parent-child interaction. While there is training available to address the needs of other cultures who use supervised visitation, programs must ensure that they are promoting an understanding and familiarity of other families' practices, rather than simply adding a superficial, heightened respect for minority cultures. One way to do this is to explore at intake how family members interact with each other. Here's an example: "Mr. Bhatia, we want to be sensitive to families' needs and traditions. Are there any practices that your family has that you'd like us to know about? Are there any special ways you observe your religion? Are there any holidays coming up that you will be celebrating, so that we can help you celebrate with your child?"



Remember

There is no truly objective perspective as a monitor due to personal experience and culture. Understanding the truly difficult task of observation will provide monitors with the ability to be mindful and to always work towards observing visits fairly, being mindful of the paramount role of safety.

Monitors must be mindful of how they are observing and recording visits. When observing and recording visits, monitors must only document the facts and of the visit (behaviors, verbalizations). In this sense, monitors should avoid documenting subjective matter such as emotions, perception, or cultural norms. This means that visit notes should be written in quantifiable terms—that which can be seen, heard, smelled, counted, or measured. There are many words that are open to personal interpretation and should be avoided (manipulative, uncooperative, normal,). Instead of using these types of words, monitors should record observed behaviors and verbal communication that will allow case managers, judges, and other monitors to draw their own conclusions.

Verbal Communication of Visit Notes

Visitation monitors communicate with case managers and judges through written communication and visitation notes. In some cases, monitors may be required to discuss a client case with a third party involved with the case through verbal communication over the phone or in person. Monitors may have been well trained in writing objective, fact-driven visit notes, but sometimes, when communicating verbally, those same monitors may stray from the objective events.

Noting this tendency, monitors should be mindful of their verbal exchanges, as well as attempt to only give information that is found in the case notes or file. Avoid chit-chat in phone calls. Stick to the basics of the case. Don't add opinions or extraneous details.



Intervening in Visits

Each visitation program has policies and procedures describing when and how a monitor should intervene during a visit. It is encouraged for monitors to have a clear understanding of the requirements of their own program for visit interventions. In many cases, monitors may be unsure of how to intervene or even if they should intervene. Considering this, monitors should feel comfortable with using assertiveness to communicate clear instructions.

Some situations that call for a monitor to intervene include:

- The visiting parent questions the children in detail about the activities of the custodial parent.
- The visiting parent tells the children to convey a message to the custodial parent.
- The visiting parent makes derogatory comments about the custodial parent, step-parent, foster parent, or judge.
- The visiting parent falsely tells the children that he or she will be back soon—unless reunification really is imminent.
- The visiting parent asks the children which parent they want to live with.
- The visiting parent promises trips, gifts, or privileges on the condition that the child does something (“I will bring you to Disney World if you tell me where your new school is…”).
- The visiting parent harms or threatens to harm the child emotionally or physically during a visit.
- The visiting parent harms or threatens to harm other visitation participants, custodial parent dropping off children, or staff.
- The visiting parent has significant impairments due to mental illness, physical illness, or substance abuse that prevent them from engaging appropriately with the child (e.g., parent is intoxicated during the visit).

When intervening in visits, monitors should employ assertive communication skills. This requires monitors to communicate what is desired in an open, courteous, and

What to Say?

“Mr. Minor, I would like to speak to you away from the children for a moment.”

(Move to a different area)

“I can tell you have anger toward your ex-wife, but it is not appropriate to involve the children in this manner. I will have to terminate the visit if you continue to make derogatory comments.”

firm manner. Assertive communication can be very effectively defusing anger, even in hostile situations.

Critical Incidents

A **critical incident** is an occurrence involving any circumstance that threatens the safety of, or results in the injury of, any participant or staff/volunteer, and/or that requires the intervention of a third party such as child protection services, fire rescue, or police.

Critical incidents can result from an escalated conflict or a variety of other situations, including:

- A child has a seizure during a visit.
- A car is shot at in the parking lot during a visit.
- A parent raises a fist to staff.
- A parent physically abuses a child during a visit.
- A parent stalks the other parent or case manager in the parking lot.
- A parent brings a weapon to the agency.
- A parent uses drugs in the agency bathroom.
- A parent arrives intoxicated.
- A child falls and is bleeding
- A parent takes the child and tries to leave the agency with him/her.

Depending on the incident, staff should intervene by:

- Suspending the visit.
- Notifying emergency personnel.
- Involving other professionals.



Reporting of Critical Incidents & Termination of Visits

In cases of critical incidents, always respond first, document second. Following a critical incident, visits will likely be suspended or terminated.

Whenever an intervention is necessary in a supervised visit of any kind, staff should complete a critical incident report and mail it to the court and all parties in accordance with program policies.

While **Visitation Notes** may feature a summary of events, a **Critical Incident Report** should be a specific, detailed account of the incident that includes what happened, who was involved, and what actions were taken by the program staff.

More specifically, a critical incident report should include at a minimum:

1. A list of staff or security personnel who witnessed the incident,
2. A description of the rule violation reported as a narrative (describing the event as it occurred), and
3. A list of parties/attorneys to whom the report was sent.

Sample Critical Incident Report

Case Number or identifying information _____

Style of Case _____

Custodial parent _____

Non-custodial parent _____

Children _____

List all parties involved in incident _____

List all witnesses to incident _____

Time and date of incident

DESCRIPTION OF INCIDENT

Name of person completing this form _____ Date _____

DESCRIBE STEPS TAKEN BY STAFF AND/OR VOLUNTEERS

Were Police Contacted? YES NO

Name of Responding Officer: _____ Date: _____

Attach any police report to this sheet.

Other Actions Taken (with details)

Other parent/party informed _____ When? _____
Executive Director Informed? _____ When? _____

Court informed? YES NO

CBC or DCF informed? YES NO

Guardian Ad Litem informed? YES NO

Details _____

Additional Comments: _____

Report Reviewed By:

Signature: _____ Date: _____

If the visit is **terminated** because of a critical incident, staff must file a written Termination Report within 72 hours. Termination Reports must state the reasons for the termination and should include:

1. A description of the incident or incidents necessitating termination, and
2. A list of sources to whom copies of the report will be sent, including the parties involved, their lawyers, social services caseworkers, and guardians ad litem assigned to the case. Mental health professionals the court has ordered to receive such information should also receive copies of the reports.

The best practice would be for programs to include a Notice of Suspension of Future Visits in Termination Reports, which provides the parties with an opportunity to return to court to discuss the incident. Any suspensions of visits must be reported to the court within 72 hours.

Remember to debrief staff following a critical incident by offering referrals to counseling, making suggestions on how to avoid similar incidents in the future, and seeking increased training for staff.

STOP and Think

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

What critical incidents occurred? How should Christie report these critical incidents?

What could Christie do better to prevent and respond to critical incidents in the future?

A Trauma-Informed Approach

Understanding the effects of trauma on individuals, groups, and communities is a key factor in delivering effective services. As a supervised visitation monitor, it is estimated that 61% of men and 51% of women will experience at least one lifetime traumatic event. You will work with many children and families who have suffered some sort of trauma. Supervised visitation professionals who interact with clients who have experienced trauma should be understanding and sensitive to those experiences. Visitation providers should be knowledgeable about the individual's history to provide appropriate empathic responses.

What is Trauma?

The term “trauma” refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being. Below are several types of traumatic events, although it is not an all-inclusive list, as trauma differs for every individual.

- Experiencing or witnessing interpersonal violence (domestic violence, child abuse)
- Physical, sexual, or institutional abuse or neglect
- War, terrorism, or natural disasters
- Stigmatization due to gender, race, poverty, sexual orientation, or incarceration



Trauma overwhelms one’s ability to cope and deal with everyday stressors and activities. Individuals who have experienced a trauma will fall within a continuum from feeling overwhelmed to overcoming the trauma. As a supervised visitation monitor, many times when you first begin working with a family, they will be on the overwhelmed side of the continuum. Hopefully, towards the end of your time with the family, they will have moved to the overcoming side of the trauma continuum, indicating the processing of the trauma and the development of adaptive coping skills.

Background Information on Trauma-Informed Approaches

Trauma-informed care is a strengths-based service delivery approach that is grounded in an understanding of, and responsiveness to, the impact of trauma. It emphasizes physical, psychological, and emotional safety for both providers and survivors, and thus creates opportunities for survivors to rebuild a sense of control and empowerment in their lives. A trauma-informed approach to the delivery of services includes an understanding of trauma and an awareness of the impact it can

have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events. It involves four key elements of a trauma-informed approach:



1. **Realizing** the prevalence of trauma;
2. **Recognizing** how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
3. **Responding** by putting this knowledge into practice; and
4. **Resisting** re-traumatization.

Trauma-Informed Approaches in Supervised Visitation

Parents experiencing trauma may seem distracted, frustrated, angry, depressed, or anxious. Children experiencing trauma may seem distant, scared, or depressed. It is important to recognize that trauma can happen to competent, healthy, and strong, people and that no one can completely protect him- or herself from a traumatic event. Visitation monitors should be sensitive to the issues that the child may be facing, as well as issues a visiting parent may be facing. Visitation monitors should look for ways that they can affect the interaction and bonding between parent and child positively. While looking for ways to establish a safe place for the child, supervised visitation staff should watch for behaviors that may signal anxiety or re-traumatization.

Keys to Trauma-Informed Care

1. Many of the clients in social services have suffered trauma.
2. Survivors need to be respected, informed, connected, and hopeful regarding their own recovery.



3. Trauma and traumatic reactions are often inter-related (e.g., substance abuse, disordered eating and sleeping, depression, anxiety).
4. Social service providers need to work collaboratively with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors.

Provider Competence

“Trauma-informed approaches” involve the provision of care that, borrowing from the field of cultural competence, is “trauma-competent.” Individuals and services providing trauma-informed approaches should cater to the individual needs of each child to best promote empowerment and effective treatment. These can include ethnic or cultural differences, mental or physical disabilities, or language barriers.

Safety

Trauma-informed care must begin with the provision of safety, both physical and emotional, by adult caregivers to the traumatized child. In the absence of safety, the child will be unable and often unwilling to alter behavior, consider new ideas, or accept help. Children concerned about their survival cannot broaden their focus, engage in self-reflection, or allow themselves to be emotionally vulnerable. Trauma-informed organizations, programs, and services attempt to understand the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate. Therefore, these services and programs can be more supportive and avoid re-traumatization.

As a supervised visitation monitor, you will encounter and work with many families who have suffered some sort of trauma. It is important for you to understand what trauma is, what trauma-informed care entails, and to understand the principals to deliver services in an effective manner. As a visitation monitor you can help families feel safe and give them back control and empowerment over their lives.

Safety Skill

As part of trauma-informed visitation, monitors can help children feel safe by asking children how they feel about visitation and establish a word or sign to use if the child feels unsafe. Monitors should ensure that they fully understand the safety concerns of the case and that the child feels safe with the assigned monitor.

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 an organization can partake in. 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. There 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.

See Implementing Changes Handout

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 basis 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

Part 2

Skills for Monitors

In all interactions with families, monitors must use skills to build a healthy relationship during the supervised visitation process. There are a variety of practice abilities that monitors need when working with families, including healthy communication techniques, supportive modeling and parent coaching behaviors, effective conflict resolution, capabilities to build parent confidence, ability to construct goals for supervised visitation, and skills for building parent motivation. This section of the chapter will explore each of these elements.

Communication Skills

Monitors must use supportive verbal and non-verbal communication techniques to engage families in supervised visitation, but they can also use these visits as opportunities to model healthy communication for parents to use when supervision is no longer needed. Consider the many benefits of healthy communication:

It can help you and your clients to

- 1) Better understand other's perspectives and situations
- 2) Resolve conflicts
- 3) Build respect and trust
- 4) Create an environment that supports new ideas and problem solving

Tips for Communication as a Supervised Visitation Provider

- **Encouraging attitude:** engage the participants in communication through encouragement. Examples might be telling the custodial parent, "You are the expert on your child and I am here to support you both during visitation. Tell me a little about your child."



- **Paraphrasing:** repeat back to the client a summary of what he or she is saying to assure the client that you understand what is being conveyed: “OK...What I hear you saying is_____. Is that correct?”
- **Open and closed questions:** use questions that require short answers, as well as questions that allow more in-depth responses. For example, “I’m very interested. Tell me more about what games you play at home.”
- **Be genuine, warm, professional, and respectful:** Be respectful of cultural differences and family differences. It is also important to avoid being condescending or patronizing of families different from one’s own.
- **Be assertive:** direct participants to respond appropriately to others in a firm and respectful manner.
- **Give directions:** state specific outcomes and get feedback so it is clear that the recipient understands the message.
- **Practice non-verbal skills:** this includes behaviors such as head nods and eye contact. Non-verbal communication can also be as ineffective as poor verbal communication. Visit monitors need to be aware of how their everyday posture, gestures, and body-space may affect communication.
- **Use assertive confrontation only when appropriate,** such as when a child is put at risk during a visit.

Conversations to Avoid

- Avoid burdening the parent with your own problems: such as, “I am so tired today. My child was sick last night and my car broke down...”
- Avoid displays of impatience: such as, frustrating sighs, clenched jaws, and irritation.
- Avoid political discussions, such as “Who are you voting for?”
- Avoid arguing.

Communication Blockers to Avoid:

- Don’t use surprise exclamations: such as, “That’s awful! I never heard such a thing!”
- Don’t criticize: such as, “You are just not acting like you care at all today.”
- Don’t ask “Why” questions.
- Don’t patronize: “You poor thing, I know just how you feel.”
- Don’t preach: “You should always...”

- Don't make false promises: "I'm sure you'll get your children back in the next month."
- Don't threaten or coerce a parent: "If you don't go in that room and see your child right now, I am going right to the judge, and he won't be happy."

There are a few strategies that can help you become a better communicator and that you can teach and model to parents to encourage supportive communication in the family and home.

Strategy #1: Active Listening

Successful listening involves understanding how the speaker feels about what the speaker wants to communicate, not just the words being said. Active listening involves re-stating or paraphrasing what you hear to confirm that you have heard and understood.

How to Listen Actively:

1) **Remove as many barriers to listening as possible.** Listening barriers can be psychological, like emotions, or they can be physical, such as noise or visual distractions, such as the TV, computers, or telephones. Barriers also can include distractions, trigger words, vocabulary differences, and limited attention spans.

- One common barrier to listening is called the shift response, or the tendency of listeners to turn the topic of conversation to themselves without showing interest in the speaker's topic of conversation. If you ever think of what you are going to say next while someone is talking to you, you have engaged in this communication barrier. Be careful not to get distracted in conversation.



2) **Put your full focus on the speaker.** Face the speaker, sit up straight or lean forward slightly to show your attentiveness, and maintain eye contact.

3) **Avoid interrupting, or redirecting the conversation** to your own concerns. Truly focus in the moment on what the speaker is saying.

4) **Show your interest.** Respond appropriately, verbally and nonverbally. Use encouraging "mhmm" or "okay"

responses, nod, raise eyebrows and use prompts, such as, "What did you do then?" Think of what would help encourage you in conversation and then apply that to the speaker.

5) **Focus solely on what the speaker is saying.** It can be hard to focus, but try your best not to think of what you will say next. It will help the conversation flow more naturally.

6) **Minimize internal distractions.** Try to let go of your distracting thoughts and continuously re-focus your attention to the speaker.

Table X.X
Common Methods to Show Active Listening

Method	Description	Example
<u>Restating</u>	Paraphrase the speaker’s point to make sure you understand.	“So I hear you saying...”
<u>Summarizing</u>	Bring together separate pieces of a story or problem and check that you are connecting them correctly.	“So it sounds to me as if...”
<u>Minimal encouragers</u>	Use brief, positive prompts to keep the conversation going and to show you are listening.	“Oh?”, “I understand.”, or “Mm-hmm”
<u>Reflecting</u>	Reflect the speaker’s words in terms of feelings.	“This seems really important to you.”
<u>Probing</u>	Ask questions to get deeper insight and get involved in the conversation.	“What do you think would happen if you...?”
<u>Validation</u>	Acknowledge the speaker’s problems, issues, and feelings. Listen openly and with empathy.	“I appreciate your willingness to discuss...”
<u>Using “I” Statements</u>	“I” statements help you to focus on the problem, not the person involved in a negative situation. They help let the speaker know what you feel and why.	“I know you have a lot to say, but I need to...”

Redirecting

If the speaker shows signs of being overly aggressive, agitated, or angry, this is the time to shift the discussion to another topic.

“Let’s continue this talk later.”

Strategy #2: Nonverbal Communication

Nonverbal communication involves nonverbal cues that signal the way a person feels about a conversation or person. Everyone uses nonverbal communication. Look at the two pictures below and decide which person looks ready to have a pleasant, open discussion.



Without saying a word, both people are communicating how they feel. The woman on the left is crossing her arms and looking to the side, which may display a barrier to communication. The woman on the right is making direct eye contact, leaning forward, and smiling, showing a readiness to communicate. Nonverbal communication can be unintentional. You may not even realize the message that your body is sending. However, you can teach yourself to be mindful about how your body language is being read by others. For example, frowning, looking away or down, or having your arms crossed may convey that you are feeling negative emotions, such as anger, sadness or frustration. On the other hand, smiling, leaning forward, nodding, and encouraging hand signals show that you are in a positive mood and ready to communicate.

Nonverbal communication is important because it can relay information, such as emotions or biases, which can change the context and meaning of a conversation. Nonverbal methods of communication can include the following:

- Body language
- Facial expressions
- Body movement
- Gestures
- Eye contact
- Posture
- Tone of voice
- Muscle tension
- Breathing



Tips for Nonverbal Communication:

- 1) Use nonverbal signals that match your words to strengthen their meaning.
- 2) Use body language to convey positive feelings, even when you are not actually experiencing them.
- 3) Standing tall with shoulders back, smiling, and maintaining eye contact can help you feel more confident in a conversation and put the other person at ease.

Nonverbal Communication Exercise

*Draw a line to match the nonverbal communication to its meaning.**



Individual looks upset and worried by his nonverbal communication. He or she could maybe even be overwhelmed.



Individual seems joyful and is displaying love and affection, as well as an openness to communication, through his or her body language and facial expression.



Individual seems angry and is showing a desire to stop communication through his or her hand motions and facial expression.



Individual looks sad, possibly traumatized from a negative experience. His or her body language communicates worthlessness and loneliness.

**Remember, while nonverbal communication can help you perceive others' emotions more effectively, body language and facial expressions vary between individuals and are not a conclusive way to determine an individual's emotions.*

Teaching Children Communication at Visits

Communication skills are vital for adults and children. Studies show that effective communicators are happier, achieve more in school settings, and are more successful overall. You can begin to develop supportive communication methods in children during visits, but teaching parents how to encourage healthy communication in their children will help them fully develop these methods.

Teaching children good communication skills starts immediately and lasts throughout childhood and adolescence. At different stages of childhood, different skills should be developed. The ultimate goal is to raise an individual who converses courteously, listens to what others say, and is able to clearly express his or her own thoughts, ideas, and opinions. It is important to note that this goal may not be transferable to all parents and monitors should be aware of the cultural norms for healthy communication in each family.

Basic Communication Practices

There are a number of things you should do to help facilitate communication in children. The practices mentioned below can be used with all developmental stages.



- **Actively listen to the child.**

When you show the child how to listen, this demonstrates that paying attention when someone else is speaking is important and courteous.

- **Get on the child's level.**

Getting on the child's level will facilitate good eye contact. Eye contact is important because it is a non-verbal way to communicate with someone that helps to show your interest in what is being shared.

- **Display signs of verbal and nonverbal listening.**

When the child is speaking, not only can you acknowledge verbally what they are saying such as saying "yes," and "mm-hmm," but you can also nod your head and react to what they're saying with facial expressions.

- **Verify that the child listens to you.** When talking to your child, ask them to repeat what you said in his or her own words or ask what the child thinks

about what you are speaking about. This way you know if the child is listening to you actively, and you can then say, “Thank you for paying attention” to show that you care.

- **Use “I” statements to communicate how you think and feel.** Start your sentences with “I” instead of “you” to relate what you are thinking. This will teach children how to speak in a direct way to others about their thoughts and reactions.
- **Ask probing questions to encourage the child to engage in open communication.** By asking probing questions, such as, “You look upset. Is it because of the thunderstorm and you can’t go outside?” the child will learn to communicate more often and new conversation topics can be covered.
- **Teach the child not to interrupt when someone else is speaking.** Tell the child that allowing others to speak fully and express opinions without being disrupted is courteous. If the child interrupts you, calmly and politely tell him or her not to and explain how this can be a distraction to the person who had first been speaking. Also, don’t interrupt the child either so that you can model this behavior for him or her.

Table X.X
Child Communication Facilitation Techniques, By Age

Age of Child	Communication Developmental Milestones	Techniques to Teach Children Communication
Babies and Toddlers- <i>Birth to Age Three</i>	<ul style="list-style-type: none"> • Sounds (crying, cooing, squealing) • Facial expressions (eye contact, smiling, grimacing) • Gestures (moving legs in excitement or distress) • Fragmental word development • Repetition of words • Simple sentence development • Understanding of two-step commands 	<ul style="list-style-type: none"> -Use running commentary for gestures. For example, the infant is pointing to the fridge. “Do you want a drink? Do you want milk? I’ll get you some milk. Here is your drink of milk.” -Repeat basic sounds or words, encouraging the child to repeat after you and learn new words.
Preschool Age- <i>Three to Five Years of Age</i>	<ul style="list-style-type: none"> • Development of more complex sentences 	<ul style="list-style-type: none"> -Ask the child questions to include him/her in decision-making.

School Age – Six to Twelve Years of Age	<ul style="list-style-type: none"> • The use of “No” and “Why” • Decision-making • Imitation of words • Description of experiences • Growth of vocabulary • Grammar and punctuation • Understanding of three part instructions • Giving school presentations • Independent reading of chapter books • Writing of stories and letters • Use of phone to communicate 	<p>-Communicate with dolls or action figures to co-create a story.</p> <p>-Read together.</p> <p>-Ask specific, open-ended questions, such as “What feedback did your teacher give you on your assignment?” to avoid short, vague answers.</p> <p>-Make sure to avoid talking down to children of this age, as they want their growth and maturity to be acknowledged.</p>
Teenagers- Thirteen to Eighteen Years of Age	<ul style="list-style-type: none"> • Rhythm and tone of speech • Body language • Development of communication style • Use of social media to communicate 	<p>-Challenge the teen to avoid the use of fillers like “um” and “like” for a few minutes to increase confidence.</p> <p>-Ask teens to consider how sarcasm can be hurtful to other people.</p>

See Handout on Child Communication

Top 10 Strategies to Facilitate Child Communication

Below are 10 strategies you can use to facilitate the development of positive communication skills in children.

1. Get on the child's level.
2. Actively listen to your child.
3. Display signs of verbal and nonverbal listening.
4. Ask questions to encourage the child to have open communication.
5. Teach the child not to interrupt while someone else is speaking.
6. Verify that the child listens to you.
7. Use "I" phrases related to how you think and feel.
8. Help the child develop a wide vocabulary.
9. Teach the child the importance of body language and facial expressions.
10. Practice assertive communication techniques with the child.

Parent-Child Engagement

Parent-child engagement is a strengths-based, foundational practice that promotes partnership between service providers and parents in making decisions and setting and achieving goals. It emphasizes open communication, honesty, empathy, and culturally relevant services. It respects family dynamics and personal experiences. It promotes safety, permanency, and the well-being of children and their parent. It aids the family in achieving stronger parent-child bonds and sometimes can lead to reunification.



What are the Key Elements and Components of Parent-Child Engagement?

- It builds on existing resources and kinship connections.
- It emphasizes positive, two-way communication.
- It emphasizes responsiveness and flexibility to accommodate parents' work issues, culture, and unique needs.
- It focuses on gathering and using existing knowledge about families over time.
- It is strengths-based.
- It is inclusive of parents during goal-setting and problem solving.
- It is respectful of parents' cultural backgrounds and practices.

Why reunify?

Child protection professionals reunify children with their parent or parents because of a belief in permanency, or the intent of families to stay together. The underlying assumption of child welfare practice is that children benefit from being raised by their natural parents, when these families are nurturing, interdependent, and have the legal right to be together.

Note: The goal for reunification in dependency cases is to reunify the child with one or both parents, but not to reunify the nuclear family. Reunification focuses on ensuring children have access to one or both of their parents who can provide safety and support.

Permanency is based on important values, including:

- the importance of family.
- the inherent value of biological families.
- the relevance of attachment between parent and child.

Permanency is the foundation of the Adoption Assistance and Child Welfare Act of 1980. This legislation includes two important caveats:

- every child has the right to live in a safe, nurturing, permanent home
- the parent(s) must make “reasonable efforts” to restore a stable, nurturing home before they can be reunified with their child

Necessary Steps for Permanency

To legally reunify a child with his or her parent(s), many steps are involved to help the family achieve legal status. These include:

- Case manager assessment of parent progress
- Case manager recommendation to court
 - Develops written service agreement for reunification support
 - Prepares parents, child, and resource provider
- Reunification with development of a visitation schedule
- Provision of post-reunification support and services
- Permanency
- Closing the case

Encouraging Parent-Child Communication & Interaction

To foster strong parent-child bonds in the families you work with, encouraging supportive communication and interaction is essential. Parent-child bonding can help create a positive relationship in which there is trust, comfort, and understanding. Engaging in activities during visitation provides parents and their children with opportunities for communication and fun. Here are some simple, inexpensive activities that can be done at visitation to engage parents and children in positive communication:



- **Read a book together.** You can have the parent ask the child engaging questions about the story, such as, “Who is the main character?” (for younger children) or “What would you do if you were in that situation?” (for older children).
- **Play a board game.** You can provide board games or puzzles to parents to play with their children to promote a fun bonding session.
- **Engage in playful copycat.** You can have the child choose an activity, such as clapping hands, jumping, facial expressions, and instruct the parent to playfully copy what the child is doing, imitating their volume and speed. Eye contact, smiles, and laughs can help to promote healthy attachment.
- **Tell stories.** You can encourage parents and children to talk about their day or tell stories from their past by asking engaging questions, such as, “What was the best part of your day?”, “Where would you like to travel to?”, and “What was the best meal you’ve ever had?”
 - You can also engage families in **round-robin style storytelling** by giving them a topic and having them take turns adding a sentence to the story
- **Play charades.** Engage more energetic families, especially those with more than one child, with a game of charades. Have the parent and child(ren) write down movies, books, or characters they think the other family members would know. Then, have family members take turns blindly choosing a slip of paper and act out the movie, book, or character without talking. Parents can help younger children write or act as needed.

Engaging parents and children in bonding activities that promote positive conversation and interaction helps to build trust and excitement for visits. It also sets the stage for growth and bonding in future 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 skills could Christie have utilized to facilitate healthy communication?

Parent Modeling and Coaching

When supervised visitation is successful, it builds parental capacity and motivation. It's an excellent opportunity to help increase the bond between a child and parent, while reinforcing positive aspects of their relationship. Through parent coaching and modeling, visitation monitors can help parents learn how to better communicate with their children and get the most out of visitation. This will directly benefit children, who need supportive and loving parents.

Behavioral Parent Training

The environment of supervised visitation is an ideal place to employ certain principles of Behavioral Parent Training (BPT), also commonly referred to as Parent Management Training (PMT). ***BPT has been recognized as a best practice for reducing maladaptive child behaviors and increasing parenting skills.*** It focuses on teaching parents how to give positive reinforcement, such as praise and rewards, which is often the most effective way to foster positive child behavioral patterns. Techniques of this training include modeling, reinforcement, and correction. These are discussed below.

Modeling is the act of giving a parent an example of positive behavior. If a parent is saying or doing something inappropriate during a visit, it's important for a supervised visitation monitor to maintain composure and calmly redirect. This involves a monitor doing the following:

Behavioral Parent Training has been shown to:

- Limit child disruptive behavior
 - Including aggression, hyperactivity, temper tantrums, and difficulty following directions
- Increase positive child behavior and interactions
- Foster strong parent-child bonds

- Focusing on the visiting parent; standing up straight and maintaining eye contact with the visiting parent (unless such behavior is not culturally appropriate).
- Maintaining an appropriate voice volume and relatable tone for both the parent and the child.
- Refrain from pointing, frowning, sighing, or showing anxiousness or fidgeting.

Reinforcement is praising a parent for a positive behavior.

Example: A supervised visitation monitor could say “I’m sure Jimmy appreciated your positive comment about his math test!”

Correction is instructing a parent on how to perform a positive behavior.

Example: A supervised visitation monitor could tell a parent who does not react to a child’s good news: “Look! Jimmy got a big test back today, I’m sure he’d like to hear how proud you are.”

Modeling during Supervised Visits

Modeling behavior for parents and children helps strengthen relationships and encourage positive parenting strategies. Suggestions for supervised visitation monitors during sessions include:

- **Give parents suggestions** on how to interact with their children when they need help. This can help strengthen bonds between family members.
- **Intervene** if a parent becomes too violent, angry, or aggressive when interacting with a child. The monitor can do this by modeling positive parenting behaviors.



Trauma-Informed Skills

Monitors can use visitation as an opportunity for parents to practice trauma-informed parenting skills. These skills include setting appropriate limits and boundaries, managing children’s triggers and reactions, and reinforcing safety messages.

- **Remind parents** that they are their child’s first teacher, and that they can have fun teaching their children.

Parent modeling and coaching can be used throughout supervised visitation to enhance the relationship between parents and children and make

supervised visitation more pleasant in the future. Parent coaching can be directed at the parent to encourage engagement and interactions with the child, or parent modeling can be directed towards children to model appropriate responses and behaviors. See the chart below for examples of positive coaching and modeling techniques that you can utilize during supervised visitation.

Table X.X
Examples of Positive Parent Modeling & Coaching in Supervised Visitation

Situation	What You Can Say To The Parent	What You Can Say To The Child
Parent expresses that they are tired, upset, or frustrated.	<ul style="list-style-type: none"> • “Well, I’m glad that you were able to come today so you can visit Mark.” • “I know you’re tired/frustrated but I just wanted to tell you how much you’re improving your behavior/promptness during visitation.” 	<ul style="list-style-type: none"> • “Want to read a book to your mom?” • “I know you were looking forward to telling your mom about your school dance. Would you like to share about it with her now?”
Parent becomes frustrated with child or doesn’t know what to say.	<ul style="list-style-type: none"> • “Last week, Jimmy wanted to play Monopoly. Does that sound like something you want to do today?” • “We have some new books this week. Would you like to read one to your daughter?” 	<ul style="list-style-type: none"> • “Erin, I know you didn’t do “nothing” at school today. Let’s try talking about what you did in science class.” • “I’m sure your mom would like to hear about how you learned to play soccer in school.”
Parent and children aren’t sure what to do or play.	<ul style="list-style-type: none"> • “What kind of things did you do when you were eight? Do you think Farrah would like to do those things?” • “I know Johnny mentioned he wanted to read one of the new books today, how about you read to him?” 	<ul style="list-style-type: none"> • “Shayla, you are such a big girl. Why don’t you ask your dad to play Legos with you?” • “Kyla, is there another game you would like to play? We have so many things you can do with your mom!”

<p>Parent is visiting with multiple children who may have different ages or interests.</p>	<ul style="list-style-type: none"> • “What kinds of games to Jeremy and Johnny like to play together?” • “Can you think of any activities that would be fun for a three-year-old and a nine-year-old?” 	<ul style="list-style-type: none"> • What do you two like to do when you are together? • Tell me about a time you had fun with your sister.
<p>Child is acting out or not responding to the parent.</p>	<p><u>During the visit:</u></p> <ul style="list-style-type: none"> • “Mom, remember what we said about sharing?” • “Uh oh, Dad, looks like Marquis is getting a bit upset. Why don’t you try those new skills we talked about?” <p><u>After the visit:</u></p> <ul style="list-style-type: none"> • “We have discussed Shayla’s outbursts before. I think it would be helpful if you could cut in when she starts to have a tantrum and ask her to calm down for you.” 	<ul style="list-style-type: none"> • “Kevin, I can see you’re frustrated, but we do not yell during visits with your mom. Is there something we can do to help you calm down?” • “Dani, this time is special, for you and your dad to play and talk. Would you like to answer your dad so you can have a good time?”
<p>Parent is opposed to certain parenting behavior that the monitor is trying to model or encourage.</p>	<ul style="list-style-type: none"> • “Well, we’re here to work on your case plan. Let’s work on making visits successful and follow the program rules so that you and your son can have a good visit.” • “This may not be how you were raised or what your parents did, but we want you to succeed at your case plan today. There are so many positive interactions that can happen at visits. This will make your relationship better in the long run.” 	<p>N/A</p>

Don't forget the WHY. Explain WHY you make the suggestions to parents. It may be obvious to you, but the WHY is important to parents who have limited skill sets.

Parent modeling and coaching can be used in all areas of visitation and the parent-child relationship, but can be essential when parents are utilizing negative parenting practices such as:

Behavioral parent training can help you teach families to interact in more supportive ways and promote stronger parent-child bonds. BPT can be used to encourage a variety of positive family attributes. Some of the most relevant areas in which BPT can be used include:

- Healthy communication
- The use of motivation, confidence-building and goal-setting
- Parent-child engagement

The next sections will discuss conflict resolution, confidence building, and goal setting, and motivation for parents for use in their own families. These skills can enable parents to build strong bonds with their children and better meet their children's developmental and emotional needs during supervised visitation and beyond.

If a child misbehaves, and a parent moves to slap a child, how should a monitor react? A monitor could respond in the following ways:

- Tell the parent directly that it is not okay to hit the child while at supervised visitation, which is a violence-free area.
- Model another way to discipline the child, such as talking to him/her about why the behavior displayed was unsafe, disrespectful, not okay, etc.
- Ask a parent to step out of the room for a moment, and discuss the issue with him/her directly.

Depending on the severity of a parent's actions, it may be necessary to remove a child immediately for safety reasons. But in some situations, one of these options will be appropriate.

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 skills could Christie have modeled for Bradley?

Conflict Resolution

Conflict resolution is a crucial skill to effective communication, as conflicts are bound to occur at visitation. Resolving conflicts can be difficult, but this skill provides a chance for you to problem solve and react to conflict in a positive manner.

How conflicts are handled determines the outcome of the conflict. If handled well, issues can provide opportunities for personal growth, as well as a chance to strengthen the provider-client relationship. There are specific strategies that you can use to prevent conflict and address it in an effective manner.

Tips to Prevent Conflict

Some ways supervised visitation providers can work to prevent conflict effectively include:

1) Recognize when clients are becoming stressed or conflict is arising. Start to become aware of your clients' baseline demeanor, so you can recall when they are becoming stressed. Also look out for physical responses that all people experience during stress, such as tightening of muscles, clenching of hands, shallow breathing, or forgetting to breathe.



2) Assess clients' concerns or discomfort. Inquire about any problems or concerns that the client may be having at this initial stage, and provide support and encouragement where needed to resolve any distress.

3) Encourage clients to take a moment to calm down whenever needed. By providing support for this option, clients can feel comfortable taking a break to count to ten and can then make a rational decision on whether to stop the conversation or continue.

4) Encourage use of relaxation and appropriate coping mechanisms. Ask clients what soothes them, such as taking a few deep breaths, clenching and relaxing muscles, recalling a soothing image, or listening to relaxing music. This can be used during times of conflict or stress to calm down.

Addressing Conflict

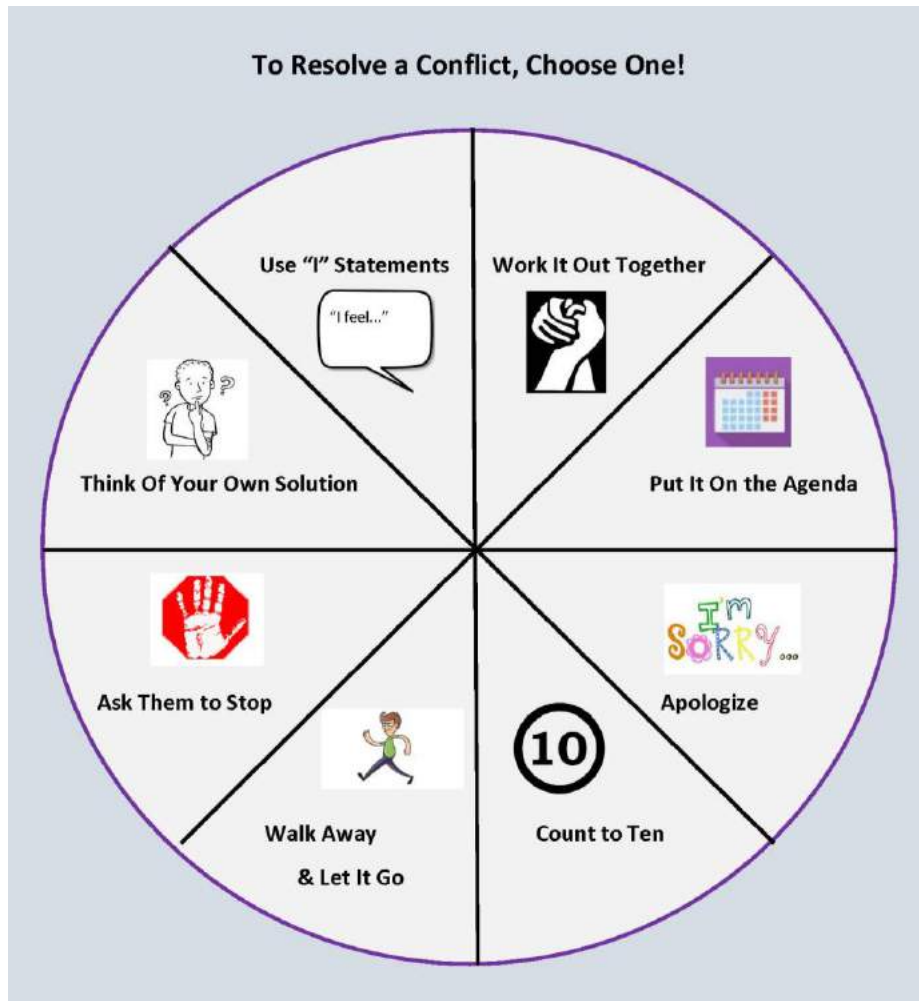
Sometimes, conflict will still occur. Conflicts often escalate quickly and can become dangerous within minutes, so it is important to intervene immediately to defuse the situation. Depending on the situation, supervised visitation providers can defuse the conflict by:

- Utilizing assertiveness skills
- Acknowledging individual feelings
- Providing helpful information
- Redirecting to another topic or activity
- Utilizing security staff and agency protocols

Table X.X
Continuum of Conflict

	Characteristics of Stage	What You Can Do
Discomfort Stage	-Awareness of client becoming uncomfortable, annoyed, hesitant, or stressed.	-Assess client's concerns and provide support.
Incident Stage	-Presence of a sharp exchange leaving one or both individuals upset or irritated.	-Defuse the situation through assertiveness, acknowledging feelings or redirecting. -Be sure to utilize security staff and agency protocols.
Misunderstanding Stage	-Motives of each side and facts of the situation are often confused.	-Listen to each side's concerns and attempt to discern what the topic of concern is. -Use active listening to show your support.
Tension Stage	-A high level of tension arises from a mixture of attitudes, feelings, misunderstandings, and outcomes of the incident.	-Attempt to get each side to view the other's perspective or at minimum respect the other individual.
Critical Incident/Crisis Stage	-Behavior is affected, normal functioning becomes difficult, and extreme actions are often considered.	-Utilize security staff and make sure to keep children and other clients safe and away from the critical incident.

See Conflict Resolution Wheel.



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 should Christie have done to prevent the conflict or resolve the conflict as it arose?

Confidence-Building

Helping families gain confidence, set goals, and learn to self-motivate can be monumental in having success with supervised visitation. These tools can help parents set and achieve goals through self-confidence, motivation, and hard work that can benefit their families long-term.



Confidence refers to the way people think about themselves and the value that they believe they have. Having confidence allows an individual to believe in the power of his or her own abilities and strengths. This is an essential first step in setting and achieving goals.

Building Confidence in Parents

To foster confidence in parents, help them identify their strengths and abilities by using the following tips:

- **Compliment parents on what they are doing right** during visits with supportive words, such as, “I have noticed you are doing a great job at being on time the past few visits. I am happy to see you prioritizing your child”
- **Help parents identify their strengths** by having them make a list of their positive attributes or circle words they identify with from an existing list.
- **Encourage positive self-talk** by providing parents with affirmations they can use at home to practice positive self-talk and foster confidence.
- **Educate parents on their physical needs** for plenty sleep, water, and healthy foods to feel their best.
- **Help parents set small goals they can achieve realistically** to help them see their abilities.
- **Motivate parents to become more involved in positive activities** they enjoy that can also act as healthy coping methods to stress, such as running, poetry, painting, keeping a journal, or sports.

Helping Parents Support Children's Confidence

Confidence is an important factor in determining a person's happiness, self-esteem, and success in life. Confidence changes over time, but childhood is the most important period in the development of a person's confidence as it helps children learn, play with other children, interact with adults, improve and grow. Supervised visitation is an environment where parents can support their children's confidence. Monitors can help parents create a supportive environment to foster confidence by implementing the following skills:

- **Remind parents that they often have the biggest effect on their child's self-esteem.**
- **Give parents and children tasks that they can easily achieve together**, such as coloring, working through a puzzle, or reading a book.
- **Have parents help their child come up with at least three good things about him/herself**, and then post the list somewhere visible. Parents and children can work together to add to it occasionally throughout the visitation process.
- **Inform parents of the importance of a safe and loving environment.** Visitation should be a place where children feel safe and loved. Monitors should encourage parents to leave any conflict or issues out of the visit. Children who are exposed to their parents' conflict are more likely to develop low self-esteem. Monitors can encourage parents to focus on their child and the visit at hand.



Ultimately, parents need to understand that children must first feel that others have confidence in them to build their own confidence. Parents can be the first to express that to them, as well as a constant reminder of this confidence. As parents continue to work with their child on building confidence, they can gain a better understanding of their child's interests and passions. With that knowledge, parents can then support their children to become more involved in rewarding activities. Through a parent's love, support, and instructive direction, children will build confidence as individuals through the visitation process.

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 Christie have built up Bradley and Loretta's confidence to help motivate them to set goals?

Goal-Setting

Exposing your clients to goal-setting can support parent desires to set goals to improve their parenting skills. This can make their visitations and relationships with their children more successful. By learning goal setting themselves, your clients can teach their children to set goals, as well. This supports attainable goals, self-discipline, and a feeling of accomplishment.

Setting goals is a great way to motivate parents to accomplish steps toward a healthier family. Many studies have shown that simply writing down a goal makes it more likely that a person will accomplish it. Helping parents organize their vision into a goal that will give parents a greater chance of attaining it. You can help parents create organized goals by making sure it follows the SMART acronym:



- **S- specific** (Be detailed about what it is that needs to be accomplished. No generalizations)
- **M- measurable** (There should be no doubt about whether the goal is reached.)
- **A- actionable** (When writing goals, use action words such as 'practice', 'quit', 'finish', instead of 'be', 'am', 'have'.)
- **R- realistic** (A goal should stretch a person just outside of their comfort zone, but it should not be unreachable. For example, it might be unrealistic to say "Be president of the Parent-Teacher Association (PTA)" if a parent works during the day and is unable to make it to meetings, but a more realistic goal could be to "Contribute to the PTA by baking cookies for their fundraising bake sale on September 12th".)

- **T- time-bound** (Every goal needs a date to be completed by, otherwise it is just a dream. By setting a time limit, a person is motivated to accomplish the goal before the time is up.)

Using this acronym to structure goals helps to ensure that they will be met. Helping to set smaller, more realistic goals can help foster confidence and motivation to meet future goals from getting to feel success over a smaller goal.

Goals should also be stated positively, rather than negatively. For example, instead of saying “Don’t get frustrated with my child when they don’t listen to me,” a parent could say “Find three successful ways of communicating with children” or “Practice patience with my child when they are not focused on me by calmly redirecting their attention.”



How Do We Apply These Goal-Setting Skills to Parenting?

There are many specific skills necessary to parent successfully. These might include flexibility, consistency and stability, nurturing, accepting responsibility for one’s actions, and dealing with stress.

So how can goals be created to focus on these parenting skills in a way that

will be most beneficial? ***By breaking down general goals, they can be rephrased to be more specific and realistic.*** See Table X.X for examples.

Table X.X
Setting a SMART Goal

General Goal	Specific, SMART Goal
Find vocational training	Find a training program for my beautician certification by March 1 st .
Be reliable regarding spending time with my child	Be reliable by showing up on time to the next 4 visitation appointments.
Be patient every time my child throws a tantrum	Acknowledge my child's feelings the next time she has a temper tantrum Explain calmly why she cannot have the toy/candy/etc.
Be loving toward my child	Hug my child 3 times throughout the next session. Tell my child that I love him 3 times during the next session.
Keep my temper in check when someone asks about my family/work	Count to ten to calm myself before speaking, the next time someone asks me about work. Research two coping skills this weekend so that I can apply them during my supervised 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 are some positive goals for Bradley and Loretta to work toward during visitation?

Our Goal-Setting Handout.

Setting a SMART Goal

Think about your life and what you'd like to see in your future. What is something you'd like to see change in your life? Think about one goal you have for yourself. Use this worksheet as a guide to setting your goal, working towards your goal, and finally, achieving your goal.

Remember a SMART goal means a goal is:

- SPECIFIC—detailed, no generalization
- MEASURABLE—able to see goal is completed
- ACTIONABLE—focused on specific actions
- REALISTIC—reachable, within abilities
- TIMEBOUND—with a completion date

1. What is one goal you'd like to set for yourself?

Remember SMART! Specific—Measurable—Actionable—Realistic—Timebound

2. How long will it take you to achieve your goal? _____

3. What are three things you can work on this month to help you achieve your goal?

(a) _____

(b) _____

(c) _____

4. What are three things you can work on this week to work to help you achieve your goal?

(a) _____

(b) _____

(c) _____

5. What is one thing you can do today to start working on your goal?

6. What are some resources in your life and community that can help you achieve your goal?
(Think about social service providers, social supports, and other community resources.)

7. How will your life change when you have achieved your goal?

Motivation

Building parents' confidence and helping them set specific, measurable goals are two great skills, but without motivation, those goals may remain unmet.

Motivating Parents

Motivation involves encouragement, recognition of achievements, and giving individuals the tools and environment they need to achieve their goals. It emphasizes clients' strengths and promotes the achievement of goals.



To motivate your clients to reach their goals, remember these tips:

- 1. Every person is motivated about something.** Identify what motivates your clients, whether it is the outdoors, their work, or another passion. If you can connect this motivation to the goal at hand, parents will feel more motivated to attain the goal.
- 2. A supportive environment is needed to achieve difficult goals.** Be sure to encourage your client and recognize his or her accomplishments to encourage a positive support system.
- 3. Clear direction is essential to reaching a goal.** Check in with your client regularly to ensure understanding of their next step at all times.
- 4. What motivates one client may not be motivating for another.** Every individual is motivated in different ways. Try different methods of motivating, such as connecting the client to resources or providing encouraging words to find what works for the client.

Teaching Parents to Motivate Children

All clients need motivation to achieve their goals, but children in particular require frequent motivation to make changes and grow. Motivating children involves instilling positive values, making visual reminders of goals, and giving constant attention and support towards achievement of specific goals. Visitation monitors must work with parents to motivate children. With the involvement of visitation monitors in modeling positive motivation strategies for parents, children will feel

confident and motivated. Monitors can model how to motivate children during visits by following these tips:

- **Work with their natural abilities.** Monitors should encourage parents to identify their child's strengths and to use those strengths to motivate them to do a task makes them feel special and important.
- **Use supportive language.** Monitors can use supportive language when engaging parents and children. This modeled behavior will help parents in using language in a supportive way, as well. When informing clients about a task, monitors should make it sound achievable to give them confidence in accomplishing it.
- **Communicate your expectations.** When working with parents, be clear and explain the task thoroughly. Answer any questions the parent may have to increase understanding. As monitors model clear expectations, parents will be able to communicate with their children more clearly, as well.
- **Model hard work and positive values.** Monitors should encourage parents to share positive values with their children. Children model adults. By discussing a time when the parent has fulfilled a responsibility, children will see a model of hard work ethic.
- **Always explain why.** It is important that the child understand why the responsibility is important.
- **Offer rewards.** Monitors can provide parents with small objects, such as stickers, or special privileges, such as extra time. These rewards can help parents motivate children.
- **Give frequent positive feedback.** As monitors provide enthusiasm and positive feedback, parents can model such language and engage with their children. Some encouragement lines monitors can suggest to parents: "You can be really proud of yourself!" or "Look what you did!" A big smile or thumbs up can be very important to a child, as well.



Monitors should use visitation as a time to model motivation strategies and help parents motivate their children. With these skills, monitors will help build parent-child engagement and lead the way to positive visitations.

PRACTICE EXAMPLES

Case Scenario 1

Aaron attends visits regularly with his son Luke. The visitation monitor Rose noticed at previous visits that although Luke is a sweet, playful child, he often becomes nervous, hyper, and overstimulated when visiting with his father. At previous visits, Aaron has reacted to his son's high energy level with frustration and by shutting off from interaction. This has further aggravated the situation by causing Luke to feel ignored. Aaron has expressed concern over continuing visits with his son.

Discussion Questions:

1. How could Rose work with Aaron on his behaviors during visits?
2. How could Rose utilize parent-child engagement?
3. How can Rose facilitate healthy communication during visits?

Discussion Questions:

1. What can Bill do to build Rolanda's self-confidence?
2. How can Bill employ motivation to inspire change in Rolanda's self-perception?
3. What small goals could Bills set with Rolanda for future visits?
4. How can Bill address the importance of self-care with Rolanda?

Case Scenario 2

Rolanda has been referred to supervised visitation for visits with her son, Tyrek. Tyrek was recently removed from the home for allegations of neglect. The visitation monitor, Bill, wants to work with Rolanda to teach her skills to care for her son. When Rolanda enters the program, she is wearing clothing with visible stains. Bill asks about Rolanda's goals for the future, and she responds meekly, saying, "I can't do anything. I'm no good. I can't even take care of my son."

Test Your Knowledge!

Take this quiz to see what you have learned from the training.

- 1. True or False: When recording a visit, you want to record only subjective observations that label or show judgement toward the client's actions.**
- 2. _____ is the act of giving/showing a parent an example of positive behavior.**
a) Reinforcement b) Modeling c) Goal Setting
- 3. Healthy communication involves the use of nonverbal communication, which involves all of the following EXCEPT:** a) Body language b) Restating the speaker's point c) Facial expressions d) Posture
- 4. When helping clients create goals, they should be SMART or:**
S- _____ M- _____ A- _____ R- _____ T- _____.
- 5. The opportunity for parent coaching and modeling can happen:**
a) whenever the supervised visitation monitor and parent interact.
b) only during intake.
c) during visitation with child, parent, and supervised visitation monitor.
- 6. The Parent-Child Engagement approach emphasizes the _____ of service providers and families.**
a) disengagement
b) collaboration
c) separation
d) division
- 7. True or False: The Continuum of Conflict involves discomfort, incident, misunderstanding, tension, and critical incident stages.**

Answers: 1. False 2. Modeling 3. B 4. Specific, Measureable, Actionable, Realistic, & Time-Bound 5. A 6. B 7. True

Online Resources

- **Guidelines for Accurate and Objective Recording- Behavioral Descriptions.** <http://libvolume3.xyz/electronics/btech/semester4/fundamentalsofhdl/behavioraldescriptions/behavioraldescriptionsnotes1.pdf>. A simple outline of how to record accurate and objective observations of behaviors in any setting.
- **Teaching Parents New Skills to Support Their Young Children's Development.** https://www.med.unc.edu/earandhearing/pediatric-services/castle/csi/copy_of_kaiser_16_1.pdf. An article by Kaiser & Hancock that outlines the benefits of parent education about family-centered interventions, particularly modeling positive reinforcement, interaction, and discipline. It provides the most important teaching goals for parents, factors that can increase or decrease the benefits of parent education in some families, specific strategies, and sample observation forms.
- **Guidelines for Parent/Child Communication.** <http://childdevelopmentinfo.com/how-to-be-a-parent/communication/>. This article by the Child Development Institute can be provided to parents to explain the basic principles of good parent-child communication that promotes bonding, specific words of encouragement and praise parents can use with children, and actions that can show them support as well.
- **Building Confidence Tip Card** <http://www.unstuck.com/tip-cards/strength/>. A downloadable PDF tip card on how to build confidence through existing strengths. Use this with clients to engage and motivate!
- **Conflict Resolution Skills.** <https://www.edcc.edu/counseling/documents/Conflict.pdf>. This guide covers the fundamentals of conflict resolution, healthy and unhealthy ways of managing and resolving conflict, four key conflict resolution skills and tips for managing and resolving conflict.
- **25 Science-Backed Ways to Change Your Life by Taking Better Care of Yourself.** <http://greatist.com/happiness/ways-to-practice-self-care>. This article provides specific ideas that have been backed by research to improve self-care. This can help visitation professionals and parents take better care of themselves.

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