

New Training Manual for Florida's Supervised Visitation Programs

CHAPTER

Connecting Theory to Practice: Trauma-Informed Care

Introduction

The Clearinghouse often disseminates trainings and research to programs to assist in staff development and to constantly improve services. While these topics can range from theories of practice to new statistics on child abuse, the next step in practice is to bridge the gap between research and how it can be used to improve client services. It can be difficult for monitors to understand how to link relevant scholarly information and theoretical definitions to everyday practice. This chapter will provide information about valuable theories and research as well as the steps to translate these theories into supervised visitation practice.



What will I learn in this chapter?

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

- Define theories relevant to supervised visitation;
- Understand the importance of learning theories and research;
- Describe the strength-based approach of human services;
- Teach clients how to identify their own strengths;
- Understand the impact of childhood trauma on adult behaviors;
- Create an environment and skill set that is trauma-informed;
- Identify barriers to implementing theories into practice;
- Define the importance of continuing education and skill development;

- Understand how to provide services successfully based on research and theoretical frameworks.

Understanding Theory and Research

For the purposes of supervised visitation, theories provide a framework for understanding clients and the goals of visitation. Theories can help us shape practice, predict what may happen in the future, and understand what has happened in the past.

Why We Need Theory

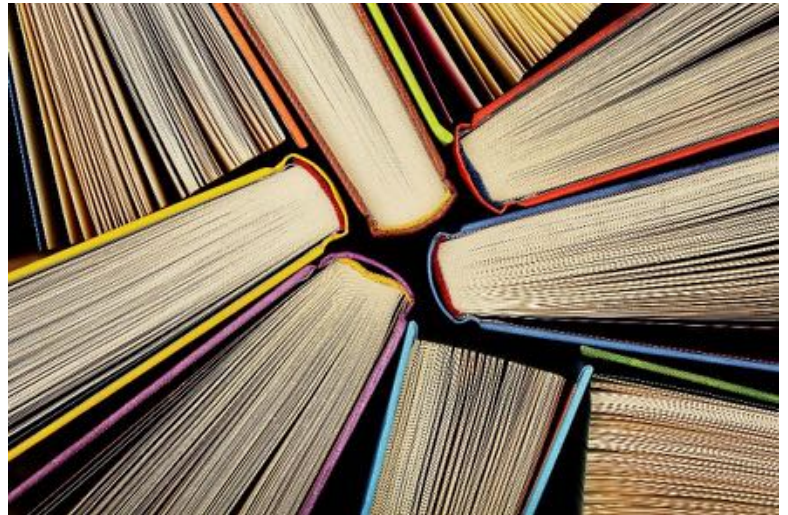
In simple terms, theory helps explain why people do what they do. This is helpful in a practice like supervised visitation because clients will often come from very different backgrounds and communities than the monitors and other staff.

Explains client situations and predicts behaviors. Theory provides an explanation for what is happening in each situation between families, monitors, and children. With supervised visitation as a specialized practice, it is valuable to use theory to better serve families and to prepare for visits.

Provides a starting point for monitors. When first beginning work with children and families, some monitors may have had a great deal of education, but may lack extensive experience. Understanding theory and research behind specific issues can help monitors have a starting point for which to engage in practice with clients.

Helps monitors develop an organized plan for their work. When monitors and staff understand what they are looking for and what to expect, it becomes much easier to develop a service plan for visitation. For example, the reasons behind developing a plan to distribute resources to parents will be easier to understand when using theories to support such actions.

Offers a clear framework in some chaotic situations. Sometimes information can be chaotic and overwhelming to staff, but using a theoretical framework can



help bring meaning to observations. Theories can also make organization and the processing of information clearer.

Identifies knowledge gaps. When using a theory or framework for practice, monitors and staff can identify unique cases and work to increase their knowledge and research on new topics.

Theories Relevant to Supervised Visitation

There are several theories that are relevant to supervised visitation; monitors should become familiar with them and their implications.

Adverse Childhood Experiences – This theory states that childhood experiences have a tremendous impact on an individual’s future adult experiences. It is important for monitors to understand the impact of adverse childhood experiences and how they may play a role in family functioning.

Trauma-Informed Care – This theory advances the idea that social service

providers will not always be able to identify trauma but should assume that all clients have experienced some traumatic event(s). With this theory, providers are expected to work through service delivery without re-traumatizing a client.



Protective Factors – Research shows that children in families that have certain protective factors are at a far reduced risk for child abuse and maltreatment. The protective factors include nurturing and attachment, knowledge of developmental stages, parental resilience, supportive social connections, concrete community supports, and social and emotional competence of children. It is important for monitors to know how to build the protective factors into supervised visitation

practices to help support family health.

Strengths-Based Approach – This theory, a core of social work practice, is useful for supervised visitation because it allows monitors and staff to focus on all clients’ abilities, talents, and resources rather than only on clients’ deficits or problems. Considering that all cases are different and some problems may be difficult to overcome, it is important for staff to help rebuild parent-child relationships by

focusing on strengths. Such a focus helps create a positive experience for all involved.

Systems Theory – This theory is rooted in the idea that clients come from multiple systems in which an individual functions. Parents and families are often working with many different community organizations or programs. The systems theory allows monitors to think about systems outside of the visitation center and how all systems affect the client. Rather than thinking about the client's environment in a cause-and-effect manner, systems theory places the person and situation in an interrelated whole.



Adverse Childhood Experiences

There have been numerous studies and research conducted that seek to define the impact of childhood experiences on adult outcomes. The Adverse Childhood Experiences (ACE) theory explains and continues to expand on this impact and can be applied to social services and supervised visitation.

The Study

This study was originally started by Dr. Felitti, who discovered that many of the adult participants dropping out of his first study had experienced sexual abuse during their childhoods. This discovery inspired a new study that explored the relationship between adverse childhood experiences and the adult development of mental health problems and physical illnesses.

The study included more than 17,000 participants from 1995-1997; they were asked questions about traumatic or stressful events they might have encountered as children. Participants were also asked about their current health status. The



traumatic events are known as adverse childhood experiences or (ACEs) and participants' ACE scores were determined by their answers to the questions.

The study included questions regarding:

- Abuse – Emotional, physical, and sexual;
- Neglect – Emotional, physical;
- Household Dysfunction – Mother treated violently, household substance abuse, household mental illness, parental separation or divorce, incarcerated household family member.



The ACE Score

- The ACE score is the total count of the number of ACEs reported by individuals, with each category of experience counting as one (1) ACE.
- The score is used to determine the amount of stress that an individual experienced during childhood.

The Findings

As seen in the charts below, when over 9,000 women were asked about emotional neglect experienced as children, 16.7% answered that they had experienced such neglect. 12.4% of the men who participated answered that they had experienced emotional neglect. Of all of the participants, over 28% had experienced physical abuse as children. At the conclusion of the study, it was found that more than half of participants reported at least one ACE. In addition, at least 1 out of 5 participants had three or more ACEs. As an individual's ACE score increased, their risk for developing mental and physical health problems increased as well.

| Abuse | Women (N= 9,367) | Men (N= 7,970) | Total (N=17,377) |
|------------------|-----------------------------|---------------------------|-----------------------------|
| <i>Emotional</i> | 13.1 | 7.6 | 10.6 |
| <i>Physical</i> | 27.0 | 29.9 | 28.3 |
| <i>Sexual</i> | 24.7 | 16.0 | 20.7 |

| Neglect | Women (N= 9,367) | Men (N= 7,970) | Total (N=17,377) |
|------------------|-----------------------------|---------------------------|-----------------------------|
| <i>Emotional</i> | 16.7 | 12.4 | 14.8 |
| <i>Physical</i> | 9.2 | 10.7 | 9.9 |

| Household Dysfunction | Women (N= 9,367) | Men (N= 7,970) | Total (N=17,377) |
|---------------------------------------|-----------------------------|---------------------------|-------------------------|
| <i>Mother Treated Violently</i> | 13.7 | 11.5 | 12.7 |
| <i>Household Substance Abuse</i> | 29.5 | 23.8 | 26.9 |
| <i>Household Mental Illness</i> | 23.3 | 14.8 | 19.4 |
| <i>Parental Separation or Divorce</i> | 24.5 | 21.8 | 23.3 |
| <i>Incarcerated Household Member</i> | 5.2 | 4.1 | 4.7 |

| Number of Adverse Childhood Experiences (ACE Score) | Women | Men | Total |
|------------------------------------------------------------|--------------|------------|--------------|
| 0 | 34.5 | 38.0 | 36.1 |
| 1 | 24.5 | 27.9 | 26.0 |
| 2 | 15.5 | 16.4 | 15.9 |
| 3 | 10.3 | 8.6 | 9.5 |
| <i>4 or more</i> | <i>15.2</i> | <i>9.2</i> | <i>12.5</i> |

The Link Between ACE and Health Problems

The Centers for Disease Control has identified a correlation between an individual's ACE score and health problems.

As a person's ACE score increases so does the risk for several health problems, including:

- Alcoholism
- Depression
- Illicit drug use
- Injection of drugs
- Ischemic heart disease (IHD)
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Obesity
- Suicide Attempts



Children

When children experience traumatic events, the stress from such events can have lasting effects on the child's developing brain. The toxic stress of experiencing something traumatic can make it possible to lose the ability to process events (good or bad) properly. This can lead to the development of unhealthy coping skills such as substance abuse.

The Effects of ACEs

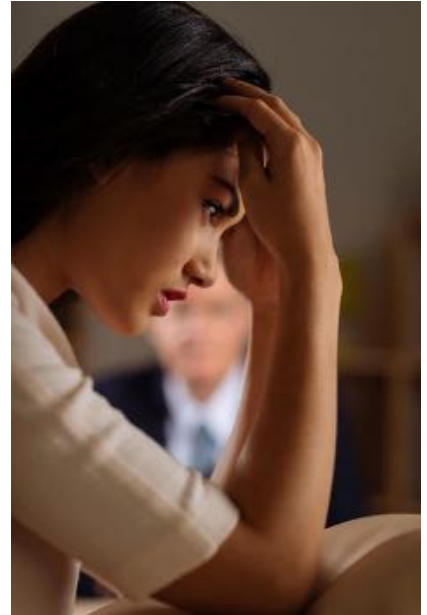
Adverse childhood experiences produce toxic stress. Persistent stress can create neuron damage in a child's brain. Children who have suffered from exposure to trauma have a harder time concentrating, following directions, or even learning because their prefrontal cortex (the area responsible for self-regulation and executive functioning) has been affected by early stress.

Poor executive functioning has several consequences such as:

- The inability to control impulses
- Difficulty regulating emotions
- Difficulty handling challenges

Disease and Illness

The stress response affects our immune system, which is what our bodies need in order to fight off disease and illnesses. Our immune system also serves to control the levels of inflammation in our bodies, therefore, when our stress response keeps our inflammation levels from being regulated, illnesses like heart disease and type 2 diabetes can develop.



Trauma-Informed Care

After discussing the impact of adverse childhood experiences, it is easy to segue into trauma and the lasting effects that trauma can have on clients. Rather than focusing on childhood experiences, trauma-informed care suggests that most people have experienced trauma and it is the job of social service providers to learn about the effects of trauma to deliver the most effective services.

The Basics of Trauma

The word “trauma” describes experiences or situations that are emotionally painful and distressing, and can be often pervasive and disabling to an individual’s everyday functioning. Trauma overwhelms the individual’s ability to cope with difficult situations, leaving him or her feeling powerless.

There are different forms of trauma; some forms include violence, rape, and assault. This can also include an overseas soldier’s experience in war or an individual witnessing violent acts in the community. Trauma also results from the effects of neglect, abject poverty, discrimination, and oppression.

The impact of trauma can be radically life-altering. Trauma can lead to depression, substance abuse, Post Traumatic Stress Disorder, and/or anxiety disorders.

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 in order to know how to properly empathize and respond.

The Short and Long Term Effects of Trauma

Trauma's effect on an individual depends on many things: his or her life experiences before the trauma, his or her natural ability to cope with stress, the severity of the trauma, and the level of support offered by friends, family, and professionals (promptly after the trauma occurs).

Short-term

Individuals experiencing the short-term effects of trauma may:

- Turn away from loved ones initially because their support systems don't seem to understand their situations.
- Have trouble falling or staying asleep.
- Feel agitated and constantly be on the lookout for danger.
- Be startled by loud noises or something/someone behind them when they don't expect it.



Long-term

Individuals experiencing the long-term effects of trauma may:

- Re-experience the trauma through memories.
 - Self-medicate with drugs or alcohol to numb the pain.
 - Become upset or anxious when reminded about the trauma (by something the person sees, hears, feels, smells, or tastes).
 - Feel anxious or fearful of being in danger again.
 - Become angry, aggressive, and/or defensive.
- Have trouble managing emotions because reminders may lead to anger and/or anxiety.
 - Have difficulty concentrating, focusing, or thinking clearly.
 - Have a lasting effect on mental and emotional health.

For Trauma Survivors

In order to provide trauma-informed care to adults and children, service providers need to understand the following:



- Trauma experiences can be dehumanizing, brutal experiences that rob someone of any human emotion or experience.
- Trauma-informed care should exist in all human services.
- Trauma-informed care shifts the perception from “what’s wrong with you?” to “what has happened to you?” This shows a move away from victim-blaming.
- There is a correlation between trauma and mental health issues and chronic conditions.

For adult clients, it is important to look at any past trauma and determine how to provide treatment that addresses both past trauma experiences and present issues, like substance abuse or chronic illness.

Adults may experience trauma due to:

- Serving overseas in the military and developing PTSD.
- Physical, sexual, verbal abuse (either in child- or adulthood).
- Being a victim of domestic violence.
- Being a victim of rape or assault.
- The lasting effects of a natural disaster (fire, hurricane, etc.).
- Loss of a significant other, parent, or child.
- Prolonged experience of poverty, oppression, or discrimination.

Children may experience trauma due to:

- The loss of a parent, friend, or pet.
- Physical, sexual, or verbal abuse.
- Neglect or maltreatment.
- An unstable or unsafe environment.
- Bullying.
- Surviving a natural disaster (fire, hurricane, etc.)
- Separation from a parent.
- Witnessing domestic violence.

Common Responses to Trauma

After experiencing trauma, a child's response is affected by multiple factors and situations. While trauma is unique to the individual, there are still some common age-related patterns of response to trauma.

| Age of Child | Child's Response | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Toddlers and Preschool – 18 months to Age 5 | <ul style="list-style-type: none"> • Crying, whimpering, screaming • Moving aimlessly • Trembling • Speech difficulties | <ul style="list-style-type: none"> • Irritability • Repetitive reenactment of trauma themes in play • Fearful avoidance and phobic reactions |
| School Age – Ages Six to Twelve Years of Age | <ul style="list-style-type: none"> • Sadness or crying • Poor concentration • Irritability • Fear of personal harm, or other anxieties • Nightmares and/or sleep disruption | <ul style="list-style-type: none"> • Bedwetting • Eating difficulties • Attention-seeking behaviors • Trauma themes in play/art/conversation |
| Adolescence – Ages Thirteen to Eighteen Years of Age | <ul style="list-style-type: none"> • Feelings of extreme guilt • Reluctance to discuss feelings about traumatic event • Flashbacks • Nightmares • Emotional numbing • Depression • Suicidal thoughts • Difficulties in peer relationships | <ul style="list-style-type: none"> • Delinquent or self-destructive behaviors • Changes in school performance • Detachment and denial • Shame about feeling afraid and vulnerable • Abrupt changes in or abandonment of former friendships |

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 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.

Key Principles of a Trauma-Informed Approach

Trauma is experienced in a different way for all clients and monitors should be aware that it is better to adhere to principles in responding to traumatized clients rather than adhere to strict actions. The six principles include:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

These principles are generalizable across multiple settings and can be used as specifically or broad as monitors see fit.

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 to the issues a visiting parent may be experiencing. Visitation monitors should look for ways that they can improve 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.

Applying a Trauma-Informed Lens to Practice

As social service providers become more and more aware of the impact of trauma on clients and client systems, it is important to take the initiative to recognize the existence of trauma and how to best work with clients affected by traumatic events. In addition to the recognition of the unique impact trauma has on the supervised visitation realm, programs can work to change their culture to ensure the safety and comfort of all clients within the program. Programs can use the following guidelines and recommendations to help place trauma in the focus of all client serving activities.

- *Incorporate trauma knowledge into new intake paperwork* – Programs can use intake as a time to discover unforeseen trauma and include questions to understand the client’s needs in regard to coping with that trauma.
- *Evaluate existing practice models and organizational structure* – Programs should think about what their current process and system feels like to the client. Monitors should try to evaluate the process from referral to termination and see what it may feel like from the client’s perspective.

Monitors can then ask questions such as:

- Is this sensitive to the client’s needs?
- Could this process be harmful in any way?
- How can I be more accommodating while still prioritizing safety?
- What might be triggering about this situation?

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.



- *Keep visits calm and eliminate stressful events or people* – While it can be difficult to predict when a parent or child will become angry or out of control, it is in the best interest of the monitor to keep situations as calm as possible, and when there is any sign of anger, stress, or triggers, attempt to divert their impact on the clients.

- *Seek to talk with clients in a safe and secure setting* – Avoid busy and loud offices, consider emphasizing the value of privacy and respect for the client.
- *Explain what is going to occur during intake and visitation* – Ask client if he or she feels concerned about any part of the process and also ask what would make him or her feel safe. Most importantly, try to follow through as much as possible.
- *Give the client some control or choice* – Ask clients what will make them feel the most comfortable. Maybe this includes using a certain monitor, or a certain room for visitation. Some children may prefer to do specific activities that will help calm them or may want to avoid other stressful activities.



The Trauma-Informed 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 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 emphasizes all of the following qualities:

Safe, calm, and secure.

The trauma-informed environment promotes feelings of safety and decreases potential stressors or traumatizing experiences for 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 highlight. 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 help clients. |
| Physical Environment | ...congested areas that are noisy, poor or confusing signage, uncomfortable furniture, and non-inviting paint on the walls. | The setting is comfortable and calm, 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, there is 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. |

Protective Factors

Many social service providers have become familiar with factors that may increase a family or individual's chance to experience harmful outcomes. These well-known risk factors – including substance abuse, mental illness, poverty, isolation, and lack of knowledge about child development -- may increase a family's risk for child abuse and maltreatment. Research also demonstrates that there are six protective factors that can reduce the likelihood that violence will occur within a family. These factors

can help create strong, resilient families and will help to prevent added stress over time. Learning about these protective factors is essential to supervised visitation monitors whom have a direct avenue to interact and support families. The Clearinghouse has an E-Book series on the six protective factors. Monitors should refer to these resources for more information on implementing protective factors in visitation services. This chapter will briefly discuss the theories behind the protective factors and provide monitors with information necessary to translate this information into appropriate service with clients.

The six protective factors include:

- **Nurturing and attachment**

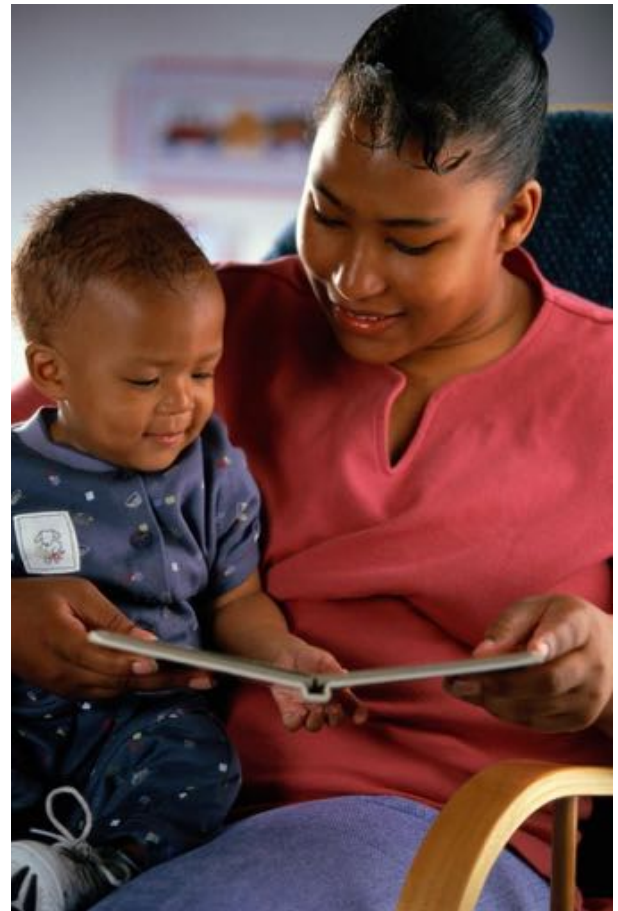
Research indicates that children with parents who nurture them and develop attachment with them are at reduced risk for child abuse and maltreatment. Nurturing children and developing attachment with them is the process of a parent bonding emotionally with his or her child through kind, supportive, age-appropriate behavior. In this process, the child learns to trust and feel secure with the parent. Nurturing and attachment are keys for developing bonds between parent and child.

- **Knowledge of child developmental stages**

Children with parents who understand child developmental stages present a reduced risk for child abuse and maltreatment. Knowledge about child development is gained through the parent learning about how the child changes emotionally, physically, and mentally, and the needs that accompany these changes. This knowledge allows parents to have realistic expectations of a child's behavior and abilities, as well as to be able to fulfill the child's needs from birth to adulthood.

- **Parental resilience**

Families with parents who have resilient coping skills are also less likely to experience abuse. Parental resilience is defined as a parent's own inner resources and coping skills that help them to handle stress and crises. Resilient coping skills allow a parent to be able to solve problems, keep calm



when upset, and make it through challenging times. When parents are resilient, they are better able to build strong and resilient families.

- **Supportive social connections**

The presence of supportive family members, friends, and neighbors helps keep families emotionally healthy and encourages positive parenting practices. Research indicates that these supportive social connections help parents cope with the many challenges of parenting.

- **Access to concrete community support**

When parents have access to concrete community supports during times of need, their families and children are at a reduced risk for child abuse and maltreatment. When a family is struggling to meet basic needs, this stress can lead to family dysfunction. Concrete community supports are social services that provide basic resources such as food, water, shelter, safety, health care, and mental health care. Other services that can be included in community supports are childcare, domestic violence services, substance abuse treatment, employment assistance, housing, transportation, and financial literacy training.

- **Social and emotional competence of children**

Research indicates that children who have well-developed social and emotional competencies are at a reduced risk for child abuse and maltreatment. Emotional competence is a child's ability to identify and

express his or her feelings. Social competence refers to a child's ability to interact with other people.

Emotional competence and social competence go hand-in-hand, as both involve skill sets that help a child to express, define, and interpret emotions. Emotional and social competencies also allow children to relate and respond to the feelings of others, as well as to communicate their own needs.



Implementing Protective Factors in Practice

Securing the knowledge about the child and family protective factors is a key part of helping families, but it is important to translate this information into easy-to-follow steps for all monitors. The Clearinghouse has developed checklists for monitors to use to operationalize the protective factors theory. These steps make it clear how simple tasks by the monitor can help parents develop and strengthen protective

factors. Tasks can include providing parents with easy to follow information and coaching, encouraging parents to participate in certain activities that strengthen the parent-child bond, providing and following up on resource information, and suggesting that a parent work on improving certain skills, such as setting goals.

Strengths-Based Approach

In the strengths-based approach, we refer to the policies, practice methods, and skills that identify and build upon the strengths of children, families, and communities. In supervised visitation, monitors can acknowledge each client's unique set of strengths and challenges and use them to partner with the client in providing visitation services. The strengths-based perspective is important to incorporate in supervised visitation practice because it reminds us that every person and family can use their strengths to create a positive experience during visitation.

Principles of the Strength-Based Approach

As previously stated, the strengths-based approach draws social service providers away from an emphasis on deficits, and focuses on identifying an individual's strengths and how those strengths can be beneficial during visitation. The following list includes the basic principles of the strengths-based approach.



1. ***Every person has strengths.*** This is the absolute belief that every person has potential and it is his or her unique strengths and capabilities that will determine how his or her future will hold.
2. ***Every environment is full of resources.*** Along with believing in the strengths of the individual, we must acknowledge the possibility of all environments to provide help and opportunity for our clients.
3. ***Every person has the urge to succeed.*** Change is inevitable and all individuals have the urge to be better. Clients can explore their own world and improve themselves within their own situations and their communities.
4. ***Positive change occurs in the context of relationships.*** People need to know that someone cares about them and believes in them. It is important for providers to facilitate the process of supporting change and capacity building for clients.
5. ***People are more confident moving into the future when they start with what they know.*** When people become aware of their own strengths, they

realize that they have been doing something right all along. They will then feel more confident that they can move towards their goals building from their strengths that they already know and have.

6. ***It is important to value differences.*** When looking at an individual's strengths, it is important to remember that his or her strengths will be different from others. Providers should be creative and discover an individual's unique strengths and how to use them as assets in service delivery.

In general, monitors can consider the strengths-based approach as the assumption that all clients have the capacity to grow and change. The most important part of this approach is the collaboration and partnership between parents and monitors. Monitors should listen carefully to understand. It is then the work of the monitor to find opportunities for new competencies or client goals.



Empowerment

Promoting empowerment is done by believing that people are capable of making their own choices and decisions. Empowerment is an important part of the strengths-based approach and is used to build relationships. Parents feel more confident and strong when monitors provide opportunities for decision-making. By enabling parents to feel empowered, monitors can transfer power from the environment to clients, increase their strength, and contribute to their well-being.



Strengths-Based Practice Activities

Helping Parents Identify their Strengths

The activities below are helpful in providing opportunities to discuss a parent's strengths. Print out the handouts and use as needed for incorporating the strengths-based approach.



How Are You Strong?

There were good things about you before you had children, but having children often makes you want to be a better role model. Raising children makes parents stronger. The graphic below lists different strengths you may have. Look at the list and circle the strengths you have. Then list the top five strengths you feel most confident about below.



Strength #1: _____

Strength #2: _____

Strength #3: _____

Strength #4: _____

Strength #5: _____

Try this! Write down the word on a piece of paper and let the parent tape it to his or her shirt.

Discussion Questions

Ask yourself these questions about the strengths you identified and write your responses below. Take this time to think on your personal strengths and how you can appreciate and grow them.

- 1.) Is there a strength you feel you have developed that surprised you? Why do you think you were not able to recognize it before?

- 2.) How would you describe yourself if someone asked you about your life? What strengths would come to mind in your description? Do you feel a particular strength is central to your personal identity?

- 3.) Think of a situation you did not handle well, and identify what strengths could have been useful during that time. How might this have changed the outcome of the situation?

- 4.) Was there strength you do not feel you currently have, but would like to develop in your life? What are some ways you could start to practice this strength?

How Has Being a Parent Changed You?

Think about what you were like before you had children. Now how have you changed by being a parent? Below are some different ways you may have changed as you raise your children. Read each statement and underline any you feel are true. Then write down the top three ways you feel you have grown.

Personal Development

- I have found that I am stronger than I thought I was.
- I am better able to solve problems.
- I am better able to accept my life.
- I have more confidence.
- I am more reliable and dependable.
- I have greater courage when facing new situations.

Relationships

- I can count on others in times of trouble.
- I am more caring.
- I value my friends and family more.
- I show support to others.
- I put more effort into relationships.

New Meanings

- I have a better understanding of what I believe.
- What I think is important has changed.
- I can take on difficulties.
- I have a stronger religious faith.
- I believe my life is important.

New Possibilities

- I am more likely to change things that need to be changed.
- I have found new interests and hobbies.
- I am able to do better things with my life.

The #1 way I have grown: _____

The #2 way I have grown: _____

The #3 way I have grown: _____

Putting Strengths to Practice

The theory behind strengths-based practice is clear and can be thought of as a simple approach to working with clients. In reality, it may be difficult to find strengths in clients when clients feel upset and frustrated. Below are some scripts to reframe negative comments from clients and to be persistent with using the strengths-based approach.

Global Compliments

While monitors should strive to find individual and unique strengths in clients, there are many strengths that can be attributed to most individuals. A global compliment will point out a factor that can be viewed as a strength and can then later be used to build upon to find other strengths.

- Parent attends visitation for the first time.
 - “I know that it can be difficult to attend supervised visitation and I know that you feel that you don’t need to be here, but you showed up, and that says a lot. You are a dedicated and committed individual for showing up to visitation to rebuild your relationship with your child.”
 - “I understand that it can be frustrating to cope with this custody battle, but you have really shown resilience and strength by showing up here for visitation. Many people just give up after working through a long court battle like yours. You are really determined to be with your child and that is so important.”
- Parent states that he or she has no strengths or goals.
 - “It’s clear that you are frustrated with this situation, but I’ve heard you talk about your sister multiple times and how much she has helped you. That is a major strength to have family and social support. That support from your sister is really going to help you reach your goals.”
 - “I appreciate you attending our follow-up meeting today, I hope that you know that you have shown real compassion with your kids during visits and that contributes a lot to this process. That strength is hard to come by and you are working hard towards your goals. Can you tell me more about her?”
 - “I know it can be hard to participate in visitation, but I think that you are clearly showing that your goals include being with your children. Every time you come to visitation, you are getting closer to your goal of improving your relationship with your children.”
- Parent has overcome substantial obstacles but still feels hopeless.

- “I know it can feel really difficult to move forward, but you have already overcome so many obstacles and here you are. You are really showing how resilient and persistent you are, and that is a strength that not many people have.”

Scripts for Monitors

Case Scenario 1: Jana is a new visiting parent at SAFE visitation center. Her children have been removed from her custody due to multiple arrests on drug related charges. Jana feels hopeless and frustrated that she may never regain custody of her children. Part of her intake screening includes the following conversation:

Jana – I just can’t do anything right. I’m never going to get my girls back home with me.

Monitor – I can tell you’re upset, and I know it can be difficult to comply with visitation services when you’re dealing with many other pressing issues in your life.

Jana – Yeah! I have to keep up with my drug court and the requirements from the judge are really overwhelming. They’re setting me up for failure.

Monitor – I know that you feel defeated but you have so much drive and passion for reaching your goals. I know you mentioned that your parents are working closely with you to keep up with the court requirements. What is their support like?

Jana – I guess you’re right, my parents have really been helping me out a lot. They let me stay with them until I find a job and my mom has some connections to get me a few interviews.

Monitor – That support from your parents is so important. You really have a good thing going for you by having them in your corner. Let’s figure out how we can build off of that support to get what you need out of visitation. Can they help you with transportation to visits?

Think About It

How did the monitor reframe and find Jana’s strengths?

If Jana didn’t have support from her parents, what other strengths can you find in her story?

How can you find strengths in a client when he or she is frustrated?

Case Scenario 2: Derek is a parent who has been using visitation services for about six months in hopes of gaining unsupervised visits with his son, Jeremiah. Derek

has made significant progress and has been on a diligent case plan to gain unsupervised visits. Over the last three months, Derek has been able to dramatically rebuild his relationship with Jeremiah and in recent visits Jeremiah even said “I love you” to his father. Last week in a hearing, the judge ordered Derek him to another six months of supervised visitation, even though Derek had expected only three. This setback has really upset Derek and he feels no hope to move forward in visitation services.

Derek – I’ve done all this hard work and it’s just being dismissed like I don’t deserve to be with my son.

Monitor – I see you are upset. But, I want you to think about how much progress you’ve made over your time receiving visitation services.

Derek – It clearly doesn’t matter what I’ve done. The judge can’t see that and now I’m stuck doing this visitation longer.

Monitor – Derek, I know you may feel like giving up, but I really want you to think about Jeremiah. Your relationship with Jeremiah important. Don’t give up now!

Derek – Jeremiah is finally seeing me as his father but now he’s going to think I can’t get anything together.

Monitor – You have done so much, and it’s evident to everyone. Jeremiah will be glad to continue spending visits with you even if they are supervised. Your relationship is growing stronger. Let’s focus on that.

Think About It

In what other ways can you find strengths in Derek’s case?

How did the monitor continue to change the mood of the conversation?

How can you prepare to respond to a client who truly does not believe he or she has any strengths?

Implications for Supervised Visitation

This next section will discuss how to use the theoretical frameworks and research to improve service delivery. In addition, it is important to discuss the need as well as the barriers to connect theory to practice.

Process of Making Connections

Monitors will often learn about issues, values, and skills through training from supervisors or through the reading of a training manual. The hardest part of learning is figuring out how to connect the information learned in a “classroom” setting and make it relevant to the experiences monitors have within the agency. When deciding to do a certain action, it is important for monitors to learn to ask themselves “why am I choosing to do this?” Monitors should be able to articulate the rationale that supports their decisions in their work with clients. In some cases, supervisors or trainers may need to prompt monitors to make the connections between tasks and the reasons behind the tasks.

REMINDER:

As a monitor, if you feel that you are unable to make connections between what you have learned and your practice skills with clients, you should reach out to your supervisor to assist you with making these connections. It is important to seek help when needed to improve your skills.

Challenges in Integrating Theory and Practice

Beginning the process of integrating theory and research into practice often comes with its own challenges and barriers. Some barriers include:

- New monitors may focus on completing tasks first to be as productive as possible in the workplace. New monitors may be less inclined to focus on the reasons behind their tasks.
- Monitors may imitate the actions of their trainer or supervisor and may not seek to understand why actions are taken.



- Some program directors may not encourage staff to critically analyze their work practices to determine if they are actually helping a family.

Connecting Theory to Practice

The following tips may help with making theory -to -practice connections.

- *Feel comfortable with training material.* In general, the first step of connecting theory to practice is understanding the theories that one is trying to connect. The research should provide monitors with a starting point. Whether the theory is on ACEs or about working with substance users, monitors should have a thorough understanding of the information in order to incorporate the theory into practice settings.
- *Work through case scenarios relevant to theory.* When learning about theories and research, try to read case scenarios relevant to the topic. Case scenarios



will likely present cases that are common or easy to see the theory in action. As you read through case scenarios, consider what you might do if one thing had been different. This type of critical thinking will help you build flexibility and prepare for numerous slightly different scenarios in practice.

- *Understand that not all cases will fit into the framework of a theory.* While theories can be very helpful in predicting behavior and building service

plans, they are not meant to be applied to all cases. Different approaches are needed to suit different circumstances. Remember: that no single theory can explain everything.

- *Reflect on previous experience.* Along with building of the knowledge you've gained through the classroom setting, it is essential to look upon your past experiences during visits to see if there are similarities or differences. These experiences will help you build upon the knowledge you have already gained.
- *Be flexible and use critical thinking skills.* Because not all cases are the same, it is important to be flexible from case to case. In addition, thinking critically about a case and client will allow you decide how to best work with clients.

- *Seek help from a supervisor.* Monitors should seek assistance from supervisors with experience and knowledge. Supervisors will help monitors make connections that may not be obvious. The use of supervisors will serve to help monitors polish their theoretical knowledge and practice skills.

Continuing Education

Many theories are studied continuously and lead researchers to make new discoveries all the time. As the knowledge base changes, supervisors and monitors should stay informed by attending trainings, reading research materials, and disseminating relevant information to staff and parents. By continuing to learn and connect new theories to everyday practice, staff will contribute to their own professional development as well as provide the most effective services.



Quiz Yourself!

1. (T/F) Traumatic events affect everyone in the same way.
 - A. True
 - B. False
2. Which of the following is a protective factor for child abuse?
 - A. Parental race
 - B. Parental ethnicity
 - C. Parental resilience
 - D. Parental language skills
3. In what ways can monitors implement trauma-informed care into their program?
 - A. Treat clients respectfully and assume that they have experienced trauma in their lives.
 - B. Work to create a positive, calm environment
 - C. Explain exactly what is going to occur during visitation
 - D. All of the above
4. Which of the following theories are important to supervised visitation?
 - A. Ecological-Life Model
 - B. Psychosocial Approach
 - C. Adverse Childhood Experiences (ACEs)
 - D. None of the above

Online Resources

1. **The National Council for Behavioral Health** offers a number of trainings and resources to help organizations implement the most recent best practices. The website is www.thenationalcouncil.org.
2. **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.
3. **Trauma Informed Care Project** is available at traumainformedcareproject.org.
4. **The Chadwick Trauma-Informed Systems Project** is part of *The National Child Traumatic Stress Network* and has created a guide for administrators in child welfare systems. Website at <http://www.chadwickcenter.org/CTISP/images/CTISPTICWAdminGuide2ndEd2013.pdf>
5. **Healing the Damage: Trauma and Immigrant Families in the Child Welfare System** is a toolkit made for social service providers to help with addressing trauma of immigrant families. Culture plays a prominent role in this toolkit. Website at <http://www.americanhumane.org/assets/pdfs/children/pc-toolkit-trauma-immigrant-families.pdf>
6. **Trauma-Informed Approach and Trauma-Specific Interventions** is a site by SAMHSA. This site provides users with an overview of trauma-informed care and plenty of resources for different populations and professionals. Website at <http://www.samhsa.gov/nctic/trauma-interventions>

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