EPRESS

Questions from Directors

At our program, a staff member told me that she met a custodial father at a public event by happenstance. She was very honest with me, and I have no doubt that nothing happened between them. However, now the father is very openly friendly with her at every visit. He goes out of his way to say hello to her. We removed her from his case, of course, and figured that was the end of it. She avoids him. But he looks for her when he arrives, and tells his child, "Say Hi to Miss Monitor" for me. When he can't find her, he says "Be sure to tell her "hello." Should I do something more? I don't want to make something out of nothing.

Yes. It's time to take him aside privately. Don't embarrass him in front of his children. Say firmly, "Mr. Jones, please don't seek out Miss Monitor any more. We realize that you saw her out in public, but it's not appropriate to look for her or ask for her on your case." If he agrees, leave the issue alone. But if he resists, you must insist. And remember to note in the file the conversation you had with him. In the past, parents have hinted to their ex-spouses that they have a special relationship with the program staff, and that the staff may favor the parent. I have no idea whether this is happening in your case, and neither do you, but it's something to look out for. Also, we are trying to create healthy boundaries and encouraging children to see those boundaries.

Does the Clearinghouse publish information about college interns? We've had a few problems trying to establish internships with a local college.

Yes! This issue has come up twice this month, and we mentioned it at the phone conference. People must be getting ready for summer internships! (By the way, if you don't attend the phone conferences, you're missing a lot of information!!). We have a Toolkit of resources for employing students on the website. Here it is:
http://familyvio.csw.fsu.edu/clearinghouse/manuals-and-materials/

DCF Kicks Off New Campaign: 'Who's Really Watching Your Child?'

More than 12,000 incidents of child abuse or neglect last year involved a non-relative caregiver

TALLAHASSEE—The Florida Department of Children and Families (DCF) kicked off its "Who's Really Watching Your Child?" campaign during a press conference at the Capitol today. The campaign is targeted toward parents and guardians of children ages 0-4 who need child care and may be using a caregiver they know little about.

"We've studied the data and know that when young children are placed in the hands of non-relative caregivers, with little or no child care experience and a lack of parental bond with the child, the results can be dangerous," DCF Interim Secretary Esther Jacobo said. "It's crucial for parents to designate a responsible adult or licensed child care facility to care for these precious young children, which is why we've teamed with organizations and experts throughout the state to launch this campaign."

An overwhelming number of children are abused or neglected at the hands of non-relative caregivers – boyfriends, girlfriends or friends of the parents may be ill-equipped to care for these young children. The Casey Family Programs report showed using a non-relative caregiver is often unsafe and may lead to child abuse and even child death. More than 25 percent of child protective investigations last year involved a non-relative caregiver as the alleged perpetrator. This represents more than 12,000 incidents of verified abuse or neglect at the hands of a non-relative caregiver in 2013.

"I am proud to stand with so many statewide partners who are dedicated to protecting Florida children and offering help parents need to ensure their children are in safe capable hands when they cannot physically be with them," Representative Gayle Harrell (R- Port St. Lucie) said.

"Florida's children deserve safe supervision from all caregivers," State Surgeon General and Secretary of Health Dr. John Armstrong said. "The 'Who's Really Watching Your Child?' campaign is a rallying cry for assuring the well-being of young children when a parent or guardian is away from home."

In partnership with more than 30 statewide agencies and organizations, the campaign builds on successful community programs. Foremost, the goal is to raise public awareness and arm

parents with the questions to ask before choosing a caregiver for their children. Additionally, the campaign incorporates:

- Pediatricians engaging parents in conversations regarding their child care situation during routine appointments
- Local parenting programs and a free parenting e-book for caregivers
- Child care resources and opportunities offered through the Early Learning Coalition
- Child protective investigator and case worker training educating front line staff to discuss child care options with parents and guardians
- Child care provider training to educate staff on ways to care for children who may have had traumatic pasts
- Partnership with CareerSource Florida to identify red flags during client appointments and provide resources for clients seeking child care options while they work
- Engaging businesses, community organizations and individuals to consider sponsoring a child care placement through their local Early Learning Coalition

“We work closely with the Department of Children Families when it comes to facilities where young children receive school readiness services,” Executive Director of the Florida Office of Early Learning Shan Goff said. “This campaign reaches beyond facility walls to increase awareness of parenting programs that help bring stability to those young children as they grow.”

Free resources and referrals are available by calling 2-1-1.

"The 'Who's Really Watching Your Child' campaign brings a critical new component to the community services we connect families with every day,” Chairperson of the Florida 2-1-1 Association Catherine Penrod said. “The ability to match families of young children with quality child care environments and parenting programs is vital.”

For more information on the campaign and for additional resources including video PSAs, printed materials and a full list of partners, visit: www.myflfamilies.com/whoswatching.

Video PSAs can be viewed by visiting:
www.youtube.com/watch?v=gMOWdn2daAo&feature=youtu.be

Contact: Michelle Glady, DCF Press Secretary 850-717-4450

Links below of the press conference:

- **Video**: https://www.youtube.com/watch?v=jXE3TkzOsNM
- **Photo album**: https://www.facebook.com/media/set/?set=a.726985624012274.1073741848.321147021262805&type=1

Teaching Empathy: A Natural Fit for Supervised Visitation

By Abby Novak

In past EPress publications, we've discussed the importance of teaching children empathy and critical thinking skills. Children with empathy – the ability to feel compassion for others – are better able to understand the consequences of their actions. As a supervised visitation monitor, you will have the chance to model empathy for children and help parents recognize potential teaching opportunities to build their child's empathy. There are several things parents and other supportive individuals can do to help children develop empathy, including:

- Setting limits in the home or in the visitation environment to help the child feel safe and secure.
- Set predictable routines for visits when possible. This allows children to spend more time focusing on monitoring their emotions and less on worrying about what's going to happen, as they'll understand the schedule.
- Help children self-regulate by encouraging them to label their feelings and talk through their problems. When children can self-regulate, they are better able to stop and think before they react and potentially use empathy when they interact with others. For example, if a child looks like they're getting frustrated, the monitor could say, "I noticed you look frustrated. What could you do to help yourself feel better?"
- Talk to children about their feelings and help children to label their own feelings. For example, the supervised visitation monitor could say, "I noticed you look happy. Can you tell me how you feel?"
- Help children build strong relationships with parents, siblings and other guardians by facilitating safe and fun visitation sessions.
- Tell children stories from the perspective of others and encourage parents to do the same. Stories can be fictional or can be appropriate life lessons from the parent or monitor's past.
- Provide great books modeling empathy for children and parents to read together. Just like telling stories, reading books will give children examples of how others use empathy.

Consider the following examples and think about how you would react in each situation to encourage and develop empathy in children:

Case Example #1

James is a four-year-old boy attending supervised visitation with his father. James and his father have come for several sessions and James appears to really enjoy reading books. After his father tells him he doesn't want to read a book today and suggests a different activity, James begins tearing all the books apart in a fit. The father begins to scold James, but turns and looks at you for guidance.

In this situation, the supervised visitation monitor could first redirect James' behavior by asking him how he is currently feeling, saying something like "James, I noticed you look mad. Can you tell me why you're feeling upset?" This question will redirect James' focus and help him to label and process feelings. The monitor can then ask James how he thinks other boys and girls will feel when they see the books are torn apart. Because James is young, he may not be able to fully recognize the feelings of other children, so the monitor could as well ask how James thinks the books feel, or how James will feel if he wants to read a book and it's torn apart. James' father can be prompted by your lead, and you can suggest a common activity for James and his father.

Case Example #2

Penny is a nine-year-old girl attending supervised visitation with her mother. Penny wishes to play with her mother's hair; however, her mother wants the three of them to play with a puzzle so everyone can be involved. When her mother tries to redirect her behavior Penny throws the puzzle across the room and shouts "Your hair is ugly anyways!"

In this situation, the supervised visitation monitor could first ask Penny to describe how she's feeling, asking "Penny, I noticed you look upset. Can you tell me how you're feeling right now? Why do you feel that way?" Once Penny has identified her feelings, the monitor can ask Penny how she thinks her mother felt when Penny shouted her unkind words and if everyone felt safe when she threw the puzzle across the room. After Penny has identified her mother's feelings

and expressed remorse, she and her parents could settle on an empathy-focused book to read together, to further emphasize the importance of empathy.

Case Example #3

Katie and Michael are siblings, 13 and 10 years old, attending supervised visitation with their father. Katie and Michael are playing dominoes together when Katie decides to read by herself away from her younger brother. Mad his sister is leaving him alone, Michael calls Katie stupid and throws a domino at her back. Katie and Michael's father, unsure of his next step, looks to you for guidance.

What would be your reaction? Would you:

a) Scold Michael for throwing a domino at his sister and make him apologize.
b) Suggest Michael reads with Katie.
c) Encourage Katie to go play with her brother.
d) Ask Michael how he feels and how he thinks Katie feels. Encourage Michael to pick an activity he can do with his father so Katie can continue reading.

D is the most appropriate answer for the above scenario. If Michael is scolded, or his actions are rewarded and Katie is redirected, he will not learn the importance of thinking of others before reacting. By asking Michael to identify his feelings and Katie's feelings, he will practice labeling his emotions and recognizing the emotions of others.

Case Example #4

Josh is a 16 year old male attending supervised visitation with his father. Josh is enthusiastically explaining his day at school while his father listens. His father begins checking a document and list in his pocket and Josh, upset by his father's lack of attention, shouts "Go on, check your list, you never listen to me anyway" and storms away.

What would be your reaction? Would you:

a) Scold Josh's father for pulling out his list and ask Josh to come back.
b) Ask Josh how he felt when his father took his list out and how he thinks his father felt when he stormed away.

c) Ask Josh to come back and move on.
d) Let the father respond however he feels best; there's only so much you can do.

The best approach in this situation would be answer B, ask Josh how he felt when his father took out his list and how he thinks his father felt when he stormed away. While the other responses do not encourage Josh to think about monitoring his feelings and self-regulating, asking Josh to consider his feelings and those of his father helps to build empathy.

Many authors, recognizing the importance of teaching empathy to children, are developing book series focusing on empathy skills. As a supervised visitation monitor, you can encourage parents to select these books when reading with children, and perhaps develop a borrowing system to encourage reading outside the center. Your local library may keep copies as well. Examples include:

- The Invisible Boy, by Trudy Ludwig. The Invisible Boy tells the story of Brian, a young boy no one sees until a new classmate moves to town. With the help of his new friend, Brian is no longer invisible!
- One Day and One Amazing Morning on Orange Street, by Joanne Rocklin. The children on Orange Street are curious about an elderly man who's new to the neighborhood. Throughout the book, they learn more about their new neighbor and make friends.
- The Enemy, by Davide Cali and Serge Bloch. A picture book, The Enemy is about two soldiers on opposite sides of a battle field. The soldiers spend all day fighting only to realize they're very similar people.
- Julia Cook, a popular author of children's books, has several books focusing on empathy including, Making Friends is an Art, Bully B.E.A.N.S., and My Mouth is a Volcano!

For more information, be sure to check out the following resources:

http://www.forbes.com/sites/ashoka/2013/04/29/8-ways-to-cultivate-empathy-in-kids/

http://startempathy.org/blog/2014/02/14-books-teach-empathy

http://magazine.byu.edu/?act=view&a=1960

Appropriate Boundaries with Clients

By: Melissa Ferraro

We periodically review ethical principles to reinforce the best practices.

Boundaries are clearly established rules and limits that allow for safe interactions between service providers and their clients.

Ethics are the beliefs that we have about what constitutes the right conduct in a particular situation or job.

Why boundaries are important:

- They protect the client-provider relationship
- They protect the exploitation of clients
- They protect social service providers from liability

Client or Former client

Some boundaries are based on whether a client is a former client or not. There have been some arguments over the definition of a former client. Some of the arguments include:

- There is no such thing as ex-client. Once a client, always a client.
- A client becomes an ex-client after a specified time period after. termination of services
- A client is no longer considered a client at the point of termination of services.

Regardless of the definition, it is important to always maintain clear boundaries with clients and/or former clients.

In the supervised visitation setting, it is important to realize that former clients can and often do return to the program and become current clients.

Guidelines for professional boundaries

- Do not disclose personal information
- Do not seek out a personal relationship with your clients or their family
- Do not have a sexual relationship with clients
- Do not introduce clients to your family or friends
- Do not socialize with clients or their family outside of work hours
- Do not borrow or lend money to clients
- Do not ask for money, gifts, or special favors from your clients
- Respect confidentiality and privacy

Romantic boundaries

A social service provider should never become romantically involved or have a sexual relationship with a current or former client. Not only is the therapeutic process disrupted for the client, but the relationship may affect third parties (i.e. children). Common reactions that are frequently associated with therapist-patient sex include the following:

- Cognitive dysfunction
- Emotional dependence
- Emptiness and isolation
- Inability to trust others
- Guilt
- Increased suicidal risk
- Sexual confusion
- Anger

Friendship boundaries

Social service providers should not become friends with clients or socialize with clients outside office hours. Social service providers should not be doing things like babysitting, buying groceries, offering transportation, and other things to help a client outside of the office. Friendships should begin with both people agreeing to the relationship. Social service providers may find this difficult because clients are often lonely and in need of friends. Consequences of becoming friends with a client may include:

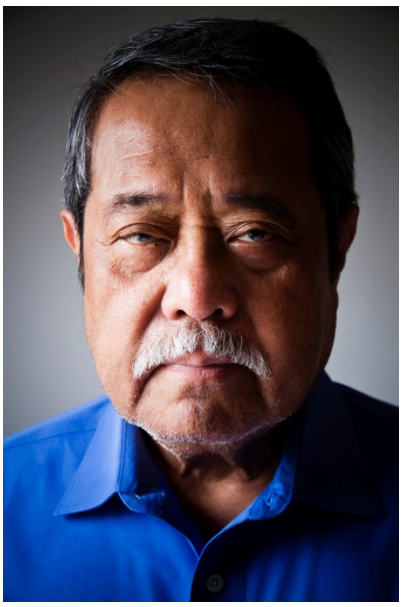
- Unreasonable expectations from clients and family
- Constant calling or advice seeking

It is also important to note the importance of a social service provider not becoming friends with the client's family. This can severely disrupt the therapeutic process. The client may no longer feel comfortable and stop disclosing information to the service provider.

Attachment boundaries

Children can become overly attached to a social service provider. A service provider should refrain from saying "I love you" to a child. A social service provider needs to make sure not to devote extra time to a particular child or to give the child their personal contact information. Also a social service

provider should be careful with their interactions with the child and avoid sending the wrong message. A service provider should be teaching the child about healthy boundaries and modeling appropriate behavior.



Gifts

Clients and family members may offer gifts to social service providers. Examples of gifts include chocolates, flowers, cards, etc. It may be difficult to refuse the gifts because one does not want to offend the client. However, gifts must be avoided to maintain a neutral setting in the vast majority of cases. In addition, a social service provider should never give a client a gift because they might misinterpret it.

Signs of poor boundaries:

- Client and service provider begin referring to each other as friends
- Service provider receives gifts from client or gives gifts to clients
- Client has the service provider's home phone number or other personal information
- Client asks/expects service provider to socialize with him/her outside of professional setting
- Social service provider reveals excessive personal information to client
- Service provider offers to provide assistance to client outside of his/her role (ex. babysitting, transportation)

Inappropriate relationships may lead to:

- Increased or unreasonable demands and expectations from client
- Higher stress and burn out
- Inability to provide professional support
- Difficulty setting limits

Consequences of having poor boundaries

- Service provider may act unethically
- Client may not be given proper services
- Client may feel betrayed, abandoned, and/or poorly served
- The reputation of the service provider's agency and/or profession may be compromised
- Service provider and/or client may be emotionally traumatized and/or put in physical danger

Strategies to set good boundaries

- Discuss your role with the client at the beginning of the first session. Also be sure to discuss reasonable and unreasonable requests
- Check in with the client and review how things are going
- Keep your personal life private
- Ask for help if you believe you need it. Discuss concerns with your supervisor
- Make sure to report concerns about other workers

It is the duty of the social service provider to act in the best interest of the client. The social service provider is ultimately responsible for managing boundary issues.

Resources

http://www.health.qld.gov.au/abios/behaviour/professional/boundaries_pro.pdf

http://www.socialworkers.org/pubs/code/code.asp

http://www.socialworktoday.com/archive/012610p18.shtml

http://www.first5scc.org/sites/default/files/PDF/BoundariesTrainingCurriculum.pdf

http://careers.socialworkers.org/documents/Professional%20Boundaries.pdf

http://www.rehabworks.org/docs/il/Boundaries_Ethics2010%20.pdf

Florida's Report Card: Kids Count Data
Child Well-Being in Florida and the US

Introduction:

It's 2014, and the 2013 Data Book has been released. It discusses child well-being issues from a national, as well as a state by state perspective. The Annie E. Casey Foundation is responsible for publishing the Data Book yearly. As more and more research is being done, evidence continues to show that investing in our nation's children is imperative. This Data Book provides rankings and percentages by state as to where they stand on child well-being as a whole. The rankings are calculated by assessing four specific domains related to child well-being. The four domains include, Economic Well-Being, Education, Health, and Family and Community. Each domain has four unique indicators, which are used to calculate the overall ranking for each domain. The following is a snapshot of where Florida stands in comparison to the United States as a whole.

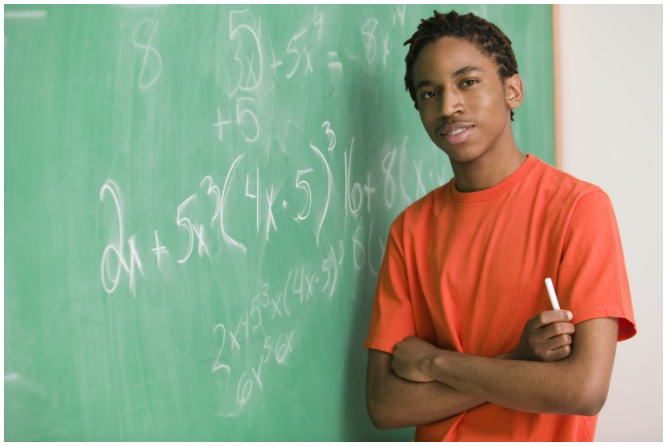
Florida's Rankings and Percentages:

Overall Child Well-Being Ranking: 38 of 50 states (2013)

A. Economic Well-Being Overall Ranking: 45 out of 50 States (2013)
   - Indicator 1: *Children in Poverty* (2012)
     - Florida:
       - Percent: 25%
       - Number: 1,001,000
     - United States
       - Percent: 23%
       - Number: 16,397,000
   - Indicator 2: *Children Living in Families Where No Parent Has Full-time, Year Round Employment* (2012)
     - Florida
       - Percent: 34%
       - Number: 1,356,000
     - United States
       - Percent: 31%
       - Number: 23,101,000
   - Indicator 3: *Children in Households that Spend More than 30 Percent of Their Income on Housing* (2012)
     - Florida
       - Percent: 46%
       - Number: 1,825,000
     - United States
       - Percent: 38%
       - Number: 27,761,000
   - Indicator 4: *Teens Ages 16-19 Not Attending School and Not Working*
     - Florida (2012)
       - Percent: 9%
       - Number: 87,000
     - United States (2012)
       - Percent: 8%
       - Number: 1,404,000

B. Education Overall Ranking: 35 out of 50 States (2013)

- Indicator 1: *Children Ages 3-4 Not Enrolled in Preschool* (2009-2011)
  - Florida
    - Percent: 51%
    - Number: 221,000
  - United States
    - Percent: 54%
    - Number: 4,325,000
- Indicator 2: *4th Grade Reading Achievement Levels* (2013)
  - Florida
    - Percent: Below basic 25%, at or above basic 75%, below proficient 61%, at or above proficient 39%
  - United States
    - Percent: Below basic 33%, at or above basic 67%, below proficient 66%, at or above proficient 34%
- Indicator 3: *8th Grade Math Achievement Levels* (2013)
  - Florida
    - Percent: Below basic 30%, at or above basic 70%, below proficient 69%, at or above proficient 31%
  - United States
    - Percent: Below basic 27%, at or above basic 73%, below proficient 66%, at or above proficient 34%



- Indicator 4: *High School Students Not Graduating On Time* (2009-2011)
  - Florida
    - Percent: 29%
    - Number: 64,478
  - United States
    - Percent: 22%
    - Number: 870,542

C. <u>Health Overall Ranking:</u> 37 out of 50 States (2013)
- Indicator 1: *Low Birth Weight Babies* (2011)

        - Florida
            - Percent: 8.7%
            - Number: 18,527
        - United States
            - Percent: 8.1%
            - Number: 319,711
    - Indicator 2: *Children Without Health Insurance* (2011)
        - Florida
            - Percent: 12%
            - Number: 475,000
        - United States
            - Percent: 7%
            - Number: 5,528,000
    - Indicator 3: *Child and Teen Death Rates* (2010)
        - Florida
            - Rate: 27 per 100,000 children
            - Number: 1,166
        - United States
            - Rate: 26 per 100,000 children
            - Number: 20,482
    - Indicator 4: *Teens Ages 12-17 Who Abused Alcohol or Drugs in the Past Year* (2010-2011)
        - Florida
            - Percent: 7%
            - Number: 90,000
        - United States
            - Percent: 7%
            - Number: 1,752,000

D. <u>Family and Community Overall Ranking:</u> 35 out of 50 States (2013)
    - Indicator 1: *Children in Single-Parent Families* (2012)
        - Florida
            - Percent: 40%
            - Number: 1,515,000
        - United States
            - Percent: 35%
            - Number: 24,725,000
    - Indicator 2: *Children by Household Head's Educational Attainment* (2011)

        - Florida
            - Percent: Not a high school graduate 14%, high school diploma or GED 49%, associate's degree 11%, bachelor's degree 18%, graduate degree 9%
            - Number: Not a high school graduate 543,000, high school diploma or GED 1,942,000, associates degree 429,000, bachelor's degree 702,000, graduate degree 366,000
        - United States
            - Percent: Not a high school graduate 15%, high school diploma or GED 47%, associate's degree 9%, bachelor's degree 18%, graduate degree 11%
            - Number: Not a high school graduate 11,131,000, high school diploma or GED 34,617,000, associates degree 6,469,000, bachelor's degree 13,366,000, graduate degree 8,103,000
    - Indicator 3: *Children Living in Areas of Concentrated Poverty* (2007-2011)
        - Florida
            - Percent: 11%
            - Number: 427,000
        - United States
            - Percent: 12%
            - Number: 8,591,000
    - Indicator 4: *Total Teen Births* (2011)
        - Florida
            - Rate: 30 per 1,000 females ages 15-19
            - Number: 17,125
        - United States
            - Rate: 31 per 1,000 females ages 15-19
            - Number: 329,772

The Annie E Casey Foundation. (2013). *Data book: State trends in child well-being*. Retrieved from http://datacenter.kidscount.org/files/2013KIDSCOUNTDataBook.pdf

Monitoring Parents with Mental Illness in Supervised Visitation

Families come to supervised visitation for many reasons. A common reason a family may enter supervised visitation is when the parent suffers from a mental illness. Working with a parent with a mental illness can be challenging and it is important for the supervised visitation monitor

to have some basic knowledge about working with individuals with mental illness. There are many strategies and techniques that can be used to help facilitate a visit between a parent and child. This training offers information about working with parents suffering from mental illness in supervise visitation, what to do in emergency situations, and the importance of documenting incidents.

Remember – Supervised visitation monitors do not diagnose or treat mental illness. What is important is for the staff to understand what to do in a supervised visit with a family with a mental illness, and what to do if a situation escalates.

Strategies for Working with Parents with Mental Illness

During a visit, it is the monitor's job to facilitate a safe interaction between a parent and child. In order for this interaction to be safe, the monitor must be aware of any reports of parental mental illness. It is the monitor's job to be alert, aware, and conscious of the interactions in the visit. Below are some strategies for working with families with a parent who suffers from a mental illness.

Before the Visit

- Review your case file and be aware of any potential mental illness or areas of concern.
- Avoid misinformation or myths regarding mental illness. Research potential diagnosis for a general background about the parent's illness.
- Meet with the parent before scheduling a visit to better understand how he or she acts and is affected by the mental illness. Discuss how the parent is feeling, if they are compliant with their medication, and what other treatment they may be receiving.
- Prepare the visiting parent of expectations during the visit and how their children may react to seeing them and their behavior.
- Meet with the children before the visit to better understand what they may be feeling. Allow them to voice any concerns they have. Assure them that you will be there to make sure the visit is safe.
- Inform the children in an age appropriate manner why their parent may be acting different because of their illness or medications.
- Reduce any excess noise or distractions in the room where the visit will be taking place. Avoid televisions, radios, cell phones, hand held games, etc.

During the Visit

- If the parent becomes agitated or upset, ask the parent if he or she needs to take a break. If the parent takes a break, see if time away gives them the opportunity to control emotions to continue the visit.
- If the children become agitated or upset, ask if they need to take a break. If the children are still upset after the break, ask if they would like to terminate the visit.
- If the parent expressed delusional thinking or hallucinations, do not deny or affirm these. Try and refocus the parent on the visit and the children.
- If the parent engages in behavior that compromises or endangers the emotional or physical safety of the children, end the visit.

After the Visit

- Document the case. Include any information about abnormal behavior or appearance on the part of the parent.
- Check in with the children and see how they are feeling after the visit. If they are uncomfortable with visiting their parent in the future, give them alternatives such as having a shorter visit, drawing a picture, or writing a letter.
- Consult the case manager to ensure that therapy or treatment is offered to the client.
- Make sure everyone leaves the facility safely and separately.

Case Example 1

Josh Val is the father of a sixteen-year-old son and thirteen-year-old daughter. He has a long history of hospitalizations for schizophrenia. This is his first visit with his two children. Before they meet with their father, both children express concerns and anxiety to see their father since his last hospitalization. When you see Mr. Val, he appears to have his symptoms under control and the visitation begins.

Discussion Questions

1. What could you do with the two children who are concerned and anxious about the supervision?

2. What may be some signs that the father has his symptoms under control?
3. What are some things the visitation monitor should pay close attention to throughout the visit?

Strategies for Handling an Emergency Situation

Unfortunately, when dealing with mental illness, irrational and problematic behavior may arise. The visitation monitor may be in the place to make judgment calls about whether or not to terminate a session or when to ask for back up.

Potential Emergency Situations

- If the parent expresses a threat to the child, his or herself, the visit monitor, and any other person, you should:
  - Call 911
  - Terminate the visit
  - Notify security
  - Call for back up
- If a person has a mental illness and is in danger of harming themselves or others, law enforcement can intervene
  - If the parent is so unstable or unpredictable, Florida law enforcement officers can take custody of mentally ill individuals and transport them to a hospital for examination.

Case Example 2

Kyle is a visit monitor assigned to facilitate between Mr. Jobs and his thirteen-month-old son Bobby. Mr. Jobs and Bobby's mother are going through a divorce due to domestic violence. This is his fifth visitation. Mr. Jobs has previously had wide mood swings and has been diagnosed with bipolar disorder. He arrives in a very agitated state and has rapid speech. Kyle is worried that Mr. Jobs may have discontinued his medications. Once Mr. Jobs is with Bobby he tells Kyle that he is moving out of state and plans to take Bobby with him.

Discussion Questions

1. Is this an emergency situation? What would you do to ensure Bobby is kept safe?
2. What strategies should be implemented during supervision?

Resources

http://www.svnetwork.net/visitation-decisions.asp

http://familyvio.csw.fsu.edu/clearinghouse/

http://www.courts.ca.gov/cms/rules/index.cfm?title=standards&linkid=standard5_20

http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/supervised_visitation_handbook.pdf

Dangerous stories about parents with mental illness and supervised visitation:

http://www.guelphmercury.com/news-story/4028395-father-kills-son-himself-during-supervised-visitation-at-ywca-offices-in-us/

http://www.tampabay.com/news/courts/civil/son-sues-mother-for-savagely-attacking-him-during-supervised-visitation/1223668

http://www.washingtontimes.com/news/2012/feb/7/dad-who-killed-self-sons-blaze-left-voicemail/

http://m.staugustine.com/news/police/2013-12-28/child-taken-during-supervised-visit-jacksonville

For more information on the intersection of mental illness and supervised visitation, please see the Institute for Family Violence Studies' training on The Impact of Parental Mental Illness on Supervised Visitation, available here: http://training.familyvio.csw.fsu.edu/manuals/flsvtraining/print/ch8.pdf

Tips for Supervised Visitation Professionals: Preparing Children for Session's End

By Carly Starkey

Children have specific needs at supervised visits. One of the most important is to have support in preparing for the end of a session. While some children may be okay without added guidance, many children require emotional support in order to deal with the transition. To children, the end of a supervised visit may seem traumatic. With education and support, children can better understand what to expect and will react more positively.

Why the anxiety?

Children can feel anxious when dealing with the unknown. Their imaginations can create worst-case scenarios for what may happen, simply due to **not knowing** what will. Tell children what to expect, and worries should decrease. Children also usually behave better and are more emotionally stable when limits have been set for them. If setting limits and routines fail to

improve anxiety, consider making changes to the arrangement and look out for signs of bigger issues that could be causing the anxiety.

Developing Rituals

Children can be comforted by a routine for the end of a session they can learn to trust in. Some ways to incorporate rituals into a session include:

- Identify what will happen ahead of time and allow for questions.
- Allow children the opportunity to be involved in developing rituals.
- Minimize changes made to the routine, unless necessary.

- Define rules for the session and explain them in detail to the child. This can include what physical touch is allowed, what can be discussed, and how long visits will last.
- Create an agreed upon signal for ending the visit, such as a specific phrase or a song that is played.
- Determine a ritual for the end of the session, such as hugging the visiting parent, shaking hands, or waving goodbye.
- As the supervisor, ask routine check-up questions following the departure of the visiting parent, such as what specific things the child liked or disliked about the session. This can allow the child to have a purpose after the end of the visit.

Age-appropriate Rituals

Infants & Toddlers (Birth to 5 years): Children under the age of five have yet to fully develop their sense of time, causing confusion and frustration over when they will see their parent again. Professionals can help by providing color-coded calendars or describing how long until they see the visiting parent in terms they would understand, such as the number of school days or meals. Children of this age also have higher needs for consistency and routines than others.

Elementary School (5-12 years): Children of this age develop stronger sense of awareness and feelings, such as sadness and anger, requiring stronger emotional support at the end of sessions. Be prepared for discussions of emotions and assure children it is okay to feel this way.

Adolescents (12-18 years): This age group desires more self-autonomy, so allowing them to help create routines can be positive for them. Adolescents also try to break rules just to see how adults react. Remain concrete in your enforcement of rules and routines, relaying that you care about their behaviors. Encourage discussions of emotions, but do not expect sharing with this age group. Adolescents' needs can range vastly depending on personality and upbringing.

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