



EPRESS

Questions from Directors

We have a good relationship with our local Guardian ad Litem program, and their volunteers are good people. One case, though, troubles me, and I need some advice. We have a mother who had a lot of problems. I admit that she has struggles that she may never overcome. But she does try. I have seen her trying, but she's not consistent. The problem is that the guardian is very negative about her. He has been making comments that our staff (not the family) can hear, like "those poor children." I'm worried that now my staff is becoming more negative toward that mother. Not that it's the GALs fault – he's right that the children deserve a wonderful mother. But she's never going to be wonderful. What should I do? I'm not his boss, so I am hesitant to correct him.

First of all, congrats on building a good relationship with the GAL program. It's important that all the principals on a case have a good working rapport. And you are also doing a great job listening. It's appropriate for you to be concerned about what someone – staff, GALs, therapists, etc. -- says about clients. A positive set of statements in response can go a long way to educate the GAL, along with your staff. Here's what I suggest: "We know that Mrs. J. is not perfect. We know she has struggles. But what I want everyone to remember is that she is the children's mother, and our job is to help them build a relationship. Let's remember that Mrs. J. herself came from a very challenging home. She has a counselor to help her overcome the troubles of her past. And I myself have seen her trying to listen and follow the directions of the staff. She's not consistent yet, but I see improvement. And those children love her and need her to be the best mom she can be. So that's what we are all going to work on together. Instead of being negative, I want our program to focus on building her strengths."

I received a referral from a judge who may be trying to keep a family out of the dependency system. The father has an injunction against him (with a referral to us).

He (dad) says the mother has a substance abuse problem. I got the impression that the judge felt like supervised visitation would help “keep an eye” on the mother too. But there’s nothing in writing about that, just a referral of the dad. My problem is that the mom rarely drops off the child. It’s the maternal grandparents who drop him off. So we really don’t know what’s going on with mom. We’ve seen her a few times, and there’s nothing out of the ordinary, although she looked tired. Should I be doing anything more?

Unfortunately, there are not many judges who order periodic judicial review, so this case may not go back to court in the foreseeable future. My advice is to document every interaction, as you have done, with both mom and dad, and the grandparents. I would also make a point to ask the grandmother how the mother is doing, and make a record of her response. This could be important for your ability to help the mother with additional community resource referrals, and to make sure that there are no new problems with the visiting ex-spouse. Some programs require the custodial parent to “check in” periodically for exactly that reason, and to be able to ask if there is anything else the program can do for that parent.

You have said that the child looks very healthy when you see him. **If that changes, I recommend that you contact the child abuse hotline if you’re worried, or if anything happens that might indicate any abuse/neglect (1-800-96-abuse).** When the father asks you about the mother and her alleged problem, you should be clear that if he has any concerns, he is a party to the cause, and can file a motion for the issue to be heard. He should not be able to use your involvement as a way to track his former spouse. (Questions like “How does she look” and “Did she come here with anyone else” could be the father’s way of trying to get information or even stalk his ex.)

It is true that judges/child protection agencies want supervised visitation programs to be an extra set of eyes and ears on the case. However, you can only report what you actually see and hear, and if the court did not specifically direct the mother to bring the child to the program, the mother is not required to bring the child to you. Also, the judge might have only meant to make an off-hand comment about your program seeing the mother (which you have, on occasion), and never meant specifically to require the mother to deliver the child to you every visit.

Some programs have a well-established way to communicate with the court. Many do not. If you want to request clarification, you can use the method you’ve established (sending the visit reports to the judge). Just remember that we recommend that you

also send copies to the parties and their lawyers. By the way, if the father has a lawyer, the lawyer can file a motion for clarification. Or the father can on his own.

Finally, if you are still worried, remember that some programs include on their standard program referral a statement that must be filled in by the court about **who** is to bring the child to the program. You could re-send a referral form to the judge. What's tricky about all of this is that programs do not have a standardized way to communicate with the court.

School Social Workers

By Kayla Kirk

Introduction

School social workers have been an integral part of our children's schools for over a century. They not only work with children, but with teachers, parents, and the community. They ensure that each child's physical, social, emotional, and educational needs are being met. School social workers are a critical resource for parents throughout their children's education. Visitation monitors should understand what the role of a school social worker is and instances in which he or she can be helpful for children and parents in visitation. In this training you will learn:

- A background on what a school social worker does
- The qualities and skills of a good school social worker
- How a school social worker can help children and families
- How a parent can utilize a school social worker
- A case example of how you can connect children and parents to a school social worker
- Resources that are helpful for parents

Background

School social workers are normally employed by individual schools or districts. They can work in urban, suburban, and rural areas. There are some school social workers who are hired by community agencies to work within schools. A school social worker can provide services to every educational level. The primary job of a school social worker is to work with students, teachers, families, and the community to give each student the services

and resources he or she needs to reach his or her full potential. Often school social workers are agents of change. They advocate for students and can affect school policies.

Qualities and Skills of a Good School Social Worker

A school social worker faces many unique challenges daily that require special skills, knowledge, flexibility, and persistence. A school social worker should possess the following qualities and skills:



- Time management skills
- Organizational skills
- familiarity with agencies in the community
- Comfortable with diversity
- Flexibility
- Good interpersonal skills
- Good at public speaking
- Computer proficiency
- Knowledge of individual therapy techniques
- Knowledge of group therapy techniques
- Understanding of the laws governing schools and special education practices

These qualities and skills make handling several different job duties at once much easier. Many of these skills school social workers learn during school and under supervision. A school social worker must have his or her Master's in Social Work from an accredited university. Many times he or she must be state licensed as well. In the state of Florida this licensure is called Licensed Clinical Social Worker. Having this level of education and licensure makes the school social worker a highly valued resource in schools.

How a School Social Worker Can Help Children and Families

A school social worker can help children and families in a variety of ways. Below is a list of the common ways a social worker can help:

- Act as an individual counselor for students
- Assess students for learning disabilities
- Monitor students psychological, neurological, and physical development
- Provide referrals to professional services
- Help low income families access community resources
- Examine factors in the home, school, and community that impact a student's educational success
- Manage crisis situations
- Provide group counseling for students or parents
- Provide teachers with appropriate resources and information
- Arrange and facilitate workshops and trainings for teachers and parents
- Draft and implement prevention programs and policies with administrators
- Complete home visits
- Create IEP's
- Complete paperwork

A school social worker is always juggling several job duties at once. He or she is the bridge between students, teachers, parents, and the community. It is the school social worker's priority to keep communication lines open and provide the best learning environment for students. For this reason, a school social worker needs certain qualities and skills.

How Parents Can Utilize a School Social Worker

As a supervised visitation monitor, you can share with parents the resource they have available at their children's school. If a parent or child is sharing with you concerns or problems he or she is facing, recommending that he or she talk to the school's social worker is a good idea. A parent can get help from a school social worker in a variety of ways:

- Call and set up a meeting to discuss the problems the child is having
- Have the social worker do a home visit
- Attend a parent training or workshop
- Attend counseling with the child/children
- Attend group counseling with other parents
- Receive community resources that help with things such as providing food, providing shelter, a behaviorist, or a special education tutor
- Creating an IEP for a special needs child

- Have the child/children attend individual counseling

The first step is to connect the parent with the school social worker so he or she can utilize the services and resources they provide.



Case Example

Below is an example of how you as a visitation monitor can connect a parent and child to their school social worker.

Case Example

Bobby is a 10 year old boy in the fourth grade. You are Bobby's visitation monitor between him and his father. He is having trouble adjusting to his parent's recent divorce. He tells you he is having trouble sleeping and his grades are not as good anymore. His mother tells you that since his father moved out, they are struggling for money and she is worried about providing Bobby with his needs. She is hoping you can recommend services to help her and Bobby. You tell her that Bobby's school has a social worker who will provide free services to Bobby. She can provide counseling to Bobby and help to determine what is causing his grades to drop. You also inform her that the social worker will be able to connect her with free resources in the community that can help provide for their basic needs. Bobby's mother thanks you for the recommendation and schedules an appointment with the school social worker.

*There are other community services and resources you can recommend to Bobby and his mother, but in this example we are focusing only on the school social worker.

1. What services do you think the school social worker will provide for Bobby?
2. What services do you think the school social worker will provide to his mother?

The services the social worker could provide to Bobby are individual counseling, family counseling, and group counseling with other children experiencing divorce.

The services the social worker could provide to Bobby's mother are group counseling with other parents experiencing divorce, and provide outside resources for food and shelter.

Resources for Parents

Below are several resources available to parents. They provide information on many different topics relating to a child's education, home life, and mental health.

School Social Work Association of America

The SSWAA provides many different resources for parents. One of the best aspects of the website is a section on resources regarding topics from counseling and crisis response, to children with disabilities and the common core standards.

http://sswaa.org/displaycommon.cfm?an=1&subarticlenbr=252#Parenting_Resources

American Council for School Social Work

The ACSSW provides information for parents about several different topics. Some of the topics include: addressing chronic absence in the early grades, children exposed to violence, parenting teens online, and the Wrights law website on special education issues.

<http://www.acssw.org/ResourcesForEP.html>

National Association of Social Workers

The NASW provides a multitude of information, including information on school social work. You can find a licensed social worker in your area.

<http://www.naswdc.org/>

Social Workers Help Starts Here

At the "Help Starts Here" website, there is a tab for kids and families. Under the tab there is a section for schools and communities. This provides information about what a

social worker does, how to help your child who is being bullied, and how social workers can help.

<http://www.helpstartshere.org/kids-and-families/schools-and-communities>

The Child's School

The best resource a parent has is the child's school. Talking to someone at the school, like a teacher or principal, or looking on the school's website will tell the parent if there is a school social worker available and what services he or she provides. Many times it will include a contact number to set up an appointment with the social worker.

Conclusion

A school social worker is a helpful resource for parents and their children. School social workers provide a multitude of services and can connect families to community resources. Parents should contact their child's school to see if a social worker is available and to set up a meeting to discuss the parent's and child's concerns.

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Making Summer Worth More Than Just TV

Remind your clients: Don't let children spend the whole summer in front of the TV. More than just changing the things children watch, it is important for parents to promote physical activity, along with play that encourages interaction with peers. There are many different outdoor play activities that they can engage in.

The following can serve as a handout for parents who are looking for ideas for summer playtime activities for their children.

For Toddlers

Here are a few examples of TV free activities that toddlers and parents can do together:

- A Toy Car Wash
- Pretend to be animals – Do what they do
- Paint or color on old newspapers
- Build a block tower
- Make a tower out of pantry foods
- Look at family photos together
- Build a fort
- Take a walk and hunt for colors
- Play dress up
- Play dentist or doctors with dolls, action figures, or toy cars
- Have a dance party (indoors or outdoors)



For Kids Playing Together

It's important for kids to play and interact with their peers! Here are a few games that your kids can play with their neighborhood friends:

Countdown to 'five trees'

Similar to hide-and-seek, five trees is a game that needs to be played in an area that has at least five large trees in it given a number from one to five. The child who is 'in' stands with their back to the trees and counts to 20. Each of the other players hides behind a tree so that they cannot be seen. The player who is 'in' turns around and shouts out the

number of a tree. Anyone hiding behind that tree is then 'out'. Everyone else is safe. Then the child who is 'in' turns around and counts to 20 again, while those still playing run and hide behind a different tree. And so on, until there is only one hider left!

Capture the Flag

The children into two teams, with Team 1 assigned to the front yard and Team 2 to the back yard (or different sides of the house). The teams are given five minutes, to hide their flag in their part of the yard. Once the flag is hidden, teams call out that they are finished. They then try to find the other team's flag. If they get caught and tagged by the opponent on their territory they go to jail and can only be freed by a team mate who grabs them when their opponent isn't looking. The first team to capture the flag or all of their opponents wins! (The "flags" can be anything from a piece of cloth or toys similar in size.)



Acting like an Animal

Kids should spread out in a yard, and someone will pick an animal for all the others to act out. They will take turns picking different animals and acting like them by giving different instructions, such as

- Walk like a monkey
- Laugh like a monkey
- Swing like a monkey
- Chatter like a monkey

The children can then vote on who did it best, and move on to the animal they want to imitate next. Each child should get a turn to pick an animal for everyone to act like

SPUD

This game requires a playground ball and at least three players. Before beginning, each player is assigned a number. A person is selected to be "it" and all other players gather around this person. "It" throws the ball into the air and yells a number. The player with the number that is called must catch the ball while the other players run as far as

possible from them. Once they catch the ball they yell "Spud!" and the other players must freeze. The player with the ball then throws the ball in an attempt to hit another player. If they miss, they are assigned an S. If they hit them, that player is given a letter. Once a player receives all four letters they are out of the game.



For Families

- Go on a hike or walk
- Picnic in the yard
- Play the I-Spy color game together
- Ride bikes
- Collect leaves and...
- Play Red Light, Green Light
- Play Follow the Leader
- Find shapes in the clouds
- Paint sticks and rocks outside and make them into characters
- Search for bugs and give them new names
- Wash the car together

To find more activity ideas follow these links:

- <http://www.notimeforflashcards.com/category/75-activities-for-3-year-olds>
- <http://www.notimeforflashcards.com/category/75-tv-free-activities>
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- <http://www.parents.com/fun/activities/outdoor/>

New Research on Babies You Should Know About

The Clearinghouse regularly reports on current research to ensure that supervised visitation providers know about the most recent findings and analysis of studies on families and children.

By Carly Starkey

Buchanan, F. (2014). Addressing the impact of domestic violence on mothers' relationships with their infants. *Family & Intimate Partner Violence Quarterly*, 6(3), 41-46.

This article is based on research conducted by Fiona Buchanan. The purpose of her research was to try to understand what the experience of forming a mother/infant relationship under the distress of domestic abuse is like. She was focused on the mother's experience in the process and how the abuse affected the relationship. The author conducted research with 16 mothers who underwent abuse while being a mother to an infant. The research was gathered qualitatively through individual interviews and focus groups with each of the 16 mothers.

The research brought to light three new concepts. First, the abusive partner's hostility is focused on the developing mother/infant relationship. This hostility is continuous and therefore referred to as sustained hostility. Second, the women are constantly in fear because of this sustained hostility. The women are constantly focused on protecting their infant from violence by pleasing their abuser at all times. Third, the women spend so much time in fear and trying to protect their infant that their time to actually bond and form the relationship with their baby is restricted.

The above findings indicate that there is a need for social service workers to identify these mother/infant relationships and provide ways to support and enhance the development of the relationship.

Other Recent Research

Sibling Study Shows Little Difference between Breast and Bottle Feeding

A longitudinal study done in three populations of 8,237 children, 7,319 siblings, and 1,773 sibling pairs in which at least one child was breast fed and one was not showed that there may not be a significant difference between the effects of breast and bottle feeding over time. Researchers measured eleven different outcomes previously shown

to be impacted by breast feeding, including body mass index, obesity, asthma, hyperactivity, parental attachment, behavior compliance, achievement in vocabulary, reading recognition, math ability, intelligence and scholastic competence. Breast feeding was shown to have better outcomes for many of these traits when comparing all children, but when the researchers looked at just siblings who were fed differently, the benefits were not statistically significant. The one trait that still had a difference was asthma and this was found to have a higher prevalence in children who have been breastfed.



The lack of statistically significant differences between children in the same family who were breastfed or bottle-fed could mean that previous studies that have found benefits to breast feeding over bottle feeding were really finding benefits that can be attributed to the higher education levels, higher income levels, and more flexible schedules of mothers who typically breast feed. Previous research has shown racial and socioeconomic disparities between breast feeding and non-breast feeding families, which could help to explain some of the differences in outcomes for children. Demographic differences found between families that bottle feed versus breast feed included parental race, age, marital status, family income, insurance coverage, the mother's education and employment, and whether the woman chose to smoke or drink during pregnancy. All of these factors could help explain the multitude of studies that have exclaimed the benefits of breastfeeding. What has been found by this study is that mothers who are more advantaged in a variety of ways have been selecting into breast-feeding, which obviously will affect health outcomes for children.

This study leads to the possibility that the benefits of breast feeding may have been exaggerated on in the past, and could be simply a result of higher educated and higher paid women breastfeeding. Overall, this study exclaims a need for more focus on factors such as child care, maternity leave, school quality, housing, and employment that have been linked to affecting children long-term, rather than on breast feeding versus bottle feeding. There are still many sources, including the CDC, which claim breast feeding is more positive for children, but this research has started many others in questioning

these claims. More research must be done on breast feeding to finalize any findings, but this new study has many people questioning the benefits of breast feeding that have been so accepted by such a wide audience for a long period of time.

Tylenol during pregnancy linked to higher risk of ADHD

A study published in JAMA pediatrics by Dr. Jorn Olsen found a **strong correlation between the use of acetaminophen, which is found in drugs such as Tylenol, by pregnant women and the rate of attention deficit/hyperactivity disorder (ADHD)** diagnoses and prescriptions for ADHD medications in their children. They looked at reports by mothers of children's behavior, databases of prescriptions for ADHD drugs in



these children, and diagnoses of ADHD in these children. Mothers who used painkillers with acetaminophen to treat things like headaches or fevers were linked to a 37% increased risk in their children receiving an ADHD diagnosis in their childhood. These mothers also saw a 29% increased risk in the chances their children would need ADHD medications in their childhood when compared to mothers who didn't use any over the counter medications during pregnancy.

If this study shows true findings that drugs such as Tylenol when used in pregnancy are linked to ADHD in the unborn children, this could reveal an extremely large problem. Over half of the population studied, which included 64,322 women, used acetaminophen within the 3 months prior to the study. Many women view drugs such as Tylenol as relatively safe and take them during pregnancy without worry or concern. Although Tylenol is seen as safe in our society, this new research shows a need for caution when dealing with any over-the-counter drugs during pregnancy. Care and caution during pregnancy towards all substances that could ultimately affect the health of the unborn baby is absolutely necessary to avoid negative consequences such as these. This new research will hopefully help address many of these issues and possibly one day could assist in decreasing the prevalence of ADHD in children. This study marks the beginning of new research that needs to be done on

drugs seen as relatively safe to take during pregnancy and their effects on the unborn child.

Doctors believe a second baby is cured of HIV

A baby born infected with HIV in Los Angeles who received treatment shortly after birth is **still showing no signs of disease a year later**. The treatment consisted of three high doses of antiretroviral drugs. The mother was not taking her HIV medications while pregnant. Although it is too early to say if the child is just in remission, doctors report that the child's vitals are displaying differently when compared to patients with suppressed HIV. This is extremely exciting news that could help save thousands of lives in the future.

The first baby shown to be helped by this treatment was in Mississippi. This child had similar results and is now three and a half years old and still not showing symptoms of HIV. Sadly, her mother was not administering the child's HIV medications at follow-up, but she still seems to be cured and many doctors see her as the first success with the new treatment. Doctors want clinical study on the effects of this treatment before claiming its benefits.



More than 1.1 million people in the United States live with an HIV infection, as reported by the Centers for Disease Control and Prevention (CDC). 1 in 6 of these people are unaware of their infections, and this could be a low estimate. The pace of new infections is increasingly higher, especially among specific at-risk populations including African American and gay and bisexual men. In 2011, about 49,000 people were newly diagnosed with HIV in the United States. HIV also affects many unborn babies which this treatment could directly help. The CDC reported an estimated 9,522 children younger than 13 years old were diagnosed with receiving HIV perinatal in 2009 alone. The number of women with HIV who have birth in the United States increased about 30% from 2000 to 2006, with an increase from 6,000 women to 8,700. This is a growing epidemic and new treatments are vital in the reduction of children born with and living

with HIV. These new treatments that have been found to save two babies lives show hope for the future of both those currently living with HIV and future babies born infected. Money and attention need to be focused on these treatments to ensure efficient review and expansion of the treatments that could help save a multitude of lives.

Infant sleep machines at maximum volume reported as hearing risk

Sleep machines specifically for infants have found to cause damage to their hearing at maximum volume. Some of these machines are placed in stuffed animals and many are popular gifts at baby showers. Many parents swear by the use of the machines, as they help mask the noises of everyday life that can often wake babies from their sleep. Many websites and books claim that sleep machines should be used all night with infants and close to their places of sleeping. One recommendation often seen in these websites and books is to make the machine as loud as an infant crying. Many parents follow these guidelines blindly, thinking that these sources know what they are informing about. This may not be the case, as many studies have shown that being exposed to noise at high levels for extended periods of times is linked to hearing loss. Now there is research that hearing loss could result specifically with babies from infant sleep machines.

Researchers at University of Toronto evaluated fourteen popular sleep machines at maximum volumes and found that three exceeded 85 decibels, the workplace safety limit for adults on an 8 hour shift, as determined by the National Institute for Occupational Safety and Health. All of the machines were louder than the 50 decibel limit set for hospital nurseries in 1999 by an expert panel on newborn sleep. Safe use of these machines is possible. The farther away, lower volume set, and shorter duration of times used all make it safer for the baby. This study is recommending that sound machine manufacturers limit the maximum noises levels possible. Some experts do not agree with this study's findings, but it is still a viable source of information that should be considered and looked into further.

Fetal Alcohol Syndrome

The current prevalence of fetal alcohol syndrome (FAS) is 8 out of every 1000 live births. There is new criteria for diagnosis, which includes that patients must have at least one growth abnormality, such as short stature. They also must have all three characteristic facial abnormalities, including short palpebral fissure length, which is the distance

between the eyes, a thin upper lip, and a smooth philtrum, which is the location above the lip in which there is usually an indent. Patients must also show at least one diagnosed structural or functional abnormality of the central nervous system, such as microcephaly, which is a neurodevelopmental disorder that results in reduced head circumference and a reduced life expectancy, or impaired executive function, which can result in socially inappropriate behavior, difficulty with planning, moodiness, among other symptoms. There is no requirement for the patient to have a confirmed exposure to alcohol before birth for diagnosis.

In recent years, significant efforts have been made to understand the underlying mechanisms of this disease, as well as to identify more precise diagnostic tools. There is a great need for more evidence-based approaches for guiding the psychological assessment of children with Fetal Alcohol Spectrum Disorders, as well as a general passion on this topic, as it still remains a large issue in today's society. Many women drink weekly, if not more, and some binge drink on a regular basis. This has been linked to the large amount of children with fetal alcohol syndrome, as women drink before they find out they are pregnant. Even further, some women are still uninformed on the dangers of drinking during pregnancy or choose to drink even though they are informed. Advocacy and education on this issue is a must if we are to battle the large population it affects.

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Let's Learn and Pass it on! Emotional Regulation

By Kayla Kirk

Introduction

Emotions are an extremely important part of our daily lives. They profoundly affect our actions, even when we are not always aware of them. Emotional regulation is the way we filter our emotions in order to control how we feel and how we communicate those feelings. As a supervised visitation monitor, it is crucial that you understand your emotions and can regulate them during a monitoring session and afterwards. In this training you will:

- Learn what emotional regulation is
- Identify emotional regulation techniques
- Understand how to regulate your emotions as a visitation monitor and daily strategies
- Identify how to teach parents to regulate their emotions
- Read case examples
- Receive a handout on emotional regulation

What is Emotional Regulation?

Emotional regulation is the complex process that involves beginning, stopping, or controlling one's thoughts, feelings, and behaviors in a given situation. Emotions can be intense and change often. They also often drive your behaviors. A lot of your behavior focuses on finding ways to validate emotions or get rid of them. You may increase, maintain, or decrease positive and negative emotions. These changes may affect:

- The types of emotions you have
- When you have these emotions
- How you experience the situation
- How you express your emotions

These emotional changes may or may not bring you closer to the emotional state you desire. Emotion regulation may fail, such that you may still display unwanted emotions despite your best efforts to avoid them. People who are chronically unable to regulate their emotions may seriously disrupt their psychological functioning. This is called emotional dysregulation. Emotional dysregulation contributes to all major forms of psychopathology. It has been linked to the following problems:



- Depression
- Substance abuse
- Anxiety
- Poor performance
- Aggressive behavior

Many examples of emotion regulation are conscious, such as deciding to change an upsetting topic, or biting one's lip when sad. However, emotion regulation may also occur without conscious awareness, such as when one quickly shifts attention away from something upsetting.

A process model of emotion regulation suggests that the emotion generation process occurs in a particular sequence over time. This sequence occurs as follows:

1. **Situation:** a situation occurs that is emotionally relevant to you
2. **Attention:** your attention is directed towards the emotional situation
3. **Appraisal:** you evaluate and interpret the situation
4. **Response:** your emotional response is produced

This process model shows that the four points in the emotion generation process can be regulated through several techniques.

Emotional Regulation Techniques

There are several techniques that can be used to regulate emotions during the process model. These techniques can be broken down into two different groups of strategies.

The first is ***antecedent-focused strategies***. These refer to things we do before the emotion response has begun and affected our behavior. An example of antecedent-focused regulation is seeing a job interview as an opportunity to learn more about the company, rather than as a pass–fail test that causes anxiety.

The second group of strategies is ***response-focused strategies***. This group refers to things we do once an emotion has already begun. An example of response-focused regulation is keeping one’s anxiety from showing while giving a presentation to a large group of people. Below are the strategies broken down into the two regulation groups.

1. Antecedent-focused Regulation

- **Situation Selection:** A person either avoids or approaches a person, place, or other potential situation in order to control their emotional response.
 - Example: You get anxious working with parents who abuse drugs so you try to work with other types of families during supervision.
- **Situation Modification:** A person changes elements within the situation in order to increase or decrease its ability to provoke an emotional response.
 - Example: You actively seek to work with parents who abuse drugs because it will be a challenge.
- **Attentional Deployment:** A person chooses to focus on one aspect of the situation in order to control its emotional impact.
 - Example: Instead of focusing on working with a parent who makes you anxious, you focus on how you are helping the children and keeping them safe.
- **Cognitive Change:** A person redefines the specific meaning of a situation in order to alter its emotional impact.

- Example: Working with a parent with a drug problem is an opportunity to connect the parent with resources to become sober.

2. Response-focused Regulation

- **Response Modulation:** A person attempts to alter any of the emotional responses after they have been activated.
 - Example: You suppress any judgmental behaviors toward the parent with a substance abuse problem.

Above are the regulation techniques that have been shown in research as ways to deal with emotions. Each technique is done during a certain step of the process model of emotional regulation. The examples show how the process can be implemented for visitation monitors. Real world strategies that can be used to control your emotions are discussed below.

How Emotional Regulation Affects Visitation Monitors and Daily Strategies

As a visitation monitor you are exposed to many different situations and people. You are constantly interacting with parents who have been mandated to be supervised while with their children. This can cause negative feelings toward the parents during the visits. It is important to remain professional and not show your negative emotions. Using the following techniques can help keep your emotions in check and stay professional.

- **Understanding Emotions:** Taking the time to notice what you are feeling and what the cause of the feeling is.
- **Cognitive Restructuring:** Turning a negative thought and feeling into a positive one.
- **Counting to 10:** Taking the time to count to calm yourself and not show your emotion.
- **Mindfulness:** Being attentive and aware of your feelings, thoughts, and surroundings nonjudgmentally.
- **Exercise:** Spending time being active to reduce anxiety and negative distress.
- **Journaling:** Writing your negative emotions out so you don't have to continue to focus on them outside of visitation.
- **Deep Breathing Techniques:** Take deep breaths in and out to calm yourself down and not show your emotions during visitation.
- **Progressive Muscle Relaxation:** Focus on tensing certain muscles and then relaxing them.

These strategies are good to regulate your emotions. They are a good way to calm down, de-stress, and focus on the positives. As a visitation monitor, it is important that you understand your emotions and can regulate them well in order to avoid becoming overwhelmed by your job.



Case Example

Below is a case example of a situation that may cause a negative reaction and how to use the above strategies in order to regulate your emotions.

As a visitation monitor you are working with a father who abuses drugs and must attend supervised visitation with his children. He will be able to have joint custody with his children in several weeks. You dislike him and want to protect the children. You are concerned that he may begin to abuse drugs again or put the children in harmful situations. You must regulate your emotions to stay professional during supervision. You also do not want the situation to cause you distress outside of your job.

Explain the ways you could regulate your emotions in this specific situation.

Answer: First you should understand your emotions. Why do you not like the father? Has something happened during visitation? Is it something personal that you have experienced in the past? Be mindful. Evaluate what your feelings, thoughts, and behaviors are and try to stay nonjudgmental. While working with the father and children, count to ten or use a deep breathing technique to stay professional. If your negative feelings follow you home, journal about the situation or exercise to release your emotions.

How to Teach Parents about Emotional Regulation

Now that you understand what emotional regulation is and the techniques and strategies to regulate your emotions, you can pass this knowledge on to the parents you supervise. Many times parents have trouble controlling their emotions and use negative behaviors to release these emotions. The following things should be discussed with parents:

- Explain what emotional regulation is
- Discuss the benefits of emotional regulation for them and their relationships with their children
- Identify daily strategies to control emotions
- Give parents handouts about emotional regulation



Below is the emotional regulation handout that can be helpful to supervised visitation monitors and parents. This specific handout is about naming the emotion, identifying what caused it, and discussion how it affected your body and behavior.

Case Example

Below is a case example of how you can teach parents about emotional regulation.

Mary is a mother attending visitation with her 8-year-old daughter, Judy. Judy wants to play a board game, but Mary wants to do a craft instead. Judy ignores her mother and begins to set up the game. Mary is frustrated and begins to yell and curse at Judy, causing a scene.

How could you teach Mary about emotional regulation and healthy ways to calm down and release her frustration?

Answer: You can pull Mary aside and validate her frustrations. Then you can explain what emotional regulation is, and how in this situation Mary could use a strategy to calm herself down and talk to Judy about her frustration rather than yelling and cursing at her. You should explain the benefits of regulating your emotions and how instead of yelling and cursing at Judy, making her upset, Mary can have a calm conversation where Judy understands Mary's feelings. You can explain the following strategies to Mary: understanding her emotions and what caused them, deep breathing, thinking of a safe place, or counting to 10. Once Mary has her emotions under control, she should talk to Judy about how the situation made her feel and come to a compromise.

Emotional Regulation Handout

Observing and Describing Emotions: select a current (or recent) emotional reaction and fill out as much of this sheet as you can.

- *Emotion name: _____*
- *Prompting event:*
- *Interpretations of the situation:*
- *What was I feeling in my body?*
- *What was my facial expression, posture, gestures?*
- *What did I feel like doing? What did I want to say?*
- *What effect did the emotion have on my state of mind, my behavior, thoughts, memories, body?*
- *How could I have regulated this emotion?*

Conclusion

Emotional regulation refers to the attempts to influence the types of emotions you experience, *when* you experience these emotions, and *how* these emotions are expressed. By regulating your emotions you can decrease stress and increase positivity at supervision and at home. During this training you learned the different techniques research has found useful during the emotion process and strategies to use on a daily basis to regulate your emotions. It is a helpful tool to use with parents and can help build better relationships with their children.

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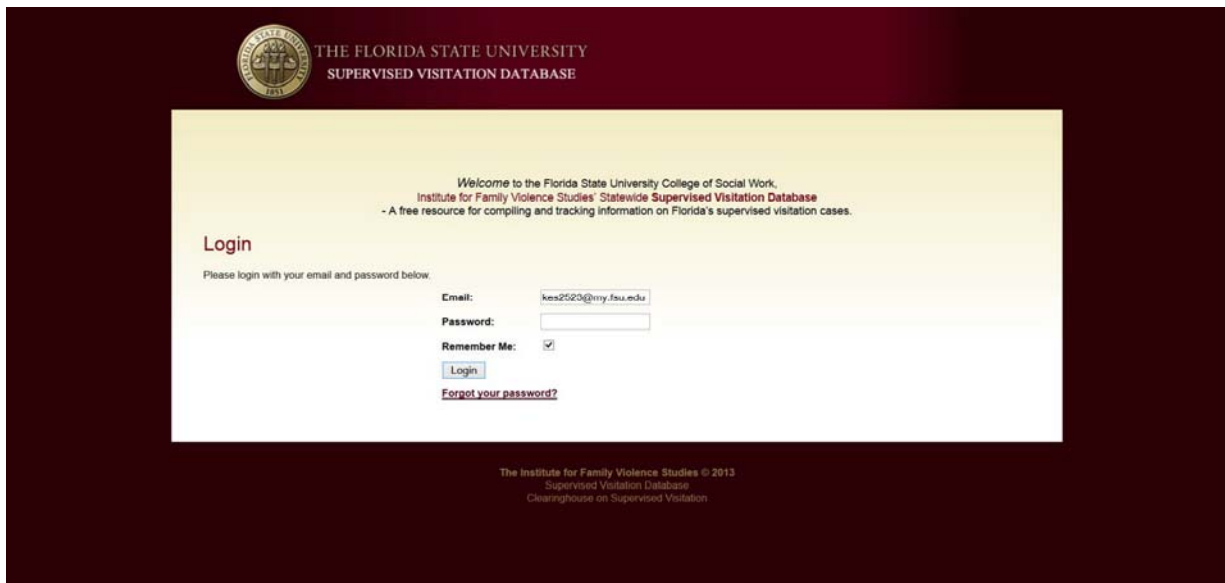
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