JANUARY 2011 EPRESS

Happy New Year!

Upcoming Phone Conferences

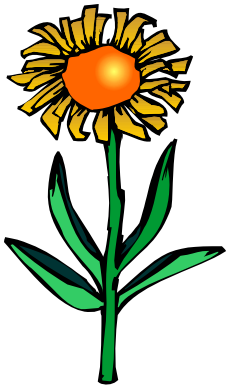
JANUARY PHONE CONFERENCE
****WEDNESDAY, JANUARY 19TH NOON, EST**

(THIS IS THE WEDNESDAY AFTER THE MARTIN LUTHER KING JR HOLIDAY)

DIAL THE NUMBER 770-659-9299 TO PARTICIPATE. YOU WILL NEED TO ENTER THE CONFERENCE CODE TO 3103468751 PARTICIPATE.

YOU MUST RSVP WHEN THE REMINDER EMAIL COMES OUT IF YOU PLAN TO ATTEND!

PLAN AHEAD AND HAVE YOUR TEAM CALL IN…



FEBRUARY PHONE CONFERENCE
WEDNESDAY, FEBRUARY 16TH @ 12:00 NOON, ET

MARCH PHONE CONFERENCE
WEDNESDAY, MARCH 16TH @ 12:00 NOON, ET

APRIL PHONE CONFERENCE
WEDNESDAY, APRIL 20TH @ 12:00 NOON, ET

There is an updated version of the Index of Resources attached to this E Press.

New Supervised Visitation Program: Miami

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Southeastern Community Mental Health Center, inc. is a family owned business. Southeastern Community Mental Health Center is offering individual, children and adolescent counseling, group therapy, day treatment services for clients who are diagnosed with psychiatric disorders, and intensive outpatient and psychiatric services. We are a Medicare/Medicaid, Private Insurance, Self Pay provider and provide a Sliding Fee Scale on a need basis. We also provide transportation within a 2 mile radius from our office location or on a needed basis.

I am very excited to share with you the new court ordered programs that we are preparing to initiate with the support of the Court. During our many sessions with families, parents, adolescents and children my staff and I have recognized the need for a local facility that offers a safe environment for parents and children who have a history of domestic violence or other abuse. We have a wonderful facility with many safe rooms to provide supervised visitation and monitored exchanges.

Our team of licensed counselors/registered mental health interns and/or trained personnel is available to allow parents and children to visit, play and socialize much like they would in an

unsupervised setting for the allotted time. However, the counselor or trained personnel will listen for threats, fighting words, or behavior that will cause problems. In the event that a problem arises, the visit will be ended. Monitored exchanges will be arranged to provide parents a pre-arranged time at which the parent/guardian brings the child to our neutral facility. The visiting parent picks up the child for off-site visitation and returns him/her to the center at a pre-arranged time. Staggered pick-up and drop-off times are arranged so that the parents do not have to be in contact with one another. The actual exchange is monitored by trained personnel who shall try to ease the process for the child.

In addition we will provide Court Ordered Parent Education. The seminar shall be a minimum of 4 hours in length and shall address the effects of separation or divorce on children, parenting responsibilities, options for conflict resolution and financial responsibilities.

Before we begin services, we will conduct an intake session. This will include: Terms of visits, method of payment, safety procedures and reasons for interrupting or ending a visit. The "Parent Time" court ordered programs will all be paid in cash or money order. Payments will be made prior to the visit or exchange. Fees are hourly and are per child and per monitor. Fees for all supervised visitation services have a one-hour minimum with the exception of phone visits. Holiday rates are $15 more per child per hour.

Supervised Visitation Fees:

Intake Fee:	$50 per parent/guardian or court ordered family member
Supervised Visitation:	$65 hr
Therapeutic Visitation	$70 hr
Telephone Monitoring:	$35 ½ hr

Custody Exchange Monitoring: $30 hour
Reports for Attorneys, Parents or Court (varies based on frequency and length)
Court Ordered Parent Education Seminar: $55 per person
(Fee discounts are available on an individual need basis)

Hours of Operation

Monday- Thursday:	9:00am. - 7:00pm.
Friday:	9:00am. - 5:00pm.
Saturday:	9:00am. - 3:00pm.
Sunday:	Closed

(Exceptions can be made if necessary with the client. We will be closed all holidays observed by the courts).

Question of the Month

My monitors and I often have a problem with clients who say things like "You don't even have kids. You have no idea what parenting is really like" or "You've never been divorced, so you don't know what I'm going through." What can we say in response?

When you hear this from clients, my recommendation is to consider saying respectfully: "That's true, I don't have children, but I can recognize that the situation is painful for you and the children, and we are

here to help the visit be as pleasant as possible for both of you." If the client continues insisting that you cannot possibly understand, and are therefore not competent to deal with the case, explain that even if you had children, or even if you had been through similar things that they've been through, you would still not have lived the exact same circumstances they have had. Remember, everyone experiences life differently. Therapists say that having a social services provider who has gone through a client's situation can make clients feel a false sense of connection. It can even make the client feel like a failure. Here's why: even if they don't intend to, a person who has had a traumatic experience may have had a hard time refraining from insisting: "Well, this is what worked for me!"
That implies, of course, "Why doesn't it work for you? What are you doing wrong?"

The example of therapy
Substance abuse counselors have long identified the problem and have explained it this way: therapists who are also in recovery will show their clients the methods that got them clean, and then feel perplexed when those same methods don't work for the clients. The clients feel even more rejected, because now they've tried a method that had guaranteed results, and their clients still have a problem. It's a natural phenomenon with no evil intentions on the therapist's part, but it happens nonetheless. They just want to help people change the same way that they've changed, but the therapist who's "been there" can sound impatient and judgmental.

It doesn't mean that therapist who formerly experienced an eating disorder can't help a client with eating disorders, it just means that the therapist has to work extra hard not to bring his or her own history into the room.

The example of child-rearing
What if the social service provider does have children, and those children got straight A's in school, were well adjusted, and grew up to be successful professionals? Would that example make a parent at supervised visitation feel better about having that particular monitor? Probably not, if the parent's children at visitation are experiencing problems. What would make the complaining parent feel better about the monitor? Perhaps the only thing that a client would want to hear is commiseration with a monitor whose own children had difficulties. Can you see what a trap this issue is for supervised visitation personnel?

There are social service providers who say that the most judgmental people are the ones who have been through what the client has been through. Think about that, and remember, you don't have to justify your actions when they are made pursuant to the Standards and Best Practices. Don't be defensive.

Finally, be careful about sharing your personal life with clients. Even if you do have children, you might want to keep that information to yourself. Boundaries with clients are important.

(Sources include http://www.parentsastherapists.com/site/index.php/page/html/1/home, http://gynomite.wordpress.com/2010/10/26trust-me-ive-been-there-and-the-self-loathing-problem, http://www.attc.ucsd.edu/resources/ppt/Ethics.pdf)

Practice Reminder

Say to a Client: "I have to get back to you on that"

When…

***a new situation arises that you have never addressed before**
***a client asks you a question you do not know the answer to**

Tips for Social Service Workers: Communicating with Children (Do's and Don't's)

Work with children in a professional setting, but are **not sure how to talk to them**? Here are some tips….

Toddlers (1-3 yrs)

DO

- **Get down to their level** when talking to them
- **Keep the sentences short and don't link lots of different ideas together**; use simple words and repeat the same thing in slightly different ways
- **Watch what they are looking at**. Talk about whatever it is they are focused on.
- **Listen hard to what they say to you**
- **Ask them open-ended questions** (avoid questions with yes or no answers)
- **Talk to (not at) the child** and allow time for their response
- **Be positive**; use kind, not hurtful, words and laugh with the child, never at them
- **Be sympathetic;** take the time to listen and offer kind words
- **Avoid guilt trips**
- **Use positive communication** - this helps to build self-esteem and confidence

DON'T

- **Use baby words** that they might use for different things - like nana for banana.
- **Use negative labels**
- **Criticize the child's behavior or your own behavior**
- **Exaggerate situations**; be specific about what you mean

- **Don't compare children to each other**, acknowledge their strengths instead

Preschoolers (3-5)

DO

- **Show that you are listening to the child**; make eye contact, kneel down to their level and even tilt your head to show that they have your full attention
- **Repeat what you heard**; It's often useful to restate what you heard and put the child's feelings into words.
- **Ask specific questions to gather more information**; you might say, 'Can you tell me exactly what happened?'
- **See the situation through the child's eyes**
- **Acknowledge the child's feelings**; in response to the child's statement, you might simply say, 'I'm glad to know that' or 'I understand'
- **Listen to the child's request without judging or correcting it**
- **Share your thinking out loud** when making decisions for the child (if the situation is appropriate)
- **Ask children what they want to happen or would like to change**; if the child complains about something specific, you might ask the child to suggest some improvements.
- **Use dialogue to find solutions**; by first letting the child vent negative feelings, and then asking the child to imagine a different scenario, you are encouraging the child not only to discuss the problem, but to become part of the solution.
- **Use humor**, but not at the child's expense
- **Focus on the positive before bringing up the negative**
- **Try a playful approach, not a critical one**
- **Admit your mistakes**
- **Offer limited choices.** Choices give kids a sense of power and control
- **Speak as simply as possible;** a one-sentence answer might be much more effective than a long explanation
- **Listen to your tone instead of your words.** Often, they're not listening to your words so much as looking at your face and reacting to the tone of your voice
- **Actively listen to them**; repeat back what you think the child is feeling
- **Be patient**. Try to let the child finish sentences before interrupting, no matter how meandering s/he might be
- **Keep your answers simple.** Give answers that are appropriate for the child's age. One simple sentence might be enough

DON'T

- **Contradict the child's statement immediately,** even if you think he or she may be wrong
- **Attack the child's character**; separate the behavior from the child. You don't want to imply that the child is intrinsically bad, or make the child ashamed of feeling a certain way
- **Ask leading questions.** These questions are likely to provoke a sullen response, or a plain old 'no'
- **Ask general questions.** General questions often lead to dead-end conversations. **Instead, ask specific questions to inspire productive conversations.** These questions work because they draw on the child's unique experience and therefore draw out specific responses

School Age Children (5-8)

DO

- **Speak to the child in a mature way.** They might be offended if they feel they are being spoken to like babies (even if they happen to be acting like them)
- **Show them respect.** One way is to ask children for help in understanding them and their needs
- **Ask specific, rather than general questions**
- **Listen without contradicting them.** Then ask specific questions based on the situation your child has described
- **Repeat what you heard the child say, but in a more mature way.** You can reflect the child's statement in the form of a question
- **Laugh a little and admit your mistakes**
- **Ask children to help set their own limits** In this way, you help children to feel in control of their world
- **Keep talking even if the child won't talk to you**
- **Really tune in to what the child is trying to say**; notice the emotions behind the words.
- **Look the child in the eye.** This helps you avoid conflict and tune in to what the child might be feeling or thinking. This way the child is less likely to feel exasperated
- **Let the child finish sentences** before interrupting, no matter how meandering s/he might be
- **Ask open-ended questions** to encourage the child to talk more about things
- **Try to catch the first seed of a potential conversation**: sometimes a passing comment can open up into an important conversation about something that is puzzling or worrying the child
- **Be an effective communicator** by talking and listening in a positive way

- **Have some fun**; jokes and humor can be a great way of getting through difficult situations with children

DON'T

- **Don't criticize the child for using the wrong words**. The idea is to give the child the chance for free expression. If children are always criticized for the way they speak, they might just clam up

Pre-Teens (9-11)

DO

- **Get close to the child and look at them** when they're speaking
- **Allow the child to finish** and don't interrupt
- **Actively try to understand what the child is saying**
- **Show the child that they're being heard and understood**
- **Show you're interested** by nodding your head, smiling, and making comments like 'I see'
- **Summarize the child's main points** and how you think they might be feeling
- **Try to stay calm**, this will allow them to open up to you
- **Keep eye contact and lean slightly towards them** in a relaxed way
- **Ask open-ended questions**
- **Express your ideas and feelings in a clear and concise way**; long explanations, unnecessary reasons, and arguing can hide your message and make it harder for the teenager to understand you
- **Try to soften your message** by thinking about the impact of what you are about to say
- **Begin all your communications with something positive**
- **Keep the message brief and simple**

DON'T

- **Ask questions that interrupt** the child's train of thought
- **Make judgments** when you summarize their thoughts
- **Be critical or judgmental, or get emotional**
- **Go off the topic** or bring up other problems that are not relevant to the current issue
- **Bring up problems from the past** and include them in the current discussion
- **Use terms that are exaggerations or overgeneralizations**, such as 'never' and 'always'

For more information about communication with children, consult these websites:

ABCD Parenting
http://www.abcdparenting.org/index.php?option=com_jdownloads&Itemid=8&task=view.download&cid=23

BBC Health

http://www.bbc.co.uk/health/physical_health/child_development/toddlers_listentalk.shtml

Netmums

http://www.netmums.com/preschooler/Helping_Toddlers_Talk.500/

Raising Children

http://raisingchildren.net.au/articles/talking_and_listening_in_positive_ways_pbs.html/context/633

Have a question? Need help with a tough case? Call the Clearinghouse at 850-644-6303.

Article Review: *Supervised Access and Exchange Programs: Safety for parents and children in the context of domestic violence*

By Catherine Araszkiewicz

The fall 2010 issue of "Family & Intimate Partner Violence Quarterly" included a very interesting article on supervised visitation and exchange programs. Leslie M. Tutty, PhD., Ashley Barow, B.A. and Gillian Weaver-Dunlop, M.S.W. published *Supervised Access and Exchange Programs- Safety for parents and children in the context of domestic violence,* in which issues of family violence and custody were addressed. The authors use programs in North America and one specific program in Canada while citing the necessity for these programs and their benefits.

The article begins with the authors explaining why there is a necessity for these programs. They explain how women who have left their abusers, and made steps toward a safe lifestyle, must still maintain contact with the abuser because of children for whom they share custody. In their introduction, the authors emphasize the safety of the abuse survivors and their children by explaining the ways abusers establish and maintain coercive control over their families. When the survivor leaves the home, the abuser could be struggling with this loss of control and attempt to maintain this control through use of the legal system and lengthy child custody battles. The article explains the fact that though children may not have experienced direct abuse, their abuse could be experienced vicariously (Tutty, Barlow, & Weaver-Dunlop, 2010). Because the children and victim parents may both require protection during parenting time with an abusive parent, centers for visitation and exchange are essential.

The issues of custody put the abused spouses and their children at continued risk with each exposure to the spouse who is perpetrating the abuse. Though historically the mother has received custody rights to children in the cases of divorce, research and court systems have begun to be proponents of the joint custody arrangement. Research cited in this article suggests that it is in the best interest of the child's psychological and social well-being to develop "a relationship that is reasonably

free of hostility and fear with both parents" (Tutty et al. 2010). Within the court system, victims of intimate partner violence are more disadvantaged and vulnerable to the control of their spouses and the legal process of divorce and custodial battles. The article highlights problems in the court process in respect to judges not accepting proof of intimate partner violence in the home, lack of screening for domestic violence situations, and even judges granting custody to parents with established domestic violence records (Tutty et al. 2010). In the most cases in which abusers were granted access to their children, they were granted unsupervised access, putting the entire family's safety in jeopardy (Tutty et al. 2010). The article then reviews the Moral Code, which was adopted by the U.S. in 1994 and states that it is detrimental for the child to be placed in any sort of custody of a parent who is a perpetrator of domestic violence and that visitation should be limited to times in which adequate provision can be made for the child and victim's safety. Though this was created with the best intentions, states were not required to adopt the policies and there were also negative responses to reforms; for example, increased skepticism of courts toward domestic violence allegations. In some custody cases, proof of violence in the home was ignored because it was not deemed relevant to child custody unless the abuse was directed toward the child (Tutty et al. 2010). Courts do not consider that even though this parent may not be physically abusive toward the child, their parenting styles may be "authoritarian, controlling, and rigid", disregarding the psychological needs of the children (Tutty et al. 2010).

As the authors state, the most perilous time in an intimate partner violence relationship is when the victim leaves, and this danger is perpetuated each time the victim and abuser must establish contact during child visitation. This opens the door for more physical and emotional abuse and even gives abusers the chance to use the children as pawns in the abuser's game of control (Tutty et al. 2010). In these instances restraining orders become worthless. Private visitation agreements are then explored in the article and the authors explain the numerous risks involved, including finding a neutral family member or friend, lack of professional training and, most importantly, lack of safety (Tutty et al. 2010). The authors then explore the benefits of professional supervised visitation with two distinct services of

"intense one-on-one" supervision and exchange supervision. They then go on to share a long list of risk factors that warrant these supervisions ranging from the presence of mental illness and substance abuse to vindictive behavior, arrests, violations of custody orders, threats of abduction, ongoing parental conflict, alienating the child, and so on. They report that some research has granted unsupervised rights to cases of domestic violence in which the batterer has gone through counseling and there is no longer a threat of violence in the home. More benefits of this stable visitation plan are that it decreases the child's feelings of abandonment, increases their trust in the parents and dispels fear for themselves and their parents.

The article then describes standards that ideal agencies meet including trained staff that makes the child the primary client and having secure drop-off and pick-up exchange programs. Some debate around the visitation centers revolves around how center staff interprets child behavior during visitation, how they record visitation setting and share this information with the court system, and whether they should offer additional services. Professional staff education can help with behavioral issues by, again, making the child the primary client and attending and validating the child's needs and feelings. The authors suggest that it is important to note that the actions in a supervised visitation setting are essentially taking place in a fishbowl in which behaviors are monitored. Professionals should only stick to factual data and avoid opinions when reporting to the courts. Effectiveness of supervised programs was approached from the viewpoints of professionals, parents and children. All-in-all, findings suggested that these programs limited the parents' time in courts, reduced parental hostility, increased children's safety, held parents more accountable, were more effective with frequent and consistent sessions, gave the relationship between parent and child a chance to improve, and helped parents reach a more congruent child rearing attitude. Child support payments were also improved. Identified areas needing improvement in program effectiveness were cited as: the small number of programs; confusion in younger children with regard to the supervised visitation process; and the frequency of incomplete referral information received by the program on the family.

There still seems to be a disparity between the need for this service and its availability and funding to accommodate clients.

The authors then share a study conducted in Canada to explore the effectiveness and satisfaction of a supervised visitation program. Though none of the parents reported a particularly problematic relationship with their children prior to the initiation of services, all reported an improvement in the areas of parental distress, parental-child dysfunctional relationship and total parenting stress after participating in the program. The decrease in parental stress opened the door to more fulfilling relationships with their children. The parents reported positive changes and experiences through the program and an overall feeling of safety and satisfaction. Both custodial and non-custodial parents believed they benefited from the experience (Tutty et al. 2010).

Overall, the authors assert that supervised visitation centers appear to "offer the safest and most practical way to ensure that children maintain a relationship with both parents." Visitation programs benefit all parties involved, from the judge and court system to the children and parents.

Most Commonly Used Evidence-Based Parenting Programs

There are many parenting programs that have been proven effective in the US; here are the five most commonly used as cited by Small and Mather (2009) and Meeker and Levison-Johnson (2005).

1. Nurturing Parenting Programs

Target Population

Parents with children age 0-18 years. Specific programs exist to serve "Hmong families, military families, Hispanic families, African-American families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children with health challenges" (Nurturing Parenting, 2007).

Most Commonly Used By

- Agencies in all 50 States, Canada, Mexico, South and Central America, and England

- The Departments of the Army and Navy implement the Nurturing Program Prenatal, Parents and their Infants, Toddlers and Preschoolers in their New Parent Education and Support Programs worldwide
- Nurturing Programs are currently being implemented state-wide in Louisiana, Georgia and Hawaii
- Approximately 18,000 professionals worldwide have attended Nurturing Program facilitator trainings during the past 25 years.
  (Nurturing Parenting, 2007)

Most Appropriate Situations

- Maltreatment of children
- Long term deployment during war and training times, post deployment issues, loss of life or limbs, issues of separation and the other stresses of military families
- Adults who are in treatment and/or recovery for substance abuse problems, and who are in parenting relationships with children, the partners of parenting adults, and extended family members who may be parenting children of substance abusing adults
- Families with children who were born or diagnosed with a life-altering illness.
  (Nurturing Parenting, 2007)

Program Description

Teaches and improves upon parenting skills as an alternative to abusive or neglectful parenting. This program aims to "prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors." This program has three levels of prevention: primary, secondary (intervention), and tertiary (treatment) (Nurturing Parenting, 2007).

Training and Materials

There are training programs throughout the US and materials can be ordered online. This information can be obtained through instructional DVDs, guidebooks, or in a group setting.

Program Effectiveness

This program has been field tested nation-wide and has been rated effective by the Office of Juvenile Justice and Delinquency Prevention. It has also been accepted for review by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).
Current Research has shown that:

- The rate of substantiated abuse for the high-risk families in the home visiting program during 2007-2008 was approximately 1.3% -- substantially lower than would be expected.
- Two studies of similar high-risk families not receiving home visiting services found much higher rates. In the first study 25% of the children in the high-risk group had been maltreated (Murphy) and in the second study 22% of children had been maltreated (Stevens-Simon).

- The rate of substantiated abuse and neglect for the Connecticut's Nurturing Family program families compares favorably with the rates for home visiting programs across the country, which range from 1% to 8%.
  (Children's Trust Fund, 2009)

Website

http://www.nurturingparenting.com/calendar/facilitator_calendar.php

2. STEP: Systematic Training for Effective Parenting

Target Population

This program is geared to guide parents from childbirth through the teenage years. Specific programs have been developed for the early childhood years (Early STEP), children 6-12 years (STEP), and STEP for teens (Step Publishers, 2010).

Most Commonly Used By

American families (translations in Japanese, German, French and Spanish are available). The program has been implemented in many other countries (Step Publishers, 2010).

Most Appropriate Situations

This program has been conducted in adoptive homes, birth family homes, community agencies, foster homes, hospitals, outpatient clinics, residential care facilities, and schools in small discussion groups to promote better interaction (Step Publishers, 2010).

Program Description

This program contains seven planned sessions that improve communication between parents and their children, while decreasing conflict in the family. The sessions revolve around understanding, encouragement, listening, helping, and making choices in real-life situations.

Parents change dysfunctional and destructive relationships with their children by the program's provision of concrete alternatives to abusive and ineffective methods of discipline and control (Step Publishers, 2010).

Training and Materials

Parents can attend workshops throughout the United States or order handbooks from the program's website.

Program Effectiveness

- "*STEP has been identified as an evidence-based program/practice on the* National Registry of Evidence-based Programs and Practices *(NREPP)*… [and] STEP has successfully passed the first two of three stages of review of the Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs registry" (Step Publishers, 2010).

- The parents who participated in STEP had more positive perceptions of their children and were less potentially physically abusive than parents who did not participate in STEP. "The results of this study empirically support the use of STEP with abusive parents who have undeveloped 'social feeling' and a family systems approach where the locus of dysfunction (and, therefore, treatment) is in the parental subsystem" (Fennell & Fishel, 2007).

Criticisms

- "In Weber, Crawford, and Robinson's (1983) review of empirical support for individual behavior change procedures, they rate reinforcement and punishment in their highest category of empirically supported behavior change procedures. On the other hand, they do not rate natural and logical consequences as an effective behavior change procedure."
- "With STEP arguing so strongly against punishment, it is important to look at the experimental research specifically on punishment. Azrin and Holz (1966) compare punishment to the four most researched alternatives for reducing and/or eliminating behaviors and conclude, indeed, punishment appears to be potentially more effective than other procedures for weakening a response (p.427). This conclusion contradicts STEP claims of punishment being ineffective."
- "Hulse, Deese, and Egeth (1975) college textbook on learning did not support STEP claims (1) that natural and logical consequences were more effective than rewards and punishments or (2) that there was a distinction between discipline and punishment. Psychology of Learning textbooks since that time have also not supported those claims of STEP." (MePheters & Robinson, 2002)

Website

http://www.steppublishers.com/

3. Triple P – Positive Parenting Program

Target Population

- Triple P incorporates five levels of intervention of increasing strength for parents of children from birth to age 16.
- The program targets the developmental periods of infancy, toddlerhood, pre-school, elementary school and adolescence. Within each developmental period, the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children) (Triple P Positive Parenting Programs, 2010).

Most Commonly Used By

- Families in Australia, New Zealand, Belgium, Singapore, Canada, Switzerland, Germany United Kingdom, Hong Kong, the United States, the Netherlands, and some other countries.

- The organizations that commonly use this program include: organizations serving families, governmental agencies and initiatives, community organizations, and state organizations (Triple P Positive Parenting Programs, 2010).

Most Appropriate Situations

- This program is appropriate for parents of *children with mild to moderate behavior difficulties and parents or caregivers experiencing relationship conflict, parental depression or high levels of stress. These parents often benefit from a more intensive family intervention program. This program is also applicable to families with high parental criticism* (Triple P Positive Parenting Programs, 2010).
- The program has also been successfully used for several different family types including two-parent families, single parents, stepfamilies, maternally depressed families, maritally discordant families, and families with a child with an intellectual disability (de Graaf et al., 2008).
- Triple P can be a viable treatment option for clinically depressed mothers as well (Sanders, Markie-Dadds, & Turner, 2003).

Program Description

"The Triple P-Positive Parenting Program® is a multi-level, parenting and family support strategy. Triple P aims to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The system was developed by Professor Matt Sanders and colleagues from the Parenting and Family Support Centre in the School of Psychology at The University of Queensland" (Triple P Positive Parenting Programs, 2010).

Training and Materials

Attendance at Triple P Provider Training is a 4-step process that includes the following: Triple P Self Help is based around the book *Every Parent: A Positive Approach to Children's Behaviour* and the *Every Parent's Self Help Workbook.*

Program Effectiveness

- Several studies showed that parenting skills training used in Triple P produces predictable decreases in child behavior problems, which have typically been maintained over time.
- A randomized controlled trial of the system, implemented county-wide for families with children ages 0-8, showed sizable reduction in child maltreatment.
- At post-intervention there were significantly greater reductions in the Triple P-Positive Parenting Program (TPS) communities in the number of children with clinically elevated and borderline behavioral and emotional problems compared to the care as usual (CAU) communities. Similarly, parents reported a greater reduction in the prevalence of depression, stress and coercive parenting (Sanders, Markie-Dadds, & Turner, 2003).

Criticisms

- "There is sufficient evidence concerning the efficacy of time out that the promulgation of misinformation about time out and its adverse effects on children is doing a disservice to

families. As a result, parents may be denied access to potentially effective treatment and alternative interventions or procedures with limited evidence base for managing problem behavior are advocated (e.g., holding, calming, and soothing)" (Morawska & Sanders, 2010).

- "However, not all parents generalized their skills to high risk situations after initial active skills training. These high risk situations for lack of generalization are often characterized by competing demands, time constraints or by placing parents under stress in a social evaluative context (e.g., shopping)" (Sanders, Markie-Dadds, & Turner, 2003).

Website
http://www.triplep.net/

4. Parenting Wisely

Target Population

Parents of children in these ranges: elementary (6-11), early adolescence (12-14) and adolescence (15-18). This program has been adapted to serve the needs of isolated at-risk families (Family Works Inc., 2010).

Program Description

This self-administered interactive computer-based program is designed to improve the parent-child relationship, enhance family communication, reduce behavior problems, and build family unity (Family Works Inc., 2010).

Most Commonly Used By

Parents of children with behavior problems (including substance abuse), school performance issues, weak family relationships, and parents of delinquent children (Family Works Inc., 2010).

Most Appropriate Situations

For families with diverse ethnic, educational, and socioeconomic characteristics, Parenting Wisely is delivered to parents in a variety of methods and settings:

- Agencies refer parents to a private room where they use the program on a computer and take home the workbook for reference and skill practice.
- Case managers, practitioners, or volunteers take the program to the families' homes for use by several family members.
- Parents use the program in groups led by a facilitator. (Group participation increases after parents use Parenting Wisely alone.)
- Parents are loaned the CD-ROM or video series to use at home.
- Families use the program before, during, or after family treatment to complement the treatment.
- "This program is used in juvenile court and detention centers; offices of social, health, mental health, and child protective services agencies; schools, libraries, and adult literacy/education locations; community centers, homeless shelters, and public housing offices" (SAMHSA Model Programs).

- ❖ "These skills [learned] prevent or reverse the development of serious problems such as: delinquency, academic failure, truancy, substance abuse, violence, irresponsible and reckless behavior, chronic family conflict, and depression" (Family Works Inc., 2010).

Training and Materials

- ❖ Can be used as a stand-alone family intervention or to complement other interventions
- ❖ 9 interactive computer tutorials can be completed in 2 to 3 hours
- ❖ Program includes family workbook. Video tapes and DVDs can be purchased for use within other parenting education programs, as well.

The Parenting Wisely program is contained on a CD-ROM that is formatted for a personal computer (PC). The PC must have a CD-ROM player, and the ability to play video on the computer screen and play sound. Complete program materials include:

- One interactive CD
- One Program Manual
- Five parent workbooks
- Parent completion certificates
- Program poster and referral cards
- Evaluation instruments

(Family Works Inc., 2010)

Program Effectiveness

Parenting Wisely is evidence-based and proven effective. Extensive research and clinical tests show that use of Parenting Wisely resulted in:

- ❖ Increased knowledge & use of good parenting skills
- ❖ A decrease in child behavior problems
- ❖ Improved problem solving
- ❖ Reduced spousal violence & violence toward their children
- ❖ Program completion rates for parents ranged from 83%-95%.

Success of the program has earned it a listing in the National Registry of Evidence-based Programs and Practices and an OJJDP "Exemplary Program" as well as many other honors and rankings.

REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

- ❖ Reduced child problem/conduct behavior 35% to 58%.
- ❖ Reduced maternal depression by 30%.
- ❖ Reduced parental use of physical punishment and yelling.
- ❖ Reduced spousal violence and violence toward their children.
- ❖ Improved general family functioning by 29%.

(SAMHSA Model Programs)

Criticisms

Staff resistance to technology is a key problem that requires familiarization and support by local champion for the parent program. Someone with the ability to turn on the computer and ready it for client use may be needed (SAMHSA Model Programs).

Website

http://www.familyworksinc.com/index.html

5. Strengthening Families

Target Population

Parents with children ages 3-5, 6-12, 10-14, and 13-17 (Strengthening Families Program, 2010).

Program Description

This program is designed to teach and enhance parenting skills such as nurturing, rule setting, appropriate discipline, and monitoring compliance. Children are taught skills including goal setting, anger control, communication, responsible behavior, and peer resistance (Strengthening Families Program, 2010).

Most Commonly Used By

- SFP is now often delivered by agencies whose primary client is a parent: welfare to work, incarceration-to-community, residential drug treatment, sheltered housing or methadone maintenance; often required or mandated.
- SFP is also widely delivered by schools, faith communities, and community-alliances for general populations and referred families whose participation is voluntary (Strengthening Families Program Workshop Handouts, 2004).

Most Appropriate Situations

- "SFP was initially developed to prevent substance abuse by children of substance abusers. Strong families are now widely understood to reduce the risk for *many* adverse behaviors in children.
- This program has been designed specifically for family members of individuals with severe and persistent mental illness. The program consists of a series of ten classes for the families of persons with serious psychiatric disabilities and consumers who have been diagnosed with a serious mental illness" (Human Development Council, 2008).
- Specific programs offered: "The African-American Strengthening Families Program, Rural African-American SFP, The Safehaven Program: SFP for Urban African-American Families, The American Indian Strengthening Families Program, The Hispanic Strengthening Families Program, The Strengthening Hawaiian Families Program, and The Strengthening Families Program for 10-14 Year Olds" (Strengthening Families Program Workshop Handouts, 2004).

Training and Materials

- 14 consecutive weekly sessions

- 2 booster sessions from six months to one year post program
- Each weekly skill-building session includes a separate but simultaneous parent and child component followed by a joint skill practice session
  (Strengthening Families Program, 2010)

Program Effectiveness

- Improved parenting skills
- Improved family environment
- Increased desirable behaviors/competencies from children
- Decreased conduct disorder among children
- Improved protective factors
- Decreased risk factors predictive of future problem behaviors
  (Strengthening Families Program, 2010)

Criticisms

- Participating families reported having received slightly more formal education (one-half year on average) than did nonparticipating families. This educational difference between families who do and do not participate is commonly found, and the average educational difference is of similar size (typically ranging from 0.4 through 0.7 years).
- Such resources are required to employ a range of strategies directed at maximizing family participation in the face of a number of difficult barriers to participation, particularly those related to schedule demands and time constraints.
- The intervention was associated with no significant behavior changes on proximally targeted parent skills expected to mediate child skill building (Spoth, Guyll, Chao & Molgaard, 2003).
- "Although the children's social skills increased with exposure to the Children's Skills Training Program in the parent-training-plus-child-training condition, the improvements in negative acting-out behaviors were not as good as that found for the Parent Training Program only. This result…calls into question the potential value of high-risk child-only groups because of possible negative contagion effects and smaller effects on improving risky youth behaviors. Also, within the Strengthening Hawaiian Families Program, substance use decreased in SFP participants for parents, siblings, and children but use increased significantly for SHF among children and nonsignificantly for parents. No significant improvements were found in children's behaviors as rated by their teachers from pretest to posttest" (Kumpher, 1999).
- The Prevention Action Foundation (2009) found that children of families who participated in the 14-week schedule of family, parent and child therapy were no better behaved than their counterparts who did not receive any treatment. Worse, over the course of the research, some kids taking part actually developed more negative relationships with their peers. They point to research by Tom Dishion and his team at the Child and Family Center at the University of Oregon which shows that putting together children, who are antisocial, even for the purpose of therapy, will tend to reinforce their negative behavior. "The program has the potential to produce negative outcomes perhaps by providing a social context in which youths are free to socialize in an unstructured environment," the authors suggest. (Prevention Action, 2009)

Website

http://www.strengtheningfamiliesprogram.org/index.html

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FEBRUARY 2011 EPRESS

Upcoming Phone Conferences

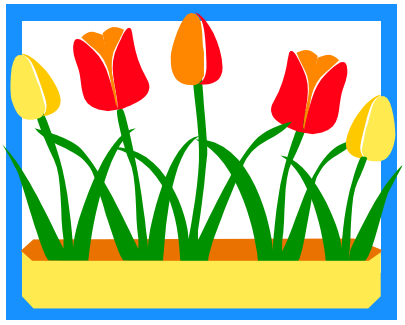
FEBRUARY PHONE CONFERENCE
****WEDNESDAY, FEBRUARY 23RD 12ET/11CT**

(NOTE: THIS IS A NEW DATE!)

DIAL THE NUMBER 770-659-9299 TO PARTICIPATE.
YOU WILL NEED TO ENTER THE CONFERENCE CODE 3103468751 TO PARTICIPATE.

YOU MUST RSVP WHEN THE REMINDER EMAIL COMES OUT IF YOU PLAN TO ATTEND!

PLAN AHEAD AND HAVE YOUR TEAM CALL IN…



MARCH PHONE CONFERENCE

WEDNESDAY, MARCH 16TH @ 12:00 NOON, ET

APRIL PHONE CONFERENCE

WEDNESDAY, APRIL 20TH @ 12:00 NOON, ET

MAY PHONE CONFERENCE

WEDNESDAY, MAY 18TH @ 12:00 NOON, ET

There is an Index of Resources on the Message Board that provides a list of all articles from the Family Visitation Times and the E-Presses since 2008.

Questions?

Have you had a difficult case lately? Perhaps someone came to you with a specific question that you want to know more about. Do you want to know more about a certain topic? If this is the case, give us a call or send an email and we will work to get an answer for you. We may even include in the E-Press!

850-644-6303
850-644-1715

fsuvisit@aol.com

Look at the end of the E-Press to find the DCF Partnership Plan for Children in Out-of-Home Care

This month you will be receiving the newest poster developed jointly between DCF and the Clearinghouse on Supervised Visitation. This poster addresses what needs to happen when you or someone at your office suspects child abuse or neglect.

If you send an email to Karen, she will also email you the pdf version in addition to the poster. Then can you print multiple copies for your staff!

Follow up: Quick Tips on Confidentiality

In last month's phone conference we reviewed confidentiality rules. Now we've included some do's and don'ts to keep in mind.

Do Release Information…

- To specific parties for the specific reasons spelled out in your program's policies and procedures
- If you are court ordered, but only to the court and parties authorized by the court order
- If the client authorizes it in writing and you are acting pursuant to program polices about what can be released to clients
- To the Abuse Hotline if you suspect child abuse
- To protect the client if he/she is a danger to self
- If you think a crime is being planned
- To protect others who are threatened by a client

Don't Release Information…

- By discussing cases with family, friends, or colleagues
- By leaving records or reports lying around your work area unsecured
- By talking on your cell phone in public
- Without an accompanying confidentiality statement
- By inadvertently leaving your computer screen on
- By leaving schedules and appointment logs with client names in the open
- By leaving case messages on voice mail or answering machines for prolonged periods
- By discussing cases with your clients in hallways or other public places
- Because you don't have computer security in your offices
- By leaving records to be expunged in places accessible to others or unsecured
- By taking records home and losing them

How to Help Clients Identify Their Strengths

By John O'Keefe

The strength-based perspective has gained a great deal of momentum in recent years as a viable and effective way to interact with clients, families and communities. The Clearinghouse has dedicated several trainings to the strength-based perspective, but still supervised visitation providers ask: "How can I help clients identify their strengths?" So many clients have never thought about how they are strong; they only think about (or have been told) how they are weak. This brief article gives supervised visitation staff new ways to talk about client strengths.

The basics of the strength-based approach

We all know what strength is- some people are good listeners; some are good at organizing; someone might be resilient under pressure *etc*… The premise behind the strength-based perspective, as it applies to social services, is rooted in the idea that we all have strengths- no matter who we are- and encouraging a person to utilize his or her strengths is something that can help clients reach goals and overcome difficulties. The Western Michigan ("Strengths- based perspective", n.d.) website explains a strength-based approach:

> *"You cannot empower a client by berating shortcomings or failures. Empowerment comes from three things: 1) valuing oneself, 2) having achievable goals, and 3) creating a plan to reach these goals that has the potential to be successful.*
>
> *Critics of the strengths perspective suggest this is simply reframing problems in a better light. If this means being optimistic instead of pessimistic, so be it. No one has ever succeeded while being convinced they will fail."* (p. 1)

The strengths-base perspective encourages a practice that focuses not on the deficit of a client but rather on emphasizing the client's strengths. This approach can be with an individual, family or even a community. Empowerment of the client is central to the practice. (Olson, Whitebeck, & Robinson, 1991 as cited in Epstein, 1999).

Concerning children, the strength-based perspective also asserts that:

1. All children have strengths.

2. Focusing on children's strengths instead of weaknesses may result in enhanced motivation and improved performance.

3. Failure to demonstrate a skill should first be viewed as an opportunity to learn the skill as opposed to a problem.

4. Service plans that begin with a focus on strengths are more likely to involve families and children in treatment. (Epstein et al., 2003)

All individuals and families have unique strengths according to a strengths-based perspective and these strengths need to be emphasized so that the individual or family can utilize these strengths to a greater degree instead of focusing on their weaknesses. (Olson, Whitebeck, & Robinson, 1991 as cited in Epstein, 1999).

Getting Clients to think about their strengths

We know from experience that when staff simply asks a parent to list his or her strengths, the parent may respond, "I don't have any" or "I don't understand what you mean." Getting clients to think about their strengths really begins when a social services provider listens to clients and *acknowledges* when a client reveals – sometimes inadvertently -- his or her strengths. For example a client may say: "I work 12 hours a day and when I get home I am too tired to take care of my kids." A supervised visitation director may realize that the 12 hour workday is A) demonstrating that a parent wants to take care of his or her children and family, and B) demonstrating the strength of being able to work hard. From here a supervised visitation director could say "I hear you saying that you can't take care of your children but I also hear that you provide for them. You really work hard for them, don't you?" This statement and question to the client turns what appears to be a negative part of the client's life into a strength. The client might then realize that what he or she viewed as a negative weakness is really a strength. Now the negative view that the parent may feel towards him or herself can become a positive assertion that, yes, he or she cares about the family to such an extent that he or she is willing to work 12 hours a day for them. This is one way a supervised visitation director can help a client to think about his or strengths. It is also a way for a client to feel that the staff member is truly trying to help, and is not simply criticizing the client.

Limitations with families and clients:

Families often need concrete solution to their problems; for example, a family might benefit more from information about welfare, Medicaid, child services, food stamps etc. A single mother might feel that she does anything well when she can't figure out how to feed her children. Thus, when a parent's issues concern pure survival, staff should be ready to link clients to community services for basic human needs such as food and housing.

Questions

There are many questions that pertain to a strength-based perspective. Here are five types of questions that a supervised visitation director might ask. It is important to note that the context of how and when these questions are asked is important. For example, if a client is crying and is clearly upset, it may not be a time to ask "what are you most proud of?" A survival question might be more appropriate.

Survival questions: How do you cope with your current situation? How do you provide for your children?

Support questions: Who is a great support in your life? How do you support your children? How do your children support you?

Exception questions: When you were happier, what was different in your life? What was it like when your child was born? What is a good memory with your children?

Esteem questions: What are you proud of accomplishing? What is a proud moment you felt for your child? When was your child proud of you?

Perspective questions: What could you change in your life right now? What kind of changes would you make to have the ideal life for your child? (Saleebey, 2006)

Example in practice

The following two examples demonstrate two ways to deal with a client. The first example is a poor example and the second is a much better approach.

34 year old Julie has one infant son. She is low income, uses a wheelchair, and has been accused of neglecting her son.

Example 1 –

Supervised Visitation Director: Hello Julie, I understand that you are having some problems with your current situation. Could you tell me about that?

Julie: I just feel defeated by life. I can't walk for one, I have a 3 month old and to make it worse I am below the poverty line.

Supervised Visitation Director: I was wondering if you could talk to me about what you're good at, what some of your strengths are?

Julie: I don't know! I can't walk. (Crying) I can't pay my bills on time- I don't feel I have any strengths.

Supervised Visitation Director: But if you were to name one or two things that you do well, what would they be and why?

Julie: I don't have any strengths –I am at the worst part of my life and you are asking me what I do well?

Example 2

Supervised Visitation Director: Hi Julie, thank you for coming in today. I have looked at your case plan and I want to tell you up front that what we want to do is focus on your strengths so that you feel like you are in a place where you can take care of yourself, and your child. Do you want to tell me a little bit about yourself before we go over the visitation schedule?

Julie: *Of course, I want to see my son. I just feel defeated by life. I can't walk for one, I have a 3 month old in foster care, and to make it worse, I have no money.*

Supervised Visitation Director: *With all that's going on in your life, how do you manage to cope?*

Julie: *I don't know. I guess my sister, Jennie is someone I can talk to about my problems.*

Supervised Visitation Director: *You have a good connection to your sister*

Julie: *I don't know what I would do without her.*

Supervised Visitation Director: *Your sister is someone you can turn to no matter what—she is a real strength in your life.*

Julie: *Yes, she is.*

Supervised Visitation Director: *Can you tell me a little about your relationship with your child?*

Julie: *Matthew is everything to me. I don't want the child protective people to think I don't love him.*

Supervised Visitation Director: *What I hear you saying is that you care very deeply about your son and that I see as a great strength of yours but also for your son. Do you agree that your son is a great strength for you?*

Julie: *Yes I do.*

Supervised Visitation Director: *So, what kinds of things do you want for your son?*

Julie: *I want him to have everything I never had. I don't want him to have to worry about money or how he is going to eat.*

Supervised Visitation Director: *What kind of changes could you make to get him there?*

Julie: *I could raise him right, make sure he does well in school and spend more money on him—even though I have very little.*

Supervised Visitation Director: *What was it like when your child was born?*

Julie: *It was the proudest moment of my life. The happiest moment too.*

Supervised Visitation Director: *Have there been many happy moments with him since?*

Julie: *Everyday is a joy with him—but I feel guilty that I can't give him a better life.*

Supervised Visitation Director: *What kinds of things would make you feel free from that guilt?*

Julie: *If I had steady money coming in---right now I have disability money but it is barely enough to take care of Matthew. My parents didn't have much money growing up and I turned out okay.*

Supervised Visitation Director: *You're a good person and your parents didn't have much money when you were growing up. Is that all the guilt you feel for Matthew?*

Julie: *I guess I feel like I could take better care of him if I could walk.*

Supervised Visitation Director: *What are some ways you are successful in taking care of him?*

Julie: *I change his diapers put him to bed, I play with him- he loves that. I feed him and dress him.*

Supervised Visitation Director: *That's great*

Julie: *I guess I feel sad, and need someone to talk to.*

Supervised Visitation Director: *Well, the caseworker has given you the name of a local support group. Do you think you can go to the meeting tonight?*

Julie: *Well, maybe.*

Supervised Visitation Director: *That would really help you with your case plan. If you go, you are helping Matthew too.*

Julie: *I am? OK, well then, I guess I'll go.*

Exercises

1. After staff read this article, pull a case file and, as a group, offer suggestions on how your staff might speak to a client about his or her strengths.
2. Do you have a "problem" client who might benefit from a new intake in which you emphasize his or her strengths? Sometimes clients need a "do-over" to get a fresh start. Be flexible enough to offer that chance.

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Fathering after Violence

by Kendra Anderson

Supervised visitation staff are familiar with the dynamic of cases that involve an abusive father. This article provides more information on that topic.

History of fathers who abuse

New research provides more information about abusive fathers. Data reveals that abusive fathers have "routinely revealed that they had experienced unloving, rejecting, and dangerous parenting as children" (Coffey, 2009). This insecure attachment that they had as children leads them to have trouble forming secure attachments. These men also have a heightened fear of abandonment, which can trigger dysfunction and abuse.

Characteristics of fathers who are abusive

Fathers who are abusive are commonly very controlling and operate out of an authoritarian style of parenting. Their parenting is not very consistent and they tend to manipulate their children and undermine the other parent in the household frequently. Research conducted several years ago reveals that these fathers are also less involved in their children's lives and use more negative child rearing practices, such as spankings (Edleson, Mbilinyi, & Shetty, 2003).

In addition, fathers who abuse may:

- Be controlling – they feel a great sense of power over those that they abuse
- Feel entitled or be self-centered – they feel entitled to love and forgiveness regardless of their behavior at home
- Believe they are the victim – they may deny their abusive episodes and feel that they are being punished if their children are taken away from them
- Be manipulative and offer a good "public image" – at times they will act charming to gain child custody or visitation rights
- Externalize responsibility – they commonly feel wrongly accused of being abusive

Guidelines for fathers parenting after violence

Those who work with abusive fathers have certain goals to work toward.

1. It is important that fathers **stop all forms of abuse** immediately in order to start repairing their relationship with their family. The legal system and Batterer Intervention programs are essential partners in this goal.
2. Fathers need to learn to **model positive behaviors** towards family instead of abusive or hateful actions, since they are role models for their children. Supervised visitation staff can help model behaviors for fathers to observe during visitation. That's why dignity, respect, and calm interaction are all so essential during visitation.
3. They need to **take responsibility for their abusive behavior** and learn about what "negative effects of denial, blaming, and justification can have on their children." This, too, is a goal of batterer intervention.

4. Fathers need to **understand the consequences of their abusive behavior**, which includes "rejection…loss of trust, love, and even contact with their children." This can be a goal of mental health professionals, Guardians ad Litem, social workers, case managers, and even supervised visitation staff.
5. These fathers need to **learn to respect the mother's** authority in the family and support her decisions as a parent. This is also something that supervised visitation staff can model.
6. Fathers need to **listen to their children and validate** what they say, even if it causes them to feel anger, hurt, sadness, fear, or rejection. This is basically a new construct for violent fathers: learning to listen to their children. It does not happen overnight, and rarely occurs without some assistance from social service providers or therapists.
7. Throughout this process fathers need to **work within their children's terms and work at their child's pace**; they should be patient and discuss what is important to the child.

None of this happens overnight. It is a process that everyone who works in the child protective system and domestic violence advocacy community should understand.

Resources about fathers who parent after violence

Caring Dads: Helping Fathers Value Their Children
A group intervention program designed for men who have maltreated their children and/or exposed them to domestic violence. The program is organized around four therapeutic goals: engaging men, building positive parenting skills, recognizing and countering abuse, and rebuilding trust with children.

http://www.caringdadsprogram.com/index.html

Breaking Free, Starting Over: Parenting in the Aftermath of Family Violence
Describes strategies parents can use to help children heal from the emotional effects of domestic violence by reframing parents' perspectives and teaching them positive discipline and communication.

http://www.chanceinc.org/Products/Products.htm

If abuse is occurring contact:

Florida Abuse Hotline **1-800-962-2873 (1-800-96ABUSE)**

Telecommunications Device for the Deaf (TDD): 1-800-453-5145

Report Abuse Online at http://www.dcf.state.fl.us/programs/abuse/report.shtml

FAX: 1-800-914-0004

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Archived NRCPFC Webcast: Meaningful Family Engagement

Meaningful family engagement is a prerequisite for helping families achieve their goals. This National Resource Center for Permanency and Family Connections webcast, which was recorded earlier today, focuses on meaningful engagement of families, particularly birth parents. The discussion includes strategies for states focusing on how to successfully engage family members affected by the child welfare system, including fathers and paternal resources. In addition, a birth parent shares her experience as a former client and now a national consultant helping public child welfare agencies better engage families within and beyond the case plan. Using state examples of promising practices with meaningful family engagement strategies, this webcast discusses utilizing the voice of parents as presenters and in digital stories. Click on the link below to view the archived webcast and to access materials related to meaningful family engagement.

http://www.hunter.cuny.edu/socwork/nrcfcpp/webcasts/archive3.html#21

State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

DATE: December 23, 2010

TO: Regional Directors

THROUGH: Peter Digre, Assistant Secretary for Operations
David L. Fairbanks, Assistant Secretary for Programs

FROM: Alan Abramowitz, State Director, Office of Family Safety

SUBJECT: Bilateral Agreement (Partnership Plan)
ACTION REQUESTED: Please disseminate broadly.
DUE DATE: January 3, 2011

PURPOSE: The purpose of this memorandum is to provide the revised bilateral agreement (Partnership Plan) for dissemination throughout your systems of care. The attached Partnership Plan and the implementation guidance were developed in collaboration with foster parents and Quality Parenting Initiative (QPI) participants to be consistent with the community-based system of care in Florida.

BACKGROUND: In working with QPI sites over the last year, foster parents and staff have raised policy and program issues needing revision to support the QPI brand. The Bilateral Service Agreement (CF-FSP 5226) was one of the forms identified for updating. While the core values of the original agreement are retained, the revised document is more consistent with the community-based system of care in Florida today. A group of foster parents, youth representatives, lead agency staff, Children's Legal Services and program staff worked together to develop the new partnership framework and the implementation guidance.

Carole Shauffer, Executive Director, Youth Law Center, presented the Partnership Plan and guidance to the Department's senior leadership team on December 13 and to the statewide management team on December 17, 2010. It was agreed that the attached Partnership Plan will be a replacement for the bilateral agreement specified in 65C-13, 65C-28, and 65C-30, F.A.C. The Policy Council (a collaborative rules revision oversight group) will meet in early 2011 to consider all proposed changes to the existing child welfare rules.

ACTION REQUESTED: Please disseminate to foster parents and staff/stakeholders serving children in out-of-home care. Thank you for your continued efforts to provide high quality care.

CONTACT INFORMATION: For additional information, please contact Gay Frizzell at Gay_Frizzell@dcf.state.fl.us or at (850) 921-3005.

cc: Carole Shauffer, Youth Law Center
Jane Soltis, Eckerd Family Foundation
Mary Cagle, Children's Legal Services

Partnership Plan for Children in Out-of-Home Care

All of us are responsible for the well being of children in the custody of the Department of Children and Families (DCF). The children's caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rule; however we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.
3. Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child's care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.
4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide and DCF, CBC and agency staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and well being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.

5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.

6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.

7. DCF, CBC and agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.

8. Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.

9. If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.

10. When the plan for the child includes reunification, caregivers and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.

11. Caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. DCF, CBC and agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.

12. Caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's well being including child resource records, medical records, school records, photographs, and records of special events and achievements.

13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.

14. Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well being.

15. Caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.

Implementing
The Partnership Plan for Children in Out-of-Home Care

Background

All children need "normal" childhoods as well as loving and skillful parenting. This is no different for children who enter out-of-home care settings due to abuse and neglect. In fact, maintaining normalcy, providing loving and skillful parenting, and honoring the child's loyalty to their biological family becomes even more challenging due to the abuse, neglect, and/or trauma experienced by the child which necessitated the child's removal from their home.

The key to ensuring the type of parenting necessary to provide the level and quality of care we would expect for our own child includes recruiting, training, supporting, empowering, and ultimately retaining committed and skilled caregivers who can provide excellent care, work with biological families, and collaborate with agencies in a manner that promotes child safety, well being, and expedites permanency. In essence, caregivers are *not* the sole responsible party for ensuring quality care to children who enter out-of-home care. Rather, it is a shared responsibility between the biological family, the caregiver, Community-Based Care agencies, and the Department.

Success in this endeavor will be contingent upon the nature and quality of relationships between these key stakeholders throughout the child's stay in care. The current mechanism commonly used to set the framework for this relationship is the Foster Parent Bilateral Agreement. The agreement was originally designed to capture, document, and communicate mandatory (by rule or statute) responsibilities and requirements to foster parents. Because foster parents sign the document it is commonly used by many areas of the state as a foster parent "contract". This has proven to be problematic in some areas and with some foster parents as it is sometimes perceived as a punitive tool used to inappropriately "control" or retaliate against foster parents. This in turn has created some trust issues between some foster parents, licensing, and case management which have at times resulted in adversarial relationships regarding child placement and other child-specific issues. While issues such as these may not be systemic in nature, it does present a significant opportunity for improvement.

The creation of a more inclusive, collaborative environment that embraces caregivers as partners is an integral step in improving and ensuring quality parenting for those children we serve in out-of-home care settings including foster families and relative and non-relative care. The Partnership Plan for Children in Out-of-Home Care provides a framework that strengthens the depth and quality of the relationship between caregivers, case management, and licensing and refocuses organizational culture on partnership and open communication rather than simply on compliance and oversight.

The Partnership Plan in no way substitutes for or waives statutes or rule. Mandatory requirements will remain intact and will be communicated to caregivers through a single source as determined by local Community-Based Care Lead Agencies, e.g. a caregiver handbook. We will attempt to apply these laws and regulations in a manner consistent with the commitments and framework established through the Partnership Plan.

Feedback and Evaluation Loop

The Partnership Plan defines and sets expectations with regard to core values, principles, and relationships necessary for ensuring quality parenting experiences for children. To make these expectations meaningful an ongoing systematic feedback and evaluation loop is necessary. Such an evaluation would be used to assess implementation progress, to objectively identify potential opportunities for improvement, and to identify and eliminate barriers to implementation. Evaluation approaches should allow for both responses to child or caregiver-specific issues in real time and the aggregation of data to overall performance.

Feedback from three main stakeholders (children in care, caregivers, case management / licensing) will be needed to assess the effectiveness of relationships within the system of care. Tools are currently in place for each of these areas and their use is already required as part of the annual relicensing process. These are:

- Feedback from all foster parents is solicited during relicensure regarding their perception of the support of the case management organizations (Form CF-FSP 5223)
- Feedback from children exiting a placement is solicited regarding their experience while in a particular foster home (Youth Exit interview)
- Feedback from the case management staff who had a child placed in a licensed home under review is solicited regarding the care provided by the out-of-home caregiver (Form CF-FSP 5224)

These tools could be modified to incorporate the principles outlined in the Partnership Plan. As these tools are used now, child or caregiver specific issues identified are addressed on a case by case basis within appropriate timeframes. With some planning, the feedback could be aggregated to provide continuous review and analysis of the information at a systemic level which could support systems improvement.

Because each Circuit/CBC has different needs and resources the evaluation process should be developed and supervised locally although it would be most efficient if all of the CBCs and Circuits in each region could agree upon the evaluation instruments to be used. Circuits could then develop their own systems for using the aggregate data for systems improvement. For example, a cross functional, multidisciplinary workgroup comprised of stakeholders such as representatives of the CBCs, licensing, case management, foster parents, GALs, DCF and any other party that the local community feel is appropriate could review this feedback, data, and information, to identify and prioritize improvement opportunities, and to develop improvement strategies. The review could include a discussion regarding the strengths and challenges of the local system of care and provide an action plan to overcome any identified barriers. This approach would help to ensure that continued assessment of the provision of services to the children in care will be an ongoing and collaborative process.

MARCH 2011 EPRESS

Upcoming Phone Conferences

MARCH PHONE CONFERENCE
****WEDNESDAY, MARCH 16TH 12ET/11CT**

DIAL THE NUMBER 770-659-9299 TO PARTICIPATE. YOU WILL NEED TO ENTER THE CONFERENCE CODE TO 3103468751 PARTICIPATE.

YOU MUST RSVP WHEN THE REMINDER EMAIL COMES OUT IF YOU PLAN TO ATTEND!

PLAN AHEAD AND HAVE YOUR TEAM CALL IN…

APRIL PHONE CONFERENCE

WEDNESDAY, APRIL 20TH @ 12:00 NOON, ET

MAY PHONE CONFERENCE

WEDNESDAY, MAY 18TH @ 12:00 NOON, ET

The Dept of Labor has posted a new job resource – MySkills, MyFuture. Check it out at http://myskillsmyfuture.org

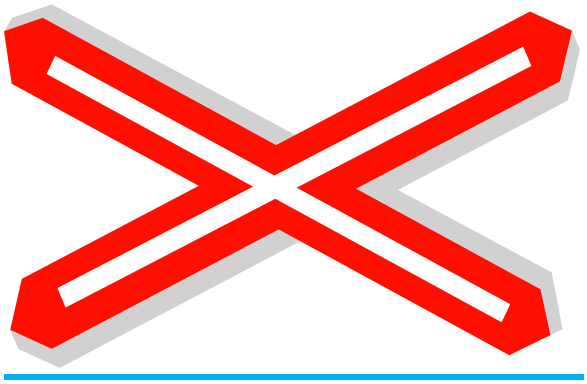
It may be a useful tool for your unemployed clients.

Questions?

Have you had a difficult case lately? Do you want to know more about a certain topic? Give us a call or send an email and we will work to get an answer for you and put it in the E-Press or phone conference so everyone can benefit.

850-644-6303
850-644-1715

fsuvisit@aol.com



Preventing Child Deaths

Did you know that *information* itself can help prevent child deaths? As we discussed in the February phone conference, supervised visitation staff and volunteers can play a vital role in reducing the two top causes of child deaths in Florida. The issue is so important that we have created short think piece and clip out reminders for you.

What you should know:

More children in Florida die of drowning and unsafe sleeping than of any other causes. These types of deaths are preventable, but everyone should be spreading the word. Repetition is key: pediatricians, nurses, DCF workers, supervised visitation staff, teachers, daycare workers, and all those who have contact with families with small children should remind parents of these facts.

Drowning. Children under five years old drown every single week in Florida. We have more child deaths caused by drowning than any other state. *Fact: Arizona previously had the most deaths caused by drowning, but the state ran a massive media campaign and cut the number of deaths by over half!*

How do children drown? They die in swimming pools, in lakes, in the bathtub, in buckets of water. A toddler can die in less than two inches of water.

Do they have loving parents? Yes! Most of them do. That's part of the tragedy. Parents can be distracted for two minutes – by the phone, the TV, the computer, the doorbell, other children, and mundane events in their lives (like making dinner). Distracted caregivers are one cause of child drowning, but there are others. Here are some tips that we ask you to share with parents.

1. Don’t leave your children with siblings or other children for supervision when there are water sources nearby such as pools and lakes.

2. Know that a caregiver’s distraction contributes to child death. Know where your children are at all times when you are around water.

3. Lock patio doors and install alarms around home pools.

4. Don’t leave water in large buckets or other containers around the house. Children can die in two inches of water.

5. Never leave a child unattended in a bathtub for any reason. Never!

6. Be sure to tell babysitters about the dangers of water. Be sure all babysitters are mature enough to understand the dangers.

7. Be aware of how easy it is to be distracted. Sometimes being on the computer for an hour feels like only a minute.

8. Be aware of how quickly children can move – they can be in one place in one instant, and across the yard in another.

DCF reminding parents about summer safety:

NEWS STORY:

FORT MYERS: There have been three drowning incidents in Southwest Florida in the past seven days. Now the Department of Children and Families is reminding parents of the dangers of summer.

Now that it's warm enough to be in the water - the beaches, pools and local parks are busy.

DCF is making sure parents remember the safety guidelines - to have at least one set of eyes on the water and the kids at all times.

"There are tragedies and there are accidents. Parents don't intend for this to happen to their children. They're

not negligent. They really only stepped away for a few minutes," said Erin Gillespie, of DCF.

Take the Webinar, and get a certificate for free:

http://centerforchildwelfare.fmhi.usf.edu/videos/Pages/poolsafety.aspx

Unsafe Sleep

Tell parents and caregivers about this cause of child death. Tell pregnant moms before they give birth and remind them afterwards. Here are the facts:

Why do children sleep in the same sleeping space as their parents? There are many reasons that parents sleep in the same bed as their children, including the following:

1. Economic reasons- some parents cannot afford cribs or bassinettes. This reason can be solved by giving parents cribs and bassinets. There are many programs around the state that provide these to needy families.

2. Emotional reasons – some parents feel that they have bonding time with their children if those children sleep in the same bed with them. A book called "The Family Bed" encourages this practice. Other parents work long hours and feel guilty about not spending time with their children. They feel that bringing children to bed with them helps make up for that time. Still other parents may suffer depression and may feel better when their children are in the bed with them.

3. Convenience reasons – nursing mothers may find it easier to bring a nursing child into their sleeping space than make multiple trips to the child's bed for feeding. Parents of small children may find it easier to bring a child into the bed than comfort the child repeatedly during the night when the child cries out. Many small children prefer to have their parent in the bed during the night for comfort and company.

How do children die from unsafe sleep?

1. Beds, sofas, and bedding are padded and layered. People add egg-crate foam to their mattresses. Layers of memory foam are also popular. Children suffocate on their stomachs when they roll over on these types of bedding. Inexpensive bed-in-a-bag fluffy bedding is very popular and easily

available, but it creates a dangerous sleeping environment for infants and toddlers. In addition, sofas and recliners are unsafe places for babies and toddlers to sleep.

2. Parents roll over on their children. There have been dozens of cases lately in which parents suffocate their children by rolling over completely or partially on them. In some cases, a parent's heavy arm flung during sleep has suffocated a child. (It does not take much to cut off a child's breathing.) In other cases, the father did not even know that the mother brought the child into the bed in the middle of the night.

3. Parents who use substances sleep more deeply and do not realize the child is in danger, or even dying. The use of alcohol makes a parent less able to alert to a crisis. The use of drugs impairs a parent's responsiveness. There have been many cases in which a parent has been using prescription drugs and accidentally suffocated a baby. This could even result from the correct usage of the drug. Remember the warning "may cause drowsiness" has real meaning.

In addition, many people misuse prescription drugs and do not realize the effect such drugs will have on their sleep. This includes sleeping pills, anti-anxiety pills, anti-depression pills, and other commonly used drugs. Most of these pills cause drowsiness, and the effect is stronger when the person also drinks alcohol.

4. Grandparents are at risk, too, for accidentally suffocating the children who sleep in their beds, sofas, chairs, etc. Many grandparents insist "I've always slept with the children in my bed." Yet few grandparents consider that as they age, they take more medicine, for common ailments such as arthritis, high blood pressure, and other age-related diseases. Even when taking such drugs exactly as prescribed, adults can become too drowsy to understand the risks they present to small children sleeping with them.

5. Multiple children in the sleeping space. Many parents allow multiple children to sleep in the bed, creating even more danger for infants and toddlers, who can be suffocated in the crowded bed.

Now that you are aware of the dangers, please spread the word. Awareness and education can save lives. The fact is that you won't ever know how many lives you save. You will only know of the ones you don't.

Clip this out and make copies on colored paper:

PARENTS!
The Two Leading Causes of Child Death in Florida are accidental drowning and unsafe sleeping.
Protect your children. Know where they are at all times. Have infants and toddlers sleep in cribs. Remember that a child can drown in two inches of water in a matter of a few seconds when you aren't watching!

New Webinar Information

The Family Safety Program Office is pleased to announce an upcoming training webinar focusing on issues related to Prescription Drug Abuse. This web-based training will be beneficial for all frontline staff, and particularly those child protective investigators and case managers who regularly have to assess for substance misuse as an underlying condition contributing to child maltreatment or placing children at risk for same. Content for this webinar was developed in partnership with the Substance Abuse Program Office.

Webinar Title: 'Responding to Prescription Drug Abuse: Information for Florida's Child Welfare Professional'

Training Description: The presentation will begin by exploring the scope and magnitude of the prescription problem both on the national scene, as well as issues relating specifically to the epidemic of "pill mills" in Florida. Indicators of commonly used and abused prescription drugs will be discussed. Additionally, due to safety and lethality considerations

associated with pain-killers, there will be a strong emphasis placed on indicators of Opioid abuse. The second half of the training will focus on specific investigative activities and tasks associated with assessing for prescription drug abuse and ongoing case management intervention efforts with the family.

Event Format: Live Webcast (approximately 60 minutes) via the Center for the Advancement of Child Welfare Practice.

Date and Times: Please note, the same material presented during each session in order to maximize the number of participants
March 8, 2011 3:00 PM EST
March 9, 2011 10:00 AM EST
March 10, 2011 3:00 PM EST

Registration: Advanced registration is necessary. Log-in and conference call information will be sent to participants after they advance register. Please use the following link to register for the training.

https://www311.livemeeting.com/lrs/8000362188/Registration.aspx?pageName=bbns77b3bpgvqf8z

Notes on Music Fun and Music Therapy

By Kendra Anderson

What is Music Therapy?

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Although they are not music therapy experts, supervised visitation staff can use the principles of music therapy to improve a parent-child visit.

Music can evoke emotions, memories, and spiritual or social connectedness, as well as provide a means of expressing feelings and a sense of safety, security and comfort to young children. Music especially provides a fun way for children to learn. After understanding the principles of music therapy, supervised visitation providers can find ways to apply those principles in a less formal, but still enjoyable and productive way at visits.

What is the Purpose of Music Therapy?

Music therapy interventions can be designed to:

- promote wellness
- manage stress
- alleviate pain
- express feelings
- enhance memory
- improve communication
- promote physical rehabilitation

As more research is demonstrating the benefits of music on brain development, music therapists are now bringing their work and expertise into the mainstream.

There are endless ways you can bring music into your child's life (and your own life) to enhance well-being and quality of life.

What are the Main Techniques?

Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses; design music sessions for individuals and groups based on client needs using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up.

Healthy individuals can use music for stress reduction via active music making, such as drumming, as well as passive listening for relaxation. Music is often a vital support for physical exercise.

Typical Types of Therapies for Families:

Drumming for Children

Children love to move to the beat of a drum. You can use different rhythms to indicate how to move. Play fast and children can run. Play very slow steady beats for big steps, softly for tiptoeing, silence for stopping, or make your own. Doing this type of activity with children helps develop listening skills, sound discrimination, awareness up to of

starting and stopping (this could become part of safety awareness), as well as develop gross motor skills.

Music for Relaxation

Calm, quiet music can be used to reduce stress and enhance relaxation. You can play relaxation music in the morning to reduce the stress of the morning routine. Relaxation music can be used when you have difficulty falling asleep or staying asleep. There are relaxation and guided imagery tapes for children who feel stressed or are having difficulty sleeping

Music for Education

Music can be used to teach and improve speech and language. Music incorporates rhythm, pitch, rhyme, and words, which are all part of speech and language. Popular songs can be used to teach children different skills. For example, most children learn the alphabet by singing the alphabet song.

Learning to play an instrument can provide a sense of self-esteem as well as help to develop important skills. Reading music helps develop reading skills, eye-hand coordination and math skills. Playing an instrument develops fine motor coordination, and if the instrument is a wind instrument, oral motor skills can become more developed.

Do you have musical instruments at your supervised visitation program? Bells, drums, tambourines, xylophones, and maracas are just some of the inexpensive toys that can help enhance a visit.

Music to Enhance Relationships

Singing or playing music together as a family or with friends can be a fun way to enjoy being together. There are many songs for young children that have hand motions or cymbal movements. They love the physical touch, the play, the eye contact and most of all the love that comes from being with their parents.

Music to Express Emotions

Music is an expression of emotion and the words an expression of thought. Keep in touch with the music that your child listens to. Periodically join your child in listening to his or her favorite music. Ask why the song is important, and what are the favorite lines of the songs. This is a way to communicate with your child and get a sense of things that you might not know about your child otherwise. An excellent way for parents to do this with older children is while in the car. Ask the child to turn on the radio (or Ipod) to his or her favorite music.

Who Benefits from this Therapy?

Children, adolescents, adults, and the elderly with mental health needs, developmental and learning disabilities, Alzheimer's and other aging related conditions, substance abuse problems, brain injuries, physical disabilities, and acute and chronic pain, including mothers in labor.

Who is certified to practice music therapy?

Anyone can have fun with music. Every family can benefit from musical activities. Any supervised visitation program can incorporate fun with music into their programs. However, there are also formal professional designations for persons who complete one of the approved college music therapy curricula (including an internship). There is also a national examination offered by the Certification Board for Music Therapists. Music therapists who successfully complete the independently-administered examination hold the music therapist-board certified credential (MT-BC).

The National Music Therapy Registry (NMTR) serves qualified music therapy professionals with the following designations: RMT, CMT, ACMT. These individuals have met accepted educational and clinical training standards and are qualified to practice music therapy. For more information:

1. http://www.musictherapy.org

2. http://www.healthychild.com/music-therapy/music-therapy-for-healthy-children-and-families

Consider how your program might use some of the principles of music therapy to help enhance the visits between parents and children.

Trust Building Between Children and Parents

By Catherine Araszkiewicz

Children involved in supervised visitation have been, in some way, traumatized. This traumatization can begin in infancy and proceed until the child leaves the home, or even longer. Childhood trauma can range from family trauma, divorce, poor family modeling, to hostile home environments and beyond. Distrust, in its mildest form, can simply be fostered when two people act in a way that does not meet each other's expectations, but children in the legal or child protection system can experience deeply rooted mistrust from unmet physical and emotional needs. Some of these children can no longer trust those around them, even close family members. Long after abuse of any kind ceases, there can still be large gaps in the relationships between parents and their children and the parents have to work to earn back the respect of their children and bridge gaps of trust and communication.

Parents have to realize that they have to work extremely diligently to repair trust issues with their children. In most cases, lifestyle changes and alternative parental philosophies must be put in place of old ones. Earning respect and trust never ends for the parent, but is a long, ongoing cycle in which the parent must prove him or herself to the child and vice versa. With help, it is possible for parents to strengthen their relationships with traumatized children.

Research shows that one of the building blocks of trust is consistency and follow-through. It will be hard for parents to commit to being consistent in all that they do with their children. Parents are stressed and schedules are hectic, but in order for parents to gain their children's trust, they must follow through on their promises and use healthy methods of discipline. This follow through may be especially hard for single parents, parents with different work schedules, blended families, etc. It is important that all care-givers are on the same page about how they each will be interacting and setting limits for the child. This plan must be realistic and concrete. Inconsistencies can encourage distrust from the child and cause confusion throughout the family.

A positive reward system is a great way to encourage good behavior and reward rule-following in families that may have a traumatized child. Because negative reinforcement may have been so prevalent previously for the child, positive reinforcement can begin an environment of change in behaviors. It is important that when a parent promises to reward a behavior or acknowledge that a goal has been met, they follow through on these promises. The more structure there is, and less ambiguity, the more secure and confident the child can feel. As a child begins to understand that everyone is being held accountable for their actions within a structure, trust can develop.

The Importance of Keeping Promises

When children begin to see that their mother or father keep promises, they also show more trust in that person. Parents can achieve this in small ways. For example, a parent promising a child that they will be at school to pick them up at the end of the day, and showing up, can help that child trust that their parent is capable of keeping their word and providing a secure environment. Though this promise may seem small, making and keeping these commitments with a child allows them to trust the parent. Though being consistent and following through can be a challenge, the important thing is to keep trying and not give up.

Age-Specific Principles

In infancy, parents must fulfill the basic needs of their child. Children need sustenance, protection, warmth and affection to grow and develop both physically and emotionally. To begin strong patterns of attachment and trust, children must consistently have their needs met. Caregivers must meet

their infant's basic needs before attachment can occur. This is especially true in cases of abuse and neglect, but it is true for all children as well. Parents must learn a baby's cues to understand what they need and respond appropriately. As a child trusts that his or her parent will respond to the child's needs, like staying dry, fed and secure, the child is able to bond more deeply. A parent can do many things with an infant to bond and ensure trust. Babies like to make eye contact, see a parent smile and feel warm and loved. Holding and playing with a baby can help parents feel more involved in their child's life and encourage their relationship to grow. A baby can feel insecure if a parent only exhibits negative emotions toward him or her. Parents should know that positive activities and play with a baby increases trust and attachment. Making an effort to learn and respond to a baby's cues and exploring how to better interact with him or her can greatly increase the bond of trust between parent and infant.

Young Children

Young children can also be a challenge for parents. They are starting to learn responsibility and independence themselves. Just like in other age ranges, it is important to be consistent and flexible with this age group. Praise can be one of the most useful tools at this age. This is a great time to foster confidence in a child. Trust can be established in this age group through fulfilled promises. As soon as a child and parent begin verbal communication, it gives the parent the chance to establish trust. In discipline, it is important to keep lines of communication open as well. Parents can communicate, not only by telling a child 'no', but by explaining why and giving reasons for their actions. By doing this, a mutual respect is fostered. Modeling good behavior is crucial at this age. Children learn to trust in more ways than just listening. When a parent says to act a certain way and then proceeds to act in another, seeds of mistrust or skepticism are sewn into the child's memory. This is not a time for, "Do as I say, not as I do." Being honest and straightforward with a child can erase this ambiguity. He or she will have more concrete ideas of how you will behave and what is expected from your relationship. Just like in infancy, structure is important in this stage. Beginning a family schedule of homework and bedtimes are great ways to implement this structure. Make time for playtime with children. This doesn't mean parents have to spend money and go anywhere, simply making a pizza and watching a movie at home can show a child that he or she is important and that the parent cares. Children begin to pick up and understand non-verbal cues at this age. Parents should watch not only what they are saying to their children, but also how they are saying it. It is also important that parents are paying attention to their children's non-verbal cues. When a parent gives a child his or her full attention, this creates a safe environment for the child to communicate and share their feelings without fear of reprisal.

Adolescents and Teens

Adolescent and teen children can be an especially challenging group for parents to build trust with after a trauma occurs. In the adolescent and teenage years, children are exploring their individual selves, exploring their own strengths and weaknesses, pushing their boundaries, experimenting in their relationships, etc. In families where there has been trauma, there may be a severe lack of trust between the children and parents. Often, boundaries and trust between these parties must be reestablished from the ground up. The first step toward gaining a child's trust is respecting him or her. A parent can go a long way by validating a teen's feelings and striving to understand his or her point of view. Communication at this stage can be especially challenging. Parents must try to begin talking *with* their teens, not *at* them. One of the worst things a parent could do is promise their teen that they can tell them anything and then "freak out" when uncomfortable information is shared. Teens must know that they can talk to their parents and be heard. Parents must make sure that these children get one-on-one time, even if it is just in the car on the way to the grocery store. Traditions like watching the news together every night or always eating at the table are good ways to establish schedules and stability with a teen.

Adolescents and teens often feel that their emotions are not validated. This is another opportunity for parents to listen to their children and take their emotions and feelings seriously. When it comes to discipline and expectations, parents need to set realistic limits for their teens. Behaviors that can be especially hurtful to trust between parents and teens are temper tantrums or outbursts, guilt tripping, threats, inconsistency and violations of privacy. Parents must remember that they have to earn their child's trust, starting small and slowly proving each and every day that they are committed to their relationship and are willing to participate in mutual respect. It will sometimes be hard for parents to be consistent because they are concerned about their child's favor. Parents cannot confuse trust and respect with their child "liking" them. A teen or adolescent could love how much freedom you give them, but not have respect for your authority or wishes as their parent. Parents must realize that they are there to help the child and give them what they need, not necessarily what her or she "wants".

Parents and children can best take steps toward trust by defining what it means to each other. With everyone on the same page about expectations, communication and work can begin. The road to trust is difficult in families, but with consistency and dedication, wounds can be healed and trust restored.

Activities for Supervised Visitation

There are many ways that the use of supervised visitation can help establish trust between a parent and his or her child. Children will trust their parents more when visits are kept, not cancelled. Parents can show that they are reliable by keeping any small promises made at visits. For example, if a parent says, "We can finish that game next time, and you can take the first turn," the parent should make a point of remembering and carrying out that promise at the next visit. Some supervised visitation programs may be able to help parents keep track of such things (depending on the program's resources). In a hundred different ways, parents can use the visit process to build trust.

In some cases, staff can help with activities that build trust. Below is an example of such a game specifically designed to build trust.

Minefield

One simple activity to inspire trust and communication in families is a game called, "minefield". It is important to remember that the game itself is not as important as the conversation and debriefing that follows. To set up, all you need are a blindfold and various small "mines" to put on the floor. These mines could be sofa cushions, chairs, stuffed animals, or any other non-breakable objects. Scatter these items onto the floor in no particular order. There should be one person blindfolded and the other must stand on the outside of the items. The blindfolded person stands at one end of the room and the other person must direct them through the room to the other side with only words. They are not allowed to touch the blindfolded person. The blindfolded person may or may not be allowed to talk, as decided by the facilitator. If the person with the blindfold touches an item, they must start over where they began. To make the game more challenging, the facilitator may add squeaky toys to the floor. The blindfolded person must then be directed to make each of these toys squeak (without touching anything else) as they move from one side of the room to the other. After they finish, the facilitator can choose to put the blindfold on the other participant and do the activity again, have the blindfolded participant try the course alone, or move to debriefing.

Some questions that can be asked are:
- How much did you trust your partner (on a scale from one to ten) at the beginning of the activity?
- How much did you trust your partner (on a scale from one to ten) at the end of the activity?

- What were the differences between trying to walk alone or being guided by the other person?
- What was difficult about giving the directions?
- What was difficult about receiving directions?
- What traits and practices are needed when trusting and working with someone else?
- What did your partner do to help you feel safe and secure?
- What could your partner do to make you feel more safe and secure?

When you have case meetings, think about whether incorporating information about trust building would be helpful to the parent. Don't be afraid of using what you've learned in intake or discussions with parents. Often, parents are frustrated, sad, and even angry when a child is reluctant to interact with that parent. Trust may be an issue, and supervised visitation can be a way to build trust.

There is an Index of Resources on the online Message Board that provides a list of all articles from the Family Visitation Times and the E-Presses since 2008.

APRIL 2011 EPRESS

Upcoming Phone Conferences

APRIL PHONE CONFERENCE
****WEDNESDAY, APRIL 20TH 12ET/11CT**

DIAL THE NUMBER 770-659-9299 TO PARTICIPATE. YOU WILL NEED TO ENTER THE CONFERENCE CODE TO 3103468751 PARTICIPATE.

YOU MUST RSVP WHEN THE REMINDER EMAIL COMES OUT IF YOU PLAN TO ATTEND!

PLEASE MUTE YOUR LINE SO THE BACKGROUND NOISE DOESN'T KEEP OTHERS FROM HEARING

PLAN AHEAD AND HAVE YOUR TEAM CALL IN…

MAY PHONE CONFERENCE
WEDNESDAY, MAY 18TH @ 12:00 NOON, ET

JUNE PHONE CONFERENCE
WEDNESDAY, JUNE 15TH @ 12:00 NOON, ET

JULY PHONE CONFERENCE
WEDNESDAY, JULY 20TH @ 12:00 NOON, ET

Questions?

Have you had a difficult case lately? Do you want to know more about a certain topic? Give us a call or send an email and we will work to get an answer for you and put it in the E-Press or phone conference so everyone can benefit.

850-644-6303 or 850-644-1715
fsuvisit@aol.com

There is an Index of Resources on the online Message Board that provides a list of all articles from the Family Visitation Times and the E-Presses since 2008.

April is Sexual Violence Awareness Month

Sexual Violence and the Spectrum of Prevention

Sexual violence is preventable. Community partnerships are vital in the development of effective sexual violence prevention strategies. This fact sheet provides information about the Spectrum of Prevention, a tool developed by the National Sexual Violence Resource Center, to assist communities in development comprehensive sexual violence prevention initiatives. Think about where your program is on the spectrum.

	Level of Spectrum	Activities
1	Strengthening Individual Knowledge	Enhancing the general capability you and your staff on the issues of preventing violence and promoting safety
2	Promoting Community Education	Reach out to other community organizations (DV shelters, churches, victim advocacy groups, hospitals, etc) to share information and resources to prevent violence and promote safety
3	Developing and using Skills	Ensure that staff know how to make referrals when a victim comes to you for services
4	Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
5	Changing Organizational Practices	Adopting regulations and shaping norms to prevent violence and improve safety
6	Influencing Policies and Legislation	Enacting laws and policies that support healthy community norms and a violence-free society

Creative expression during visits: The parent-child journal

by Emily Parker

Equipping the child and visiting parent with the resources and guidance needed to create a journal during visitation can have many benefits. It is a good exercise for communication to practice translating abstract thoughts into concrete images or words on paper.

The parent and child could use their journal for any number of purposes.
Journals are personal and parent-child journals will be different for every parent-child group.

Supplies: Supplies can be found at your local dollar store or bought in bulk on www.amazon.com or websites similar. One could also paint over pages of old books to create blank journals or incorporate what is written in old books into the parent-child journals. Supplies can be altered depending on the age, capabilities of the child, and time available during the visitation setting. Ex: Starting with a blank journal versus making one or working with stickers instead of cutting and pasting.

- ✓ Blank journal (4x6)
- ✓ Magazines of different substance
- ✓ Glue
- ✓ Scissors
- ✓ Markers
- ✓ Glitter
- ✓ Stickers
- ✓ Quick dry paint such as white-out
- ✓ Digital camera and printer
- ✓ Hole puncher
- ✓ Ribbon or string
- ✓ Old books
- ✓ Envelopes

The limits of confidentiality: Limits need to be presented to the parent and child *before* they contribute anything to the creating of the journals.

- The journals will need to be checked periodically to ensure that nothing threatening or harmful to the child is being written in the journal.
- The parent and child need to know who will have access to the content they contribute to the project (e.g., Case Manager, etc.).
- The journal will be kept at the visitation location to ensure that it is available for each meeting and to protect the integrity of the project and prevent inappropriate communication between separated legal guardians.

Benefits: This activity will be beneficial with cases where the parent has been neglectful or when there is a lack of any quality relationship between the parent and child. This activity will provide an opportunity for communication, team work, and empathy. If the parent and child will only use the

services a handful of times, this activity might not be as effective. One of the great benefits of this project is it provides a record for the parent and child to look back on and tangibly see development in the relationship over time.

Helpful guidelines by age

Age	Suggestions
Birth-3	• Paste a photograph of the parent and child on the cover of a pre-made or store bought journal and allow the child to color, frame, or decorate the photo with stickers and crayons. • Let the parent be the "graphic secretary" and ask the child which sticker is the child and which is the parent • The parent can help the child make a page for the family, playing the "graphic secretary" to facilitate the illustration of the family • If the child is just learning to talk, the parent can journal the words the child is saying and will have a record to look back on how the child's vocabulary is developing. • The parent can write poems for the child or nursery rhymes and read them, having the child practice turning pages.
4-6	The parent and child can construct their own journal using hole punchers and ribbons or string The child can write their names on the cover of the journal and together they can create an illustration The parent and child can complete prompted poems with phrases beginning each line that are prepared before the visitation by the staff. Ex: I feel happy when I see…; I feel happy when I smell…; I feel happy when I hear…; When I am angry I…; When I am tired I…; I feel silly when…; etc. The child could illustrate one side of the page and the parent could record what the session was like on the other side of the page.
7-9	The parent and child could create a fused image of themselves by folding a piece of paper in half or drawing a line down the middle and each drawing half of a face, that together creates a whole. They could draw each other or themselves. This image could be pasted on the cover of their store bought or hand made journal. "Highs and Lows" prompt can be prepared to help the parent and child begin each session. Ex: The best part of my week…; The worst part of my week…; etc. The parent and child can write a sentence and then illustrate it.

Age	Suggestions
10-12	❖ Let the parent and child make scribble drawings on the top half multiple sheets of white paper, leaving white space in the scribble. Photocopy the scribbles and use those copies to make the journal. ❖ The parent and child can use those scribble drawings as "warm up" prompts, using aspects of the scribble to create concrete images. Then the parent and child can go on to journal about funny things that happened that week, sad things, or what is new in their lives.  In this example, the red ink is the orginial scribble on white paper and the illustration is defined in black. ❖ The parent and child can work on creating two line poems. Each week can have a different theme to write about. Ex. (Child's name) is…; (Parent's name is…); Together we'll…; I will…; I will not…; (Child's name) is…; (Parent's name) is…;etc. These two lines (one by the child, one by the parent, or two lines written together) each week can compose a longer poem to be read when the journal is completed.
13-15	✎ The parent and child can be given a store bought, blank journal and magazines to collage the cover of the journal. There can be different types of magazines available and the parent and child can be encouraged to pick equal number of images from each magazine. (This can help with discussing commonalities and differences.) ✎ "Color your life" Create a key with colors that represent emotions on the inside of the journal cover. Paste blank charts with space for each day of the week on the top of each journal entry. As a warm up activity, fill in the space in the chart with the amount of the emotions for each day by using the colors on the key. Have the parent and child compromise on how to share the chart. ✎ Give the parent and child time apart to write an entry for the journal and then time to share what they have written with each other.
16+	▣ Bring in old art books (see supply list) to use as journals. This can help with resistant adolescents because it provides something that is usually seen as deviant (drawing in books) and avoids the brain freeze that can happen with a blank white page. ▣ Paste envelopes into the journal that can hold magazine clippings, poems or other add-ins that the adolescent or parent might want to contribute. ▣ Letting the adolescent choose out of a selection of old books to make their parent child journal can have benefits as well. ▣ Have the parent and child write out the lyrics to one of their favorite songs and have the other cut apart the words and rearrange them to create a whole new poem to share with each other and put in their journal.

Use your discretion as to the capabilities of the child. The parent can play the "graphic secretary" who does what the child suggests if the child is not capable.

**Allow for creativity and create opportunities for the parent-child unit to see their strengths as a family and work on developing deeper bonds.

The Faces of Fatality

Attached to this E Press are the Recommendations of the Attorney General's Fatality Review Committee. As you can see, the very first recommendation calls for more funding for services including supervised visitation programs! Karen Oehme serves on the Committee to ensure that the work of Florida's SV programs is well known, and so that SV programs receive the most up-to-date information about the crucial topic.

Child Support Enforcement Services of Florida – County Office Listings

Your local Child Support Enforcement (CSE) Office is a tremendous resource for partnering and assisting families in need. Consider contact your local office to establish cross training so that everyone benefits. In order to assist clients with strengthening their economic well-being, SV staff should know about their CSEs!

Alachua County
5719 N. W. 13th St.
Gainesville, FL 32653-2130
1.800.622.5437

Bay County
212 N. Tyndall Parkway
Panama City, FL 32404
1.800.622.5437

Baker County
1415 US Highway 90 W. Ste. #110
Lake City, FL 32055-6123
1.800.622.5437

Bradford County
1415 US Highway 90 W. Ste, #110
Lake City, FL 32055-6123
1.800.622.5437

Brevard County
2428 Clearlake Rd. Bldg. L
Cocoa, FL 32922-5731
1.800.622.5437

Broward County
1900 W. Commercial Blvd. Suite 190
Ft. Lauderdale, FL 33309-7134
1.800.622.5437

Calhoun County
4230-D Lafayette St.
Marianna, FL 32446-8231
1.800.622.5437

Charlotte County
1649 Tamiami Trail Suite 1A
Port Charlotte, FL 33948-1019
1.800.622.5437

Citrus County
382 N. Suncoast Blvd.
Crystal River, FL 34429-5466
1.800.622.5437

Clay County
1845 Town Center Blvd. Ste. #215
Orange Park, FL 32003-3359
1.800.622.5437

Collier County
3073 Horseshoe Dr. S. Ste. #108
Naples, FL 34104-6145
1.800.622.5437

Collier County
Immokalee of 750 5th St. S. Ste. 502/504
Immokalee, FL 34132
1.800.622.5437

Columbia County
1415 US Highway 90 W. Ste. #110
Lake City, FL 32055-6123
1.800.622.5437

Dade County/Miami
100 S. Biscayne Blvd., Suite 3100
Miami, FL 33131-2038
1.305.530.2600
http://miamisao.com/services/childsupport

Desoto County
10 S. Desoto Ave. Suite D
Arcadia, FL 34266-3963
1.800.622.5437

Dixie County
1415 US Highway 90 W. Ste., #110
Lake City, FL 32055-6123
1.800.622.5437

Duval County
921 N. Davis St. Bldg. A, Suite 350
Jacksonville, FL 32209-6823
1.800.622.5437

Escambia County
3670-B N. L Street
Pensacola, FL 32505-5254
1.800.622.5437

Flagler County
1823 Business Park Blvd.
Daytona Beach, FL 32114-1230
1.800.622.5437

Franklin County
3216 Sessions Rd.
Tallahassee, FL 32303-2873
1.800.622.5437

Gadsden County
3216 Sessions Rd.
Tallahassee, FL 32303-2873
1.800.622.5437

Gilchrist County
5719 N. W. 13th Str.
Gainesville, FL 32653-2130
1.800.622.5437

Glades County
953 W. Sugarland Highway
Clewiston, FL 33440-2705
1.800.622.5437

Gulf County
212 N. Tyndall Parkway
Panama City, FL 32404-6432
1.800.622.5437

Hamilton County
1415 US Highway 90 W. Ste., #110
Lake City, FL 32055-6123
1.800.622.5437

Hardee County
3200 S. US Highway 27, Suite 401
Sebring, FL 33870-5490
1.800.622.5437

Hendry County
953 W. Sugarland Highway
Clewiston, FL 33440-2705
1.800.622.5437

Hernando County
324 W. Jefferson St.
Brooksville, FL 34601-2525
1.800.622.5437

Highlands County
3200 S. US Highway 27, Suite 401
Sebring, FL 33870-5490
1.800.622.5437

Hillsborough County
6302 E. MLK Jr. Blvd. Ste. #110
Tampa, FL 33619-1166
1.800.622.5437

Holmes County
4230-D Lafayette St.
Marianna, FL 32446-8231
1.800.622.5437

Indian River County
1860 82nd Ave., Ste. #105
Vero Beach, FL 32966-6997
1.800.622.5437

Jackson County
4230-D Lafayette St.
Marianna, FL 32446-8231
1.800.622.5437

Jefferson County
3216 Sessions Rd.
Tallahassee, FL 32303-2873
1.800.622.5437

Lafayette County
3200 S. US Highway 27, Suite 401
Sebring, FL 33870-5490
1.800.622.5437

Lake County
1415 S. 14th St. Ste. #105
Leesburg, FL 34748-6688
1.800.622.5437

Lee County
2830 Winkler Ave. Ste. # 112
Ft. Myers, FL 33916-9301
1.800.622.5437

Leon County
3216 Sessions Rd.
Tallahassee, FL 32303-2873
1.800.622.5437

Levy County
5719 N. W. 13th St.
Gainesville, FL 32653-2130
1.800.622.5437

Liberty County
3216 Sessions Rd.
Tallahassee, FL 32303-2873
1.800.622.5437

Madison County
757 S. W. Range Rd. Suite A
Madison, FL 32340-2262
1.800.622.5437

Manatee County
1023 Manatee Ave. W. 4th Floor
Bradenton, FL 34205-7816
1.941.741.4039
http://manateeclerk.com/Departments/CSE.aspx

Marion County
2701 SW College Rd. Ste. #404
Ocala, FL 34474-8429
1.800.622.5437

Martin County
337 N. U.S. Highway 1, Suite C
Ft. Pierce, FL 34950-4255
1.800.622.5437

Monroe County
1111 12th St. Suite 204
Key West, FL 33040-3001
1.800.622.5437

Nassau County
921 N. Davis St. Bldg A Suite 350
Jacksonville, FL 32209-6823
1.800.622.5437

Okaloosa County
728 N. Ferdon Blvd.
Crestview, FL 32536-2155
1.800.622.5437

Okeechobee County
502 N.W. 2nd St.
Okeechobee, FL 34972-4101
1.800.622.5437

Orange County
400 W. Robinson St. Ste.#S509
(Hurston S. Tower)
Orlando, FL 32801-1718
1.800.622.5437

Osceola County
3501 W. Vine St. Ste. # 105
Kissimmee, FL 34741-4644
1.800.622.5437

Palm Beach County
881 S. Congress Ave.
West Palm Beach, FL 33406-4118
1.800.622.5437

Palm Beach County
2990 N. Main St., Belle Glade
FL 33430-5300
1.800.622.5437

Pasco County
6709 Ridge Rd. Ste. # 200
Port Richey, FL 34668-6883
1.800.622.5437

Pinellas County
19361 U.S. Highway 19 N.
Clearwater, FL 33764-3102
1.800.622.5437

Polk County
115 S. Missouri Ave. Ste. # 102
Lakeland, FL 33815-4601
1.800.622.5437

Putnam County
400 N. State Rd. 19 Ste. #40
Palatka, FL 32177-2449
1.800.622.5437

St. Johns County
75 King St. Ste. # 241
St. Augustine, FL 32084-4377
1.800.622.5437

St. Lucie County
337 N. U.S. Highway 1, Suite C
Ft. Pierce, FL 34950-4255
1.800.622.5437

Santa Rosa County
728 N. Ferdon Blvd.
Crestview, FL 32536-2155
1.800.622.5437

Sarasota County
1991 Main St. Ste. # 140
Sarasota, FL 34236-5934
1.800.622.5437

Seminole County
514 W. Lake Mary Blvd.
Sanford, FL 32773-7441
1.800.622.5437

Sumter County
1415 S. 14th St. Ste. # 105
Leesburg, FL 34748-6688
1.800.622.5437

Suwannee County
1415 US Highway 90 W. Ste. # 110
Lake City, FL 32055-6123
1.800.622.5437

Taylor County
757 S.W. Range Rd. Suite A,
Madison, FL 32340-2262
1.800.622.5437

Union County
1415 US Highway 90 W. Ste. # 110
Lake City, FL 32055-6123
1.800.622.5437

Volusia County
1823 Business Park Blvd.
Daytona Beach, FL 32114-1230
1.800.622.5437

Wakulla County
3216 Sessions Rd.
Tallahassee, FL 32303-2873
1.800.622.5437

Walton County
728 N. Ferdon Blvd.
Crestview, FL 32536-2155
1.800.622.5437

Washington County
4230-D Lafayette St.
Marianna, FL 32446-8231
1.800.622.5437

GLOSSARY OF SOCIAL MEDIA TERMS

This glossary is part of our on-going efforts to educate SV staff about social media.

Bebo: Bebo combines community, self-expression and entertainment, enabling you to consume, create, discover, curate and share digital content in entirely new ways. There is an inbox with Bebo that presents all of one's messages in the same place. These can be e-mails from g-mail, AOL Mail and Yahoo! Mail. There is also a "lifestream platform" that allows notifications from social networking sights like twitter and facebook to come in one organized place to be viewed.

Blogs: Some are open and some are secure to friends and family, but a blog is essentially an open diary.

Facebook: Millions of people use Facebook everyday to keep up with friends, upload an unlimited number of photos, share links and videos, and learn more about the people they meet. It is open to people 13 and older.

Flickr: Is a worldwide website that is focused on creating new ways to organize and share photographs. People create a blog-type of account and post pictures, captions, and comments for the purpose of staying connection and networking.

Foursquare: Foursquare is a location based mobile social network. People "check in" via smart phone and share their location with friends.

Habbo: Habbo is a site for teenagers and is open for ages 13 and older. It is a virtual hotel where teenagers socialize with each other using personalized avatars.

LinkedIn: LinkedIn is a site for business and professional networking, open to ages 18 and older. It is the largest professional networking site and allows past classmates and colleagues to reconnect and stay in touch as well as make new connections and opportunities.

Myspace: Myspace is aimed at a Gen Y audience, open to ages 13 and older. Myspace drives social interaction by providing a highly personalized experience around

entertainment and connecting people to the music, celebrities, TV, movies, and games that they love. These entertainment experiences are available through multiple platforms, including online, mobile devices, and offline events. Myspace is also the home of Myspace Music, which offers an ever-growing catalogue of freely streamable audio and video content to users and provides major, independent, and unsigned artists alike with the tools to reach new audiences.

Orkut: Orkut is an online community that can help you maintain existing relationships with pictures and messages, and establish new ones by reaching out to people you have never met before. Orkut makes it easy to find people who share your hobbies and interests, look for romantic connections or establish new business contacts. You can also create and join a wide variety of online communities to discuss current events, reconnect with old schoolmates or even exchange your favorite recipes.

Tagged: Tagged is a social network that is geared towards meeting new people through social games, friend suggestions, browsing profiles, and group interests. It is tracked at having up to 100,000,000 users and is open to all ages.

Taltopia: Aspiring artists can upload their work to their profile and try to gain fans that are browsing the uploaded media. Browsers can cast fame or shame votes to help the aspiring artist build a fan base. Agents, scouts, managers, and other industry professionals use the website to find potential stars. Taltopia is designed to discover, promote, critique, and enjoy creative talent.

TravBuddy: TravBuddy can be used to find travel buddies, record travel experiences in travel blogs, or share travel tips with travel reviews. It is a resource for keeping in contact with family and friends, and for making new friends from all around the world.

Tuenti: Tuenti is a private, invitation-only social platform used by millions of people to communicate and share every day. It is very popular in Spain.

Tumblr: This microblogging website allows you to post text, photos, quotes, links, music, and videos from your browser, phone, desktop, email, or wherever you happen to be.

Twitter: Twitter is a micro-blogging website where people “tweet” their status and life updates in 140 characters or less. Tweets can include links to other sites or sources of information.

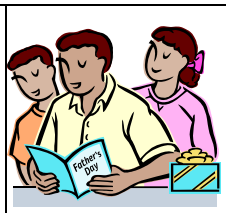
Yelp: Yelp is a way for people to post their reviews and read others’ about local businesses, community events and special offers. There is also an opportunity to talk with people who are involved on the website.

Inspiration and Affirmation Cards

The following Inspiration Cards can be given to parents for a little “pick me up.”

The cards are formatted to fit standard-size business card templates in Word, so pick up a pack of business card print-outs in the office supply store and make these your own. Cut or copy the table below and paste it in the template to print out. Feel free to edit them by adding your contact information to them, changing the message or pictures to best suit the needs of the families you work with.

Use these to cheer up someone going through a hard time.

 I will have courage during stressful times.	 I will be there for my family.
 Nothing is Impossible! I will work hard and achieve my dreams.	 I am strong and competent.

April is also Child Abuse Prevention Month; you can find information and ideas for prevention online at:
http://www.childwelfare.gov/preventing/preventionmonth/

If you want more ideas for activities, call the Clearinghouse!

Helpful Tips to Assist in Strengthening Families and Preventing Child Abuse

- **Update your resource directory**
  - **Know the numbers for shelters**
  - **Have Medicaid and food stamps information**
  - **Have the abuse hotline and crisis hotline numbers on hand**
- **Create a calendar of community events for families**
  - **Note free events like March of Dimes or and Easter egg hunt**
- **Praise good parenting when you see it**
  - **Tell a mom she communicated well with her son**
  - **Encourage a dad for appropriate discipline of his daughter**
  - **Commend a parent when they listen well to their child**
- **Invite someone in to help parents learn about managing stress**
  - **Find a doctor that could give tips or a counselor to consult**
- **Create a handout for families with community resources linked to each protective factor**

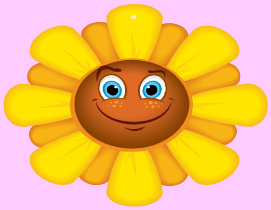
- Give phone numbers such as the Parent Helpline or Family Health Line
- Provide them with addresses to offices for public assistance

- Help a parent "catch" his/her child being good
  - Help parents recognize an improvement in grades, socializing, or being helpful
- Have parenting tips handy for parents dealing with a challenging issue
  - Have step by step guides or resources available for parents
  - Be there to discuss specific needs for parents
- Create a board game library for families
  - Try games such as the Self Esteem Game or other games that promote sharing
- Remember something special about every parent you serve
  - Keep in mind coping skills they have used, favorite activities they enjoy, etc…
- Train your staff on how trauma and loss affect children
  - We have covered this at the Clearinghouse.
- Learn about parenting practices of a different culture
  - Know how grief is expressed in the country the client came from
- Recognize parent accomplishments
  - Focus on the strengths a parent displays
- Teach kids to resolve conflicts peacefully
  - Encourage open communication and listen to the child explain the conflict
- Talk to parents in your program about discipline alternatives
  - Talk to the parents about positive and negative reinforcement
- Help parents set goals and solve problems
  - Set measurable, achievable, positive, and specific goals
- Create an arts and crafts activity that parents can do with their children
  - Drawing helps children express feelings and desires
  - Making something together (like a collage) and help the family bond

On the lighter side…

How many supervised visitation directors

does it take to change a light bulb? One.



But the light has to want to change!!

Prevent Suffocation and Sudden Infant Death Syndrome

This information is part of our effort to prevent one of the top causes of child death.

Tell parents: You can provide a safe sleep environment for your baby.

The Basics:

- **Respond to your baby's cries during the night.**
- Your baby must always sleep alone.
- **Sleeping with your baby is dangerous.**

Other helpful guides:

Breastfeeding has been linked to reducing a baby's susceptibility to SIDS.

Pacifiers can help prevent SIDS. Offer your baby a pacifier (never a bottle) when placing your baby down to sleep. The pacifier should not be put back into the baby's mouth if it is spit out during sleep. If the baby does not want the pacifier, do not force it and never do anything to hold it in place. If breastfeeding, do not use a pacifier until the baby is one month old.

SIDS has been linked to smoke exposure so do not smoke during pregnancy or after your baby is born.

Crib Safety:

Catching Up With Latest Tips

The safest sleep environment is a freestanding crib, bassinet, or cradle that is undamaged and approved by Consumer Product Safety Commission standards (www.cpsc.gov).

Always place your infant on his or her back when sleeping or napping.

Put your baby's crib, cradle or bassinet close to a parent or caregiver's bed for the first six months. Keep your baby's sleeping area away from all loose strings (i.e. blind cords, electrical cords and clothing).

Never place baby on adult beds, chairs, sofas, pillows, or cushions.

Do not place bumpers, pillows, quilts, toys, or anything in the crib with a baby. *If a blanket is needed, place a thin blanket over the baby, below their chest and then tuck it into the sides and bottom of the mattress so the baby cannot pull it up over his or her head.*

Dress your baby lightly for sleep. Keep the temperature in the room comfortable, installing a fan in the baby's room to help with airflow if needed.

Sudden Infant Death Syndrome and Ways to Help Prevent It

Provide to caregivers with infants under one (1) year of age!

Sudden infant death syndrome (SIDS) continues to be a phenomenon of unknown cause and, is still responsible for more infant deaths in the United States than any other cause of death during infancy. According to one report from the U.S. Consumer Product Safety Commission, one of the most tragic aspects of many of these deaths is that they are largely preventable. In many cases, "co-sleeping," or the practice of the infant sharing the bed with the caregivers, was responsible for the death; the adult placing the baby in the adult bed was unaware of or underestimated the danger posed. The practice of co-sleeping can result in the adult rolling on top of or next to the baby, smothering the infant.

In November 2005, the American Academy of Pediatrics' Task Force on Sudden Infant Death Syndrome released a policy statement which included risk factors for SIDS and recommendations on how to help prevent it:

Back to Sleep

- Infants should be placed "wholly on the back" for sleeping.
- Side-sleeping is no longer advised; one study has shown the risk of SIDS in the side-lying position to be similar to the risk of prone (stomach) sleeping.

Use a Firm Sleep Surface

- The recommended surface is a firm crib mattress covered by a sheet.
- Infants should not be placed on soft materials such as pillows, quilts, comforters, or sheepskins.

Keep Soft Objects and Loose Bedding <u>Out of the Crib</u>

- This includes all of the things mentioned above, as well as stuffed toys and all other soft objects.
- If bumper pads are used, they should be thin, firm, and well secured.
- Instead of covering the infant with a loose blanket for warmth, sleep sacks and blanket sleepers are recommended.
- If using a blanket, position the infant so that his/her feet are able to reach the foot of the bed, and tuck the blanket around the mattress reaching only to the level of his/her chest.

Do not smoke

- Maternal smoking during pregnancy continues to be a major risk factor for SIDS.
- In a few studies, smoking in the infant's environment *after birth* has also emerged as a risk factor.

A Separate but Proximate (Nearby) Sleeping Environment is Recommended

- This is defined as a crib or bassinet placed in the caregivers' bedroom.
- Bed-sharing between infants and adults is hazardous; infants should NOT share the bed of adults.
- Do not sleep with an infant in bed, on a couch, or in an armchair; this is VERY dangerous.
- Mothers who breastfeed should be alerted to this hazard, and should be encouraged to return the baby to the crib after breast-feeding.
- Room-sharing (infants sleeping in the caregivers' room, but not the caregivers' bed) is associated with a reduced risk of SIDS.

Avoid Overheating

- The infant should be lightly clothed for sleep; avoid over-bundling.
- Keep the bedroom temperature comfortable for a lightly-clothed adult.
- The infant should not feel hot to the touch.

Consider Offering a Pacifier at Nap Time and Bedtime

- Several studies have shown that using pacifiers at the time of sleep may have a "protective effect" on the incidence of SIDS.
- The Task Force recommends that pacifiers be used throughout the first year of life with the following guidelines:
    - Offer a pacifier when placing the infant down to sleep.
    - If the infant refuses the pacifier, don't force him/her to take it.
    - DO NOT reinsert the pacifier once the infant falls asleep.
    - Pacifiers should not be coated in any sweet solution.
    - Pacifiers should be cleaned often and changed regularly.
- For breastfed infants, wait until one month of age to introduce a pacifier.

Avoid Commercial Devices Marketed to Reduce the Risk of SIDS

- This refers to devices developed to maintain sleep position or to reduce the risk of re-breathing.
- None of these products have been proven to be safe or effective.

Citations:

http://www.idph.state.ia.us/hpcdp/common/pdf/perinatal_newsletters/progeny_oct2006.pdf
http://www.cpsc.gov/CPSCPUB/PREREL/PRHTML99/99175.html

American Academy of Pediatrics
PEDIATRICS Vol. 116 No. 5 November 2005, pp. 1245-1255 (doi:10.1542/peds.2005-1499) Published online November 1, 2005

Program Updates

Shirley McBride and her crew at the CHS Family Connections Program in Lakeland are now reviewing client services in Polk, Highlands, and Hardee Counties while actively recruiting volunteers to expand the program hours to include weekend services.

Water Safety – It's EVERYONE'S Job!

Remind parents about water safety. Don't be afraid to be repetitive. Research shows that people remember things that have been repeated to them!

The weather is getting warmer. Children are spending more time outdoors. A swimming pool or other body of water in the yard can present a very dangerous area for children. Drowning is the number one cause of death for children under five in Florida. For every drowning, there are 11 near- drowning incidents, according to government statistics, many of which result in totally disabling brain damage.

To protect your family from a potentially fatal accident, the following is recommended:

- Never leave your children alone in or near the bathtub, a pool, or any water, even for a moment. Do not be distracted by doorbells, phone calls, chores or conversations. If you must leave the bathroom, pool or water area, take the children with you, making sure the bathroom door is closed, and/or the pool area gate latches securely when it closes. During social gatherings at or near water, appoint a "designated watcher" to protect children from water accidents. Adults may take turns being the "watcher". When adults become preoccupied, children are at risk around ANY containers of water or liquid, even toilets and bathtubs!
- Post rules such as: "No Running," "No dunking" and "Never swim alone." Enforce the rules!
- Instruct baby sitters about potential water hazards to children, even in the bathtub, and about the use of protective devices, such as door alarms and latches. Emphasize the need for contact supervision. Be sure the person watching your children knows how to swim, to get emergency help and to perform CPR.
- If a child is missing, check the pool, bathtub, or water area first. Seconds count in preventing death or disability. Go to the edge of the pool or water area and scan the entire area, bottom of pool and surface of pool or water area.
- Install a fence to separate your house from the water area. Most children who drown in water wander out of the house and fall into the water. The fence should be at least 5-feet high and completely surround the water area. The fence must completely separate the water area from the house and the play area of the yard.
- Use self-closing gates that self-latch, with latches higher than your children's reach. Never prop open the gate to a water area. After the children are done swimming, secure the water area so they can't get back into it.
- Never use a pool with its pool cover partially in place, since children may become entrapped under it. Remove the cover completely.
- Place tables, chairs and other objects well away from the water area fence to prevent children from using them to climb into the water area.
- Keep rescue equipment (such as shepherd's crook or rescue tube) and a telephone with emergency numbers noted by the water.
- Avoid air-filled "swimming aids" because they are not a substitute for approved life vests and can be dangerous should they deflate.

- Keep toys out of and away from water area when not in use. Children playing with or reaching for toys could accidentally fall in the water.
- Remember, teaching your children how to swim DOES NOT mean your children are safe in the water.
- Always, always, ALWAYS watch children in or near any pool, bathtub or other water hazard.
- **Don't assume that drowning or a drowning accident couldn't happen to you or your family**.

Reminder: To A and V funded programs!

Please remember to add your case data to the database this quarter. The dog days of summer are coming up, and we usually have a drop in cases entered. Please try to enter cases as you open them. This helps us avoid the Fall Panic!

A director asks:

We focus on so many sad and difficult subjects. Times are hard. Can you give us good news?

Click here for some good news to cheer you up!

http://www.aolnews.com/category/goodnews/

http://www.happynews.com/ - good news headlines

MAY 2011 EPRESS

May is Supervised Visitation Month!

May is traditionally the month in which we celebrate supervised visitation programs! Indeed, your programs help save lives and improve your communities. Because you increase family safety, you are part of the social services safety net throughout the state of Florida. Admittedly, that net is not as strong as we would like it to be – funding is (and has always been) an enormous challenge to SV programs. Still, our state has much to celebrate because of the dedicated individuals who work at your programs. Congratulations to all of you for a job well done! I am proud of every one of you!

If you plan any activities to celebrate this month, please let me know!

May is National Foster Care Month

Building Connections through Meaningful Family Engagement:
Visit the National Foster Care Month section of Child Welfare Information Gateway website to access personal and digital stories, as well as resources and information for child welfare professionals on engaging and building connections with families, youth, siblings, schools, and community.
http://www.childwelfare.gov/fostercaremonth/

Pool Safety Resources

Some GREAT information (and posters!) for pool safety to be shared with all parents and caregivers:

In English and Spanish: http://www.poolsafely.gov/

Alert in English:
http://centerforchildwelfare.fmhi.usf.edu/kb/SafePrev/PoolSafetyAlert.pdf

Alert in Spanish:
http://centerforchildwelfare.fmhi.usf.edu/kb/SafePrev/Pool%20Safety%20Alert-Sp.pdf

Poster in English:
http://centerforchildwelfare.fmhi.usf.edu/kb/SafePrev/PoolSafteyAroundPool.pdf

And in Spanish:
http://centerforchildwelfare.fmhi.usf.edu/kb/SafePrev/PoolSafteyAroundPool-sp.pdf

TRAINING AND TECHNICAL ASSISTANCE IN DEPENDENCY CASES:

Issues to Consider in the Reunification of Children

Removed from the Caregiver's Home due to Physical Abuse

by Jennifer Lynne Holmes

This training is designed as a 60-90 minute training for a group.

Overview

When children are removed from their homes because of physical abuse, they suffer from tremendous stress and upheaval. Reunification of the child with his/her parent or primary caregiver is usually the goal in these cases. Supervised visitation programs can play a major role in reunification. Thus, it is essential for providers to understand the issues and research that surround reunification in order to achieve more successful reunification outcomes.

The Adoption and Safe Families Act of 1997 mandated shortened timelines to reunify a family before procedures to terminate parental rights commenced. As a result, some reunifications have occurred too early—before the children or parents are prepared and the central problems triggering the abuse are addressed. However, research also shows lowered outcomes for children reunified after more extended separations. This paper examines the primary considerations necessary in cases of child reunification with the caregiver who physically abused the child, including which elements can lead to more successful reunifications.

Snapshots

- 753,357 children were confirmed as victims of maltreatment in 2007 alone, nationwide. That's an average of 10.6 child victims per 1000 children—from a low of 1.5 to a high of 26.3 across the states.
- 9.8 to 13.2% of the cases in Florida involved substantiated physical abuse [2004-2007].
- 1.66 million exits occurred nationwide from the public foster care system for children between 2000 to 2005.
- 57.2% of the children exiting foster care nationwide in 2006 were reunified with the primary caregiver from whom they'd been removed, including 49% of adolescents ages15-20.
- 41.5% of children *entering* care were reunified with their caregiver within 12 months of removal.
- The median rate of *re-entry* into the foster care within 12 months of reunification was 12.5% nationwide—5 states had re-entry above 20%.
- States with high reunification rates often also had high re-entry rates, indicating that the problems associated with the removal from care and/or reunifying the family were not adequately addressed and resolved.

A Background on Physical Abuse

The physical abuse of children has been linked to multiple factors within youth, parent, family, and social systems that are **modifiable**.

- The child may exhibit stressors that frustrate parenting efforts, including:
    - Aggression
    - Challenging disposition
    - Behavioral noncompliance
    - Developmental delays

- The parent may experience additional stressors such as:
    - Inadequate understanding of child development stages
    - Negative perception of the child (compounded over time)
    - Low involvement with the child
    - High stress (due to family/social/ and economic factors)
    - Poor impulse control
    - Low self-esteem

- Depression and/or difficulties with mental health
- Substance abuse
- A history of maltreatment as a child themselves
- Antisocial behavior

❖ Complicating family stressors can include:

- Single parenting-family structure
- Discontented partner/family relationships
- Spousal abuse

❖ Possible social stressors involve:

- The isolation of family/parents/child
- Discord among possible formal and informal social support systems
- Limited involvement in community activities
- Limited access to and use of community resources
- Economic and employment strain

Data on Reunified Children

❖ Each month a child remained separated *reduced* their chance of a reunification.

❖ The *more relocations* a child experienced while separated, the *less likely* the child was to be *reunified.*

❖ Children 0-2 years of age were least likely to be reunified, while children 6-10 years of age were most likely to be reunified.

Reunification Outcomes

The current outcomes of reunification in cases of physical child abuse can be grim. Research has shown that a fourth of all children returned home will eventually re-enter care. Children returned to their caregiver

following extended separations face increased long-term difficulties across a range of measures versus those who remain in care, including:

- Internalizing (withdrawal) and externalizing (acting out) behavioral problems
- Self-destructive behaviors, including more substance abuse
- Greater involvement in the legal system

Typical Elements of Reunification

- ❖ Returning a child to the caregiver who abused the child can result in a wide mix of jumbled emotions–both positive and negative, including:
  - Excitement
  - Anticipation
  - Fright
  - Uncertainty regarding issues of safety and trust
- ❖ During the separation, the child has lived elsewhere, meaning:
  - There were different rules and expectations than in the home environment
  - Attachments to past placements may be disrupted, including uprooting—
    - peer friendships
    - attachments to teachers and school communities
    - loss of contact with interested adult supporters

- The caregiver and child may experience—
    - unfamiliarity with each others' needs, desires, likes, and dislikes
    - growth and development of different interests that were not fully shared or communicated during the separation

❖ Reunification may have the effect of pairing:

- a child that may be more difficult to parent due to developmental, behavioral, and attachment issues
- with a caregiver who has experienced past difficulty parenting effectively

★★★

The reunified caregiver must practice and continue refining more positive models of parental interaction with their child—which can be successfully modeled and practiced *pre-reunification* within the supervised visitation setting.

The Impact of Abuse and Separation on the Child

❖ A physically abused child may have developmental delays and/or disabilities, possibly as the result of parental behaviors.

- Adverse experiences can create disturbances in neurological development that result in inadequate or regressed performance, due to:
    - The trauma of the abuse
    - Disruption in the normal timing, sequence, patterns, and frequency of experiences required for normative development (in languages, relationships, attachments, etc.)

- Physically abused children separated from their primary caregiver may exhibit a wide array of symptoms that can complicate parenting efforts to interpret child cues, including:
    - The uncontrolled intrusion of memories—or amnesia
    - A tendency to avoid abuse or memory triggers
    - A unrealistic, narrow sense of self and/or others
    - A constrained ability to trust others
    - Inconsistent or incongruent affects or emotional states
    - Feelings of shame, and anger at the parent
    - Loss of hope, and grief at the loss of caregivers and foster siblings from the foster placement
    - A distrust in the permanence and security of placements and relationships due to removal and separation
    - A limited ability to empathize with and connect to others, leading to
        - attachment difficulties
        - poor peer, adult, caregiver, and social relationships
    - Inability to focus or retain their attention-span
    - Poor decision making abilities, leading to
        - detrimental lifestyle choices
- These children may also exhibit:

- Difficulties with sensory motor integration
- Imperiled physical health

❖ Children from minority cultural, ethnic, and linguistic groups may have also experienced a disruption in their exposure to the home community, resulting in

- knowledge gaps
- a lost sense of positive inclusion
- loss of their original identity

★★★

Children from abusive backgrounds have been exposed to abusive patterns of behavior and problem solving as their reference example—thus their 'learned response' may be to resort to expressions of anger and violence.

❖ The effects of childhood physical abuse can reach into adulthood, including heightened risks of poor physical health, anxiety, and depression.

The Importance of Supervised Visitation

❖ Research has established a strong correlation between the frequency and quality of visitations in cases of physical child abuse to successful reunification outcomes:

- Increasing the frequency of pre-reunification parent-child visits has been shown to -
  - smooth the transition, making reunification more likely
  - reduce re-entries into foster care

❖ Successful reunification was 10 times more likely for children who visited with their parents or the primary caregivers from whom they were removed prior to reunification

- ❖ Visitations serve to increase caregiver/child bonding—
    - by allowing collective involvement in developmentally appropriate creative activities
    - through encouraging the mutual sharing of achievement
    - by generating pride in their progress and bolstering self-esteem
    - through the modeling and rebuilding of positive parental skills and child interaction patterns
    - by allowing parents the opportunity to practice praising and reinforcing their child while setting appropriate expectations

- ❖ Effective supervised visitation sessions should—
    - be family-centered
    - have a therapeutic focus
    - be based on an individualized, differential assessment of each family's strengths and needs
    - include honest communication between the visitation monitor and caregivers, including the opportunity for mutual feedback and goal-setting
    - encompass a strengths-based perspective by
        - identifying and emphasizing positive capabilities
        - asking "What *has* worked well in the past?" and capitalizing on that behavior
        - connecting past successes to newly learned behavioral patterns and skills

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While supervised visitation programs may often face a limitation of resources (including space, time, and staff) to increase the frequency of visitations, it's important to realize that even the small increases which might be possible for your agency could have a valuable beneficial impact on the chances and success of individual reunification efforts.

Readiness to Parent

Children whose parents would not accept—or did not understand—the assessment and goals developed by child welfare workers experienced higher re-entry rates following an attempt at reunification. Mutual communication and modeling can be essential elements for success.

❖ In order to promote caregiver readiness to parent, the following factors are crucial:

- addressing the caregiver's own trauma symptoms (as needed)
- ameliorating caregiver lack of–
    - coping skills
    - problem-solving skills
    - life and daily planning skills
    - anger management capabilities
- teaching caregivers methods to effectively access community resources themselves
- augmenting caregiver capabilities to recognize and meet family health needs
- addressing substance abuse
- providing caregivers training and encouragement in methods to meet the concrete needs of the family (food, clothing, housing)

- Cognitive-behavioral models focused on skills-building have been shown to lessen parental aggression and reduce physical punishments in shorter timeframes than alternate models.

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A supervised visitation monitor may identify apparently unmet needs within a family system. The first step is to coordinate with a family's case manager to avoid encouraging families to pursue duplicative referrals. However, when gaps in service have occurred, it may be possible to assist in trouble-shooting access issues with resources, including:

—providing internet access to fill out forms required to gain service approvals

—looking up appropriate phone numbers and contacts

—maintaining familiarity with the names of key personnel within local agencies

— providing additional referrals as appropriate

- Reunification efforts can be complicated by parental guilt and shame regarding abuse of the child, possibly leading to:
    - A tendency for the caregiver to overcompensate
    - Caregiver difficulty setting appropriate boundaries on child behavior
- Caregiver shame can be compounded by the child's expressed doubts regarding the permanency of improvement in caregiver parenting behaviors.

- Deficits in parenting skills can be compounded by child behavioral problems, stalling reunification efforts and increasing foster care re-entries, thus parents must be *taught*:
    - To understand the impact of trauma upon a child's
        - Developmental benchmarks

    - Behavioral expression and symptomatology
    - Abilities to reconnect and attach
- *How* to use positive disciplinary techniques more effectively
- What expectations are developmentally and age-appropriate for their child
- *How* to more effectively respond to their child's cues for nurturance or independence
- The importance of building communication, cooperation, and responsibility within the family system
- The value of creating and managing a standard daily routine to increase a child's sense of safety, security, and normalcy

★★★

Practical Information for Parents: Children often experience trauma on a sensory (rather than cognitive) level. Thus it helps to ask,

"What can I do to make my child feel safer?..."

"What will make my child feel even a little bit better?..."

Attention to a child's needs and comfort—food, games and activities, or the inclusion of beloved individuals in a discussion—can strengthen the caregiver/child connection.

Child Preparation to Reunify

❖ The stages of a successful recovery from trauma include:

- Establishing a sense of safety
- Processing and sharing the trauma story
- Reconnecting traumatized individuals to their communities

- ❖ Traumatic experiences are a sensory terror experience that generate a sense of insecurity and powerlessness. Recovery requires that:
    - children regain a sense of control in their lives (linked to safety)
    - the bonds between caregiver and child are rebuilt and reinforced
    - families are empowered to take part in and direct their own paths to recovery

Intervention Goals

- ❖ To increase the likelihood of a successful reunification, the goal of family-centered interventions is the reduction of harm from behavioral and emotional symptoms that make the child more difficult to parent while giving the child an opportunity to process the trauma.
- ❖ Possible interventions to accomplish this goal include:
    - Educating the child about the effects of trauma and exposure to family violence.
    - Allowing the child opportunities to express his or her feelings about the effects that the abuse had on him or herself and their families.
    - Assisting the child in appropriately identifying and expressing his or her feelings, including methods to better communicate with adults and peers.
    - Providing the child reassurance that the abuse was *not* his or her fault, while reinforcing that violence is *not* okay.
    - Creating individualized safety plans with the child that highlight available social supports.
    - Creating safety plans for the family.
    - Promoting the rebuilding of trust between child and caregiver by taking steps to increase the sense of safety within the relationship, while addressing possible loss of respect for the caregiver by the child.

- For children who have no development delays, providing sequential, patterned sensory experiences to facilitate neurodevelopmental growth and improve cognitive language development.
- For children who have no developmental delays, teaching the child improved coping and personal skills to build resilience for future traumas.
- Leading the child through relaxation exercises (including breathing, yoga postures, or free-drawing to release tension) and stress reduction techniques to respond to conflicting feelings, symptoms, and trauma.
- Strengthening the child's sense of attachment to and belonging in their native culture to fortify the child's personal identity

Strengths-Based Practice

In working with children who have experienced severe adversity, it is important to emphasize hope for the future—with concrete goals and events the child can strive to reach. This includes:

- Highlighting personal traits that have allowed the child to survive in the past
- Encouraging the child regarding future successes based on past (and current) achievements

The Abuse Clarification Process (from MST-CAN)

❖ The caregiver acknowledges responsibility for past abuse and tenders an apology to the child. This process is intended to:

- address caregiver inclinations to place blame for the abuse on the children's behaviors
- ameliorate the child's tendency to self-blame
- increase the child's sense of safety regarding potential future abuse

❖ A functional analysis of past abuse incidents is intended to help families

- develop a safety plan for each family member to follow if similar circumstances arose in future (to lead to an alternate outcome than the past abuse)
- to identify abuse triggers—including emotions, thoughts, and behaviors
- differentiate the consequences—short and long term, positive and negative—of resorting to force

Family Engagement: Building Family/Child Support Systems

"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love."

–Perry & Szalavitz (2006, p. 230)

❖ Effective reunification efforts strive to include all members of a family and a wide support system of family and friends to both the child and the caregiver:

- Foster parent mentoring of the child's caregiver and support of visitation promotes reunification while sparing the child stress from divided loyalties. In some cases, foster parents may continue to provide supportive encouragement and advice even after reunification.
- Pre-reunification visitation with caring adults (such as extended kin, interested teachers, coaches, mentors, or neighbors) can allow children to
  - Retain attachments and relationships—perhaps into adulthood
  - Practice newly learned skills and behaviors
  - Transition between placements more smoothly

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Practical Considerations for Supervised Visitation Staff: Due to resource limitations (including space & staff to assure safety) it can be difficult to meet the ideal of including such a wide array of social supporters at supervised visitation. However—as far as feasible—strive to be flexible in permissions to join the visit, perhaps scheduling different individuals on a rotating basis. In dependency cases, it is necessary to consult a child's case manager regarding particular requests for entry.

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Keep in mind that definitions of 'family' can vary across cultures. Expanded visitations may serve to strengthen a 'safety net' of supporters around a child and their caregiver leading up to a successful reunification.

Art/Play Interventions

- In order to successfully recover from trauma, children must *feel* safe. Thus, children need the opportunity to process past traumas to:
    - make sense of their experiences
- prevent past experiences from encroaching in the future
- Children should not be pushed to relive past traumatic experiences before they are ready:

- It is first necessary to ensure that children are not in a state of chronic traumatic arousal

❖ Children may have coped by suppressing memories of abusive interactions

❖ During art and play, children have the opportunity:

- For memories and associated emotions to arise naturally
- To use make-believe to imagine happy endings

❖ Interventions focused on fun activities and mutual sharing allow children to:

- Relax and become more comfortable with approaching the topic
- Participate with a partner to share feelings

★★★

Rather than using toys drawn from movie or cartoon characters, generic games and action figures allow children to overlay their own experiences onto imaginary characters.

★★★

A playroom should not be *over* stimulating—it is counter productive to set out an overabundance of art supplies and toys that may generate too many conflicting demands for attention.

NOTE: *Remember, supervised visitation personnel can not engage in therapy unless they are trained therapists. Still the visitation setting can be considered therapeutic in that it helps children and adults spend positive, supportive time together.*

Cultural Competence

❖ Initial removal may have devastated the child's original attachment to his or her cultural identity and exposed the child to highly negative social interpretations of his or her home culture.

❖ The interruption in exposure to the home culture may result in a conflict of values and expectations between child and parent/caregiver upon reunification.

- Reinforcing native culture can positively build resilience and ameliorate some of the impacts of trauma upon a child.

- Stronger connection to and identification with his or her community of origin can grant a child access to a wider support system and provide a more personalized source of intellectual, cultural, religious, educational, spiritual, and emotional enrichment.

Co-occurring Caregiver Substance Abuse

The Statistics

- One- to two-thirds of incidents of childhood maltreatment are believed to involve caregiver substance abuse.
- Families dealing with co-occurring caregiver substance abuse also face greater levels of negative outcomes in maltreatment cases.
- Mothers who attended a substance abuse treatment program were 50% more likely to be reunified with their children.
- Mothers who completed their substance abuse treatment—or spent at least 90 days in treatment—nearly doubled their likelihood of reunification.

The Recommendations

- ❖ Strong social support is a vital factor in both the treatment of addiction and successful reunification—thus in these cases, it's particularly important to:
    - enlist a wide support system
    - provide encouragement and positive reinforcement
- ❖ One successful program to address co-occurring physical child abuse with caregiver substance abuse, the Building Stronger Families (BSF) project (an extension of MST-CAN) included:
    - A focus on functional analysis of drug use AND periods of sobriety to understand the positive and negative reinforcement mechanisms underlying each condition
        - Reinforcers could have included:
            - A feeling of euphoria with use
            - A desire to engage others socially
            - An effort to block intrusive memories or feelings of failure
    - Encouraging greater involvement in motivating activities that caregivers enjoyed in the past to provide a direct competition to substance misuse temptations
    - Addressing barriers to successful social interaction, including employment, such as:
        - Skills deficits (how to create an effective resume)
        - Remediation in reading and writing skills
        - Professional clothing for the workplace
        - Lack of access (to a computer to email an application)
        - Lack of exposure (to community resource agencies that could help, such as libraries)
        - Organizational and planning skills (including day-planning)

- Recruiting a family or friend sponsor to encourage the increase of non-substance use activities
- Networking to resources for safer sustainable housing in an area less likely to expose the caregiver to substance misuse

Systematic Issues To Understand

"Even 'best practice' therapeutic work is ineffective in an environment of relational instability and chronic transition." –Perry (2009, p. 248)

Case Worker Characteristics

- Child welfare systems nationwide struggle with high caseloads handled by inexperienced workers in an atmosphere of constant staff turnover.
- This can result in failures to achieve reunification and elevated re-entry rates when issues go unaddressed due to:
    - Inadequate case manager visits with caregivers and children
    - Insufficient case assessments of the needs and strengths of all stakeholders
    - Failure to fully identify and draw upon available support systems
    - Little productive mutual communication
    - Low case manager support for parental achievement of mandated goals
    - Lack of culturally and linguistically sensitive services
    - A reliance on general, standard case protocols rather than effective, individualized intervention approaches
    - Faulty case manager decision-making

- Unavailability of services; inaccessibility of public resources for families (transportation, etc.)

❖ Case managers are more likely to help children achieve permanency when they have:

- An education in social work
- More experience and lower caseloads

More Flexible Funding and a Lack of Needed Services

❖ System service barriers to timely, successful reunifications include:

- A lack of concrete services availability—such as assistance with food, housing, childcare, transportation, and utilities access
- Difficulty meeting needs for mental health treatment, substance abuse programming, and culturally/linguistically accessible services
- Inconsistent service availability, long waiting lists, time-limited services, and a dearth of rural services

Conclusion

Successful reunifications with the primary caregiver in cases of childhood physical abuse are possible. In drawing from some of the successful methods presented here, supervised visitation programs have an opportunity to facilitate individual achievements, one case at a time.

Before giving this next section to staff, cut out the answers to encourage people to think for themselves when answering.

Quiz

1.) *(Snapshots)* States with high reunification rates often also had high re-entry rates into foster care, indicating that:

   a. state agencies had achieved successful, lasting reunifications for the families.

   b. challenges facing the families involved were not adequately resolved prior to reunification.

   c. case workers for the states should have moved to terminate parental rights the first time.

   d. the children should have all been retained in the foster care system.

2.) *(A Background on Physical Abuse)* The physical abuse of children has been linked to multiple factors that are:

   a. entirely attributable to the behavior of the child.

   b. universally impossible to change.

c. concentrated within a single system of care for each child, such as 'family' or 'society.'

d. multisystemic and potentially modifiable with appropriate intervention.

3.) *(Typical Elements of Reunification)* As a child prepares to reunify, her evident emotions will be:

a. entirely positive—including jubilation and anticipation.

b. exclusively negative—including fear and distrust.

c. a jumble of both positive and negative emotions—including excitement and uncertainty.

d. inaccessible to all parties involved in the reunification.

4.) *(The Impact of Abuse and Separation on the Child)* Select which of the following conclusions best applies to this statement: "Adverse experiences can create disturbances in neurological development due to disruption in the timing, sequence, patterns, and frequency of experiences required for normative development."

a. The statement is only true regarding the impact of the parent's abuse of the child, not regarding the effects of removing the child from their original home placement.

b. The statement is false regarding both regarding the impact of the parent's abuse and the effects of removing the child from the original home placement

c. The statement is true.

d. The statement is false.

5.) *(The Importance of Supervised Visitation)* Which of the following phrases should ***not*** be used to fill in the blank in the statement?

"Effective supervised visitation programs should _____."

a. try to facilitate positive interaction between a parent and a child when the parent needs help

b. should be ready to talk to parents about their children's emotional needs

c. encompass a strengths-based perspective by identifying and emphasizing positive capabilities

d. focus solely on the emotional safety of all individuals

6.) *(Child Preparation to Reunify)* In order to achieve a successful reunification of child and caregiver, it is necessary to:

a. establish a sense of safety for the child —both physically and emotionally.

b. focus solely on the physical safety of the child—even though the child may not feel safe.

c. demand that the child show respect for the caregiver—who has made so much progress.

d. encourage the child not to rehash the trauma—the past should be forgotten.

7.) *(The Abuse Clarification Process)*

The intent of a functional analysis of past abuse incidents is ***not*** to:

a. shame the caregiver for their past actions.

b. develop a safety plan for future potentially abusive incidents.

c. differentiate positive and negative consequences of resorting to force.

d. identify abuse triggers—including emotions, thoughts, and behaviors.

8.) *(Cultural Competence)* Fill in the blanks using the correct combination of phrases: "Initial removal may have _____ the child's original attachment to their cultural identity and exposed the child to _____ social interpretations of their home culture."

a. bolstered, highly negative

b. devastated, more accurate

c. bolstered, inaccurate

d. devastated, highly negative

9.) *(Co-occurring Caregiver Substance Abuse)* Strong social support is a vital factor:

a. in both the treatment of addiction and successful reunification.

b. only in the treatment of addiction, not for successful reunification.

c. only for successful reunification, not in the treatment of addiction.

d. for neither successful reunification nor the treatment of addiction.

Answers

1. b

2. d

3. c

4. c

5. d

6. a

7. a

8. d

9. a

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Self Care for Supervised Visitation Staff

Why Self Care?

You can't always control the circumstances that life throws at you, but you *can* control how well you take care of yourself. Self care is a way of living that incorporates behaviors that help you to be refreshed, replenish your personal motivation, and grow as a person. For those working in the helping professions, self care can seem like a selfish pursuit, the luxury of those with more time (…and, perhaps, a less-sensitive conscience!) But the reality is that self care is NOT selfish! It is, in fact, the opposite. **Nurturing oneself is a key factor in being able to keep up strength, resolve, motivation and inner resources to continue to give to others**.

Neglecting to care for yourself both depletes you of needed resources with which to serve others and communicates to those around you (and even those you are seeking to help) that self care is not necessary and/or acceptable. In order to model a healthy lifestyle to clients and employees, you must live in a healthy and balanced way, setting appropriate boundaries and knowing your limits. Consider how you would treat a good friend who was burned out, stressed-out, and exhausted. Would you tell her to get over it, to keep on keeping on? Or would you compassionately encourage her to rest and care for herself? Give yourself the same compassion and choose to take time for self care.

Types of Self Care

- **Physical**
  - **Sleep!**
    - Make it a priority, as hard as it is! Lack of sleep contributes to your inability to handle stress all throughout the day.
  - **Nutrition**
    - Take time to cook good meals for yourself regularly.
    - Lots of fruits and vegetables, whole grains and low-fat protein will help your body function well and fight off illness!
  - **Exercise**
    - Releases those good-feeling endorphins
    - Relieves stress
    - Exercise also relaxes the body and helps with sleep problems, so you can get more and deeper sleep at night!

- **Relaxation exercises**
  - Meditation, deep breathing and other relaxation techniques can be learned online, through a book or through a class and can help teach you how to relax.
- **Pampering**
  - Take a bubble bath, give yourself a manicure, deep-clean your pores, care for your feet, or treat yourself to a massage!
  - All of these things help relax you and remind you that your body is precious and needs time and attention. You deserve to be well cared for!
  - Also, these activities can provide a space for mental quiet while you are doing something for your body.
- **Watch habits**
  - Eliminate excessive alcohol, sugar and caffeine and throw out the cigarettes! All of these can mask your body's true needs (i.e. for sleep, nutritious food, relaxation) and can create their own problems by making your body less efficient, more depleted and more prone to illness!

- **Emotional**
  - **Social support**
    - Nurture your friendships! Having friends who will listen and support you through tough times is important for your emotional health!
  - **Quiet time**
    - While time with others can be very rejuvenating, it is important to carve out some time to be all alone.
    - Take a hot bath, watch a sunset, listen to calming music, or take a quiet stroll. You will be more engaged with people and will enjoy your time with them more fully after having some space to be alone.
  - **Hobbies**
    - Find something you love to do! Paint, go biking, play guitar, cook, dance, or do something else that makes your heart come alive.
    - Working on a hobby helps you to stay present in the moment and can train you to do so more often, in other realms of life.
  - **Process your emotions**
    - Journaling
      - As someone working in the helping profession, you receive a lot of information- some of it disturbing and burdensome- and you need space to process that information, express your thoughts and feelings and understand the effect that it has on you. Journaling can be a great way to give yourself space to deal with the burdens you tackle on a daily basis.
    - Releasing negative emotions
      - Write a letter you won't send, have imaginary conversation with someone, find a place where you can yell or cry, where you have the space to really feel your feelings and release them.

- After expressing and validating your feelings, practice finding acceptance and, sometimes, forgiveness.

- **Humor**
  - Sign up for a joke a day email!
  - Watch a ridiculous You Tube video.
  - Laugh at the crazy things your family does, your coworkers do, etc.
  - Give yourself permission to laugh, even during hard or stressful times. It is good for your soul!
- **Counseling**
  - As someone in the helping profession, model your acceptance of the reality that we ALL need help sometimes! If you need some help dealing with your relationships, your burdens, your emotions, your work, DON'T hesitate to seek help. We **ALL** need help sometimes. Have the courage and inner strength to ask for it!

• Mental

- **Attitude**
  - Your perspective on circumstances really can change EVERYTHING! Try it!
- **Thoughts**
  - Beware of criticism, perfectionism, unrealistic expectations, catastrophizing, etc.
  - The way you think about yourself and others, the thought patterns you establish and roads your thoughts can take you down all affect how you perceive yourself and your life. The good news is, you can choose different streams of thought **and** you can choose to not engage with the negative thoughts that pop into your mind.
  - Develop a list of core beliefs to counter your most frequent negative thoughts (i.e. "I can only do my best today. That is all anyone can expect from me," "I am capable of overcoming this challenge. I am a hardworking, creative person," or "I am valuable. Not because of what I do, but because of who I am")
- **Mindfulness**
  - Try practicing mindfulness techniques- choose one activity each day to be completely present (i.e. brushing your teeth). Pay attention to all of the sensory input you receive from that activity and try to keep your mind engaged *in the moment.* This kind of discipline helps teach you how to be more present in the events of your life, rather than always somewhere else (the office, tomorrow, next week, wondering if your dress is flattering, etc…..).
  - A key component of mindfulness is acceptance. Learning to accept yourself, accept life and others can help free you from a constant need to control and change yourself and your environment.
- **Get organized**
  - Sometimes a little better scheduling, organizational structure etc., can help make things feel a lot less overwhelming!
- **Take breaks!**
  - Take true breaks from work, not just time killers stolen from time doing other things (ie., surfing the web)

- **Reduce time urgency**

  Give yourself a *reasonable* amount of time to accomplish tasks and don't agree to do more than that for which you have time, and don't feel guilty about saying no to commitments you know you won't be able to keep.

- **Spiritual**
  - **Include Spirituality**
    - Research shows that a lifestyle including religion or spirituality is generally a healthier lifestyle.
  - **Pray or meditate**
    - Spending time in quiet or acknowledging a higher power can bring great peace and hope in stressful times.
  - **Study**
    - Spend time developing what you believe about yourself and the world and nurture yourself spiritually by reading and studying great spiritual works and listening to good teachers.
  - **Discipleship/mentorship**
    - Find a spiritual mentor! This person can help encourage you in your beliefs and teach you how to better nourish your spiritual life.
- **How to Begin:**
  - **Do a self care audit**
    - Sit down and make a list of your regular activities. Find out how you are spending your time and where you can make changes. How many hours per week do you spend on self care? How effective are your methods? Where can you implement changes? Remember, this may involve removing other commitments. "Every choice involves a loss," so don't be afraid to lose something else when you choose self care. You *will*. It's OK. It's worth it. You're worth it!

Take Time to Smile

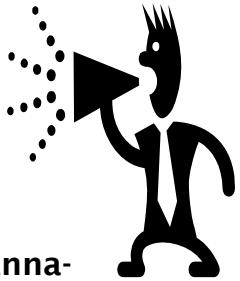
A supervised visitation staff member asks a colleague: "What time is it?"
The other one answers: "Sorry, don't know, I have no watch."
The first one says: "Never mind! The main thing is that we talked about it."

How to Best Communicate with Limited English Proficiency (LEP) Parents at Supervised Visitation

Sometimes parents who only speak limited English are referred to supervised visitation programs. When a program cannot find an interpreter, the parent

may agree to speak in English during the visit. Read the following tips to increase your ability to accommodate such parents.

1. Listen for recognizable words.
2. Use simple words and sentences (i.e. "big" instead of "gigantic," "made" instead of "manufactured")
3. Speak in a normal volume. Loud speech does NOT help communicate word meaning.



4. Slow the pace.
5. Enunciate syllables clearly.
6. Don't cover your mouth or speak facing a different direction, so that the listener can watch as you pronounce words.
7. Avoid using baby talk or running words together (i.e. "Do-ya-wanna-eat-a-pizza?")
8. Try to avoid filler words, so your listener doesn't spend time trying to remember what "um," "like" and "yeah" mean)
9. Avoid contractions such as "doesn't" and "can't"
10. If asked to repeat, repeat the exact wording and then if it still seems unclear, rephrase.
11. Give the LEP parent time to answer. It can take a few moments to comprehend and to formulate a sentence in their non-native language.
12. Maintain welcoming body language, such as smiling, nodding and maintaining friendly eye contact.

13. Supplement verbal communication with other forms. Use pictures and point to objects. Write the message. Act out words, particularly verbs, or the entire message.
14. Use gestures when possible to reinforce your verbal communication, but beware that some gestures may have a different meaning in another culture.
15. Provide language-rich activities for parent and child, including games with words (such as Scrabble Jr.) and games/toys with an audio component (i.e. books with audio, toys that say words when you push different buttons)

16. Encourage children to show their LEP parent their schoolwork and explain what they are learning.

JUNE 2011 EPRESS

It's that time again…

PERFORMANCE MEASURE SURVEY TIME!

Every June and December we ask everyone to give us feedback on how we are doing. In December we tried offering a multi-format way of collecting feedback (web-surveys and hard copies that could be returned via USPS or fax) and EVERYONE did it online. Terrific job!

This June's Performance Measures Survey can be found using the link below. Please take 30 seconds and have everyone on your team fill it out.

http://fsusocialwork.qualtrics.com/SE/?SID=SV_5gXTWGVYmef7nco

Thanks so much!

FANTASTIC FREE NEW TRAINING!!

Everyone should take 24 minutes and check out a VERY IMPORTANT and thorough training available on the DCF website.

This link will take you to a security training that is designed to educate social service providers on the importance of ensuring that they know the most comprehensive computer file security strategies for protecting clients, the agency, and themselves.

http://floridadcf.adobeconnect.com/sa2011internet/

Child Support Regional Contacts

If you missed the last phone conference, you missed the circulation of the Regional Phone Numbers for Local Child Support Enforcement Offices. These are the local, unpublished, back-line phone numbers. We can not give them out unless we have individual contact with you so that you understand that they are for lead staff only. Call Karen if you want the local number for your child support office.

Training on Dating Violence

By Emily Parker

We at the Clearinghouse have spent a great deal of time training Supervised Visitation Providers about domestic violence. This month we would like to give you information about dating violence. This information is crucial if you have teens visiting their parents at your program. Share any of this information with your staff and client families.

Violence and abuse toward an intimate partner is the most common form of violence in society. Dating violence is in particular is quite common. Social service providers should be aware of its prevalence, dynamics, prevention, and interventions.

Let us start with statistics

- In 2009, the number of sexual offenses in terms of rape was estimated at 88,097.
- Nationwide, nearly one in ten high school students (9.8 percent) has been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend.
- One in three teens reports knowing a friend or peer who has been hit, punched, kicked, slapped, or physically hurt by a dating partner.

Who is at Risk?

Adolescent Age:

- Half of all teenagers are dating by 16 with the duration of the relationship increasing with age.
- 75% or more of teenagers are having sex by 19.
- Underdeveloped Identity: Adolescents who are still searching and establishing their identity (by definition, all of them) have social dating goals focused around that identity establishment and *less focused on sharing, closeness and trust.*

- Additionally, adolescents are more sensitive to issues of rejection and dominance.

Childhood abuse survivors:

- Often, intimacy needs carried forward from childhood are met with *early romantic involvement.* These are red flags that put the adolescent in greater risk of dating violence.
- Aggressive interpersonal relationships with parents and friends may serve as models for aggressive romantic relationships.
- Child abuse survivors may lack the skills to initiate and maintain healthy relationships.
- They may also be attracted to peers similar to themselves, particularly in relation to aggressive and delinquent behavior.
- They may have attitudes justifying violence.
- They may have early attachment problems as well.

Alcohol/drug users:

- Substance abuse takes place mostly in environments with no supervision, where the possibility for aggression is more present.
- Drug abuse can alter judgment and keep people from recognizing and avoiding dangerous situations.

Basic Definitions

Dating violence is a pattern of abusive behaviors used to exert power and control over a dating partner. Dating violence can manifest itself any of the following:

- **Physical abuse:** any intentional use of physical force with the intent to cause fear or injury, such as hitting, shoving, biting, strangling, kicking, or using a weapon.
- **Emotional abuse:** non-physical behaviors such as threats, insults, constant monitoring, humiliation, intimidation, isolation, or stalking.
- **Sexual abuse:** any action that impacts a person's ability to control their sexual activity or the circumstances in which sexual activity occurs, including rape, coercion, or restricting access to birth control.

How does an abuser gain control over a victim of dating violence?

The following are examples of physical, emotional, and sexual abuse that are found in real life scenarios of violence as means of gaining power and control.

Peer Pressure

- Threatening to expose someone's weakness
- Spreading rumors
- Telling malicious lies to peer groups

Isolation/Exclusion

- Controlling what another does
- Controlling whom he/she sees and talks to
- Controlling what he/she reads
- Controlling where he/she goes
- Limiting outside involvement
- Using jealousy to justify actions

Sexual Coercion

- Manipulating or making threats to get sex
- Forced impregnation
- Forced intoxication for the purposes of sex

Threats

- Making and/or carrying out threats of violence
- Threatening to break up, commit suicide, or to report him/her to the police
- Making him/her drop charges
- Making him/her commit illegal acts

Anger/Emotional Abuse

- Putting him/her down
- Making him/her feel badly about him/herself
- Calling him/her names
- Making him/her think he/she is crazy
- Humiliating or making him/her feel guilty through use of mind games

Using Social Status

- Treating him/her like a servant
- Making all the decisions
- Acting like the master of the castle […? Consider rephrasing]
- Being the one to define men's and women's roles

Intimidation

- Making someone afraid by using looks, actions, gestures
- Smashing things
- Destroying property
- Abusing pets
- Displaying weapons

Minimize/Deny/Blame

- Making light of abuse and not taking concerns seriously
- Saying the abuse did not happen
- Shifting responsibility for abusive behavior
- Saying the victim caused it

Ten warning signs of an abusive relationship

Altered from the list found in *What you need to know about dating violence: A teen's handbook* available at loveisnotabuse.com.

Here are some signs to look for which might indicate dating violence.

1. When your friend and his or her dating partner are together, they call each other names or put each other down in front of other people.
2. They act extremely jealous when either of them talks to other boys or girls, even when it is obviously innocent.
3. The victim apologizes for his or her behavior and makes excuses for him or her
4. Your friend frequently cancels plans at the last minute for reasons that sound untrue.

5. Your friend's partner is always checking up on her or him, calling her or him and demanding to know where she or he has been and whom she or he has been with.
6. You've seen your friend's partner lose his or her temper, maybe even break or hit things when he or she is mad.
7. Your friend seems worried about upsetting a partner or making him or her angry.
8. Your friend is giving up things that used to be important, such as spending time with friends or other activities, and is becoming more isolated.
9. Your friend's weight, appearance, or grades have changed dramatically. These could be signs of depression, which could indicate abuse.

Your friend has injuries that can't be explained, or the explanations he or she gives don't make sense.

Technology's role in abusive behavior

- Unwanted and excessive texts or posts on the internet.
- Manipulation through use of cell phones and/or social networking sites to monitor, cyber-stalk, or bully.

How to talk to victims

- Do **not** assume it is just males who perpetrate.
- Keep in mind that the dynamic is slightly different with adolescents; studies find that both partners engage in perpetrating and sustaining physical, sexual, and emotional aggression.
- Have a discussion of choice and responsibility.
- Focus on awareness and recognition of dating violence
- Counter beliefs that violence is the victim's fault, an expression of love, or normal relationship behavior.

Introduce the Dating Bill of Rights to teenagers, created by Domestic Violence Advocacy Program of Family Resources, Inc.

Dating Bill of Rights

All teenagers have rights in dating relationships. They also have the responsibility to respect the rights of others. Please share this with teenagers you work with.

Remind them that they have a right to:

- Ask for a date
- Refuse a date
- Suggest activities
- Refuse any activities, even if their date is excited about them
- Have their own feelings and be able to express them
- Say, "I think my friend is wrong and his actions are inappropriate"
- Tell someone not to interrupt
- Have limits and values respected
- Tell a partner when they need affection
- Refuse affection
- Be heard
- Refuse to lend money

- Refuse sex any time, for any reason
- Have friends and space aside from a dating partner

Remind them that they have the responsibility to:

- Determine their limits and values
- Respect the limits of others
- Communicate clearly and honestly
- Not violate the limits of others
- Ask for help when they need it
- Be considerate
- Check actions and decisions to determine whether they are good or bad
- Set high goals

Resources

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Parental Protective Factors: What They Mean to Supervised Visitation Providers

By Alicia Lankton

We've discussed this on our phone conferences: when a crisis occurs, why do some families seem to be devastated, while others seem to recover much more quickly? The answer, research tells us, is that

some families benefit from a full range of protective factors that help them recover from crisis and endure stress. The good news is that supervised visitation staff may be able to help families develop new (and identify existing) protective factors.

The purpose of this article is to explain five factors that create resilient or strong families. Families who demonstrate and practice these five factors will experience less stress over time and will cope with stress better when it is unavoidable.

Supervised visitation personnel work with families who have experienced trauma, and may observe that some families can suffer more than others when faced with the very same stressors. Why do some families experience more suffering in traumatic or stressful situations and fall apart or take the stress out on their children? And, why do other families go through crises without these difficulties and grow stronger? The answers lie in five known protective factors that make the difference between a resilient family and one that will cope with problems poorly.

The five protective factors for families are:

1) Having nurturing attachments;

2) Knowing about normal developmental stages for babies, children, and teens;

3) Having and using resilient coping skills;

4) Having supportive social connections; and,

5) Being able to access concrete, external support such as counselors, community services, and doctors (Child Welfare Information Gateway, 2008).

These are discussed below.

Nurturing Attachments: The first factor, having nurturing attachments, deals with the type of bond that a parent forms with his/her child and with the rest of the family. These attachments begin at birth and include touching, gentle stroking, and holding. Parents can do the following to **communicate to the infant that he or she is in a safe environment**:

- Non-verbally, by touching the baby's cheek with their own
- Positioning themselves so the infant can see them
- Frequently adjusting the baby's posture to increase his or her comfort from time to time during time spent together (Schiff, 1975).

Building habits of such simple gestures as this lays the foundation for a strong bond and a more attentive child who will communicate better as they learn to speak. Of course the ramifications are enormous since a child who is more attentive and communicative can follow instructions and even help create solutions to problems better (Berne, 1972).

Verbally, bonding can be strengthened by:

- Avoiding shouting, arguing, and loud voices in the home.
- Around the child, soft tones are the equivalent to soft touching. Both will relax the infant, reduce stress hormones, and increase health by fostering an increased activity of the immune system (Childre & Martin, 1999).

As the child learns to speak and walk, parents should replace these simpler touches, looks, and words with more sophisticated ones. After age 3-4, the child can be asked his or her opinion on simple chores and problems. Regardless of the "childlike" quality of the answer, they should be congratulated on their thinking and attention to detail. For example, the parent might ask, "Do you think we should do anything else to the dog house we've built?" The child may answer, "Maybe we can put in a heating blanket!" While this is not an option for the dog, the parent can still answer in an affirming manner, "That's a great idea to keep the dog warm - very clever. We're not putting one in because there is no electricity and he might bite the cord...but that was a good idea." The child learns to bond through the time and tone of voice used as well as through the direct adult response to his or her expressed ideas. This fosters thinking and effective action in the child that makes them learn more resilience and

problem-solving in the face of stress (Laing, 1972). Additionally, it helps the parent gain respect for the child's unique contribution to the family.

Why secure attachments are important

- Secure relationships enable parents to better appreciate the child's point of view.
- The parent can listen to the child and be responsive to him or her.
- Parents can talk with the child in an appropriate, collaborative manner.
- Attachments create a warm and mutually fulfilling relationship between the parent and child, which may reduce frustration and the likelihood of abuse.
- Unhealthy attachment can be damaging to children's brain and body development.

Secure attachments have been proven to be vital to healthy development, from the very beginning of life through the later years. Even parents who may not have much free time should learn the importance of showing affection with hugs and smiles, and showing appreciation by encouraging their children verbally whenever they can.

Children who are anxiously attached or attachments that are avoidant can lead to poorer peer relationships in the future, bad grades, and self-esteem problems, among other issues (Laing, 1967; Olson & DeFrain, 2003). The development of an infant's brain is strongly shaped by the affection, attention, stimulation, and the meeting of physical needs such that when all these are provided, the child can thrive and develop normally. But not providing these comforts can harm more than just the brain; the whole health of the body is dependent upon receiving the care and nurturing it needs, particularly in these formative years (Schiff, 1975). **Professionals who are helping families can:**

- Teach the parents about the significance of nurturing attachments.
- Discuss sudden infant death syndrome.
- Teach about other risks like damage to the fragile infant skull.

- Provide illustration of the kinds of interactions that will be conducive to forming and maintaining these healthy bonds.

Knowledge of Child Development: The second major protective factor for families is to understand how their children are developing and to know what the normal developmental milestones are for each age. An explanation of the milestones for children from age 0 to 18 can be viewed by providers or parents online at www.parentfurther.com. This is vital because a parent can be alerted to a possible problem if they notice that their child is not on target for a milestone appropriate for his/her age. For example, if a child has not begun to sit up or crawl by 8 months, there could be a serious problem (Schiff, 1975; Carter, & McGoldrick, 2004). Also, during adolescence teens will often quarrel with their parents about hypocrisy and philosophical issues because their brain has reached sufficient cortical development to create moral understanding. Some parents would view this as rebellion, yet parents should realize that this is normal and ought to be reinforced to develop moral character (James & Jongeward, 1976). **Examples of milestones include:**

- Age when a child should be talking and making sounds
- Age when a child should be walking, sitting, standing, crawling, and gaining ability to potty train
- Age when a child should be interacting socially in certain ways

Not only must parents recognize developmental standards, but they should also be informed about the research on what parents can do to best support their child in achieving these milestones. Maltreatment of children can often result from unreasonable expectations (even unknowingly) of the parents regarding the child's ability to perform tasks (such as toileting).

Knowing the appropriate levels of development can keep expectations in line with the real abilities of the child.

Providers can help parents open up by exploring parents' assets and abilities as well as their hopes for their children, and by showing how to nurture by empathizing with parents and appreciating the work they are doing. Providers should ask questions about the child's skills and endearing traits, about the way the parents see themselves, and about how parents understand the child's behavior and development.

Specific questions to use for these talks with families include:

How do you show affection in your family?

How do you let your child know that you love him or her?

What are your child's greatest gifts and talents?

How do you encourage these talents?

What happens when there is conflict in your house?

How do you keep your child safe, in the home and in the community?? (Child Welfare Information Gateway, 2008).

These types of questions can help illustrate how parents demonstrate affection, model caring behavior, recognize accomplishments, and provide safety.

Parental Resilience: The third factor that will strengthen a family's ability to handle stress and crises is parental resilience: their own inner resources and coping skills. Parents who are able to model healthy coping will unknowingly instill these habits in their children, just as parents demonstrating ineffective coping will pass this down. As famous psychoanalyst Eric Berne once wrote: "The child is, in effect, hypnotized by his parent into carrying out a certain life pattern" (Berne, 1972, p. 343). The meaning of this quotation is not something mystical but rather a testimony to the power of suggestion on children. Providers can assist parents in developing their innate strengths to become better apt to cope with stress. There is also a well-researched area of cognitive behavioral therapy showing that negative, grandiose, and over-generalized thinking increases depression, reduces feelings of efficacy,

and leads to poor problem solving (Yapko, 1999). **There are many ways to help individuals recall, retrieve, and use their positive experiences for effective problem solving. These can include:**

- Thought-stopping for negative experiences.
- Holding positive experiences while conducting anticipatory thinking.
- Meditating on symbolic positive achievements (Lankton, 2008).

Having knowledge of these will help to build the family's feelings of security and ability to cope. Providers may also educate families on the causes and results of stress and ideas for coping skills they have not yet tried.

Supportive Social Connections: The fourth important factor for families is having supportive social connections. Parents who have no one to call upon in times of stress, and who are cut off from friends, have an increased risk for child neglect and abuse or domestic violence (Olson & DeFrain, 2003). Parents who are able to use healthy coping and who know how to reach out for help can model this behavior for their children.

Providers can help an isolated parent by:

- Encouraging parents to reach out to a neighbor, family member, or friend
- Letting them know the importance of these connections
- Directing parents to organizations (like a parent group or church group)
- Teaching parents about social skills
- Connecting them with things like support groups or community centers

Issues that also may challenge parents in making connections are:

- Transportation
- Finding child care so they can do activities with other adults
- Lack of awareness of community activities/groups
- Anxiety about making new friends

A commonly overlooked but helpful resource for coping and relieving stress involves seeking support from the immediate and extended family, even if it is only for an emotional outlet (Olson & DeFrain, 2003).

Concrete Community Supports: Finally, to best cope with stress or crises, it is vital that families have access to community resources. Parents who have the help they need will usually be less stressed, which reduces the risk of maltreating children. Families with many concerns (like unstable housing or finances, substance use or mental health diagnoses, or exposure to violence) may have an added challenge in learning how to cope, but they can still be assisted in finding resources.

Providers can help them look for external resources by referring to:

- Family or marital counseling
- Substance abuse counseling
- Educational services for themselves or the children
- Food assistance
- Shelters for displaced families or those leaving abusive homes
- Public financial assistance

Providers can help parents apply for food stamps, Medicaid or cash assistance at http://www.myflorida.com/accessflorida, the Department of Children and Families site (Olson & DeFrain, 2003). It also has links to other resources such as Florida Kid Care, an insurance program for children whose families do not meet income requirements for Medicaid.

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Self Care

Researchers recognize that people in the helping professions need to take care of themselves!

Why Self Care?

You can't always control the circumstances that life throws at you, but you *can* control how well you take care of yourself. Self care is a way of living that incorporates behaviors that help you to be refreshed, replenish your personal motivation, and grow as a person. For those working in the helping profession, self care can seem like a selfish pursuit, the luxury of those with more time (…and, perhaps, a less-sensitive conscience!). But the reality is that self care is NOT selfish! It is, in fact, the opposite. Nurturing oneself is a key factor in being able to keep up strength, resolve, motivation and inner resources to continue to give to others.

Neglecting to care for yourself both depletes you of needed resources with which to serve others and communicates to those around you (and even those you are seeking to help) that self care is not necessary and/or acceptable. In order to model a healthy lifestyle to clients and employees, you must live in a healthy and balanced way, setting appropriate boundaries and knowing your limits. Consider how you would treat a good friend who was burnout, stressed-out and exhausted. Would you tell her to get over it, to keep on keeping on? Or would you compassionately encourage her to rest and care for herself? Give yourself the same compassion and choose to take time for self care.

Types of Self Care

- **Physical**
  - **Sleep**
    - Make it a priority, as hard as it is! Lack of sleep contributes to your ability to handle stress all throughout the day.
  - **Nutrition**
    - Take time to cook good meals for yourself regularly.
    - Eat lots of fruits and vegetables, whole grains, and low-fat protein, all of which will help your body function well and fight off illness.
  - **Exercise**
    - Release endorphins.
    - Relieve stress.
    - Relax the body and helps with sleep problems, so you can get more and deeper sleep at night!
  - **Relaxation exercises**
    - Meditation, deep breathing and other relaxation techniques can be taught online, through a book or through a class and can help teach you how to relax.
  - **Pampering**
    - Take a bubble bath, give yourself a manicure, deep-clean your pores, care for your feet, or treat yourself to a massage!
    - All of these things help relax you and remind you that your body is precious and needs time and attention. You deserve to be well cared for!

        - Also, these activities can provide a space for mental quiet while you are doing something for your body.
    - **Watch habits**
        - Eliminate excessive alcohol, sugar, and caffeine--and throw out the cigarettes! All of these can mask your body's true needs (i.e. for sleep, nutritious food, relaxation) and can create their own problems by making your body less efficient, more depleted, and more prone to illness!
- **Emotional**
    - **Social support**
        - Nurture your friendships! Having friends who will listen and support you through tough times is important for your emotional health!
    - **Quiet time**
        - While time with others can be very rejuvenating, it is important to carve out some time to be all alone.
        - Take a hot bath, watch a sunset, listen to calming music, or take a quiet stroll. You will be more engaged with people and will enjoy your time with them more fully after having some space to be alone.
    - **Hobbies**
        - Find something you love to do! Paint, go biking, play guitar, cook, dance, or do something else that makes your heart come alive.
        - Working on a hobby helps you to stay present in the moment and can train you to do so more often, in other realms of life.
    - **Process your emotions**
        - Journaling
            - As someone working in the helping profession, you receive a lot of information--some of it disturbing and burdensome--and you need space to process that information, express your thoughts and feelings and understand the affect that it has one you. Journaling can be a great way to give yourself space to deal with the burdens you take on a daily basis.
        - Releasing negative emotions
            - Write a letter you won't send, have imaginary conversation with someone, find a place where you can yell or cry, where you have the space to really feel your feelings and release them.
            - After expressing and validating your feelings, practice finding acceptance and, sometimes, forgiveness.
    - **Humor**
        - Sign up for a joke-a-day email.
        - Read social service comics.
        - Watch a ridiculous You Tube video.
        - Laugh at the crazy things your family or coworkers do.
        - Give yourself permission to laugh, even during hard or stressful times. It is good for your soul!

- **Counseling**
  - As someone in the helping profession, model your acceptance of the reality that we ALL need help sometimes! If you need some help dealing with your relationships, your burdens, your emotions, your work, DON'T hesitate to seek help. We **ALL** need help sometimes. Have the courage and inner strength to ask for it!

- **Mental**
  - **Attitude**
    - Your perspective on circumstances really can change EVERYTHING! Try it!
  - **Thoughts**
    - Beware of criticism, perfectionism, unrealistic expectations, catastrophizing, etc.
    - The way you think about yourself and others, the thought patterns you establish, and roads your thoughts can take you down all affect how you perceive yourself and your life. The good news is that you can choose different streams of thought **and** you can choose to not engage with the negative thoughts that pop into your mind.
    - Develop a list of core beliefs to counter your most frequent negative thoughts (i.e., "I can only do my best today. That is all anyone can expect from me," "I am capable of overcoming this challenge. I am a hardworking, creative person," or "I am valuable. Not because of what I do, but because of who I am.")
  - **Mindfulness**
    - Try practicing mindfulness techniques. Choose one activity each day to be completely present (i.e. brushing your teeth). Pay attention to all of the sensory input you receive from that activity and try to keep your mind engaged *in the moment.* This kind of discipline helps teach you how to be more present in the events of your life, rather than always somewhere else (the office, tomorrow, next week, wandering if your dress is flattering, etc.).
    - A key component of mindfulness is acceptance. Learning to accept yourself, your life, and others can help free you from a constant need to control and change yourself and your environment.
  - **Get organized**
    - Sometimes a little better at scheduling or organizational structure can help make things feel a lot less overwhelming!
  - **Take breaks!**
    - Take true breaks from work--not just time-killers stolen from time doing other things (i.e., surfing the web)
  - **Reduce time urgency**
    - Give yourself a *reasonable* amount of time to accomplish tasks and don't agree to do more than that for which you have time.

- **Spiritual**
  - **Include Spirituality**
    - Research shows that a lifestyle including religion or spirituality can lead to good health.
  - **Pray or meditate**

        - Spending time in quiet or acknowledging a higher power can bring great peace and hope in stressful times.
    - **Study**
        - Spend time developing what you believe about yourself and the world and nurture yourself spiritually by reading and studying great spiritual works and listening to good teachers.
    - **Discipleship/mentorship**
        - Find a spiritual mentor! This person can help encourage you in your beliefs and teach you how to better nourish your spiritual life.
- **How to Begin:**
    - **Do a self care audit**
        - Sit down and make a list of your regular activities. Find out how you are spending your time and where you can make changes. How many hours per week do you spend on self care? How effective are your methods? Where can you implement changes? Remember, this may involve removing other commitments. Every choice involves a loss, so don't be afraid to lose something else when you choose self care. It's worth it. You're worth it!

Have a question or comment? Call Karen at 850-644-6303 (ext. 1)

JULY 2011 EPRESS

Upcoming Phone Conference

JULY PHONE CONFERENCE

****WEDNESDAY, JULY 27TH 12ET/11CT**

DIAL THE NUMBER 770-659-9299 TO PARTICIPATE. YOU WILL NEED TO ENTER THE CONFERENCE CODE 3103468751 TO PARTICIPATE.

YOU MUST RSVP WHEN THE REMINDER/AGENDA EMAIL COMES OUT IF YOU PLAN TO ATTEND!

ALL LINES WILL BE MUTED TO ELIMINATE BACKGROUND NOISE.

QUESTIONS FROM DIRECTORS

1. Question about TANF funding: If a mother fails a drug test, will her children be removed? Could these cases result in more supervised Visitation referrals?

Answer: Maybe. We do know that a drug test will likely result in a Call to the Abuse Hotline. If you receive a referral in one of these cases, please let us know. Here is an article on the topic:

http://www.tboblogs.com/index.php/news/story/failing-tanf-drug-test-could-trigger-child-protection-investigation/

2. Question about A and V records: If a Grandfather has custody of his grandson, and the child's mother visits him at a supervised visitation program, can that case be counted as an Access and Visitation Case?

ANSWER: Yes. Access and Visitation funding is specifically for cases in which a non-custodial parent is given access to his or her child. Even though the current custodian is a grandparent, the case is eligible to be counted as A and V! Include it in your data!

3. What can I do if a judge orders a case to my program and then closes the court case? I do not know what to do with some of my cases that are years old; they have been here far longer than the judge expected. I do not know what the judge wants me to do about new parental requests and disputes.

ANSWER: The parties need to go back to court, but they won't do it if they don't have prompting from you. My best advice is to send a letter to both parents informing them that you will be closing the case unless you receive a new court order with specific instructions. Be sure to send a copy of the letter to the clerk of the court with the old case number and style of the Case on it. Call the Clearinghouse for help in drafting the letter. It should state the date of the original referral. You may have to close the case to prompt the parents to re-activate it. In addition, it is generally a good idea to have a time limit on each referral. The court or CBC can always extend this deadline later, but setting a time limit –such as six or 12 months – can help you avoid those confusing cases that never seem to make any progress. I do not recommend that you proceed without a time limit or further direction from the referring source.

4. A case manager has called me to cancel four consecutive visits in a case. I keep preparing for the visit, and then get a phone call at the last minute. What can I do to end this cycle? It is frustrating and expensive!

ANSWER: Sometimes broken appointments can't be avoided. However, I encourage you to strengthen your relationship with this case manager so that he or she understands how much strain this puts on your program. Also, use this example as a way to educate your CBC as to your precarious financial foundation: it costs money to have a trained visit monitor available and waiting to sit a visit! The problem is exacerbated when your contract only pays you for completed visits: cancelled visits are far too common in supervised visitation. Begin a conversation with your CBC about these issues to protect your program. Consider setting a

number of cancelled or missed visits that will trigger termination from the program. Always include a clause that allows "program director discretion" for termination in case there are reasonable reasons for the no-shows.

5. I need help with a dependency case. I am worried about the youngest child, who is six years old. She has behaved in sexually aggressive ways, and I am not sure who to talk to about this.

   ANSWER: This is a very important issue, and it has prompted us to include a refresher course in sexualized behavior. Review the chart below with your staff. Then consider the child's behavior –Be sure to document the actual behavior, and not just a conclusion of sexual aggression --and call the case manager. You may decide to make recommendations in your files – not a recommendation about placement, but a recommendation for a mental health professional to conduct an assessment. You should also recommend that the Guardian ad litem in the case take notice of the behavior and proceed with follow up. When we discussed these things on the phone, you mentioned that one staff member was alarmed by the behavior, and another was not. If you yourself do not witness the behavior, make sure that the monitors write down the behavior – and then call the case manager. Even if people have differences of opinion, I would err on the side of calling it to the attention of those professionals who are acting on the child's best interest. Like the old saying, you are an extra set of eyes and ears for the child protective system!

Sexual Behavior in Children: A Refresher Course in an Important Issue

Remember, some sexualized behavior in children of all ages is normal. The following chart is designed to help professionals at supervised visitation distinguish normal sexual behaviors, TROUBLING sexual behaviors, and sexual behaviors requiring immediate attention. Children who have experienced trauma may engage in acting out behavior, and it is important for professionals to be able to determine if displayed sexual behavior needs to be addressed. This chart is not designed to determine if a child has been sexually abused, but rather to assist professionals in determining whether child behaviors may require follow up. For supervised visitation providers, behavior should be noted in the observation or case notes. Call the Clearinghouse if you have questions

about any specific behavior or case. If the case is a dependency case, be sure to share the information with the case manager.

Spend a few minutes reviewing this valuable information with your staff and volunteers. We'll discuss it at the next phone conference if you have questions!

GRADE LEVEL OF CHILD	ACCEPTABLE AND HEALTHY SEXUAL BEHAVIORS IN CHILDREN:	TROUBLING SEXUAL BEHAVIORS IN CHILDREN:	PROFESSIONAL INTERVENTION RECOMMENDED IF THE FOLLOWING BEHAVIORS EXIST:
Preschool	Touches own genital area when diaper is being changed	Continues touching genitals after being told not to	Child has more interest in touching self than normal child play; child hurts self by rubbing or touching
	Explores differences between boys and girls	Continues to ask repeated questions about gender differences after this has been explained	Plays gender roles in aggressive manner; dislikes own or opposite gender
	Touches genitals of familiar person or child	Touches genitals of unfamiliar person or child; Touches familiar person after being told not to; Requests to be touched	Forced touching of others; Demands others touch him/her
	Looks at nude people	Stares at nude people	Asks people to remove clothing; attempts to undress people
	Likes to be naked; shows genitals to others	Likes to be nude in public after being told not to	Refuses to put clothes on; shows genitals in public even though instructed not to many times
	Wants to watch people use the bathroom	This interest continues for more than a few weeks	Does not leave people alone in bathroom; gains forceful entry to bathroom
	Uses "bad" words to describe bathroom functions and sexual functions	Continues to use "bad" words even after being told not to	Continues using "bad" words in public despite strong instructions not to
	Interest in own feces	Smears feces on walls/floor more than once	Continues to smear feces after repeated strong instructions not to

GRADE LEVEL OF CHILD	ACCEPTABLE AND HEALTHY SEXUAL BEHAVIORS IN CHILDREN:	TROUBLING SEXUAL BEHAVIORS IN CHILDREN:	PROFESSIONAL INTERVENTION RECOMMENDED IF THE FOLLOWING BEHAVIORS EXIST:
Preschool	Plays "doctor"	Continuously plays "doctor;" Continues playing "doctor" even though instructed not to	Forces another child to play "doctor"
	Puts something in own genital/rectum *one time*	Puts something in genital/rectum after being instructed not to	Forcing putting something in own genital/rectum or genital/rectum of another child
	Plays house	Humping other children (while clothed) after being told not to	Intercourse (simulated or real) without clothes on; Oral genital contact
K – 4th grade	Inquires about sexual body parts, sex, and babies	Afraid of/anxious about sexual topics	Sexual knowledge exceeds age; Asks repeated questions about sex
	Peeks at people going to the bathroom	Repeatedly caught peeking at people using bathroom	Refuses to allow people privacy in the bathroom
	Uses "bad" words to describe bathroom functions, genitals, and sex	Continued use of "bad" words after instructed not to	Continued use of "bad" words after stringent consequences (exclusion from activities, school)
	Plays "doctor," explores body parts of others	Continues to play "doctor" and get caught after being instructed not to	Forces a child to strip and play "doctor"
	Shows genitals to another in private	Shows genitals in public after being instructed not to	Shows genitals in public to show anger
	Curiosity about urination and defecation	Plays with excrement	Continuously plays with/smears excrement; Intentionally urinates on furniture, etc.
	Touches own genitals when experiencing extreme emotions or when trying to fall asleep	Rubs genitals on furniture, other objects; Continues to touch own genitals in public setting after repeatedly being told not to	Touches self in public despite numerous warnings not to; Greater interest in touching self than childhood activities;

GRADE LEVEL OF CHILD	ACCEPTABLE AND HEALTHY SEXUAL BEHAVIORS IN CHILDREN:	TROUBLING SEXUAL BEHAVIORS IN CHILDREN:	PROFESSIONAL INTERVENTION RECOMMENDED IF THE FOLLOWING BEHAVIORS EXIST:
			Rubs genitals on others
K – 4th grade	Plays house	Continuously humps other children while clothed; Continuously imitates sexualized behavior with stuffed animals or dolls	Engaging in intercourse with another child; Forcing sexual contact on a child or adult; Humping nude
	Plays games related to sexuality with same-age children	Interested in playing sexualized games with significantly older or younger children	Forces others to play sexual games
	Looks at nude people	Stares at nude people	Asks people to remove clothing; attempts to undress people
	Pretends to be opposite sex	Engages in negative talk about own gender	Afraid of being own gender; Hatred of own genitals
	Interest in comparing genitals of peers	Interest in comparing genitals of children much older or much younger	Requests to see sexual parts (breasts, genitals, buttocks) of others
	Looks at sexual parts of others	Stares at sexual parts of others, creating discomfort	Continuously peeks at sexual parts of others after repeated instructions not to
	Interest in touching sexual parts of others; Interest in having others touch own sexual parts	Creates discomfort in others with request to touch their sexual parts or have them touch own sexual parts	Compels unwilling child to touch sexual parts or allow touching of their sexual parts; Forces sex (oral, anal, or vaginal)
	Kisses and allows kissing with familiar children and adults	French kissing; Anxiety about displays of affection; Sexualized talk; Kisses unfamiliar child or adult	Sexualized behavior with unknown adults; Touch with any adult creates anxiety or fear in child or adult

GRADE LEVEL OF CHILD	ACCEPTABLE AND HEALTHY SEXUAL BEHAVIORS IN CHILDREN:	TROUBLING SEXUAL BEHAVIORS IN CHILDREN:	PROFESSIONAL INTERVENTION RECOMMENDED IF THE FOLLOWING BEHAVIORS EXIST:
	Puts foreign object in own genitals/rectum for exploration or sexual sensation	Frequently puts something in own genitals/rectum; Puts something in other child's genitals/rectum	Forces putting something in other child's genitals/rectum; Causes harm to genitals/rectum of self or others
	Interest in animal breeding behaviors	Touching animal genitals	Sexual activity with animals

Cavanaugh Johnson, Toni. (2007). *Understanding children's sexual behaviors: What's natural and healthy*. San Diego, CA: Institute on Violence, Abuse and Trauma.

Tips and Reminders: Supervised Visits with Non-Offending Parents

Recognizing non-offending parents dynamics:

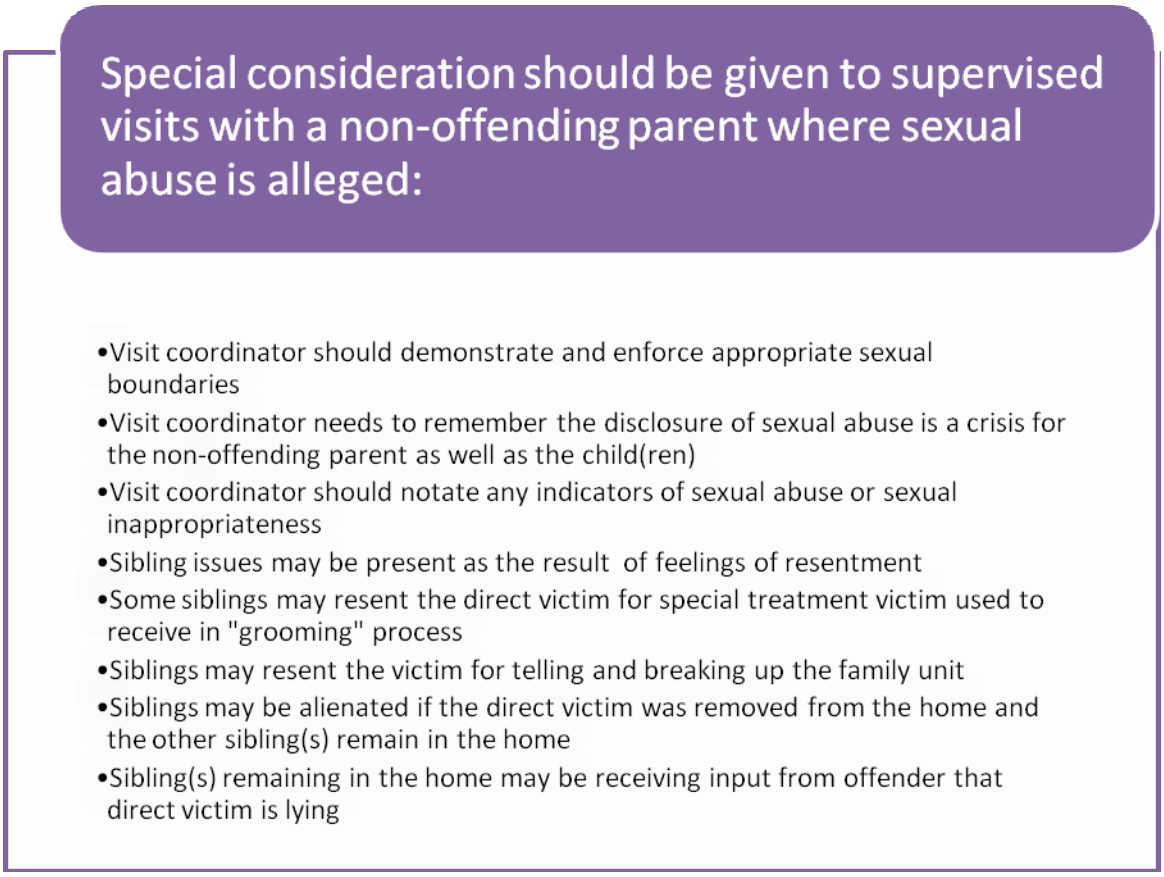
- Be aware of the potential for denial in non offending parent
- Non-offending parent may be experiencing a loyalty conflict between the offender and the child(ren)
- Non-offending parent may experience feelings of guilt and self-blame, as well as anger, frustration, fear, sadness, and anxiety
- Non-offending parent may question ability to parent and choose a mate

Opportunities to empower and assist a non-offending parent:

- Know how to refer parents to experts to develop, maintain, and follow a safety plan
- Demonstrate and affirm appropriate parenting techniques ("good job, Mrs. Jones!")
- Provide family with information on beneficial resources
- Demonstrate and enforce appropriate personal boundaries

Practical applications in supervising visits with non-offending parents:

- All family members should be viewed as victims of the offender's behaviors
- It is important to accept the non- offending parent's conflicted feelings and even love for the offending parent. Treating a non-offending parent with hostility because of his or her attachment to the offending parent is not appropriate or constructive.
- The visit coordinator needs to remember the offender is a human being who must be treated with respect at visits.
- Any concerning behaviors during the visit should be documented
- Visit coordinator should try to establish professionalism and trust with the client as soon as possible, because interventions will be easier. Aways focus on safety first.



Levenson, J. S., & Morin, J. W. (2001). Treating non-offending parents in child sexual abuse cases: Connections for family safety. Thousand Oaks, CA: Sage Publication

Behavioral Signs of Stress in Children

Age of child	Behaviors that may indicate stress
1-3 years old	Tantrums, clinging to caregiver, distress upon separation, behavior regression such as bedwetting in a potty trained child.
3-6 years old	Disrupted play which could include not playing or repetitive play; nightmares, acting out in an aggressive or oppositional way.
6-12 years old	Decline in school achievement, withdrawal from normal activities, internalizing behaviors such as depression or anxiety, externalizing behaviors such as hyperactivity or aggression, somatic complaints such as headaches or stomachaches.
12-18 years old	Disillusionment or a crisis of faith, clinging to new, possibly radical ideals, identity crisis as in a loss of direction, hopelessness or risk taking behaviors.

Caregivers and custodial parents often tell supervised visitation providers that the children they care for are experiencing stress. These children have been subjected to major changes, from removal from the home, to divorce, relocation, and family separation. The chart above describes some of the behavior that may occur when a child is experiencing stress, and the advice below can be shared with those caregivers and parents who want to help the child cope.

Ways to help a child cope positively with stress:

Promote a positive environment.

- Make sure the child is getting enough sleep and good nutrition.
    - A healthy body is better able to withstand stress-induced illness.
- Praise children for the "good" behavior that they exhibit.
- Listen without judging the child or the situation; that is, if the child chooses to tell you about the situation that produced the stress.
    - You can help the child to talk about the situation by asking open ended questions such as "Tell me about how you felt when that happened" or "What could we do together to make the situation less stressful?"
    - See if together, you can come up with a few solutions like cutting back on after-school activities, spending more time talking with parents or teachers, developing an exercise regimen, or keeping a journal.

Help the child feel comfortable in expressing feelings.

- You can help your child do this by providing them with the vocabulary they need to express feelings. Use and explain words like stress, afraid, sad, angry, etc.
- Talking about the physical feelings associated with these emotions can be especially helpful for young children. For example: Sometimes when you are stressed, you may get butterflies in your stomach, or your heart may pound.
- Let your child know that their feelings are normal and ok.

- Assist the child in clarifying his or her feelings.
    - Paraphrase and repeat back to the child what you heard them say. If it seems that you have misunderstood, ask the child for help in clarifying how they feel.

Set a good example. Tell caregivers that they also should be sure to manage their own stress.

- Manage your own stress so you don't make your children stressed.
- Model positive behaviors for coping with stress.

- Encourage your child to join you in an exercise or sport activity, physical activity can help release tension and stress.

- Teach your kids that everyone (including you) makes mistakes.
  - A good start is admitting your mistakes to your children with an "I'm sorry" or "My mistake."

Look for creative ways to deal with stress.

- Younger children may find it more comfortable to talk about their feelings through play with puppets.
- Teens can be encouraged to write their thoughts in a journal or diary, to draw or paint, or to write poems or songs.
- Books can help young kids identify with characters in stressful situations and learn how they cope. Check out *Alexander and the Terrible, Horrible, No Good, Very Bad Day* by Judith Viorst; *Tear Soup* by Pat Schweibert, Chuck DeKlyen, and Taylor Bills; and *Dinosaurs Divorce* by Marc Brown and Laurene Krasny Brown.

Tell parents and caregivers: *If your situation is severe and you need immediate assistance, the **Parent HelpLine** is a statewide, toll-free telephone crisis hotline that offers immediate assistance to parents and other primary caregivers in Florida who are feeling overwhelmed, stressed, or who have specific questions or needs about their children, or their behavior. The HelpLine is open 24 hours a day, seven days a week. They are closed on state holidays.*
*Call **1-800-FLA-LOVE** to talk with a trained, caring counselor about your child or teen.*

Community Action Agencies across Florida

Cindy Lee, the director of the Tri-County Community Council reminded us after the last phone conference that community action agencies offer important service throughout Florida. So we made a list of all of them so that you can link your clients to their valuable services.

County	Contact	Services
Alachua	**Central FL Community Action Agency** 220 North Main Street, Suite C Gainesville, FL 32602 352-373-7667 cfcaa@afn.org	Emergency Assistance Housing Assistance Nutrition Family Self Sufficiency Program

County	Contact	Services
Baker	**NE FL Community Action Agency** 84 Lowder Street, Suite B Macclenny, FL 32063 904-259-4481 Alterial Baker abaker@nfcaa.org	Family Self-Sufficiency Program Community Action Emergency Assistance Housing Youth
Bay	**Bay County Council on Aging** 1116 Franford Ave. Panama City, FL 32401 850-769-3468 baycouncil@bellsouth.net	Respite Center Volunteer Program Caregiver Support Program Community Services Fellowship Centers Gatekeeper Programs Home-based Services Information & Referral Nutrition Program Senior Centers Transportation Weatherization Medical Alert Employment
Bradford	**Trehab Community Action Agency** 800-982-4045	Community Services Home Services Drug & Alcohol Prevention Housing Services Workforce Development Services Weatherization Services Independent Living Program
Brevard	**Housing and Human Services Community Action Agency** 400 South Varr Ave. Cocoa, FL 32922 321-633-1951	Cremation Assistance Mortgage/Rental Assistance Utilities Assistance Medical Payment Assistance Self-Sufficiency Program
Broward	**Department of Human Services Community Action Agency** 954-497-1350	Community Partnerships Division Elderly and Veterans Services Division Family Success Administration Division Addiction Recovery Division

County	Contact	Services
Calhoun	**Capital Area Community Action Agency** 850-674-5067	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs
Charlotte	**Department of Human Services** 941-833-6500 **Bay Area Youth Services** 2930 Winkler Ave, Suite 103 B Ft. Myers, FL 33916 293-936-8666 Carol Ahlgren carol.ahlgren@baysflorida.org	Intensive Delinquent Diversion Services
Citrus	**Central FL Community Action Agency** 1410 East Silver Springs Blvd. Ocala, Fl 34471 352-787-1156	Emergency Assistance Family Self-Sufficiency Program Low-Income Home Energy Assistance Meals on Wheels Weatherization Assistance Program
Clay	**NE FL Community Action Agency** 84 Lowder Street, Suite B Macclenny, FL 32063 904-259-4481 Alterial Baker abaker@nfcaa.org **Green Cove Springs** 321 Walnut Street Green Cove Springs, FL 32043 904-529-2200 **Orange Park** 1845 Town Center Blvd. Orange Park, FL 32003 904-213-3888 Henry Wilkins hwilkins@nfcaa.org	Family Self-Sufficiency Program Community Action Emergency Assistance Housing Youth

County	Contact	Services
Collier	**Public Services** 3301 E. Tamiami Trail Naples, FL 34112 239-252-8468 **Bay Area Youth Services** 2930 Winkler Ave, Suite 103 B Ft. Myers, FL 33916 293-936-8666 Carol Ahlgren carol.ahlgren@baysflorida.org	Housing Veteran Services Intensive Delinquent Diversion Services
Columbia	**Suwannee River Economic Council** Northwest FL Ave Lake City, FL 32055 386-752-8726	Social services organization
DeSoto	**Desoto County Social Services** 201 E. Oak Street Suite 202 Arcadia, FL 34266 863-993-4858 **Manatee Community Action Agency** 302 Manatee Ave East Bradenton, FL 34208 941-827-0188	Transportation Disadvantaged Housing Medicaid-County Billing Low Income Home Energy Assistance Indigent Medication Behavior Intervention Program Speech Program Family Self-Sufficiency Program Head Start Healthy Families Housing Counseling Poverty Simulation Weatherization Assistance Program
Dixie	**Suwannee River Economic Council** Northwest FL Ave Lake City, FL 32055 386-752-8726	Social services organization

County	Contact	Services
Duval	**NE FL Community Action Agency** 84 Lowder Street, Suite B Macclenny, FL 32063 904-259-4481 Alterial Baker abaker@nfcaa.org **Emmett Reed Center Family and Community Service Center** 1093 W. 6th Street Jacksonville, FL 32209 904-632-1469 Geraldine Ford gford@nfcaa.org **Robert F. Kennedy Center, Emergency Services Center** 1133 Ionia Street Jacksonville, FL 32206 904-632-1461 Linda McGlocking lmcglocking@nfcaa.org	Family Self-Sufficiency Program Community Action Emergency Assistance Housing Youth
Escambia	**Community Action Program Committee** 850-438-4021	Education Assistance Emergency Services Program Employment Assistance Program Head Start Low-Income Home Energy Weatherization Program
Flagler	**NE FL Community Action Agency** 1003 East Moody Blvd. Bunnell, FL 32110 386-313-2506 Emanuiel Roberts eroberts@nfcaa.org	Family Self-Sufficiency Program Community Action Emergency Assistance Housing Youth
Franklin	**Capital Area Community Action Agency** 850-875-4250	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs
Gadsden	**Capital Area Community Action Agency** 850-875-4250	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs

County	Contact	Services
Gilchrist	**Central FL Community Action Agency** 2606 N.W. 6th Street Gainesville, FL 32609	Emergency Assistance Family Self-Sufficiency Program Low-Income Home Energy Assistance Meals on Wheels Weatherization Assistance Program
Glades	**Lake Community Action Agency** 501 North Bay Street Eustis, FL 32726 352-357-5550	Summer Food Program for Children and Youth Energy Assistance Family Self Sufficiency Program Budgeting Workshops
Gulf	**Capital Area Community Action Agency** 850-875-4250	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs
Hamilton	**Veteran's Service Office** 1153 US Hwy 41 NW, Suite 16 Jasper, FL 32052 386-792-1272 Bo Beauchemin veteranserviceoffice@windstream.net **Health Department** 209 SE Central Ave Jasper, FL 32052 386-792-1414	Assists Veterans Personal and Community Health Services Environmental Health Services
Hardee	**Manatee Community Action Agency** 302 Manatee Ave East Bradenton, FL 34208 941-827-0188	Behavior Intervention Program Speech Program Low Income Home Energy Program Family Self-Sufficiency Program Head Start Healthy Families Housing Counseling Poverty Simulation Weatherization Assistance Program

County	Contact	Services
Hendry	**Bay Area Youth Services** 2930 Winkler Ave, Suite 103 B Ft. Myers, FL 33916 293-936-8666 Carol Ahlgren carol.ahlgren@baysflorida.org	Intensive Delinquent Diversion Services
Hernando	**Mid FL Community Services** 352-796-1425	Transportation Retired & Senior Volunteers Energy Assistance Senior Services Block Grant Family Visitation Center Children's Advocacy Center Head Start
Highlands	**The Agricultural and Labor Program** 863-956-3491 admin@ALPI.org	Emergency Services Housing Transportation Vocational Training GED ESOL Literacy
Hillsborough	**Bay Area Youth Services** 1920 E. Hillsborough Ave. Tampa, FL 33610 813-628-8989 Carrie Rotella carrie.rotella@baysflorida.org	Intensive Delinquency Diversion Services Prodigy Cultural Arts Program Parenting with Love and Limits
Holmes	**Tri-County Community Council** 301 N. Oklahoma Street Bonifay, FL 3245 850-547-3688 tricounty@digitalexp.com	Head Start Housing Food Support Health Care Assistance Transportation Loans and Savings Opportunities
Indian River	**Economic Opportunities Council of Indian River County** 1456 Old Dixie Highway Vero Beach, FL 32960 772-562-4177	Head Start Community Services

County	Contact	Services
Jackson	**Area Agency on Aging for North FL** 5400 Cliff Street Graceville, FL 32440 850-263-4650 2931 Optimist Drive Marianna, FL 32446 850-482-5028 Abbie Burdeshaw burdeshawa@elderaddairs.org **Transportation Services** 3988 Old Cottondale Road Marianna, FL 32448 850-482-7433 **Legal Services** 8 W. Jefferson Street, Suite 200 Quincy, FL 32351 850-875-9881	provides information, referral and assistance to seniors, caregivers, professionals, and the general public
Jefferson	**Capital Area Community Action Agency** 850-997-8231	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs
Lafayette	**Suwannee River Economic Council** 386-752-8727	Social services organization
Lake	**Lake Community Action Agency** 501 North Bay Street Eustis, FL 32726 352-357-5550	Summer Food Program for Children and Youth Energy Assistance Family Self Sufficiency Program Budgeting Workshops
Lee	**Department of Human Services** 239-533-7900 **Bay Area Youth Services** 2930 Winkler Ave, Suite 103 B Ft. Myers, FL 33916 293-936-8666 Carol Ahlgren carol.ahlgren@baysflorida.org	Intensive Delinquent Diversion Services
Leon	**Capital Area Community Action Agency** 850-643-5113	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs

County	Contact	Services
Levy	**Central FL Community Action Agency** 220 North Main Street, Suite C Gainesville, FL 32602 800-732-3018 cfcaa@afn.org	Emergency Assistance Housing Assistance Nutrition Family Self Sufficiency Program
Liberty	**Capital Area Community Action Agency** 850-643-5113	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs
Madison	**Suwannee River Economic Council** 386-752-8728	Social services organization
Manatee	**Community Action Agency** 941-827-0188 **Manatee Community Action Agency** 302 Manatee Ave East Bradenton, FL 34208 941-827-0188 **Bay Area Youth Services** 1750 17th Street, Building. H. Sarasota, FL 34234 941-952-5010	Behavior Intervention Program Speech Program Low Income Home Energy Program Family Self-Sufficiency Program Head Start Healthy Families Housing Counseling Poverty Simulation Weatherization Assistance Program Prodigy Cultural Arts Program Intensive Delinquent Diversion Services
Marion	**Central FL Community Action Agency** 352-732-3008 cfcaa@afn.org **Bay Area Youth Services** 1107 E. Silver Springs Blvd. #8 Ocala, FL 34470 352-622-2971	Emergency Assistance Housing Assistance Nutrition Family Self Sufficiency Program Intensive Delinquency Diversion Services

County	Contact	Services
Martin	**The Agricultural and Labor Program** 863-956-3491 admin@ALPI.org **St. Lucie County Housing and Community Services Department** 437 N. 7th Street Fort Pierce, FL 34950 772-462-1777	Emergency Services Housing Transportation Vocational Training GED ESOL Literacy Transportation Assistance Nutrition Program Emergency Food and Housing Homeless Prevention Programs
Miami-Dade	**Community Action Agency** 786-469-4600	Behavior Intervention Program Speech Program Low Income Home Energy Program Family Self-Sufficiency Program Head Start Healthy Families Housing Counseling Poverty Simulation Weatherization Assistance Program
Monroe	**Monroe County Board of County Commissioners** 1100 Simonton Street Key West, FL 33040 305-292-4573	Weatherization Services In-Home Services Special Needs Registry Nutrition Transportation
Nassau	**NE FL Community Action Agency** 1303 Jasmine Street Fernandina Beach, FL 32034 904-261-0801 Lisa Mohn lmohn@nfcaa.org	Family Self-Sufficiency Program Community Action Emergency Assistance Housing Youth
Okaloosa	**Tri-County Community Council** 302 N. Oklahoma Street Bonifay, FL 32425 850-547-3689 t.communitycouncil@mchsi.com	Self Sufficiency Emergency Food and Shelter Low-Income Home Energy

County	Contact	Services
Okeechobee	**Seminole Tribe of FL** 863-763-4128 **St. Lucie County Housing and Community Services Department** 437 N. 7th Street Fort Pierce, FL 34950 772-462-1777	Education Services Housing Department Health Department Tribal Library System Services Veteran's Building Transportation Assistance Nutrition Program Emergency Food and Housing Homeless Prevention Programs
Orange	**Youth and Family Services** 407-836-7429 **Bay Area Youth Services** Kirkman Commerce Center 773 S. Kirkman Road Suit 119 Orlando, FL 32811 407-522-4190	Prodigy Cultural Arts Program Intensive Delinquency Diversion Services
Osceola	**Bay Area Youth Services** Kirkman Commerce Center 773 S. Kirkman Road Suit 119 Orlando, FL 32811 407-522-4190	Prodigy Cultural Arts Program Intensive Delinquency Diversion Services
Palm Beach	**P.E.P.P.I. Head Start** 200 S.W. 9th Street **Community Action Agency** 810 Datura Street, Room 150 West Palm Beach, FL 33401 561-355-4727	Utility Assistance Pathway for Achieving Self Sufficiency Food and Nutrition Income Tax Assistance
Pasco	**Mid FL Community Services**. East Pasco 352-567-0533 West Pasco 727-845-7350 **Bay Area Youth Services** 25400 U.S. 19 N. Suite 250 Clearwater, FL 33763 727-726-5566 Amy Jacques amy.jaques@baysflorida.org	Transportation Retired & Senior Volunteers Energy Assistance Senior Services Block Grant Family Visitation Center Children's Advocacy Center Head Start Intensive Delinquency Diversion Services Prodigy Cultural Arts Program

County	Contact	Services
Pinellas	**Bay Area Youth Services** 25400 U.S. 19 N. Suite 250 Clearwater, FL 33763 727-726-5566 Amy Jacques amy.jaques@baysflorida.org	Intensive Delinquency Diversion Services Prodigy Cultural Arts Program
Polk	**Polk County Opportunity Council** 450 W. Main Street Bartow, FL 33830 941-533-0015 **PCOC Head Start** 941-533-0015 **Polk County Opportunity Council** 941-533-0015 **Bay Area Youth Services** 1831 N. Crystal Lake Drive Lakeland, FL 33801 Dionisia Gonzolez 941-667-4701 x1209	Intensive Delinquency Diversion Services Prodigy Cultural Arts Program
Putnam	**Northeast FL Community Action Agency** 820 Reid Street Palatka, FL 32177 386-385-3954 x10 Lavonda Williams Lwilliams@nfcaa.org	Family Self-Sufficiency Program Community Action Emergency Assistance Housing Youth
Santa Rosa	**Tri-county Community Action** 850-981-0036	Head Start Housing Food Support Health Care Assistance Transportation Loans and Savings Opportunities

County	Contact	Services
Sarasota	**The Salvation Army** 941-954-4673 **Manatee Community Action Agency** 302 Manatee Ave East Bradenton, FL 34208 941-827-0188 **Bay Area Youth Services** 1750 17th Street, Building H. Sarasota, FL 34234 Sandra Trieb 941-952-5010 x1201	Behavior Intervention Program Speech Program Low Income Home Energy Program Family Self-Sufficiency Program Head Start Healthy Families Housing Counseling Poverty Simulation Weatherization Assistance Program Intensive Delinquent Diversion Services Prodigy Cultural Arts Program
Seminole	**Seminole County Community Assistance** 400 West Airport Boulevard Sanford, FL 32773 407-665-3363	Financial Assistance Prosecution Alternatives for Youth Committee on Aging
St. Johns	**NE FL Community Action Agency** 84 Lowder Street, Suite B Macclenny, FL 32063 904-259-4481 Alterial Baker abaker@nfcaa.org 1300 Duval Street St. Augustine, FL 32084 904-824-0978 Vicky Elmore velmore@nfcaa.org	Family Self-Sufficiency Program Community Action Emergency Assistance Housing Youth
St. Lucie	**St. Lucie County Housing and Community Services Department** 437 N. 7th Street Fort Pierce, FL 34950 772-462-1777	Transportation Assistance Nutrition Program Emergency Food and Housing Homeless Prevention Programs

County	Contact	Services
Sumter	**Mid FL Community Services** 352-793-3114	Transportation Retired & Senior Volunteers Energy Assistance Senior Services Block Grant Family Visitation Center Children's Advocacy Center Head Start
Suwannee	**Comprehensive Community Services** 511 Gildkist Blvd SW Live Oak, FL 32064 386-362-7143	Adult Day Training Residential Habilitation Respite Care Transportation In-Home Support
Taylor	**Capital Area Community Action Agency** 940 Mamie Scott Drive Monticello, FL 32344 850-997-8231	Head Start Family Self Sufficient Programs Emergency Services Weatherization Programs
Union	**Central FL Community Action Agency** 2606 Northwest 6th Street Gainesville, FL 32609 352-373-7667	Emergency Assistance Housing Assistance Low-income home energy assistance Meals on Wheels Weatherization Assistance Program Family Self Sufficiency Program
Volusia	**Community Assistance Division** Deland 386-736-5956 x2976 Daytona Beach 386-254-4675 x47722	Health Care Responsibility Act Indigent Burial Summer Food Services Program Emergency/ Supportive Services Dental Referral Transportation Assistance
Wakulla	**Tri-County Community Action** 850-892-3615	Head Start Housing Food Support Health Care Assistance Transportation Loans and Savings Opportunities

County	Contact	Services
Walton	**Bay Area Food Bank** 850-626-1332 **Caring and Sharing** 850-892-7656 **The Salvation Army Defuniak Springs** 850-243-4531	Head Start Housing Food Support Health Care Assistance Transportation Loans and Savings Opportunities
Washington	**Tri-County Community Action** 850-638-4520 x28	Head Start Housing Food Support Health Care Assistance Transportation Loans and Savings Opportunities

Adolescents and Alcohol:

Recognizing reasons behind the relationship

By Jessica L Gambill

Last month we discussed a teenager who showed up apparently intoxicated for a visit. This brief article discusses the complex issues of why teens drink. Remember to write down behavior of children and adults at visits. Don't just summarize your conclusions.

Exercise: Take a moment to think and reflect:

- **Make a list of possible reasons why teens drink.**
- **Make a list of the consequences associated with teen drinking.**

A wealth of information is available about the risks, consequences, and steps for prevention associated with underage drinking. In some cases, these risks, consequences, and steps for prevention are clearly defined and easy to identify. However, *why teens drink*, an important component of the problem, lacks a clear answer and can be difficult to understand.

Objectives:

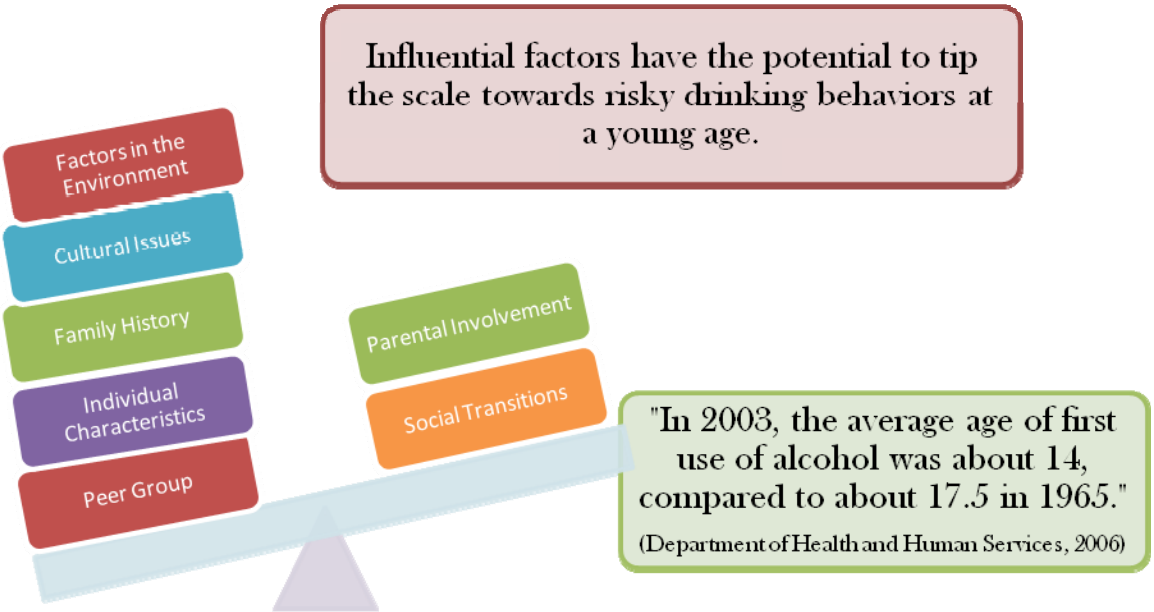
After reading the following material, you should be able to do the following:

- **Recall risks, consequences, and possible prevention methods.**
- **Have a general understanding of why teens drink.**
- **Be able to apply your understanding to cases of teen drinking.**

Risks

Risk factors associated with teen drinking are not the causes of drinking behaviors. They are, simply, the factors that may contribute to the likelihood an adolescent would drink. In other terms, risks should be referred to for correlation, not causation.

What increases risk?



Consequences

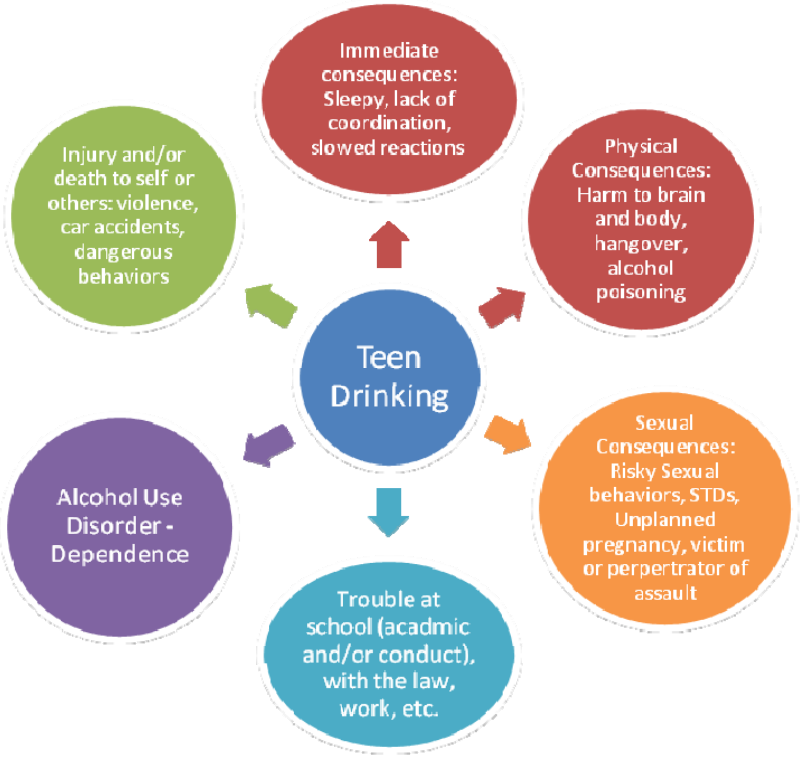
All actions have consequences, and there are many consequences associated with alcohol abuse. More specifically, there are additional consequences associated with alcohol abuse by a minor.

"Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking."

(Department of Health and Human Services, 2006)

"Alcohol consumption at a young age increases the risk of developing alcohol related problems later in life"

(Hart et al., 2011)



Prevention

Prevention methods on a more individual level are important to know when dealing with clients, especially when the client is at high risk for teen drinking behaviors. Not all methods work for every teen; however, keeping an open mind to new ideas and strategies to prevent teen drinking could be helpful when looking for ways to prevent the behavior. The following table of strategies published by BioMed Central Public Health is a useful tool for parents and professionals to refer to for ideas and methods to prevent teen drinking.

What can be done?

Continue your exploration: **Retrieve the full research article on parenting strategies and adolescent drinking from BioMed. Provide the table as a tool and reference sheet for parents.**

Examples of parenting strategies under the sub-headings used in the Delphi surveys and the final document		
Survey sub-headings	**Final document sub-headings**	**Example parenting strategies**
Things parents should know	Some things you should know about adolescent drinking	Parents should be aware that adolescents have less physical tolerance to the effects of alcohol
Delaying initiation*	Delay your adolescent's introduction to drinking *(including items from 'Provision of alcohol')*	Parents should be aware that the longer their adolescent delays alcohol use, the less likely they are to develop problems associated with alcohol.
Providing alcohol*		Parents should be aware that they can teach responsible drinking to their adolescent without allowing the adolescent to drink.
Parental modeling*	Model responsible drinking and attitudes towards alcohol	Parents who drink should model responsible drinking by never drinking and driving.
Talking to adolescents about alcohol*	Talk to your adolescent about alcohol *(including some items from 'Expressing disapproval' and 'School and community resources')*	When talking to their adolescent child about alcohol, parents should teach them that the effects of alcohol vary between individuals, depending upon the amount of alcohol, the person and the context.
Expressing disapproval*		Parents should not present a permissive approach to alcohol, as this can increase the likelihood of alcohol misuse by their adolescent child.
School and community resources		Parents should be aware of how alcohol is addressed in their adolescent's school curriculum.
General parental discipline*	Establish family rules *(including items from 'Alcohol-specific rules', and 'Consequences for when rules are broken')*	When establishing family rules parents should involve the adolescent in their development.

Alcohol-specific rules		In establishing family rules regarding alcohol, parents should ensure the adolescent knows that these rules are a protective measure, and not just a restriction on their freedom.
Consequences for when rules are broken		When establishing consequences for when family rules are broken, parents should make them very clear to their adolescent child.
Supervision and monitoring*	Monitor your adolescent when you are not around	Parents should be aware that parental monitoring reduces the likelihood of their adolescent misusing alcohol. Parents should monitor their adolescent by asking them where they will be when they are unsupervised.
Activities		Parents should be aware that adolescents who participate in activities that complement their interests and abilities are less likely to misuse alcohol.
Community Action		Parents should become involved in community activities aimed at the prevention of adolescent alcohol misuse.
Dealing with peer influence	Prepare your adolescent for peer pressure	Parents should be aware that if their adolescent's friends use alcohol, their adolescent is more likely to use alcohol.
Preparation for situations involving alcohol	Unsupervised adolescent drinking	Parents should discuss with their adolescent situations they may be faced with where they are pressured to drink to ensure they are sufficiently prepared for handling these situations.
When an adolescent has been drinking without permission	When your adolescent has been drinking without permission	If their adolescent comes home drunk, parents should wait until the adolescent is sober before talking to them about their behavior.
Parties	Adolescent parties at your house	When hosting an adolescent party, parents should work with their adolescent to plan age appropriate activities to take the focus off

		drinking at the party.
Parent-child relationship quality*	Establish and maintain a good relationship with your adolescent child (*including items from 'Family conflict', 'Parental support', 'Parental involvement', and 'General Communication')*	Parents should praise their adolescent for their efforts as well as their achievements.
Family conflict*		Parents should not tease their adolescent in a way that could be perceived as hurtful.
Parental support*		Parents should ensure that their positive comments outweigh their negative comments in their interactions with their adolescent.
Parental involvement*		Parents can be involved with their adolescent by establishing a regular weekly routine for doing something special with the adolescent.
General communication*		Parents should encourage communication with their adolescent by asking the adolescent about topics that interest them, and listening to them when they talk.
* Denotes accompanied by evidence review		
Ryan *et al. BMC Public Health* 2011 11:13 doi:10.1186/1471-2458-11-13 *Note.* Adapted from "Parenting strategies for reducing adolescent alcohol use: a Delphi consensus study," by Siobhan M. Ryan, Anthony F. Jorm, Clair M. Kelly, Laura M. Hart, Amy J. Morgan, and Dan I. Lubman, 2011, *BMC Public Health, 11,* p. 4. Open Access Research Article retrieved from http://www.biomedcentral.com/1471-2458/11/13		

Understanding Why

According to the Mayo Clinic staff, "The physical changes of puberty might make [a] teen feel self-conscious and more likely to take risks — such as experiment with alcohol — to fit in or please others." This rationale may explain the underage drinking of one teen, but not another. Understanding "why" is thought-provoking and tricky. The reasons behind teen drinking vary case-by-case.

Tying it together:

List the risk factors, causes, and consequences associated with teens' decision to drink in the scenarios. Look deep within the case for the "why." Considering these components, how might this behavior be prevented?

1. **Joey, 13, just graduated from middle school and is going to attend a private high school. He thinks he is going to have a difficult time making friends.**
2. **Katrina, 17, is dating a 21-year-old college student. He goes out to bars often.**
3. **Jen, 15, has never thought drinking was bad. Her parents do it often. Now that she is in high school, she feels like she is old enough to drink even though the law says she isn't.**

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What you can get for FREE

Times are hard for many people. We have compiled a list of free things available to you and the families you serve. If you have a volunteer who has extra time on his/her hands, ask for some help in acquiring some of these freebies.

Stuff for Babies

Free diapers https://www.pgbrandsampler.com/pgeds/pampers/brandsampler-login.jsp

Free training pants http://www.goodnites.com/na/promotions-offers/free-sample.aspx

Free Johnson & Johnson Baby Relief Kit
http://www.saveandsmile.com/?session_id=339c3adc8e1711e0b655dc815407cece

Free Publix Baby Club https://www.publix.com/clubs/baby/Subscribe.do

Free Baby Genius Music Downloads http://www.babygenius.com/education.html

Free Baby Tooth Chart http://www.anbesol.com/baby/chart.asp

Free Gerber Backpack and Samples http://www.gerber.com/AllStages/special_offers/backpack.aspx

Free Similac Baby Organizer http://similac.com/free-baby-organizer

Free Olan Mills Prints New Baby http://www.olanmills.com/coupons/11freecoupon.asp

Free SIDS Risk Poster http://www.childrensnational.org/research/OurResearch/disorders/cccr/sids-poster-signup.aspx

Free Potty Training Success DVD https://sslprotected.com/pullupsdvd/

Free Juicy Juice Sippy Cup http://www.juicyjuice.com/Login/Register.aspx

Free Baby Food http://www.beechnut.com/strongmoms7/
http://www.beechnut.com/solidfood/
http://www.beechnut.com/toddler1/index.asp?sourceID=111

Free Baby Calendar http://www.comienzossaludables.com/order-your-free-baby-calendar (en espanol)

Free Formula Samples http://www.parentschoicebaby.com/sample-advantage-baby-formula-sign-up.aspx
http://www.parentschoiceformula.com/sample-premium-baby-formula.aspx
http://www.parentschoiceformula.com/sample-gentle-baby-formula.aspx
http://www.enfamil.com/app/iwp/enfamil/certificate.do?dm=enf&id=/Consumer_Home3/Offers/ARsample&iwpst=B2C&ls=0&csred=1&r=3484581939
https://www.enfamil.com/app/iwp/ConsumerRegisterLoadConsentInfo.do
http://www.enfamil.com/app/iwp/enfamil/certificate.do?dm=enf&id=/Consumer_Home3/Offers/Nutramigensample&iwpst=B2C&ls=0&csred=1&r=3484582179
http://www.enfamil.com/app/iwp/enfamil/certificate.do?dm=enf&id=/Consumer_Home3/Offers/Gentleasesample&iwpst=B2C&ls=0&csred=1&r=3484582191
http://www.enfamil.com/app/iwp/enfamil/certificate.do?dm=enf&id=/Consumer_Home3/Offers/ProSobeesample2&iwpst=B2C&ls=0&csred=1&r=3484582195
http://www.membersmarkformula.com/free_sample.aspx

Free Training Pants Sample http://www.goodnites.com/na/promotions-offers/free-sample.aspx

Free Pediasure Sample https://pediasure.com/coupons-registration

Stuff for Families

Free babysitter etc background checks
https://www.care.com/#utm_content=&utm_medium=online&utm_campaign=seeker_general|022508&utm_source=shareasale&utm_term=108509&

Free Amber Alert kit https://www.amberalertgps.com/free_ebook.html

Free Code Adam kit
http://www.missingkids.com/missingkids/servlet/PageServlet?LanguageCountry=en_US&PageId=589

Free $10 for TD Bank Summer Young Readers http://www.tdbank.com/summerreading/

Free Publix Preschool Pals http://www.publix.com/preschool/AboutClub.do

Free Dora Book http://www.nickjr.com/dora-the-explorer/beyond-the-backpack/?af=1&xid=backbacktv

Free Bedtime Audio Stories http://www.goodnites.com/na/bedtime-fun/Bedtime-Theater/

Dental Care Access http://www.ada.org/1587.aspx

What Are You Saving for? Contest for $100 in Savings Account
http://www.usbank.com/cgi_w/cfm/personal/products_and_services/savings/saving_promo09.cfm?redirect=whatareyousavingfor

Free Book – Read 10 Get One http://www.borders.com/online/store/MediaView_double-dog-dare

Free Audio Books http://librivox.org/

Free Classic Children's Stories Audio
http://www.gltc.co.uk/fcp/content/FunBrian/funlist?awc=2187_1282290998_b224d1cdd50a2d3fa683b46a1d2da4a2

Free Spending, Sharing, Saving Guide Sesame Street (English, Espanol) http://www.pncgrowupgreat.com/parents_caregivers/kit.html

Free ADT Child Safety Kit https://www.adt.com/about_adt/adt_in_our_communities/childsafety

Free Polly Klaas Child Safety Kit https://secure.pollyklaasaction.org/site/Advocacy?cmd=display&page=UserAction&id=138

Target Portrait Studio Super Coupon http://www.targetportraits.com/content/coupons/coupons-print.htm (prints directly)

Free Sears Portrait Studio Photo Collage http://www.searsportrait.com/cpi/en-US/offers/main/

Stuff for Home/Office/School

Free Sticky Notes http://sandypaper.com/sample.htm

Free 250 Business Cards and Card Holder http://www.vistaprint.com/congratsevolution.aspx?AFFID=1011397&SUBAFFID=SID&GP=6%2f3%2f2011+3%3a33%3a51+PM&GPS=1565036997&GNF=0&GPLSID=

Free Motivational posters http://www.p-rposters.com/

Free lightbulbs https://secure.lampsplus.com/secure/lampsplus-coupons/index.asp

Free Sesame Street Math Show Episodes http://www.amazon.com/gp/product/B004614K0A?ie=UTF8&tag=allfreesample-20&linkCode=as2&camp=1789&creative=390957&creativeASIN=B004614K0A

Free Photo Book http://www.mypublisher.com/?si=&si=9XQ87xp8pCg-9VBdbnz6WJ7XC97M2buyXg

Free Book with Contest Entry http://www.scholastic.com/seaworld/

Free Stop Smoking Success Guide http://www.becomeanex.org/create-profile.php

Free Poster WWII Technology http://www.ww2sci-tech.org/poster/poster.php

Free Water Bottle (fill out health quiz) https://secure.onlineprocessing.biz/2/centura_porter/heartquiz

Free Graffiti Remover kit (Cities, Govt. Agencies, BIDS & Schools) http://www.graffitiremovalinc.com/cities-govt/free-municipal-sample-pack

Free Skateboarding Poster http://www.fringegear.com/posters.html

Free Reusable Shopping Bag (with proof of purchase) http://www.jollytime.com/resources/dyn/files/83825/_fn/free_grocery_bag.gif

Free Bring Your Own Bag Window Cling http://www.conservingnow.com/content/get-free-static-window-cling-your-car

Free Resources (Non-Jewish Moms Raising Jewish Kids) http://www.joi.org/feedback/index.shtml

Free Cross Stitch Kit http://www.dmc-usa.com/majic/pageServer/0y060000m50000/en_US/Mentor-subscription.html

Free Cheese Variety Poster http://www.eatwisconsincheese.com/cheese/requestguide.aspx

Free Planet Protector Kit http://www.epa.gov/epawaste/education/kids/ppcform.htm

Free Quick Wrap Bag Document Sealer http://www.quickwrapbag.com/sample.php

Free Reusable Shopping Bag http://www.reply2day.com/sanangelo

Free Duffel Bag http://www.inourtown.com/freegift.html

Free Glue Dots http://www.buygluedots.com/contact_us.html

Free Cookbook Publishing Guide http://www.morrispresscookbooks.com/request-info/

Free Pet Emergency Window Sticker https://www.adt.com/resi/programs/pets/#form

Free Stationary http://www.aktalakota.org/custom/forms/index.cfm?action=newsletter&cat=61

Free Ozone Test Kit http://www.iaacm.org/freeozonetest.html

Free Contact Solution http://www.opti-free.com/contact-solution-coupon.aspx

Free Celebration Candle http://www.newville-candles.com/request_sample/

Free Water Test Kit http://www.diamondcrystalsalt.com/Contact-Us/Contact-Us.aspx

Free Ready to Read 7 Things Parents/Caregivers Can Do Bookmark
http://www.fns.usda.gov/wic/Reading/orderform.htm

Free Eraser http://mailfinity.net/free-eraser-set.html

Free Carpet Spot Remover http://www.registermyfloor.com/home/freespotremover.html

Free Poster http://www.snowmassfreeride.com/sign-download-free-poster

Free Tech Backpack http://www.ironmountain.com/forms/prepared/

Free Pen http://www.freejs101.com/
http://www.biceasyglide.com/

Free Scotch Adhesive Coupons http://www.3m.com/brands/scotch/promos/welcomecoupon.pdf

Free Post-it Coupons http://www.post-itteachers.com/wp-content/uploads/coupon_65746.pdf

Free 12 months Anti-Virus McAffee
http://www.bankofamerica.com/state.cgi?section=generic&update=&cookiecheck=yes&destination=nba/promos/jump/mcafee/?dbgredir=

Free 1 GB USB Flash Drive
http://advision.webevents.yahoo.com/scp/viewer/index.php?client_id=5467&event_id=20799

Free Sponge Coupon and Tote Bag
http://www.3m.com/us/home_leisure/scotchbrite/images/coupons/emailcoupon_20100903.pdf

Free Toilet Paper Coupons http://www.scottbrand.com/community/savings/scott/

Free Flat Tire Repair http://www.mrtire.com/coupons/openFlatRepair.html

Free Swiffer Duster Starter Kit http://www.facebook.com/swiffer?sk=app_190322544333196

Free Downloadable Tax Forms http://www.printablecouponfeed.com/officedepot/26640

Free Calendar http://corporate.interstatebatteries.com/emailsubscribe/

Free Lowes Home Magazine Subscription
https://www.lowes.com/webapp/wcs/stores/servlet/UserSubscriptionView?langId=-1&storeId=10151&catalogId=10051

Free Atkins snack bars
http://community.atkins.com/security/register.jsp?MCID=hpCTAFreeBarsSummer2010&rc=FreeBars

Free Ziplock Bags https://www.rightathome.com/Offers/Pages/Acquisition.aspx

Free Carmex lip balm http://www.mycarmex.com/request-a-sample/default.aspx

Free gardening guide http://www.burpeehomegardens.com/BurpeeHomeGardens/GardeningGuide.aspx

Free diced tomato recipe book http://www.furmanos.com/images/pdfs/FurmanosRecipeBook.pdf

Free Navigating Your Health Benefits for Dummies http://www.planforyourhealth.com/health-benefits-dummies-guide/

Free What to Expect Guide to a Healthy Home http://www.whattoexpect.com/home/healthy-home/orderform.aspx

Free Chicken Stock Recipe Book http://www.kitchenbasics.net/display.cfm?p=32&pp=10

Free Jiffy Mix Recipe Book http://www.jiffymix.com/bookorder.php

Free Pamphlet What I need to know about Lactose Intolerance
http://catalog.niddk.nih.gov/detail.cfm?ID=184

Free Prevent Overdose Sticker http://www.drugpolicy.org/stickers

Free Tony Hawk Tobacco-Free Poster http://www.cdc.gov/tobacco/youth/sports/posters/hawk/index.htm

Free Consumer Action Handbook http://www.consumeraction.gov/caw_orderhandbook.shtml

Free Mailing Labels http://www.nfcr.org/index.php?option=com_content&view=article&id=355:free-mailing-labels&catid=80:donate-now
http://www.cff.org/getinvolved/mailinglabels/

Free Blue Star Flag support military and families http://www.mybluestarflag.com/freebluestarflag

Free Child Abuse Prevention Manual and Stickers
http://oc.convio.net/site/Survey?SURVEY_ID=2500&ACTION_REQUIRED=URI_ACTION_USER_REQUESTS

Free Batteries http://www.facebook.com/Rayovac?sk=app_217257571634557

Free Ear Plugs http://www.hearos.com/index/trial

Free Toby the Train Coloring Book

http://www.nscorp.com/nscportal/nscorp/Community/Coloring%20Book/requests.html

Free LeapFrog Board Book http://www.leapfrog.com/en/freebook/splash.html

REMINDERS TO DIRECTORS:

1. **CALL THE CLEARINGHOUSE IF YOU HAVE QUESTIONS ABOUT PARTICULAR CASES**
2. **CHECK YOUR ANNUAL CERTIFICATE OF COMPLIANCE – IS IT TIME TO RENEW?**
3. **ENTER YOUR ACCESS AND VISITATION DATA: DON'T WAIT UNTIL THE LAST MINUTE - FALL WILL BE HERE BEFORE YOU KNOW IT, AND FLORIDA'S FUNDING DEPENDS ON THAT DATA!**

AUGUST 2011 EPRESS

AUGUST PHONE CONFERENCE

****WEDNESDAY, AUGUST 17TH 12EST/11CST**

DIAL THE NUMBER 770-659-9299 TO PARTICIPATE. YOU WILL NEED TO ENTER THE CONFERENCE CODE 3103468751 TO PARTICIPATE.

YOU MUST RSVP WHEN THE REMINDER/AGENDA EMAIL COMES OUT IF YOU PLAN TO ATTEND!

ALL LINES WILL BE MUTED TO ELIMINATE BACKGROUND NOISE.

Upcoming Phone Conference

SEPTEMBER PHONE CONFERENCE

WEDNESDAY, SEPTEMBER 21ST

OCTOBER PHONE CONFERENCE

WEDNESDAY, OCTOBER 19TH

When a Parent Criticizes the Other Parent in the Child's Presence at Visits

by Emily Parker

Perhaps the most common complaint of supervised visitation staff about adult clients is that the parents tend to criticize each other in the children's presence. Every visitation provider has heard statements similar to those below:

- "We wouldn't be here if Tommy's father did what the judge told him to do."
- "My ex is such a bi*&^."
- "Tiffany's father will never cooperate with me."
- "I should never have married that idiot."

Parental conflict is a complicated issue. When domestic violence has existed in the relationship, conflict is dangerous and can even be fatal. Visitation providers know that parents often have good reason to resent and regret (and sometimes fear) their spouses; thus, staff need to be ever mindful of keeping non-offending parents safe. However, at visitation, staff *also* have a responsibility to keep the child's well-being a priority.

At visits, the focus for parents isn't on "liking" the other parent or ignoring abuse. All parents, however, can be assisted in looking for ways to make visits as trauma-free for the child as possible. Without ignoring or minimizing the issues that brought the family to supervised visitation, staff can still help make the visits nearly stress free for children. This is no small task, and it requires redirection and reminders to parents.

Below are a few reminders to start and maintain good visits:

1. **At Intake, discuss the issue!** Successful intake sets the tone for the visit. Parents sometimes forget that children identify with both parents as part of themselves. Remind parents of this at intake. Talk about the goals of visitation, and of the necessity of avoiding criticism of the other parent. If the parent needs services to deal with his or her own anger, depression, victimization, or other issues, make those referrals to community resources.

2. **Point out triggers!** When a history of violence is NOT present, successful co-parenting can be defined by healthy communication, a positive regard for the other parent, agreement on child-rearing issues, the ability to compromise and negotiate, and the ability to separate issues with the other parent from issues about ***caring for the child. Staff can discuss common triggers of conflict.***

Triggers for conflict between parents

- Money
- Medical issues
- Religious/values education
- Education and/or career plans
- Holidays
- Recreation (sports, hobbies)
- Discipline
- Parenting styles
- Opportunities for additional parenting time
- Poor communication habits
- Transportation

3. **Helping Parents Do What's Best for a Child during Visits**

Children typically have a sense of loyalty to their parents, no matter the terrible things that have happened between them. Insults said near the child by one parent about the other parent are first absorbed *by the child*. This is destructive and hurtful to the child's sense of identity and is not acceptable from either parent, or any other adult, in front of the child.

Tell Parents: Don't Use your child as a dartboard to hurt the other parent! In addition:

- Don't withhold visitations from the other parent
- Don't use the child to spy on the other parent
- Don't use the child as a pawn or bargaining chip in fighting over family property
- Don't use the child as a go-between to resolve issues with your former partner
- Don't speak negatively and angrily about your former partner in front of your child
- Don't point out similarities between your child and the other parent in a negative way

4. **Be ready to re-direct. This means that staff must be listening and watching to know when to re-direct the parent!** Be polite but firm. First ask the parent

to step out of the room and say, "Mr. Jackson, I can see that you are angry. But remember what we discussed at intake: the visitation room is not the place for you to criticize Mrs. Jackson. Joey wants to spend time with you and have fun with you. Please do not speak about Mrs. Jackson in those terms."

5. **Be ready to stop the visit if necessary. If the parent refuses to stop criticizing the other parent, staff may need to stop the visit.** Roleplay this with your staff, so that they are ready to intervene when necessary.

Tell parents: Your child feels criticisms of the other parent as if they were criticisms of your child. Each dart thrown at the other parent hits the child first.

Children with Disabilities: Promoting engagement and development at Visits

By Jessica L Gambill

Nearly 4.5 million people in the United States are living with a developmental disability (Quest, 2009). Not all developmental disabilities are the same; many require particular accommodations and services. When considering how to deal with children with disabilities at a supervised visitation program, it is important to consult a medical professional to understand the specific issues of the disability, especially if staff have never dealt with the specific disability before.

Child development is strongly influenced by how quickly children are diagnosed and placed in the appropriate environment. Apart from the special accommodations necessary for certain disabilities, other actions can be taken to promote the engagement and development of this population of children.

Objectives:

After reading the following material, you should be able to do the following:

- Be aware of actions you can take to promote healthy engagement and help parents stimulate their child's development.
- Have knowledge of resources you can access for more information and help.

Taking Action!

Daily Life

According to research, the daily lives of families should be explored to understand how best to assist them when a child has a disability. Medical professionals often encourage custodians to write seven-day diaries. These diaries can be used to help families and professionals identify areas that may need attention. These family-focused services strengthen and enable families while meeting the identified needs of the child with disabilities (Carter, Hunt, Hurley, Robertson, & Thomas, 2010).

Critical thought:
Why else might understanding daily life be important or helpful?

Visitation Intake

Although a seven-day diary is not practical in the visitation setting, staff can introduce the parent to the program (and tour the program) and then start a discussion with the parent about the child. Staff might ask questions such as:

- What kinds of things does your child like to do to have fun? For example, does he or she like to read, play games (provide a sample of the games your program offers), or spend time outdoors (if your program has an outdoor playground).
- Looking at the visitation program setup, what challenges or problems might your child have with engaging in these activities? What accommodation can we make to ensure that your child can take full advantage of our program?
- Are there any activities that your child can not take part in?
- What information should we know about so that your child can take full advantage of our program?

Help for the Visitor

Sometimes the visiting parent does not have enough information to answer the questions above, so the custodian's information is essential. Still, staff should have a discussion with the visiting parent to plan the visits and make them successful.

When a parent is not familiar with accommodations for his or her disabled child, staff can do the following:

- Emphasize the importance of a visit in which the child has fun and enjoys him or herself
- Suggest possible activities
- Highlight the child's strengths and interests as discussed with the custodian
- Note the child's limitations, but emphasize the things the child *can* do
- Clarify to the parent that staff want to avoid frustrating the child, so that the parent and staff can work to present options to the child for a successful visit

Parents and Guardians

Visitation staff should emphasize to both parents that loving and supportive guidance is essential to the successful development of all children, especially children with disabilities. A child can sense when people are so preoccupied with helping behaviors that they become frustrated instead of enjoying the time spent together. This can damage a child's self-worth and put a damper on progress in his or her development. As explained by experts, "children progress best when their parents function as advocates for them, choosing the most appropriate educational settings, setting reasonable goals, and providing a warm and nurturing environment."

Decision-making

Remind the visitor that instilling a sense of independence in a child helps him or her reach full potential. Encouragement at each stage of development is essential to reach the highest level of independence possible in a child with disabilities. This means that the parent should involve a child in making decisions as much as possible, but recognize the child's ability to understand. When development seems to stop moving or begins to move backward, instead of becoming discouraged, focus on short-term goals until the child begins to progress again (DCF, 2011).

The Importance of Play

Use Play for Engagement: According to Bronfenbernner, play helps children *master roles and relationships*, gain power, and develop (as cited in Goodley & Ruswick-Cole, 2010).

Use Play for Development: "Children are hard-wired to learn, and play is a key activity through which to release these intrinsic capabilities. Play makes perfect" (Goodley & Ruswick-Cole, 2010).

Precautions

- **Beware of unsupported methods** and false hope. For example, don't promise the parent that the child will be able to master a skill. Visitation staff should never offer such opinions.
- When involving children in decision-making, it is critical to **recognize the child's capabilities** to comprehend the decision he or she is making. Staff should not burden the child or the parent with their own expectations.

Support for the Family:

Families of children with disabilities often need extra support. They may need:

A doctor: Medical professionals should be consulted regularly to provide up-to-date information about symptoms and treatments for disabilities. If the case is a dependency

referral, the case manager will know who the medical professional is, or can make referrals to the family.

A therapist: "Providing a therapeutic attachment relationship appeared to support affect regulation under stressful teaching conditions" (Janssen, Jeczynski, Jongbloed, Schuengel, & Sterkenburg, 2009). Again, a case manager should have this information.

Other parents and families: A playgroup study supports relationships between parents and their children as ways to cope with problems, exchange ideas, and serve as a mutual aid (Bopp-Limoge, Morgenthaler, Pascal, & Pegliasce, 2010). Are there playgroups in your area? Ask the case manager, or look through your social services directory. Offer this information to the custodian.

Resources

The internet is a powerful resource to find social services that can be helpful and informative. Experts, hired by About.com, have compiled lists of agencies that can assist families and professionals that need it. Lists of agencies are available for all 50 states, American Samoa, Guam, Puerto Rico, and the Virgin Islands.

To find assistance in Florida, go to
http://learningdisabilities.about.com/od/el/tp/FL_Developmental_Disability.htm

Locate more help by accessing the lists at
http://learningdisabilities.about.com/od/developmentdisabilityhelp/Developmental_Learning_Disabilities_Where_to_Find_Help.htm

Talk about it:

1. How is understanding daily life helpful to promoting a child's engagement and development?
2. List some forms of guidance a parent can give to a child with disabilities.
3. List some important relationships a family can establish to benefit their child with disabilities.
4. How can play be used to promote engagement and development?

Bonus: Look up contact information for social services and resources in your area. Make a reference sheet for future use.

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Myths about Homelessness

In the last two months, we have heard about several cases of homeless parents who have been referred to supervised visitation programs. Now is a good time to review myths and facts about homelessness. The myths are in bold, and the facts follow.

1. **Only adults can be homeless.**
   In the U.S., 3.5 million people are homeless, of which 1.35 million are children. The constant instability, stress, and trauma has profound effects on the cognitive and emotional development of these children.
   Homelessness prevention found at www.fpi.state.nd.us
   www.familyhomelessness.org

2. **All homeless people are homeless because of their poor decisions.**
   As mentioned above, a large number of homeless people are children who are dependant and who are not responsible for their housing circumstances. Around a quarter of homeless people are mentally ill, and about 40% are alcohol or substance abusers, with around 15% suffering from both. Schizophrenia and depression can be debilitating, especially without the familial or financial support. People can find themselves unable to maintain a residence because of circumstances beyond their control. Not all people who are homeless are substance abusers.
   National Health Care for the Homeless found at www.nhchc.org
   Prevent Homelessness found at www.fpi.state.nd.us

3. **Homeless people are not going hungry because of the abundance of social services and their ability to take advantage of the system.**
   More than half of people who are homeless do not receive food stamps. Many factors can prevent people from receiving food stamps including lack of transportation, lack of knowledge about the program, mental illness, lack of an address, and lack of documentation. Food pantries provide staple items for cooking, but people without a means to cook have no use for some of the items they receive. Additionally, many food pantries give only one carton of food away per month, which is not nearly enough.
   Www.nationalhomeless.org

4. **Homelessness is always a long-term condition.**
   To the contrary, the most common length of time that someone is homeless is one or two days, and half the people who enter the homeless shelter system will leave within 30 days, never to return.
   Culhane, D. (2010). Five myths about America's homeless. The Washington Post. Found on www.washingtonpost.com

5. **Most homeless people have a severe mental illness.**
   This is a major issue among the smaller group of single adults who are chronically homeless; however, the rate of severe mental illness among all of the homeless (including families and children) is 13 to 15 percent. Mental illness is a barrier to exiting homelessness, but depending on a community's resources, having a severe mental illness may protect

against homelessness. Poor people with severe psychiatric disabilities may have more means of support than other people in poverty because they are eligible for a modest federal disability income, Medicaid, and housing and support services designed specifically for them. Not so for the other childless singles. Ex-convicts, people with drug addictions and the able-bodied unemployed make up the majority of the nation's homeless population. Culhane, D. (2010). Five myths about America's homeless. The Washington Post. Found on www.washingtonpost.com

6. **Most homeless people are minorities.**
   To begin with, two thirds of poor families in the United States are white. In its 2004 survey of 27 cities, the U.S. Conference of Mayors found that the homeless population was 49% African-American, 35% Caucasian, 13% Hispanic, 2% Native American, and 1% Asian. Like the total U.S. population, the ethnic makeup of homeless populations varies according to geographic location. For example, people experiencing homelessness in rural areas are much more likely to be white; homelessness among Native Americans and migrant workers is also largely a rural phenomenon (U.S. Department of Agriculture, 1996).
   www.nationalhomeless.org
   Help Prevent Homelessness found at www.fpi.state.nd.us

7. **Not many people are homeless in the United States**
   3 to 4 million people are homeless in the United States, but we suppose the word "many" is subjective.
   Help Prevent Homelessness found at www.fpi.state.nd.us

8. **There are plenty of shelters for homeless people. People on the streets don't want help.**
   In most cities, there are far more people in need of shelter than available shelter beds. People want and need help.
   Prevent Homelessness found at www.fpi.state.nd.us

9. **The homeless are uneducated and unemployable.**
   Many homeless people have completed high school; some have attended college and even graduate school.
   Prevent Homelessness found at www.fpi.state.nd.us

10. **People choose to be homeless.**
    Less than six percent of the homeless are that way by choice.
    Prevent Homelessness found at www.fpi.state.nd.us

11. **Homeless people sleep during the day in public because they are drunk or high.**
    People might choose to sleep during the day in public because of the extra sense of security that is provided by the constant flow of people. Sleeping at night can be a very high-risk thing to do, it requiring that you make yourself completely vulnerable.

12. **Homeless people are easy to recognize.**
    A large percentage of the homeless population are working parents with children. It is impossible to identify them as "homeless" by sight because they are typically working in

low-income jobs and their children are in school during the day. At night they sleep in vehicles, garages, or motels. Many move daily from house to house not knowing who will allow them to sleep on their floor or sofa that night.
www.wellspringalliance.com

13. **Homelessness can never happen to me.**
No one is immune from potentially becoming homeless. Studies have shown that just a few unfortunate events can turn someone's life around completely. It may be the loss of a partner, an unexpected expense or an eviction at short notice.
www.themercyfoundation.com

Using Supervised Visitation to Increase Literacy

The Challenge

- **35% of American children entering kindergarten today lack the basic language skills they will need to learn to read.**
- **Children who live in print-rich environments and who are read to during the first years of life are much more likely to learn to read on schedule**
- **Fewer than half of parents (48%) in the United States read to their young children daily.**
- **Parents of children living in poverty may lack the money to buy books, may not have easy access to good children's books, and may not themselves have been read to as children, with the result that millions of children are growing up without books.**

The Clearinghouse is investigating ways for Supervised Visitation Programs to get quality books in the hands of all children who use visitation programs!

Last month we gave you some ideas. Here's another:

The Literacy Empowerment Foundation will send you 100 new books for $68 (basically that's just the cost of shipping and handling!). Do you have a community group who might donate a few hundred dollars toward your literacy efforts? We strongly encourage programs to give away books to children for free at the first visit.

Here's how to order:

You can order a set of 100 new books for $68. You can order via the website http://lefbooks.org/reading_resource_project/ but prospective programs can view the books via http://www.wilbooks.com/

Questions from Directors

Question:

I have a family law case that involves two parents who are convinced that I am biased and working against them. Each believes I favor the other, and each has made thinly veiled threats against my reputation. This is done subtly, when they call to confirm appointments, or when one is leaving. They're too smart to say anything directly, but I am really starting to worry about this case; I feel like they are making our program part of the divorce battle. What should I do?

Answer:

Don't worry, you are not alone. Many programs that accept family law cases have had an experience similar to this. My advice is to stick to your policies and procedures. They were developed to keep families safe, and to keep providers protected. Remember also to take some simple precautions: be sure to staff this case frequently to ensure that all of your staff or volunteers understand the issues involved, and consider only putting your most trained staff in the visits. Also, document, document, document every single conversation you have with these (and all) parents. When a parent calls you, pull out your notepad or Ipad and document everything he or she says.

Your excellent working relationship with the court will also be important in this case. The years that you have worked hard to establish and maintain that relationship will help if you are called as a witness in the case. My experience from helping programs for over 13 years is that judges have great respect for the staff of supervised visitation programs. You are seen as a "good guy" in these cases.

So avoid any appearance of impropriety, stick to your rules, and document everything.

Question:

What should I do in a dependency case when the mother has a child who is not part of the case, but I am worried about the child? She brings him to the visit, and the case manager has not mentioned him. I can't find anything in the file about him.

Your instincts are correct: you should ask about this other child. Go directly to the case manager and highlight your concerns. It will be helpful if you know any details about this other child: his name, age, date of birth, and where he lives. Be sure to document the conversations you have about this child. Include them in your administrative and case notes. If you suspect abuse or neglect and do not get a satisfactory response from the case manager, call the Abuse Hotline (1-800-96-ABUSE).

Question:

A case manager wants me to supervise a sibling visit in a very short period of time. I know nothing about the case. What should I say?

Get more details! Whenever you are asked to monitor in visit on a very tight timeframe, stop and think about whether you are following the best practices. Do you have sufficient time to find out what the risks are in the case? Do you have time to adequately prepare for the case? If the answers to the above questions are No, then the supervision will not be meaningful! That is the core issue of supervised visitation.

You are right to express concern to the case manager. But you should also communicate openly with her. Let her know what procedures you have to follow. Let her know what safeguards you want to put in place. Most case managers are very receptive to working with supervised visitation staff, especially when they are kept "in the loop" and understand the reasons for any delays in services**.**

What is a Coordinated Community Response?

By Lyndsey Westall

We use the term "coordinated community response" often in our phone conferences and discussions. Yet, new supervised visitation providers may not be familiar with its meaning and mission. The mission of a coordinated community response is to remove responsibility from the non-offending individual and plan services for an appropriate community response to family violence and child maltreatment. Issues include:

1) Holding the offending individual accountable
2) Providing available resources to non-offending clients during each step of the process
3) Removing gaps in services
4) Ensuring that the response is consistent and reliable

What distinguishes a Coordinated Community Response from usual networking and case management exchanges is to re-define how a community responds to acts of family violence. This includes domestic violence and child welfare services.

A comprehensive message that refuses to support acts of violence will have more of an impact if the agencies involved agree to coordinate services designed to eliminate violence in the community. A collaborative effort in response to family violence sends the message that the community will not tolerate or accept violence in any capacity. So what does it mean to collaborate?

A coordinated community response involves the act of collaboration. Collaboration between agencies is defined by The Family Violence Department of the National Council of Juvenile & Family Court Judges (NCJFCJ) as: "a mutually agreed upon process for a systems change." Eliminating violence may be achieved through a

collaborative effort from multiple agencies as opposed to individualized services. This is referred to as a Coordinated Community Response.

-Understanding the Issues-

Child abuse was recognized as a social problem in the 1960s; before violence toward women was acknowledged as a crime in the late 1970s. Historically, services for child abuse and survivors of domestic violence have been carried out separately. Few service providers have combined efforts in response to the co-occurrence of child abuse and domestic violence.

Both issues are considered the most prevalent and dangerous forms of violence in the United States. Many consequences resulting from domestic violence and child abuse support the need to respond to these issues simultaneously:

- Women are more likely to be abused in situations involving child abuse and neglect.
- The result of children being witness to and/or the target of abuse increases risk for violence and the need for intervention.
- Many times the non-offending parent/guardian is directly or indirectly held accountable due to the misunderstanding of preceding events.

Co-occurrence of Domestic Violence and Child Abuse

Child welfare cases repeatedly reveal the co-existence of domestic violence and child abuse/neglect. Over 50% of families with a documented murder of a child had also experienced domestic violence in the previous three to four years.

The Consequences of Abuse and Children

The effects of children witnessing domestic violence result in: behavioral outbursts with parents, friends, family members, teachers, attending juvenile court, missing school, and poor academic performance.

Children who witness or experience abuse usually exhibit one of two possible behavior patterns: 1) internalizing feelings, appearing apprehensive or depressed and 2) acting out, showing feelings of aggression and anger.

Unintentional Consequences for the Non-Offending Parent

"I remember interviewing a court-based victim advocate who told me that she had seen countless women come to court for restraining orders after becoming involved with CPS. I asked her if this was because CPS forced mothers to get restraining orders. She said no, it was because the mothers got beat up worse after child protection workers showed up at the front door."
~ Director, CPS Domestic Violence Unit

- Non-offending parents may be afraid that they will be accused of "failure to protect" a minor from abuse, neglect, or witness to abuse; even when the non-offending parent may have also been subjected to the abusive behavior. There has been an effort to train child welfare workers about how to avoid this phenomenon.

- Child custody terms may require a non-offending parent to be in close proximity to the abusive parent, increasing risk for future threat or experience of abuse.

- Far of the legal system, legal sanctions, and increased risk to violence may discourage the abused partner from contacting legal intervention.

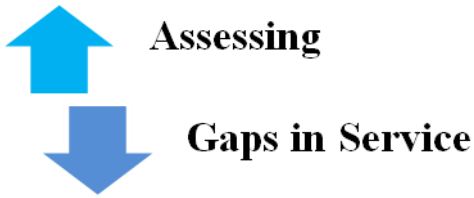
The improved response to domestic violence from a "victimless" crime to holding the offender accountable has been carried out with increased legal sanctions and involvement from law enforcement. The efforts of child welfare agencies and

domestic violence services can assess whether a coordinated response would improve assistance to both non-offending individuals and survivors of abuse.

Families that Face Co-Occurring Issues: The best Approaches to Practice

Specialists in the domestic violence field and child welfare professionals have the opportunity to determine whether there is a need to re-define approach tactics and increase the engagement of program participants. The guidelines below can assist service providers to prioritize efforts in developing effective practice strategies. Supervised visitation providers are already familiar with many of these concepts, as the Clearinghouse has emphasized them for several years. The guidelines are that:

1) Services are directed toward improving the lives of children and families.
2) Referrals and developing goals are family-centered.
3) Approaches to practice are established on a strengths-based perspective.
4) Appropriate services are ethically and culturally defined for specific clients.
5) The professional considers the negative impact and available opportunities within the community.
6) The development of a best practice approach is determined by the willingness of an agency to commit to continuous training and learning opportunities.



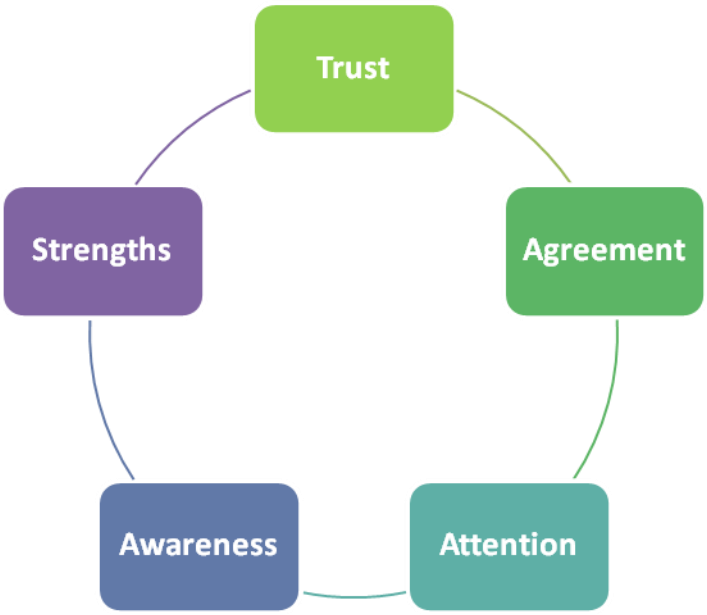
- Is the agency facilitating services that serve non-offending parents, survivors of abuse, and children to the best of its ability?
- Are the services the agency provides best equipped to help families navigate available services?

- Would services be more effective by integrating and working with other service providers to meet the complex needs of clients?

Administrative Needs during the Developmental Process

Time 	Administrators need **time** to meet with relevant individuals and agencies to discuss concerns.
Dedication 	Agencies who agree to collaborate must **consent** on terms to coordinate services.
Culturally Specific Services 	Identify what clients would benefit from services specific to **cultural needs**.
Technology 	Administrators need the support of **up-to-date technology** and available training for staff.
Assessments 	Enforce a reliable process that will encourage continual policy and practice **evaluation**.

How Agencies Work Together to Improve Services



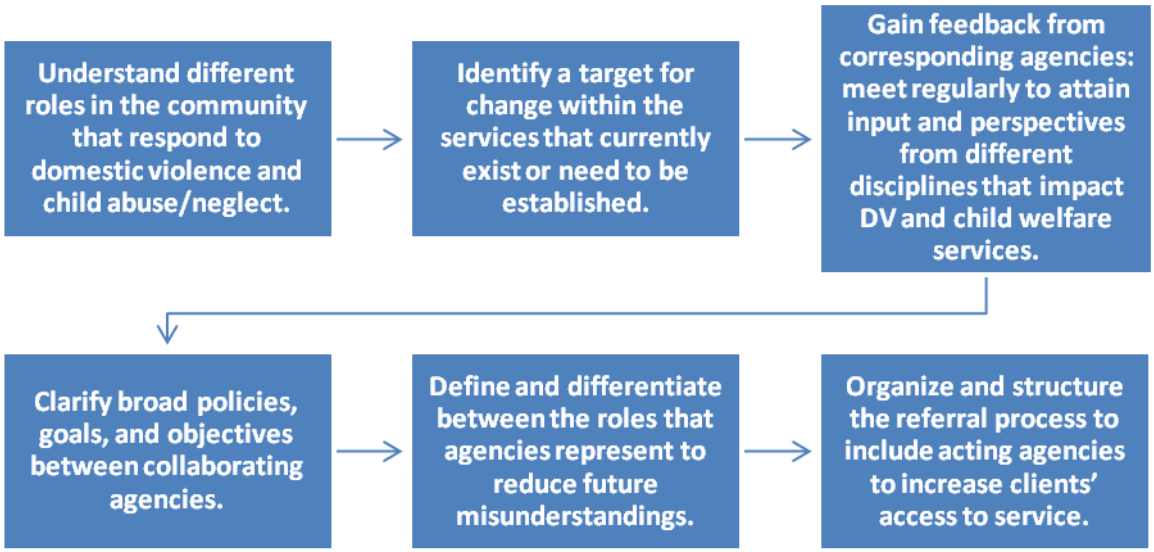
- **Trust**: Is there a substantial amount of trust between service providers to foster effective coordination?
- **Agreement:** Can collaborating agencies agree on the best approaches to practice?
- **Attention:** Do the consenting agencies maintain concentration on identified goals?
- **Awareness**: Will the identified agencies continue to recognize conflict and barriers to maintain collaboration?
- **Strengths**: Effective collaboration is dependent on agencies to acknowledge and build on the strengths associated with each acting service provider.

The Elements of a Coordinated Community Response

A Coordinated Community Response is essentially a partnership with collaborating agencies that can offer:

- Information about the services that domestic violence and child welfare organizations provide.
- Questions that policymakers can explore in regard to future actions and/or funding.
- Opportunity for service providers to share and reflect on successful and challenging experiences.

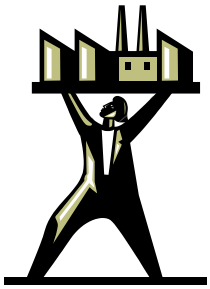
Administration in a Successful CCR



*** Remember this is a strategy to improve services for clients and strategize with other agencies that have the same goals in mind!**

"Leaders must practice political skills, including being passionate, not emotional; being professional, not powerful; being honest about self-interest, not secretive; and being accountable for the work their agencies must produce" ~ Karen Ray the author of *The Nimble Collaboration: Fine Tuning Your Collaboration for Lasting Success.* From "Bringing the *Greenbook* to

Administrative Roles in a CCR



Manager	Leader	Advocate
• Liaison between coordinating agencies. • Consulting individual cases and provding training opportunities for staff.	• Problem solving and promoting justice for victims of abuse. • Facilitating support within the community.	• Maintain a mutual understanding between DV and Child welfare agencies. • Awareness of concerning policies and legal mandates.

Identifying Stakeholders

Board Members Community Councils
Directors of DV shelters
Counseling Centers

Legal Services
Child Welfare Services
Child Support Services

Supervised Visitation Programs
Law Enforcement
Court Officials (judges, attorneys)
Hospitals
Community Health Providers

Healthy Start Programs
Substance Abuse Agencies
Mental Health Agencies
Housing Authorities
Workforce Plus

Training Opportunities for Staff

Types of Trainings 	• Agency supported trainings to keep staff up-to-date on new procedures, policies, and/or agency modifications. • Seminars, classes, or discussion groups with collaborating agencies. • Trainings pertaining to a particular task force or collaborative project. • Regional or statewide conferences that would target a specific need, group of clients, or service.
Who would the training benefit? 	• New staff • First responders: law enforcement, crisis counselors • Continuing education opportunities for current staff
Cross Training Benefits	• Cross training is a term used to define when other agencies offer information about the services they provide. • Cross training gives the opportunity for agencies to gain a variety of perspectives on an issue that service providers may respond to differently. • The training may be formal or informal. • Reduces the usage of additional resources, duplication of services, and repetitive meetings. • Allows agencies to distribute consistent documentation across multiple disciplines. • Increases community advocacy efforts in regard to

	changing legislative or legal mandates that impact policies and procedures.

Advocacy at the Community Level

Redefining how community agencies respond to domestic violence and child welfare issues is referred to as a "systems change." A change of this magnitude requires that the consenting agencies take a part in the development of policies directed toward improving cases of DV and child neglect/abuse.

Diversifying Funding Sources

- Merging programs may reduce possible duplication of services; reducing wasteful spending.

- Integrating services between agencies has the potential of increasing funding and enhancing the development of services.
- Blending funds has the advantage of equal distribution among providers.

The Impact of a CCR in Rural Areas

Collaborating with agencies from bordering counties has the potential to present rural areas with:

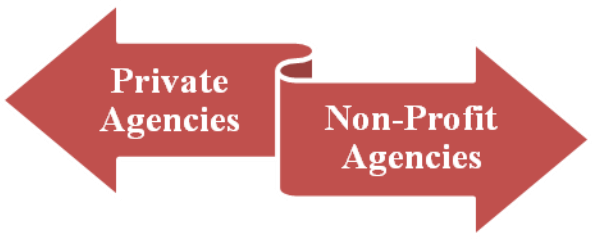
- an increase of resources
- reliable support
- client access to services

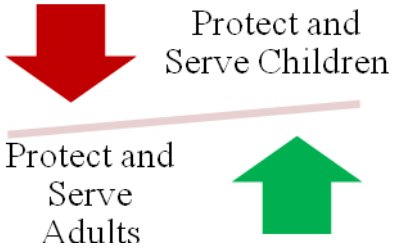
The Challenges of Developing a Coordinated Community Response and Ways to Minimize Barriers

Challenges that Service Providers May Face

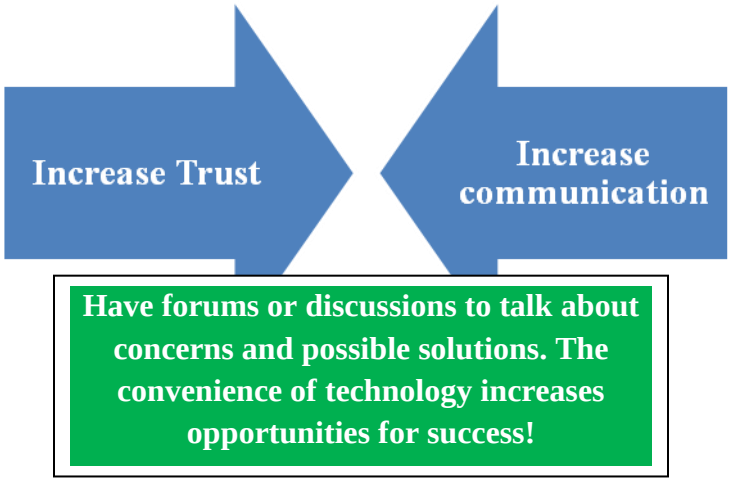
The reality is that service providers of domestic violence and child welfare operate in different ways. The focus of an agency may be based on the **policies and procedures**, the **mandated requirements**, the **model of approach**, or the **historically** defining elements of the agency. Once agencies decide that collaboration is a necessary solution in a case or project, the differences between agencies may create challenges.

Differences in How Agencies Respond





Ways to Minimize Barriers



Who's included?

Assessing the ability to coordinate services with another agency includes considering the service providers that exist within the community. The National Center on Domestic and Sexual Violence distributes a **Coordinated Community Action Wheel** developed by The Domestic Violence Intervention in Duluth Minnesota who invented the "Power and Control Wheel." The Coordinated Community Action Wheel may be a helpful tool when assessing the agencies and services providers that confront issues of domestic violence and child welfare.

A poster of this chart is also available for order at http://csswashtenaw.org/ada/resources/poster-orderform.pdf

Jackson, M., Garvin, D. (2003).
Coordinated Community Action Model.
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Sustaining a Successful Coordinated Community Response

Once coordination has been established service providers can continue collaborative efforts.

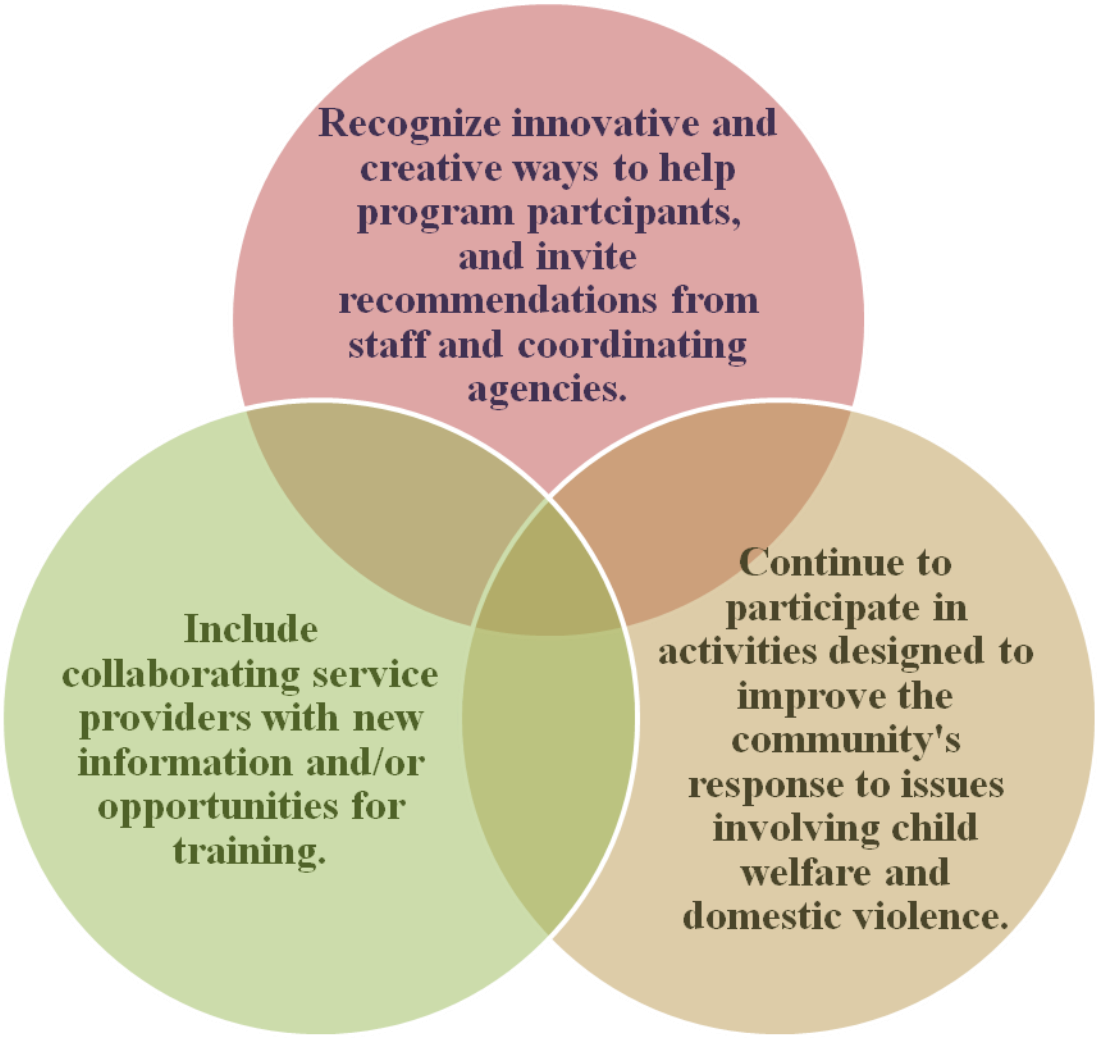
- Participate in events in the community ➡ rally support, awareness campaigns

- Establish reliable leaders ➡ define issues, re-evaluate resources, & advocate for policy changes.

- Delegate positions specifically related to ➡ administrative duties of the CCR.

Benefits of a CCR

Reminders



Case Study Activity

Please read the following case study. After reading the case study, either individually or in groups identify various service providers or develop possible solutions to be integrated into a successful action plan.

Things to consider:

- **Needs** (transportation issues, social support, etc.)

- **Other agencies that may be involved in the case** (judicial, child welfare, DV, child support, community organizations, churches)

- **Resources that will enhance agency services** (additional information, history of previous services in the community)

On a Friday night an eight-year old girl calls law enforcement when her mother and the mother's boyfriend are having an escalated fight. The police arrive at the home and find the mother and boyfriend in the front of the house, and the eight-year-old daughter and three-year old brother hiding in the back bedroom. The eight-year old is from a previous relationship and the brother is from the current relationship. The mother says that the fight was not serious, and police should not have been involved. The mother works one county over and cannot afford child care while she works 8 hour shifts as a CNA. The police interview the eight-year-old and she tells the officer that while her mother is working the boyfriend and his friends drink heavily. While they are partying he gets angry if she or her brother interrupts. At one point the boyfriend had gotten so angry he whipped her and made her stay in the bedroom for two hours until she apologized. He also uses a belt regularly to discipline her. The boyfriend is unemployed, has no vehicle, and has two other children (both girls aged 10 and 7) from a previous marriage. The mother is struggling to make ends meet. Most of their fights are about employment and finances. The eight-year old says she is protective of her younger brother and is afraid of the boyfriend, especially when he fights with her mother, because he threatens to hurt her or run away with her brother. Based on the information given to the police from the child and mother, social service providers are asked to intervene.

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Home Safety Tips

Information is power. So many parents who come to supervised visitation don't have the information they need to keep their families safe. Offer it to them.

In the past six months, we have discussed safety at home, and we've reviewed some of the material below. However, you may want to make it available to your clients.

General Home Safety and Security

1. If out of the home for an extended period of time, create the illusion that someone may still be there. Leave a TV or stereo on in the room where a burglar would most likely break in. Use exterior lighting and motion detectors to minimize burglar concealment.
2. Make sure all exterior doors have good proper locks. Install 1-inch deadbolt locks on all exterior doors.
3. If you get an unexpected knock at the door, check to see who it is before opening it.
4. Do not leave extra keys under doormats, potted plants, or any other obvious outdoor location. Thieves will generally find them. Find an inconspicuous place to hide the keys, or give a set to a neighbor you can trust.
5. Burglar-proof your glass patio doors by setting a pipe or metal bar in the middle bottom track of the door slide. The pipe should be the same length as the track.
6. Keep drapes and blinds shut - especially in rooms where there is expensive equipment. Don't advertise the items in your home.
7. Don't leave notes on the door for service people or family members. These alert the burglar that you are not home.
8. If you're going to be away from home for a few days, adjust your telephone ring to its lowest volume setting. An unanswered phone may tip off a burglar that no one is home. Also, have a neighbor or friend collect your newspaper and mail. Never cancel delivery - you don't know who will get that information.

Home Fire Safety

1. Never leave candles or other open flames burning unattended.
2. Douse cigarette and cigar butts with water before dumping them in the trash.
3. Don't leave hot irons or burning stovetops and outdoor grills unattended while in use. Double-check that you've turned them off after use.
4. Install smoke alarms on every level of your home. For the best detection and notification protection, install both ionization and photoelectric-type smoke alarms. Put them inside or near every bedroom. Test them monthly to make sure they work. Put in new batteries once a year.
5. Don't have deadbolts that lock with an inside key. You need to get out fast if a fire starts. A missing key could trap you inside. Also, don't nail windows shut. Make sure they open easily.
6. Make a fire escape plan for your family. Find two exits out of every room. Pick a meeting place outside. Practice makes perfect - hold a family fire drill at least twice each year.
7. Be sure your street address is visibly posted so that firefighters can identify your home in the event of an emergency.

Home Water Safety

1. Always stay close enough to touch your child when he or she is in or near the bathtub, toilet, pools, spas or buckets. Watch them every second.
2. Only grownups should be in charge during bath time.
3. Do not leave young children in the tub alone with older children.
4. Baby bath seats are not a safety device. They should never take the place of an adult.
5. Drain the bathtub as soon as bath time is over.

6. Keep bathroom doors closed. Use an outside lock or a door knob cover to keep young children out of the bathrooms when you are not with them.
7. Use toilet seat locks and keep toilet lids shut.
8. Empty all buckets when you are done using them. Store them upside down. Store large buckets where children cannot touch them.
9. Put a fence all the way around your pool or spa. The fencing should be at least five feet high and a self-closing and self-latching gate. Always keep the gate closed and locked.
10. Always stay close enough to touch your child when he or she is in or near the pool.
11. Make your child wear a Coast Guard approved life vest if they are not very good swimmers.
12. No child or adult should swim alone.
13. Pool drains are dangerous. They can trap a child under water. Cover your drain with a safety guard (you can get them at a pool supply store). Teach your children to stay away from the drain and filters. Teach them never to sit on a pool drain.
14. If you have a wading pool, empty it every time. Store it upside down so that rain does not collect in it.

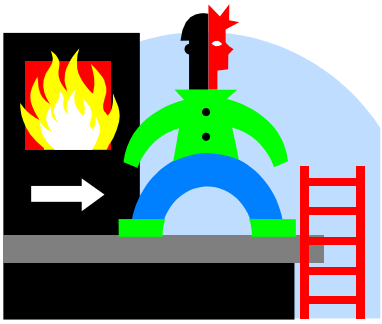
Babysitter Emergency Checklist

New parents often need a lot of information. The old joke is that no one gives people training on how to be a good parent, although it's the most important job in the world. Talk to new parents, young parents, parents who seem to need some extra guidance.

Offer this to parents: Here's the essential information every babysitter should have:

1. Contact information for you and your partner — Home phone, work phone, and cell phone numbers, as well as the number at the place you'll be (restaurant, friends' house, etc.). Tell your sitter not to open the door to anyone she's not expecting, and warn her if anyone will be stopping by or calling.

2. Emergency contact information — This includes fire, police, doctor, and hospital numbers. If your children have specific medical insurance numbers, provide those as well. It's also smart to designate one or two neighbors, friends, or relatives as local contacts. Leave their names, numbers, and addresses. That way your sitter has someone to turn to in case of any problems, such as a pet that gets loose or a power outage. Also, leave clear written directions to your house so she can give them out to fire, police, or medical personnel in an emergency.



3. A mapped escape route — In case of fire or some other crisis that requires hasty evacuation, your sitter should be aware of all the possible exits from your house. Also make sure she knows where to find the fire extinguisher, the first-aid kit, the circuit breaker, the water shutoff, and a flashlight.

4. Medical information about your baby — If your child has any allergies or other medical conditions, or needs to take medication, tell your sitter about it in advance. Also inform her of any additional health problems — such as a bad case of diaper rash or a tendency to spit up food. Also, just in case you or your contact person can't be found in an emergency, leave a healthcare authorization form that allows your babysitter or childcare provider to get medical attention for your child.

5. Food and drink list — Don't leave this to chance. Your sitter may not be aware of foods that pose choking hazards. Leave specific instructions outlining what your baby can and can't eat and drink. And if the sitter will be preparing formula or giving your baby expressed breast milk, make sure she knows how to do it.

6. Activity schedule — Your baby will feel more comfortable sticking to his usual routine, so let your sitter know what time he eats his meals, what time he goes to bed, and how his bedtime routine works. Finally, it's wise to let your sitter know about any special words for favorite toys or security objects.

Job Assistance Programs

As we have discussed in trainings, families with resources are generally more stable than those with few resources. Unemployment is up throughout Florida, and many of the families served at Supervised Visitation could benefit from referrals to job assistance programs. Below is the list of county-by-county programs.

Do you know how to make a referral to a local program? We'll discuss this on the phone conference, but remember:

- Be sure to tell clients that you are willing to make referrals to many local services that they many need in the community.
- If parents are not employed, ask at intake if they would like a referral to a job assistance program.
- Have a piece of paper ready to write down a phone number and address for the program.
- Ideally, the program supervisor or director will have researched the local programs on the internet so that parents can be given specific information needed to access the local program. In Tampa, Trish Waterman met with the Job Assistance agency, and now her clients are given some additional services at the agency.
- Know the hours that the program is open, so parents don't waste their time and energy getting to a program that is closed.
- If a parent expresses frustration with getting linked up to jobs assistance programs, will you be ready to help in any other way? Can you make a phone call to inquire about how to overcome obstacles that the parent mentions?
- Call the Clearinghouse if you want more advice and tips.

Alachua County
4800 SW 13th Street
Gainesville, FL 32608
(352) 955-2245
http://www.floridaworksonline.com/

Baker County
1184 South 6th Street
Macclenny, FL 32063
(904)259-9309
http://www.worksourcefl.com/

Bay County
625 Highway 231 Mariner Plaza
Panama City, FL 32405
(850) 872-4340
http://www.workforcecenter.org/

Bradford County
819 South Walnut Street
Starke, FL 32091
(904) 964-8092
http://www.floridaworksonline.com/

Brevard County
3880 South Washington Avenue Suite 214
Titusville, FL 32780
(321)504-7600
http://www.brevardworkforce.com

Country Club Plaza 5275 Babcock Street Northeast Suite 8B
Palm Bay, FL 32905
(321)394-0701
http://www.brevardworkforce.com

295 Barnes Boulevard
Rockledge, FL 32955-5325
(321)504-7600
http://www.brevardworkforce.com

Broward County
6301 Northwest 5th Way Suite 3000
Ft. Lauderdale, Fl 33309
(954)677-5627
http://www.wf1broward.com/

7550 Davie Road Extension
Hollywood, FL 33024
(954)967-1010
http://www.wf1broward.com/

2610 West Oakland Park Boulevard
Ft. Lauderdale, FL 33311-1347
(954)677-5555
http://www.wf1broward.com/

2301 W. Sample Road Building 4, Suite7A
Pompano Beach, FL 33073
(954)969-3541
http://www.wf1broward.com/

Calhoun County
16908 Northeast Pear Street, Suite 2
Blountstown, FL 32424

(850) 674-5088
http://onestopahead.com/

Charlotte County
1032 Tamiami Trail, Unit 9
Port Charlotte, FL 33953
(800)557-3242
http://www.swflworks.org/

Citrus County
1103 East Inverness Boulevard
Inverness, Fl 34452
(352)637-2223
http://www.clmworkforce.com/

Clay County
1845 Town Center Boulevard Suite 150
Fleming Island, FL 32003
(904)213-3888
http://www.worksourcefl.com/

Collier County
750 South 5th Street
Immokalee, FL 34142
(800)557-3242
http://www.swflworks.org/

3353 Radio Road
Naples, FL 34104
(800)557-3242
http://www.swflworks.org/

Columbia County
1389 U.S. Highway 90 West Suite 170
Lake City, FL 32055
(386) 755-9026
http://www.floridacrown.org/

Dade County
4690 NW 183rd Street
Miami, FL 33055
(305)620-8012
http://www.southfloridaworkforce.com/w/index.html

240 East 1st Avenue, Suite 208
Hialeah, FL 33010

(305)883-6925
http://www.southfloridaworkforce.com/w/index.html

2851 West 68th Street, Suite 14
Hialeah, FL 33016
(305)826-4011
http://www.southfloridaworkforce.com/w/index.html

140 NE 8 Street
Homestead, FL 33030
(305)242-5373
http://www.southfloridaworkforce.com/w/index.html

701 SW 27th Avenue
Miami, FL 33135
(305)643-3300
http://www.southfloridaworkforce.com/w/index.html

833 6th Street, 2nd Floor
Miami Beach, Fl 33139
(305)532-5350
http://www.southfloridaworkforce.com/w/index.html

633 NE 167th Street, Suite 200
North Miami Beach, FL 33162
(305) 654-7175
http://www.southfloridaworkforce.com/w/index.html

7900 NW 27th Ave, Suite 200
Miami, FL 33147
(305)693-2060
http://www.southfloridaworkforce.com/w/index.html

9555 SW 175 Terrace
Miami, FL 33157
(305) 252-4440
http://www.southfloridaworkforce.com/w/index.html

8485 Bird Road
Miami, FL 33135
(305) 228-2300
http://www.southfloridaworkforce.com/w/index.html

De Soto County
2160 Northeast Roan Avenue
Arcadia, FL 34266

(863) 993-1008
http://www.heartland-workforce.org/

Dixie County
25815 Southeast Highway 19, Unit 1, Post Office Box 567
Old Town, Fl 32680
(352)542-3373
http://www.floridacrown.org/

Duval County
5000-2 Norwood Avenue
Jacksonville, FL 32208
(904) 924-1710
http://www.worksourcefl.com/

6800 Southpoint Parkway Suite 950
Jacksonville, FL 32216
(904)997-3100 x2360
http://www.worksourcefl.com/

Escambia County
3670-A North L Street
Pensacola, FL 32505-5217
(850)607-8700
http://www.workforceescarosa.com/

Flagler County
20 Airport Road, Suite E
Palm Coast, FL 32164
(386)586-5169
http://www.onestops.com/

Franklin County
625 Highway 231 Mariner Plaza
Panama City, FL 32405
(850) 872-4340
http://www.workforcecenter.org/

Gadsden County
1140 W. Clark Street
Quincy, FL 32351
(850) 875-4040
http://www.wfplus.org/

Gilchrist County
211-B Southeast 11th Street
Trenton, Fl 32693
(352)463-3677
http://www.floridacrown.org/

Gulf County
625 Highway 231 Mariner Plaza
Panama City, FL 32405
(850) 872-4340
http://www.workforcecenter.org/

Hardee County
205 Carlton Street
Wauchula, FL 33873
(863)773-3474
http://www.heartland-workforce.org/

Hendry County
921 Anvil Way
LaBelle, Fl 33935
(800)557-3242
http://www.swflworks.org/

215 B South Francisco Street
Clewiston, FL 33440
(800)557-3242
http://www.swflworks.org/

Hernando County
7361 Forest Oaks Boulevard
Spring Hill, FL 34606
(352)200-3020
http://www.careercentral.jobs/

Highlands County
5901 US Highway 27 South, Suite 1
Sebring, FL 33870-2117
(863)385-3672
http://www.heartland-workforce.org/

Hillsborough County
9350 Bay Plaza Boulevard, Suite 121
Tampa, FL 33619
(813)930-7832
http://www.workforcetampa.com/

2001 E. Cherry Street
Plant City, FL 33563
(813)930-7880
http://www.workforcetampa.com/

9215 North Florida Ave. Suite 101
Tampa, FL 33612
(813)930-7400
http://www.workforcetampa.com/

Indian River County
Corner of 26th Street and 18th Avenue
Vero Beach, FL 32960
(866)482-4473
http://www.yourworkforcesolutions.com

Jackson County
4636 Highway 90 East, Suite E
Marianna, FL 32446
(850) 718-0326
http://onestopahead.com/

Lake County
1415 South 14th Street, Suite 100, Southside Shopping Center
Leesburg, FL 34748
(352)360-6280
http://www.workforcecentralflorida.com

Lee County
1020 Cultural Park Boulevard,
Building # 2
Cape Coral, Fl 33990
(800)557-3242
http://www.swflworks.org/

4150 Ford Street Extension
Ft. Myers, FL 33916
(800)557-3242
http://www.swflworks.org/

Leon County
2525 South Monroe St., Ste. 3-A Town South Plaza,
Tallahassee, FL 32301
(850) 922-0023
http://www.wfplus.org/

Levy County
9030 N.E. Highway 27 A
Bronson, FL 32621
(352) 486-5580
http://www.clmworkforce.com/

Madison County
705 East Base Street
Madison, FL 32340
(850) 973-9675
www.nfworkforce.org

Manatee County
3526 9th Street West
Bradenton, FL 34205
(941) 714-7449
http://www.suncoastworkforce.org/

Marion County
2703 NE 14th Street
Ocala, FL 34470
(352)840-5700
http://www.clmworkforce.com/

Martin County
2351 Southeast Monterey Road
Stuart, Fl 34994
(866)482-4473
http://www.yourworkforcesolutions.com

5851 Southeast Community Drive
Stuart, FL 34994
(866)482-4473
http://www.yourworkforcesolutions.com

Monroe County
103400 Overseas Highway, Suite 239
Key Largo, FL 33037
(305) 853-3540
http://www.southfloridaworkforce.com/w/index.html

1111 12th Street, Suite 308
Key West, FL 33040
(305) 292-6762
http://www.southfloridaworkforce.com/w/index.html

Nassau County
96042 Lofton Square Court
Yulee, Fl 32097
(904)432-0009
http://www.worksourcefl.com/

Okaloosa County
212 North Wilson Street
Crestview, FL 32536
(850) 689-7823
http://www.jobsplusonestop.com/

Okeechobee County
209 SW Park Street
Okeechobee, FL 34974
(863) 462-5350
http://www.yourworkforcesolutions.com

Orange County
4360 East Colonial Drive
Orlando, Fl 32803
(407)531-1227
http://www.workforcecentralflorida.com

1563 Florida Mall Avenue
Orlando, Fl 32809
(407)531-1123
http://www.workforcecentralflorida.com

Osceloa County
1392 East Vine Street
Kissimmee, Fl 34744
(407)705-1555
http://www.workforcecentralflorida.com

Palm Beach County
1085 South Main Street
Belle Glade, FL 33430-7106
(561)829-2040 x2200
http://www.pbcalliance.com/

951 Yamato Road Suite 175
Boca Raton, FL 33431
(561)853-0181 x2040
http://www.pbcalliance.com/

1951 North Military Trail, Suite D
West Palm Beach, FL 33409
(561)340-1060 x2300
http://www.pbcalliance.com/

Pasco County
6038 Gall Boulevard
Zephyrhills, FL 33542
(813)377-1300
http://www.careercentral.jobs/

4440 Grand Boulevard, Trouble Creek Square
New Port Richey, FL 34652
(727)484-3400
http://www.careercentral.jobs/

Pinellas County
1510 Barry Street
Clearwater, Fl 33756
(727)524-4344
https://www.worknetpinellas.org/wn/index.php

2312 Gulf-to-Bay Boulevard
Clearwater, Fl 33765
(727)524-4344
https://www.worknetpinellas.org/wn/index.php

3420 8th Avenue South
St. Petersburg, Fl 33711
(727)524-4344
https://www.worknetpinellas.org/wn/index.php

624 1st Avenue South
St. Petersburg, FL 33701
(727)524-4344
https://www.worknetpinellas.org/wn/index.php

38500 U.S. Highway 19 North
Palm Harbor, FL 34684
(727)524-4344
https://www.worknetpinellas.org/wn/index.php

Polk County
309 North Ingraham Avenve
Lakeland, FL 33801
(863)508-1100
http://www.polkworks.org/

500 E. Lake Howard Drive
Winter Haven, FL 33881-3135
(863)508-1100
http://www.polkworks.org/

Putnam County
400 State Road 19 N. (Palatka Mall), Suite 33
Palatka, FL 32177
(386)329-3724
http://www.worksourcefl.com/

St. Johns County
525 State Road 16 Suite 109
St. Augustine, FL 32084-3840
(904)819-0231
http://www.worksourcefl.com/

St. Lucie County
584 Northwest University Boulevard, Suite 300
Port St. Lucie, FL 34986
(866)482-4473
http://www.yourworkforcesolutions.com

Santa Rosa County
5723 Highway 90
Milton, FL 32583
(850) 983-5325
http://www.workforceescarosa.com/

Sarasota County
897 East Venice Ave
Venice, FL 34285
(941) 486-2682
http://www.suncoastworkforce.org/

3660 N. Washington Blvd.
Sarasota, FL 34234
(941) 358-4200
http://www.suncoastworkforce.org/

City Hall, Second Floor, 4970 City Hall Boulevard
North Port, Fl 34286
(941)429-7263
http://www.suncoastworkforce.org/

3030 University Parkway
Sarasota, Fl 35234
(941)358-4200
http://www.suncoastworkforce.org/

Seminole County
2884 South Orlando Drive
Sanford, Fl 32773
(407)531-1231
http://www.workforcecentralflorida.com

Suwannee County
815 North Ohio Avenue
Live Oak, Fl 32064
(386)362-7000
www.nfworkforce.org

Volusia County
359 Bill France Boulevard
Daytona Beach, FL 32114
(386) 323-7001
http://www.onestops.com/

1382 South Woodland Blvd.
DeLand, FL 32720
(386)740-3232
http://www.onestops.com/

Wakulla County
3278 Crawfordville Highway, Unit G
Crawfordville, FL 32327
(850) 926-0980
http://www.wfplus.org/

Walton County
409 N.E. Racetrack Road
Ft. Walton Beach, FL 32547-2503
(850) 833-7587
http://www.jobsplusonestop.com/

171 North 9th Street
DeFuniak Springs, FL 32433
(850)892-8668
http://www.jobsplusonestop.com/

Washington County
680 Second Street Room 7
Chipley, FL 32428
(850) 638-6089
http://onestopahead.com/

SEPTEMBER 2011 EPRESS

The Importance of Fathers

Supervised Visitation Program directors should have a clear understanding of how fathers are important to their children's' well-being. The majority of visitors at supervised visitation are fathers; thus, directors and staff should know about the consequences of father absence.

The Numbers

According to 2009 U.S. Census Bureau data, over 24 million children live apart from their biological fathers. That is 1 out of every 3 (33%) children in America.

*Nearly 2 in 3 (64%) African American children live in father-absent homes.

*One in three (34%) Hispanic children

*1 in 4 (25%) white children live in father-absent homes.

In 1960, only 11% of children lived in father-absent homes.

The Consequences

Unlike children who are raised with their married biological or adoptive parents, children who live without their biological fathers are, on average, at least two to three times more likely to

- Use **drugs**
- Experience **educational problems**
- Experience **health problems**
- Experience **emotional problems**
- Experience **behavioral problems**
- Be **victims** of child abuse
- Engage in **criminal behavior, and**
- Be **poor**

Everything that visitation programs do to safely reconnect children with their fathers can have long-lasting, positive consequences for generations.

Questions from Directors

1. *We have a mother at our program who seems disinterested in her child. The case manager knows about the problem. Is there anything else I should do?*
2. *A Visiting Dad comes every week to see his infant. But it's clear to our staff that he does not have a clue about what to do with this child. So staff tend to take over his duties, like burping the baby, or calming her when she cries.*

Don't worry; these kinds of questions are common in supervised visitation. The issues are usually questions of **capacity** and **motivation**. These are two different, but often overlapping issues that your staff and volunteers should be aware of. They're important because your visitation program can have a powerful influence on both of these issues. Anytime you can improve them within a family, you have made a positive intergenerational impact! We will discuss these issues at the next phone conference.

Capacity

Let's start with **capacity.** You already know a lot your current clients' capacity to parent, right? You watch these visiting parents every week, and you know that they sometimes have comparatively very different capacities. Some parents seem quite capable of interacting and playing and talking to their children. Others have

a much more difficult time. Here are some things you typically look for. (Even if you didn't realize it before, you are **already** quite familiar with gauging capacity.)

- The parent's general understanding of his or her child's development phase and mental/physical abilities
- The parent's ability to connect to the child emotionally in an appropriate manner
- The parent's patience with the child, pacing of interaction, stable emotional status during the interaction
- The parent's physical ability to respond to the child's needs
- The parent's general understanding of the importance of parent-child interaction
- The parent's ability to follow general program directions
- The parent's understanding that the child's well being is paramount
- The parent's understanding of threats/safety risks to the child's well-being, depending on the age and development of that child
- The parent's ability to care for the child physically and emotionally

That's just a partial list, but it gets directly to the point of parental capacity. And when you consider the active cases at your program, you can probably think of some parents who are highly capable, and some that are perhaps only marginally capable.

For those parents who need help becoming more capable, visitation staff can do many things, including:

a. Develop a rapport with the parent, and develop trust, so that the parent understands the goal of program outreach. This can be accomplished by respectful interaction and a welcome environment.
b. Determining what the parent needs, for example
    i. information about child development and what children at each stage of development need
    ii. helping the parent to feel confident and competent with his or her child (this is best accomplished by having the parent be responsible for the child's needs whenever possible)
    iii. referrals for help with any issues the child may have, e.g., medical issues, emotional issues, physical disabilities
    iv. modeling and examples of appropriate boundary setting

v. examples of appropriate use of discipline
vi. advice and assistance with choosing activities
vii. referrals to professionals (counseling and treatment) who can help with issues such as the parent's substance abuse or emotional problems

c. Follow-up where appropriate.

Issues for Discussion:

1. Think about your clients: What are some of the obstacles they have to being capable parents?
2. What kinds of things can you do at supervised visitation to improve their capacities?
3. Even if a parent is fully capable of parenting his or her child, what are some obstacles that a parent may still have that threaten the child's safety?
4. Are there times when you doubt the capacity of the *custodian*? What are your options in that case?
5. How can you alert the referral source of a parent's lack of capacity, or of a parent's increased capacity?

We will discuss these at the next telephone conference!

Motivation

The next common issue (referring to the case scenarios above) at supervised visitation is the issue of parental motivation. The question for you to consider is how motivated the visiting parents are to maintain a relationship with their children. Sometimes the question is quite narrow: how motivated is that parent to use supervised visitation to maintain and grow the relationship with his or her children?

Motivation is not complicated to gauge. Supervised visitation staff usually consider the following:

- Does the parent show up for visits
- Does the parent show up for orientation
- Does the parent follow the rules of the program
- Does the parent make an effort to make the visit possible
- Does the parent attempt to actively engage the child during visits
- In dependency cases, does the parent work toward the goals of the case plan?
- Does the parent seem to want to be spending time with his or her children (This desire can be expresses through words or actions.)

Obstacles to Motivation

There are a surprising large number of obstacles to a parent's motivation. These can be described in categories.

1. Parental characteristics
    - Parent's fear of the unknown, or of the social services process
    - Parent's anger, resentment, or frustration with the court or child protective system
    - Parent's prior lack of involvement with the child, resulting in lack of confidence
    - Parent's prior mistakes and poor parenting with the child
    - Parent's lack of understanding of the importance of the strong parent-child bond.
    - Parent's lack of role models for motivated parenting

2. Child characteristics

    Sometimes the child has characteristics – through no fault of their own – that result in a parent's lack of motivation. This explanation is offered not to blame the child, but to find ways to overcome the parent's lack of motivation. Examples include a child's disability, which can be overwhelming to a parent who must care for the child.

3. System Characteristics

    The court and child protective system do present obstacles to a parent's motivation. For example, if a parent is criticized by a judge, lawyer, or case

manger for prior misbehavior that parent may be resentful and feel like giving up.

4. Gaps in Community Services
   Sometimes clients are not motivated because they are not getting the help they need.

5. OTHER: _____

Question to Consider:

1. **Is there anything that your program is doing or not doing that might be creating an obstacle for a parent's motivation?**
2. **How can a supervised visitation program help motivate parents?**

These are your challenges!! Now look at the two case scenarios at the top of this section. What are some of the possible reasons for the parent's behavior? What can supervised visitation programs do about it?

What Being Uninsured Means for Children

More than 18% of children living in Florida do not have health insurance; more than 700,000 out of about 4 million children (Children's Defense Fund, 2011).

Who is affected?

- The first year of life is a delicate time for children to receive the health care they require to thrive. The American Academy of Pediatrics recommends more than five visits in the first year of life for vaccinations and screenings (Sarnoff & Hughes, 2005).
- More than 25% of two-year-olds living in Florida are not fully immunized (Children's Defense Fund, 2011). Children without insurance coverage do not have access to services such as: doctor visits, check-ups, vaccinations, emergencies, surgery, prescriptions, vision and hearing, and/or dental.
- Children ineligible for Medicaid during the first year is limited to whether the mother was covered by Medicaid during the delivery, the infant lives with the mother, or each live in the same state (Sarnoff & Hughes, 2005).
- Mothers of uninsured children typically have limited resources due to age (younger than 20), marriage status (single), education (less than high school diploma), and personal insurance status (uninsured).

Supervised visitation staff can provide the following information to clients about accessing health care for children.

Health Care Options for Children

KidCare of Florida

- Agency for Health Care Administration – Medicaid
- Department of Children and Families – Medicaid
- Department of Health – Children's Medical Services (CMS) Network
- Florida Healthy Kids Corporation – Florida Health Kids Program & Determines eligibility for non-Medicaid services.

Dealing with a Custodian's Expectations about Visitation

We often hear from custodial parents who are upset that the visitation staff did not "change" the visiting parent, or that the visiting parent still exhibits the same behaviors after months of visits, or that the visiting process "did not work." These kinds of comments show that the custodian had certain expectations about the referral to supervised visitation that were not met.

Unfortunately, it is common for custodial parents to believe that a referral to supervised visitation is a "cure" for whatever ails the other parent or the parent-child relationship. **Of course, many parents are happy with the visitation process, but when they are not, it is often due to unrealistic expectations.**

In order to reduce unrealistic expectations, supervised visitation staff should do the following:

1. Be clear with parents about the goals of the supervised visitation program

2. Be clear with parents about the limitations of the supervised visitation program

3. Immediately respond to unrealistic expectations when you hear them. For example, if Mrs. Greenwood says "Thank goodness someone is finally going to make Bruce a good dad," respond promptly. You might say, "Mrs. Greenwood, the court wants us to work with Mr. Greenwood and help him have successful visits with Tommy. However, we can't promise you that all of the problems that sent the case here will be resolved. We are just one part of the process, and we will do our best to make the visits successful."

4. If the case resulted from domestic violence, mental health issues, substance abuse, or some other complicated problem, be sure to alert the custodian in the beginning of the process that the program can't resolve the underlying issues, but can offer safety and trained monitors.

Parent-Child Interaction for Healthy Child Development

The Clearinghouse has rolled up child development milestones, suggested interaction to meet babies' needs, and the goals for interaction all in one neat chart. This month we focus on Birth to Six Months. Feel free to cut these out for clients, talk about them at intake, and use them to facilitate visits when appropriate!

Birth to 6 Months

	Normal Development	Parent - Child Interaction at Visits	Goal for Interaction
Birth to 2 Months	Crying 2-3 hours daily or more, sometimes cannot be soothed	Hold your baby. Sooth her. Respond promptly to cries and attempt to soothe by meeting needs, respond patiently when baby cannot be soothed	Establish trust that baby's needs will be met. Increase patience and healthy responses in parents.
	Sleep up to 20 hours daily, no recognizable pattern	Put baby to sleep when she seems tired. Offer pacifier (unless breastfeeding if feeding is not well established), put baby to sleep on back, alone, and away from objects. Respond quickly when baby awakens.	Establish the foundations of communication by learning to recognize baby's needs before she can verbalize them. Build healthy sleep habits. Prevent SIDS.
	Must eat breast milk or formula every 2-4 hours	Feed when baby seems hungry - babies often open their mouths wide or make smacking noises when hungry.	Establish the foundations of communication and build healthy eating habits by responding to hunger cues.
	Sees objects 30-40 inches away from face, cannot fully focus at close range	Interact with baby where she can see you. Being too close to baby's face may upset her. Don't over stimulate her.	Respond to age-appropriate needs for positive interaction.
	Will try to lift head and look around	Encourage baby to explore her world, but continue to support her physically. Lifting her head does not mean she can hold her head up on her own. Talk to her about what she sees or hears.	Respond to age-appropriate needs for positive interaction.
Birth to 2 Months	Recognizes voices of parents, familiar caregivers	Identify all caregivers to baby and give her a chance to get used to them before passing her to them.	Respect baby's need to feel safe with new people.
	Looks at parents when they talk	Speak to your baby and watch her respond to your voice.	Bond with your child by seeing her respond to you in ways she does not respond to others.

	Quiets when a voice is heard	When needed, try to comfort crying by speaking to baby. Consider telling stories or reading books or singing.	Respond positively to challenging situations by
	Will reflexively grasp objects placed in hand	Hold hands with your baby. You can sit on a chair with her looking up at your from your knees. Talk to her about her hands.	Strengthen your bond with your baby by touching her. Recognize how much she depends on you by feeling her tight grasp.
	Will attempt to suck when mouth is touched	Enjoy the interaction as you explore the instincts your baby was born with.	Bond with your baby by enjoying your interactions and expressing your wonder at the things she can do.
	Will pull arms and legs inward in response to loud noise	Comfort baby when startled.	Build trust by showing that you recognize when baby might be afraid and responding with love.
	Will make stepping motions when feet touch solid surface	Hold baby up so that her feet touch the ground and see how she responds. Praise her for moving her feet, but do not expect her to support herself.	Bond with your baby by enjoying your interactions and expressing your wonder at the things she can do.
2 to 4 Months	May sleep in regular 4-6 hour periods of time	Encourage more activity and interaction during the day and quieter interactions at night with less excitement.	Help baby organize when to be awake and when to be asleep.
	Must eat breast milk or formula every 3-6 hours	Feed baby when he seems hungry. Remember to follow the cues you have learned to know when he is hungry.	Establish the foundations of communication and build healthy eating habits by responding to hunger cues.
	Wiggles and uses body language to tell you how he feels	Have fun copying your baby's wiggles. Encourage him to share how he feels with you.	Strengthen bonding by sharing happiness with your baby.
	Grabs or kicks at toys and people	Give your baby time to explore his toys on his own. Watch as he learns about shapes and textures and how he can make objects do things. Encourage him to have an impact on the world around him. Comfort him if he becomes frustrated in his play.	Give your baby confidence in his interactions with his environment and show him he can trust you to watch over him.
2 to 4 Months	May hold his head up on his own	Provide ample time for playing while lying on his belly. Get down on the floor and play with your baby.	Gives confidence through increasing freedom of movement. Builds trust and worth by showing you value play time with him.

	Smiles at you when he is happy or wants to play	Smile back at your baby. Talk and laugh to him and encourage him to tell you when he wants to play. Respond by bringing his favorite toy.	Builds communication by showing you recognize his increased efforts to tell you what he wants.
	Frowns or cries when he is sad	Respond to his sadness quickly. Comfort your baby by telling him it is okay to feel sad. Try to find what is making him feel this way and, if possible, correct it.	Builds trust by showing that you will respond to his emotions by seeking to improve his environment. Gives confidence in his right to negative emotions.
	Recognizes primary caregiver and shows pleasure when primary caregiver arrives	Praise your baby when he recognizes you and express your excitement to see him. Hold him close and tell him how much you missed him.	Strengthens bonding by encouraging excitement over reunions. Builds trust by showing that you are eager to see your baby and he can expect you to come see him.
	Copies your movements and facial expressions	Make faces at your baby and praise him when he copies them correctly. Help him explore all the ways he can control his body.	Encourages learning and development and reinforces bonding through shared enjoyment.
	Uses his senses to learn about his environment	Give him toys that require the use of multiple senses. Ask him about what he is experiencing—what he smells or tastes or touches.	Fosters curiosity and learning and shows your baby that you value how he experiences the world
	Makes cooing noises to get your attention and in response to your positive interactions	Respond quickly to these positive requests for attention. Praise him when he vocalizes his enjoyment of your attention.	Strengthens bonds by encouraging requests for positive interaction and increases shared enjoyment.
	Makes different sounds to tell you if he is hungry, wet, tired, or wants to move	Learn what need each sound is associated with. Tell your baby “Oh! You must be wet” and quickly respond with the correct solution.	Fosters increased communication by showing you can understand what he is asking for and reinforces trust that you will meet your baby’s needs as he identifies them.
	Follows moving objects with his eyes	Play with your baby by pointing out things that move. Watch him watch cars and animals and other people and talk to him about these objects in his sight.	Fosters learning about the world and the kinds of things in it. Strengthens bond by increasing interaction.
4 to 6	May take 2-3 daytime naps and wake 2-3 times for night feedings, sleeps a total of 15 hours	Encourage activity during the day and keep nighttime interactions gentle and quiet.	Help baby organize when to be awake and when to be asleep.

4 to 6 Months	Breast milk and/or formula should still be the main source of nutrition	Discuss your baby's nutrition with her medical provider or social worker and continue feeding when she indicates she is hungry.	Reinforce communication and build healthy eating habits by responding to hunger cues.
	May roll over from tummy to back and from back to tummy	Continue to encourage tummy time during the day and placing baby on her back to sleep. If she rolls over during the night, you do not need to reposition her. Praise her for rolling over during the day.	Reinforce bond and positive interaction by recognizing your baby's developmental milestones.
	Begins to reach for objects and tries to grab objects with hands	Offer hands, face, and toys for your baby to grasp and touch, placing some items at a distance she can reach for. Praise her for successfully grabbing items. Affirm and help her manage frustration when an object is difficult for her. Respond firmly but kindly when she should not grab a certain item and redirect her to an appropriate toy.	Reinforce learning and bond through positive play. Encourage positive processing of frustration. Set a standard of positive discipline.
	Opens and closes hands and brings hands to mouth, explores objects with mouth	Show your baby how you eat. Tell her the difference between her current food and how she will soon eat. Play with toys that she can safely put in her mouth. Ask her how they feel and what they taste like.	Encourage the use of recently developed physical skills and show baby how they will be used.
	Wiggles arms and kicks legs	Share in your baby's development by copying her funny movements and praising her wiggles. Calmly redirect her if accidentally kicks you.	Encourage safe and fulfilling play and reinforce bond through shared positive interaction.
	May sit with support	Occasionally hold baby in a sitting position. Praise her for her growing muscles and tell her about all the exciting things she can do when she can sit on her own. Be sure to maintain support and protect her head from falls.	Reinforce bond and positive interaction by recognizing your baby's developmental milestones.
	Begins to cut teeth, may drool a lot	Respond kindly to the pain that your baby may be experiencing. Provide safe teething toys to help soothe the pain and talk to her medical provider or social worker if these toys do not seem to be sufficient.	Reinforce bond by recognizing your baby's discomfort and show her that she can trust you to act to soothe her.
	Enjoys social play and will try harder to get your attention	Reward your baby's desire for your attention by playing actively with her. Remember to play at her level and to avoid overwhelming her with too many	Reinforces desire for social interaction and builds bond through shared play.

	options.	
Responds differently to the voice of someone she knows than to someone she does not know	Speak to your baby positively to ensure that she can recognize your voice and enjoy how she responds when you speak to her. Sing or tell her stories.	Reinforce bond through positive interaction.
Shows interest in and smiles at mirrors	Play with your baby in front of a mirror. Point out the baby in the mirror and tell your baby that it is her own reflection. Ask your baby if she sees other objects in the mirror. Point out things behind her in the mirror.	Reinforces positive play and also promotes learning about reality and self awareness.
Uses eyes and hands together	Encourage baby to touch things she sees. Give her toys that she must look at to manipulate properly.	Encourages development of hand-eye coordination.
Uses verbal and nonverbal cues to signal needs	Learn her cues and respond by delivering the appropriate need. Tell her the words that describe those needs and the objects or actions that fulfill them.	Encourages bonding and learning by introducing vocabulary.
May sleep up to 12 hour stretches or may still wake for a night feeding, still needs 2-3 daytime naps	Continue to respond to your baby's cues when she seems tired.	

We will be adding this information for older children in next month's E Press.

FREE Family Fun: Activities Right Inside or Outside your Door!

~A Day Outside~

- ✓ Go for a walk together through the neighborhood. Talk, write, or draw about the things you see along the way.
- ✓ Check out the local parks in the neighborhood --swing, walk, or play a sport.
- ✓ Have a picnic at the beach, park, or in the backyard.
- ✓ Let the children run through the spray of a hose or a sprinkler to cool off!
- ✓ Make chalk creations in the driveway -- pictures, hop-scotch, silly pathways.

~A Day for Staying In~

- ✓ Play music and have a dance party in the house.
- ✓ Make a fort out of card board or blankets. Tell stories or read a book.
- ✓ Have a tea party.
- ✓ Make a craft out of things around the house- paper objects become collages or even puppets with a bit of glue.
- ✓ Visit one of the free museums in the area.
- ✓ Have an indoor treasure hunt.

~And Just for Fun~

- ✓ Pretend to interview each other for a TV news show. Ask your child "If you could be any animal, what kind of animal would you be, and why?... or If you could be a teacher, what would you teach? "
- ✓ Make a recipe together-cookies, popsicles out of juice, or a favorite meal.
- ✓ Go to the public library and apply for a library card. Check out a book to read together.

Tips for Keeping Youth Drug- Free

Several people commented on July's article about teens and drugs. We offer the following bulleted lists for you to print out and hand to parents at intake if they ask questions about kids and drugs. The most important thing to remember is that parental involvement is often the key to children staying drug-free.

Here's the script if you need it to talk to parents:

Parents are the most important role models in their children's lives. What you say and do about drugs matters a lot when it comes to the choices your children make. You can:

- set a positive example and get involved in your children's lives;
- get involved in their activities, know their friends, where they're going & what they're doing;
- create clear, consistent expectations and enforce them;
- talk early and often about drugs;
- discuss the consequences of drug use; and
- show you care enormously about what choices your children make about drugs.

(Feel free to print these out for parents who ask questions about having these discussions with their children.)

PRE-SCHOOL

Here are some ways to help your preschool children make good decisions about what should and should not go into their bodies:

- Set aside regular times when you can give your son or daughter your full attention. Get on the floor and play with your child; learn about his or her likes and dislikes; let your child know that you love him; say that he or she is too wonderful and unique to take

drugs. You'll build strong bonds of trust and affection that will make turning away from drugs easier in the years to come.

- Provide guidelines like playing fair, sharing toys and telling the truth so children know what kind of behavior you expect from them.
- Encourage your child to follow instructions and to ask questions if he does not understand.
- When your child becomes frustrated at play, use the opportunity to strengthen problem-solving skills. Turning a bad situation into a success reinforces a child's self-confidence.
- Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions.
- Explain that prescription medications are drugs that can help the person for whom they are meant but that can harm anyone else.

ELEMENTARY SCHOOL

Discuss how anything you put in your body that is not food can be extremely harmful, and how drugs interfere with the way our bodies work and can make a person very sick or even cause them to die. Explain the idea of addiction—that drug use can become a very bad habit that is hard to stop. By the time your children are in third grade, they should understand that:

- foods, poisons, medicines and illegal drugs differ;
- medicines prescribed by a doctor and administered by an adult may help during illness but can be harmful if misused;
- adults may drink in moderation but children may not, even in small amounts because it's harmful to children's developing brains and bodies.

Before leaving elementary school, your children should know:

- the *immediate* effects of alcohol, tobacco and drug use on different parts of the body;
- the *long-term* consequences of drug use, including addiction and loss of control of one's life;
- the reasons why drugs are especially dangerous for growing bodies;
- the problems that alcohol and other illegal drugs cause not only to the user, but to the user's family and the world.

Questions elementary school children frequently ask about drugs:

- Why would people want to put bad things in their bodies?
    - One answer might be that they might not realize how dangerous the bad things are. Sometimes people start using a drug just to see what it feels like, but it can turn into an addiction and it's very hard to stop using it.

MIDDLE SCHOOL/JUNIOR HIGH

Because your children may now see older students using alcohol, tobacco, and other drugs and may think they are cool and self-assured, your children may be tempted to try drugs too. **Drug use goes up dramatically in the first year of middle school or junior high.** To help your children make good choices during this critical phase, you should:

- Make sure they are well-versed in the reasons to avoid alcohol, tobacco and drugs;
- Get to know their friends by taking them to and from after-school activities;
- Volunteer for activities where you can observe your child at school; and
- Get acquainted with the parents of your children's friends and learn about their children's interests and habits. If it seems that your child is attracted to those with bad habits, reiterate why drug use is unacceptable.

To make sure your child's life is structured in a way that drugs have no place in it, you should:

- Arrange to have your children engaged in the after-school hours if you cannot be with them.
- Make sure children who are unattended for periods during the day feel your presence. Give them a schedule and chores to accomplish. Enforce a strict phone-in-to-you policy. Leave notes for them around the house. Provide easy-to-find snacks.
- Encourage open dialogue with your children about their experiences. Tell your child, "I love you and trust you, but I don't trust the world around you, and I need to know what's going on in your life so I can be a good parent to you."

Research shows that young people are less likely to use tobacco, alcohol, and other drugs if their parents set clear rules about not doing so.

Here are some rulemaking tips:

1. Set clear rules and discuss in advance the **consequences of breaking them.**
2. **The rules must be consistently enforced;** every time a child breaks the rules the parent should enforce a punishment. However, overly severe punishments should be avoided because they undermine the parent-child relationship.
3. **Set a curfew** and enforce it strictly. Be prepared to negotiate for special occasions.
4. **Have kids check in at regular times when they're away from home or school.**
5. **Call parents whose home is to be used for a party.** On party night, don't be afraid to stop in to say hello (and make sure that adult supervision is in place).
6. **Make it easy to leave a party where drugs are being used.** Discuss in advance how to signal you or another designated adult who will come to pick your child up the moment he or she feels uncomfortable. Later, **be prepared to talk about what happened.**
7. **Listen to your instincts.** Don't be afraid to intervene if your gut tells you that something is wrong.

Know where your teen is when he or she is away from home

- **Make a list of her activities** for the coming day and put it on the fridge, on a calendar or in your wallet or pocketbook.
- **Walk through your neighborhood** and note where kids your child's age hang out.
- **Work with other parents** to get a list of everyone's addresses, e-mails, and phone numbers so you can keep in touch with your teen.
- **Show up a little early** to pick up your teen so you can observe her behavior.
- **Occasionally check to see that your teen is where he says he's going to be.**

Parental Involvement

1. **Establish together time.** Establish a regular weekly routine for doing something special with your teen. Even a few minutes of conversation while you're cleaning up after dinner or right before bedtime can help the family catch up and establish the open communication that is essential to raising drug-free children.
2. **Have family meetings.** Held regularly at a mutually agreed upon time, family meetings provide a forum for discussing triumphs, grievances, projects, questions about discipline, and any topic of concern to a family member. Ground rules help. Everyone gets a chance to talk; one person talks at a time without interruption; everyone listens, and only positive, constructive feedback is allowed. To get resistant children to join in, combine the get-together with incentives such as post-meeting pizza or assign them important roles such as recording secretary or rule enforcer.
3. **Don't be afraid to ask where your kids are going, who they'll be with and what they'll be doing.**
4. **Try to be there – or arrange adult supervision -- after school.** The danger zone for drug use is between 3 and 6 PM. If your child will be with friends, make sure there is adult supervision — not just an older sibling.
5. **Eat meals together as often as you can.** Meals are a great opportunity to talk about the day's events, to unwind, reinforce, and bond. Studies show that kids whose families eat together at least 5 times a week are less likely to be involved with drugs or alcohol.

Source: The National Youth Anti-Drug Media Campaign's Behavior Change Expert Panel

Refusal Statements for Teens

"I can't use drugs. I have a big game (or test) tomorrow."
"I tried drinking once and I threw up."
"I'd get kicked off the team if I was caught around drugs."

Be a Role Model

1. Be a living, day-to-day example of your value system. Show the compassion, honesty, generosity and openness you want your child to have.
2. There is no such thing as "do as I say, not as I do" when it comes to drugs.
3. Examine your own behavior. If you abuse drugs or alcohol, your kids are going to pick up on it. Or if you laugh at a drunk or stoned person in a movie, you may be sending the wrong message to your child. Be the person you want your kid to be.

Research has also shown that kids want to hear what their parents have to say - in fact, **74 percent of fourth graders wish their parents would talk to them about drugs.** If you have done

drugs in the past, you can tell the truth without appearing to be a hypocrite because, at one time in their lives, everyone has done something they wish they hadn't. Remember - the issue isn't your past; it's your children's future.

Parental Responses

We didn't know as much as we do now about all the bad things that can happen when we use drugs. If I'd known then about the consequences, I never would have tried drugs."

"Everybody makes mistakes. I'm telling you about this, even though it's embarrassing, because I love you and I want to save you from making the same stupid decision I made when I was your age."

"I used drugs because I was bored, but I soon found out that I couldn't control the risks — the loss of trust of my parents and friends."

Communication

No loving relationship can exist without communication. Teens believe they have valuable things to say and, when a parent listens genuinely, it helps self-esteem and confidence. **The most important thing to remember when it comes to talking about difficult subjects is that it's not a five-minute "talk"** — it's about building an ongoing dialogue. As your children grow up, they will need more and more information, so start early and build on the conversation as your teen matures. Virtually all parents in America (98 percent) say they've talked with their children about drugs; however, only 27 percent of teens say they're learning a lot at home about the risks of drugs, according to a national study by the Partnership for a Drug-Free America.

- **Be absolutely clear with your kids that you don't want them using drugs.**
- **Be a better listener**. Ask questions - and encourage them. Paraphrase what your teen says to you. Ask for their input about family decisions. Showing your willingness to listen will make your teen feel more comfortable about opening up to you.
- **Give honest answers**. Don't make up what you don't know; offer to find out. If asked whether you've ever taken drugs, let them know what's important: That you don't want them using drugs.
- **Use TV reports, anti-drug commercials, or school discussions** about drugs to help you introduce the subject in a natural, unforced way.
- **Don't react in a way that will cut off further discussion**. If your teen makes statements that challenge or shock you, turn them into a calm discussion of why your teen thinks people use drugs, or whether the effect is worth the risk.

OCTOBER 2011 EPRESS

Confusion about Letters of Agreement

There seems to be ongoing confusion for some new programs about the need for a Letter of Agreement with the Court. Please remember that all programs that accept court referrals must have such a letter. This is a formal letter signed by both the representative of the court and of the supervised visitation program. It is different from an Annual Affidavit of Compliance, or Renewal letter, which simply states that the original Letter of Agreement is still in effect.

Please contact the Clearinghouse immediately if you have questions!

Questions from Directors

There is a family in which the "child" is now 18 years old. The court ordered supervised visitation five years ago, but no one ever sent us the referral. Do we have to take the case now?

Not without first getting clarification from the judge. Some supervised visitation programs have accepted cases involving 18 year olds before, but these were very special cases. The individuals involved were developmentally disabled or severely handicapped. In those cases, the court understood that the children were still under the care of a legal guardian. In your case, the "child" is an adult who has reached the age of majority. Without any special circumstances present, that individual is fully entitled to make his or her own decisions regarding parental visitation. However, if you would like to offer such a service, the Best Practices do not stop you from monitoring the visits between a consenting adult child and his or her parent. Remember, though, the Best Practices do allow a director a great deal of discretion in what cases are accepted into the program. Perhaps the family is looking for some type of family therapy. If that's the case, you can offer a list of local mental heath professionals to any of the adults involved.

October is Domestic Violence Awareness Month

In recognition, we offer an additional training!

ON THURSDAY, OCT 6, HAVE NEW STAFF AND VOLUNTEERS DIAL 770-659-9299 (ACCESS CODE 3103468751) FOR PHONE CONFERENCE TRAINING ON DOMESTIC VIOLENCE AND THE IMPACT ON CHILDREN.

All of those attending will receive a Clearinghouse Certificate of Training

Follow-up from the last phone conference:

In September's phone conference, we discussed the issue of parental motivation and capacity. Many people responded that this issue has arisen in dependency cases. If you have questions about how to analyze these issues, call the Clearinghouse. Also, the new child development tool has been completed and is attached to this E Press. Finally, the new handout – The Building Blocks of Parenting – is in its final draft. Thank you to those who provided feedback and suggestions!

IF YOU MISS A MONTH, YOU MISS A LOT! ATTEND THE PHONE CONFERENCES!

Access and Visitation Recipients:

It is time for the statewide rollup. All of your cases MUST be in the database today – Oct. 3, to count in the statewide report. Call the Clearinghouse if you have questions.

Parent-Child Interaction for Healthy Child Development

The Clearinghouse has rolled up child development milestones, suggested interaction to meet children's needs, and the goals for interaction at visits. Feel free to print these charts out for clients, talk about them with parents at intake, and use them to train staff!

BIRTH TO 2 MONTHS

Normal Development	Caregiver/Child Interactions	Goals of Visitation
Crying 2-3 hours daily or more, sometimes will not calm down.	Quickly react when baby cries. Try to calm baby down by changing his/her diaper, feeding, or hugging. Be patient if baby will not calm down right away.	Let baby know he/she will be helped when he/she is in need. Help learn patience and understanding. Realize that babies cannot always be calmed down immediately.
Sleep up to 20 hours daily, no recognizable pattern	Put baby to sleep when he/she seems tired. Put baby to sleep on back, away from toys or pillows. Hold, cuddle, talk, sing to, and rock baby often. Babies grow by interactions.	Help baby learn that needs will be met. Build healthy sleep habits. Prevent Sudden Infant Death Syndrome (visit www.sids.org for more information)
Must eat breast milk or formula every 2-4 hours	Feed baby when he/she seems hungry - babies often open mouths wide or make smacking noises when hungry.	Build trust between baby by feeding him/her when he/she is hungry.
Sees objects 30-40 inches away from face	Talk to baby where he/she can see. Being too close to baby's face may upset him/her.	Let baby explore his/her surroundings and make sure he/she can see a familiar person talking to him/her.
Will try to lift head and look around	Let baby explore the world, but make sure to support his/her head. Just because he/she can lift his/her head doesn't mean it doesn't need support.	Let baby explore his/her surroundings and make sure he/she has support.
Recognizes voices of parents, familiar caregivers	Show all caregivers to baby and give him/her a chance to get used to caregivers before he/she is held.	Respect baby's need to feel safe with new people. Talk with baby so he/she can recognize voices.

Normal Development	Caregiver/Child Interactions	Goals of Visitation
Looks at caregiver when they talk	Speak to baby and watch him/her respond to voices.	Build trust and bond with baby as he/she reacts in a special way.
Gets quiet when a voice is heard	Try talking to baby to comfort him/her when crying. Try telling stories, reading books or singing.	Build comfort with baby. Bond with him/her by speaking and communicating.
Will reflexively grasp objects placed in hand	Hold hands with baby.	Bond with baby, and see how much baby relies on others by feeling his/her grip.
Will attempt to suck when mouth is touched	Use fingers, pacifier, or breast to let baby use this reflex. Enjoy spending time with baby while he/she reacts naturally.	Build bond with baby by enjoying time together.
Will pull arms and legs inward in response to loud noise	Comfort baby when he/she is scared.	Build trust and bond with baby by showing that when he/she is scared, he/she will be cared for.
Will make stepping motions when feet touch solid surface	Hold baby up so that his/her feet touch the ground and see how he/she responds. Tell baby how good a job he/she has done. Do not expect baby to walk or stand yet.	Build trust and bond with baby. See all the things a baby can do at this age.

2 TO 4 MONTHS

Normal Development	Caregiver/Child Interactions	Goals of Visitation
May sleep in regular 4-6 hour periods of time	Play during the day. Have quieter time and activities at night with less excitement.	Help baby know when to be awake and when to be asleep.
Must eat breast milk or formula every 3-6 hours	Feed baby when he/she seems hungry. Babies often open mouths wide or make smacking noises when hungry.	Build trust between baby by feeding him/her when he/she is hungry.
Wiggles and uses body language to tell you how they feel	Have fun copying baby's wiggles. Encourage him/her to share feelings. Make eye contact and talk to baby.	Strengthen bonding by sharing happiness with baby.
Grabs or kicks at toys and people	Give baby time to play with toys alone. Watch as he/she learns about shapes and how objects move. Comfort baby if he/she becomes frustrated while playing.	Builds baby's confidence while playing or being around others. Shows he/she can trust caregiver to take care of him/her.
Hold head up on his/her own	Let baby play while he/she lays on his/her belly, and join in.	Gives baby confidence by giving him/her freedom. Builds trust and worth by showing that the caregiver likes play with him/her.
Smiles at caregiver when he/she is happy or wants to play	Smile back at baby, talk and laugh with him/her and encourage play. Bring him/her his/her favorite toy.	Build communication by showing him/her group playing.
Frowns or cries when he/she is sad	Respond sadness quickly. Comfort baby, and try to find what is making him/her feel this way.	Build trust by showing baby he/she will be comforted.
Recognizes primary caregiver and shows pleasure when primary caregiver arrives	Praise baby when he/she recognizes you and show excitement to see him/her. Hold him/her close and tell him/her how much you missed him/her.	Bonding by encouraging excitement over reunions. Builds trust by showing desire to see baby and he/she can expect visits.

Normal Development	Caregiver/Child Interactions	Goals of Visitation
Copies movements and facial expressions	Make faces at baby and praise him/her when he/she copies them correctly. Help him/her explore all the ways he/she can control his/her body.	Encourage learning and development. Bond by playing.
Uses his/her senses to learn about environment	Give baby toys that he/she can see, hear, touch, and move. Ask him/her about what he/she is experiencing—what he/she smells or tastes or feels.	Foster learning about the world and the kinds of things in it. Bond by sharing experiences in the world.
Makes cooing noises to get attention and in response to positive interactions	Respond quickly to requests for attention. Praise him/her when expressing enjoyment of attention.	Foster communication, and show baby that his/her needs will be met. Encourages baby to keep making noises when in need or wanting attention.
Makes different sounds to tell if he/she is hungry, wet, tired, or want to move	Learn what need each sound is associated with. Tell baby “Oh! You must be wet” and quickly respond with a clean diaper, etc.	Foster communication, and show baby that his/her needs will be met. Encourages baby to keep making noises when in need.
Follows moving objects with his/her eyes	Play with baby by pointing out things that move. Watch him/her watch cars and animals and other people and talk to him/her about these objects.	Foster learning about the world and the kinds of things in it. Bond by sharing experiences in the world.

4 TO 6 MONTHS

Normal Development	Parent/Child Interactions	Goals of Visitation
May take 2-3 daytime naps and wake 2-3 times for night feedings, sleeps a total of 15 hours	Encourage activity during the day and keep nighttime interactions gentle and quiet.	Help baby organize when to be awake and when to be asleep.
Child may develop interests in other foods besides milk/formula	Discuss baby's nutrition with his/her medical provider or social worker and continue feeding when he/she indicates he/she is hungry.	Communicate need for hunger and respond. Allow baby to explore foods and tastes.
May roll over from tummy to back and from back to tummy	Continue to encourage tummy time during the day and placing baby on his/her back to sleep. If he/she rolls over during the night, that is okay. Congratulate him/her on rolling over during the day.	Bonding with baby. Improving muscles and development.
Begins to reach for objects and tries to grab objects with hands	Offer hands, face, and toys for baby to grasp and touch, placing some items far away so he/she has to reach for them. Congratulate him/her when he/she grabs something, and calm him/her if frustrated. Be firm but calm when baby grabs something he/she shouldn't.	Bonding with baby. Improving muscles and development. Curiosity of toys. Boundaries and safety.
Opens and closes hands and brings hands to mouth, explores objects with mouth	Show baby how to eat. Tell him/her the difference between his/her current food and what he/she will soon eat. Play with toys that he/she can safely put in his/her mouth.	Bonding with baby. Improving muscles and development. Curiosity of taste and feel of foods and toys.
Wiggles arms and kicks legs	Share in baby's development by copying his/her funny movements and praising wiggles. If he/she kicks or hits you, calmly redirect his/her movements.	Bonding with baby. Improving muscles and development.
May sit with support	Occasionally hold baby in a sitting position. Be sure to maintain support and protect his/her head from falls.	Bonding with baby. Improving muscles and development.

Normal Development	Parent/Child Interactions	Goals of Visitation
Begins to cut teeth, may drool a lot	Be kind and comfort baby in pain. Provide safe teething toys to help soothe the pain and talk to his/her medical provider or social worker if these toys do not seem to be sufficient. Visit http://kidshealth.org/parent/general/teeth/teething.html for more information on teething.	Bond by recognizing baby's discomfort and show him/her that he/she will be taken care of.
Enjoys social play and will try harder to get attention	Reward baby's desire for attention by playing actively with him/her. Remember to play at his/her level and to avoid hard games.	Bonding with baby. Learning by playing.
Responds differently to the voice of someone they know than to someone they do not know	Speak to baby positively to make sure he/she can recognize voices and enjoy how he/she responds when hearing the voice of someone he/she knows. Sing or tell stories.	Bonding with baby.
Shows interest in and smiles at mirrors	Play with baby in front of a mirror. Point out the baby in the mirror and tell him/her that it is his/her own reflection. Ask baby if he/she sees other objects in the mirror. Point out other things in the mirror.	Let baby see self and learn about the world around him/her.
Uses eyes and hands together	Encourage baby to touch things he/she sees. Give him/her toys that he/she must look at to play with.	Help baby work on hand-eye coordination.
Uses verbal and nonverbal signs to show needs	Learn what baby needs by sounds or movement. Teach him or her the words that describe those needs, objects, or actions.	Encourage bonding and learning by adding more words.

6 MONTHS TO ONE YEAR

Normal Development	Parent/Child Interactions	Goals of Visitation
May sleep up to 12 hour stretches or may still wake for a night feeding, still needs 2-3 daytime naps	Continue to respond to baby's cues when he/she seems tired.	Create bonds and trust between caregiver and baby. Enable baby to realize that his/her needs will be met.
Begins to speak single (hard) consonants, like "ma", "da", "ba"	React to baby's speech, and make eye contact. Talk to baby often.	Increase communication between baby and caregiver. Encourage him/her to keep talking and understand speech patterns.
Will begin to look for a toy dropped out of sight.	Encourage baby to look around, and know the name of his/her toy. Say things like "Where did Mr. Bear go? Where is he?" Help baby find him.	Recognize baby's needs. Help him/her attach words to objects. Show that he/she has help. Assist him/her when he/she struggles.
Babies' appetite decreases	Most babies double their birth weight in the first 5 to 6 months. Growth rate slows around 6 months. Allow baby to eat when he/she is hungry.	Respond when baby is hungry. Be patient with his/her appetite.
Introducing solid foods into baby's diet	Introduce new solid foods, starting with fruits, yellow vegetables, green vegetables and then meats. Baby will let you know when and how much he/she want to eat.	Allow sharing of favorite baby safe foods with baby, and allow him/her to learn what foods he/she likes and dislikes, as well as self feeding.
Babies decrease the length and/or frequency of naps.	Put baby to sleep when he/she is awake, and encourage napping and self soothing.	Allow baby to realize it's okay to calm down, and that he/she can soothe him/herself and fall asleep in his/her crib.

Normal Development	Parent/Child Interactions	Goals of Visitation
Baby may begin pulling on objects and becoming more mobile, including crawling	Be sure to keep an eye on baby. Do not allow him/her to pull things down on him/herself, like tables, phones, or other household objects. Childproof any areas where baby may be crawling around. If baby falls or gets hurt, respond to him/her immediately but do not panic him/her. Encourage and congratulate him/her on crawling.	Allow baby to be mobile and explore, but also ensures his/her safety in different environments. Show baby you care about him/her when he/she get hurt, but he/she will be okay.
Disciplining child may become necessary	Be firm with child, and say “No” to set boundaries. Always communicate why what he/she is doing is not okay. Do not use violence to discipline baby.	Set boundaries for baby. Let baby know that there are things he/she cannot do.
Baby responds to his/her own name	Use baby’s name often, when talking to him/her, feeding, or changing. Point out baby’s face in pictures and repeat his/her name.	Reinforce baby’s recognition of his/her own name.
Increased coordination	Allow baby to begin using a cup, and teach him/her how to use it by modeling and helping him/her.	Show baby how to drink, helps to wean off of bottles, and develop better coordination.
Increased interest in pictures, improved vision	Read to baby. Let him/her see the book and touch and interact with pictures in the book.	Allow baby to explore new pictures, bond, and be exposed to new vocabulary and stories.
Baby will begin picking up objects	Say the names of the objects baby picks up, and encourage him/her to interact with safe objects, such as toys, stuffed animals, and plastic cups and utensils for babies.	Help baby tie a word to an object, allow him/her to gain dexterity in his/her fingers, and explore the world.

ONE YEAR TO TWO YEARS

Normal Development	Parent/Child Interactions	Goals of Visitation
Babies may be wary of others or being alone	Encourage baby to play alone or with other toddlers while being supervised. Let him/her know you will return and are watching, but let him/her play on his/her own sometimes.	Allow baby to develop social skills, learn to play with others, and realize he/she will not be abandoned.
Baby begins walking	Encourage baby to walk. Ask him/her to walk from one person to another, or across a room. Congratulate him/her. Make sure he/she is safe and there is nothing around to hurt him/her if he/she falls.	Encourage baby to keep walking, show him/her that he/she is doing a great job, and is growing up.
Dexterity in hands continues	Give baby crayons and allow him/her to draw on paper. Teach him/her to only use crayons on paper, and supervise drawing time. Praise him/her for new artwork.	Allow baby to create and express him/herself, increase hand/eye coordination, and develop a creative side.
May be afraid of baths	Teach baby how to wash him/herself and how to have fun in the water. Be sure he/she is safe and always supervised when in or near water.	Show baby that bath time can be fun, and introduce him/her to personal hygiene and self reliance.
Child's personality develops and is very apparent	Value baby for his/her personality, likes, dislikes, and positive attitude. Play with him/her, and do activities he/she enjoys.	Learning about individuality of baby. Every child is different, and pride in differences is important.
Cooperates with dressing, helps with small daily activities	Help baby learn to get dressed, eat, play with toys that are more advanced, and put away toys.	Teach baby responsibility and give him/her a sense of empowerment by being helpful and a "big boy/girl"
Begins to completely spoon feed and drink from cup.	Experiment with eating different foods, and praise baby for being so grown up and feeding him/herself.	Teach baby responsibility and give him/her a sense of empowerment by being helpful and a "big boy/girl"

Normal Development	Parent/Child Interactions	Goals of Visitation
Ready to potty train when they are between 22 and 30 months of age	Signs of control are having bowel movements around the same time each day, not having bowel movements at night, and having a dry diaper after a nap or for at least 2 hours at a time.	Help baby learn responsibility and how to care for him/herself.
Listens to and enjoys hearing stories for longer periods of time	Read to baby and explain things around him/her in more detail than before. Allow baby to ask questions and talk about it.	Help to learn about different things in books, bond by spending time, and get excited about reading.
Sings and dances	Sing songs to baby and encourage him/her to dance.	Having fun together, expressing him/herself.
Begins to say a few words, identify a few objects	Say the names of things when you show them to baby so he/she can learn more words. Respond to baby when he/she talks to you.	Teach baby more words; communicate with him/her so he/she knows he/she is being listened to.

THREE YEARS OLD

Normal Development	Parent/Child Interactions	Goals of Visitation
Begins engaging in play that involves more fantasy and imagination, problem solving, and other children.	As play begins to involve others, praise good behaviors through examples and explain things clearly and simply.	Show child how to play with others.
May show resistance to sleep and nap times.	Stick with a bedtime routine, provide security with blankets, lights, or soft toys, and make bedtime easier by encouraging child to make choices by picking a book or choosing pajamas.	Build independence and creates a comfortable schedule for child.
Eats similar foods as adults at regular meal times with some difficulty with chewing and swallowing.	Avoid small and hard foods. Cut, slice, and serve foods in small portions to prevent choking. Show child how to chew enough, safe eating, utensil use, and healthy eating.	Reinforce proper eating behaviors and safety.
Engages in physical activities like throwing and kicking, jumping in place, riding a tricycle.	Encourage active play and offer support and guidance when child expresses fear or frustration in trying to do something new. When feeling emotions, help identify, validate, and manage those emotions.	Foster a love for physical activity. Help establish self-control.
Begins to establish some drawing and handwriting abilities, usually by copying.	Practice writing the alphabet with the child, congratulate him/her for his/her writing. Encourage drawing.	Teaches and strengthens new vital skills.
Establishes independence by self-grooming.	Show child how things are done, and allow him/her to do small tasks – eat with a child utensil, dress/undress, and make minor decisions.	Help develop age appropriate maturity and understanding for daily necessities.
Developing memory and understanding for differences.	When child understands or remembers something, praise and congratulate him/her.	Help brain development and learning.

Normal Development	Parent/Child Interactions	Goals of Visitation
Develops ability to tell right from wrong; understand rules	Use these skills to help explain more “right and wrong” types of behavior. Ask child how toys or clothing should be arranged, and ask if things are “right or wrong”	Help child to make good choices, and understand how day to day activities should go. Have fun and be silly.
Starts to form full sentences, and use words like “I”, “you”	Engage child, and try to get him/her to talk even more. Answer questions and restate what he/she says as positive reinforcement	Talk to child, building conversations and trusting bonds. This will help child learn to speak even better, and with more words.
Begins to name colors and maybe some letters	Ask child what color his/her clothes are. Have child point out cars or buildings that are a certain color. Point out letters in signs and books.	Build a basic foundation of learning about colors and letters. Bond with child by teaching.
Potty trained, at least during the day	Encourage and reward child for knowing when he/she needs to use the bathroom. Don’t embarrass child when he/she has an accident, but praise him/her when using the “big kid potty”	Teach child to communicate, recognize when he/she needs to go to the restroom, and encourage him/her by letting him/her feel grown up.

FOUR TO FIVE YEARS OLD

Normal Development	Parent/Child Interactions	Goals of Visitation
More regular sleep patterns, with or without naps. May still show resistance to sleep.	Stick to established routine and calmly address nighttime interruptions by recognizing it is bedtime.	Create routine behaviors and healthy sleep patterns.
Capable of walking backwards, jumping, using stairs, and doing somersaults.	Encourage developing physical abilities. Be safe and look out for danger to prevent accidents. Participate in some activities with child.	Prevent accidents and foster growth in physical development and parent-child relationship.
Drawing and handwriting abilities develop further with less reliance on copying for few shapes and letters.	Continue to encourage child and model good behavior. Sit and draw or write with the child praising his/her art and handwriting. Begin teaching the child to write his/her name.	Build confidence and further strengthen vital skills still new to him/her.
Play becomes even more socialized with taking turns, sharing, obeying rules (or changing rules), carrying conversation, and seeking approval.	Teach behaviors like sharing, saying “please” and “thank you,” and other ways to be polite. Encourage self-control and staying calm while angry. Give approval for positive actions and encouragement to do better where needed.	Create standards for people and peer interaction.
Imagination grows and becomes difficult to separate from reality. Child may have imaginary friends and pretend often. The imagination may also trigger fear of the dark.	Encourage imagination and time to pretend. Eliminate some fear by softly reminding the child the difference between reality and fantasy. Offer support and security to relieve stress and anxiety.	Build creativity and comfort with reality. Show child difference between fantasy and reality.
Grows understanding for emotions like jealousy. May reach in anger and frustration with temper-tantrums. Also understands danger.	Label emotions and show child it is okay to feel that way. Explain why rules are important, and help control tantrums.	Reinforce healthy coping and self-control.

Normal Development	Parent/Child Interactions	Goals of Visitation
Can share name and age, may misuse words, count to five, identify colors, and know the street of his/her house.	Praise progress in identifying colors, numbers, personal information, and new vocabulary. Correct child if incorrect, kindly, using proper words. Give safety tips for sharing street name or personal information.	Inspire more learning and clear misunderstandings.
Follows some direction, may ask many questions.	Assign small, specific chores to complete routinely each day. Answer his/her questions.	Establish habits and listening skills. During visitation, ask about chores or tasks and encourage him/her for being responsible.
Organizes things sometimes making groups or matching objects. Understands ordered processes.	Praise willingness to organize, sort, and do chores. Offer to participate in small tasks, or daily chores together to encourage continued organization.	Encourage growth and exploration. Show child that his/her help is appreciated. During visitation, ask about chores or tasks and encourage him/her for being responsible.
Learns through demonstration and instruction, may pay attention for longer periods of time.	Set examples and congratulate child for finishing a task all the way through.	Reinforce a greater attention span and learning through listening and seeing.
Feelings of responsibility, pride and guilt grow	When child finishes a task or reaches a goal, praise him/her. Let him/her take on more tasks (cleaning up after him/herself) When he/she does something wrong or breaks a rule, communicate why it is wrong and what he/she should have done.	Help build self esteem, teach responsibility, and understand why rules are in place.

ELEMENTARY SCHOOL (6 – 11 yrs)

Normal Development	Parent/Child Interactions	Goals of Visitation
Organizes things sometimes making groups or matching objects. Understands ordered processes.	Praise willingness to organize, sort, and do chores. Offer to participate in small tasks, or chores together to encourage continued organization.	Encourage growth and exploration. Show child that his/her help is appreciated. During visitation, ask about chores or tasks and encourage him/her for being responsible.
Learns through demonstration and instruction, may pay attention for longer periods.	Set examples and congratulate child for finishing a task all the way through.	Reinforce a greater attention span and learning through listening and seeing.
Begins to develop coarser skin, gain adult teeth (lose baby teeth), and grow very slowly.	From first grade onward, have a professional check eyes, ears, and teeth. Explain healthy habits and set examples by wearing sun protection or seeing the doctor without resistance.	Help build good health and forms healthy attitude towards regular check-ups and maintaining health.
Understands him/herself and his/her roles at home, in class, and in public more.	Continue to explain, act out, and encourage roles by adding responsibilities and praising good behavior. Set goals to look forward to with fitting rewards.	Set standards for child to live by, and encourages child to continue behaving appropriately and growing.
Fears and emotions are under greater control of the child.	Less incidents of acting out should occur. When they do, talk open with child about social problems he/she may be experiencing. Set limits and consequences with the child when dealing with other issues.	Validate feelings and form self-control and coping skills.

Normal Development	Parent/Child Interactions	Goals of Visitation
Worries about mistakes and things that follow such as failure, criticism, or bullying.	Allow the child to help out and become more confident and feel important. Use words and actions help the child build self-confidence and feel they are doing a good job. Visit http://life.familyeducation.com/self-esteem/parenting/34401.html for more tips on building self esteem.	Build a sense of belonging and self-esteem.
Establishes more relationships with more give-and-take than before.	Continue to listen to and nurture the child with a give-and-take relationship. Stay firm with set limitations. Monitor, support, and become involved with child's activities like school or sports.	Reinforce appropriate parent-child relationship.
Surrounds self with outgoing and supportive friends.	Support healthy relationships with peers. Serve as an example with own relationships.	Encourage relationships with others and with parent. Ask questions about friends and relationships, but don't pry.
Works harder when encouraged and shown affection. Struggles when stressed.	Offer warmth, acceptance, yet firm standards. Don't take out stress on child when possible . Calmly handle stressful events.	Provide support and foster positive parent-child relationship. Have cheerful conversation with child at visitation, instead of focusing on the negatives.
Understands direction when the directions are clear and obvious.	Provide clear, step-by-step direction. When directions are not followed, establish logical consequences.	Teach self-discipline and greater understanding of reason and consequences.
Concrete memories are developing.	Invite child to have experiences that are challenging, achievable, educational, fun, and positively memorable.	Establish a solid foundation.

Normal Development	Parent/Child Interactions	Goals of Visitation
Uses pictures to better understand and solve problems. Can tell reality from imagination.	Monitor social media use, television time, and video games. Make sure appropriate visuals are a part of the child's life to demonstrate positive problem solving.	Help with developing problem solving skills.
Understands actions and events have consequences "cause and effect"	Provide more details in explanations about expectations and consequences for not meeting them.	Help child learn what happens when he/she does not follow rules, or when he/she does follow the rules.
Child becomes very aware of sex differences, and may have been exposed to sexual health issues	Explain sexual health and sexual information with child as age appropriate. Children hear information (and misinformation) very early once in school. Start early and have an ongoing dialog so he/she can ask questions as they come up. Clear up wrong information child may have heard. Also explain puberty to children, it can start at age 8 or younger in some children. Visit http://kidshealth.org/kid/grow/body_stuff/puberty.html and http://www.mayoclinic.com/health/sex-education/CC00076 for more information.	Help strengthen trust between parent and child, as well as clearing up misconceptions children may have from hearing information from classmates. It may be difficult to have these conversations during visitation, especially in the group visitation setting.

MIDDLE/HIGH SCHOOL (12 TO 14 YRS)

Normal Development	Parent/Child Interactions	Goals of Visitation
Experiences puberty and body growth. Girls may begin to grow breasts, pubic and underarm hair, and start to menstruate. Boys may begin to notice testes, penis, underarm and facial hair growth, as well as a change in his voice. May sleep more because of rapid growth.	Remain sensitive to the developmental changes the child is experiencing. Talk about sexual behavior with child. Be honest and talk openly. Discuss expectations and limits. Schedule regular doctor and dentist visits, or ensure they are attending these visits if not set yourself. Visit http://kidshealth.org/kid/grow/body_stuff/puberty.html for more information.	Develops understanding for sexuality and helps maintain nurturing and supportive parent-child relationship.
May have thoughts of suicide/depression, sexuality, substances, and disordered eating. May have more self- doubts.	Understand that teens may become easily angry and act out, raise his or her voice, and say hurtful things. Try not to take things personally and still offer guidance and support. Be aware of any mental health issues like depression or eating disorders and be open with child.	Builds parental abilities to calmly handle drastic mood changes in adolescence. Keeps trust between child strong.
Thinks more independently and creatively finding solutions, finding information, and making judgments about actions.	Allow teenagers to make small decisions and think independently. Keep track of his/her decisions, and respond to the decisions.	Limits risk-taking behaviors by enforcing consequences.
Tends to make judge others, challenge authority, dramatize or ignore important issues, become rebellious, and struggle to make decisions.	Remain aware, sensitive, and supportive. Make sure communication remains open between parent and child.	Helps transition through the stage of adolescence.

Normal Development	Parent/Child Interactions	Goals of Visitation
Confusion about puberty, sexual identity and attraction, and body changes.	Answer questions child has, and support him/her and his/her identity. Help him/her feel good about his/her body by not making negative comments. Encourage healthy life choices, and realize that he/she is very confused in this time. Visit http://kidshealth.org/kid/grow/body_stuff/puberty.html for more information.	Helps transition through adolescence. Builds confidence and self esteem, as well as a sense of understanding between parent and child.
Hormones tend to affect emotions and mood.	Understand child is experiencing new feelings and hormones, but also encourage him/her to be aware of emotions and be positive.	Help child to feel better about his/her changes, and helps parent-child relationship.
Beginning high school	This may be a hard time for many teenagers, with many more people, responsibility, and personality types. Encourage child to be his/herself and work as hard as he/she can to get good grades and make good, supportive friends. Visit http://www.stopbullying.gov/ if there are concerns or questions about bullying.	Helps children develop positive bonds, work ethic, and feel comfortable in his/her skin, as well as show him/her they are supported and loved unconditionally.
Gain more access to social media, TV, movies, and other forms of media	Teach child what is appropriate to view. Let him/her know what he/she can and cannot watch, when supervised and when with friends. Teach him/her safety tips for the Internet (Facebook, etc). Visit http://www.safekids.com/kids-rules-for-online-safety/ for more information.	Teaches child boundaries, and safety when navigating the internet.

Normal Development	Parent/Child Interactions	Goals of Visitation
May resist family time, preferring to be with friends.	Encourage family time, but also give child time to be with friends. Encourage positive behavior. If child is always on time for curfew and is honest, let him/her know it is appreciated.	Encourage good, safe behavior, and time with family. Give child a certain amount of freedom in his/her life.
Child becomes aware of drugs, alcohol, and other illicit activities.	Explain to child why these activities aren't appropriate; don't just say "Don't do drugs". Explain the consequences, legally, physically, and socially. Visit http://life.familyeducation.com/teen/drugs-and-alcohol/36544.html for more information.	Teaches boundaries to child, and helps to ensure safety.
Maintaining good health becomes a priority	Teach child how to clean his/her face (acne is a big part of growing up), how to eat healthy, and exercise. Be positive with child, do not make him/her feel like something is wrong with him/her.	Encourage good grooming and health habits, as well as maintaining self esteem.
Child becomes very aware of sex differences, and may have been exposed to sexual health issues	Explain sexual health and sexual information with child when appropriate. Children hear information (and misinformation) very early once in school. Have a trusting relationship so child can ask questions as they come up. Answer questions. Visit http://www.mayoclinic.com/health/sex-education/CC00076 for more information.	Helps strengthen trust between parent and child, as well as clearing up wrong information children may have from hearing information from classmates.

HIGH SCHOOL (15 TO 17 YRS)

Normal Development	Parent/Child Interactions	Goals of Visitation
Likely to know other kids who use alcohol or drugs, and to have friends who drive.	Explain to teen why these activities aren't appropriate; don't just say "Don't do drugs". Explain the consequences, legally, physically, and socially. Visit http://life.familyeducation.com/teen/drugs-and-alcohol/36544.html for more information.	Teaches boundaries to teen, and helps to ensure safety. Talk openly about this with teen to keep trust and caretaker/child role strong.
Begin to drive and want more freedom	Make sure teen knows how to drive safely, discuss rules for when and where he/she can drive.	Teaches boundaries to teen, and helps to ensure safety. Discuss these ideas openly at visitation to show continued support.
Confusion about "what to do with his/her live" and questions about life after high school.	Allow teen to explain his/her desires and where they would like to be after high school. Encourage getting good grades, and preparing for college. Support his/her career goals positively, and give input, not demands.	Help teen realize he/she has support. Help to career plan and prepare for further education. Discuss these ideas openly at visitation to show continued support.
Continues to question identity, values, sexuality, etc	Listen to teen, and offer support. If teen seems too upset, or his/her needs aren't addressed, speak to guidance counselors, teachers, administrators, or coaches.	Show teen that you support and believe in him/her.
Teens may get jobs to save money or have spending money	Encourage positive spending and saving habits. Help teen set up a bank account to save money and learn about finances. Teach him/her about credit cards.	Teach positive money skills, encourage hard work and savings. Discuss these things with teen at visitation if he/she has any questions.
Teens begin applying to colleges or jobs	Help teen with paperwork needed (Social Security card, birth certificates, etc) and support him/her through the process. Workforce Plus centers may be able to provide resume training for teens and adults. Visit http://www.floridajobs.org/ for more information.	Help prepare teen for college or a career, and teach him/her to learn how to take on new tasks. Discuss goals for career and college with teenager.

Normal Development	Parent/Child Interactions	Goals of Visitation
Teen may buy or use a cell phone	Explain limits on cell phone use. Explain limits on minutes and text messages enforced by the provider. Make sure teen knows not to text while driving.	Keep teens safe and set boundaries. (Most visitation programs do not allow cell phone use on site. However, parents can discuss the phone and proper use with the teen at visits.)
Teens take on many responsibilities, and can handle work, school, and social life.	Let teen take on responsibility reasonably. Let him/her know when he/she does a good job to show caring feelings. Teen is growing up, and wants to feel grown up, but still wants and needs emotional support.	Help with homework. Give emotional support to teens, while letting him/her feel grown up and take on responsibility.

SOURCES

Children's Advocacy Center materials (www.fncac.org)
http://kidshealth.org/kid/grow/body_stuff/puberty.html
http://kidshealth.org/parent/general/teeth/teething.html
http://kidshealth.org/parent/growth/growing/adolescence.html#
http://life.familyeducation.com/self-esteem/parenting/34401.html
http://life.familyeducation.com/teen/drugs-and-alcohol/36544.html
http://wondertime.go.com/learning/child-development/stages-toddler-2years.html
http://www.asha.org/public/speech/development/parent-stim-activities.htm
http://www.babycenter.com/0_milestone-chart-25-to-30-months_1496593.bc
http://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/toddlers.html
http://www.child-development-guide.com/child-development-milestone.html
http://www.childdevelopmentinfo.com/development/normaldevelopment.shtml
http://www.education.com/topic/kids-cell-phones/
http://www.education.com/topic/teenage-developmental-milestones/
http://www.floridajobs.org/
http://www.kidsgrowth.com/resources/articledetail.cfm?id=1124
http://www.kidsgrowth.com/resources/articledetail.cfm?id=315
http://www.mayoclinic.com/health/sex-education/CC00076
http://www.safekids.com/kids-rules-for-online-safety/
http://www.surfnetparents.com/tips_for_parenting_boys_during_puberty-6225.html

The Importance of Fathers & Fatherhood Program List

Last month in the EPress, we focused on the Importance of Fathers and provided basic statistics about the number of children who have absent-father homes. Also discussed was the fact that children who live in these homes are 2-3 more times likely to use drugs, experience health-related issues, behavioral issues, emotional issues, even be victims of child abuse.

Knowing these facts, we have compiled a list of fatherhood programs throughout the state.

Alachua County:
Peaceful Paths
2100 NW 53rd Ave
Gainesville, FL 32652
(352) 377-5690

Family Preservation
1731 NW 6th Street. Ste 1
Gainesville, FL 32609
352-213-6561.

Baker County:
Northeast FL Healthy Start Coalition, Inc.
644 Cesery Boulevard Ste 210
Jacksonville, FL 32211
904-723-5422

Bay County:
Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

Bradford County:
Peaceful Paths
501 W Washington Street
Starke, FL 32091
904-966-6878
800-393-7233

Brevard County:
Yellow Umbrella
4680 Lipscomb Street, Suite 10-H
Palm Bay, FL 32905
321-433-3570

Yellow Umbrella
4087 S. Hwy US1, Suite 1
Rockledge, FL 32955
321-723-2927

Broward County:
FL – Hollywood Memorial Regional Hospital
Esther L Grossman Center
4320 Sheridan St.
Hollywood, FL 33021
(954) 265-5930

Parents Without Partners
South Broward #125
P.O. Box 245094
Pembroke Pines, FL 33024
954-456-5537

Calhoun County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

Charlotte County:
Phoenix Institute
333 Nw 70th Avenue # 205
Fort Lauderdale, FL 33317
(941) 992-5773

Citrus County:
Growing Well Family
20114 E Pennsylvania Ave.
Dunnellon, FL 34432
(352) 465-2444

Clay County:
Belmont Head Start
305 Idlewild Avenue
Green Cove Springs, FL
904.682.7035

Collier County:
Phoenix Institute
333 Nw 70th Avenue # 205
Fort Lauderdale, FL 33317
(941) 992-5773

Columbia County:
Northeast FL Healthy Start Coalition, Inc.
644 Cesery Boulevard Ste 210
Jacksonville, FL 32211
904-723-5422

Peaceful Paths
2100 NW 53rd Ave
Gainesville, FL 32652
(352) 377-5690 or 377-8255

Family Preservation Services
1731 NW 6th Street. Ste 1
Gainesville, FL 32609
352-213-6561.

Peaceful Paths
501 W Washington Street
Starke, FL 32091
904-966-6878

Desoto County:
Center for Growth & Development, Inc.
3277 D Fruitville Road #1
Sarasota, FL 34237
941-953-9556

Sarasota Memorial Hospital
1700 S. Tamiami Trail
Sarasota, FL 34239
(941) 917-1700

Children First
1723 N. Orange Avenue
Sarasota, FL 34234
941-953-5507

Family Preservation
1748 Independence Blvd,
Sarasota, FL 34234
941-359-1927

Dixie County:
Peaceful Paths
2100 NW 53rd Ave
Gainesville, FL 32652
(352) 377-5690 or 377-8255

Family Preservation Services
1731 NW 6th Street. Se 1
Gainesville, FL 32609
352-213-6561.

Duval County:
The Azalea Project
157 E. 8th Street, Suite 119
Jacksonville, FL 32206
(904) 359-2520

Project SOS
6850 Belfort Oaks Place
Jacksonville, FL 32216
(904) 279-0870

Parents Fair Share
421 W Church St
Jacksonville, FL 32202
(904) 798-4720

Family Nurturing Center
170 Kingsley Ave
Orange Park, FL
(904) 637-0058

Family Nurturing Center
1221 King Street
Riverside-Jax, FL
4714 Shelby Ave
Westside-Jax, FL
(904) 389-4244

Shands Jacksonville Medical Center
655 W. 8th St.
Jacksonville, FL 32209
(904) 244-4843

Jacksonville Urban League
903 W. Union Street
Jacksonville, FL 32204
(904) 356-8336

Escambia County:
Children's Home Society
1300 N. Palafox Street, Suite 103
Pensacola, FL 32501
(850) 266-2700

Flagler County:
Flagler Hospital
400 Health Park Blvd
St. Augustine, FL 32086
(904) 819-4356

Franklin County:
Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

Gadsden County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Gilchrist County:
Peaceful Paths
2100 NW 53rd Ave
Gainesville, FL 32652
(352) 377-5690

Family Preservation
1731 NW 6th Street. Ste 1
Gainesville, FL 32609
352-213-6561.

Glades County:
Be The OAK
P.O. Box #1444
West Palm Beach, FL 33402
(888.784.3625)

The Boca Men's Council
Locations vary
Contact Anthony Scott at (954)428-2074

The Gathering
717 Prosperity Farms Road
North Palm Beach, FL 33408
(561) 622-4913

Good Samaritan Medical Center
1309 North Flagler Blvd.
West Palm Beach, FL 33401
(877) 725-0444

Parents Without Partners
P.O. Box 541943
Lake Worth, FL 33454
561-963-9557

St. Mary's Medical Center
901 45th Street
West Palm Beach, FL 33407
(561) 882-9100

Family Preservation
1860 Old Okeechobee Rd
West Palm Beach, FL 33409
561-683-4778

Gulf County:
Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

Hamilton County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Hardee County:
Family Preservation Services
2180 Maravilla Lane
Fort Myers, FL, 33901
239-332-8009

Child Abuse Council, Nurturing Fathers
3108 West Azeele Street
Tampa, FL 33609
(813) 673-4646 Ext. 229

Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Fathers Resource and Networking Center (FRANC)
3108 W. Azeele Street
Tampa, FL 33609
(813) 356-1293

Family Support and Resource Center
1277 Kingsway Road
Brandon, FL 33510
(813) 740-4634

Family Support and Resource Center
7520 W. Waters Ave., Suite 8
Tampa, FL 33615
(813) 356-1703

Family Support and Resource Center
1002 E. Palm Ave.
Tampa, FL 33605
(813) 204-1741

Family Support and Resource Center
1401-A E. Fowler Ave.
Tampa, FL 33612
(813) 558-1877

Family Support and Resource Center
3030 E. College Ave.
Ruskin, FL 33570
(813) 641-5600

Family Preservation Services
10150 Highland Manor Drive, Suite 200
Tampa FL, 33610
813-314-2141

Hendry County:
Be The OAK
P.O. Box #1444
West Palm Beach, FL 33402
(888.784.3625)

The Boca Men's Council
Locations vary
Contact Anthony Scott at (954)428-2074

The Gathering
717 Prosperity Farms Road
N. Palm Beach, FL 33408
(561) 622-4913

Good Samaritan Medical Center
1309 North Flagler Blvd.
West Palm Beach, FL 33401
(877) 725-0444

Parents Without Partners
P.O. Box 541943
Lake Worth, FL 33454
561-963-9557

St. Mary's Medical Center
901 45th Street
West Palm Beach, FL 33407
(561) 882-9100

Family Preservation Services
1860 Old Okeechobee Road, Suite 509
West Palm Beach, FL 33409
561-683-4778

Phoenix Institute
333 Nw 70th Avenue # 205
Fort Lauderdale, FL 33317
(941) 992-5773

Hernando County:
Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Highlands County:
Center for Growth & Development, Inc.
3277 D Fruitville Road #1
Sarasota, FL 34237
941-953-9556

Sarasota Memorial Hospital
1700 S. Tamiami Trail
Sarasota, FL 34239
(941) 917-1700

Children First
1723 N. Orange Avenue
Sarasota, FL 34234
941-953-5507

Family Preservation
1748 Independence Blvd, Suite E7
Sarasota, FL 34234
941-359-1927

Hillsborough County:
Nurturing Fathers Program
3108 West Azeele Street
Tampa, FL 33609
(813) 673-4646 Ext. 229

Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Fathers Resource and Networking Center (FRANC)
3108 W. Azeele Street
Tampa, FL 33609
(813) 356-1293

Family Support and Resource Center
1277 Kingsway Road
Brandon, FL 33510
(813) 740-4634

Family Support and Resource Center
7520 W. Waters Ave., Suite 8
Tampa, FL 33615
(813) 356-1703

Family Support and Resource Center
1002 E. Palm Ave.
Tampa, FL 33605
(813) 204-1741

Family Support and Resource Center
1401-A E. Fowler Ave.
Tampa, FL 33612
(813) 558-1877

Family Support and Resource Center
3030 E. College Ave.
Ruskin, FL 33570
(813) 641-5600

Family Preservation Services
10150 Highland Manor Drive, Suite 200
Tampa FL, 33610
813-314-2141

Holmes County:
Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

Indian River County:
The Exchange Club for the Prevention of Child Abuse
Responsible Fathering
3525 W. Midway Road
Fort Pierce, FL 34981
(772) 465-6011

Jackson County:
Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

Jefferson County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Lafayette County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Lake County:
Orange County Healthy Start Coalition
Various locations
Orlando, FL
(407) 254-6822

Parents Without Partners
P.O. Box 770895
Orlando, FL 32877-0895
407-888-0618

LINOS - David Gillen
400 West Robinson St, Ste S609
Orlando, FL 32801-1782
407-245-0103

Young Fathers of C. FL
511 West South Street
Orlando, FL 32805
407.423.9400

Be The OAK
P.O. Box #1444
West Palm Beach, FL 33402
(888.784.3625)

Lee County:
Phoenix Institute
333 Nw 70th Avenue # 205
Fort Lauderdale, FL 33317
(941) 992-5773

Leon County:
FL Commission on Responsible Fatherhood
111 North Gadsden St Suite 200
Tallahassee, FL 32301
850-488-4952

FL Parents and Children
927 Caraway St.
Tallahassee, Fl. 32308
Tel: 850 228-6158

Fatherhood Initiative Project Child Support
2110 S Adams St # E
Tallahassee, FL 32301-5400
(850) 847-0066

Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Levy County:
Peaceful Paths
2100 NW 53rd Ave
Gainesville, FL 32652
(352) 377-5690 or 377-8255

Growing Well Family Behavioral Services
20114 East Pennsylvania Ave.
Dunnellon, FL 34432
(352) 465-2444

Liberty County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Madison County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Manatee County:
Family Preservation Services
2180 Maravilla Lane
Fort Myers, FL, 33901
239-332-8009

Marion County:
Growing Well Family Behavioral Services
20114 E Pennsylvania Ave.
Dunnellon, FL 34432
(352) 465-2444

Martin County:
Exchange Club for Prevention of Child Abuse: Responsible Fathering
3525 W. Midway Road
Fort Pierce, FL 34981
(772) 465-6011

Miami-Dade County:
South Dade Alliance for Promoting Responsible Fatherhood
240 N. Krome Avenue
Homestead, FL 33033
(305) 245-7288

Gulf Coast Jewish Family and Community Services: Non-Custodial Parents Program
Main Office
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Parents without Partners
Southwest Miami #835
P.O. Box 161386
Miami, FL 33116-1386
305-251-2819

Monroe County:
South Dade Alliance for Promoting Responsible Fatherhood
240 N. Krome Avenue
Homestead, FL 33033
(305) 245-7288

Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Parents without Partners
P.O. Box 161386
Miami, FL 33116-1386
305-251-2819

Nassau County:
The Azalea Project
157 E. 8th Street, Suite 119
Jacksonville, FL 32206
(904) 359-2520

Project SOS
6850 Belfort Oaks Place
Jacksonville, FL 32216
(904) 279-0870

Parents Fair Share
421 W Church St
Jacksonville, FL 32202
(904) 798-4720

Family Nurturing Center
170 Kingsley Ave
Orange Park, FL
(904) 637-0058

Family Nurturing Center
1221 King Street
Riverside-Jax, FL
4714 Shelby Ave
Westside-Jax, FL
(904) 389-4244

Shands Jacksonville Medical Center
655 W. 8th St.
Jacksonville, FL 32209
(904) 244-4843

Jacksonville Urban League
903 W. Union Street
Jacksonville, FL 32204
(904) 356-8336

Okaloosa County:
Children's Home Society
1300 N. Palafox Street, Suite 103
Pensacola, FL 32501
(850) 266-2700

Okeechobee County:
Family Support and Resource Center
1277 Kingsway Road
Brandon, FL 33510
(813) 740-4634\

Orange County:
Orange County Healthy Start Coalition
Orlando, FL
(407) 254-6822

Parents Without Partners
P.O. Box 770895
Orlando, FL 32877-0895
407-888-0618

LINOS - David Gillen
400 West Robinson St, Ste S609
Orlando, FL 32801-1782
407-245-0103

Young Fathers of Central FL
511 West South Street
Orlando, FL 32805
407.423.9400

Be The OAK
P.O. Box #1444
West Palm Beach, FL 33402
(888.784.3625)

Osceola County:
Orange County Healthy Start Coalition
Various locations
Orlando, FL
(407) 254-6822

Parents Without Partners
P.O. Box 770895
Orlando, FL 32877-0895
407-888-0618

LINOS - David Gillen
400 W Robinson St, Ste 609
Orlando, FL 32801-1782
407-245-0103

Young Fathers of Central FL
511 West South Street
Orlando, FL 32805
407.423.9400

Responsible Fathering
3525 W. Midway Road
Fort Pierce, FL 34981
(772) 465-6011

Palm Beach County:
Be The OAK
P.O. Box #1444
West Palm Beach, FL 33402
(888.784.3625)

The Boca Men's Council
Locations vary
Contact Anthony Scott at (954)428-2074

The Gathering
717 Prosperity Farms Road
North Palm Beach, FL 33408
(561) 622-4913

Good Samaritan Medical Center
1309 North Flagler Blvd.
West Palm Beach, FL 33401
(877) 725-0444

Parents Without Partners
P.O. Box 541943
Lake Worth, FL 33454
561-963-9557

St. Mary's Medical Center
901 45th Street
West Palm Beach, FL 33407
(561) 882-9100

Family Preservation Services
1860 Old Okeechobee Road, Suite 509
West Palm Beach, FL 33409
561-683-4778

Pasco County:
Gulf Coast Jewish Family and Community Services: Non-Custodial Parents Program
Main Office
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Pinellas County:
Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Morton Plant Mease Health Center
300 Pinellas
Clearwater, FL 33756
(727) 462-7743

Men International
Ken Pangborn
3980 Hill Circle
Palm Harbor, FL 34684
(727) 786-6911

Pinellas County Urban League
Headquarters
333 – 31st Street North
St. Petersburg, FL 33713
727.327.2081

Men International
3980 Orchard Hill Dr
Palm Harbor, FL 34684
813.786.6911

Polk County:
Child Abuse Council, Inc.
Nurturing Fathers Program
3108 West Azeele Street
Tampa, FL 33609
(813) 673-4646 Ext. 229

Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Fathers Resource and Networking Center (FRANC)
3108 W. Azeele Street
Tampa, FL 33609
(813) 356-1293

Family Support and Resource Center
1277 Kingsway Road
Brandon, FL 33510
(813) 740-4634

Family Support and Resource Center
7520 W. Waters Ave., Suite 8
Tampa, FL 33615
(813) 356-1703

Family Support and Resource Center
1002 E. Palm Ave.
Tampa, FL 33605
(813) 204-1741

Family Support and Resource Center
1401-A E. Fowler Ave.
Tampa, FL 33612
(813) 558-1877

Family Support and Resource Center
3030 E. College Ave.
Ruskin, FL 33570
(813) 641-5600

Family Preservation Services
10150 Highland Manor Drive, Suite 200
Tampa FL, 33610
813-314-2141

Putnam County:
Peaceful Paths
2100 NW 53rd Ave
Gainesville, FL 32652
(352) 377-5690

Family Preservation
1731 NW 6th Street. Ste 1
Gainesville, FL 32609
352-213-6561.

Peaceful Paths
501 W Washington Street
Starke, FL 32091
904-966-6878
800-393-7233

Belmont Head Start
305 Idlewild Avenue
Green Cove Springs, FL
904.682.7035

Flagler Hospital
400 Health Park Blvd
St. Augustine, FL 32086
(904) 819-4356

Growing Well Family Behavioral Services
20114 E Pennsylvania Ave
Dunnellon, FL 34432
(352) 465-2444

Santa Rosa County:
Children's Home Society
1300 N. Palafox Street, Suite 103
Pensacola, FL 32501
(850) 266-2700

Sarasota County:
Center for Growth & Development, Inc.
3277 D Fruitville Road #1
941-953-9556

Sarasota Memorial Hospital
1700 S. Tamiami Trail
Sarasota, FL 34239
(941) 917-1700

Children First
1723 N. Orange Avenue
Sarasota, FL 34234
941-953-5507

Family Preservation Services
1748 Independence Blvd, Suite E7
Sarasota, FL 34234
941-359-1927

Seminole County:
Family Preservation
2500 West Lake Mary Blvd, Suite 107
Lake Mary, FL 32746
407-688-0088

St. Lucie County:
Responsible Fathering
3525 W. Midway Road
Fort Pierce, FL 34981
(772) 465-6011

Parents Without Partners
P.O. Box 9345
Port St. Lucie, FL 34985
954-484-6484

Family Preservation Services
121 N 2nd St, Ste 301
Ft. Pierce, FL 34950
772-595-3773

St. Johns County:
The Azalea Project
157 E. 8th Street, Ste 119
Jacksonville, FL 32206
(904) 359-2520

Project SOS
6850 Belfort Oaks Place
Jacksonville, FL 32216
(904) 279-0870

Parents Fair Share
421 W Church St
Jacksonville, FL 32202
(904) 798-4720

Family Nurturing Center
170 Kingsley Ave
Orange Park, FL
(904) 637-0058

Family Nurturing Center
1221 King Street
Riverside-Jax, FL
4714 Shelby Ave
Westside-Jax, FL
(904) 389-4244

Shands Jacksonville Medical Center
655 W. 8th St.
Jacksonville, FL 32209
(904) 244-4843

Jacksonville Urban League
903 W. Union Street
Jacksonville, FL 32204
(904) 356-8336

Flagler Hospital
400 Health Park Blvd
St. Augustine, FL 32086
(904) 819-4356

Belmont Head Start
305 Idlewild Avenue
Green Cove Springs, FL
904.682.7035

Sumter County:
Gulf Coast Jewish Family and Community Services
14041 Icot Boulevard
Clearwater, FL 33760
(727) 479-1800

Growing Well Family Behavioral Services
20114 E Pennsylvania Ave
Dunnellon, FL 34432
(352) 465-2444

Suwanee County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Taylor County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Union County:
Peaceful Paths
501 West Washington Street
Starke, FL 32091
904-966-6878
800-393-7233

Volusia County:
Flagler Hospital
400 Health Park Blvd
St. Augustine, FL 32086
(904) 819-4356

Yellow Umbrella
Woodlake Office Park
4680 Lipscomb Street, Suite 10-H
Palm Bay, FL 32905
321-433-3570

Yellow Umbrella
Victorian Village
4087 S. Hwy US1, Suite 1
Rockledge, FL 32955
321-723-2927

Family Preservation Services
2500 West Lake Mary Blvd, Suite 107
Lake Mary, FL 32746
407-688-0088

Growing Well Family Behavioral Services
20114 East Pennsylvania Ave.
Dunnellon, FL 34432
(352) 465-2444

Wakulla County:
Living Stones
604 Eugenia Street
Tallahassee, FL 32310
(850) 765-0320

Walton County:
Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

Washington County:
Gulf Coast Community College
5230 W Highway 98
Panama City, FL 32401
850-769-1551

NOVEMBER 2011 EPRESS

UNDER CONSTRUCTION! The website will be under construction for the next two months. If you have problems on our website, please copy the broken link and send it to us! Thank you!

ACTIVITIES FOR PARENTS AND TWEENS DURING SUPERVISED VISITATION (and at home!)

When parents are spending time with their pre-teenaged children at visitation, they sometimes run out of things to do, and need ideas for activities. Not all supervised visitation programs have the same resources, or allow the same activities, but Directors can consider the following advice, and offer it to parents if appropriate! Stock up on the materials mentioned. These also work for custodial parents – sometimes all parents need new ideas!

If parents need help with these activities, be sure the help them. Some parents need extra help, and staff can model appropriate behavior.

INDOOR ACTIVITIES:

Play a board game	There are plenty of board games for all ages, like Life, Clue, and Trouble. Older children may enjoy games like Monopoly, Checkers, Chess, or Stratego. Ask what games the Program has.
Cook something	You may not have access to cooking supplies, but snacks like popcorn with seasonings and trail mixes can be fun to make. You can also bring already made cookies and decorate them together. Pudding, crushed oreos, and gummy worms make a fun, earthy snack to make. Eat them while talking together.
Craft	Children love to be creative, and you can have fun decorating picture frames, making origami shapes from folded paper, decorate refrigerator magnets, or use beads and string to make bracelets together.
Read a chapter book	Kids enjoy being read to. Chapter books give everyone something to look forward to for next time. Talk about what you think will happen next, or how you would feel if you were in the character's situation.
Decorate tee shirts	Using fabric paints, draw designs on plain white tee shirts, or make hand and foot prints. You can both wear them on your next visit once they dry. This activity requires material and paint.

Play the ABC game	Pick a category, like “animals”. Take turns naming animals with different letters of the alphabet, reciting all previous animals in order. Someone says “Armadillo”, the next person says “Armadillo, Bear”, and then back to person one, who will say “Armadillo, Bear, Cat”, etc.
Play cards	There are many different card games you can teach each other and play, like Go Fish, War, Poker, or Rummy.
Read a book of mind teasers	There are all sorts of mind teasers and logic puzzles for different ages. Get a book or find some online, and go through the puzzles, and try to encourage your child to think differently.
Do a puzzle	Puzzles can be fun for all ages! Bring a puzzle that you think your child and you could complete, and talk while you work to put it together.
Build something	Legos and Kinex can be used to make cars, cities, buildings, or animals, and the level of detail can be great for all ages.
I Spy	One person picks an item in sight, and the other asks yes or no questions like “Is it blue?” or “Can you use it to write?” or “Is it bigger than a loaf of bread?” to guess what it is.
Get a book of Mad Libs	Mad libs help you create silly stories by inputting verbs, nouns, and adjectives without knowing what the story is about. This is also a great way to learn parts of speech.
Make paper airplanes	Look up ways to fold paper to make airplanes, or make up your own ways. Have contests for who has the prettiest, biggest, farthest flying, or highest flying plane.
Make masks	Decorate paper plates with markers, crayons, and pens, and carefully cut out eye holes. Tape or glue a stick to the bottom and make a mask.

Do word searches	Buy a book of word searches, or print them from online. Look for words together. Directors should consider buying a few inexpensive word search books at the Dollar Store.
Listen to music	Listen to music your child enjoys, and share some music you enjoyed when you were a kid, or from your past.
Indoor gardening	Plant seeds in paper cups with soil. Learn how to take care of the plants, and when they sprout enough to be too big for the cups, you can plant them outside. This is a group project and requires prior planning by the staff.
Write poems	Write silly rhyming poems about things your child is doing (going to school, playing soccer, or just things they are interested in) and laugh about your silly rhymes.
Decorate bags	Tote bags can be painted and drawn on for a cute purse for your child, or a bag for books or toys.
Write a book	Take turns writing parts of a story, and have the other draw an illustration. Then, the other person writes the next story, and so on. At the end, you'll have a great book you made together. Hole punch the pages, and tie ribbon to bind the book.
Make a collage	Cut out pictures from a magazine, glue them on paper or cardboard, and make them as gifts for each other or to hang up in your room.
Make a bucket list	Write down things you want to do in your life. It can be something as easy as going to the zoo, or something as extreme as skydiving. Have fun thinking about the fun you could have.
OUTDOOR ACTIVITES:	
Play catch	Get a baseball and gloves, or throw a ball around outside.

Play soccer or basketball	Kick a ball around, or practice dribbling and passing a basketball.
Make chalk art	Draw different pictures, play tic-tac-toe, or play hangman on the sidewalk or driveway outside.
Jump rope	Get a jump rope and have a contest for who can go the longest. If you have more than 2 people, you can have a bigger rope, or jump at the same time.
Cloud gazing	Look up at the clouds and pick out shapes and figures.

The Importance of Boundaries with Clients

By Sara Groff

Objectives:

1) Define boundaries.
2) Understand why maintaining boundaries with clients at supervised visitation and in the social services arena is important.
3) Know the difference between boundary violations and boundary crossings.
4) Explore the unique challenges to maintaining boundaries in rural settings.

- **What is issue of boundaries all about?**
    - Boundaries in the social service arena deals with the issue of real or potential conflicts of interest. One of the most challenging ethical situations in social

services occurs when a worker engages in dual or multiple relationships with client or colleagues.

- A dual relationship occurs when a social service worker is connected with a client in more than one role, including assuming more than one professional role (being an instructor and counselor) and blending relationships (being a social service worker and friend).

- **Why are boundaries important?**
  - Intact, professional boundaries:
    - Provide safety and structure. *Example: Clear expectations and boundaries strengthen relationships and help guard against uncertainty, misunderstandings, and disappointments.*
    - Protect the client and the worker from harm. *Example: Boundaries help guard against law suits.*
    - Enhance client autonomy and independence. *Example: Boundaries allow the client to take responsibility for themselves and their actions so that when they achieve something or overcome obstacles, they know that they did it, not the worker.*
  - Loose, unprofessional boundaries have the potential to
    - Exploit the client. *Example: There is always a power difference between worker and client. If the worker does not keep tight boundaries, the client may end up in a vulnerable position where they feel coerced to engage in activities that they may not want to, but feel unable to say "no" because of the inherit power difference.*
    - Reduce client autonomy, while increasing client dependency. *Example: If the worker continues to save the client and enable instead of empower him or her, the client may feel unable to function without the worker.*
  - There are a number of boundary violations that are very straightforward, such as:
    - NEVER have sex or engage in intimate physical contact with a client.
    - NEVER deliberately physically, verbally, or emotionally abuse a client.
    - NEVER use drugs with, provide drugs to, or purchase drugs from a client.

- **All supervised visitation providers and social service providers should understand the importance of boundaries, because boundaries are often not black or white, especially in rural areas, or when services are provided in an informal setting (such as in-home services for case managers).**
  - Some subtle boundary crossings/violations:

- Developing friendships with clients
- Participating in social activities with clients
- Serving on community boards with clients
- Providing client's with one's home telephone number
- Accepting goods and services from clients instead of money
- Discussing one's religious beliefs with clients

- Distinguish between **boundary violations** and **boundary crossings**
  - **Boundary violations:** The dual relationship is exploitative, manipulative, deceptive or coercive. Key feature– conflict of interest that HARMS clients or colleagues.
    - Examples:
      1. Sexual involvement with current or past clients
      2. Conspire with clients to bill insurance companies fraudulently
      3. Influence terminally ill clients to include worker in client's wills
      4. Investing money in client's business
  - **Boundary Crossings** – The dual relationship with client or colleague that is NOT intentionally exploitative, manipulative, deceptive, or coercive. It is not inherently unethical. Boundary crossings have potential to be harmful, helpful, or neutral.
    - Become harmful when dual relationship has negative consequences for client or colleague, and possibly even the worker.
    - Boundary crossings are "red flags" because they can easily become boundary violations when they place clients at risk for harm.
    - "Slippery slope" idea where a minor boundary crossing can lead to a boundary violation where the relationship between social service provider and client gradually moves from helpful and professional to harmful and unprofessional.

Boundary crossing/violations in five conceptual categories:

Central Themes in Dual Relationships:	**Including:**
Intimate Relationships	- Sexual relationships - Physical contact (that has the potential for psychological harm) - Services to a former lover

	- Intimate gestures
Pursuit of Personal Benefit	- Monetary gain - Goods and services - Useful information
Emotional and Dependency Needs	- Extending relationships with clients - Promoting client dependence - Confusing personal and professional lives - Reversing roles with clients
Altruistic Gestures	- Performing favors - Providing nonprofessional services - Giving gifts - Being extraordinarily available
Responses to Unanticipated Circumstances	- Social and community events - Joint affiliations and memberships - Mutual acquaintances and friends

Warning signs of role-boundary conflicts:

a. Increased self-disclosure to a client
b. Increased anticipation of meeting with client
c. Desire to lengthen a session with a client
d. Failure to terminate or refer a client when appropriate
e. Desire to please, impress, or punish a client

Other Useful Information:

- If you are associated with a professional organization, refer to their ethics code (for example, National Association of Social Workers, American Counseling Association, American Psychological Association).

Scenarios:

"One of your clients requests to be your friend on a social networking site, such as Facebook. Is it acceptable for you to accept your client as a 'friend'?"

a) No, never.
b) Yes, but only if the client's feelings will be hurt if you do not accept him or her.
c) Yes, there is nothing wrong with being friends with a client.

"You see your client at the grocery store. What do you do?"

a) *Say "hi" and ask the client how he or she is doing.*
b) *Run in the opposite direction.*
c) ***Do not do anything unless the client first speaks to you. Then say "hi" and end the conversation. Be sure to discuss the reasons why you responded this way when you see the client next. Prepare clients by telling them how you will react if you see them in public.***
d) *Ignore the client if he/she speaks to you and pretend that you do not know him or her.*

- Boundaries in Rural Settings:

- Rural Communities are unique to their urban counterparts because low populated areas often encourage mutually dependent relationships.
- Some examples:
    - Your client attends the same church as you.
    - Your client's wife is a teacher where your children attend school.
    - Your client's child is on the same sport's team as your child.
    - Your client's spouse runs a local store that you frequent.

Recommendations for social service workers who find themselves in multiple relationships in a rural community:

1) **Imagine the worse-case scenario.** Consider the possibility of harm to the client or worker. What could potentially go wrong in this relationship?
2) **Seek Consultation.** Talking to others outside of the situation can help workers gain objectivity.
3) **Maintain clear boundaries in as many areas as possible.** It is helpful for workers to create clear guidelines of what their boundaries are before they begin working with clients, and letting clients know about these boundaries as well. Explain to the client the extent of confidentiality and how you will react if you run into your client outside of the agency.
    a. *Example: "I want to respect your confidentiality and privacy. We live in a small community and it is possible that we might run into each other outside of this agency. If this happens, I will remain silent and not acknowledge you. This may feel cold, but I want to assure you that I am only doing this to maintain your privacy."*
4) **Maintain confidentiality.** If you see a client outside of your work, it is very important to maintain the client's privacy and right to confidentiality.

a. *Example: Your client at the visitation center's child is in the same class with your child. You become aware of this midway through the year when you run into the client at a school event. It is important to maintain your client's confidentiality and not reveal if or how you know the client. This will be easier to handle if you have clearly stated your boundaries with your client when you began working with him or her (see above example).*

5) **Terminate the dual therapeutic, social, or business relationship as soon as possible, when possible.** If you can terminate one of the relationships - do it! The sooner you end one of the relationships, the better your chances are to keep both you and your client safe.

Another strategy includes asking the following questions:

- Is the dual relationship necessary?
- Is the dual relationship exploitative?
- Who does the dual relationship benefit?
- Is there a risk that the dual relationship could damage or be harmful to the client?
- Is there a risk that the dual relationship could disrupt the goals of the client's family?
    - *For example: In supervised visitation, will a client refuse to participate and see his or her children because he works with the visitation monitor's spouse?*
- Ask yourself: Am I being objective and truthful to myself when answering these questions? Is there anyone else I can consult with to help me gain some clarity?
- Have I documented the decision-making process in client records?
- Did the client give informed consent regarding the potential risks to engaging in the dual relationship?

It is important to note that even if all of these questions have been answered in a way that indicates a low potential for harm to occur, harm may still occur.

Other factors to consider:

- What is the vulnerability of the client?
- What is the power difference between worker and client?
- What are the potential risks for the client?
- What are the potential risks for the worker?
- What are the potential benefits for the client?
- What are the potential benefits for the worker?
- Are the agency or (if applicable) professional boundaries clear on this scenario?

- Are there alternative resources for the client to utilize?
- What are the community values and cultural norms? How does this relationship fit into these values and norms?

Exercise: *What would you do?*

In the following scenarios, consider the following:

1. Is this a boundary crossing or boundary violation?
2. What potential problems could result in this situation if not handled correctly?
3. Should staff discuss this issue with his or her program director?

For the following scenarios, you are a monitor at a visitation center.

- *The visiting father has begun bringing cookies in for the staff at the center and asking for small favors here and there, such as asking for rides to the bus station and asking to borrow money for bus fare.*
- *You go to church with the custodial mother and recently have started going to the same small group as her. The mother has begun asking you for a full report of how visitations have been going with her children and their visiting father.*
- *You are single and you go to a "Speed Dating" event to meet some other singles in your area. The custodial parent of one of your clients is at this same event. During the "Speed Date" you both hit it off and the parent asks you out on a date.*
- *You attend an event hosted at a friend's house. One of the visiting mothers at the center arrives at the event with her ex-boyfriend, whom she swore she was no longer in contact with. She sees you and begins to cry, begging you not to tell anyone.*
- *You are part of a group of parents at your child's school in charge of the annual Fall Festival. You are assigned to the "dunking booth" with the custodial father from your center. You will be working closely with him for many weeks leading up to the Fall Festival.*
- *You have had a client for over a year, and suddenly realize that you have revealed all kinds of information about yourself, your children, your extended family, your homelife, your hobbies, your husband's job, your marital history, and you likes and dislikes in food, movies, and a variety of other things. These things have been disclosed little by little over time, and now your client feels and acts quite familiar around you. All of the other clients call you Mrs. Jones, but this client calls you "Sherry." The client always follows up each visit with a comment during the next visit such as "So how's the car working lately?" or "Did you like that comedy at the theatre last week?" or "How was your son's teacher-parent meeting?" or "Is Junior still grounded?"*

  We will discuss this at the next phone conference. Be there! Also, if you are on the line in the November phone call, we will give you a poster!!

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Additional Training: A Guide at your Fingertips

Program directors often ask for additional trainings for themselves and their staff. We took the list of mandatory training topics in the Best Practices and combed the internet for valuable, free trainings. Some of these trainings are better than others. Be sure to consider the strengths and weaknesses before modifying these for your own program!

A. Training For Program Directors:

a. **Conducting intake and orientation; including preparing children for them**.

Source-Child Protective Services-US Dept of HHS.

CPS Caseworker Manual

http://www.childwelfare.gov/pubs/usermanuals/cps/cps.pdf

i. Strengths: Contains sections (Chapter 5-8 [starts on page 26 of pdf]) about intake, assessment and case management. Good source: CPS.

ii. Weaknesses: Only a handful of pages. Variety of other topics that aren't particularly relevant here.

b. **Training and supervising staff, including volunteers and interns**.

Staff/Employees:

Source-Minnesota Council of Non-Profits

How To Recruit The Right Employee

http://www.minnesotanonprofits.org/nonprofit-resources/management-hr/recruitment-hiring-termination/how-to-recruit-the-right-employee

Background and Reference Checks

http://www.minnesotanonprofits.org/nonprofit-resources/management-hr/recruitment-hiring-termination/background-and-reference-checks

Strengths: Explains what type of information should be included in a job description. Provides practical tips for reference checking. Identifies what types of questions to ask former employers.

Weaknesses: Does not cover Federal/State Employment laws.

Conducting Background and Reference Checks. Does not cover termination policies. Does not identify proper resources to conduct background checks.

Volunteer Hiring/Procedure:

Source-Minnesota Council of Non-Profits

The Do's and Don'ts of Volunteer Screening

http://www.minnesotanonprofits.org/nonprofit-resources/management-hr/volunteer-management/screening-volunteers

Volunteer Supervision and Training

http://www.minnesotanonprofits.org/nonprofit-resources/management-hr/volunteer-management/training-supervising-volunteers

Creating A Volunteer Handbook

http://www.minnesotanonprofits.org/nonprofit-resources/management-hr/volunteer-management/volunteer-handbook

i. Strengths: Gives a good checklist style setup of what policies/procedures should be observed in the screening process and what to avoid. Mentions the concept of grievance/disciplinary policies. Provides a great overview of what to include in a volunteer handbook. Covers many different topics to be included in it.

ii. Weaknesses: Does not take into account any special SV-related issues that may arise for volunteers that would not be an issue in a different non-profit organization.

Creating A Board of Directors:

Source-Minnesota Council of Non-Profits

Composition, Structure, & Conduct

http://www.minnesotanonprofits.org/nonprofit-resources/leadership-governance/board-basics/composition-and-structure

i. Strengths: Describes what type of positions to be held on the board of directors, as well as the composition/structure.

ii. Weaknesses: Mentions that under Minnesota law, a board of directors must have at least 3 members…lacks info on laws regarding other states.

Miscellaneous:

Source-IRS

Tax-Exemption for Non-Profits

http://www.stayexempt.org/Mini-Courses/Applying_for_Tax_Exempt-An_Overview/applying-for-tax-exempt-organizations.aspx

i. Mini-Course about qualifying, applying, and maintaining tax exemption. Via the IRS website. Includes instructional presentation (approx 17mins).

B. Training Topics for all Supervised Visitation Program Personnel:

a. Program policies and procedures.

Source-Center for Community-based relations at Austin Community College

Staffing-Non Profit Policies and Procedures

http://www.austincc.edu/npo/library/documents/Manual%20on%20Web/Staff%20Handbook%20-%20%20Operational%20manual%20%201-27-03-10.pdf

i. Strengths: Covers basic policies that every workplace generally enforces.

ii. Weaknesses: More relevant to Administrative policy.

b. **Professional boundaries, conflict of interest, confidentiality**.

Professional Boundaries:

Source-National Council of State Boards of Nursing

Professional Boundaries-A Guide For Nurses

https://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf

i. Strengths: Provides a good overview of what professional boundaries are, and how to tell when you are violating them. Can be turned into a question answer format easily. Addresses issue of being in a small community with client and how to identify boundary-violating behavior.

ii. Weaknesses: Directed at nurses, which is not a prime example, but isn't terrible as nurses have a somewhat related sense of purpose.

Conflict of Interest:

Source-US Department of Health and Human Services

Conflicts of Interest Training-US Department of Health and Human Services: Office of Research Integrity

http://ori.hhs.gov/education/products/rcradmin/topics/coi/open.shtml

iii. Strengths: Offers short, but thorough walkthrough about what conflict of interest is, gives examples, case studies, and a short quiz.

iv. Weaknesses: Related to COI in research/academia.

Confidentiality:

Source-University of California, Los Angeles

Confidentiality Training Aid-UCLA

http://smhp.psych.ucla.edu/pdfdocs/quicktraining/confidentiality.pdf

v. Strengths: Contains information about confidentiality in a variety of settings, including with Children and Families. Contains excerpt about confidentiality within field of Social Work.

vi. Weaknesses: Somewhat school oriented. No assessment of knowledge.

c. **Basic stages of child development**.

Source-Public Broadcasting Service

The ABCs of Child Development

http://www.pbs.org/wholechild/abc/index.html

i. Strengths: Cover physical, emotional/social development and thinking/communicating skills. Breaks down each into milestones for ages 0-5. Milestones are in-depth for the most part.

ii. Weaknesses: PBS is not quite an academic resource, but at the same time is a fairly trusted source of information in America.

Source-University of Pittsburgh: Child Welfare Training Program

Development of Infants and Toddlers:

http://www.pacwcbt.pitt.edu/Curriculum/911-5%20Development%20of%20Infants%20and%20Toddlers.htm

iii. Strengths: A good overview on the physical, cognitive, and social development of infants/toddlers, in timeline form; as well as the effects of abuse and maltreatment on children.

iv. Weaknesses: No video included.

Source-University of Pittsburgh: Child Welfare Training Program

Development of School Age Children:

http://www.pacwcbt.pitt.edu/Curriculum/911-5DevelopmentofSchoolAgeChildren.htm

v. Strengths: Aimed at children 3-6. Contains relevant information. Would be a good compliment to another source. Take advantage of handouts.

vi. Weaknesses: Poor resource on its own. No video/manual. Lacks depth.

Source-University of Pittsburgh: Child Welfare Training Program

Development of Adolescents:

http://www.pacwcbt.pitt.edu/Curriculum/911-5%20FP%20Development%20Of%20Adolescents.htm

vii. Strengths: Use in conjunction with other resources, and use handouts.

viii. Weaknesses: Poor resource on its own. No video/manual. Contains relevant information, but lacks depth.

d. Effects of separation and divorce on children and families.

Source- Clinical Psychology Association of North Central Florida

Effects of Divorce on Children

http://cpancf.com/articles_files/efffectsdivorceonchildren.asp

i. Strengths: Talks about effects on pre-schooler, school-age children, adolescents, the differences for boys and girls, and different ways to help with the adjustment of a child to a divorce. Author has PhD.

ii. Weaknesses: Short, concise. Article format.

e. Grief and loss associated with parental separation and removal from the home due to child abuse and neglect.

Source-Minnesota Department of Human Services

The Grieving Child In Care

http://www.mnadopt.org/Factsheets/Grieving%20Child%20in%20Foster%20Care.pdf

i. Strengths: Provides an overview of how the child is feeling about being put in Foster care, some tips for Foster parents, and some suggestions on how to work with a grieving child.

ii. Weaknesses: Could be longer.

Source- eXtension Foundation (non-profit)

Ways Child Care Providers Can Help Children Deal With Grief And Loss

http://www.extension.org/pages/59556/ways-child-care-providers-can-help-childen-deal-with-grief-and-loss

iii. Strengths: Good overview of types of feelings child will experience during separation.

Weaknesses: Short, article-style. Could be used with 'The Grieving Child In Care' to provide a good foundation.

f. Cultural sensitivity, multiculturalism, and diversity.

Source-Southern Utah University

Cultural Sensitivity: Training Module

http://www.suu.edu/serve&learn/pdf/wsu-module-cultural-sensitivity-3-29-10.pdf

i. Strengths: Powerpoint presentation in PDF form. Covers culture, poverty, sexual orientation, religious affiliation. Contains assessment via link at end. Need username/password, but says that you can register without being faculty/student for free.

ii. Weaknesses: Creating an account is not ideal.

Source-University of Pittsburgh: Child Welfare Training Program

Parenting Styles: A Cross-Cultural Perspective

http://www.pacwcbt.pitt.edu/Curriculum/307ParentingStylesACrossCulturalPerspective.html

iii. Strengths: Includes information on different parenting styles, myths/facts about parenting by gays/lesbians, people of color (African-American, Native American, Hispanic, Asian; against the norm (white) and different cultural practices. Includes cultural competency information. Contains overheads/handouts and booklet.

iv. Weaknesses: An assessment tool would be useful.

g. Danger assessments.

Source-Jackie Campbell

Danger Assessment Form

http://nursing.dev3.myquotient.net/uploads/pdf/DAEnglish2010.pdf

Source-North Carolina Department of Health and Human Services

NC-DSS Risk Assessment Form

http://info.dhhs.state.nc.us/olm/forms/dss/DSS-5230-ia.pdf

i. Strengths: The first assessment is the standard Danger Assessment form by Jackie Campbell. The second is a DA form found through the North Carolina Department of Health and Human Services. It looks like it could be used as a model for a SV Assessment if they were to make their own.

h. Family violence, including domestic violence and the effects of domestic violence on children.

Source-Administration of Children and Families

Child Protection in Families Experiencing Domestic Violence

http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/index.cfm

i. Strengths: Author: Office of Child Abuse and Neglect (in collaboration with Children's Bureau of the Administration for Children and Families [ACF], U.S. Department of Health and Human Services [DHHS]

Manual provides information and background on the relationship and overlap between Domestic Violence and Child Maltreatment; adaptation of child protective practice in cases with domestic violence, as well as collective responses for families experiencing these issues.

ii. Weaknesses: None. Excellent resource. Only complaint is that it doesn't have its own test at end of manual to assess knowledge.

i. Child maltreatment, including child sexual abuse.

Source-University of Nevada

Child Abuse Recognition & Reporting

http://www.unce.unr.edu/publications/files/cy/2009/sp0911/sp0911.pdf

Strengths: Contains information on Child Abuse, Neglect, Sexual Abuse; information on reporting abuse/neglect; interactions with children. 60 pages, includes 5 lessons and quizzes which can be taken by individually or in a supervised setting.

i. Weaknesses: From University of Nevada. Nevada statistics reflected in some parts of study-guide.

j. Substance abuse.

Substance Abuse Training: Understanding Substance Abuse Disorders, Treatment and Family Recovery. A Guide for Child Welfare Professionals

Source-HHS: National Center on Substance Abuse and Child Welfare

Participant Handbook
http://www.ncsacw.samhsa.gov/files/Substance%20Abuse%20Participant%20Workbook.pdf
Supervisor Handbook
http://www.ncsacw.samhsa.gov/files/Substance%20Abuse%20Supervisor%20Handbook.pdf

Handbooks are for assessment. Tutorial is online or in pdf form at: http://www.ncsacw.samhsa.gov/tutorials/RegForm.aspx

i. Strengths: "The free tutorials focus on the subjects of substance abuse and child welfare; they support and facilitate collaboration between the child welfare system, the substance abuse treatment system, and the courts. Continuing Education Units are available upon successful completion of a tutorial."-via site.

ii. Weaknesses: Have not personally seen tutorial, but you can register online, allegedly for free.

k. Provisions for service to parents and children with mental health and developmental issues or other physical or emotional impairments.

Source-University of Minnesota

Mental Health and Parenting

http://www.cmh.umn.edu/Research/Policy%20Briefs/parentingbrief.pdf

i. Strengths: Addresses important issue: Parents can also suffer from mental illness. Talks about how it can affect their children, touches on prevalence, stigma, and contributing factors.

ii. Weaknesses: Short. Doesn't talk about too many types of mental illness, aside from depression.

Source-Helpguide.org

Learning Disabilities With Children

http://www.helpguide.org/mental/learning_disabilities.htm

Parenting Children With Learning Disabilities

http://www.helpguide.org/mental/learning_disabilities_treatment_help_coping.htm

Attachment and Reactive Attachment Disorders

http://www.helpguide.org/mental/parenting_bonding_reactive_attachment_disorder.htm

Helping Children With Autism

http://www.helpguide.org/mental/autism_help.htm

iii. Strengths: Information on a wide variety of MH topics. Well written articles. Staff from various backgrounds, MSW, Nutritionist, Health Counselor, Psychology. All seem to be college educated, and have mostly Master's level or higher degrees. Founders of site are both PhDs with Master's in Psychology.

iv. Weaknesses: Helpguide was started by the parents of a young woman who committed suicide. In the site's biography, it states that she received the wrong care and contributions to her death included reckless administration of SSRI's. However, after looking through the articles, it seems that the founders are committed to giving objective information, as well as a stance of using medicine 'as a treatment, not a cure', instead of being opposed to it.

Source-University of Pittsburgh: Child Welfare Training Program

Children's Mental Health Issues

http://www.pacwcbt.pitt.edu/Curriculum/303%20Childrens%20MH%20Issues%20Intro.html

v. Strengths: Good information. Has handouts/overheads. Regardless, handouts and overheads provide a good amount of info. Also contains a Resource Manual which goes into greater depth However, looks like a great source for information.

vi. Weaknesses: Lacks Video. Some handouts contain activities that might not be able to be used w/o video.

l. **Parent introduction/re-introduction**.

Source-Advocates of Children of New Jersey

Protecting and Promoting Meaningful Connections: The Importance of Quality Family Time in Parent-Child Visitation

http://www.acnj.org/admin.asp?uri=2081&action=15&di=1592&ext=pdf&view=yes

i. Strengths: Covers the importance of parent-child interaction. Goes into how the child is affected, the positive and negative consequences, how the parent feels about the interaction, and how the foster parents may feel.

ii. Weaknesses: Specifically talks about children who have come from abused/neglected homes, but does not talk about sexual abuse. As well, information used is centered on New Jersey.

m. Parenting skills.

Source-The Cornell Cooperative: Cornell University

Parenting Skills: A Manual for Parent Educators

http://www.parenting.cit.cornell.edu/documents/ParentingSkillstext.pdf

i. 90 page pdf. Contains parenting skill ideas and tips.

ii. Formed through Cornell Cooperative Extension (of Tompkins County) in conjunction with Cornell University.

iii. Strengths: 90page pdf. Contains 5 key parenting skills: Encouragement, Ability, Choices, Self-Control, and Respect for Feelings ; an overview of each, summary and suggested reading to follow up on. Offers tips and structure for facilitators who are teaching parents.

iv. Weaknesses: Doesn't offer specific examples during facilitation.

n. **Assertiveness training and conflict resolution**.

Workshop on Conflict Resolution

Source-International Federation of University Women

Facilitator's Handbook
http://www.ifuw.org/training/pdf/conflict-facilitator-2001.pdf
Participant's Handbook
http://www.ifuw.org/training/pdf/conflict-participant-2001.pdf
Strengths: Two complimentary workbooks about conflict resolution. Contains evaluation checklists for supervisor. Broken down into various timed exercises.

i. Weaknesses: Only 24 pages. While exercises are more than sufficient, could have a little more depth in manuals.

o. **Preparation of factual observation notes and reports**.

Source-Child Protective Services

CPS Caseworker Manual

http://www.childwelfare.gov/pubs/usermanuals/cps/cps.pdf

i. Strengths: Contains a section (Chapter 12) about Effective Documentation. Contains info about the 'content of case records' and the 'principles of record keeping'. Good source: Child Protective Services. Also covers intake, assessment, case management.

ii. Weaknesses: Only about 4 pages. Variety of other topics that aren't particularly relevant.

Source-Washington SVN

Washington Supervised Visitation Network: Guidebook

http://svnworldwide.org/chapterminutes/23-2009-2010GuidebookWAChapter.pdf

iii. Strengths: Section 7: Records-contains section on record taking and the necessary information. Excellent source. Covers basics about what type of information is required about client, about case, and the confidentiality of such materials.

iv. Weaknesses: Only a few pages.

C. Additional Trainings:

a. **Behaviors that facilitate positive attachment, separation, and reconnection**.

Source-New South Wales-Centre for Parenting and Research

Positive Attachment

http://www.community.nsw.gov.au/docswr/_assets/main/documents/research_attachment.pdf

i. Strengths: Explains why attachment is important, how different types of attachment affect behavior, and how it applies to children in foster care.

ii. Weaknesses: Does not specifically talk about different ways to go about creating positive attachment. More theory than applied.

Source-Bernard van Leer Foundation

Attachment Relationships: Quality of Care for Young Children

http://issuu.com/bernardvanleerfoundation/docs/attachment_relationships_quality_of_care_for_young

Or download pdf from website:

http://www.bernardvanleer.org/Attachment_Relationships_Quality_of_Care_for_Young_Children

Strengths: 33pg pdf. Addresses attachment with mothers and father. Talks about outcomes for different types of attachment.

Weaknesses: Each mini-topic is only given about 1 page. While this is sufficient, it could have been more in-depth.

In a separate attachment you will find a list of mental health providers by county. This list is compiled for you to use if a client needs access to these services.

Program Highlights and Updates (Send Us Yours!)

DISC Village, Inc. Supervised Visitation Program

1000 Tharpe Street, Suite 8 Tallahassee, FL 32303

Program Director: Angela Lindsey 850-575-4388 x336 center # 617-1192

Contact E-mail: alindsey@bigbendcbc.org

Number of Sites: 1 Counties Served: Leon, Wakulla, Liberty, Gadsden, Jefferson, Taylor, Calhoun, Gulf (8)

The Disc Village Supervised Family visitation center currently has an order of agreement with the second judicial circuit to services family law cases in the Big Bend Community. We create a more enhanced family-like setting for the children and families we serve. In addition to that we have a life-skills curriculum for parents. Our goal is to help these families increase resilience, build on their current strengths and overcome barriers. We are honored to serve our families and look forward to fourth year of providing excellent service to children and families in the Big Bend Community.

Family Nurturing Center of Florida - Bartley

2759 Bartley Cr. Jacksonville, FL 32207

Program Director: Stella Johnson (904.389.4244)

Contact E-mail: stella@fncflorida.org

2nd Site: Fleming Isle: 2075 Town Center Blvd. Fleming Isle, FL

3rd Site: Nassau: 86029 Pages Dairy Rd. Yulee, FL

Number of Sites: 3 Counties Served: Duval, Clay, Baker, Nassau, St. Johns

Program has been in operation: Since 1993 - 1st Center in Florida!

FNC, through our collaborative partnerships with community organizations and the Florida Coastal School of Law, has access to a wealth of volunteers. Currently, we are cultivating a strong internship program with law students who service the agency by providing new client orientations and representation during injunction hearings. Law students sign on for a minimum of a year of service, during which they provide a courtroom presence during injunction hearings and also facilitate the enrollment of new clients into the program. This continued volunteer program has saved the agency over $50,000 and also further develops a knowledge base of domestic violence within the future legal community. We also occupy the Lillian Saunders Community Center free of rent and utility costs through a partnership with the City of Jacksonville.

FNC works in partnership with a host of other community partners. By operating in a community based setting, we work as a holistic partner with other organizations to ensure that families have access to comprehensive resources. We pride ourselves in having meaningful, collaborative partnerships which go beyond a typical referral exchange. For example, our alliance with Hubbard House Outreach Center allows their caseworkers to have immediate contact should victims of domestic violence come to FNC for services. This is one step to ensure that a victim has an advocate and is less likely to get lost in a shuffle of referral forms. Our center also serves as an ACCESS location, providing the ability of both FNC clients and the local residents the ability to apply for food stamps and other assistance. We have recently partnered with Learn to Read to provide space for their programs. During the tax season, the United Way Real Sense campaign provided free tax return services for lower income clients at our center as well. FNC remains committed to leveraging our relationships with other service providers to ensure comprehensive access to services designed to alleviate issues of poverty and abuse.

Our reputation as an expert in the field as well as our collaborative relationships with other organizations has received judicial recognition throughout Northeast Florida. Family law attorneys in Nassau, Clay and Duval counties have aligned themselves to support FNC. In fact, each member of the Florida Bar Board of Governors wrote personal checks in special recognition of the critical work the center does. FNC has a committed Board of Directors with a passion for the work of the organization. Board members have been instrumental in forming valuable partnerships with the Florida Coastal School of Law, the Family Law Inn of Court, the Fourth Judicial Circuit, and many other agencies directly impacted by supervised visitation. FNC has always held a leadership position in the field of Supervised Visitation since opening the first visitation program in the State. Founding members from the Junior League, the Children's Home Society, and the Department of Children of Families also went out in the state to help dozens more programs open with similar community involvement. Today, despite our small budget, our leadership in the field continues on a local, statewide, and national basis.

Judge Ben Gordon Supervised Visitation Center

PO Box 436, Shalimar, FL 32579

Program Director: Sharon Rogers 850-609-1850

Contact E-mail: sharongrogers@hotmail.com

Number of Sites: 3 Counties Served: Okaloosa, Walton

The Judge Ben Gordon, Jr. Family Visitation Center has been providing service to the surrounding community for fifteen years. This Visitation Center is unique in that the location is in donated space within the Shalimar United Methodist Church. The Church considers the Visitation Center a community mission and encourages volunteerism by the parishioners. We are afforded the benefit of low overhead and we are part of the community collaborative here in the Florida Panhandle. This has been a truly successful partnership over the years as we endeavor to meet the common goal providing for the safety and comfort of children and adult victims caught in difficult and sometimes dangerous family situations.

2nd Site: Friends of the Family SVC

986 S. US Hwy 331, Defuniak Sps, FL 32433 850-951-0177

The Friends of the Family Visitation Center meets the needs of the community of DeFuniak Springs (Walton County). The Center has been open for 10 years and is located in a charming 100 year old house. Gene and Anne Ryan run this Center as a team and it is their joy in life to help the families of their community. They provide a sense of continuity and a source of comfort to the children visiting their parents by making sure they have the favorite games, toys or particular snacks available for each and every child. They keep a bulletin board filled with parenting articles and inspirations for the families. Miss Anne, and Mr. Gene have undoubtedly made a difference in the lives of countless children in North Walton County.

3rd Site: Judge Keith Brace - Crestview SVC

599 8th Ave. Crestview, FL 32433 850-689-0066

This site of the Judge Ben Gordon SVC serves families in and around Crestview (Okaloosa County), offering easier access to services for rural families. Rural families face many additional challenges, including transportation and lack of services. This site helps meet those needs for these families.

Children's Home Society FVC – Pensacola

1300 N. Palafox St, Pensacola, FL 32501

Program Director: Emily Adkins 850-266-2743

Contact E-mail: emily.dehnhoff@chsfl.org

Number of Sites: 2 Counties Served: Escambia, Santa Rosa

The Family Visitation Center is located inside the Children's Home Society, Western Division. We serve nearly fifty families a year, with several cases ending due to the visiting parent being granted unsupervised visitation. The visitation center is operated by a single director with an occasional intern from the University of West Florida. Our visit room consists of a love seat, a small table, a television with a DVD player, and several toys and movies for all age groups to enjoy.

2nd Site: Milton FVC

5357 Stewart St. Milton, FL 32570 850-983-5486

The Milton site was added last year to the Children's Home Society Family Visitation Center of Pensacola. With this new site available, the CHS FVC can offer supervised visitation and other services to those families living farther away from Pensacola. This enables many more new families to receive services. Florida has many rural areas that need services, and the Milton Program helps meet that need for noncustodial parents.

Family Visitation Center of Alachua

1409 NW 36th Pl Gainesville, FL 32605

Program Director: Charlene Phillips 352-334-0882

Contact E-mail: Charlene.phillips@chsfl.org

Number of Sites: 2 Counties Served: Alachua, Suwanee

With assistance from Alachua County, the center was fortunate to be able to provide full-time on-site security. Also, numerous volunteers from the community continue to provide many hours of monitoring visits. This has allowed more families to utilize the services and to increase the visit time for many families.

2nd Site: Family Visitation Center of Suwanee

620 SW Arlington Blvd, Lake City, FL 32025 386-758-0591

The center is fully a part of the community's help for families. It was recently the recipient of a new video monitoring system from the Rotary Club. Members of the Rotary Club also spent a day at the Family Visitation Center "sprucing up" the playground and grounds. The community fully understands how crucial it is to have a safe place for families to spend time together in a loving, caring, child-friendly environment. Our services are crucial to this community.

Lake Sumter CAC – Lake County Site

300 S. Canal St. Leesburg, FL 34748

Program Director: Diane Pisczek, Lillie Vaughn 352-323-8303

Contact E-mail: lillie@cac4kids.org, diane@cac4kids.org

Number of Sites: 2 Counties Served: Lake, Sumter

The Visitation center is housed in the Lake Sumter Children's Advocacy Center. Our community built this building almost 6 years ago and the entire center, especially the visitation part, is extremely child friendly and homelike. There is a room with a kitchen table and chairs for families to share snacks together or play games. Another part of the room contains comfortable living room furniture and a fireplace where the family can gather to talk.

Every year the Children's Advocacy Center has a Christmas Party for all of its present and past clients. This includes the Supervised Visitation clients. All the clients and their siblings are invited to the party which includes Santa distributing gifts to all and great food and games. Volunteers contribute all the gifts and food and make the day very special for the children.

2nd Site: Lake Sumter CAC –Sumter site

1601 W. Gulf Atlantic Hwy. Wildwood, FL 34722 352-748-3156

Volunteers provide stuffed animals as well as handmade quilts for many of the children. We have a fenced outdoor play area with playground equipment and a picnic table is also available. The playground equipment and picnic table were donated.

Family Partnerships

6825 Trouble Creek Rd. New Port Richey, FL 32323

Program Director: Tina White 727-234-7795

Contact E-Mail: familypartnerships@gmail.com

Number of Sites : 1 Counties Served : Pasco

The center continues to provide support and services to noncustodial parents to keep the parent-child bond healthy and strong. We provide a comfortable facility that emphasizes a healthy visit and a loving connection for these families. Our goal is to ensure that children and vulnerable adults feel safe and supported every single visit.

Deland Harmony House SVC

247 W. Voorhis Ave. DeLand, FL 32720

Program Director: Eric Losciale 386-740-3839 x226

Contact E-mail: eric.losciale@cshfl.org

Number of Sites: 2 Counties Served: Flagler, Volusia

2nd Site: Harmony House SVC

525 S. Ridgewood Ave. Daytona Bch, FL 32114 386-323-2550

Both visitation centers utilize interns from the local colleges to assist with visits which have been very helpful with coverage. In addition, both visitation centers have extensive playground areas which the families can use during their visits. Our Wii stations have been very successful with appropriate interaction between parents and children, and our READ programs encourage parents to read to their children during the visits which helps to re-establish direct nurturing and bonding.

Family Support and Visitation Center

118 Pasadena Place, Orlando, FL 32803

Program Director: Eunice Keitt 407-999-5577

Contact E-mail: ekeitt@devereux.org

Number of Sites: 1 Counties Served: Orange

In operation since 1997, not only do we provide supervised visitation, we also provide the nationally acclaimed Nurturing Parenting Program to the interested parents. This is a 15 week family program that includes the whole family, whether they are reunified or not during the program. We afford the parents the ability to “graduate” in front of their children, a proud event for the first time for many of these parents.

Osceola FVC

2653 Michigan Ave. Kissimmee, FL 34744

Program Director: Carmen Arango 407-846-5077

Contact E-mail: kim.corcoran@chsfl.org

Number of Sites: 1 Counties Served: Osceola

Florida has a diverse population, and our site has bilingual staff who are fluent in Spanish as well as English. We also have terrific volunteers from the Foster Grandparents program who do a wonderful job of making the children feel comfortable and at home. One room has a large mural on the wall depicting an outdoor scene with horses – this seems to be a favorite of our 3 visit rooms, as is our video game room.

We are very proud of our ability to provide transportation for children attending the center. We pick them up from home or school and bring them to the center for their visits. The Nurturing Parent program is also used in our center where parents learn better parenting skills. This program has been a tremendous success in helping our clients achieve reunification.

Children's Home Society Family Connections

1010 Rose St. Lakeland, FL 33803

Program Director: Debbie Stuart, Shirley McBride 863-640-3628

Contact E-mail: debbie.stuart@chsfl.org, shirley.mcbride@chsfl.org

Number of Sites: 4 Counties Served: Polk, Highlands, Hardee

Family Connections makes every attempt to accommodate the family needs including workday, evening and some weekend hours. Our services are available to the entire family unit. Services include counseling, referrals for family support services, and parent/child tutoring. All of these things help increase the family bond. We initiated the blanket program for young children and the visitor. This concept encourages the visitor (parent) to play floor games with the child(ren).

Family Connections continues to partner with Community based organizations to increase access to resources and services within the community We include the Claudia Waters Missionary Society of Mt. Pleasant African Methodist Church, Lakeland ,Fl as a partner with Child Advocacy Center of Polk and Highlands County and Family Fundamentals of Lakeland, FL.

Family Connections incorporates arts and crafts, microwave cooking, board games and reading in its visitation program. We are currently exploring a portable basketball goal for outside activities.

In the past we have held a holiday dinner for our families. The children plan the menu and with donations and support from The Claudia Waters Missionary Society, dinner was prepared. In December a holiday party was held for the families and each child received a goody bag. Valentine bags were given to each child in February. Currently, Family Connections is planning for the November holiday fest and December party.

Children's Home Society FVC Miami

800 NW 15th St. Miami, FL 33136

Program Director: Rob Beneckson 305-755-6574

Contact E-mail: rb@familyvc.com

Number of Sites: 1 Counties Served: Dade

The Family Visitation Center of the Children's Home Society serves the visitation needs of parents and children in the dependency court system of District 11, and has always done so completely without charge to the parents. We provide both supervised and therapeutically supervised visitation for families. We view as our greatest accomplishment the positive role we play in aiding in the re-unification of families and children by providing a safe, home-like environment for visitation.

Family Resources - SV/ME

361 6th Ave West, Bradenton, FL 34205

Program Director: Paul Creelan 941-708-5893

Contact E-mail: pcreelan@family-resources.org

Number of Sites: 1 Counties Served: Manatee

Family Resources has provided a safe, supervised setting for children to meet with non-custodial parents for on-site visits or to be exchanged for off-site visits since 1997. This important service provides a safe, monitored and neutral place where children can visit with non-custodial parties without fear of an arising conflict. The primary objective of the program is to reduce children’s exposure to violence and trauma relating to visitation with non-custodial parties. Visits are designed to be pleasant and non-stressful for the children while attempting to strengthen relationships between family members, especially between the parent and child.

The majority of visits and exchanges are presently held in the afternoons or evenings with some visits being held in the late morning. An off-duty police officer is hired on-site for every visit. A master’s level counselor is present in the visitation room to not only closely monitor each visit but also to facilitate and intervene if needed. Custodial and non-custodial parties are provided with separate entrances and staggered arrival and departure times in order to insure that there is no contact between them. Generally, visits are held in one hour increments for twenty-four sessions. Arrangements can be

made for longer visits, specifically for parties who may come from out of state. All program referrals come either through the Safe Children Coalition or the court system.

Successful visits are those where children have satisfying, safe, productive and regular visits with non-custodial parents without being put in the middle of the parents' conflicts or other problems. Successful visits help non-custodial parents realize the importance of continued contact with their children and helps them commit to positive behavior in order to regain custody or rebuild relationships with their children. Supervised visitation puts focus on the actual relationship and interaction between parents and children in a neutral, professionally staffed environment. The program goal is to assist parents with dependency case plans and to facilitate reunification where appropriate. Successful visitations and exchanges can result in better outcomes for children and their families and can enable case closings without re-entry or re-occurrence. This process can reduce the length of stay for children in out-of-home placements.

Our visiting room is an airy and well lit area and is carpeted for floor play and safety. Toys, games, and books for children aged infant to teen are provided. A table in the room allows for game playing or eating (if pre-authorized arrangements have been made.) There is also a game closet available in the hallway for the adult and child to choose games and puzzles. A soft, leather couch in the room provides a place for reading, conversation, or easy diaper changing.

CASA

PO Box 414 St. Petersburg, FL 33731

Program Director: Kris Knowland 727-897-9204

Contact E-mail: knowland@casa-stpete.org

Number of Sites: 1 Counties Served: Pinellas, Pasco

Our Visitation Center has been in business for 16 years. We love using volunteers and we do have one CASA Volunteer at the moment to monitor visits. Two of our monitors were once CASA volunteers who wanted to be on our staff.

We always use Uniformed Police Officers, for security, each Saturday, and wouldn't facilitate visits without them. As a matter of fact, one of our current paid staff is a retired Police Officer who has been with us since the very beginning: first as security and now monitoring visits. We also have Spanish speaking staff for our Hispanic clients.

We recently moved to a wonderful new location where we couldn't be happier. They are very supportive of our center and everything is always clean and comfortable for our weekly visits.

The Family Connections Program

205 N. Dixie Hwy #5.2403 West Palm Beach, FL 33401

Program Director: Debra Oats 561-355-3200

Contact E-mail: doats@pbcgov.com

Number of Sites: 1 Counties Served: Palm Beach

Our program has maintained services for many years, and our location at the Palm Beach County Courthouse increases our visibility and community legitimacy. We understand that noncustodial parents need a variety of services to help them maintain their parent-child bond, and we work with them toward that goal.

Eckerd Youth

905 Pineda St. Cocoa, FL 32922

Program Director: Stanley Brizz 321-633-7090

Contact E-mail: sbrizz@eckerd.org

Number of Sites: 1 Counties Served: Brevard

Supervised family visitation, or supported family visitation, is an important component in child welfare cases in which children have temporarily been removed from their parents' or guardians' homes for abuse or neglect. This service allows a parent to visit with their child in a safe, home-like environment with visits monitored and documented by licensed counselors. Families receive therapeutic coaching and mentoring on appropriate interactions during the visits. Documentation of visits is provided to the child's case manager and to the courts to make determinations for family reunifications or alternative permanency options. Transportation assistance for the children can be provided, helping minimize barriers which may interfere with timely permanency.

Visits are conducted in a safe environment conducive to parent-child bonding. The licensed counselors also participate in Family Team Conferences. Eckerd provides services designed to help families reintegrate children into their homes after they have been in foster care or other out-of-home placements. Reunification services typically begin with the family while the child is still living outside of the home, helping to create a safe and successful transition.

Exchange Club – CASTLE – Valued Visits St. Lucie

2945 W. Midway Rd. Ft. Pierce, FL 34981

Program Director: Jenene McFadden 772-461-0863

Contact E-mail: jmcfadden@exchangecastle.org

Number of Sites: 3 Counties Served: Martin, St. Lucie, Indian River and Okeechobee

2nd Site: Martin County 3824 SE Dixie Hwy Stuart, FL

3rd Site: Indian River County 1275 Old Dixie Vero Bch, FL

The centers have maintained a positive relationship with the court system. We are able to meet quarterly at our FLAG (Family Law Advisory Group) meetings and discuss issues that relate to supervised visitation. Our Judges use the program frequently and encourage families to talk to the Court Liaison who is present at court hearings to

understand the importance of the program and answer any questions that the family may have. Valued Visits has also been fortunate to maintain the support that allows our program to succeed in helping families stay safe. Continued support from the community and the courts has assisted in educating the families that need, want and use our program.

Lutheran Services

2285 Victoria Ave. Ft. Myers, FL 33907

Program Director: Arlene Carey 239-461-7651

Contact E-mail: acarey@childnetswfl.org

Number of Sites: 1 Counties Served: Lee, Charlotte

Lutheran Services Florida Visitation Program has been in existence since 2007. We provide services to families that are a part of the dependency system, working to regain custody of their children. Our staff receives some training from the training unit of the CBC Lead Agency. We are planning a Christmas party for the clients and their children in the visitation program. This year we held an Easter Egg Hunt for the children. The food, eggs, and prizes were donated.

Our visitation rooms were painted by members of the Lutheran congregation church. A private donor donated flat screen TV's, DVD/VCR combos, and paint for each visitation room. The donor also donated pampers, wet wipes and some gift cards to the program as well.

The Lutheran Church also raised monies to help purchase furniture for the visitation rooms. We have partnered with SIYA, a program that helps teens to transition out of foster care. They have assisted with getting toys donated, helping to move furniture and with some gently used children's clothing.

Safe House of Seminole – The YANA Project

901 S. French Ave. Sanford, FL

Program Director: Jennifer Pinson 407-302-1010

Contact E-mail: jpinson@safehouseofseminole.org

Number of Sites: 1 Counties Served: Seminole

The YANA Project, a program of the Seminole County Victims' Rights Coalition, Inc., dba Safe House of Seminole, a private, non-profit domestic violence center. The YANA Project, designed to help families who have experienced domestic violence or other types of abuse, is the newest program of the Safe House of Seminole. The YANA Project honors a beautiful two-year old named Yana who was murdered by her father here in Seminole County after he received unsupervised visits. Yana's name stands for "You Are Never Alone".

YANA Project has six different visitation rooms painted and decorated in a variety of entertaining themes by AAA of Lake Mary. Each room has a different theme and features age appropriate toys and games. Highlights include an art room where children can paint or draw with their visiting parent and a game room featuring a foosball table, a frogger video game and a pool table which converts to ping pong or table hockey. A child who comes to YANA painted and decorated a picture in our art room, the picture reads: "The YANA Place", come and be happy! The picture is now located in our front lobby and is YANA's featured theme.

Sunrise of Pasco County, Inc.

Corte de Cinta Y Puertas Abiertas

Programa de
Visitación e Intercambio Supervisada del
Este de Pasco

Fecha: 21 de Octubre del 2011
Hora: 11:00 AM
Lugar: Tanno Hall (Iglesia Episcopal St. Mary's)
14318 12th Street, Dade City, FL 33523

El Programa de Visitación e Intercambio Supervisada le da le bienvenida a nuestro Corte de Cinta y Puertas Abiertas. Nuestra misión es proveer un ambiente seguro y balanceado para adultos y niños victimas de violencia domestica o sexual y para el intercambio y monitoreo de visitas entre el niño y los padres.

Personas(s) de Contacto: Magda Embden (352) 467-2297
Marilyn O'Rourke (813) 951-0461
Oliviya Harris (352) 467-2302

Sunrise victim services are free of charge. In accordance with Federal law, this agency is prohibited from discriminating on the basis of race, color, age, sex, national origin, religion, political beliefs or disability (Not all prohibited bases apply to all programs.)

Interpreter services will be provided for the hearing-impaired and persons with limited English proficiency.

Supreme Court of Florida

No. SC11-528

IN RE: AMENDMENTS TO THE FLORIDA RULES OF JUDICIAL ADMINISTRATION AND THE FLORIDA FAMILY LAW RULES OF PROCEDURE.

[October 6, 2011]

PER CURIAM.

We have for consideration proposed amendments to Florida Rule of Judicial Administration 2.545(d)(2) (Related Cases; Family Cases) and Florida Family Law Rule of Procedure 12.010(a)(1) (Scope). We have jurisdiction[1] and adopt the amendments as proposed.

At the request of the Court, the Rules of Judicial Administration Committee and the Family Law Rules Committee (rule committees) proposed the rule amendments to implement recommendations of the Steering Committee on Families and Children in the Court (Steering Committee) concerning the definition of family law cases. See Steering Committee on Families and Children in the

1. See art. V, § 2(a), Fla. Const.; Fla. R. Jud. Admin. 2.140(f).

Court, End of Term Report 2008-2010, 9-11 (2010) (recommending rule amendments to add actions for "temporary or concurrent custody of minor children by extended family," under chapter 751, Fla. Stat. (2010), to definition of family law cases and scope of family law rules). The proposed amendments were approved by the Executive Committee of The Florida Bar Board of Governors by a vote of 8-0. The Court published the proposals for comment and no comments were filed.

As proposed by the rules committees and consistent with the Steering Committee's recommendations, we add "proceedings for temporary or concurrent custody of minor children by extended family" to the rule 2.545(d)(2) definition of "family cases." We also add that language to the rule 12.010(a)(1) list of actions to which the family law rules apply.

Accordingly, we amend the Florida Rules of Judicial Administration and the Florida Family Law Rules of Procedure, as reflected in the appendix to this opinion. New language is underscored. These amendments shall become effective immediately upon the release of this opinion.

It is so ordered.

CANADY, C.J., and PARIENTE, LEWIS, QUINCE, POLSTON, LABARGA, and PERRY, JJ., concur.

THE FILING OF A MOTION FOR REHEARING SHALL NOT ALTER THE EFFECTIVE DATE OF THESE AMENDMENTS.

Original Proceeding – Rules of Judicial Administration Committee and Family Law Rules Committee

Keith H. Park, Chair, Rules of Judicial Administration Committee, West Palm Beach, Florida; Ashley J. McCorvey Myers, Chair, Family Law Rules Committee, Jacksonville, Florida; and John F. Harkness, Jr., Executive Director, Ellen H. Sloyer Bar Liaison, and Jodi Beth Jennings, Bar Liaison, The Florida Bar, Tallahassee, Florida,

for Petitioner

APPENDIX

RULE 2.545. CASE MANAGEMENT

(a) – (c) [No Change]

(d) Related Cases.

(1) [No Change]

(2) "Family cases" include dissolution of marriage, annulment, support unconnected with dissolution of marriage, paternity, child support, UIFSA, custodial care of and access to children, proceedings for temporary or concurrent custody of minor children by extended family, adoption, name change, declaratory judgment actions related to premarital, marital, or postmarital agreements, civil domestic, repeat violence, dating violence, and sexual violence injunctions, juvenile dependency, termination of parental rights, juvenile delinquency, emancipation of a minor, CINS/FINS, truancy, and modification and enforcement of orders entered in these cases.

(3) – (7) [No Change]

(e) [No Change]

Committee Notes

[No Change]

RULE 12.010. SCOPE, PURPOSE, AND TITLE

(a) Scope.

(1) These rules apply to all actions concerning family matters, including actions concerning domestic, repeat, dating, and sexual violence, except as otherwise provided by the Florida Rules of Juvenile Procedure or the Florida Probate Rules. "Family matters," "family law matters," or "family law cases" as used within these rules include, but are not limited to, matters arising from dissolution of marriage, annulment, support unconnected with dissolution of

marriage, paternity, child support, an action involving a parenting plan for a minor child or children (except as otherwise provided by the Florida Rules of Juvenile Procedure), proceedings for temporary or concurrent custody of minor children by extended family, adoption, proceedings for emancipation of a minor, declaratory judgment actions related to premarital, marital, or post-marital agreements (except as otherwise provided, when applicable, by the Florida Probate Rules), injunctions for domestic, repeat, dating, and sexual violence, and all proceedings for modification, enforcement, and civil contempt of these actions.

(2) [No Change]

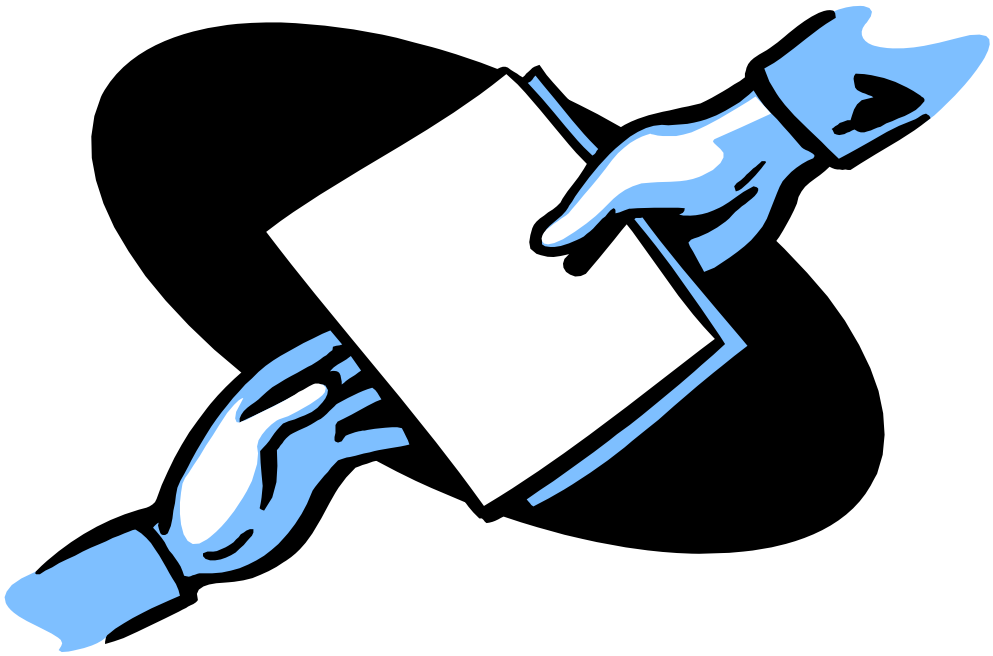
(b) – (c) [No Change]

DECEMBER 2011 EPRESS

Annual Performance Measure Time!

https://fsu.qualtrics.com/SE/?SID=SV_e5SmIR4TBskg0EA

Please click on the link and fill out the 30- second survey!



Thank you! Your effort helps us do a better job!

Books for Nonprofit Supervised Visitation Programs!

What is literacy?

Using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential". Basically, it is the ability to read, write, and think about written materials.

The Clearinghouse has partnered with a very generous nonprofit organization called Kids In Need, Books Indeed!

The group has provided over 1,000 books, and counting, to be sent to supervised visitation programs to give to their clients. These books are not to keep at your program, but to *give away*. We will be mailing books out for the next six months.

WHY?

Literacy Facts:

- Literacy is measured on a scale, "Below Basic, Basic, Intermediate, and Proficient".
- 93 million US adults have Basic and Below Basic literacy skills.

- 14% of adults have below basic literacy skills. This means they cannot read a map, fill out a job application, or balance their budget.
- 11 million US adults are considered not literate in English.
- Women and minorities are more likely to have lower literacy scores than men.

Economic Benefits and Facts about Literacy:

- Adults living in poverty are more likely to have lower average literacy scores.
- 75% of unemployed adults have reading or writing difficulties.
- Literate workers are better able to handle job-related tasks more proficiently and safely.
- Immigrants who can speak and read English earn nearly double of non-English speaking/reading immigrants.
- The higher an adult's literacy score, the more money they make. As literacy rates double, so does income.
- Literate adults make an average of $28,000 more than those who lack basic literacy skills.
- Literacy allows adults to gain higher earning jobs, and leadership positions.
- Lower educational skills force families to stay on welfare longer than higher literacy scores.
- Nearly 1/3rd of employers require a basic skills test. 65% of adults taking these tests fail them and are denied employment because of poor literacy skills.

Family and Community Benefits and Facts about Literacy:

- Literate adults are more likely to parent children who are more successful.
- Children's health increases when their parents are literate.
- Literacy allows adults and children to access information in books, online, and from television to expand their knowledge of the world.
- If parents can read, their children will have better success in school. Parents who cannot read are more likely to have children with reading difficulties.
- Higher literacy scores prepare children for job training, job entrance, and college.

- Young women who have higher literacy skills usually marry later, have fewer, healthier children who attend school.
- Nearly $73 billion a year is spent on unnecessary healthcare expenses because of poor literacy. Understanding health information requires a level of literacy that not all adults have.
- Literacy skills help adults interact and make changes in their community by talking to and working with members of their community.
- Literacy encourages discussion and the questioning of political decisions, allowing better voting decisions to be made.
- Increased literacy skills helps adults to become more independent in work, school, home, and community life.

References

http://abclifeliteracy.ca/adult-literacy-facts

http://www.reading.org/downloads/meetings/ILD2007_literacy_facts.pdf

http://www.odl.state.ok.us/literacy/statistics/corrections.htm

http://www.readingconnections.org/program-literacy-facts.asp

http://www.mcael.org/uploads/file/faqs_data/fact-sheet-benefits-english-literate-community.pdf

http://www.twc.state.tx.us/svcs/adultlit/emp_ben.html

http://www.ncladvocacy.org/HealthLiteracyFactst2009/AdultLiteracyFacts2009.pdf

Helping your clients:

Tips For A Healthy Pregnancy

When a client tells staff that she is pregnant, or after it becomes obvious, supervised visitation personnel can help women stay healthy by offering information and referrals. Print these pages and offer them to your pregnant clients. If a woman seems interested in the information, go through it with her. At the next visit, ask if she has any questions about the information you gave her or if she needs further referrals. Give her information about local health clinics and Head Start Programs.

Medical:

- Double check your at-home pregnancy test with a blood test. This can be done at your doctor's office or a women's clinic in your area.
- Make an appointment to see an obstetrician (also known as an OB/GYN). You should do this before you are 12 weeks into your pregnancy.
- Make sure you tell your doctor about all the medications you are currently taking. He/She may tell you to stop taking certain medications, or change your prescription.
- If you are having problems like bleeding, cramping, or other difficulties, you should call your doctor immediately.
- Talk about a birthing plan, or how you want your delivery to go. How will you deliver? Will you be induced (kick starting labor using medication)? Will you have an epidural or take pain medication? Questions about the delivery can be very helpful to ease your stress and anxiety, and help you understand your pregnancy and delivery.

Eating and Living Healthy:

- Try to eat foods high in fiber like whole-grain breads and pasta.

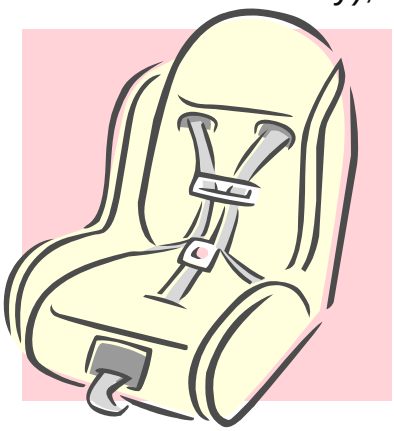
- Eat lots of fruits and vegetables like oranges, green peppers, tomatoes, and broccoli, for vitamin C, and carrots, spinach, sweet potatoes, for vitamin A.
- Dark leafy greens (spinach, mustard greens) and beans are a great source of folic acid. You can also take a prenatal vitamin to help get all the vitamins you need.
- Make sure you get enough calcium in your diet. Milk, yogurt, and cheese are a great source of calcium, and they help your baby develop and have strong bones.
- Avoid unpasteurized dairy products, like **unpasteurized** milk or cheeses like feta and brie. Hard cheeses, pasteurized milk, and yogurt are all fine!
- Don't eat raw fish and shellfish, or shark, swordfish, and snapper. These fish have high levels of mercury which can be harmful to your baby. Limit your intake of tuna and fish.
- Drink plenty of water! Drink 6 to 8 glasses of water a day.
- Weight gain is normal and a necessary part of pregnancy. Do not diet in an attempt to lose weight without talking to your doctor first.

Avoid:

- Do not drink alcoholic beverages while you are pregnant or breastfeeding.
- Do not smoke cigarettes or use other tobacco products while you are pregnant or breastfeeding.
- Do not use any type of illicit drugs while you are pregnant or breastfeeding. Talk to your doctor about any prescription drugs you are taking to insure they will not affect your pregnancy.
- Joint aches and pains while being pregnant is normal. Acetaminophen (Tylenol) can be taken for pain relief while you are pregnant, but avoid Advil, Motrin, ibuprofen, and other types of pain medicines.

Preparing for Your Baby's Arrival:

- Educate yourself. Read up on childbirth, infant care, and options about breastfeeding. The more you know before your baby comes, the better off you will be. Libraries and the Internet have lots of books and information for expectant mothers.
- Childproof your home. Make sure choking hazards (small objects), chemicals (cleaner, bug spray), objects that could get pulled down or fall on your baby (curtains, lamps), and electrical hazards are out of reach. Securing cabinets with childproof locks, and covering up electrical outlets are great first steps.
- Pack up a “hospital suitcase” full of supplies to bring with you when you deliver. It’s best to have this done by 37 weeks or so, when your baby’s due date is approaching. Helpful items include snacks, music, a book or magazine, toiletries, a going home outfit with a stretchy waist (usually clothes that fit when you were 5-6 months pregnant will fit after delivery), comfortable socks and underwear, hair ties, a camera (if you want to have one), cell phone and charger, an outfit for your baby to wear, and a car seat (be sure it has been inspected and installed properly).



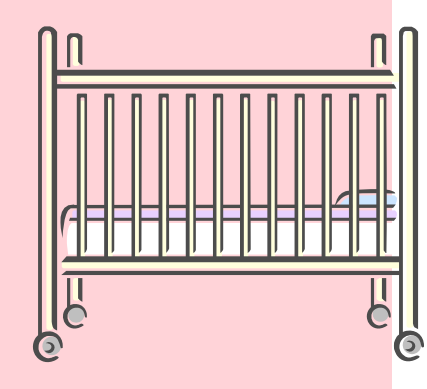
- Stock up on frozen meals that are easy to prepare, formula (even if you plan on breastfeeding, you could run into complications), bottles, blankets, diapers, and household essentials like toiletries.

Car Seat Installation/Safety:

- Make sure your car seat is safe and installed correctly. All infants should ride in rear facing car seats until they are 2 years old or have reached the height or weight limit for the car seat.

- Make sure the harnesses in your rear facing seat in the slots that are at or below your baby’s shoulders. Make sure this is snug and the harness clip is mid-chest on your baby.
- Make sure the car seat is tightly attached to your car. If you can move the seat at the belt path more than an inch side to side or front to back, it is not tight enough.

- Make sure the seat is at the correct angle so your baby's head does not flop forward. Some car seats have angle adjusters that can help with this.
- If you are unsure, you can have a certified child passenger safety technician in your area help.



Preparing You Children for a New Sibling:

- Let your children know they have a new sibling coming. Depending on how old they are, you can go into whatever details you are comfortable with.
- It is a good idea to allow your children to meet their new sibling as soon as they can, with few other guests around. This shows them that the baby is now a part of their family.
- Your children may want to "help" with the baby once you bring he/she home. Asking an older child to do simple tasks (entertaining while diaper changing, feeding, or playing with the baby) is a great way to get siblings involved with the new baby.
- Take time to give your older children one-on-one attention. Take advantage of nap time for your baby to spend with your older children. If a family member asks you if you need help, suggest they spend time with an older child so they don't feel left out.
- Let your child talk to you about his/her feelings. Older siblings may feel left out or ignored, and may act out because of this.

Take Care of Yourself:

- Rest when you can. It will help you feel better and help your baby grow.
- You can help get rid of aches and pains while you're pregnant by swimming, sitting up straight, wearing flat heeled shoes, and getting a massage!
- Exercise and move! Walking, swimming, and prenatal yoga and stretching are great ways to keep in shape and be ready to deliver.

- Using coconut oil on your stomach and breasts can help keep these areas from becoming dry, and from getting stretch marks.

Resources:

For health information:
www.nutritionfriend.com/Pregnancy-Tips-for-a-Healthy-Pregnancy/I75.htm
www.healthychildren.org
www.healthywomen.org/ages-and-stages/pregnancy-and-parenting

To find a car seat safety technician:
www.cert.safekids.org

General pregnancy information:
www.pregnancy.about.com
www.pregnancy.com
www.parents.com

For Health Insurance:
KidCare: Through Florida KidCare, the state of Florida offers health insurance for children from birth through age 18, even if one or both parents are working. It includes four different parts. When you apply for the insurance, Florida KidCare will check which part your child may qualify for based on age and family income.
www.floridakidcare.org

Resources to add to your program library:

COUNTY HEALTH DEPARTMENTS CONTACT INFORMATION

Alachua County Health Department
P.O. Box 1327
224 SE 24th St.
Gainesville, FL 32641
(352) 334-7900
FAX (352) 955-6428

Baker County Health Department
480 W. Lowder St.
Macclenny, FL 32063

(904) 259-6291 x 2230
FAX (904) 259-1950

Bay County Health Department
597 W. 11th Street
Panama City, FL 32401

(850) 872-4720 x1122
FAX (850) 872-4824

Bradford County Health Department
1801 N. Temple Ave.
Starke, FL 32091
(904) 964-7732
FAX (904) 964-3024

Brevard County Health Department
2575 N Courtenay Pkwy
Merritt Island, FL 32953
(321) 454-7111
FAX (321) 454-7115

Broward County Health Department
780 SW 24th Street
Ft. Lauderdale, FL 33315
(954) 467-4705
FAX (954) 760-7798

Calhoun County Health Department
19611 SR 20 West
Blountstown, FL 32424
(850) 674-5645
FAX (850) 674-5420

Charlotte County Health Department
514 E. Grace St.
Punta Gorda, FL 33950
(941) 624-7200
FAX (941) 624-7202

Citrus County Health Department
3700 W. Sovereign Path
Lecanto, FL 34461
(352) 527-0068 X261
FAX (352) 620-7565

Clay County Health Department
301 S. West St.
Green Cove Springs, FL 32043
(904) 529-2801
FAX (904) 529-2803

Collier County Health Department
P. O. Box 429
3301 E. Tamiami Trail, Bldg. H
Naples, FL 34112-4961
(239) 252-8200
FAX (239) 252-2552

Columbia County Health Department
217 N.E. Franklin Street
Lake City, FL 32055
(386) 758-1068
FAX (386) 758-3900

Dade County Health Department
1350 N.W. 14th St.
Miami, FL 33125
(305) 324-2400

DeSoto County Health Department
34 South Baldwin Avenue
Arcadia, FL 34266
(863) 993-4601
FAX (863) 993-4606

Dixie County Health Department
149 NE 241st St.
Cross City, FL 32628
(352) 498-1360
FAX (352) 498-1363

Duval County Health Department
900 University Boulevard North
Jacksonville, FL 32211
(904) 253-1000
FAX (904) 632-5338

Escambia County Health Department
1295 W. Fairfield Drive
Pensacola, FL 32501
(850) 595-6500
Fax (850) 595-6745

Flagler County Health Department
301 Dr. Carter Boulevard
Bunnell, FL 32110
(386) 437-7350
FAX (386) 437-7353

Franklin County Health Department
139 12TH Street
Apalachicola, FL 32320
(850) 653-2111
FAX (850) 653-9896

Gadsden County Health Department
P.O. Box 1000
278 LaSalle LeFall Dr..
Quincy, FL 32353
850 -875-7200 Ext. 325
FAX (850) 627-9134

Gilchrist County Health Department
119 NE 1st Street
Trenton, FL 32693
(352) 463-3120
FAX 352-463-3425

Glades County Health Department
P.O. Box 489
998 Hwy. 27
Moore Haven, FL 33471
(863) 946-0707
FAX (863) 946-3097

Gulf County Health Department
2475 Garrison Ave
Port St. Joe, FL 32456
(850) 227-1276
FAX (850) 227-1766

Hamilton County Health Department
P.O. Box 267
209 S.E. Central Ave.
Jasper, FL 32052
(386) 792-1414
FAX (386) 792-2352

Hardee County Health Department
115 K D Revell Rd.
Wauchula, FL 33873-2051
(863) 773-4161
FAX (863) 773-0978

Hendry County Health Department
P.O. Box 70
1140 Pratt Blvd.
LaBelle, FL 33975-0070
(863) 674-4056 X 108
FAX (863) 674-4605

Hernando County Health Department
15470 Flight Path Drive
Brooksville, FL 34604
(352) 540-6800
FAX (352) 754-4132

Highlands County Health Department
7205 S. George Blvd.
Sebring, FL 33875
(863) 386-6040
FAX (863) 382-9482

Hillsborough County Health Department
1105 E. Kennedy Boulevard
Tampa, FL 33602
(813) 307-8000
FAX (813) 272-6984

Holmes County Health Department
P.O. Box 337
603 Scenic Circle
Bonifay, FL 32425
(850) 547-8500
FAX (850) 547-8515

Indian River County Health Department
1900 27th Street
Vero Beach, FL 32960
(772) 794-7400
FAX (772) 794-7453

Jackson County Health Department
P.O. Box 310
3045 4th Street
Marianna, FL 32447
(850) 526-2412 X104
FAX (850) 718-0383

Jefferson County Health Department
1255 W. Washington St.
Monticello, FL 32344
(850) 342-0170
FAX (850) 342-0257

Lafayette County Health Department
P.O. Box 1806
140 SW Virginia Circle
Mayo, FL 32066-1806
(386) 294-1321
FAX (386) 294-3876

Lake County Health Department
16140 US Hwy 441
Eustis, FL 32726
(352) 589-6424
FAX (352) 589-6492

Lee County Health Department
3920 Michigan Avenue
Ft. Myers, FL 33916
(239) 332-9501
FAX (239) 332-9656

Leon County Health Department
P.O. Box 2745

2965 Municipal Way
Tallahassee, FL 32316
(850) 606-8150
FAX (850) 487-7954

Levy County Health Department
66 W. Main Street
Bronson, FL 32621
(352) 486-5300
FAX (352) 486-5307

Liberty County Health Department
P.O. Box 489
12832 North Central Ave.
Bristol, FL 32321
(850) 643-2415
FAX (850) 643-5689

Madison County Health Department
218 S.W. Third Avenue
Madison, FL 32340
(850) 973-5000
FAX (850) 973-5007

Manatee County Health Department
410 6th Avenue E.
Bradenton, FL 34208
(941) 748-0747 X 1222
FAX (941) 714-7282

Marion County Health Department
P.O. Box 2408
1801 S.E. 32nd Ave.
Ocala, FL 34478
(352) 629-0137
FAX (352) 694-1613

Martin County Health Department
3441 SE Willoughby Blvd.
Stuart, FL 34994
(772) 221-4000
FAX (772) 221-4990

Monroe County Health Department
1100 Simonton St.
Key West, FL 33041-6193
(305) 293-7534
FAX (305) 293-7535

Nassau County Health Department
P.O. Box 517
30 South 4th St.
Fernandina Beach, FL 32035-0517
(904) 548-1800
FAX (904) 277-7286

Okaloosa County Health Department
221 Hospital Drive, NE
Ft. Walton Beach, FL 32548
(850) 833-9255
FAX (850) 833-9275

Okeechobee County Health Department
1728 N.W. 9th Avenue
Okeechobee, FL 34973
863-462-5819
Fax 863-462-5219

Orange County Health Department
6101 Lake Ellenor Drive
Orlando, FL 32809
(407) 858-1400
FAX (407) 858-5514

Satellite Office
East Orlando
12050 E. Colonial Dr.
Orlando, FL 32826
(407) 249-6232 X249

Osceola County Health Department
P.O. Box 450309
1875 Boggy Creek Rd.
Kissimmee, FL 34745-0309
(407) 343-2009
FAX (407) 343-2084

Palm Beach County Health Department
P.O. Box 29
800 Clematis Street
West Palm Beach, FL 33402
(561) 840-4500
FAX (561) 837-5197

Pasco County Health Department
10841 Little Rd.
New Port Richey, FL 34654
(727) 861-5250

Pinellas County Health Department
205 Dr. M. L. King Street North
St. Petersburg, FL 33701

(727) 824-6900
FAX (727) 820-4275

Polk County Health Department
1290 Golfview Avenue
Bartow, FL 33830
(863) 519-7900 X1002
FAX 863-534-0293

Putnam County Health Department
2801 Kennedy Street
Palatka, FL 32177
(386) 326-3200
FAX (386) 326-3350

Santa Rosa County Health Department
5527 Stewart Street
Milton, FL 32572-0929
(850) 983-5200
FAX (850) 983-5215

Sarasota County Health Department
P.O. Box 2658
Sarasota, FL 34230
(941) 861-2900
FAX (941) 861-2828

Seminole County Health Department
400 West Airport Blvd.
Sanford, FL 32773-5496
(407) 665-3000
FAX (407) 665-3259

St. Johns County Health Department
1955 US 1 S., Ste 100
St. Augustine, FL 32086
(904) 825-5055
Fax (904) 823-4062

St. Lucie County Health Department
5150 NW Milner Drive
Port St. Lucie, FL 34983
(772) 462-3800
FAX (772) 873-4941

Sumter County Health Department
P.O. Box 98
415 E. Noble Ave.
Bushnell, FL 33513
(352) 793-6979
FAX (352) 568-0930

Satellite Office
104 Rutland Street
Wildwood, FL 34785
(352) 330-1313 X245
FAX (352) 568-0930

Suwannee County Health Department
P.O. Drawer 6030
915 Nobles Ferry Rd.
Live Oak, FL 32060
(386) 362-2708
FAX (386) 362-6301

Taylor County Health Department
1215 N Peacock Ave
Perry, FL 32347
(850) 584-5087 X174
FAX (850) 584-8653

Union County Health Department
495 East Main Street
Lake Butler, FL 32054
(386) 496-3211
FAX (386) 496-1599

Volusia County Health Department
P.O. Box 9190
Daytona Beach, FL 32120

1845 Holsonback Dr.
Daytona Beach, FL 32117
(386) 274-0614
FAX (386) 274-0612

Wakulla County Health Department
48 Oak St.
Crawfordville, FL 32327
(850) 926-3591
FAX (850) 926-1938

Walton County Health Department
362 State Highway 83
DeFuniak Springs, FL 32433
(850) 892-8015
FAX (850) 892-8457

Washington County Health Department
P.O. Box 648
1338 South Blvd.
Chipley, FL 32428
(850) 638-6240
FAX (850) 638-6244

Early Head Start: Pregnant Women and Children Birth to Age 3

Alachua
Child Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Baker
Episcopal Children's Services
8443 Baymeadows Rd. Suite 1
Jacksonville, Florida 32256
(904) 726-1500

Bay
Early Education and Care, Inc.
450 Jenks Avenue
Panama City, Florida 32401
(850) 872-7550

Brevard
Community Development Institution (CDI)
18 Harrison Street
Cocoa, Florida 32922
(321) 576-0829

Broward
School Board of Broward County
600 Southeast Third Avenue, 6th Floor
Ft. Lauderdale, Florida 33301
(754) 321-1959

Calhoun
North Florida Child Development, Inc.
200 North Second Street, 2nd Floor
Wewahitchka, Florida 32465
(850) 639-5080

Charlotte
Charlotte County Public Schools
311 East Charlotte Avenue
Punta Gorda, Florida 33982
(941) 575-5470

Citrus
Child Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Collier
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Columbia
Suwannee Valley 4C's
236 SW Columbia Street
Lake City, Florida 32025
(386) 754-2222

DeSoto
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Dixie
Child Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Duval
Episcopal Children's Services
8443 Baymeadows Rd. Suite 1
Jacksonville, Florida 32256
(904) 726-1500

Jacksonville Urban League
903 West Union Street
Jacksonville, Florida 32204
(904) 721-9788

Franklin
Early Education and Care, Inc.
450 Jenks Avenue
Panama City, Florida 32401
(850) 872-7550

Gadsden
FSU Early Head Start Program
1339 East Lafayette Street
Tallahassee, Florida 32301
(850) 922-1330

Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Gilchrist
Child Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Glades
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Gulf
North Florida Child Development, Inc.
200 North Second Street, 2nd Floor
Wewahitchka, Florida 32465
(850) 639-5080

Hamilton
Suwannee Valley 4C's
236 SW Columbia Street
Lake City, Florida 32025
(386) 754-2222

Hardee
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Hendry
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Highlands
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Hillsborough
Board of County Commissioners
Hillsborough County
3639 W.Waters Avenue, Suite 500
Tampa, Florida 33614
(813) 272-5140

Indian River
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Jackson
Jackson County School Board
2903 Jefferson Street, Marianna
Florida 32446
(850) 482-1200
Jackson County School Board
2950 Cherokee Street
Marianna, Florida 32446
(850) 482-1265

Jefferson
Kids Incorporated Early Head Start
2326 Centerville Road
Tallahassee, Florida 32308
(850) 414-9800

Lake
Lake Community Action Agency, Inc.
501 North Bay Street
Eustis, Florida 32726
(352) 357-7070

Lee
Lee County School District
3650 Michigan Avenue, Suite 4
Fort Myers, Florida 33916
(239) 332-2512

Leon

Kids Incorporated Early Head Start
2326 Centerville Road
Tallahassee, Florida 32308
(850) 414-9800

Levy Child Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Liberty
North Florida Child Development, Inc.
200 North Second Street, 2nd Floor
Wewahitchka, Florida 32465

Madison
Kids Incorporated Early Head Start
2326 Centerville Road
Tallahassee, Florida 32308
(850) 414-9800

Manatee
Manatee Community Action Agency
302 Manatee Avenue, East, Suite 100
Bradenton, Florida 34208
(941) 750-6667

Marion
Child Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Martin
The Dunbar Center, Inc. Early Head Start
12100 Southeast Lantana Avenue
Hobe Sound, Florida 33455
(772) 545-0644

Miami-Dade
Miami Dade CAA
701 NW First Court, 9th Floor
Miami, Florida 33136
(786) 469-4622

Okaloosa
Okaloosa County Comprehensive
60 Second Street, Suite 401
Shalimar, Florida 32579-1769
(850) 651-0645

Palm Beach
Palm Beach County Board of County Commissioners
3323 Belvedere Road, Building 502
West Palm Beach, Florida 33406
(561) 233-1611

Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Pasco
District School Board of Pasco County
7227 Land O' Lakes Boulevard
Land O' Lakes, Florida 34638-9529

Pinellas
Tall Pines Business Center
2010 Tall Pines Drive, Suite 200
Largo, Florida 33771
(727) 547-5920

Putnam
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142
(239) 658-3560

Santa Rosa
Santa Rosa School Board
4950 Susan Street
Milton, Florida 32570
(850) 983-5720

Sarasota
Children First Inc.
1723 North Orange Avenue
Sarasota, Florida 34234-8511
(941) 953-3877

St. Lucie
ALPI Early Head Start

300 Lynchburg Road
Lake Alfred, Florida 33850
(863) 956-3491

Suwannee
Suwannee Valley 4C's
236 SW Columbia Street
Lake City, Florida 32025
(386) 754-2222

Volusia
The Chiles Academy, Inc.
868 George West Engram Boulevard
Daytona Beach, Florida 32114
(386) 322-6102

Wakulla
North Florida Child Development, Inc.
200 North Second Street, 2nd Floor
Wewahitchka, Florida 32465
(850) 639-5080

Preschool Head Start: Children 3 – 5

Alachua
Alachua County Public Schools
3600 Northeast 15th Street
Gainesville, Florida 32609
(352) 955 – 6875

Baker
Episcopal Children's Services
8443 Baymeadows Rd. Suite 1
Jacksonville, Florida 32256
(904) 726-1500

Bay
Early Education and Care, Inc.
450 Jenks Avenue
Panama City, Florida 32401
(850) 872-7550

Bradford
Episcopal Children's Services
8443 Baymeadows Rd. Suite 1
Jacksonville, Florida 32256
(904) 726-1500

Brevard
Community Development Institution (CDI)
18 Harrison Street
Cocoa, Florida 32922
(321) 576-0829 Fax: (321) 576-9014

Broward
School Board of Broward County Head Start
600 Southeast Third Avenue, 6th Floor
Ft. Lauderdale, Florida 33301
(754) 321-1961

Calhoun
North Florida Child Development, Inc.
Mailing: Post Office Box 38, Wewahitchka, Florida 32465
Physical: 200 North Second Street, 2nd Floor, Wewahitchka, Florida 32465
(850) 639-5080

Charlotte
Charlotte County Public Schools
311 East Charlotte Avenue
Punta Gorda, Florida 33950
(941) 575-5470

Citrus
Childhood Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Clay
Episcopal Children's Services
8443 Baymeadows Rd. Suite 1
Jacksonville, Florida 32256
(904) 726-1500

Collier

Collier County Public Schools Head Start
2050 Commerce Avenue, Unit #9
Immokalee, Florida 34142
(239) 377-0570

Columbia
Suwannee Valley 4C's
236 SW Columbia Street
Lake City, Florida 32025
(386) 754-2222

DeSoto
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Dixie
Childhood Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Duval
Jacksonville Urban League
903 West Union Street
Jacksonville, Florida 32204
(904) 721-9788

Escambia
Community Action Program Head Start
710 North C Street
Pensacola, Florida 32501
(850) 432-2992

Community Action Program Committee
1308 North Palafox Street
Pensacola, Florida 32501
Phone: (850) 438-4021

Flagler
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Franklin
Capital Area Community Action Agency
Head Start
309 Office Plaza Drive
Tallahassee, Florida 32301
(850) 201-2050

Gadsden
School Board of Gadsden County Head Start
35 Martin Luther King Boulevard
Quincy, Florida 32351
(850) 627-3861

Gilchrist
Childhood Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Glades
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Gulf
North Florida Child Development, Inc.
200 North Second Street, 2nd Floor
Wewahitchka, Florida 32465
(850) 639-5080

Hamilton
Suwannee Valley 4C's
236 SW Columbia Street
Lake City, Florida 32025
(386) 754-2222

Hardee
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Hendry
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Hernando
Mid-Florida Community Services, Inc. Head Start
803 S.Woodland Boulevard
DeLand, Florida 32720
(386) 736-1325

Highlands
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Hillsborough
Board of County Commissioners
3639 West Waters Avenue, Suite 500
Tampa, Florida 33614
(813) 272-5140

Holmes
Tri-County Community Council Head Start
2499 Cypress Street
Westville, Florida 32464
(850) 548-9900

Indian River
Economic Opportunities Council of Indian River Inc.
Head Start of Indian River and Okeechobee Counties
1456 Old Dixie Highway
Vero Beach, Florida 32960
(772) 589-8008

Jackson
Jackson County School Board
2903 Jefferson Street
Marianna, Florida 32446
(850) 482-1200

Jackson County School Board
2950 Cherokee Street
Marianna, Florida 32446
(850) 482-1265

Jefferson
Capital Area Community Action Agency
Head Start
309 Office Plaza Drive
Tallahassee, Florida 32301
(850) 201-2050

Lafayette
Suwannee Valley 4C's
Mailing: Post Office Box 2637, Lake City, Florida 32056-2637
Physical: 236 SW Columbia Street, Lake City, Florida 32025
(386) 754-2222

Lake
Lake Community Action Agency, Inc.
501 North Bay Street
Eustis, Florida 32726
(352) 357-7070

Lee
Lee County School District
3650 Michigan Avenue, Suite 4
Fort Myers, Florida 33916
(239) 332-2512

Leon
Capital Area Community Action Agency
Head Start
309 Office Plaza Drive
Tallahassee, Florida 32301
(850) 201-2050

Levy
Childhood Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Liberty
North Florida Child Development, Inc.
Mailing: Post Office Box 38, Wewahitchka, Florida 32465
Physical: 200 North Second Street, 2nd Floor, Wewahitchka, Florida 32465
(850) 639-5080

Madison
North Florida Child Development, Inc.

200 North Second Street, 2nd Floor
Wewahitchka, Florida 32465
(850) 639-5080

Manatee
Manatee Community Action Agency
302 Manatee Avenue, East, Suite 100
Bradenton, Florida 34208
(941) 750-6667

Marion
Childhood Development Services, Inc.
1601 NE 25th Avenue, Suite 900
Ocala, Florida 34470-0289
(352) 629-0055

Martin
Martin County School District Head Start
3940 Southeast Salerno Road
Stuart, Florida 34997-1893
(772) 219-1893

Miami-Dade
Miami Dade CAA
701 NW First Court, 9th Floor
Miami, Florida 33136
(786) 469-4622

Monroe
Monroe County Public Schools Head Start
241 Trumbo Road
Key West, Florida 33040
(305) 293-1400

Nassau
Episcopal Children's Services
8443 Baymeadows Rd. Suite 1
Jacksonville, Florida 32256
(904) 726-1500

Okaloosa
Okaloosa County Comprehensive
60 Second Street , Suite 401
Shalimar, Florida 32579-1769
(850) 651-0645

Okeechobee
Head Start of Indian River and Okeechobee
1456 Old Dixie Highway
Vero Beach, Florida 32960
(772) 589-8008

Orange
Orange County Head Start
2100 East Michigan Street
Orlando, Florida 32856-8308
(407) 836-6590

Osceola
Community Coordinated Care for Children
Head Start
3500 West Colonia Drive
Orlando, Florida 32808
(407) 532-4365

Palm Beach
Palm Beach County Board of County
Commissioners
3323 Belvedere Road, Building 502
West Palm Beach, Florida 33406
(561) 233-1611

Lutheran Services Florida --P.E.P.P.I Head
Start
301 Southwest Eighth Street
Belle Glade, Florida 33430
(561) 996-1718

Pasco
Pasco County School Board
7227 Land O' Lakes Boulevard
Land O' Lakes, Florida 34638-9529
(813) 794-2730

Pinellas
Tall Pines Business Center
2210 Tall Pines Drive, Suite 200
Largo, Florida 33771
(727) 547-5920

Polk
Polk County School District Preschool
Programs

3425 New Jersey Road
Lakeland, Florida 33803
(863) 648-3051

Putnam
Redlands Christian Migrant Association
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Santa Rosa
Santa Rosa School Board
4950 Susan Street
Milton, Florida 32570
(850) 983-5720

Sarasota
Children First Inc.
1723 North Orange Avenue
Sarasota, Florida 34234-8511
(941) 953- 3877

Seminole
Community Coordinated Care for Children
Head Start
3500 West Colonia Drive
Orlando, Florida 32808
(407) 532-4365

St. Johns
St. Johns County School District Head Start
The Webster School
420 North Orange Street
St. Augustine, Florida 32084
(904) 547-4899

St. Lucie
ALPI Head Start
720 Delaware Avenue
Fort Pierce, Florida 34950
(772) 466-2631

Sumter
Mid-FL Community Services Head Start
803 South Woodland Boulevard
DeLand, Florida 32720
(386) 736-1325

Suwannee
Suwannee Valley 4C's
236 SW Columbia Street
Lake City, Florida 32025
(386) 754-2222

Taylor
Taylor County School Board Head Start
520 East Lafayette Street
Perry, Florida 32347
(850) 838-2558

Union
Episcopal Children's Services
8443 Baymeadows Rd. Suite 1
Jacksonville, Florida 32256
(904) 726-1500

Volusia
Mid-FL Community Services Head Start
803 South Woodland Boulevard
Deland, FL 32730
(386) 736-1325

Wakulla
North Florida Child Development, Inc.
200 North Second Street, 2nd Floor
Wewahitchka, Florida 32465
(850) 639-5080

Walton
Tri-County Community Council Head Start
2499 Cypress Street
Westville, Florida 32464
(850) 548-9900

Washington
Tri-County Community Council Head Start
2499 Cypress Street
Westville, Florida 32464
(850) 548-9900

Migrant Head Start – Children 6 Weeks to 5 Years Old

Collier
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

DeSoto
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Gadsden
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Hardee
East Coast Migrant Head Start Project
3700 DMG Drive
Lakeland, Florida 33811
(863) 299-7100

Hendry
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560
East Coast Migrant Head Start Project
3700 DMG Drive
Lakeland, Florida 33811
(863) 299-7100

Highlands
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Hillsborough
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Indian River Redlands Christian Migrant Association Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Lee
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Manatee
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Marion
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Martin
East Coast Migrant Head Start Project
1111 SE Federal Highway, Suite 226
Stuart, Florida 34994
(772) 781-2334

Miami-Dade (863) 299-7100
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Okeechobee
East Coast Migrant Head Start Project
Florida Direct Services – Eastern Region
1111 SE Federal Highway, Suite 226
Stuart, Florida 34994
(772) 781-2334

Orange
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

Palm Beach Redlands Christian Migrant Association Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560
East Coast Migrant Head Start Project
1111 SE Federal Highway, Suite 226
Stuart, Florida 34994
(772) 781-2334

Pasco
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560

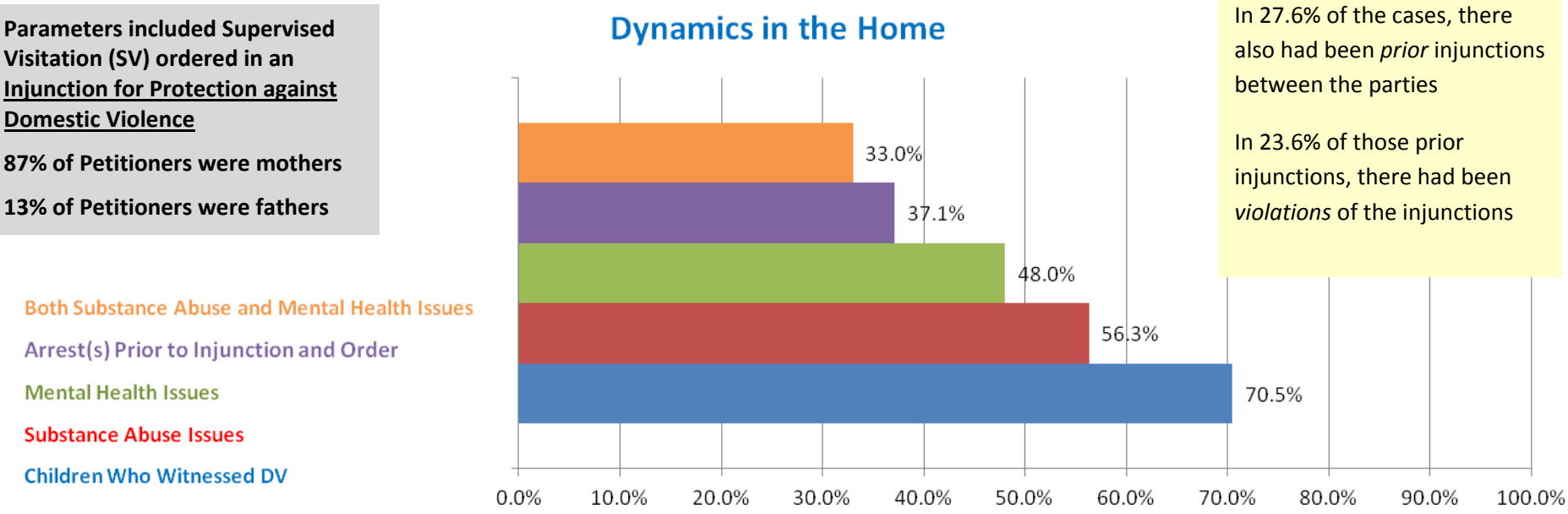
Polk
Redlands Christian Migrant Association
Head Start
402 West Main Street
Immokalee, Florida 34142-3933
(239) 658-3560
East Coast Migrant Head Start Project
3700 DMG Drive
Lakeland, Florida 33811

2011 Supervised Visitation Case Study Summary

Parameters included Supervised Visitation (SV) ordered in an <u>Injunction for Protection against Domestic Violence</u>

87% of Petitioners were mothers

13% of Petitioners were fathers

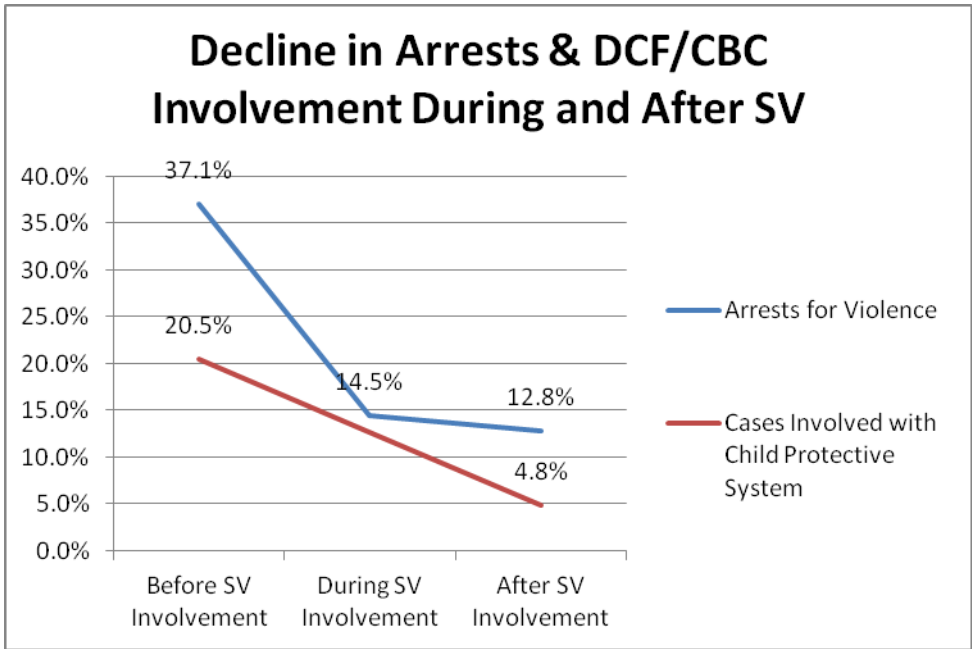


In 27.6% of the cases, there also had been *prior* injunctions between the parties

In 23.6% of those prior injunctions, there had been *violations* of the injunctions

Other Facts and Findings

- **Five Supervised Visitation Programs conducted the exploratory study (N=146) of cases closed by 4/2010.**
- **25.1 % of the Injunctions also included orders for Batterer Intervention Programs.**
- **21.1 % of the Injunctions also included orders for child support**
- **47.7% of the cases were involved with family court prior to the Injunction for Protection and order for Supervised Visitation**
- **The average number of services received in each case from the SV program was 14.**



2011 Supervised Visitation Case Study: Your Programs make a difference!

Take a look at the page above. It tells an important story about supervised visitation programs. Five programs have been working with the Clearinghouse for the past year to explore cases that were sent to supervised visitation programs in domestic violence injunctions.

Special thanks to those directors who participated:

Kris Nowland, Gail Tunnock, Trish Waterman, Stella Johnson, and Shirley McBride.

Program News:

Congratulations to Trish Waterman

Trish received the *2011 Leadership Award* and was honored by the Court Administrator of the 13th Judicial Circuit in recognition of "Outstanding Effort and Commitment to the Court."

The Clearinghouse on Supervised Visitation

Annual Report:

Supervised Visitation Database

Case & Client Statistical Analysis

2011

Karen Oehme, J.D.

Director

Kelly O'Rourke, MSW

Database Manager

Case and Client Statistical Analysis Results

10/1/2010 to 9/30/2011

Add to Database During this time period: Cases: 2,767 Clients: 11,015 Services: 33,481

W present the results of the annual Clearinghouse on Supervised Visitation's Database Case and Client Analysis. This report covers October 1, 2010 to September 30, 2011, the 12 months since the last report. A total of 42 supervised visitation programs in Florida contributed information to the database during this time span.

From 10/1/2010 to 9/30/2011 the total number of documented cases was 2,767, the number of clients served was 11,015 (4,572 children, 3,510 visitors, 2,933 custodians/others), and the number of services provided was 33,481. This is the number of completed or terminated services only, and does not include scheduled but cancelled services or no-shows. In the previous reporting period (10/1/2009 to 9/30/2010) the number of services was listed as 25,434. **This year's provision of 33,481 services represents an increase of 8,047 services to Floridians in need.**

Reporting Year	**2009-2010**	**2010-2011**
Number of Services	25,434	33,481
An increase of: 8,047 more services		

The amount of missing data was significantly reduced this year (in some cases by 25%), probably due to Clearinghouse training on the database, periodic reminders to programs to enter all data correctly, and users requiring and collecting more complete information for reporting purposes.

Percent vs. Valid Percent - The Percent shown in each table is the percent of the total number of cases showing one particular answer, factoring in any cases for which the data is missing. The Valid Percent is the percent of the total number of cases showing one particular answer but *not including* any cases with blank cells or missing data. If there is no missing data for a particular variable, then the Percent and Valid Percent will be identical.

Referral Source

		Frequency	Percent	Valid Percent
Valid	Dependency Case	1561	56.4	56.4
	DV Injunction	590	21.3	21.3
	Dissolution of Marriage	351	12.7	12.7
	Never Married / Paternity	146	5.3	5.3
	Criminal Case	8	.3	.3
	Self-Referred	38	1.4	1.4
	Other	73	2.6	2.6
	Total	2767	100.0	100.0

In the database, there are seven options for the variable Referral Source. This is now a mandatory variable in that database users cannot continue until this information is inserted. For the most part, the trends have remained steady as Dependency Court continues to be the most common referral source, followed by Domestic Violence Injunctions.

Reason for Referral Condensed

		Frequency	Percent	Valid Percent
Valid	Child Abuse / Neglect	676	24.4	24.7
	Parental Substance Abuse	584	21.1	21.4
	DV	935	33.8	34.2
	Parental Mental Health	145	5.2	5.3
	Other Parental Misconduct	82	3.0	3.0
	Death of a Sibling	8	.3	.3
	Other	305	11.0	11.2

	Total	2735	98.8	100.0
Missing	System	32	1.2	
Total		2767	100.0	

For each case, the database user is required to enter the primary reason for the referral. As in the previous years, “Domestic Violence” is the most often cited reason for a referral to supervised visitation, even for those referrals from Dependency court. The number of DV referrals has risen from 31% to 34% in the past year. A listing and analysis of all 17 options for Reason for Referral broken out, is available upon request.

Primary Service Requested

		Frequency	Percent	Valid Percent
Valid				
	Monitored Exchange	102	3.7	3.7
	Parent Services	15	.5	.5
	Supervised Visitation	2636	95.2	95.2
	Sup Vis + Monitored Exch	4	.1	.1
	Sup Vis + Parent Services	10	.4	.4
	Total	2767	100.0	100.0

Each case lists a primary service requested with the available options listed above. “Supervised Visitation” remains by far the most highly requested service.

Person Providing Service

		Frequency	Percent	Valid Percent
Valid	Paid Staff	29,295	87.5	91.5
	Intern	301	.9	.9

	Volunteer	2,410	7.2	7.6
	Total	32,006	95.6	100.0
Missing	System	1,475	4.4	
Total		33,481	100.0	

Paid staff members continue to be the main provider of services in Florida's supervised visitation centers, followed by volunteers, and last, interns.

Child's Race

		Frequency	Percent	Valid Percent
Valid	White	2332	51.0	54.9
	Hispanic	634	13.9	14.9
	Black	714	15.6	16.8
	Asian / Pacific Islander	20	.4	.5
	Am. Indian / Alaska Native	9	.2	.2
	Two or More Races	542	11.9	12.7
	Total	4251	93.0	100.0
Missing	System	321	7.0	
Total		4572	100.0	

According to the 2010 U.S. Census, approximately 63% of the U.S. is white, 12% is black, and 16% is Hispanic. In comparison, blacks appear to be slightly over-represented and whites underrepresented as supervised visitation center clients. However, the percentages have not changed significantly from the previous reports to the current report. The category of "Two or More Races" was added to the database last year and has garnered almost three times more responses than last year, up from 4%.

Child's Gender

		Frequency	Percent	Valid Percent
Valid	Female	2155	47.1	50.0
	Male	2150	47.0	49.9
	Unknown	4	.1	.1
	Total	4309	94.2	100.0
Missing	System	263	5.8	
Total		4572	100.0	

As in previous years, the number of females and males is roughly even.

Visitors Per Case

		Frequency	Percent
Valid	0	22	.8
	1	2194	79.3
	10	1	.0
	11	1	.0
	2	452	16.3
	3	58	2.1
	4	21	.8
	5	5	.2
	6	8	.3
	7	3	.1
	8	1	.0

	9	1	.0
	Total	2767	100.0

A large majority of cases had one visitor during supervised visitation, however, many cases had two or more visitors. The following data represents information on the *primary* visitor in the case.

Visitor Gender

		Frequency	Percent	Valid Percent
Valid	Female	1243	44.9	50.3
	Male	1228	44.4	49.7
	Unknown	2	.1	.1
	Total	2473	89.4	100.0
Missing	System	294	10.6	
Total		2767	100.0	

The Visitor is normally someone who does not have custody of the child, but the person with whom the child will have supervised visits. Men and women continue to be almost equally represented as visitors participating in supervised visits.

Visitor Race

		Frequency	Percent	Valid Percent
Valid	White	1508	54.5	61.4
	Hispanic	420	15.2	17.1
	Black	423	15.3	17.2
	Asian / Pacific Islander	20	.7	.8

	Am. Indian / Alaska Native	10	.4	.4
	Two or More Races	77	2.8	3.1
	Total	2458	88.8	100.0
Missing	System	309	11.2	
Total		2767	100.0	

The majority of the visitors continue to be white. In previous years, the number of black visitors was slightly higher than Hispanic visitors. However, for the 2010-2011 time frame, the number of black and Hispanic visitors has become almost even.

Visitor Relationship to Child

		Frequency	Percent	Valid Percent
Valid	Mother (Biological, adoptive, or step)	1211	43.8	48.8
	Father (Biological, adoptive, or step)	1222	44.2	49.3
	Grandparent	37	1.3	1.5
	Sibling	1	.0	.0
	Other Family Member	8	.3	.3
	Other	2	.1	.1
	Total	2481	89.7	100.0
Missing	System	286	10.3	
Total		2767	100.0	

By far, the most common visitor was a parent to the child client. In previous years, mothers showed slightly higher representation as visitors than fathers. However, this year, visitors are more often fathers.

Custodians Per Case

		Frequency	Percent
Valid	0	692	25.0
	1	1950	70.4
	2	97	3.5
	3	23	.8
	4	2	.1
	5	1	.0
	6	1	.0
	9	1	.0
	Total	2767	100.0

Most cases had one custodian of note. Those noting 0 custodians were the cases with no data or missing data on the custodian. Possibly, these custodians were foster parents. The following data represents information on the *primary* custodian in the case.

Custodian Gender

		Frequency	Percent	Valid Percent
Valid	Female	1567	56.6	75.5
	Male	496	17.9	23.9
	Unknown	12	.4	.5
	Total	2075	74.9	100.0
Missing	System	692	25.0	
Total		2767	100.0	

Clearly women were, by far, the most common custodian, the person having legal custody of the child client. It might also be hypothesized that comparing this data to the other data on custodians, single mothers are highly represented in the database. Of note is the fact that the amount of missing data has declined from around 48% to only 25% over the last two years. As previously noted, this may be due to ongoing Clearinghouse training on the database, periodic reminders to programs to enter all data correctly, and users requiring and collecting more complete information for reporting purposes.

Custodian Race

		Frequency	Percent	Valid Percent
Valid	White	1325	47.7	63.9
	Hispanic	430	15.4	20.8
	Black	266	10.3	12.9
	Asian / Pacific Islander	15	.4	.7
	Am. Indian / Alaska Native	1	.0	.1
	Two or More Races	35	1.2	1.6
	Total	2072	75.0	100.0
Missing	System	695	25.0	
Total		2767	100.0	

The majority of the custodians continue to be white. In previous years, the number of black custodians was second, followed by Hispanic. This year however, the number of Hispanic custodians is much higher than the number of black custodians. This category shows a 25% reduction in the amount of missing data over the last two years.

Custodian Relationship to Child

		Frequency	Percent	Valid Percent
Valid	Mother (Biological, adoptive, or step)	1258	45.5	55.4
	Father (Biological, adoptive, or step)	466	16.9	20.5
	Grandparent	172	6.2	7.5
	Sibling	7	.2	.3
	Foster Parent	243	8.8	10.7
	Other Family Member	89	3.2	3.9
	Other	36	1.3	1.6
	Total	2271	82.1	100.0
Missing	System	496	17.9	
Total		2767	100.0	

By far, the most common custodian was a parent to the child client. Mothers have significantly higher representation as visitors than do fathers. Following parents, grandparents were the next most common category.

Domestic Violence Reported in Referral

		Frequency	Percent
Valid	Yes	1154	41.7
	No	1613	58.3
Total		2767	100.0

In each case, the person entering data is required to note whether domestic violence was a component of or was present in the case. From 2006 to 2010, the number of cases reporting

domestic violence as a component of the case declined from 49% to only 31.2% last year. For the 2010-2011 reporting period, the number of cases identifying domestic violence as present increased to 41.7%. It is important to note that domestic violence may be present, yet not reported in the case file or known by the supervised visitation staff and so this number may be even higher in reality.

Implications:

The data reflect Florida's supervised visitation programs' consistent service to families. We know that programs are reporting continuing loss of funding from a variety of funding sources, and attempting to do "more with less." The lack of standards is also a chief concern, resulting in new for-profit providers who do not follow the same best practices as established programs which adhere to the practices as developed by the Supervised Visitation Standards Committee in 2008.

Overall this report indicates that programs continue to provide a valuable service to the community statewide in cases in which complex parental problems such as parental child abuse/neglect, mental illness, substance abuse, and domestic violence are evident.

We will talk about these data reports at the next phone conference.

UNDER CONSTRUCTION! The website will be under construction for the next two months. If you have problems on our website, please copy the broken link and send it to us! Thank you!