

June 2012 EPress

SPECIAL TOPICS TRAINING II

We are conducting another additional training this month on topics related to child development, protective factors, safe sleep, and swimming.

This is a FREE phone training, and everyone is invited to call in.

Thursday, June 14th at 12ET/11CT

DIAL THE NEW CONFERENCE NUMBER TO PARTICIPATE.

We will again issue a special *Certificate of Training* for this occasion, so be sure to RSVP and be on the call.*

* Directors, send Zachary Summerlin (zsummerlin@fsu.edu) an email with the list of people who will be attending the phone conference.

Clearinghouse Semi-Annual Performance Measures Survey

It's that time again! Please take a minute and click on the link to the semi-annual performance measure survey. Please have your staff/volunteers take the survey, too.

https://fsu.qualtrics.com/SE/?SID=SV_cVoSbQQTHvSLB0o

It takes less than one minute, but it's important for our work!!

More Family Fun Activities!

- Teach your child(ren) how to jump rope.
 - Play hide and go seek on rainy days.
 - Dance to your favorite song.
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- Learn a new game together.
 - Ask about the best, worst, and funniest things that happened to them today.
 - Make your own handshake.
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- Eat family dinner together.
 - Take your child(ren) to the library.
 - Give a lesson about telling time with a traditional clock.
 - Show your child(ren) how money works; count coins and dollars.
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Fathers as Important and Influential Parents:

A tribute to their strengths

By Jessica L Gambill

Objectives:

After reading the material that follows, you should be able to:

- Appreciate the unique role of fathers in the lives of their children.
- Acknowledge the parenting risks for fathers with violent histories.
- Encourage fathers to be involved and invested in their children in positive ways.

The benefits of father investment and involvement with his children can include long-term psychological wellbeing, good health, unimpaired development, and positive behavioral outcomes (Combs-Orme & Renkert, 2009).

The celebration of fatherhood is growing in the fields of research, media, and family-centered professions. A review of “father love” by Rohner and Veneziano suggests that the love of a father is just as important as a mother in the lives of their children (as cited in Combs-Orme & Renkert, 2009). More fathers are becoming proactive in the lives of their children and, because of this, their children are benefiting from the strong positive effects of their father’s love.

Interesting research about the healthy involvement of fathers in their children’s lives:

1. Children in father-absent homes are five times more likely to be poor. In 2002, 7.8% of children in married-couple families were living in poverty, compared to 38.4% of children in female householder families.
 - *U.S. Census Bureau, Children's Living Arrangements and Characteristics: March 2002, P20-547, Table C8. Washington, D.C.: GPO 2003. Retrieved from Fathers.com*
2. The U.S. Department of Health and Human Services states, “Fatherless children are at a dramatically greater risk of drug and alcohol abuse.”

- *U.S. Department of Health and Human Services. National Center for Health Statistics. Survey on Child Health. Washington, DC, 1993. Retrieved from Fathers.com*
- 3. Three out of four teenage suicides occur in households where a parent has been absent.
 - *Elshtain, Jean Bethke. "Family Matters: The Plight of America's Children." The Christian Century (July 1993): 14-21. Retrieved from Fathers.com*
- 4. Children in single parent families are more likely to be in trouble with the law than their peers who grow up with two parents.
 - *U.S. Department of Health and Human Services. National Center for Health Statistics. National Health Interview Survey. Hyattsville, MD, 1988. Retrieved from Fathers.com*
- 5. Fatherless children are twice as likely to drop out of school.
 - *U.S. Department of Health and Human Services. National Center for Health Statistics. Survey on Child Health. Washington, DC; GPO, 1993. Retrieved from Fathers.com*
- 6. Father involvement makes a difference in kids' emotional lives. From a study based on 17,000 children born in the United Kingdom, in 1958 who were followed up with at ages 7, 11, 16, 23, and 33: children with involved fathers have less emotional and behavioral difficulties in adolescence, teenagers who feel close to their fathers in adolescence go on to have more satisfactory adult marital relationships, and girls who have a strong relationship with their fathers during adolescence showed a lack of psychological distress in adult life.
 - *Dr. Eirini Flouri & Ann Buchanan, "Involved Fathers Key for Children," Economic & Social Research Council, March 2002. Retrieved from Fathers.com*
- 7. Healthy father-child interaction has been show to promote a child's physical well-being, perceptual abilities, and competency for relatedness with others, even at a young age.
 - *Krampe, E.M. and P.D. Fairweather. "Father Presence and Family Formation: A theoretical Reformulation." Journal of Family Issues 14.4 (December 1993): 572-591. Retrieved from Fathers.com*
- 8. Fathers who spent time alone with their kids performing routine childcare at least two times a week, raised children who were the most compassionate adults. In a 26-year longitudinal study on 379 individuals, researchers found that the single most important childhood factor in developing empathy is parental involvement.
 - *Koestner, Richard, Carol Franz, and Joel Weinberger. "The Family Origins of Empathic Concern: A Twenty-Six Year Longitudinal study." Journal of Personality and Social Psychology 58 (1990): 709-717. Retrieved from Fathers.com*

9. A survey of over 20,000 parents found that when fathers are involved in their children's education, including attending school meetings and volunteering at school, children were more likely to get A's, enjoy school, and participate in extracurricular activities, and less likely to have repeated a grade.
- *Fathers' Involvement in Their Children's Schools. National Center for Education Statistics. Washington DC: GPO, 1997. Retrieved from Fathers.com*

The "Traditional" Family

The traditional family consisting of a mother and father, married, living in the same house with their children is not the norm in 2012. Today's families are more diverse in the roles that are fulfilled by each parent, or, in single-parent homes, by one parent. Fathers are also now encouraged to be involved with care for their children. They are no longer only an absent "bread-winner."

"In 2002, only 7 percent of all U.S. households consisted of married couples with children in which only the husband worked."

(Population Reference Bureau, 2003)

"Reinforcing stereotypes about men and women is damaging; it can prevent people from expressing themselves, and it solidifies outdated gender roles."

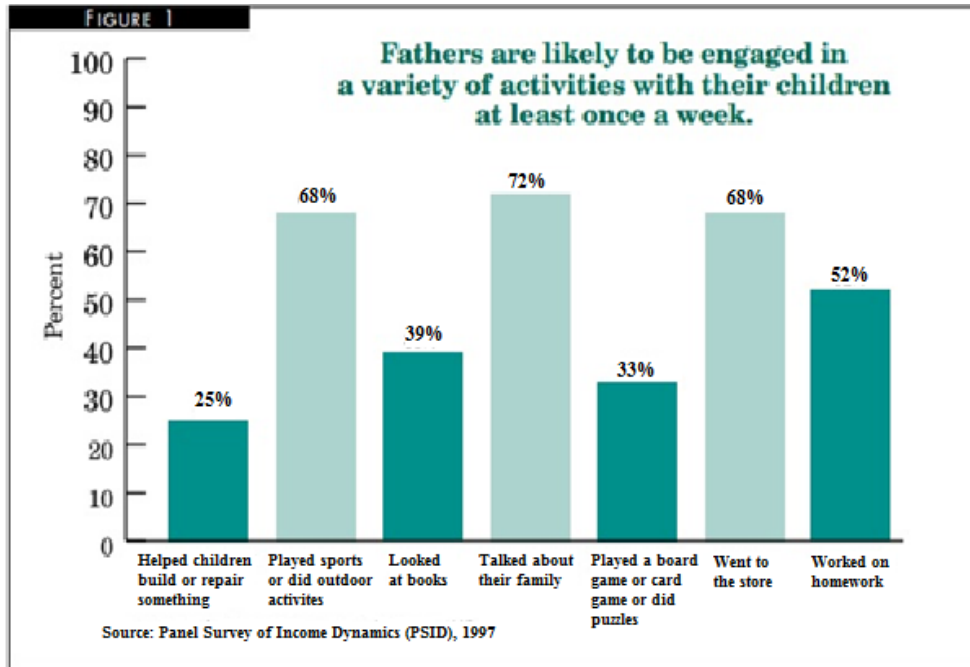
(Ford, 2010)

Fathers have the emotional capacity to be much more. In fact, researchers warn that clinging to typical male stereotypes may set the stage for professionals, families, and fathers themselves to undervalue the role of a father in children's lives (Allen & Hawkins, 1999). Though the roles of provider and nurturer have become more gender neutral, the ways in which these roles are fulfilled tend to still have some gender differences.

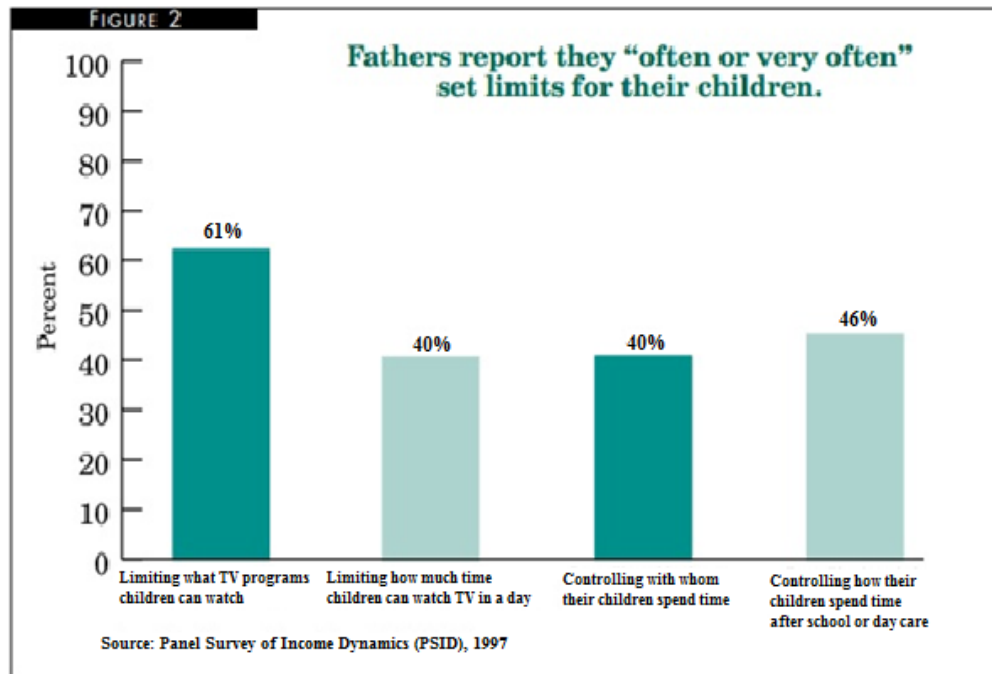
Fathers and their Children

Dads tend to have different physical interests, abilities, skills, characteristics, and personality traits than moms that can be applied beneficially to caring for children. For example, the depth of their voice could be perceived to sound more authoritative than the soft voice of a mother, so a child may readily obey a father's requests. The ways fathers

engage their children may be in outdoor play, helping with homework, reading books, and teaching life skills. All of these healthy activities portray gentle fathers as strong men and role models. The figures taken from *Fathers' Activities with their Children* (2001), depicts the ways fathers are more likely to be engaged in the parenting and care for their children.



Note. Figure 1 and Figure 2 are depicted as they are in *Fathers' Activities with their Kids* (Brown, Michelsen, Halle, & Moore, 2001)



Risks of Paternal Involvement in Violent and Troubled Homes

Nurturing fathers help children grow into law abiding, healthy, compassionate, and successful adults, but what happens when a father striving to care for his children did not grow up to be any of those things himself? There are risks (i.e. greater chance of neglect or abuse) of paternal involvement when the father has a history or a presence of:

- Violence, domestic violence and tension within the co-parental relationship
- Mental illness,
- Substance misuse,
- Incarceration,
- Lack of social support.

Working through these factors and encouraging healthy engagement is not impossible, but it is important to assess the factors that may cause greater risk to the child and to the other parent. Supervised visitation programs can do the following:

- Assess for intimate partner violence and be aware of relationship safety.

- Understand that a program is still “neutral” when it understands the risks present in each case and acts affirmatively to protect the child and vulnerable parent.
- Prioritizes the safety needs of the children and vulnerable parent.
- Ensures that the violent parent does not manipulate supervised visitation and social services staff by minimizing the violence.
- Connects the father with other support systems to strengthen and help his role as a father (i.e. parenting skills classes and material).
- Teaches fathers about healthy involvement with children and come up with creative ways to establish it.
- Offers fathers information about substance abuse programs to tackle the issue of potential addictions.

Other treatment and mental health providers can do the following:

- Focus on how mental health and substance abuse affects the father and his relationship with the child.
 - ✓ How does the dad define his role as a father and how does his mental health affect that? How do drugs and alcohol affect the father’s ability to parent responsibly?
 - ✓ Is the father taking prescribed medication as he should? Encourage him to see a medical doctor regarding this concern.
- ✓ Connect the father with effective programs to treat and address his problems, and connect him to other support systems to strengthen his role as a father. In fact, all social service providers should be able to do this at least to some extent.

Encouraging Healthy Engagement

All of this information would be useless without the proper application of it to promote the desirable outcomes of “fatherfullness” for families of every kind. Engaging fathers and empowering them to be the good fathers they are capable of being could start from simple statements, like, “I am glad you came to visitation today.”

Engagement could also be encouraged through sharing statistics and information about fathering that will build a father’s confidence in himself and his impact on his offspring.

Fathers should learn about their child’s needs so that they can meet those needs. Social service providers should create a comfortable atmosphere that allows for healthy communication between the father and child about those needs. Below are examples of positive parenting. See the Clearinghouse’s **Family Skill Builder** for more information about effective parenting.

Table 1: THE BASICS! Developmental Tasks for Fathers, Parenting Characteristics and the Practices that Can Support Them

**Note.* This table is labeled, worded, and organized as cited in Zepeda, Varela, & Morales, 2004. Zepeda, *et al.*, originally retrieved the table from Masten, & Coatsworth, 1998.

| <i>Child’s Developmental Task</i> | <i>Parenting Characteristics</i> | <i>Examples of Positive Parenting Practices</i> |
|---|---|---|
| Attachment to Caregiver | Warm, sensitive and responsive care-giving | Positive feeding practices: <ul style="list-style-type: none"> • Holding the infant while feeding • Hugging the older child (unless safety issues arise) |
| Language Development | Use language to communicate, respond to and elaborate on child’s vocalizations | Daily storytelling, talking, singing to infant and child |
| Differentiation of Self from the Environment | Supporting the child’s natural instinct to explore in a developmentally appropriate manner | Provide age appropriate objects for child to explore; Removes inappropriate objects from child’s environment to ensure safety |

| | | |
|-------------------------------|---|---|
| <p>Self-Regulation</p> | <p>Assisting child with emotional regulation, setting appropriate limits and understanding developmentally appropriate behavior</p> | <p>Use of praise and encouragement to promote positive behaviors</p> |
| <p>Child Safety</p> | <p>Awareness of Safety hazards in child's environment and removing them or making adjustments</p> | <p>Placing child on back to sleep Consistent use of infant and child car restraints</p> |

Summary

Professional attitudes, including those of supervised visitation providers, will have an impact on fathers. Guidance, support, and encouragement, when given sensibly, can improve a father-child relationship. Domestic violence and risks to the children can not be ignored. When working with fathers, professionals should remember their value, appreciate the unique role they have in the lives of their children, acknowledge any present risks, and encourage fathers to be involved and invested in their children in positive ways.

Training Exercise: Talk About It

Have an open discussion with staff about their views of parenting. Do staff believe that fathers should be, and can be (when safety issues are resolved) fully involved in their child's life? Do staff cling to outdated ideas about the role of a father? Are staff fully committed to providing fathers with guidance to grow as healthy caregivers? Do staff understand that the program can make referrals for fathers to community resources? Does your program have a list of community resources and know how to access them?

References

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Intervention Models:

Parent Coaching and Modeling

At Supervised Visitation

The Clearinghouse on Supervised Visitation is developing material on Parent Coaching and Modeling for Florida's Supervised Visitation programs and their community stakeholders. As we build the training and

get feedback, we will be providing you with current drafts of the material in the monthly E Presses.



Supervised visitation is a great chance to help increase the bond between a child and parent, and to help reinforce positive aspects of these relationships. Through parent coaching and modeling, supervised visitation workers can help parents better learn how to communicate with their children, and also help parents feel better and more secure about visitation.

The environment of supervised visitation is a great place to employ certain principles of Behavioral Parent Training (BPT). BPT has been recognized as the best practice for intervening in childhood conduct issues, and is well known for reducing maladaptive child behaviors and increasing parenting skills.

You don't have to be a licensed clinician to employ the major component of BPT: feedback. **Feedback** from the professional assisting the family is the core element of parent training. These feedback techniques include *modeling, reinforcement, and correction.*

Modeling – giving a parent an example of positive behavior.

Modeling can involve body language, tone of voice, or even just facial expression. Sometimes parents don't understand how to interact with their children. Staff can model interaction: "Here's how we play the game, let me get you started!" Other modeling can involve nonviolent discipline, correction and redirecting, specific behavior geared to a child's physical or mental health issues, and ways for a parent to learn to care for and have fun with his or her child.

Reinforcement – praising a parent for a positive behavior. Example: A supervised visitation worker could say "I'm



sure Jimmy appreciated your positive comment about him winning the game today!”

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

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

If a parent is saying or doing something inappropriate for a visit, it’s important for a supervised visitation worker to maintain composure, and calmly redirect. This involves:

- Focusing on the visiting parent; standing up straight and maintaining eye contact with the visiting parent.
- Maintaining an appropriate voice volume and relatable tone for both the parent and the child.
- Refrain from pointing, frowning, sighing, or showing anxiousness or unsettledness.

Below are some times when feedback on parenting can be utilized to provide parents and children with a positive visitation environment.

Intake

The process of Intake is described fully in the Clearinghouse’s Best Practices. Intake is a great opportunity to fully explain how supervised visits will work. It establishes ground rules, trust, and a comfort level with the process for the parent. It also fully informs the program of the case issues and safety concerns. Many visiting parents will have questions at intake about what they can and cannot do, but some parents may not ask these questions. It is important that parents are **aware of all the freedoms and the restrictions** they have during a visit to make it safe and productive for both the parent and child. That’s the role of a good supervisor.



Because parent modeling can be so successful in smoothing over a rocky visit or making future visits better, it can be a good idea to explain to a parent at intake what modeling is, or how you may implement it. Some parents may be turned off by being “told what to do” or think that they are being reprimanded. It is important to introduce the idea of parent modeling in a way that will help a parent be receptive to it.

Supervised visitation staff can introduce the idea of parent modeling with these statements:

“During the course of your visits, there may be times when I make suggestions to you. I just want to make the visit as smooth as possible.”

“I know you expressed concern about how to talk to your son during visits. I will be able to help your visit go smoothly if you need it.”

For all parents, and especially parents who have a history of abuse/violence:

“There may be times when I need to step in and redirect your conversations or activities. I am here to help and make sure you and your daughter have a safe visit.”

“Because of the case history (or problems, or allegations), there will be some limitations on what you can and cannot do (or discuss).” [Then go over the restrictions.] “I will intervene if it’s necessary, but I know it will be a good visit.”

Intake is also a great time to introduce child development information to parents. Use the **Family Skill Builder** to show a parent where his or her child might be developmentally, and begin to discuss possible visitation activities. Be sure to explain why these activities are important to a child’s development.

Well, I see that Maria is a healthy two-year old. Two year olds are so much fun! But they need constant attention at visits, so they don't get into trouble. May I suggest what kinds of activities might be fun for you and Maria?

Parent Reactions to Modeling

During intake or visits, parents may show resistance to modeling or redirecting. Having developed a positive working relationship with a parent or guardian can help to avoid these situations, but sometimes they will come up.

If parents get upset because a supervised visitation worker used parent modeling:



“It sounds like you’re frustrated with what I said. Let’s step away for a minute and talk about it.”

...To Be Continued...

Look in the July E Press for More information on Modeling and Coaching.....

Questions from Directors:

Question 1:

Two issues arose last month regarding what kinds of medical/quasi-medical services could take place at visits:

From one director: We had a father come to the program with a swab kit. He wanted to do a paternity test during the visit. We refused.

From another director: I was asked if I could “oversee” a parent giving his child an injection of medicine needed for an illness. I am not comfortable doing this, because I don’t know what I’m looking for.

Response: The supervised visitation setting is not the place for a paternity test. This is usually done by court order, and there must be a “chain of custody” of the swab. My advice is to decline such a responsibility, and to call the Clearinghouse if you are asked for such a service. As for the injection, we have had instances in the past where a parent has administered an injection of medicine to the child at the visitation program. In one case, it was an emergency, because there was reason to believe the child was having a medical crisis. When it is not an emergency, such a procedure – when requiring the oversight of the program staff – would entail a full, prior discussion of why the medicine needed to be administered at the visit (instead of by a custodian immediately after the visit), a discussion of the responsibility of the staff, knowledge of the court or the case manager, and full agreement by the program director. This is not an agreement to make lightly, so each and every case could reach a different result. Again, call the Clearinghouse to discuss such a request. In addition, be sure to collect relevant medical histories on the child before any visits take place – does the child need medication, and when is it usually administered and by whom. (In this case, the custodian – who had full parental responsibility for the medical decisions about the child -- decided to administer the shot off site -- so the oversight of the program director was not needed and the program would not be involved.)

Question 2

What procedures are required for those non-parent participants who come to the program? Is an intake required for them?

No, an additional intake for non-parent participants is not required by the current standards or Best Practices, but you are free to incorporate intake for these participants. (The exception is that if you know from the **court order** that step-parents or relatives will be part of the visit, they should come to intake, either on their own, or with the parent they are related to.) However, when extra relatives, guardians ad litem, therapists, or others come to a visit, each program

should be ready with at least a *procedure* to follow. Here are a few guidelines for those procedures:

First, there should be no surprise participants. Programs need to have consistency and certainty as they plan safe, effective visits. So programs should have a policy about how much notice they will need, and what identification they will required from extra participants. (For example, a copy of the GAL appointment should be kept in the case file.) Second, each participant must agree to your program's rules – have them sign a statement to that effect, after giving them a copy of your rules. A brief verbal review of the rules when they arrive would be helpful and avoid most problems. Third, a photo ID must be kept on file for each participant. Fourth, the extra participant is not a *secret* from the custodian. For example, if the father comes and picks up the child and discovers that another person – whom he was not familiar with -- was visiting with his child, problems can result. This occurred last year at a program, and it caused tension; the father never trusted the staff again. **We will discuss this entire issue, and more guidelines, at the phone conference next week.**

Do you need a copy of the Best Practices? We can mail you one – contact us!

zsummerlin@fsu.edu

SPOTLIGHT ON THE NEW **FAMILY SKILL BUILDER “E-BOOK”**

In this E Press, we are providing supervised visitation programs, professionals, and child welfare stakeholders with a new E Book called the **Family Skill Builder**.

The Family Skill Builder can be used to train staff on child development and visitation issues. It can be used at intake with parents. We'll have a special training on it next week.

Sample Certificate Below:



The Clearinghouse on Supervised Visitation

awards this Certificate of Training to

Zachary Summerlin

for participation in a Special Topics Training on
Child Development and Safe Interventions.

June 14, 2012

Karen Oehme, Director, Institute for Family Violence Studies

Date