

# October 2012 EPress

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## Access and Visitation Reports Due

**October 1st, the Clearinghouse will begin to compile the data for the statewide Access and Visitation Report.**

**If your program is an A and V recipient, please be sure to have all of your 2011-2012 data in the database.**

**Need help? Our database helpdesk coordinator, Kelly O'Rourke is available. Call or email the Clearinghouse to set up a time to talk with her (850-644-1715).**

### **Phone Conference Minutes and Directory Attached**

**Our September Phone Conference was about CHILDREN'S MEDICAL SERVICES MEDICAL FOSTER CARE Parents. Katrina Ward was our guest speaker. As promised, the minutes from that phone conference are attached, along with a DIRECTORY of Services Staff.**

## Questions from Directors

**1. Can you answer questions about the Safe Havens/Supervised Visitation grant for me?**

*Yes! Call the office and we'll talk about it. Consider including your local team members on the call. Remember, the grant is awarded to local units of government, not the SV program itself.*

**2. Will you testify as an expert witness in a local case in which the mother does not want to use the visitation program?**

*No. I generally do not testify in individual cases or weigh in on issues that are solely case-specific.*

**3. When will the new materials you spoke about at the September phone conference be sent out?**

*The E Book "From Care to College" will be out in early 2013. The Kids and Money Guide will be published by March, 2013.*

**4. Do you have any more free books for programs to give out to children?**

*Yes! We have a limited number of books left from our Summer book drive. Call the Clearinghouse if you'd like a box. First come, first served!*

**5. If I have a question about Medical Foster Parents, should I call you first?**

*Sure, no problem. Call me, and we'll strategize together! The Directory of Staff is attached. We can call the local team together if necessary.*

**Judges' Family Time Protocols are attached.**

The Office of the State Courts Administrator developed a set of Protocols for Judges in Dependency Cases.

**We will be discussing these at the October and November Phone Conferences.**



## **Child Death Review in Florida**

*This document provides Supervised Visitation Programs and their staff with information related to the Florida's Child Death Review Committee and the recent changes to its structure.*

### **The State Child Death Review Committee**

The Florida Child Death Review Committee was created in 1999 by statute s. 383.402 (1) F.S. The State Committee currently consists of 15 members.

The head of the following agencies appoints one member each:

- Department of Legal Affairs
- Department of Children and Family Services
- Department of Law Enforcement, Department of Education
- The Florida Prosecuting Attorneys Association
- The Florida Medical Examiners Commission.

The remaining eleven members must be:

- A board certified pediatrician.
- A public health nurse.
- A mental health professional who treats children or adolescents.
- A social monitor with experience working with victims and perpetrators of child abuse.
- A law enforcement officer who has 5 years of experience in children's issues.
- A member of a child advocacy organization.
- A representative of the Florida Coalition Against Domestic Violence.

- A representative from a private provider of programs on preventing child abuse and neglect.
- The medical director of a child protection team.
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
- An employee of DCF who supervises family services counselors and who has at least 5 years of experience in child protective investigations

The State Child Death Review Committee has four main responsibilities:

- It creates guidelines and standards for investigating child deaths for local child death review committees.
- It reviews summarized reports of all child deaths investigated by local committees.
- It consults on specific cases of a child dying as a result of abuse or neglect.
- It develops and submits an annual report with statistics on child deaths resulting from abuse and recommendations for preventing future child deaths. Data for this report is gathered by local committees, and the report is submitted to Florida’s Governor, Senate President, and Speaker of the House.

## **The Local Child Death Review Committees**

There are 24 local child death review committees representing Florida’s 67 counties. Each local committee must have one member who is a local state attorney. All other members must fit the State Committee qualifications.

The Local Child Death Review Committees responsibilities include:

- Assisting the State Committee in gathering data regarding child deaths in the county(s) they represent.
- Investigate child deaths from their represented county(s) and ruled, by DCF, as resulting from abuse or neglect.
- Submitting reports to the State Committee summarizing local child death reviews.
- Requesting, when necessary, the State Committee consult on specific child deaths taking place in the represented county(s).

## **The Annual Child Death Report**

The Annual Child Death Report does the following:

- Identifies causes and contributing factors of child deaths.
- Determines gaps in the services offered to children and their families that may result in child deaths.

- Makes specific recommendations for agency collaboration to prevent future child deaths.
- Categorizes child deaths as:
  - ◆ Drowning Deaths
  - ◆ Sleep Environment Related Deaths
  - ◆ Vehicle Related Deaths
  - ◆ Drug Toxicity Related Deaths
  - ◆ Other Neglect Related Deaths
  - ◆ Medical Neglect Related Deaths
  - ◆ Firearms Related Deaths
  - ◆ Fire Related Deaths
- Gives statistics from each of these categories relating to specific maltreatments leading to the death; children's race, gender, and age; the caretaker/perpetrator's race and gender; and the number of priors the family had with DCF.

## **New Changes in Child Death Review**

*The changes in Child Death Review in Florida are a direct result of two recommendations from the 2011 Child Death Report.*

- The State Committee recommended they be able to review *all* child deaths reported to the **Florida Abuse Hotline**.
- The State Committee recommended they be able to review *all* child deaths in the State of Florida.

### **What Changed?**

- Previously, the state and local committees only reviewed deaths that were verified as resulting from child abuse.
  - That verification was done by the Department of Children and Families in conjunction with local law enforcement.
    - Meaning, the standards for verifying these deaths changed depending on the counties' definition of deaths resulting from child abuse and the opinions individual DCF and law enforcement official(s) on the cases.
    - This was particularly problematic in relation to drowning and co-sleeping deaths.
    - Sometimes, in drowning and co-sleeping cases, officials chose not to verify certain deaths as neglect or abuse, even when drugs were present on the scene, because the parents were already in a state of grief.
  - In 2010, DCF changed the verifications standards saying that child deaths could only be verified as abuse or neglect when, "there was a willful act by the caregiver."
  - The 2010 policies also required that child drowning deaths result from the child being, "at-risk, with intent (caregiver's intent)."

- This meant more than half of the child drowning deaths in 2010 were not verified and not investigated by the State or local committees.
- As a result of this policy, the number of child deaths verified as a result of child abuse dropped dramatically.
- The State Committee hopes that changing these policies will result in more consistent standards, particularly in child deaths resulting from co-sleeping and drowning, and allow Florida's Child Death Review committees to have a better picture of all child deaths in Florida and better ideas of how to prevent them.

At this juncture, it seems that at least **all cases that involved Hotline calls** will now be reviewed. It is unclear whether all child deaths (a much higher number of deaths) will be reviewed by the committee.

## Preventing Child Sexual Abuse

After the Penn State tragedies, many parents and social service providers have been asking, "How can I protect children?" The following brief presentation offers background information along with specific materials and tools.

### Introduction

Prevent Child Abuse America defines child sexual abuse as "inappropriately exposing or subjecting a child to sexual contact, activity, or behavior." In 2001, 86,830 children were victims of sexual abuse. (Prevent Child Abuse America, 2005) This number does not include any children whose abuse was not reported. Child sexual abuse does not discriminate: it occurs regardless of socioeconomic level, urban or rural setting, race, ethnicity, gender, culture, and religion. Contrary to popular belief, perpetrators of child sexual abuse are not strangers. In fact, 90% of juvenile sexual abuse victims/survivors know their abuser. (Childhelp, n.d.)

Child sexual abuse has both immediate and long-term consequences. Common immediate symptoms include, but are not limited to, physical injuries, developmental regression, extreme changes in behavior, psychological distress, and delinquent behavior. Children who survive sexual abuse can suffer pervasive feelings of helplessness and hopelessness. It is not uncommon for survivors to struggle with depression, low-self esteem, impaired trust, self-destructive behaviors and/or self-blame. Child sexual abuse can correlate to an increased likelihood of teen pregnancy and/or homelessness, as well as an increased risk of substance use.

*What can we do to help our children?*

### Florida Law

Title V, Chapter 39, Subsection 201 of 2012 Florida Statutes specifies "Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected... shall report such knowledge or suspicion..." This mandate applies to *everyone*. It is important to note that children can be

abused by people they know, as well as people they do not. Children can also be abused by someone who is not legally an adult.

Regardless of who the suspected abuser is, **you** have a responsibility to report said child abuse.

There is a common misconception that only people in certain professions, “mandated reporters,” are responsible for reporting child abuse. This is not true! Every single one of us is responsible for reporting and preventing child abuse. The difference is mandated reporters must provide their name when making a report.

## How to Prevent Child Abuse

Child sexual abuse is a societal problem, therefore, a multi-faceted approach is necessary for prevention. It is important to teach our children how to recognize dangerous situations and how to say no to things and people who are making them uncomfortable; however, preventing child sexual abuse is too heavy a burden for children to carry alone. Ultimately, it is the responsibility of parents and other community members, organizations and social structures to prevent child abuse. A short discussion of each facet follows.

### *Child-Centered Prevention*

When prevention programs focus on children, there are usually three goals: teach children to identify sexual abuse, give them skills to avoid any abuse, and promote them to report any abuse in the past, present or future. To accomplish these goals, it is common to teach children what parts of their body are considered private and the correct names for these parts, the difference between appropriate (good) and inappropriate (bad) touches, that someone they know could hurt them, and that they are allowed to choose who can touch them. Preparing children to report abuse involves helping them identify adults they trust, assuring them that abuse is not their fault, and that adults will believe them and love them when they report any sexual abuse.

### *Responsibilities of Parents and Community Members*

First and foremost, adults need to make a commitment to believe, protect, and love children if they break the silence and make a report of abuse. Not only will this help the child who has been victimized, but we send a clear message that child sexual abuse is not okay to perpetrators. Both parents and other adults must assume responsibility for understanding the facts about child sexual abuse, as well as protecting children from risks that may place them in danger of sexual abuse. A simple way to start protecting our children from risky situations is to avoid situations where one child is with one adult. If an individual sees this happening, he/she can include him/herself in the interaction to safeguard the child.

Adults need to educate themselves on the signs of child sexual abuse. These include difficulty walking and standing, displaying inappropriate sexual knowledge or sudden changes in behavior. Children cannot be expected to protect themselves- that is the job of trusted adults in their lives. Adults should educate themselves on the procedures for what to do if abuse is suspected or reported by a child, who the proper authorities are, how to contact said authority, and how to support and protect the child after they make a report. It is important to note that it is okay to act on suspicions of child sexual abuse. It is much better to make a report and find out it is not happening than to ignore suspicions and find out later

that a child has been sexually abused. Additionally, adults can aid in prevention efforts by helping educate their communities about child sexual abuse and how to protect children. This can be done by simply talking to neighbors and friends or by getting involved with community agencies working to educate the public.

Parents can be the best line of defense in preventing child sexual abuse. Simple affirmative actions can protect children from sexual abuse. This involves first realizing that sexual abuse is often perpetrated by someone the child knows; it is not enough to tell children not to talk to strangers. To prevent child sexual abuse, we must teach our children basic sexual education, as well as that it is *never* okay for an adult to make sexual advances toward a child. Parents should teach their children that their bodies belong to them. Children should never be forced to show affection to an adult- they can choose who they express affection to and how they express it. A parent should develop open communication with their children, encouraging them to tell them or another trusted adult if something bad happens to them. Other practices include knowing your child's friends and the family of those friends.

### *Public Institutions*

Silence surrounds the issue of child sexual abuse. The community is quiet about it, and our children are afraid to talk when someone has sexually abused them. Public institutions have a responsibility to help build awareness about this issue. Institutions can disseminate information far better than an individual can. If our institutions and organizations begin talking about child sexual abuse, we as a society can begin to acknowledge the problem and discuss what can be done on a societal level. A wide-spread distribution of correct information will begin to send the message that child sexual abuse is not okay. Once we send this message, we can engage our policymakers, influencing them to stand up for our children and their rights. Getting the word out about child sexual abuse can start simple: by handing out resource guides or holding a "Blue Ribbon" campaign to raise awareness. No act is too small when trying to educate the public about this epidemic.

Organizations that serve or have contact with children and youth must incorporate policies and procedures to prevent child sexual abuse. This starts with screening all potential employees and volunteers before they begin working with the agency. All volunteers, caregivers, youth and employees should receive training about how to prevent sexual abuse, as well as organizational procedures about how to respond if a report needs to be made. All persons involved with the agency should know and be comfortable acting in accord with agency guidelines on individual interactions, any monitoring behaviors to provide accountability, and ensuring a safe environment. While implementing policies and procedures to prevent child sexual abuse may take some effort at the beginning, it will become second nature after integrating it into the agency culture.

## **For More Information**

### *Children's Books about Sexual Abuse*

These books explain, in child-friendly terms, what good touches and bad touches are, the child's right to be uncomfortable with something or someone, and that it is okay to tell an adult if abuse occurs.

1. No Trespassing: This is My Body by Pattie Fitzgerald
2. Please Tell: A Child's Story About Sexual Abuse by Jessie
3. I Said No! A Kid-to-Kid Guide to Keeping Your Private Parts Private by Kimberly King



4. Your Body Belongs to You by Cornelia Spelman
5. The Right Touch by Sandy Kleven
6. Amazing You: Getting Smart About Your Private Parts by Dr. Gail Saltz
7. Some Parts are NOT for Sharing by Julie K. Feredico
8. It's My Body by Lori Britain
9. Those are My Private Parts by Diane Hansen

### ***Prevention Curriculum for Children and Youth***

1. *Children and Youth with Disabilities*
  - [http://new.vawnet.org/Assoc\\_Files\\_VAWnet/NRC\\_KTSafe-full.pdf](http://new.vawnet.org/Assoc_Files_VAWnet/NRC_KTSafe-full.pdf)
2. *For Kindergarten- 12<sup>th</sup> grade*
  - <http://www.wcsap.org/curricula-child-sexual-assault> (3-7 years old)
  - <http://www.nyspcc.org/nyspcc/programs/trp/> (K-3<sup>rd</sup> grade)
  - <http://www.speakupbesafe.org/> (1<sup>st</sup>-6<sup>th</sup> Grade)
  - <http://www.childluresprevention.com/> (PreK-12<sup>th</sup> Grade)

### ***Education for Teenagers***

1. *Start Strong- Building Healthy Teen Relationships* (<http://www.startstrongteens.org/>)
  - Nationwide initiative to stop dating violence before it begins
2. *Sexual Violence Prevention Education Resources*
  - <http://www.ccasa.org/documents/SV%20prev%20catalog%20of%20educ%20materials.pdf>

### ***Education for Parents/ Community Members***

1. *Darkness to Light*- An organization with a mission to empower people to prevent child sexual abuse. [http://www.d21.org/site/c.4dICIJOkGcISE/b.6035035/k.8258/Prevent\\_Child\\_Sexual\\_Abuse.htm](http://www.d21.org/site/c.4dICIJOkGcISE/b.6035035/k.8258/Prevent_Child_Sexual_Abuse.htm).
2. Basic information from the *American Psychological Association* <http://www.apa.org/pubs/info/brochures/sex-abuse.aspx#>
3. *Recognizing Child Abuse* [http://www.preventchildabuse.org/publications/parents/downloads/recognizing\\_abuse.pdf](http://www.preventchildabuse.org/publications/parents/downloads/recognizing_abuse.pdf)
4. *Preventing Child Abuse* [http://www.preventchildabuse.org/publications/cap/cap\\_2003/2003\\_complete.pdf](http://www.preventchildabuse.org/publications/cap/cap_2003/2003_complete.pdf)
5. *Stop It Now!* prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed. [www.stopitnow.org/](http://www.stopitnow.org/)

### ***Literature for Professionals, Educators, and Public Institutions***

1. American Psychological Association (2002). School-Based Child Sexual Abuse Prevention. From *Preventing Violence in Relationships: Interventions Across the Life Span*. Discusses the incidence, consequences, and risk and protective factors of child sexual abuse, and makes suggestions for the improvement of child education programs.
2. Townsend & Campbell (2006). School-Based Sexual Violence Prevention Programs: Current Evaluation Findings and Policy Implications. From *The Crisis in Youth Mental Health: Critical*

*Issues and Effective Programs, Volume 3—Issues for Families, Schools, and Communities.*

Provides an overview of the most common types of rape prevention programs being used in K-12 educational settings and shares findings about their impact.

3. *Preventing Child Sexual Abuse.* Prevent Child Abuse America (2005).  
[http://www.preventchildabuse.org/advocacy/downloads/child\\_sexual\\_abuse.pdf](http://www.preventchildabuse.org/advocacy/downloads/child_sexual_abuse.pdf)
4. *Vermont's Sexual Violence Prevention Technical Assistance Resource Guide: For school communities K-12 incorporating sexual violence prevention into the health education curriculum.* Vermont Sexual Violence Prevention Task Force (2010). [http://education.vermont.gov/new/pdfdoc/pgm\\_health\\_ed/publications\\_resources/educ\\_health\\_ed\\_TARG.pdf](http://education.vermont.gov/new/pdfdoc/pgm_health_ed/publications_resources/educ_health_ed_TARG.pdf).
5. *Child Sexual Abuse Prevention: Programs for Children.* National Sexual Violence Resource Center (2011). [http://www.nsvrc.org/sites/default/files/Publications\\_NSVRC\\_Guide\\_Child-Sexual-Abuse-Prevention-programs-for-children.pdf](http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_Child-Sexual-Abuse-Prevention-programs-for-children.pdf)
6. *Preventing Child Abuse Within Youth- Serving Organizations: Getting Started on Policies and Procedures.* US Department of Health and Human Services (2007). <http://www.cdc.gov/violenceprevention/pdf/PreventingChildSexualAbuse-a.pdf>

## **Victim Relocation Fund: For Victims of Domestic Violence and/or Sexual Battery**

*The office of the Attorney General has expanded the victim compensation fund to include victims of sexual battery, starting October 1, 2012 according to FL statute 960.198 and 960.199.*

**WHO?** Victims of Domestic Violence OR Sexual Battery who need immediate assistance to escape from a domestic violence or sexual battery environment.

*The victim cannot receive relocation payments for domestic violence AND sexual battery for the same incident.*

**WHAT?** A one-time payment of up to \$1,500 and a lifetime maximum of \$3,000.

**WHERE?** All claims must be filed through certified domestic violence centers and rape crisis centers. The center must certify the victim's need for assistance.

**WHEN?** All claims must be submitted within 30 days of the crime.

**HOW?** Application can be found on [myfloridalegal.com/victims](http://myfloridalegal.com/victims)

Submit a completed and signed claim application to:  
**Bureau of Victim Compensation**  
**The Capitol, PL-01**  
**Tallahassee, FL 32399-1050**

**Or by email: [VCINTAKE@myfloridalegal.com](mailto:VCINTAKE@myfloridalegal.com)**

In order for an award to be granted to a victim for relocation assistance:

- There must be proof that a sexual battery offense was committed.
- The domestic violence OR sexual battery offense must be reported to the proper authorities.
- The victim's need for assistance must be certified by a certified domestic violence OR rape crisis center in Florida.
- The center certification must assert that the victim is cooperating with law enforcement officials, and must include documentation that the victim has developed a safety plan.
- **FOR SEXUAL BATTERY VICTIMS ONLY:** The act of sexual battery must be committed in the victim's place of residence or in a location that would lead the victim to reasonably fear for his or her continued safety in the place of residence.

**For the October Phone Conference: We will discuss Modeling and Coaching Parents!**

**Here's the information you and your staff will need:**



# **Parent Coaching and Modeling at Supervised Visitation**

## **Introduction:**

When supervised visitation is successful, it builds parental capacity and motivation. It's an excellent opportunity to help increase the bond between a child and parent and to help reinforce positive aspects of their relationship. Through parent coaching and modeling supervised visitation monitors can help parents better learn how to communicate with their children and get the most out of parenting time and visitation. This will directly benefit children, who need supportive and loving parents. We will discuss this at the October 2012 phone conference!

## **Objectives:**

Upon completion this training, the reader will know the following:

- The foundation, definitions, and theories that make up the coaching and modeling practice.
- The strength-based approach and the benefits, components, and common intervention strategies of the family-centered practice.
- Best practices for introducing parents to coaching and modeling techniques.
- How to assess a parent's readiness for change.
- Engaging activities parents can do with multiple children and older adolescents.



## **The Foundation of Coaching and Modeling: Behavioral Parent Training**

The environment of supervised visitation is an ideal place to employ certain principles of Behavioral Parent Training (BPT). BPT has been recognized as the best practice for reducing maladaptive child behaviors and increasing parenting skills. Techniques of this training include modeling, reinforcement, and correction. These are discussed below.

**Modeling** is the act of giving a parent an example of positive behavior. If a parent is saying or doing something inappropriate during a visit, it's important for a supervised visitation monitor to maintain composure and calmly redirect. This involves a monitor doing the following:

- Focusing on the visiting parent; standing up straight and maintaining eye contact with the visiting parent (unless such behavior is not culturally appropriate).
- 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.

**Reinforcement** is praising a parent for a positive behavior.

Example: A supervised visitation monitor could say “I’m sure Jimmy appreciated your positive comment about his math test!”

**Correction** is instructing a parent on how to perform a positive behavior.

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

## **Using a Strength-Based Practice to Incorporate Modeling and Coaching**

**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 strength-based perspective supports the idea that we all have strengths, and encouraging a person to utilize his or her strengths is something that can help clients reach goals and overcome difficulties.

Investigating the following areas of a parent's life can help a supervised visitation monitor identify that parent's strengths and needs:

- Physical health: Good physical health can help the parent endure stressors of life. Poor physical health, however, can limit a parent's ability to participate and be present in the life of the family.
- Psychological health: A parent's mental health is very important to managing the responsibilities and growth of the child. Good mental health allows the parent to support the child in multiple areas of his/her life.
- Cognitive functioning: The process of understanding ideas and concepts is a useful tool for a parent, especially when the parent is learning new and positive ways of communicating and disciplining his/her child.
- Social functioning and relationships: The ability to maintain healthy relationships with friends and family is important for a parent when creating a support system for the child. Care and support from friends and family is especially useful for a parent during times of emergency and crisis.
- Childhood history: It is important for a parent to understand his/her childhood history in order to recognize positive and negative parenting behaviors.

A supervised visitation monitor can also acknowledge strengths by discussing a parent or caregiver's:

- Interests, likes, and abilities;  
“Well, you do really like to sing. Maybe you and Oragine can sing during

visits sometimes. Do you have favorite songs at church?” (Perhaps you can provide the parent with some educational songs, too. *Days of the week* is a fun song for small children, sung to the tune of *Adams Family*. See appendix.)

- Hopes and dreams;  
“I’m glad to hear how focused you are on creating a good learning environment for your children. I’m so glad that you are reading to your children.”
- Coping mechanisms (especially as they relate to trauma histories);  
“It sounds like you used exercise and walking as a way to get through the death of your father. Do you think that would be a good way to help you cope through other difficult times?”
- Thoughts about a time when things went well. Ask what was different. “It sounds like the first time you stopped using drugs, things got better. You were able to get a job and finish your case plan. Do you think that strategy would work now?”



## **Family-Centered Practice**

The Department of Children and Families uses a family-centered model as a way to work with families in order to help parents to care for and protect their children.



Classified as a **strength-based approach**, family-centered practice focuses on the needs of children in their families and in their communities.

The family-centered model focuses on empowering families. There is a strong emphasis on:

- Family strengths
- Responsibility
- Parent autonomy, choice, and decision making
- Active participation by families with professionals

For our definition, “families” can include birth families, extended families, foster families, and adopted families.

#### The Four Components of Family-Centered Practice:

1. The focus of attention is on the family unit.
  - By working with the family unit, family-centered practice ensures the safety and well-being of the family.
2. Professionals emphasize the importance of families working well together. Each family member plays a part in the success of the family unit.
  - The focus is on the family’s potential to identify and follow through with responsibilities.
3. Families are involved in the process of establishing policies, services, and program evaluation.

- Family-centered practitioners work with families to design a program and set of services that works best for the family depending on cultural background and context.
4. Families work with comprehensive, diverse, and community-based services and support systems.
- Family-centered practice helps to increase the communication between families, service providers, and other areas of the community.

Supervised visitation offers many opportunities to use family-centered practice in order to enhance parent-child relationships. Modeling behavior for parents and children helps strengthen relationships and to encourage positive parenting strategies. Suggestions for supervised visitation monitors during sessions include:

- Give parents suggestions on how to interact with their children when they need help. This can help strengthen bonds between family members.
- Intervene if a parent becomes too violent, angry, or aggressive when interacting with a child. The monitor can do this by modeling positive parenting behaviors.
- Remind parents that they are their child's first teacher, and that they can have fun teaching their children!

This type of practice can enhance the relationship between parents and children and make supervised visitation more pleasant in the future.

### **Common Intervention Strategies**

Using the family-centered model, supervised visitation staff can implement the following strategies to better assess and work with families:

- Conduct individual and family assessments.
- Focus on safety with victims and children.
- Create visitation plans that are based on agreements/contracts which have been developed with each family.
- Seek court ordered services when parents are unable or unwilling to provide for their children's basic needs.
- Link families with community services and providers to help improve functioning.
- Offer visitation to parents who wish to have timely and successful reunification, and work towards this goal.



### **When does Parent Coaching and Modeling Begin at SV?**

Parent Coaching and Modeling happens whenever a supervised visitation monitor and a parent interact, and when a monitor demonstrates proper behavior for a parent. Modeling can be used in a variety of ways. The best place to start is during intake, which is discussed below.

## **Intake**

Intake serves many purposes. Intake is an opportunity to:

- assess the risks that exist for all family members\*;
  - e.g., trauma history, sexual abuse, domestic violence.
- educate parents about child development;
  - e.g., appropriate growth for child, appropriate foods, activities, and language to use with child, expectations for child behavior.
- educate parents about the visitation process;
  - e.g., rules for visitation, protocol for dropping off child for custodial parent, appropriate conversations and language to use with child and staff, importance of visitation for case plan.
- discuss goals of visitation with parents;
  - e.g., how it relates to the case plan
- assess parental capacity
  - e.g., asking parent how they discipline their child, assessing appropriate care (diaper changes, diet, safety).
- provide referrals to needed community services
- assess parental motivation to change;
  - See Readiness for Change below.
- help parents recognize their own strengths.

Certain aspects of intake provide opportunities for implementing modeling and parent coaching. Below is a description and explanation of how to utilize intake as an introduction to parent modeling.



### **Introducing Parent Modeling to Parents**

Intake is a time not only for parents to ask supervised visitation monitors questions about the visit, but for monitors to explain the procedures/rules for visits, and get an idea of how a parent would like visitation to proceed. Alerting the parent that you will be helping the parent during visits if he or she needs it gives the parent information up front. In order to focus on the strengths of the parent and family, and to empower the parent to make change in the relationship with the child (in a safer and more controlled environment), asking the parent how he/she would like modeling to be demonstrated is important. Asking the parent, “If I need to speak to you during the visit, would you prefer for me to talk in front of Jamie, or have a meeting with you in the hallway?” is a good way to have the parent participate in the coaching process from the outset. Of course, sometimes a monitor will need to act quickly and may not be able to abide by the parent’s wishes if child safety is an issue.

**Think about it**

If a child misbehaves, and a parent moves to slap a child, how should a monitor react? A monitor could respond in the following ways:

- Tell the parent directly that it is not okay to hit the child while at supervised visitation, which is a violent-free area.
- Model another way to discipline the child, such as talking to him/her about why the behavior displayed was unsafe, disrespectful, not okay, etc.
- Ask a parent to step out of the room for a moment, and discuss the issue with him/her directly.

Depending on the severity of a parent's actions, it may be necessary to remove a child immediately for safety reasons. But in some situations, one of these options will be appropriate.

Asking a parent at intake how he/she would like intervention situations to be handled is helpful to set the stage for later coaching. Some parents want to be informed of more appropriate ways to parent, some may just want to see an example of how to respond to a child in a different way, and others may be concerned about being corrected in front of their children.

### **Establishing Goals**

Establishing goals and desires from parents can be helpful. This can help guide modeling for parents and monitors, and shape the visit for whatever goals parents wish to achieve, or must achieve according to a case plan. Many goals and the achievement of these goals is will be rooted in the strengths of the parent/family. Some parents may be able to identify strengths more easily than other parents. And similarly, some parents will have more obvious strengths than others.

Example: A parent may have previously used violence to punish a child for getting bad grades in school. This is not a good way to encourage academic achievement, but this behavior might be the way the parent tried to show concern for the child’s performance in school. A monitor could focus on positive ways to encourage a child to do better in school.

“Even though hitting your child is not an appropriate way to punish him, you do seem determined to help him succeed in school. Can we explore some other ways to help him succeed and to do well?”

So many clients have never thought about how they are strong; they only think about (or have been told) how they are weak. Intake can also be a time to highlight these strengths and give parents the strength and self-confidence to participate in visitation and to accomplish goals complete their case plans. Be sure to ask parents at intake how they would like you to use coaching during visits.



### **Readiness for Change**

While parents and a supervised visitation monitor may be able to identify strengths and needs within a family, a parent may not be ready to make change. Even if a

parent knows he/she needs help with appropriate discipline methods, a parent may not be ready to actually learn, understand, and use these new parenting methods.

During intake, a monitor can talk with a parent or caregiver to assess motivation and readiness for change. Most often, supervised visitation has been ordered by a court, and therefore parents may lack the motivation to participate. It is important to judge readiness for change when working with a child and a parent or caregiver.

Researchers tell us that there are six stages of change:

1. Pre-Contemplation: Before the parent thinks of making a change.
2. Contemplation: The parent is thinking of making a change within the next few months.
3. Determination: The parent is deciding when and how to take action for change.
4. Action: The parent is actively taking actions to promote change.
5. Maintenance: The parent is continuing to maintain change.
6. Relapse: An old behavior returns because maintenance behaviors lapsed.

Readiness for change, or motivation, is directly linked to an individual's hope that change is possible. Some parents feel defeated by the "system" or feel like no one is trying to help them; they feel punished instead. Parents may be resistant to behaviors like modeling and parent coaching because they may feel threatened, corrected, or overly judged by supervised visitation staff. Discussing these issues with parents during intake can be helpful in order to avoid confrontation and put the focus on the relationship between the parent and child, instead of the parent and the monitor.

### **Assessing motivation and values**



To sustain change, goals must be consistent with a person's values and culture, and monitors should not try to impose their values on others. However, there are times when a court order, legal restriction, or professional value does not allow for certain behaviors of a parent or caretaker. For example:

A parent who dropped out in 8th grade may consider him/herself to be “doing fine” and not see school as important for the child.

A monitor could talk to a parent and say:

“I hear what you are saying; you don't think school was of value for you when you were growing up. However, studies show that children who finish high school and go to college have better job outlooks and financial success in the future than those who do not finish high school.”

### **Assessing how realistic goals are in combination with values**

Motivation is much more than compliance with a court order or case plan. Parents may be ambivalent or may avoid difficult tasks and may be less motivated for change because of their lack of hope in the system.

Some parents may have goals that are not feasible given the position they are in. For example, a parent may want to be reunited with a child, but unwilling to go to parenting classes as a part of their plan. A parent may say to the monitor, “My parents never went to parenting classes, and I turned out just fine.”

A monitor could talk to a parent and say:

“I understand that your parents did not go to parenting classes. But this is what the court has decided that you need to do if you want to be reunited with your child because of the choices you have made in the past.”

Other parents may simply say, “I don’t have time for this stuff.” Parents may be okay with the goals of the case plan (like parenting classes, for example) but may say that they have no time for it. Many parents feel this way because they have lost hope that things can change.

A monitor can say:

“It seems like you are comfortable with doing the parenting classes, but you have no time. Is there something else that you could take a break from so you can fulfill this? Doing parenting classes is a step in the right direction you’re your case plan, and will help you and your child reunify.”



## **Parent/Child Relationships**

Many visiting parents in supervised visitation may have had limited contact with their children for a period of time, may have not had a close relationship with their child in the past, or may have a complicated relationship due to a history of abuse, neglect, or domestic violence.

It is important to use intake as a time to evaluate the relationship between a parent and a child as to better understand family dynamics, strengths, needs, and concerns during visitation.

**When evaluating a child/visiting parent relationship, supervised visitation monitors can ask questions including**

- “What kind of activities do you like to do with Dylan?”
- “How would you describe your relationship with Betsy?”
- “What concerns do you have about supervised visitation when it comes to interacting with Daryll?”
- “How do you think Meagan sees you?”

Many parents arrive to supervised visitation feeling stressed, uneasy, frustrated, or tired. For many parents, both visiting parents and custodians, supervised visitation visits can cause even more stress or uneasiness.

In order to help reinforce positive parental involvement, like arriving on time, having a positive attitude, having a good session, a supervised visitation monitor can take just a few seconds to comment on behavior.

Some examples of things that supervised visitation monitors can say to custodians at the beginning of a visit are:

- “It’s so good to see you! I’m excited for this visit!”
- (to a small child) - “Well, your dad/mom helped dress you very nicely today!”
- “I’m glad you’re here early/on time, so LaTonya is ready for the visit.”

You can also reference something positive that happened last time you met. Some examples of things that supervised visitation monitors can say to visitors at the beginning of a visit are:

- “I was pleased to see that you and Jamal had such a nice time together last week! Let’s keep it up.”
- “I know we hit a rocky point last time we met, but today is a new day.”

Parents may also express their feelings to you, that they are tired, or upset, or frustrated. Supervised visitation monitors follow up with these responses to help parents cope with the difficult situations visitation presents:

- “I’m really happy that you seem to be having fun with Antonio.”
- “Well, I’m glad that you were able to come today so you can visit Mark.”
- “I know you’re tired/frustrated but I just wanted to tell you how much you’re improving your behavior/promptness during visitation.”

Sometimes, during visits, parents may become frustrated with children, or just not know what to say. When a parent is talking to a child about their day, how things are going, or what to do during visitation, supervised visitation monitors can say:

- “Last week, Jimmy wanted to play Monopoly. Does that sound like something you want to do today?”
- “Why don’t you ask Gladon about his report card he got yesterday.”
- “We have some new books this week. Would you like to read one to your daughter?”

These statements can be made to a child to help direct a parent’s language and behavior:

- “What game do you want to play? I don’t know if your dad has played these before!”
- “(Child), I know you didn’t do “nothing” at school today, so what did you do in science class?”
- “I’m sure your mom would like to hear that you learned to play soccer in school.”

Some visiting parents may not know how to interact with their children. They may have been separated from their child for some time, or have not had appropriate time to spend together.

Additionally, parents may not know how to interact with children during visitation. Asking parents questions about their child and interests can be helpful.



**When evaluating a parent’s competence in regards to child activities, a monitor can ask**

“So, Jameer is ten years old now. What do you think he would like to do with you during visits?”

- “What kind of games did you play with Shayla in the past?”
- “Do you know what kind of things Elena is interested in lately?”
- “What kind of things did you do when you were eight? Do you think Farrah would like to do those things?”

Referring back to the developmental tasks and activities for supervised visitation (in the Family Skill Builder eBook) can be a great way to encourage parents to spend time doing developmentally appropriate activities with their children.

Some parents may be unaware of appropriate activities to play with their children, regardless of how well they seemed to understand during intake. Parents may also not know how to react if a child misbehaves or becomes cranky or tired.

Some examples of what supervised visitation monitors can say to parents (or children) who may not know how or what to play:

- “Maybe Tasha would like to play Clue instead of play with blocks?”
- “I know Johnny mentioned he wanted to read one of the new books today, how about you read to him?”
- “Shayla, you are such a big girl. Why don’t you ask your dad to play Legos with you!”
- “Kyla, is there another game you would like to play? We have so many things you can do with your mom!”

Older children (around age 10 up to age 17) may have a harder time figuring out what to do during visitation. Below is a chart of activities older adolescence may find to be fun during visitation. Supervised visitation monitors can suggest these activities to children and parents who seem unsure of what to do.

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ACTIVITIES PARENTS CAN DO WITH OLDER ADOLESCENTS DURING SUPERVISED VISITATION	
INDOOR ACTIVITIES:	
Play a board game	Provide age appropriate board games like Life, Clue, Trouble, Monopoly, Checkers, Chess, or Stratego.
Cook something	.

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Craft	Make sure materials for arts and crafts are available at the visitation site. Decorating picture frames and refrigerator magnets, making origami shapes from folded paper, and the use of beads to make bracelets are fun activities parents and older children can do together.
Read a chapter book	Have chapter books in the reading area, and get the child to read to the parent and vice versa. Chapter books give everyone something to look forward to for the next visit. Encourage the parent to ask the child what they read and to hold a conversation about what will happen next in the following chapters.
Play the ABC game	Ask the child to pick a category, like “animals”. Have the parent and child take turns in 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	Encourage the parent to teach the child a different card game like Go Fish, War, Poker, or Rummy.
Read a book of mind teasers	Have mind teaser books and worksheets available at the visitation center. Encourage the parent and child to solve a teaser together and discuss the answers to completed puzzle.
Do a puzzle	Give the parent and child puzzles to complete. Have the parent ask the child questions about the best way to complete the puzzle in order to spark conversation.
Throw a football	Get a Nerf football or some sort of softer ball, and allow the parent and child to throw it around inside or outside. Make sure safety is a priority when doing any physical activity.
Play indoor golf	Try to roll small balls into cups turned on the parent or child’s side. The player with the fewest tries wins!
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	Decorate the visitation room with a variety of objects with different colors and shapes. Let one person pick an item in sight, and the other ask yes or no questions like “Is it blue?” or “Can you sit on it?” to guess what it is.
Get a book of Mad Libs	Mad libs help a parent and the child 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	Allow the parent and child to look up ways to fold paper to make airplanes, or make up their own ways.

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. Have the parent and child talk to each other in a new persona.
Do word searches	Buy a book of word searches, or print them from online. Have the parent and child look for words together.
Listen to music	Have music equipment available at the visitation site. Let the child and parent listen and share music they enjoy.
Indoor gardening	Create a garden! Have the parent and child plant seeds in paper cups with soil. Let them research how to take care of the plants, and when they sprout enough to be too big for the cups, they can plant them outside.
Write poems	Have the parent write silly rhyming poems about things the child is doing (going to school, playing soccer, or just things he/she are interested in) and laugh about the silly rhymes.
Make over	Give the parent and child cosmetic items and allow the parent and child to braid each other's hair, put on makeup, and paint each other's nails.
Decorate bags	Tote bags can be painted and drawn on for a cute purse for the parent and child, or a bag for books or toys.
100 Questions	Encourage the parent and child to ask each other questions about what has been going on in school, work, or how the other person feels on that day.
Write a book	Have the parent and child 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, there will have a great book they made together. Make sure to hole punch the pages, and tie ribbon to bind the book!
Make sand jars	Buy colored sand for the arts and crafts section of the visitation center. Have the parent and child put colored sand in clean baby food jars, layering it in how they want and put school glue on top to hold it in place. Allow the parent and child to decorate the jars and take the project home.
Make a collage	Place different (and appropriate) magazines out on a table. Get the parent and child to cut out pictures from the magazine, glue them on paper or cardboard, and make them as gifts for each other or to hang up at the visitation center.
Make a bucket list	Give the parent and child paper and pens. Ask them to write down things they want to do in life. It can be something as easy as going to



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	the zoo, or something as extreme as skydiving.
Make a dream vacation	Get a map or a globe and have the parent and child mark out the places they'd like to visit one day, and places the other has already been. Give them books about places they want to travel to read for the next visit.

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## Visits with Multiple Children

Parents with more than one child may find it challenging to spend time with both children, especially when they are far apart in age. While a game like Candy Land may be appropriate for a young toddler, a six year old sibling may become bored easily, and while a ten year old may be able to play a game like Monopoly, a four year old sibling will be lost.

When parents have more than one child they are visiting, intake can be used to ask questions like:

- “What kinds of games do Jeremy and Johnny like to play together?”
- “What games do you think both Sara and Mary would like to do?”
- “Can you think of any activities that would be fun for a three year old and a nine year old?”

It can be difficult to find activities for kids who differ in age, but many games can be altered for both ages.

For example:

- Candy Land can be played with younger children, while an older child can keep track of how many spaces are left, how far they need to go to win the game, how many cards have been played, and which color has been landed on the most.

- Books for younger children (for example, three and under) may be less interesting for an older child (five and up), but a parent can read a more advanced book to both children in a way they will both enjoy.
- Building toys like blocks, Legos, and Kinex can be used by children of different ages (as long as they will not choke on small pieces that may come in some toys). Older children can make more complex creations like buildings, cars, castles, or cities, and younger children can stack, sort, or play with blocks at their own age level.

### **Visit termination and urgent intervention**

It is important to be aware of any situations that may cause unnecessary trauma for a child (or parent), especially for children who may have a history of trauma from sexual, physical, or domestic violence, by the visiting parent or even another family member or adult. At times, modeling may be a less safe option, and removing the child from the situation and talking to the parent directly will be the best option for the family.



## **Children's Behavior During Visits**

While intake is a great time to discuss child behavior, these modeling behaviors and parent coaching tactics can be used during visits, after visits, and before regular visits.

### **Feelings Thermometer**

The feelings thermometer is a tool that is used to help children express their feelings they may have (especially during visitation), but it can also be a good tool for parents to understand when their child is acting out or misbehaving. Below is the Feelings Thermometer.

# How am I feeling today?

What can I do to feel better?

**STOP** and ask for help!

Take deep breaths, Count to ten, do something else, find a quiet space

Think of something happy, find something fun to do

Smile! You are feeling **GREAT!**

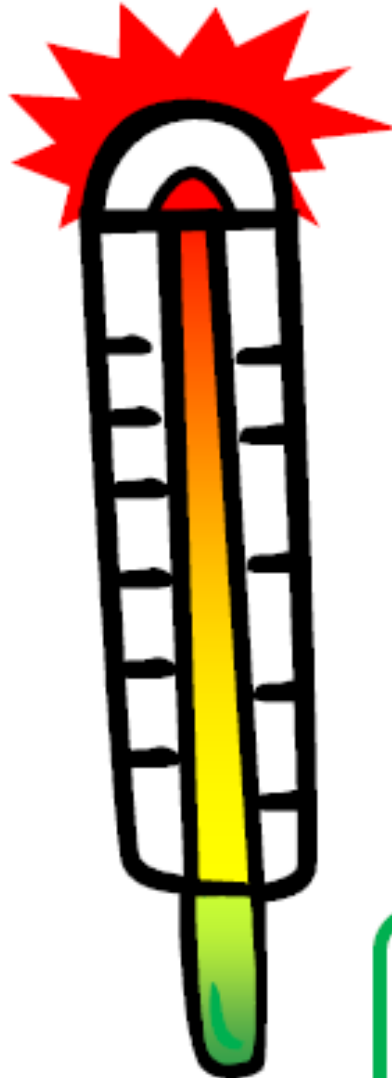
What words describe how I feel?

Angry,  
Furious,  
Very Sad,  
Anxious

Frustrated,  
Anxious,  
Annoyed,  
Upset

Nervous,  
Worried,  
Confused

I feel good!  
Happy, Relaxed,  
Content, OK



What should I do?

The Feelings Thermometer not only helps children cope with feelings, but gives parents an idea of how to react to children who are upset, what to say to them to help them cope with feelings, and how they can deal with their feelings. Parents may also find themselves using this tool for themselves as a way to reflect how they themselves feel.

## **Child Reactions to Parents**

### **Children with Abuse or Trauma History**

Visit monitors should think about each case before the visit, and consider the following dynamics:

#### Pre-School Aged Children:

- May have learned unhealthy ways of expressing anger and aggression.
- May be confused by conflicting parental messages in the past (Do as I say, not as I do).
- May attribute violence around them to something they have done (May blame themselves that Daddy isn't around anymore, that Mommy got hurt).
- May learn gender roles associated with violence (Boys are tough, girls deserve violence).
- May display regressive behaviors (bedwetting, difficulty or revert potty training, difficulty expressing feelings or engaging with parents).

#### School-Aged Children:

- May have concerns about the safety of their mothers because they were aware of past violence.

- May have learned gender roles associated with violence (men as violent, women as victims).
- May have learned to rationalize violence (alcohol causes violence, victims deserve abuse).
- May have poor grades and academic performance due to the distractions of trauma and violence.

#### Adolescents:

- May have few family skills for respectful communication due to past family violence.
- May have strained family relationships and conflicted feelings about their parents
- May be embarrassed by the violence or child welfare involvement with the family.
- May have used unhealthy coping mechanisms (drugs, alcohol, criminal behavior).
- May have difficulty developing appropriate, healthy, safe relationships.
- May be more influenced by negative messages about violence, gender roles, and stereotypes.

During supervised visitation, children sometimes act out, ignore parents, or defy their parents. Often, children in supervised visitation have witnessed violence committed by the visiting parent or may have faced abuse themselves.

Additionally, the custodial parent may have talked negatively about the visiting parent, causing conflicting and/or negative feelings for the child.

Children from violent homes are at risk for many negative developmental outcomes. This includes:

- anxiety;
- internalizing (e.g., not responding, depression, anxiety) or externalizing (e.g., “acting out”, disobeying, yelling, violence) problems;
- difficulty with emotion regulation and expression.

It is important not only for supervised visitation monitors to be aware of these possible negative outcomes, but also for parents to be aware that they exist.

Explaining these possibilities with parents is important.

If a child is acting out, misbehaving, or not responding to a parent, a supervised visitation monitor can say the following to help model for a parent:

- “Kevin, I can see you’re frustrated, but we do not yell during visits with your mom. Is there something we can do to help you calm down?”
- “Dani, this time is special, for you and your dad to play and talk. Would you like to answer your dad so you can have a good time?”

Often, these issues aren’t easily resolved, especially just during visitation. But giving children a chance to feel comfortable and know that they are safe and this time is for them can help them feel more comfortable during visits with a parent that may have been violent towards them or in front of them.

Behavioral issues can be on-going. It can be beneficial to speak with parents before or after a visit, reminding them of appropriate ways to discipline their child or how to react if the child acts out.

Some things a supervised visitation monitor can say before or after a visit to a parent in regards to discipline:

- What we’re doing is building trust between you and Brandy. She needs to see that you can be consistent, and that you can care for her.

- “We have discussed Shayla’s outbursts before. I think it would be helpful if you could cut in when she starts to have a tantrum and ask her to calm down for you.”
- “The past few weeks, Marquis has had some fits during your visit, especially when it comes to sharing. I think it would be helpful if you could talk to him about sharing when it comes up.”
- “I know you don’t see Jeremy often, but I think it would be helpful if you took on a parental role during visits by setting limits for him when he misbehaves.”

During the visit, if a parent does not seem to be reacting to poor behavior, a supervised visitation monitor can prompt a parent to intervene by saying:

- “Mom, remember what we said about sharing?”
- “Uh oh, Dad, looks like Marquis is getting a bit upset. Why don’t you try those new skills we talked about?”







## **Parent Reactions to Children’s Behaviors**

Visiting parents may not understand why children, especially toddlers and infants, behave in certain ways. Often, children will act in ways that is disruptive or negative – but this behavior is not intentional or directed at anybody. Remember, the Family Skill Builder addresses child development in detail. Use it to educate parents about their child’s normal developmental phases.

During visits, parents may say things like “Chrissy is pushing my buttons” or “Morianana is trying to get back at me.” Comments that blame the child as though he or she has created a strategy to irritate the parent should be corrected and redirected. Parents who have this sort of response need additional information about child development. **(Also see the above Feelings Thermometer for more help.)**

Some things supervised visitation monitors can say to parents when children misbehave include:

- “Oh, the terrible two’s. They are so cute, but those tantrums! It’s hard because they have so much to say but they don’t know how to say it!”

- “It’s okay, Lanisha. It’ll be okay. (soothe young child or baby). Dad, why don’t you talk to Lanisha?” Babies get unsettled and upset sometimes. They need to be soothed.

Parents may be opposed to certain parenting behaviors. They may say things like “my parents never did this” or “parents are too soft on kids these days, my parents taught me tough love.” While parenting philosophies may differ, it is important for both parents and supervised visitation monitors keep in mind the goals of visitation and case plans.

Supervised visitation monitors can say the following:

- “Well, we’re here to work on your case plan. Let’s work on making visits successful and follow the program rules so that you and your son can have a good visit.”
- “This may not be how you were raised or what your parents did, but we want you to succeed at your case plan today. There is so much positive that can happen at visits. This will make your relationship better in the long run.”

Some examples of what supervised visitation works can say to parents who may not know how to react to a cranky or tired child.

- “Donnie seems really tired and kind of cranky. Would you like to do a more relaxed activity, like read a book together?”
- “It seems like Megan is a bit grumpy from being tired. Would you rather color on some paper instead of playing the game you’re playing?”
- “Kayla, it’s okay. Your dad knows you’re tired, maybe he’d like to do something quieter with you. Would you like to read this book together?”

**Don't forget the WHY. Explain WHY you make the suggestions to parents. It may be obvious to you, but the WHY is important to parents who have low skill sets.**

### **Call the Clearinghouse**

Every case has unique challenges. When monitors have prepared for the visit, have helped the parent build new skills and understanding, and have worked to coach and model the parent, the family has a new chance to grow and learn healthy behavior together at every visit. Feel free to call the Clearinghouse if you have specific questions about how to respond to a family's needs.

### **Test Your Knowledge!**

Take this quiz to see what you have learned from the training.

1. BPT has been recognized as the best practice for intervening in childhood conduct issues, and increasing parenting skills. What does the acronym BPT stand for?
2. \_\_\_\_\_ is the act of giving/showing a parent an example of positive behavior.  
a) Reinforcement   b) Modeling   c) Goal Setting
- 3) The instructing of a parent on how to perform a positive behavior when a negative one has been displayed is better known as *correction*.  
a) True   b) False

4) The \_\_\_\_\_-\_\_\_\_\_ practice focuses on empowering families when a social service monitor or agency provides services. This theory also represents a strengths-based model of practice.

5) The opportunity for parent coaching and modeling can happen:

- a) whenever the supervised visitation monitor and parent interact
- b) only during intake
- c) during visitation with child, parent, and supervised visitation monitor.

6) What tool can be used to help a child express their feelings they may have (especially during visitation), and for parents to understand when their child is acting out or misbehaving?

7) The 6 stages of change include the following **except**:

- a) pre-contemplation b) contemplation c) determination d) action e) rebuild f) relapse

8) Pre-school aged children with abuse or trauma history with a parent may display regressive behaviors like bedwetting or difficulty potty training.

- a) True b) False

**Answers:** 1. Behavioral Parent Training 2.B 3.A 4. family-centered 5. A 6. Feelings Thermometer 7,E 8. A

Appendix:

**Days of the week** can be sung to the tune of the *Adams Family*

“There’s Sunday and there’s Monday, there’s Tuesday and there’s Wednesday, there’s Thursday and there’s Friday, and then there’s Saturday. Days of the week” –snap fingers twice. “Days of the week” –snap fingers twice. “Days of the week, days of the week, days of the week.” Snap snap.

**ATTACHMENTS!**

Don’t forget to read the attachments. We’ll be referring to them in the next phone conference!