



2013 EPRESS

Time to sign up for Florida KidCare

Florida KidCare is low-cost health insurance through the state available to children up to age 18. The program has been in effect for the past 15 years. Florida KidCare covers doctor visits, vaccinations, surgeries, prescriptions, and other medical services. Florida has one of the highest rates of uninsured children in the nation – with close to 475,000 children uninsured. However, in the past three years, there has been a decrease in the number of uninsured children. In addition, the number of children signed up with Florida KidCare has increased from 1.4 million to 2.1 million. The majority of families with Florida KidCare pay low premiums, and some even receive free coverage. In addition, families not eligible for support have the option to pay the full cost of the insurance. There is a mobile app available to the public called “FL KidCare” which gives information on the Florida KidCare program and information on how to sign up <http://www.floridakidcare.org>.

1-888-540-5437
TTY: 1-877-316-8748

Questions and Comments from Directors

Comment sent after the phone conference on August 22, 2013 about dangerous cases:

Director says: I had also wanted to comment (during the phone conference) that we shouldn't lose sight of the fact that even in cases where there was no previous violence, the situational emotions associated with restrictions to supervised time with children is enough to provoke

some to extreme measures. We had seen that happen many years ago when parties were referred for supervised visitation for the mother to take place in her home; she jugged a chair at the bathroom door so the observer couldn't get out and then the parent abducted the child. We have discouraged judges from doing that [ordering visits at a parent's home] ever since and will not participate in any cases with referrals outside of the provider's office. Just wanted to let you know my thoughts.

Questions:

After the New Hampshire murder, we want to change our policies. What do you think is the best way for us to tell our existing clients? Do we have to do a new intake?

That depends. Handle this directly and forthrightly. Your program schedules visits over the phone. Tell clients that you have made policy changes based on security issues, and that your program is alerting all clients. If they accept the changes, you don't need to do a new intake. I realize that re-doing all intakes might take a lot of time, but that time will be a good investment in making clients feel comfortable with your changes. Most important: assure your clients that the rules apply across the board. People tend to feel unfairly singled out if they mistakenly believe that the rule applies only to them. A good practice would be to have the parent sign a form that acknowledges the changes, and to keep this form in the case file.

My judges want us to investigate using breathalyzers. Does anyone else use them routinely?

We asked, and found no one who uses breathalyzers routinely. If anyone who does use breathalyzers reads this, please let us know.

If a father has custody of two children by different mothers, can the mothers visit the children at the same time?

There is no rule against it, but be sure to talk to the mothers separately about this issue. I understand that the half siblings might be more comfortable with the visit if they are together, but you do want to help the mothers develop parenting skills and give them focused time with their own children. Also, please do remember the challenge of having one monitor supervising, listening, watching, and documenting two different visits within the same visit. When you intervene with one mother, you lose focus on the other mom. This is a security issue and deserves serious consideration. Also, please remember that in dependency cases, the decision to visit concurrently would be up to the case manager!

Coping with Stress in the Family and in Workplace

Introduction

Life is stressful for most people at some point, even without trauma! Coping with stress is a very important skill for individuals and families to learn. Stress is a regular part of life; therefore it is important for all individuals to develop skills to cope with stress when it is unavoidable and to learn skills to prevent stress. Child protection workers are in a profession that may bring additional stress into their lives, often called “compassion fatigue”. In addition, they are in a unique position to talk to families about stress and how to cope with it. This training allows child protection staff to learn about healthy coping skills for handling the stress that they may encounter in the workplace, and to be able to discuss coping with stress with families.

Objectives

After having completed this training, individuals should:

- Learn about why stress prevention is important in families and for child protective workers.
- Learn the major causes of stress.
- Understand the negative effects that stress has on the body.
- Identify ways that child protection workers can talk with family members about ways to handle stress.
- Identify ways that child protection workers can handle stress that they may develop.

Causes of Stress

According to a 2012 study, the American Psychological Association found that some of the top causes of stress were the following:

- money
- work
- family responsibilities
- relationships

With both family responsibilities and work listed as major causes of stress, families and child protection workers are at risk for experiencing stress because of their association with these topics.

Effects of Stress on the Body

While stress is unavoidable, continual stress can have many negative effects on the body. Some negative effects are listed here.

- feelings of anxiety
- fatigue

- upset stomach
- muscle pain
- sleeping problems
- headaches
- depression
- obesity



Handling Stress in the Family

When considering the negative ways stress can affect a person, it is important for child protection workers to take opportunities to talk with families about healthy ways of coping with stress to avoid long-term problems. Listed below are some ways that a child protection worker can instruct families – parents and children included – on how to cope with stress to avoid feeling overwhelmed.

For Parents

Child protection workers can help parents identify ways to cope with and avoid stress in their lives. Below are some strategies to help parents identify ways to cope with stress.

- Encourage parents to seek support from family members, friends, and social connections: It's important for parents to use their social connections when they feel stressed. Social support can both act as a way for a parent to discuss his or her emotions, and also may provide a parent with some help handling the stress they are experiencing.
- Encourage parents to engage in fun activities: When experiencing stress, it may be easy for parents to become stuck in a situation.
 - Encourage parents to make time to go out and do a fun activity. Going to the park, beach, movies, or just a walk around the neighborhood can help a parent clear his or her head and spend some time bonding with his or her family.
- Talk with parents about the importance of staying healthy: Having already discussed the negative effects stress can have on the body, it's important for parents to actively try to stay happy and healthy.
 - Talk with parents about the importance of keeping a healthy diet, exercising, sleeping, and taking care of one's self. Exercising can also be a way to cope with stress; activities such as yoga, jogging, or swimming may help a family member relax.
- Discuss ways parents can take personal time: It can be easy for parents to get caught up in daily tasks and not be able to take time for one's self. It may be



helpful for child protection workers to discuss ways to take personal times with parents.

- Sitting down and listening to music, reading a book, napping, adopting a healthy hobby, getting a massage, or meditating are all activities a parent can do to build some personal time into his or her schedule.

For Children

Children will sometimes handle stress in different ways than adults. It's important for child protection workers to discuss appropriate ways for children to handle stress with their parents. Below are some strategies to help parents learn more about the stress children experience and how to help children better cope with stress.

- Encourage parents to comfort their children: Some children will act out when they experience stress and it's important for children to feel supported by their parents. Talk with parents about how to comfort children when they become overwhelmed by stress and act out in a tantrum and become very upset. This may include holding the child, and quietly telling the child that everything will be okay.
- Help children find activities to cope with stress: Discuss ways children can deal with some of the stress they experience with the children and their parents.
 - Children may identify sports, clubs, arts, or other activities that comfort them when they are experiencing stress. Open up discussion between parents and children to talk about how the parents can help the children cope with this stress. This may include signing a child up for a sports team or talking to the child about different clubs available at his or her school.
- Encourage parents to help their children stay healthy: Just as with parents and professionals, it's important for children to stay healthy in the face of stress.
 - Encourage parents to help their children get enough sleep, eat healthy foods, exercise, do activities, and take care of themselves. Parents can help the child by providing healthy meals, setting a child's bedtime, taking a walk or playing a game with the child, and making sure the child takes care of his or her self physically.



Handling Everyday Stress in the Workplace

Child protection staff (including supervised visitation staff) work in a high-stress job, so it is also important for them to find healthy ways of coping with the stress they may encounter in this work. Listed below are some ways that a child protection worker can cope with the stress of his or her job.

- **Maintain Social Connections Outside of Work:** It's important to maintain relationships outside of work. Having a healthy support system allows a person to have positive social interactions and enjoy activities with friends and family. Spending time with social connections, such as friends and family, allows a person to keep his or her mind off of work when he or she is not at work.
- **Stay Healthy:** As with handling stress in the family, child protection workers should also actively try to stay happy and healthy to avoid the negative effects of stress.
 - This means keeping a healthy diet, exercising, sleeping, and taking care of one's self. Exercising can also be a way to cope with stress; activities such as yoga, jogging, or swimming may help a person relax and burn off some energy.
- **Maintain a Normal Routine:** It's important for a person to stay on a normal routine.
 - When a person sticks to a normal routine, he or she learns generally what to expect from the day. This allows the person to feel comfortable in his or her routine, as opposed to being overwhelmed by changes.
- **Keep Work at Work:** Child protection workers handle difficult cases, and it can be easy to allow the emotions associated with those cases to follow a worker home. It is important for these workers to try and keep work at work.
 - Keeping work at work allows a person to avoid the stress of work problems at home, and rather use his or her home life as a place to recharge and develop healthy stress-reducing activities.
 - Some activities a worker can do are listening to music, taking a walk, reading a book, getting a massage, doing yoga, spending time with friends and family, playing a sport or enjoying a hobby.



Conclusion

Stressful events are a part of life. Everyone will encounter them. Therefore, it's important for individuals to actively try to develop healthy coping strategies before those stressful events occur. Coping with stress is especially important for families and for those working with families. Using the tips discussed above, individuals can start to incorporate healthy coping skills into their lives now to help reduce some of the stress they may experience in the future.

References

<http://www.apa.org/news/press/releases/stress/2012/impact.aspx#>

<http://www.cdc.gov/features/handlingstress/>

<http://www.apa.org/news/press/releases/stress/national-report.pdf>

Beyond Every-Day Stress: Secondary Traumatic Stress

Introduction

Individuals who work with children and families typically experience some stress, but those in high-stress positions are at risk for Secondary Traumatic Stress, or STS. Secondary Traumatic Stress occurs when an individual working with children and families is **exposed to the trauma** that those children or families experienced. This training provides some information on Secondary Traumatic Stress, how it affects individuals who work with children and families, ways to prevent and cope with it, and safety concerns associated with STS.

About Secondary Traumatic Stress

Secondary Traumatic Stress is stress that affects an individual after he or she has been exposed to the traumatic experiences of another, specifically in an occupational setting. Individuals who work with children and families encounter many difficult and traumatic stories. Some

individuals will be affected by these traumatic stories and will experience STS. Because workers hear traumatic stories from families consistently as part of their jobs, they are at a high risk to experience STS. Recently in supervised visitation programs in Florida, staff members have faced referrals of cases in which terrible tragedies and crimes have occurred. For example, one child was so malnourished by her mentally ill mother that she suffered a stroke at age one. Another child was tortured by her parents. A mother was stabbed by her former boyfriend and will never fully recover. Working with these families and others with similarly horrific stories can create STS in workers.



How Secondary Traumatic Stress Manifests

Secondary Traumatic Stress may cause a range of responses in workers. Listed below are examples of ways secondary traumatic stress may manifest in workers, both in and outside of the work place.

- PTSD symptoms
- Lower work morale
- High burn out rates
- Becoming sick more frequently
- Less effective workers

- Feelings of isolation
- Feelings of being overwhelmed
- Feelings of shame

Ways to Prevent Secondary Traumatic Stress

Because Secondary Traumatic Stress is such a risk to individuals working with children and families, it's important that the workers and the agency administrators take steps to recognize, prevent and cope with STS. This can be done through a variety of ways.



What Administrators Can Do:

- Offer trainings on STS to new employees, as well as special trainings periodically. These trainings should include information on what STS is, how STS affects workers, how workers can recognize signs of, avoid and/or cope with STS, and ways that workers can ask for help if they experience STS.
- Assign workers balanced caseloads that are not overwhelming.
- Ensure that you provide consistent supervision and offer helpful and applicable information to workers that may be useful. This should be done with the goal of being helpful and respectful.
- Allow workers to have more flexibility in determining their schedules, as well as sufficient vacation, sick, and personal time in order for them to be able to handle stress.

What Workers Can Do:

- Use supervision as a time to discuss issues with your supervisor and seek advice for issues you may be dealing with.
- Avoid materials that may be traumatic outside of work, such as TV shows, movies, books, or other media outlets.
- Work on building healthy relationships outside of work. Spending time in healthy relationships allows individuals to feel supported and have activities to do with this social support network.
- Do activities that help you feel at peace, such as meditation, yoga, prayer or other faith-based activities, running, etc.
- Try to know your own limits. If you're working with a family and becoming overwhelmed, seek out help and advice from a supervisor.
- Ensure that you provide yourself with sufficient self-care by doing activities that you enjoy and taking care of yourself.

Safety Concerns as Causes of Secondary Traumatic Stress

Beyond simply hearing traumatic information, different factors affect how workers may encounter STS. Some of these factors include the following.

- Workers feeling unsafe in their environments.
- Workers feeling unsafe with the families they work with.
- Workers who must work in dangerous situations.
- Workers who are put in confrontational situations.

For this reason, it is important for administrators to ensure that workers feel as safe and comfortable in situations as they are able in order to prevent STS. Administrators can institute safety measures to help decrease STS by helping workers feel safe. Some safety measures include the following.

- Having a buddy system for when workers feel they're in a dangerous situation
- Having officers escort workers in difficult situations
- Having controlled access to therapeutic areas
- Having trainings on when to discuss traumatic information with fellow staff members.
- Having adequate supervision
- Having security procedures and personnel.

Final Activity

Having learned about STS, try this activity at a staff training to discuss the information covered here as a group.

First, consider a case that you think might contribute to STS in an agency. Using this case, have a staff training where everyone can come together and talk about this case and STS.

Next, read the case and identify factors that may make this case one that would cause STS for the worker assigned to it. Look for traumatic and stressful factors that may impact the worker and discuss these in the group.

Finally, identify ways that the workers can cope with potential STS and prevent STS in the case you examined. Encourage the workers to share ways that they personally have dealt with STS in the past and suggest other healthy ways. This allows the staff to look at the case, identify problematic elements, talk about how it might affect them, and plan in the future of how they might handle the case and their own personal responses.



Conclusion

Because individuals that work with children and families are at risk for experiencing Secondary Traumatic Stress, it's important for the individuals and their supervisors to work at preventing STS and identify ways to help when STS occurs. This training has provided some information on what STS is, how it affects workers, how it can be dealt with or prevented, and other safety concerns associated with STS. Using this information, workers and administrators alike can go forward and work to build an agency that both handles STS well.

References

http://www.nctsn.org/sites/default/files/assets/pdfs/newsletters/impact_summber_2013.pdf

<http://www.cwla.org/voice/0903stress.htm>

Dual Diagnosis: The Intersection of Mental Illness and Substance Abuse

In the next phone conference, we will discuss new research on this issue. Here are the basics.

By Chad Dunn and Ember Maselli, MSW

Introduction

Mental illness and substance abuse often co-occur – they affect people at the same time. The co-occurrence of these conditions is often called dual diagnosis; though, there is some debate about the usefulness of this term. Within the supervised visitation setting, you likely have clients that are known to have one of these issues. Therefore, you should be knowledgeable about the co-occurrence of these conditions.

Objectives

Upon completion of this module, a supervised visit monitor will be able to:

1. Define dual diagnosis.
2. Know the prevalence and rate of dual diagnosis.
3. Understand how dual diagnosis affects clients.
4. Learn why the two conditions co-occur.
5. Recognize the symptoms of dual diagnosis.
6. Learn how to help clients you suspect may have dual diagnosis.



7. Practice with case scenarios.

History of Dual Diagnosis

- The interaction between these two groups of disorders, mental illness and substance abuse, was neglected for a long period owing in part to the historical separation of mental health and addiction treatment services.
- 'Dual diagnosis' was introduced in the 1980s to draw attention to the problems of individuals suffering from severe mental illness and substance use. The term was used to hopefully create more recognition and treatment options for those suffering from a dual diagnosis.
- The term 'dual diagnosis' has become more popular, and at least three new journals on the subject have been introduced (Mental Health and Substance Use: dual diagnosis; Journal of Dual Diagnosis; Advances in Dual Diagnosis).
- While recent research and popular literature have seen the growing use of the term **dual diagnosis**, some argue against using the term because:
 - The term has been used to refer to people with other combinations of illnesses, such as individuals with mental illness and developmental disabilities, or with more than one mental illness, like depression and anxiety.
 - Some individuals experience more than two disorders, such as substance abuse, bipolar disorder, and anxiety.



What is Dual Diagnosis?

For the purposes of this training, dual diagnosis is when a person suffers from both a mental illness and a substance abuse problem. The individual has a diagnosis under two categories: mental illness and substance abuse. It may refer to individuals with more than one mental health or substance abuse diagnosis.

Dual diagnosis covers all forms of co-occurring substance abuse problems and mental illnesses defined by the Diagnostic and Statistical Manual (DSM). Some common examples of mental illnesses included in dual diagnosis are depression, anxiety, schizophrenia, and bipolar disorder. Under dual diagnosis, substance abuse refers to any alcohol abuse, illicit drug abuse, prescription drug abuse, or dependence.

Though dual diagnosis concerns the co-occurrence of two conditions, either condition may develop first. For example, a person with a mental disorder may turn to substance abuse as a

coping mechanism, or a person with a history of substance abuse may develop emotional and mental problems due to the abuse.

Prevalence and Rate of Dual Diagnosis

A person with a mental illness or substance abuse problem is at a significant risk of developing the other. The following are some statistics that underscore the frequency of dual diagnosis.

- 9.8 million adults with any mental illness also have substance use dependence
- 51% of people with a mental disorder had at least one substance abuse disorder
- 65.5% of people with a substance dependence disorder had at least one mental disorder
- 55.8% of people with dual diagnosis receive NO treatment for their conditions
 - Only 7.4% receive treatment for both conditions
- Adults with any mental illness are more likely to binge drink (30% compared to 24%) or use alcohol heavily (10% compared to 7%)

Dual Diagnoses in the News:

Before we look at the impact of dual diagnosis on supervised visitation, read the following articles regarding dual diagnosis in the news:

In Juneau, Alaska, a resigned police officer was sentenced to 10 years in prison for firing multiple shots at police officers. In his statement, Wilson testified that he had been hospitalized for dual diagnosis: he suffered from depression and alcoholism. Five years prior to this offense, Wilson attacked a fellow police officer while on the job.

To read more, visit: <http://m.juneauempire.com/local/2013-07-19/ex-cop-troy-wilson-gets-9-years-shooting>

A man murdered two people and attacked a third during a robbery in 2008. He is bipolar, suffers from a personality disorder and is addicted to several substances. During a previous prison sentence, he had shown improvement when taking antipsychotic medication and antidepressant drugs; however, he stopped taking his medications after being released from prison, prior to this incident.

To read more, visit:

<http://tbo.com/pinellas-county/lawyers-argue-over-life-or-death-in-st-pete-store-killings-20130804/>

A man tells a story of his son in a newspaper article: "My son has been in and out of jail over the past several



years for charges such as threatening act of violence, malicious injury, assault with a dangerous weapon, violating probation, four protective orders filed against him other than myself for striking," his father wrote in his petition for a protective order.

"I know that as soon as he is released from jail, he will return to his pattern of drug abuse, which makes him very unpredictable," his father wrote.

To read more, visit: <http://1600kush.com/story.php?id=6255§ion=1>

Convicted murderer Patrick Gott showed significant improvement after his mental illness was stabilized with medication and he no longer had access to drugs to feed his addiction. The months leading up to the murder, Gott revealed that he suffered from delusions, and he would only leave his home to get groceries and water. Gott stated he abused marijuana, cocaine, and alcohol.

To read more, visit:

http://www.nola.com/crime/index.ssf/2013/07/mentally_ill_killer_cant_leave.html

How Does a Dual Diagnosis Affect Clients?

Dual diagnosis affects many aspects of a person's life, including feelings, mood, behavior, and social interaction. When one member of a family has dual diagnosis, that member can be a strain on the entire family relationship due to difficulties with finances, maintaining employment, physical health issues, and social functioning problems. It is important for supervised visitation personnel to be able to identify this issue in order to assist the person in getting help, which will improve the family relationship.

Supervised visitation personnel should also be proactive for safety reasons. Persons with dual diagnosis have been identified as being more likely to commit violence. Substance abuse paired with mental illness can cause violence to become more frequent and more lethal.

Why do Mental Illness and Substance Abuse Co-occur?

Mental illness and substance abuse frequently co-occur for a variety of reasons, including stress, trauma, genetics, and brain deficits.

- Clients with mental illness, stress, or trauma may use substances in order to self-medicate. In turn, self-medicating can increase vulnerability to mental illnesses.
- Research has shown that addiction and mental illness share common genetic traits. Thus, some people are at risk for developing either condition from birth.
- Mental illness and substance abuse affect similar areas of the brain. Because similar brain areas and functions are affected, the development of either mental illness or substance abuse can significantly impact the development of the other.

- Some people use alcohol and other drugs as a coping mechanism for events in their life. A victim of, for example, child sexual abuse or domestic violence may numb his/her feelings with alcohol or drugs. At the same time, that individual may experience depression, anxiety, or other disorders like PTSD as a result of the same traumatic experiences. The substance use and mental illness are caused by trauma from the past.

How to Recognize the Symptoms of Dual Diagnosis

The symptoms of mental illness and substance abuse overlap, which can make identifying dual diagnosis difficult. Symptoms such as depression, paranoia, anger issues, erratic behavior, social withdrawal, moodiness, and sudden mood swings are shared characteristics.

Some physical symptoms include:

- Nausea and vomiting
- Slurred speech
- Bloodshot eyes
- Sweaty palms
- Shaky hands
- Hyperactivity

The following are indications that a client may have a mental illness.

- Delusions
- Hallucinations
- Suicidal thoughts
- Irrational fears
- Overly anxious
- Withdrawn
- Sad or down

These may cause clients to:

- Fail to make visitation visits
- Become forgetful
- Hide or lie about substance use
- Continued substance use despite negative consequences
- Inability to maintain employment

How to Help Clients with Suspected Dual Diagnosis

Your job as a supervised visit monitor is to create a safe environment, to report potential problems, and to improve the family relationship. The best way you can do this for a family with a member suffering from dual diagnosis is to alert the case manager, refer the client to a



treatment facility, and/or encourage the client to seek help. Dual diagnosis requires professional treatment.

Because enabling is a common problem with substance abuse, the entire family may need to be involved in the treatment program. Enabling is when a person, such as a family member, allows, tolerates, or even facilitates the substance abusers destructive behavior. Enabling comes in many forms and is not just the act of helping an abuser acquire substances. For example, an enabling family member may cover for the abuser's bad behavior, such as making excuses for a missed visitation appointment. When the entire family participates in recovery, trained professionals will be able to help the abuser and enablers.

Case Scenarios

Scenario One:

You have been working with Dan, who has a history of depression and is currently taking anti-depressants. During his visit last week, Dan showed up with red eyes and slurred speech. When you asked Dan if he was alright, he claimed that he was only tired. The next week, Dan comes in for a visit with his son, and Dan is having trouble walking. You think he smells like alcohol, and you ask him if he has been drinking. Dan gets very angry and denies drinking.

1. What are some warning signs that Dan is exhibiting?
2. How should the supervised visit monitor respond to the situation?
3. What are some possible safety concerns for Dan? His son? Visitation staff?



Scenario Two:

Rita's daughter was removed from her care due to drug possession charges. Rita has had clean drug tests since her child was removed. However, during her recent visits, you notice that Rita is fidgety and constantly looking over her shoulder in a nervous manner. When you ask her how she is doing, she says she is scared that someone is watching her and that someone may be trying to steal away her daughter.

1. What are some warning signs that Rita is exhibiting?
2. How should the supervised visit monitor respond to the situation?
3. What are some possible safety concerns for Rita? Her daughter? Visitation staff?

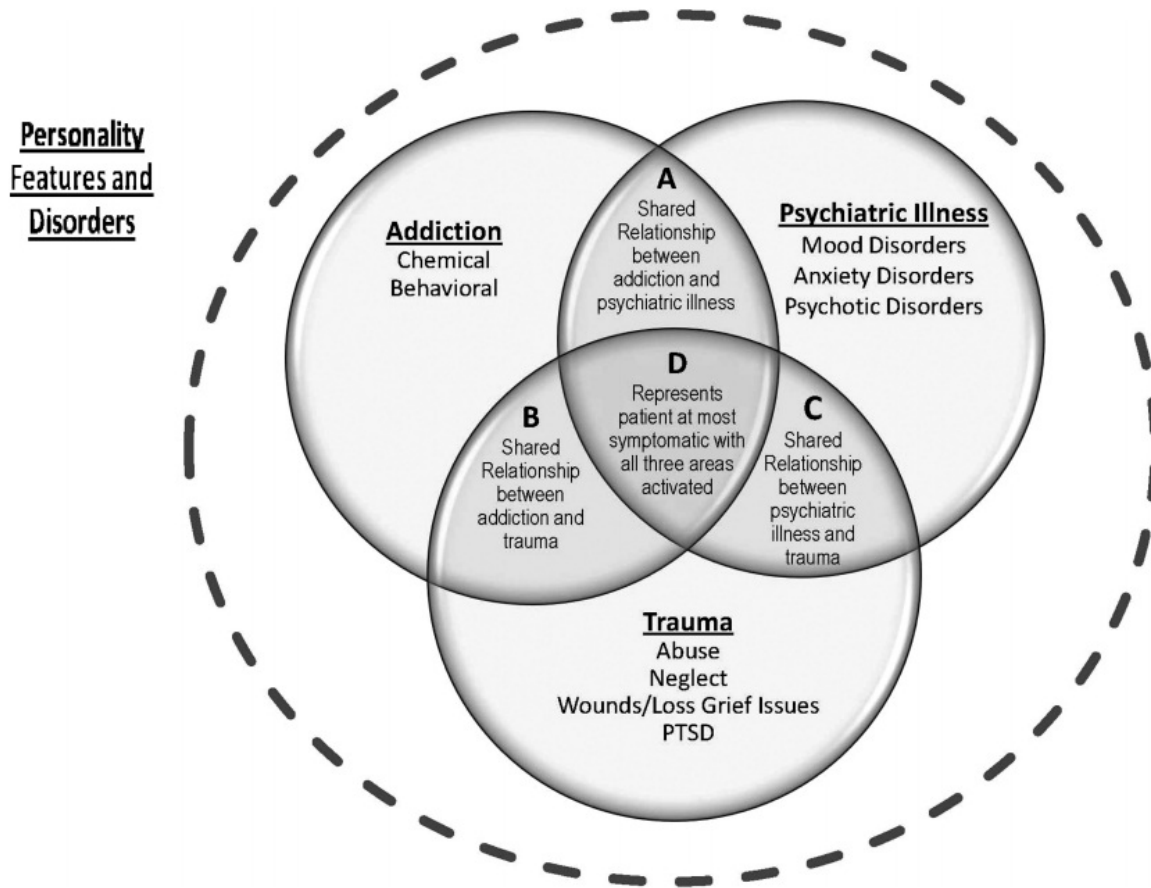


Figure 1. A Venn diagram heuristic for working with co-occurring disorders and trauma. Julio I. Rojas, Ph.D. Copyright, Board of Regents of the University of Oklahoma, 2012.

Conclusion

Your role as a supervised visit monitor is critical to the success of the family because research has shown that the more risk factors a family is exposed to, the higher the risk to the child's welfare. When a parent suffers from just one condition, such as substance abuse, mental illness, or domestic violence, the child is at risk, but that child's risk increases when multiple factors are present. Therefore, identifying dual diagnosis is one way you can be a part of the family's success.

Julio Rojas has developed a Venn Diagram that captures the overlapping aspects of dual diagnosis.

Resources

The following link can be used to find a treatment center in your area.

<http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx>

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12. <http://archpsyc.jamanetwork.com/article.aspx?articleid=209545>

Red Flags: Things to Consider When Interviewing New Interns and Volunteers



Introduction

There are many different opportunities for individuals to learn about supervised visitation through internships or volunteer experiences. However, while working as an intern or volunteer is a valuable experience, it is also important that directors carefully select individuals for these positions. When interviewing interns and volunteers, it is important to watch for potential red flags in new applicants.

Red Flags for Intern Applicants

There are many different ways that a supervised visitation staff person can look for red flags when interviewing and considering an intern. Below is a list of some tips to ensuring you're selecting the right intern.

- **Contact the applicant's references:** Even for interns, your organization should have an application and request references. Do not just collect the references, contact them! A shaky recommendation from a person the applicant listed as a reference is a big red flag.

🚩 Here are some reference red flags:

- The reference does not give a firm or confident recommendation.
- A previous employer is hesitant when asked about rehiring the applicant.
- An applicant with previous work history does not list any former managers as references, only personal references or co-workers. This could be an indication that the applicant is trying to conceal something.

- **Check the applicant's resume closely:** The resume allows you to look at the applicant's work history and education, as well as look for content errors, misspelled words, or other mistakes. Verify the information listed to ensure the resume does not contain false information. Check to see if the applicant's qualifications fit the internship.



- **Watch for red flags in an interview:** During the interview, you should watch for red flags that may come up. Below is a list of items that may be considered red flags.

- 🚩 The applicant shows up late for the interview.
- 🚩 The applicant is dressed inappropriately.
- 🚩 The applicant uses unprofessional language.
- 🚩 The applicant lacks enthusiasm or does not seem interested in interning.
 - *The internship is an opportunity to learn, and the applicant should express interest in working for your organization.*
- 🚩 The applicant is unfamiliar with your organization or the duties of the internship.
 - *This also shows a lack of interest in the position.*
- 🚩 The applicant seems overly-concerned about pay.

- *This may indicate that the applicant is more interested in a paycheck than being a part of your team.*
- 🚩 The applicant is unpleasant, rude, or hostile.
 - *The applicant should be putting his or her best foot forward in an interview. Unpleasant behavior at this time is a sure sign of things that will happen if hired.*
- 🚩 The applicant is unable to give details when asked about previous work history.
- 🚩 The applicant bashes former employers or co-workers.
- 🚩 The applicant has negative motives or a negative agenda for wanting the position. Here are some examples:
 - *The applicant is disgruntled with the court system*
 - *The applicant wants to “get back” at a certain group through supervised visitation.*
 - *The applicant has a personal relationship with someone who is currently in visitation and wants to assert influence.*
- 🚩 The applicant does not have any questions for you.
 - *This can show that the applicant has not done any research about your organization, or the applicant is not truly interested in the position.*



- **Follow up on the applicant’s information:** Once you’ve selected a candidate, make sure to follow up on all of the information that he or she has provided you with. Below is a list of items to consider for follow up.
 - ✓ Request Transcripts to verify G.P.A. or degrees conferred.
 - ✓ Conduct a background check.

Red Flags for Volunteers

As with interns, it is also important to look for red flags when interviewing and considering potential volunteers.

- **Conduct an Interview:** You should conduct an interview and have volunteers submit an application and references. Below are some examples of red flags to watch for in an interview.

- 🚩 The applicant shows up late for the interview.
- 🚩 The applicant is dressed inappropriately.
- 🚩 The applicant uses unprofessional language.
- 🚩 The applicant lacks enthusiasm or does not seem interested in volunteering.
- 🚩 The applicant seems overly-concerned about pay.
 - *The interview is for a volunteer position, which may need to be communicated to the applicant.*
- 🚩 The applicant is unpleasant, rude, or hostile.
- 🚩 The applicant is unable to give details when asked about previous work history.
- 🚩 The applicant bashes former employers, co-workers, or volunteer agencies.
- 🚩 The applicant has negative motives or a negative agenda for wanting the position. Here are some examples:
 - *The applicant is disgruntled with the court system*
 - *The applicant wants to “get back” at a certain group through supervised visitation.*
 - *The applicant has a personal relationship with someone who is currently in visitation and wants to assert influence.*
- 🚩 The applicant is unfamiliar with your organization or does not know what he or she would be volunteering to do.
 - *This can show that the applicant has not done any research about your organization, or the applicant is not truly interested in volunteering.*
- 🚩 The applicant does not have any questions for you and seems disinterested.
- **Contact the volunteer’s references:** Contacting a volunteer’s references is important because it allows you to look for red flags. Below are some examples of red flags from references.
 - 🚩 A previous employer is hesitant when asked about rehiring the applicant.
 - 🚩 The reference does not give a firm or confident recommendation.
- **Perform a background check:** Once you’ve selected a candidate, it is important to conduct a background check, which is required for supervised visitation programs.
- **Be aware of Florida’s Volunteer Protection Act – Florida Statutes Section 768.1355, if your organization is a non-profit**
 - The Act protects unpaid volunteers from civil liability, so long as the volunteer was acting within the scope of his or her duties and did not act negligently.
 - The non-profit organization is liable for the volunteer’s action, even if the volunteer is found not liable per the Act.

Warning Signs on the Job

Once a person has been hired or accepted, it's important to continue being aware of potential warning signs. Below are some examples of warning signs in a new employee.

- 🚩 The employee is frequently late, routinely leaves early, or frequently misses days.
- 🚩 The employee has a significant mood change; this could signal there is a problem.
 - *For example, an intern who is typically reserved is now lashing out at others, or an intern who is typically outgoing suddenly becomes isolated.*
- 🚩 The employee has a negative attitude.
- 🚩 The employee does not take accountability for his or her mistakes.
 - *Mistakes happen, but not owning up to them or trying to conceal them is a red flag.*
- 🚩 The employee has been behaving unusually.
- 🚩 The employee is trying to influence the visit, which may be a sign of a native motive or agenda.

Conclusion

Qualified interns and volunteers have the potential to be very valuable to a supervised visitation program. However, interns and volunteers that present with red flags may negatively affect your program rather than help it. Use the tools and information above to make informed decisions about your interns and volunteers to ensure you have the right person working with you.

Back to School

School Supply Drives and Resources for Parents

Each year, many parents are burdened with the inability to afford adequate school supplies for their children. This quick reference guide will provide information on where parents may be able to acquire free school supplies for their children.

The United Way

The United Way aims to improve human lives and one way they do this is by organizing school supply drives all over the state of Florida. The United Way also funds the 2-1-1 network, which provides information and referrals and can provide callers with local school supply drives, as well as other useful resources for parents.

Churches, Temples, and Other Religious Organizations

Often times, churches, temples, and other religious organizations fulfill various needs for members and non-members alike. If you're a member of any religious organization and they

don't already have a school supply drive or assistance program set up, talk to your religious leader about organizing one.

Public Libraries

Libraries are primary supporters and promoters of education. Often times, public libraries hold school supply drives for those individuals who are unable to afford the necessary resources for their children in any given community.

Children's Home Society

The Children's Home Society of Florida holds a back-to-school drive each year. Their website contains a wish-list of the most needed items that community members can donate. Contacts for Children's Home Society can be found on their website at: <http://www.chsfl.org/bts>.

Catholic Charities

Catholic Charities is a non-profit that aids and assists anyone that qualifies. Individuals do not have to be any specific religious affiliation. Catholic Charities holds a school supply drive each year and provides parents with needed resources to ensure proper success of their students.

Big Box Retailers

Often times, big box retailers, such as Staples, CVS, or Target will hold school supply drives for their local community.

Specialized Programs by Area

Various areas in the state have their own specialized programs that assist parents with free school supplies for their students. For example, the Pensacola area holds an event known as "Cram the Van" and in Jacksonville, a similar event known as "Stuff the Bus" exists.

[UPDATE on the NH Murder-Suicide at Supervised Visitation:](#)

Manchester YWCA re-opening visitation center after murder-suicide: *New safety measures, police presence will greet parents, officials say*

Published 10:06 AM EDT Aug 24, 2013

YWCA re-opening visitation center after murder-suicide

MANCHESTER, N.H. —The YWCA in Manchester will be open as a visitation center this weekend for the first time since a father killed his 9-year-old son and himself two weeks ago.

When the doors open to children and parents, new safety guidelines will be in place, officials said. The first thing people might notice is police will be there, a comforting sight for one mother who is bringing her child there this weekend.

“I’m nervous. I’m nervous but I know they’ve done a lot of work in the last couple of weeks,” said one mother who wanted to remain anonymous.

She said she takes her child to the YWCA for supervised visits with the child’s father. This will be her first time back since Muni Savyon shot and killed his son, Joshua, and then took his own life Aug. 11.

Police said Savyon was carrying out a threat that led to restraining order against him, and a metal detector wand was not used when he showed up that day.

“I was crushed, I was scared,” the mother said. “It was almost like getting the wind knocked out of you. It wasn’t right. There’s no explanation for what happened.”

Parents met at the YWCA earlier this week to review the new safety rules. From now on, every person entering the building for a visit must have a photo on file and a metal detection wand will be used on parents without custody. Parents without custody will also be barred from bringing items to the visit and parents will enter different sides of the building. There will also be a Manchester police officer on site.

“I think the hardest part is going to be for the kids, knowing what happened,” the mother said. “I know my child, in particular, is really happy about that – they want to see the policeman there and have that security and that they’re going to stop anything from happening.”

Parents were told that having officers at the YWCA will be temporary, and there’s no word yet on a long-term police presence during visitation times.

Read more: <http://www.wcvb.com/news/local/boston-north/manchester-ywca-reopening-visitation-center-after-murdersuicide/-/11984708/21633314/-/138a71k/-/index.html#ixzz2dBY389dQ>