

Clearinghouse on Supervised Visitation Phone Conference Agenda



May 15, 2019 12PM/11CT

Discussion

- 1. Welcome and Announcements Everyone is invited!
- 2. Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything email Lyndi Bradley at lbradley2@fsu.edu
- 3. New Video on Safety Available!
- 4. Questions from Directors: Telling a child about death of grandparent. TPR visits. Difficulty engaging child in long term parental absence cases.
- **5. New Agreement for Supervised Visitation Programs**
- 6. Learning Disabilities in SV: Understanding Dyslexia
- 7. Grief and Loss among Children
- 8. Water Safety Information

Reminder—The Supervised Visitation Manual is available through the Clearinghouse and can be downloaded through this link:

https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/Supervised-Visitation-Manual-2017-Edition.pdf

Reminder—The 2018 Child Sexual Abuse Referrals Manual is available through the Clearinghouse and can be downloaded through this link:

https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/Child%20Sexual%20Abuse%20Referrals%20Manual-%202018%20Edition.pdf



A new video "Safety in Supervised
Visitation" is now available for new and
existing programs alike. The video can be
found under the header "Videos" at this link:
https://familyvio.csw.fsu.edu/supervised-visitation/training-manuals-materials

A new Protect Factors poster

"Knowledge of Child

Development" is now available.

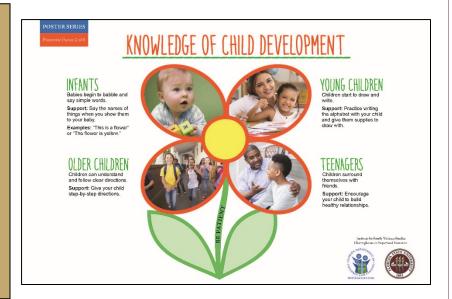
The video can be found under
the header "Protective Factors

Posters" at this link:

https://familyvio.csw.fsu.edu/sup

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<u>flyers</u>





Ron DeSantis Governor

Chad Poppell Secretary

AGREEMENT FOR SUPERVISED VISITATION PROGRAMS

requirements in the provision of supervised visitation services administered by the
(Name): Supervised Visitation Program in
accordance with the agreement on file with the Judicial Circuit.
The Florida Department of Children and Families (DCF) agrees:
1. To acknowledge the authority of the staff of the above-named Supervised Visitation Program to accept or decline referrals. Programs shall decline to accept a case for which they cannot reasonably ensure the safety of all clients, program staff and volunteers, for reasons including, but not necessarily limited to the following:
 a. The volatile nature of the case or client; b. Inadequate training of program staff and/or volunteers; c. Inadequate facility security; d. Insufficient resources; e. Insufficient case background information; f. Conflict of interest.
The (Name): Supervised Visitation Program agrees that:
1. The program has an agreement with the court and a current affidavit of compliance on file with the chief judge of theJudicial Circuit affirming that the program has agreed to comply with the minimum standards contained in the administrative order issued by the Chief Justice of the Supreme Court on November 18, 1999.
2. The program will ensure that all program staff monitoring supervised visitation and other

3. The program will have protocols established for obtaining background information on the family/case, prior to the initiation of supervised visitation services.

contact will have previously received special training in the dynamics of child sexual abuse provided through the Clearinghouse on Supervised Visitation; same training will be clearly

documented in staff personnel files.

4.	The program will accep	t only thos	se re	ferrals fo	r which	staff	memb	ers have	e the r	equi	site
case	background information,	training,	and	security	in plac	e to	safely	monitor	visitat	tion a	and
other	contact.										

- 5. The program will decline referrals of child sexual abuse cases when staff lacks the necessary training or education, when background information has not been received, or when lack of security may enable revictimization of the child.
- 6. The program will establish and train staff on procedures for staff to follow when supervising visitation and other contact, particularly in cases involving child sexual abuse.
- 7. The program will develop and follow policies for the handling and reporting of critical incidents.
- 8. The program will develop and enforce rules for appropriate interaction between the child(ren) and the parent(s)/individual(s) visiting during supervised visitation and other contact.
- 9. The program will suspend visits and subsequently notify the court in cases when the child appears to be traumatized by the visits, or when the parent/individual visiting or having other contact with the child engages in inappropriate behavior or otherwise violates program rules.

(DCF Representative Signature and Title)	(Date)
Supervised Visitation Program Director Signature)	(Date)

^{**}This agreement letter as also been sent in a separate agenda for easy access.

Learning Disabilities in SV: Understanding Dyslexia

By: Michelle Altemus



Introduction

Dyslexia is a type of learning disorder that makes it difficult to read. A person with dyslexia only uses one part of their brain when reading, while a person who does not have dyslexia uses three different parts of their brain when reading. Although dyslexia may affect individuals in different ways, common challenges include difficulty reading, writing, spelling, and remembering words.

Objectives

- Become familiar with common signs of dyslexia
- Understand the impact dyslexia has on individuals
- Learn ways to help children with dyslexia succeed

Up to 20% of children are affected by dyslexia.

Recognizing the Signs

Individuals may display many possible signs of dyslexia at different ages. These includ





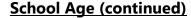
Preschool Age

- Talking late or prolonged "baby talk"
- Learning new words slowly
- Problems pronouncing words correctly
- Having trouble learning and remembering the alphabet
- Trouble learning nursery rhymes and recognizing rhyming patterns
- Trouble remembering numbers and colors

School Age

- Reads far below grade level and reading is slow and awkward
- Trouble understanding what he or she hears
- Difficulty remembering sequences
- Problems with spelling
- Takes an unusually long time to read or write
- Difficulty finishing tests





- Avoids reading or complains about how hard it is to read
- Pauses a lot while speaking
- Inability to sound out words
- Confuse words that sound similar
- Messy handwriting
- Needs extra time to respond to questions
- Low self-esteem (may or may not be noticeable)
- Having an especially difficult time learning a foreign language



Adults

- History of problems with reading and spelling
- Reading requires a lot of effort, causes tiredness, and is done slowly
- Does not read for pleasure often
- Avoids reading aloud
- Frequently mispronounces or has trouble remembering words
- Has anxiety about speaking and struggles with being put on the spot

Since dyslexia usually runs in families, it is also useful to identify whether a child's parents or siblings have also had problems with reading and spelling.

Tips for Working with Children with Dyslexia

In an interview with NPR, actor Henry Winkler spoke about his experience growing up with dyslexia. Since he was never diagnosed, he remembers feeling stupid and how his parents would often punish him for not doing well in school. This story shows how crucial it can be for parents to recognize the signs that their child may have dyslexia so that they can give them the proper support they need. If you suspect your child may be dyslexic, you can request that your school district evaluate them to find out for certain.

Once diagnosed, although there is no cure for dyslexia, parents and educators can help children succeed by providing them with:

- Tutoring,
- A specialized education plan,

- Audiobooks,
- The option to type instead of handwrite,
- A quiet workspace,
- A ruler to help read in a straight-line,
- Empathy for the frustration, embarrassment, or other challenges they may face,
- Praise for their hard work, and
- Encouragement to do what they feel confident in (sports, art, drama, etc.)

Conclusion

Dyslexia has no effect on a child's intelligence, but it can make learning more difficult. Since dyslexia is relatively common, it is important that parents begin to look out for the warning signs starting as early as pre-school age, although it may become most obvious when children begin school. With early diagnosis and intervention, parents can ensure their children's success by providing them with support and making sure they get the proper accommodations at school.

References

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Grief and Loss among Children By: Sarah Miller



Introduction

Grief and loss is sadly a common issue that people, in all stages of life have to deal with. Many parents struggle consoling their children through hard times like these, and especially struggle in what to say to their kids. There are several ways parents can talk about grief and loss with their kids, no matter their age, to help them understand, cope and process what life may look life after the loss of a person.

Objectives

- Understand how children comprehend the death of a relative or someone close in their life depending on their age.
- Understand that children should be prepared for loss, not protected from it.
- Learn some helpful sentence stems or things to say to children. Learn how to have open dialogue about grief and loss with one's children.
- Know it is better to say something than to say nothing.

Children's Concept of Death

Researchers have found four components of death that children come to understand over time. A child's understanding or lack of understanding of a component may lead them to incorrectly understand, cope, or grieve about death. Additionally, lack of understanding one of these concepts can lead to frustration and anger.

1. Permanence

Permanence refers to a person's ability to understand that death is permanent and cannot be reversed. A child's ability to understand that death is permanent does not start until they are between the ages of six to eleven.

2. Finality

Finality is being able to understand that when a person dies, their body stops working. This is



harder for children to understand up until about age four. At four, kids begin to understand what makes something alive or not.

3. Causality

Causality refers to a person's ability to understand different factors in our lives that cause death. This is something that not even adults understand, whether it be due to complications within someone's body or their own self-inflicted harm.

4. Universality/inevitability

Universality is being able to understand that eventually all living things will die. This is something that is generally developed in children around ages six to eleven. Universality is also related to finality because it involves children being able to understand the difference of what is alive and what is not (ex: toys are not alive).

Common behaviors and recommendations for grieving children by age:

Age (Years)	Common behaviors	Recommendations for Helping kids
Infant and toddler (0-3)	 Temper tantrums, clinginess, worsening of skills (like walking or potty-training) Upset by the absence Especial need for a caregiver 	 Provide the surviving parent/caregiver with resources for their own grief Emphasize importance of continuing to respond to your kids' needs
Preschoolers (3-6)	 Withdrawal, irritability, and worsening of skills Gain understanding of irreversibility and finality May ask repetitive questions 	 Reassure the child that they are not the cause of death Avoid talking about death abstractly Encourage art and play to express feelings
Middle School (6- 12)	 Physical sickness Drastic mood changes Desires to talk about death Understanding of death has grown 	 Inform and work with teachers and school counselors Be around to talk about death
Teenagers (12-18)	 Start considering hypotheticals ('what ifs?') Questioning authority or acting out Make take on more adult responsibilities 	 Talk about possible questions or conversations that could come up from friends and peers in school Inform and work with teachers and school counselors

How to help your children cope when there is a death by suicide.

Someone committing suicide may be a lot harder to deal with or explain than other types of death. It may be helpful to begin with the topic of death in general, and then once the child understands some idea of death, transition to more concrete statements like:

- "He(She) made his(her) body stop working"
- "He(She) had a very serious sickness in his(her) brain that made him sad and confused that he did not want to live anymore"
- "Daddy's brain got really sick and so he wasn't able to think properly."



What are some common questions my child may have and how do I answer them?

- What happens when someone dies?
 - 'When someone dies, it means their body stopped working. This could happen for a number of reasons. For daddy it was because _____.'
- Where do people go when they die?
 - The answer to this question may be a little bit more challenging because it often depends on people's religious beliefs and cultural backgrounds. Please take this into account when speaking to children.
- ❖ Did it hurt?
 - o 'Sometimes death can be painful, but now Mommy is not experiencing any pain..'
- ❖ What is a funeral?
 - o 'A funeral is when people come together to remember a person who has died.
- Why didn't I get to say goodbye?
 - 'Death and people dying can be surprising and unexpected. Everything happened very quickly. We will all get to say goodbye together at the funeral.'



What can I do to help children cope?

- 1. Be honest and tell all children, no matter their age.
- 2. It may be challenging, but stay truthful and consistent. It is okay if you show your sadness or compassion.
- 3. Use words and phrases they know. Do not over explain or use symbols when talking about death.
- 4. Be aware of the shock factor. Repeat key information and details later.
- 5. Lastly, encourage them to talk about it and ask questions.

Conclusion

Death is a challenging topic no matter a person's age or ability to cope or understand. The best things you can do is be there for your children, continue being a caregiver, and also make time for yourself. Below are some additional resources for adults and kids, and there are resources about how to help others who are experiencing grief and loss.

Resources

- Skylight information Sheet
 - o Information sheet on helping children who have experienced someone dying by suicide
 - o https://www.mentalhealth.org.nz/assets/ResourceFinder/Explaining-Suicide-to-Chidren-and-Young-People.pdf
- The Dougy Center
 - A national center for grieving where children, teens, young adults, and their families grieving from death can share their experiences
 - o https://www.dougy.org/
- The Compassionate Friends
 - An organization that provides friendship and understanding to those experiencing grief or loss
 - o https://www.compassionatefriends.org/
- Bereaved Parents USA
 - A self-help group for parents or grandparents struggling with any type of loss
 - o https://www.bereavedparentsusa.org/
- The National Institute for Trauma and Loss in Children
 - An organization that trains professionals to care for men, women, and children who are experiencing pain and loss
 - o https://www.starr.org/training/tlc

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Preventable Deaths: Child Drowning and Water Safety



In 2018, there were 88 child-drowning fatalities.

- Florida loses more children under the age of 5 to drowning every year than any other state
- Children 3 and under represent 76% of the child-drowning fatalities
- 82% of child-drowning deaths occurred in bodies of water like pools, canals, ponds, rivers, gulf, oceans, lakes, etc.
- 14% occurred when a child was left unsupervised
- 58% occurred because the child was able to leave the home undetected or was reported missing.
- 10 deaths occurred in bathtubs
- DCF has 4 summer safety tips to help keep children safe this summer while they are having fun in the sun.
 - Supervision: Make sure to ACTIVELY watch children when they are around bodies of water. It only takes a few minutes for a child to drown, so give children your undivided attention. That means no phones or distracting conversations.
 - 2. *Barriers*: Most children drown because they were unaccompanied to a body of water; because they snuck away either undetected or they were left unsupervised. Barriers are great ways to keep children safe, by not making bodies of water easily accessible. Barriers include childproof locks, pool fences, doors, gates, pool alarms, and professionally fitted pool covers.
 - 3. *Swimming Lessons*. Teaching children to swim helps to prevent drowning deaths. Local YMCAs, city facilities, swim schools, and community organizations may have lessons and scholarships.
 - 4. *Emergency Preparedness*. By knowing CPR you can help resuscitate a child in the few precious moments after they stop breathing. Also have a phone nearby at all times and call 911 immediately
- The Clearinghouse has a poster that can be used to raise awareness on the Water Safety. The link is down below.

https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/water_safety_p_oster.pdf

