



Clearinghouse on Supervised Visitation E-Press



October 2020



CONTENTS

Phone Conference Reminders | 1

Questions from Directors | 2

Review & Provide Feedback on Family
Court and Dependency Bench Cards for
Judges | 3-7

Substance Use Disorders | 8-15

Supervising Employees Remotely | 16-19

Self Care Activities for Adults | 20-22

Remaining Phone Conferences in 2020:

October 21, 2020 @ 12pm/11CT

November 18, 2020 @ 12pm/11CT

December 16, 2020 @ 12pm/11CT

Questions from Directors

- 1. We have a mom who has taken a bus to visits, but because of Covid-19, there are limits on how many people can ride the bus. So she has missed visits when the bus is full. This is distressing to everyone. What can we do to help?***

First, I'm glad that you asked mom why she didn't show up for visits. That's so important. Second, is there any way you can get Uber or Lyft gift cards for those parents who have no transportation? These are available at CVS/Walgreens. Perhaps have a local fundraiser for transportation cards. Third, text or call mom a few days before visits, to remind her to make a plan for transportation. Fourth, consider whether you can be flexible with her visits during non-rush hour times when the bus might not be as full. Fifth, consider whether you can give parents who miss visits for valid reasons a pivot to virtual visits to make up for the time.

- 2. I need advice for a mom in a dependency case. She really seems unconnected to us, flat, and non-emotional. We don't know how different she is now compared to last year, before the pandemic. But she certainly seems depressed. What should we do?***

There is a very real chance that this client is clinically depressed, but that determination should be made by a therapist. Is individual therapy a part of her case plan? Even though you don't have a baseline of behavior to compare her to (pre-pandemic) I think you should go back to the case manager and talk about whether mom's mental health has been evaluated. Just because you have a clinician on site does not mean you can evaluate mom. Your referral is for visits. Still, be sure to talk to the case manager, be sure to document that conversation, and be sure to document mom's behavior and statements. (You did not mention this, but if you ever believe mom is a danger to herself, if you fear that she may have suicidal ideation, you must alert the case manager. If you think there could be an immediate risk, also alert law enforcement.) In addition, do everything you can to make the visits positive and encouraging. Help mom make them successful. If she is depressed, she may need much more guidance and intervention for that to happen. Although it is not appropriate for you to recommend outcomes in the case, you CAN recommend that mom receive therapy to help with emotional issues. Be sure to document behavior and statements – not just a conclusion. Call the Clearinghouse to discuss further.

Below are drafts of two bench cards regarding supervised visitation for judges. One for Non-Dependency Family Courts and the other for Dependency Courts. We are asking for input and feedback on these two bench cards.

What else do you think judges need to know about supervised visitation?

Please, provide any feedback you may have by November 15, 2020 by emailing Karen Oehme at koehme@fsu.edu.

JUDICIAL BENCHCARD

SUPERVISED VISITATION IN FAMILY COURT (Non-dependency) CASES

WHAT IS SUPERVISED VISITATION?

- Supervised visitation allows continued contact between a parent and child in a neutral environment in the presence of a trained third party, when there are safety concerns that would prevent unsupervised contact between the child and the parent.
- A supervised visitation program provides supervised visitation services as its primary function in accordance with court orders. Visit monitors can help facilitate parent-child relationships and the development of parenting skills by providing age specific activities, modeling appropriate child interaction, and deterring inappropriate parental behavior.

What Types of Services Are Offered by Supervised Visitation Programs?

According to the Supervised Visitation Standards Committee (2008), Supervised Visitation Programs *may* offer a range of services. These include:

- One-on-One Supervision: one supervisor is assigned to each family
- Monitored Exchanges: supervision of a child's transfer between parents
- Group Supervision: simultaneous supervision of multiple families
- Telephone Monitoring: monitoring phone calls between parent and child
- Ancillary Services: additional services like parenting & co-parenting education, parenting plan assistance, mediation and parent coordination, etc.
- Therapeutic Supervision: counseling services provided to family by a mental health professional during visitation

ARE THERE ALTERNATIVES TO SUPERVISED VISITATION PROGRAMS?

- In some cases, parent-child contact may be monitored by an entity other than a Supervised Visitation Program.
- However, all visit monitors should review the [Training Manual for Florida's Supervised Visitation Programs](#) on the Supervised Visitation Clearinghouse website.
- Although judges are not *prohibited* from allowing relatives or friends to supervise parent-child contact, they should be aware that *substantial* safety issues may arise from supervision by individuals who have not been adequately trained.

SUPERVISED TIMESHARING CASELAW IN FAMILY LAW (DISSOLUTION, PATERNITY, DOMESTIC VIOLENCE)

- Trial courts have broad discretion to restrict time-sharing when necessary to protect the children’s welfare, but courts should provide findings of fact relating to any restrictions imposed and explain how those restrictions are in the children’s best interests. Verrier v. Oaks, 235 So. 3d 1050 (Fla. 2d DCA 2018).
- Safety concerns are pertinent in cases involving physical, emotional or sexual abuse, domestic violence, substance abuse, mental illness, concerns about parental abduction, and when multiple issues are present at once.
- Whenever the court orders supervision, the court order should include specific visitation guidelines, such as a visitation schedule, and any other conditions necessary to ensure safe contact with the child. Ryan v. Ryan, 257 So.3d 1168 (Fla 3d. DCA 2018).
- These conditions may include batterers’ intervention programs, parenting classes, substance abuse evaluation and treatment, and professional psychological and parenting evaluations. Ryan v. Ryan, 257 So.3d 1168 (Fla 3d. DCA 2018),
- When ordering restrictions on timestharing, it is necessary that courts set forth **specific benchmarks or identify the steps that parties must to take** satisfy the terms in order, in order for courts to terminate supervised timestharing and reestablish unsupervised timestharing in the future. Lightsey v. Davis, 267 So.3d 12 (Fla 4th DCA 2019); Pierre v. Bueven, 276 So.3d 917 (Fla. 3d DCA 2019).
- A case management hearing may be necessary to determine compliance with any ordered timestharing restrictions, including supervised timestharing, batterers’ intervention programs, parenting classes, etc. Ryan v. Ryan, 257 So.3d 1168 (Fla 3d. DCA 2018). *It is the court’s role* to determine whether the timestharing restrictions have been satisfied, and decide if less restrictive access between the parent and children is now appropriate.

Checklist for Judges:

1. Be familiar with the supervised visitation programs in your area. For a list, see: <https://familyvio.csw.fsu.edu/supervised-visitacion/list-florida-supervised-visitacion-programs>
2. Verify that the program you select has a Program Agreement with the Court. This is required by the Supreme Court Standards. [https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/Supreme Court Standards for SV from 1998.pdf](https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/Supreme_Court_Standards_for_SV_from_1998.pdf)
3. Verify that the court order for supervised visitation is consistent with the services of the program. For example, only order visits during the times that the program is open. Ensure that the program has adequate security measures for the case.
4. Ensure that referrals are appropriate for the level of service available in a program.
5. Be aware that program directors have the discretion to decline court ordered cases under specific circumstances.
6. Be aware that each circuit is responsible for developing an agreement with local providers which sets forth procedures for providing reports to the court.
7. Identify benchmarks or specific steps the parties must take to terminate supervision.
8. Be specific in the court order as to who is entitled to be present during the supervised visit.



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SUPERVISED VISITATION IN DEPENDENCY CASES

JUDICIAL BENCHCARD

Chapter 39 of the Florida Statutes governs visitation and restrictions on parent-child contact in dependency cases where abuse, abandonment or neglect has occurred.

WHEN IS SUPERVISED VISITATION ORDERED IN DEPENDENCY CASES?

Parent-child visitation should be promoted unless the court determines that the child's life, health, or safety would be at risk. A number of provisions of Chapter 39 relate to family time and the court's role.

- Sections 39.402(9) and 39.506(6) provide that the court shall determine visitation rights absent a clear and convincing showing that visitation is not in the best interest of the child.
- Best practice is to have the first visit within 48 hours of removal. If visitation is ordered but will not commence within 72 hours of the shelter hearing, DCF must immediately justify and inform court of decision.

Special Considerations for Sexual Abuse: At the shelter hearing, the court should determine whether any person before the court who seeks to begin or resume contact with the child victim has fit the criteria listed in section 39.0139 (Keeping Children Safe Act), which protects children from sexual abuse or exploitation. If so, that person has the right to an evidentiary hearing, and the burden is on the parent to rebut the presumption of detriment. § 39.0139(4)(c). Programs which accept these cases **MUST** have training in child sexual abuse issues.

- **SAFETY AND INDIVIDUALIZED NEEDS.** When determining visitation, the child's safety and well-being should always be the primary concern. Courts can arrange visits so that a service provider can provide positive coaching and mentoring for the parent when needed, and evaluate whether the parent's protective capacities are improving.

Considerations for Visitation in Cases Involving Domestic Violence

- Inquire if the child welfare agency conducted a domestic violence assessment with the family during initial contact and at other periodic intervals.
- Gather and review case information pertaining to domestic violence, such as current and previous injunctions, police reports, and stalking behavior. This information will safety assessments and enhance decision making when determining supervised, unsupervised, and therapeutic visitation.
- Assess the risk posed by perpetrators to lessen perpetrator safety threats to children.
- Ensure that appropriate interventions for the perpetrator are established in cases where supervised visitation is granted.

Checklist to Promote Perpetrator Accountability in Dependency Cases Involving Domestic Violence: <http://www.ncjfcj.org/resource-library/publications/checklist-promote-perpetrator-accountability-dependency-cases>

Considerations for Visitation in Cases Involving Substance Abuse

- Require that a parent not arrive at visitation with children under the influence of drugs or alcohol or smell like drugs or alcohol or be impaired by prescriptions drugs.
- Authorize the visitation supervisor to prohibit a visit or stop the visit if the parent is noticeably impaired or decompensates during the visit.
- Parent/child engagement can be a primary motivator for parents who are struggling with substance abuse.
- Requiring a clean drug screen prior to visitation, or a blanket prohibition on visitation in the absence of a clean drug screen, is inconsistent with the requirements of Chapter 39. The court must determine visitation rights at the shelter hearing absent a clear and convincing showing that visitation is not in the best interest of the child. § 39.402(9). Likewise, at the arraignment hearing, if the child is in an out-of-home placement, the court shall order visitation rights absent a clear and convincing showing that visitation is not in the child's best interest. § 39.506(6).

WHAT IS SUPERVISED VISITATION?

- Supervised visitation allows continued contact between a parent and child in a neutral environment in the presence of a trained third party, when there are safety concerns that would prevent unsupervised contact between the child and the parent.
- The visit monitor can help facilitate the parent-child relationship and the development of parenting skills by providing age specific activities, modeling appropriate child interaction, and deterring inappropriate parental behavior.
- A Supervised Visitation Program provides supervised visitation services as its primary function and agrees to provide such services in accordance with court orders.

What Types of Services Are Offered by Supervised Visitation Programs?

According to the Supervised Visitation Standards Committee (2008), Supervised Visitation Programs may offer a range of services. These include:

- One-on-one supervision: one supervisor is assigned to each family
- Monitored Exchanges: supervision of a child's transfer between parents
- Group Supervision: simultaneous supervision of multiple families
- Telephone monitoring: monitoring phone calls between parent and child
- Ancillary services: additional services like parenting education
- Therapeutic supervision: counseling services provided to family by a mental health professional during visitation

ARE THERE ALTERNATIVES TO SUPERVISED VISITATION PROGRAMS?

- In some cases, parent-child contact may be monitored by an entity other than a Supervised Visitation Program.
- However, all visit monitors should review the free *Training Manual for Florida's Supervised Visitation Programs* available on the Supervised Visitation Clearinghouse website.
- The Supervised Visitation Standards Committee (2008) recommends the following referral hierarchy in dependency cases:

1. When a court orders supervised visitation, the parties should be referred to a local Supervised Visitation Program that currently has an Agreement with the Court.
2. If there is no such program that can accommodate the referral, parent-child contact may be supervised by the Case Manager or Child Protective Investigator primarily responsible for the case.
3. If the individual with primary responsibility over the case is unavailable, they may refer another staff member within the agency to supervise visitation.
4. The agency with primary responsibility for the case may only subcontract supervised visitation to an outside agency. Individual mental health professionals providing supervised visitation are not currently required to be certified.
5. Although judges are not *prohibited* from allowing relatives or friends to supervise parent-child contact, they should be aware that *substantial* safety issues may arise from supervision by individuals who have not been trained.

Use of Supervision to Address Safety Concerns

WHAT ARE THE RELEVANT SAFETY CONCERNS?

- According to the Florida Courts Dependency Benchbook (2020), visitation should not be withheld unless there is strong evidence that it is not in the child's best interest.
- Since children, in some cases, may incur further harm from having contact with a parent, it is crucial that judges consider all potential safety concerns before ordering supervised visitation.

The Florida Courts Dependency Benchbook (2020) includes the following list of concerns that should be considered when determining if visitation should be supervised:

- Potential dangers and the volatility of threats
 - Parental impulsiveness
 - Mental health issues and treatment compliance
 - Unpredictable home environment
- Substantial emotional needs of the parent or child that may require a therapeutic setting
- Reduced functioning of either the parent or child during visitation
- Lack of information about the parent due to unwillingness or other factors
- Threat of neglect including substance abuse

Planning for the transition from supervised to unsupervised timesharing

It is the court's role to determine when less restrictive access between the parent and children is appropriate.



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Substance Use Disorders

By Katie Desorcy



Introduction

As Child Welfare Professionals, it is not uncommon to encounter parents who may have a substance use disorder. It is vital to the physical, mental, and emotional health and well-being of the family that the child welfare professional learns and understands how substance use disorders impact family systems.

Objectives

- Learn what a Substance Use Disorder is
- Understand why people abuse substances
- Learn that addiction is a disease
- Understand risk factors for developing a substance use disorder
- Learn the prevalence of substance abuse in adults
- Gain knowledge of slang terms used for substances
- Understand how Substance Use Disorders affect parenting
- Learn special considerations for mothers and fathers
- Understand how substance use during pregnancy effects child development
- Learn free resources available for parents to use



What are Substance Use Disorders?

Substance Use Disorders, or SUDs, occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

It is important to note that not everybody who uses substances misuses them. It is when somebody is using substances and it impacts their daily functioning and living that they have a substance use *disorder*. A person must be clinically diagnosed by a licensed clinician to have a substance use disorder. A person who self-identifies as a "functioning alcoholic" or an "addict" may or may not clinically have a *disorder*. It is important that if

you have a client who is proclaiming to have these identities to encourage them to be screened by a licensed clinician.



Why People Abuse Substances

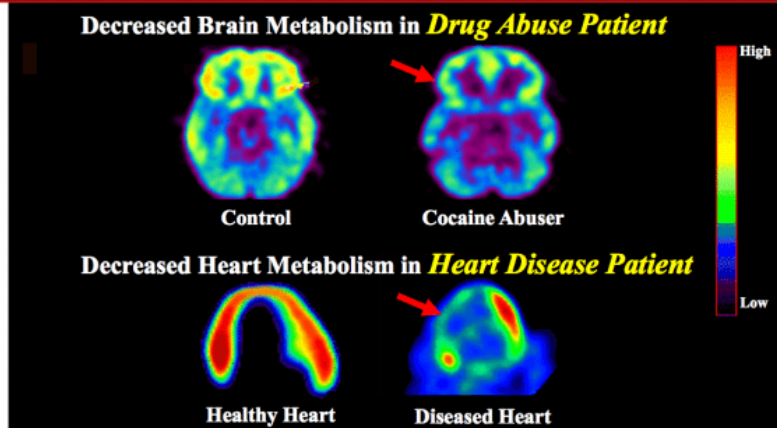
There can be many reasons why a person abuses substances. Sometimes there is one main reason, or a person may have many reasons. As child welfare professionals, we may not always know the underlying factors, but it is important to have a baseline understanding as to why somebody may abuse substances.

- Coping with everyday stress
- Self-medicating mental health conditions
- Medicating physical health problems
- Curiosity, "others are doing it"
- Addiction – it can be hard to stop doing drugs that have addictive properties
- Learned behavior from peers or family members

Addiction is a Disease

One thing that recent research has found is that addiction is a *disease*. Addiction to substances affects the brain in similar ways that other diseases affect the tissue function. Many people believe that addiction is a choice, when research shows us that it is a disease. The positive aspect of this is that there are proven interventions that can work to help people with substance use disorders, which is why referring clients who have a substance use disorder for treatment is critical to the health of that individual and their family.

ADDICTION IS A DISEASE OF THE BRAIN *as other diseases it affects the tissue function*



Sources: From the laboratories of Drs. N. Volkow and H. Schelbert

Risk Factors for Developing a Substance Use Disorder

There are factors that make some people more at risk for developing a substance use disorder. It is important to note that not everybody who falls into one of these categories will develop a substance use disorder, they are just more at *risk* for developing one.

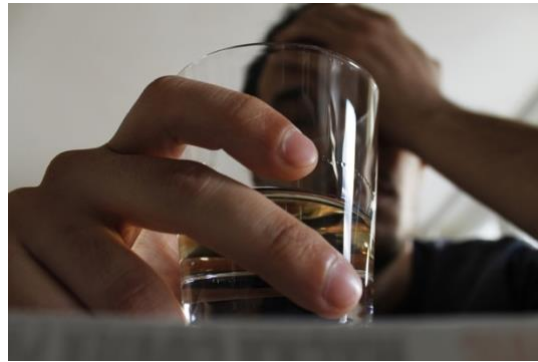
- Genetic predisposition
- Mental health disorders
- Growing up in poverty and areas of high crime
- Lack of parental supervision
- Easy access to and availability of drugs
- Peers or family members who are using drugs
- Systemic oppression and racism.

Substance Use Disorders During COVID-19

SUDs are always prevalent in society and will always continue to exist. However, it is very important to understand the enormous impact a pandemic has on people who have substance use disorders. There are unique challenges that specifically impact people with substance use disorders, which then impacts the parents, family systems, children, and the child welfare professionals involved in the case. Studies show that compared to March 2019, alcohol sales **increased** by 55% in March 2020, during the peak of quarantine and social distancing. There has been an **increase** in relapses, and many people are now at risk now more than ever of developing a substance use disorder.

Factors contributing to an increase in relapse during COVID-19:

- People's routines have been uprooted which has caused extra stress in creating a new routine, and high levels of stress can lead to an increase in substance abuse.
- People are social distancing, leading to a lack of community support, engagement, and accountability.
- People are spending more time at home, and there is a greater availability to abuse substances during this time.
- People are not working as frequently as they were previously, leaving less responsibility and more opportunity to use substances.



Substance Use Disorder Prevalence

When learning about substance use disorders and their prevalence, a key aspect is understanding how prevalent this drug is in society. While working as child welfare professionals, you may not have encountered substance use disorders as frequently as other helping professions would. When a client tells you they are addicted to methamphetamines and opiates, it's important to understand how prevalent this is in society, and that the clients you are working with are not the only ones who are experiencing addiction to drugs.

In 2017:

- An estimated 20.7 million people age 12 and older needed treatment for a substance use disorder.
- Alcoholics Anonymous (AA) has more than 120,000 groups in more than 175 countries around the world, with more than 2 million members.
- Lifetime prevalence of alcohol use disorders is approximately 8%, and illicit drug use disorders is 2–3%

Terms to Know

As child welfare professionals, it is important to be aware of the terminology that is used to describe drugs. You may hear these terms from the children or parents that you are working with. It is unlikely that a client is going to tell you that you that they were smoking marijuana, but you may overhear them say that they have been smoking Mary Jane, MJ, etc. Below are some of the most common terms used, but keep in mind that there are many more, and a lot of times the terminology used depends on the person's location.

Glossary of terms:

- Marijuana – MJ, Mary Jane, Weed, Pot, Reefer, Jane, Tea, Rope
- Cocaine – Coke, La Cocaina, Coca, Cola, Big C, White Lady, Lady Caine
- Heroin – Smack, Scag, Antifreeze, Hayron, Horse, Hero, Ferry Dust
- Prescription Drugs/Depressants/Benzodiazepines/Barbiturates - Blue, Blue Devil, Busters, Downer, Downie, Stoppers, Lay Back, Barbies, Ludes
- Amphetamines - Amp, Bennie, Benz, Black and White, Black Beauties
- Methamphetamines – Meth, Poor Mans Coke, Wash, Spoosh, Crystal Meth
- Ecstasy or MDMA – Molly, Malcom X, Scooby Snacks, Happy Pill, Love Potion



How Child Welfare Professionals Can Help

When working with parents who have Substance Use Disorders, as child welfare professionals, it is important to know the role you play. Child Welfare Professionals can use Motivational Interviewing techniques, encourage parents to receive treatment, and ensure the safety and well-being of the children you work with. The National Institute on Drug Abuse (NIDA) has come up with thirteen empirical principles of effective treatment that serve as a great resource for your role as a child welfare professional.

NIDA's 13 Principles of Effective Treatment:

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
5. Remaining in treatment for an adequate period of time is critical.
6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Many drug-addicted individuals also have other mental disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13. Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.

To read more about NIDA's 13 Principle's of Effective Treatment, visit this site here: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

Resources to Share with Parents

Depending on your local community, affordable treatment for substance use disorders may not be available. While encouraging parents to seek treatment and stay healthy and involved in their child's life, there are free resources that are available for them to utilize on their own time.

- **SAMHSA's National Helpline:** This is 24/7, 365 days per year, and is available in



English and Spanish. This service provides referrals to local treatment facilities, support groups, and community-based organizations. 1-800-662-HELP (4357)

- **Drugfree.org:** This website provides links to different online and by phone support groups, from Alcoholics Anonymous (AA) virtual meetings to The Support Group Project. <https://drugfree.org/parent-blog/covid-19-online-and-remote-resources-for-addiction-support/>
- **NIDA's Self Screening Tools:** The National Institute on Drug Abuse has provided a chart with many self-screening tools that parents can utilize if they are questioning if they have a substance use disorder. <https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

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Supervising Employees Remotely

By Livia Ledbetter



Introduction

We have all been trying to adapt to a new normal in the face of COVID-19. We are all living through a confusing time, and people may feel prolonged stress the longer it continues. More time spent in this “new normal” means old methods of supervision and management may not be working.

The following recommendations from leadership and organizational scientists, career coaches, and experienced remote supervisors can help managers who are learning to work with remote employees for the first time.

Objectives

- Learn how prolonged stress impacts functioning
- Tips for managing remote employees
- Explore additional resources

#1 Impact of Prolonged Stress

Chronic stress has serious effects on the body, effecting

- Muscles: Chronic stress causes muscles to be in a state of constant tension, often leading to headaches and chronic pain.
- Respiratory system: Chronic stress can aggravate pre-existing breathing problems and trigger asthma attacks
- Cardiovascular system: Chronic stress is linked to a higher risk of developing hypertension, heart disease, or high cholesterol, and a higher risk of suffering from a heart attack or stroke.
- Chronic stress has also been linked to higher levels of cortisol, gastrointestinal dysfunction, stomach discomfort, declined sexual desire, and can even impact the reproductive system.

#2 Communication

The importance of communication when supervising or managing workers remotely cannot be overstated. Provide multiple options and avenues for communication, tailored toward the needs of your employees if possible. For example, e-mail can be used for lengthy, less-urgent information while instant messenger through a collaboration-based application or text messaging can be used for quick or urgent information.

Be available to your employees and demonstrate this through communication. Provide consistent feedback and follow up regarding work.

Facilitate group collaboration if possible and help build connections between employees. Fostering collaboration and connections in the virtual environment can improve communication, enhance work quality, and reduce feelings of social isolation.

#3 Structured, but flexible

Having a structure helps maintain a sense of control and stability within the work environment. Set clear expectations. Implement productivity standards or consistent, structured check-ins to help the team stay on track and feel connected to the workflow.

However, also acknowledge the difficulty of the current reality by staying flexible. Adapt the length of meetings to fit everyone's needs. Not every meeting needs to be a video call and not all information needs to be delivered synchronously.

Ask employees what is and isn't working. Remember, schedules are helpful for providing structure, but be as flexible as you can when working with employees while still meeting agency deadlines.



#4 Seek out management tools

Manage the workload of employees. Ensure the remote transition has not left individuals with a workload that seems unclear or overwhelming. Utilize tools, applications, and programs appropriate for your agency and teams' needs. A list of suggestions can be found under resources.

#5 Support, encourage, and celebrate

The current remote environment can easily give way to disengagement and social isolation. Support your team by finding creative and realistic methods of remote social interaction – a virtual happy hour or a drop-in video call where people can come and go at will to just chat. Offer emotional support through your communication. Provide both one-on-one and group encouragement. It is important to celebrate success – it encourages cohesion and a sense of belonging to the team.



Resources

- **Building Remote Teams podcast:** Learn from experienced managers of remote teams on topics ranging from building and sustaining remote teams, establishing effective communication, and cultivating virtual connection. Available on Apple podcasts, Google play, and Spotify. Link here: <https://www.buildingremoteteams.com/podcast/>
- **LinkedIn Learning:** LinkedIn Learning offers sixteen online courses, currently offered for free, taught by remote work experts on a variety of topics ranging from maximizing efficiency and productivity, adjusting to the new work environment, learning virtual technology, and a section dedicated to remotely managing and leading teams. Link here: <https://www.linkedin.com/business/learning/blog/productivity-tips/new-to-working-remotely-these-resources-can-help>
- **Filestage's Ultimate List of WFH (working from home) resources:** These resources include blog posts, webinars, templates and checklists on managing remote teams, running successful virtual meetings, and working from home best practices. Link here: <https://filestage.io/blog/working-from-home-wfh/>

Conclusion

Working from home and remote supervision can be a tough transition for those used to a physical office space, but you can ease the stress through adapting practices to better fit a virtual environment.

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Self-Care Resources for Adults

By Livia Ledbetter



Whether you are staying at home with the kids, working from home or working out in the field, self-care remains as vitally important as ever as we continue to live and work during a global pandemic. Some of us may be finding that our old coping mechanisms are no longer working. Or we are looking for new tools to add to our toolboxes. The following self-care ideas can be practiced yourself or shared with clients.

1. **Mental health podcasts:** Podcasts are digital audio files you can download or stream on your phone, laptop, or practically any electronic device. Listening to a podcast can be a great way to wind down or stay focused during a long drive. Get started with these podcasts:

The Homecoming Podcast with Dr. Thema: Dr. Thema Bryant-Davis Ph.D. is a licensed psychologist, ordained minister, and sacred artist who provides weekly



health tips. Topics range from coping with racial trauma, rediscovering purpose, and cultivating joy and play. Listen here:

<https://open.spotify.com/show/59qdhjnDyxcb02StZi2jtv?si=tGkr650zRTyD0olx5qI3Iw>

Unlocking Us with Brené Brown: Brené Brown, Ph.D., LMSW is a nationally recognized social work researcher studying courage, vulnerability, and shame, with multiple bestselling books and viral TED talks. This new podcast explores these topics through Brown's conversations with others and new research from the field. Listen here:

<https://open.spotify.com/show/4P86ZzHf7EOIRG7do9LkKZ?si=bsid6f2kTief2o00qCbNAw>

The list doesn't end here. There are countless podcasts that look at the intersection of mental health and identity, with new episodes updated daily. If you are burnt out

on talking about mental health, you can also find podcasts on current events, comedy, storytelling, and more.

2. **Trouble sleeping? Listen to or watch ASMR videos:** Autonomous sensory meridian response, or ASMR, is a euphoric tingling or relaxing sensation that someone may



experience when watching videos or hearing specific sounds. ASMR videos usually feature simple, quiet, and calming tasks, such as whispering, brushing hair, tapping, or rain. Most people listen to ASMR videos to help fall asleep. There are millions of ASMR videos on Youtube as well as streaming through podcast services.

Explore this ASMR Sleep playlist to get started:

<https://open.spotify.com/playlist/37i9dQZF1DWUAeTOoyNaqm>

Or check out the Gentle Whispering ASMR Youtube channel:

<https://www.youtube.com/user/GentleWhispering>

3. **Use art:** Artistic expression through painting, drawing, or writing has been shown to have positive benefits for your health. Art can help manage anxiety, foster imagination and creativity, serve as an outlet for energy, and allow as a release for painful emotions. This article introduces different methods of using art as self-care, including painting and sculpting with clay: <https://psychcentral.com/blog/9-ways-to-use-art-to-practice-self-care/>
4. **Guided imagery and meditations** are a great way to practice mindfulness and relieve tension and anxiety. Tara Brach, Ph.D., psychologist, author, and meditation teacher offers free guided meditations on her website, available here: <https://www.tarabrach.com/guided-meditations-meditations-that-free-the-heart/>
Free guided meditations and similar content can be found online. Always ensure you are practicing content created or reviewed by a certified professional.

5. **Organize and declutter:** A disorganized and messy home can add to feelings of stress and burnout, especially if you have been working from home and will be for the foreseeable future. Use these tips from HGTV to get started on organizing your home office: <https://www.hgtv.com/lifestyle/clean-and-organize/10-steps-to-an-organized-home-office>



This list includes 101 easy ways to declutter your home, office, or workspace: <https://cleanzen.com/blog/101-easy-ways-to-declutter-your-home-office-or-workspace/>

6. **Exercise:** Exercise is both a great way we can improve our mental and physical and health while being one of the most difficult habits to implement. Working from home, quarantining, and practice social distancing measures can hinder our ability to get regular exercise. The World Health Organization #HealthyAtHome social media campaign has some great tips for getting physical activity inside: <https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---physical-activity>

This comprehensive list of 49 workout apps are great for all ages and ability levels looking to stick with a healthy habit: <https://www.marieclaire.com/health-fitness/news/g3845/best-workout-and-exercise-apps/>

Conclusion

Self-care looks different for everyone. Whether it is getting back to the basics by drinking water and regular exercise, or getting creative and listening to podcasts and meditating, you are only limited by your own creativity.

Contact the Clearinghouse at

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