



Clearinghouse on Supervised Visitation Phone Conference/Webinar Agenda



October 21, 2020
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. PROGRAM NARRATIVES ARE DUE NOW!! See examples below.
4. Questions from Directors: Transportation issues, back to in-person visitation & hybrid models, and brain chemicals that add to a sense of happiness.
5. Provide feedback on the developing bench card for dependency court cases: What else do you think judges should know?
6. The Science of Resilience: An Introduction

Example Program Narratives



If you have not sent in your program narratives: YOU ARE RUNNING OUT OF TIME!

Below is an example from one program with three sites:

Supervised Visitation Prog. at Life Management Center

(Bay) 525 E. 15th St. Panama City, FL 32405

Program Director: Tonya Hamilton (850) 890-5897

Contact Email: THamilton@lmccares.org

Number of Sites: 3

Counties: Bay, Washington, Jackson

Our three sites provide supervised visits for families in Bay County, Washington County and Jackson County as well. Currently the visitation program accepts dependency referrals only and works closely with case managers, attorneys, GAL's, and other service providers that work with the families.

This year we moved to virtual visits during the quarantine period. Caregivers sometimes helped monitor the visits. All visits were continued on an hourly basis which allowed us to serve clients more frequently. After minor technical difficulties we were able to add many new cases as well. We used the guidelines provided by the Clearinghouse, in designing orientation with clients on virtual visits. With their help, were able to provide guidance on how the caregiver should remove themselves from the call and offered suggestions to keep caregiver info secure and out of the call view. We really developed good relationships with the caregivers, who we normally don't see, to help them adjust.

We found great ideas through the Clearinghouse on how to keep the virtual call fun and active. We were able to advise them on how to have props ready, and how to generate ideas for interaction over the call. We also had parents who were very adaptable and cooperative with the new format and its guidelines. Parents enjoyed seeing kids in their actual lives – showing artwork, and home life. No one missed their visits during the hurricanes because virtual visits were used. Kids were able to show parents some of the floods, animals, walls of the room, etc as long as the phone wasn't taken throughout the house.

We have now returned to in-person visits. Virtual visits are only offered in emergency situations because our schedule is completely full with onsite visits. Parents really like being in person with the children. We have no toys in the room now due to covid, and our inability to disinfect every toy between visits, but parents are great with bringing items and ideas. Parents can take a prepackaged bag of paint supplies or other things to use and take with them. So far there have been no complaints about the absence of toys and no lack of great fun things to do at visits. Families are given monthly

activities (ex. making collages, stockings for holidays, etc.) and participate in doing various arts and crafts, either what they bring or the program provides supplies for. When appropriate (cultural respect) children and parents also participate in decorating the visitation area for the holidays. Parent involvement is strongly encouraged and surveys are done not only for services but ideas for activities that parents would like to have happen during visitation. We may consider limiting the toys permanently for sanitation reasons. We are all still using masks and families have been extremely cooperative.

2nd Site: Supervised Visitation BBend Ofc (WashingtonCounty)

1352 South Blvd. Chipley, FL 32428

Program Director: Tonya Hamilton (850) 890-5897

Contact email: thamilton@lmccares.org

Onsite Visitation Manager: Destra Moses (850) 628-2284

dmoses@lmccares.org

This site is located in Washington County. This site is primarily maintained by the Visitation On-site manager who works close with case managers and family support workers through Anchorage Children's Home. This location has two visit rooms that also have a home like environment one room in particular offers a jungle like experience while visiting. Although this is a small site area there are anywhere from 5-12 families per week Tuesday and Thursday. The smaller environment offers a more one on one setting for parents to feel safe and work toward goals of reunification. Therapeutic visitation is offered at this site as well. We also did virtual visits here and have established great rapport with parents. We are very engaged with families and not just monitors. We are helpful with diaper changes, making bottles, whatever they need to make their visits meaningful (especially when here are multiple kids) We always let parents know that we are here to help and teach, not judge and we are very proud of the excellent relationships we have established with our clients. For example, we have one family where the baby cries a lot with mom, but not the caregiver or our staff. Mom felt horrible. We explained that she is nervous, and the baby feels your nerves that's all. We helped her relax in a quiet room, in a comfy chair and as she did, and rocked the baby, the baby stopped crying. She was so happy and grateful to learn and not be judged. 😊

3rd Site: Supervised Visitation BB Ofc (Jackson Co.)

4120 Jireh Ct. Marianna, FL 32446

Program Director: Tonya Hamilton (850)890-5897

Contact email: thamilton@lmccares.org

Onsite Visitation Manager: Destra Moses(850)628-

2284 dmoses@lmccares.org

This site is maintained also with the Visitation On-site Manager. Here the programs have visits on Monday, Wednesday, and Friday and can house up to 10-20 families (depending on hours' court ordered). There are two full time staff between this site and Washington county. The On-site manager works hard to coordinate the schedule with transportation and case management. This site has two rooms in the Big Bend building that include family like setting.

If you need assistance with your narrative please reach out to Kelly O'Rourke at _____.

SUPERVISED VISITATION IN DEPENDENCY CASES

JUDICIAL BENCHCARD DRAFT

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.

The Science of Resilience: An Introduction



Resilience is defined as the ability to adapt to adversity. Whether someone can manage and cope well with everyday stressors after significant adversity is one aspect of resilience.

There are many factors that can impact a person's resilience, including

- latent vulnerabilities,
- environmental risks and protective factors,
- epigenetic changes,
- engagement with supportive systems,
- and personal capacity.

First, you should remember that resilience science is a relatively new field. It first arose from case studies in the 1970's. Experts studying psychopathology in children were looking for a way to explain good outcomes in some children despite adverse home and community conditions (Masten, 2001). Some early researchers viewed children who could overcome adversity as outliers who must have the inner psychological trait of resilience. Thus, *many early researchers viewed resilience as a fixed trait that children are either born with or without*. That perspective has changed over the years, with **researchers now acknowledging that numerous factors influence resilience, such as protective factors, family systems, and individual capacities**.

Latent vulnerability theory is a useful theoretical framework for viewing for an individual's self-protective behavioral responses to negative experiences (McCrory et al., 2017). *Behavior that may help a person adapt and survive in the short term in a negative environment, can be harmful once the child grows up and needs to function within a social environment* (McCrory et al., 2017).

Supervised visitation programs who work with individuals who have suffered trauma during developmental periods may want to acknowledge that certain coping mechanisms may have been essential for an individual to survive in the *short term*, but help these individuals learn different ways of coping that will be more helpful for their functioning in the long term.

Protective factors are personal resources that are associated with positive adaptation for both everyday stressors and severe adverse events, including:

- problem-solving/planning ability
- emotional regulation skills
- optimism/hope/faith
- curiosity/motivation/drive to learn
- self-efficacy/positive view of self
- sense of purpose/meaning to life
- secure relational attachments (caregiver, family, friends, partners)
- engagement in schools/community/society
- cultural identity and beliefs



The factors that influence resilience are **both**

external factors (e.g., safety of community, access to healthcare, intact family structure) and *internal factors* (e.g., executive function, self-regulation), and result from dynamic interaction of all the systems individuals encounter.

Some of these factors can be taught: for example, people can effectively learn how to set goals and plan for the future, giving them more of a sense of control over their lives. Schools can reach out to parents who have never been involved in their children's education and teach them how to take a more active role. Parents can be taught positive parenting skills to nurture their children. Faith groups can inspire a sense of purpose in individuals, teaching them a sense of purpose in life, and addressing larger questions about morality, involvement with others, and purpose in life. When professionals assist people by helping them access services and help, that assistance can provide a sense of hope for the future.

Systems theory is the most accepted current theory to explain the dynamics of resilience. This theory is grounded in the awareness that people grow up and develop within many interdependent, dynamic systems, including

- Neurobiological (their developing brain, prenatally through emerging adulthood),
- Psychosocial,
- Familial, and
- Cultural systems.

In addition, children's social and emotional development is influenced by the safety, health or dysfunction of the following:

- their families
- their peer groups
- their schools,
- their neighborhoods, and
- their communities.

Epigenetics and implications for intergenerational transmission of trauma is one emerging area of child development research which involves new insight into how our genetic material interacts with our environment to change *gene expression* and *to influence our behavioral outcomes* (National

Academies of Sciences, Engineering, and Medicine, 2019). Some of these epigenetic changes can be inherited, and can permanently change our underlying genetic makeup. This indicates that adverse events and environments can create long-term damage, **across generations**.

One of the earliest studied examples of this transmission was in the children of Holocaust survivors. Researchers found that these children— whose parents suffered extreme toxic stress — suffered a range of behavioral and emotional difficulties, including

- **anxiety,**
- **hypervigilance,**
- **traumatic nightmares,**
- **and poor self-esteem**

due to having their experiences minimized in comparison to their parents' suffering (Yehuda & Lehner, 2018).

Subsequent studies noted differences in stress hormones that may have predisposed the children of individuals who had suffered historical traumas to anxiety disorders. Other researchers have found other biological influences on behavioral outcomes (Yehuda & Lehner, 2018). These may include the following:

- the immune system— interaction between the brain and the immune system that can affect a person's stress reactivity, mood and behavior
- the endocrine system— interaction between the brain and hormones that can affect cognition, mood, and behavior
- microbiomes— interaction between the brain and gut microbiomes that can affect behavioral health

Personal Capacity of a person to effectively adapt to adversity is also formed from:

- the interaction of the cumulative experiences (good and bad)
- that are faced during important developmental periods
 - infancy
 - early childhood
 - adolescence
 - emerging adulthood(ages 18-25)
- and the person's connection to a supportive adult to provide protection and guidance.
- Individual differences also influence resilience:
 - personality
 - cognitive skills
 - lifestyle factors (which include sleep, nutrition, physical activity, and electronic screen time)

Note: Research indicates that when people face great adversity, their ability to be resilient to *subsequent* stressors is reduced (Seery & Quinton p. 235-236).

Supervised visitation programs who work with individuals and families should be careful not to assume that permanent damage is a foregone conclusion for any person. Harsh parenting, ACEs, and other toxic environmental factors can have negative consequences for outcomes for children, *but it is only part of the story*.

Research shows that **positive childhood experiences** such as a nurturing adult figure **can buffer some of these negative consequences**. In addition, there are interventions that improve the parenting environment and community processes (Yehuda et al., 2018) for resilience and healing (Yehuda et al., 2018). These can build adaptability and buffer the effects of the risky environment and subsequent biological changes.

References

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