Clearinghouse on Supervised Visitation E-Press

June 2021

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Upcoming Phone Conferences in 2021:

June 16, 2021 @ 12pm/11CT

July 21, 2021 12pm/11CT

August 18, 2021 @ 12pm/11CT

Questions from Directors

A lawyer in town has referred a new case to my program. He wants us to set a schedule before any visits begin. The schedule is supposed to outline how many visits will take place, and then a plan for transitioning to un-supervised visits. How do we do this?

Great question. Now that the pandemic is waning, we are getting more question like this. But beware of them! They are basically asking you to make a recommendation: when (exactly) can my client stop having supervised visits and go back to unsupervised visits. Such a request is beyond the scope of your services, because it requires you to be more than a supervised visitation provider. I call it a back-door parenting evaluation, which is simply not appropriate for Florida SV providers to conduct. Why? I'm so glad you asked.

Remember what the many goals of visitation are in Florida – to provide safe contact, to facilitate and support parent-child interaction, to educate parents, when appropriate, about their child's developmental phases. These are well within the scope of Florida's SV plan. But going beyond those parameters into recommending non-supervised visitation assumes that providers have a great deal of information about a case, have extensive training and or clinical skills of evaluation, have interviewed all parties about the case, and have extensive knowledge about such things as background checks, prior behavior, and advanced knowledge about the family. These are the kinds of tasks common to case managers in child welfare and Guardians ad Litem (GALs). And here's something you might not know: GALs have qualified immunity for the work they do. Such immunity is extremely important when someone litigates over a decision made by someone within the child welfare system. Judges, too, have qualified immunity – so it should be the case manager's or the judge's decision, after weighing all the facts, when a family can transition to unsupervised visits.

It's SUMMERTIME in Florida: Hot Cars are Dangerous for Children

Share resources from the Department of Children and Families with your parents, and when parents leave the building, say things like: "Remember, hot cars are dangerous for children and pets."

Summer BreakSpot offers balanced meals at no cost for children!

Find a location near you by texting "FoodFL" to 877-877

For more information, watch the video at the link below

https://www.summerbreakspot.org/

Substance Use Disorder & Supervised Visitation

Over the past year, the Clearinghouse on Supervised Visitation has been conducting a great deal of training on Substance Use Disorder. The reason for this is that Clearinghouse data from statewide reports indicate that more cases each year are being sent to supervised visitation programs because of these disorders.

Objectives

- Understand why supervised visitation providers should learn about SUD
- Review the Protective Factors that can help families and children
- List ways that supervised visitation personnel can help families experiencing SUD
- Recall the reality of vicarious trauma, who is at risk, and how to manage it
- Learn new terms including compassion satisfaction and vicarious resilience that can strengthen those who work with families.

Substance Use Disorders (SUDs) can have a profound and negative impact on family functioning. The following categories of peoples' lives are impacted:

1. **Child Development-**
    - Children whose parents have suffered from substance use disorder can be born with fetal alcohol syndrome or have a history of neonatal abstinence syndrome. Babies who have been exposed to substances may experience a range of social, emotional, behavioral effects because of that exposure.
2. **Household Safety-**
    - Parents who suffer from substance use disorder can neglect their children's needs. Parents may sell or manufacture substances in the home. Children may be exposed to dangerous chemicals. Parents may not keep enough food in the house, feed the children appropriately, or keep the house free of danger because of the substance use disorder. Parents may also be unable to adequately supervise their children.
3. **Psychosocial Impact-**
    - The children with parents who have substance use disorders may have difficulty developing in healthy ways. They may have communication and speech difficulties. Children may have difficulty identifying and regulating their emotions when in the household of a parent with substance use disorder. Children may also have insecure attachment to a parent with a substance use disorder.
4. **Parenting-**
    - The parent may not have the skills to parent effectively because of their disorder or because of their own history as children of substance users. Parents may also use harsh discipline, or children may feel as if though they are the parent.
5. **Intergenerational Issues-**
    - Sometimes substance use disorders are a part of the family history. For that reason, parents may lack basic family support. Multiple generations of the family may have suffered from substance use disorders.

Risk and Protective Factors

Supervised visitation personnel already understand that families may have risk factors that are associated with a greater likelihood of negative outcomes. On the other

hand, families may have protective factors that are associated with reducing negative outcomes. Supervised visitation workers will not be able to eliminate the risk factors but are usually in a position to help develop some of the protective factors that support families through their challenges.

The Clearinghouse has taught supervised visitation personnel the protective factors in many trainings. As a reminder, the protective factors that can strengthen families are:

1. **Social Connections:** connecting families with strong support systems.
2. **Nurturing & Attachment:** supervised visitation staff can help parents with this protective factor during every visit.
3. **Knowledge of Parenting & Child Development:** parents can be taught good parenting skills at supervised visitations.
4. **Parental Resilience:** programs can help keep families strong and teach them coping skills.
5. **Concrete Support:** visitation staff can connect families to community resources.
6. **Social & Emotional Competence of Children:** Visitation staff can model and exhibit emotional intelligence.

Activities That Support Parents at Supervised Visitations

- Encourage parents to stay in treatment; praise even incremental progress
- Teach parents about their child's developmental phases
- Show parents patience, respect, and understanding when acknowledging their substance use disorder
- Understand that families that have limited resources will struggle to meet their child's needs
- Understand that victims of domestic violence are more likely to abuse alcohol or become dependent on tranquillizers, sedatives, and painkillers
- Teach parents how to communicate with their children. For example, if the parent has a toddler, teach the parent to get on the floor or at the child's level
- Use a light touch when communicating with parents so that they feel like you are not talking down to them
- Understand that criminal court involvement (for example, for selling drugs) can affect parent's ability to provide financially for their children
- Understand that parents may not have had healthy role models or life experiences.
- Help parents focus on the word "recovery" and to not use the words "addict" or "mentally ill"
- Remember that the parent needs services to support their recovery including:
    - Mental health services
    - Medication management
    - Domestic violence intervention
    - Parenting skills
    - Resources
- The supervised visitation program cannot provide all of these services but can direct individuals to the appropriate resources within their community

Activities That Support Children at Supervised Visitations

- Offer children a safe space in a non-judgmental environment
- Model how to express emotions in a healthy way
- When appropriate, assure the child that they are not the reason for their parent's substance use disorder
- Assure the child that they are not alone and that many families struggle with this problem
- Do not use "sick" language so children do not think their parents will be removed if they get a cold or the flu
- Understand that children may be confused or embarrassed by their parent's disorder
- Children want to have safe, fun visits with their parents. They want to be reassured that their parent is OK
- Supervised visitation staff needs to be aware and alert when an adolescent may also be experiencing a SUD
- The important role that supervised visitation personnel have in helping children identify and express their emotions cannot be overstated

Vicarious Trauma

Remember that working with parents and families with challenges can lead to vicarious trauma.

Vicarious trauma refers to the behaviors and emotions that often result when someone tries to help a suffering person who has experienced a significant trauma. The symptoms of vicarious trauma can be mild or severe; the symptoms of severe vicarious trauma are similar to those of posttraumatic stress disorder (Office for Victims of Crime [OVC], n.d.)

Risk Factors

Specific risk factors for vicarious trauma have been identified. Two specific issues put any professional at a higher risk of vicarious trauma. The first is quantity: how much vicarious trauma is experienced. For example, a person who works in an emergency room will likely be exposed to a great deal of other peoples' suffering and trauma. The second is the severity of the traumatic information (Dunkley & Whelan, 2006). For example, the person in the emergency room may encounter fatal accident victims and people who have been murdered, which can cause severe trauma.

Other risk factors for experiencing vicarious trauma include:

- **Youth/lack of experience**: Younger people may not have the coping mechanisms to deal with the trauma they encounter.
- **Empathy with trauma survivors:** Those who empathize deeply with survivors may have a harder time enforcing boundaries between themselves and their clients.
- **Having insufficient recovery time between exposures:** People who have been exposed to the trauma of others should be provided time to process their experiences before they are again exposed to more trauma.
- **Unresolved personal trauma**: People who have experienced trauma may not have fully recovered from it and may still be negatively affected by it. Thus, they should find healthy ways to acknowledge, address, and resolve it before being exposed to the trauma of other people.

- **Lack of personal social support:** People need the support of others. Empathy and support from friends and family can help individuals process the difficult experiences from work.
- **Lack of workplace support:** The workplace should have processes in place that address trauma and support employee self-care. This may include access to counseling after exposure to a traumatic event (Eriksson et al., 2001).
- **Having difficulty identifying and expressing feelings:** People who are not able to express and process their emotions may have difficulty healing after trauma. People who can identify and explain how they are feeling may have more capacity to cope with trauma.

Symptoms of Vicarious Trauma

Research indicates that people can experience a wide range of symptoms of vicarious trauma, including symptoms similar to those in posttraumatic stress disorder (PTSD). They can include the following:

- Difficulty with memory
- Intrusive thoughts
- Difficulty with decision-making
- Hopelessness and feelings of ineffectiveness
- Change in worldview — i.e., thoughts like "What's the point?"
- Anger
- Exhaustion
- Irritability
- Decreased ability to feel empathy
- Decreased ability to express support for someone who is suffering
- Diminished sense of career satisfaction
- Heightened anxiety — worry or fear that can interfere with daily activities
- Hypervigilance — state of increased alertness
- Hyperarousal — increased sensitivity to one's environment resulting in symptoms such as difficulty sleeping or concentrating, increased heart rate, or being easily startled
- Difficulty separating work life from personal life

- Avoidance — dreading going to work

(OVC, n.d.)

Protective Factors Help to Prevent Vicarious Trauma

Although the negative effects of vicarious trauma can be profound, there are certain protective factors that can buffer individuals from the worst impact. These protective factors include the following:

- Compassion satisfaction
- Supportive workplace
- Self-compassion and consistent self-care
- Willingness to discuss difficult emotions

(Cordaro, 2020; Corneil et al., 1999; Skogstad et al., 2013)

These protective factors can be utilized to help prevent and/or manage symptoms of vicarious trauma. **Compassion satisfaction** is described as the positive feeling derived from the effects of helping others (OVC, n.d.). There is a positive impact associated with meaningful work. When an individual is engaged in higher education work, they have the potential to derive a sense of meaning and purpose from helping students learn and reach their goals. Higher education professionals can also be encouraged and inspired by seeing others overcome adversity. **Vicarious resilience** is a positive feeling experienced through witnessing someone overcoming adversity (OVC, n.d.). Such emotions can be empowering.

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Resources

The Department of Children and Families has many downloadable posters that we highly recommend (examples below). Print some out and use them at your program. Click each image to be able to download them.

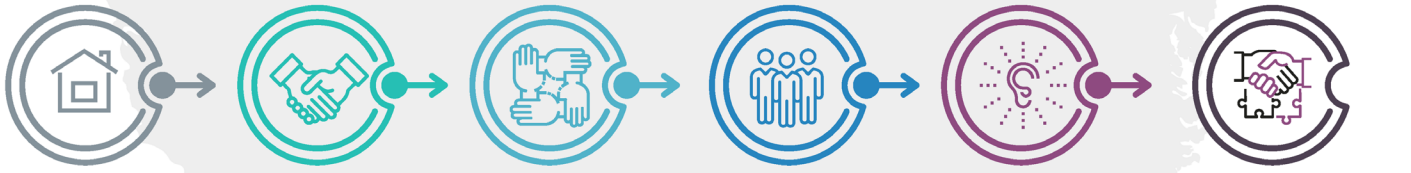
Trauma-Informed Principles Applied in Supervised Visitation

Every supervised visitation program can do something to become trauma-informed. A variety of principles and outcomes should be considered when developing a more trauma-informed program. The section below expands on these considerations using the recommendations of the Center for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

Any trauma-informed practice should consider the Center for Disease Control and Prevention's (CDC) Six Guiding Principles To A Trauma-Informed Approach (2018)

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

1. **Safety**

   This principle emphasizes the importance of everyone serving in, and being served by, the organization, ensuring that they feel psychologically and physically safe.

   - How safe is the building/environment? Is it well lit? Accessibility exist? Accessibility options work?
   - Are there readily available directions?
   - Is there security?
   - Are restrooms easily accessible? Are there gender-neutral bathrooms or is there an understanding that anyone can use the bathroom of their choice?
   - Are first contacts welcoming?

2. **Trustworthiness and Transparency**

   This principle reminds everyone in positions of authority that decisions, rules, and policies made must be transparent. Consumers or customers need to be able to understand how those decisions were made and trust that the process for making the decision was fair.

   - Do clients and staff receive clear rules and procedures?
   - Are goals and objectives specific and clear?
   - How are challenges handled between personal and professional boundaries? Are roles clear?
   - Is information relayed in an accessible and inclusive format?

3. **Peer Support**

   When peers can assist each other and empower each other within an organization, they can help the organization build safety and trust.

   - Do clients and staff have information about choices and options?
   - Do they know about their rights and responsibilities?

4. **Collaboration and Mutuality**

   Everyone in the organization has a role to play in developing and maintaining a trauma-informed system. Although experts and researchers are important, all individuals can help shape, build, and refine trauma-informed practices. In supervised visitation programs, the input and feedback of clients and staff are equally important for the creation of trauma-informed practices.

- Is the input of staff and clients considered when decisions are made?

5. **Empowerment, Voice, and Choice**
   Using a strength-based approach recognizes that every individual has different experiences and strengths. Thus, an individualized approach that offers people options and listens to their opinions is necessary in a trauma-informed environment to meet these diverse needs.
   - How are clients' strengths and skills recognized?
   - Are staff optimistic about clients reaching their goals?
   - Is there a focus on skill development or enhancement?
6. **Cultural, Historical, and Gender Issues**
   In addition to individual trauma, there are historical systems which were created to control and marginalize many groups of people. This principle:
   - Emphasizes the recognition of systemic racism and oppression of many groups,
   - Highlights the need for culturally responsive programming and services, and
   - Insists on avoiding practices that reinforce stereotypes and interfere with equitable practices.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach offers more detail, with ten domains of application to consider:

1. **Governance and leadership**
   - Having an identified point of responsibility within the organization to lead and oversee the work which includes the peer voice
2. **Policy**
   - Creating organizational procedures and cross agency protocols, including working with community-based agencies, reflect trauma-informed principles
3. **Physical environment**
   - Promoting a sense of safety and collaboration
4. **Engagement and involvement**
   - Offering significant involvement, voice, and meaningful choice in all areas of organizational functioning
5. **Cross sector collaboration**

- Ensuring a shared understanding of trauma and principles of trauma-informed approach

6. **Screening, assessment, treatment services for those who have experienced trauma**
7. **Training and workforce development**
    - Offering ongoing training on trauma and peer support
    - Ensuring that the organization's human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation
8. **Progress monitoring and quality assurance**
    - Ongoing assessment, tracking, and monitoring of trauma-informed principles
9. **Financing**
    - Ensuring that adequate resources are available for staff training on trauma, key principles of a trauma-informed approach; the development of appropriate and safe facilities; the establishment of peer-support; the provision of evidence-supported trauma screening, assessment, treatment, and recovery supports; and the development of trauma-informed cross-agency collaborations"
10. **Evaluation**
    - Emphasizing that services or programs should be evaluated for effectiveness.

    (SAMHSA, 2014)

With these important considerations in mind, we suggest an overarching outcome for trauma-informed supervised visitation programs should begin with the following:

The program should realize the widespread impact of trauma and understand potential paths for wellness and healing in four ways:

1. By recognizing how trauma affects all individuals involved in a diverse organization, including its own workforce
2. By responding and offering universal training to the community
3. By integrating culturally informed knowledge about trauma into existing policies, procedures, and practices, while creating new trauma-informed tools, and
4. By minimizing the risks of re-traumatization.

(American Hospital Association, 2019)

Ideally, every aspect of a program's procedures and policies can be improved by the adoption of a trauma-informed approach. However, implementing trauma-informed practices **does not have to be all or nothing; every effort made is important, and everyone can start somewhere.**

References

American Hospital Association. (2019). What is trauma-informed care? https://www.aha.org/system/files/media/file/2019/07/what-is-trauma-informed-care-6-11-2019-.pdf

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If a child is alone in a car
CALL 911
#LookBeforeYouLock


A car can become deadly h🔥t in just 10 m🌡️nutes

Anyone can misuse opioids.

Ask about other options for pain management

TREATMENT

— CAN GET —

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