

# Clearinghouse on Supervised Visitation

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### Upcoming Phone Conferences

March 15, 2023 @ 12PM/11CT

April 19, 2023 @ 12PM/11CT

May 17, 2023 @ 12PM/11CT



# Sibling Visits

*At the January 18, 2023 Clearinghouse webinar, lead staff and directors discussed the issue of Sibling Visits at supervised visitation. This document only reflects the issues raised in the call. There are likely many more issues to discuss. Feel free to email Karen to add more content to this series of notes. (Email koehme@fsu.edu)*

Threshold information:

- A. If a program has not been asked to supervise sibling visits, they will likely receive such a request in the future.
- B. Each program should decide in advance how they would handle such a request.
- C. Each program should develop at least a skeletal list of policies and procedures for such visits.

Below, directors agreed that the following are important things to think about.

## 1. Considerations

- a. What is the number of children who are visiting together? Do you have resources for these visits? How many monitors should there be for 2 children, 3, 4 or more children.
- b. Cost of such visits. Who pays for these visits?
- c. Prior relationships between the children. Healthy? Abusive? Who provides this information.
- d. Age and developmental stage of each child is going to be important.
- e. Remember that you may have combinations of full siblings, half siblings, step siblings, non- formal relationships, cousins, etc.
- f. Risks from contact: what might be the risks to each child
- g. Level of supervision needed
  - i. How do you manage a baby- who cares for the baby? Who diapers babies, or feeds a hungry baby?
  - ii. Medical issues with siblings, psychological issues, developmental delays, other?
  - iii. Sibling rivalry (how would you determine if this exists, who is a reliable reporter, are you going to rely on the children)
- h. Intake for Sibling Visits – There should be an intake session done by the SV center.
- i. What is responsibility of the CBC? (“We do Intake sessions for every case; two separate interviews, even if the CBC has already done one. Are these both as thorough?)
- j. What does the report of a sibling visit look like? What are the elements of the report?
- k. What about food, from formula to food. Who brings the food? Is there any communication about the food? Peanut allergy, religious concerns, preparation, utensils? How much notice do parents get and need?



## 2. Policy and Procedures

- a. Does program take case? Does your program accept these cases?
- b. What is needed?
  - i. Court order – I would recommend always have a court order
  - ii. CBC – and this order was signed by judge and is part of the case plan;
- c. Parental agreement? Custodian. Foster parent.
- d. Program can set parameters: we only accept sibling visits with children over a certain age (four years old/five)
- e. Child with disabled sibling – who is in charge of the disabled child's needs.
- f. One program limits sibling visits to when a GAL or Family Support worker is present (in addition to the monitor). Programs could say how many monitors are required in each visit (with more than two children there have to be X monitors)

### 3. Elements of Parental Agreement

- a. Signed by parents
- b. Provisions
- c. What happens if child gets sick?
- d. Does parent need to be a short way away?
- e. Transparency as to who is “in charge” of these children
- f. Incorporating portions of the typical parental agreement (drop off and pickup)
- g. What happens if the parent does not pick up the child?
- h. Many other issues.

### 4. Supervision concerns

- a. “What if child accuses monitor of harm?” Staff are worried. Staff may feel that sibling visits are outside the scope of the program. But parents can also make accusations.
- b. “We always have to have a SV monitor BOTH with the children and in the building; and On site.”
- c. Monitors “surprised” to learn of a new duty.
- d. Transparency in what is expected at visitation.
- e. Toileting issues for young children (do cousins, step siblings, toilet relatives)
- f. Monitor transitions from being an observer (at parental visits) to being a participant.
- g. What about toileting - who helps child? Medicine?
  - i. Handling child misbehavior
  - ii. Having to help feed a newborn or two year old
  - iii. Training (staff are generally not trained in this issue)
  - iv. What if a child is far too young? (6- year- old and infant)
  - v. Children can harm themselves without the monitor being helpful



# Keeping Children Safe: Potential Risks of Harm

Every year, current trends and technologies are developed around the world. Children and adolescents are particularly susceptible to participating in these trends. Many of these trends and technologies have the potential to be harmful, and fatal. Raising awareness among parents and children is crucial to protecting the safety and wellbeing of everyone involved.

## Social Media

Social media has become a major issue in developing dangerous online trends. Historically, trends such as the Cinnamon Challenge (swallowing a spoonful of cinnamon) and the Tide Pod Challenge (eating Tide detergent pods) have caused a lot of controversy due to their harmful effects. As of December 2022, there are latest trends on the rise that parents and children should be aware of.

The “Salt Challenge” is actually a few different trends, but all involve swallowing dangerous amounts of salt. These challenges can be very harmful, as side effects of ingesting a lot of salt include brain swelling, seizures, and vomiting (Utah Poison Control Center, 2022).

The “Cinnamon Challenge” is when someone eats a spoonful of ground cinnamon without drinking any water. Harmful effects of this challenge can include coughing, choking, and irritation of the lungs, leading to pneumonia (Utah Poison Control Center, 2022).

Within schools, there are countless trends that have emerged from the popular social media app, TikTok. A lot of these trends are very dangerous, and extremely difficult to keep track of with how quickly they seem to come and go. In popular trends such as the “One Chip Challenge,” students eat a Pacqui chip, which is marketed as the “world’s spiciest” chip. As expected, due to the extensive safety warnings that are listed on the chip’s packaging, several students have been sent to the hospital after doing this challenge (Klein, 2022).

Another trend that has popped up in schools is the “Slap a teacher” challenge, where students were reported to have walked up to their teacher and slapped them in the face while they were being recorded. While this trend does not pose any physical harm to the student, it is dangerous for the teachers and staff, and can also pose other forms of harm to the student, such as suspension, expulsion, and even legal consequences (Klein, 2022).

Other trends that have emerged due to social media platforms include the “Nyquil Chicken” challenge and the COVID challenge. The “Nyquil Chicken” challenge is when someone eats chicken cooked in Nyquil, which the FDA has concluded can be harmful to your lungs if ingested. The COVID challenge is when someone licks a random



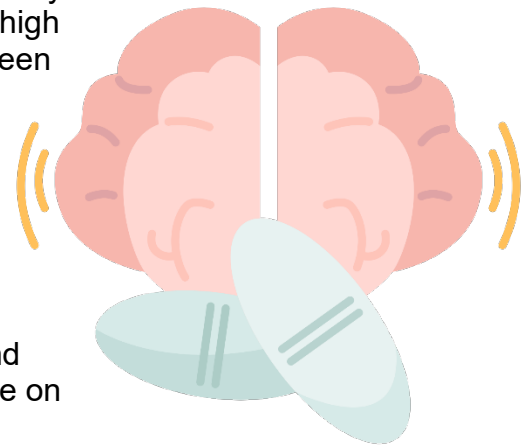
surface, which has a string of harmful impacts aside from potentially contracting the COVID-19 virus. While social media platforms are not to blame for creating these trends, these websites are notorious for stirring up dangerous behaviors that children and teenagers may not even realize could harm them (Klein, 2022).

## Substance Use

The “Nutmeg Challenge” is when someone swallows a large amount of nutmeg to get high. This challenge is popular among those experiencing incarceration, as well as young adults. Ingesting copious amounts of nutmeg can lead to very harmful effects, including the possibility of seizures and death (Utah Poison Control Center, 2022).

The “Benadryl Challenge” is a trend where people will take Benadryl to hallucinate. However, ingesting too much Benadryl can lead to high blood pressure, seizures, and death. Several teenagers have been hospitalized from this challenge, and several others have overdosed and died (Utah Poison Control Center, 2022).

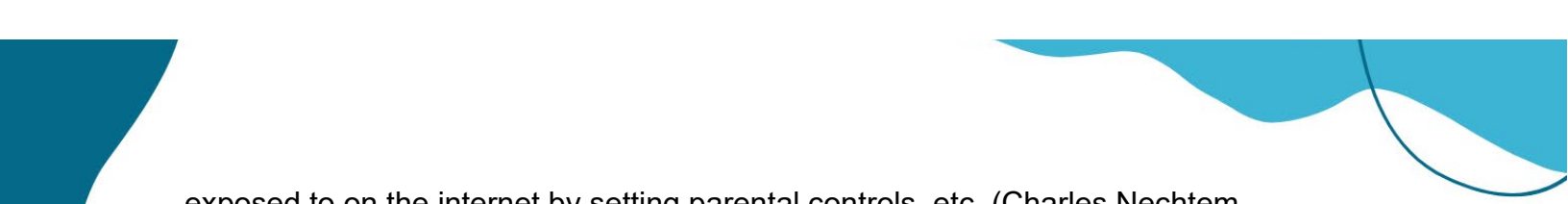
In Florida, adolescents between the ages of 12-17 years have met criteria for Illicit Drug Use Disorder (3.11%) and Alcohol Use Disorder (1.24%) in the last year (NCDAS, 2023). Among eighth, tenth, and twelfth graders in the United States, nicotine remains the most frequently used substance, with marijuana and alcohol in second and third place, respectively (National Institute on Drug Abuse, 2022).



Parents should be aware of the household items that their children and teenagers may be using to get high. Popular household items include cough syrup, glue, and hand sanitizer. These, as well as others (motion sickness pills, mouthwash, and cleaning products) can have dangerous effects such as hallucinations, lightheadedness, and even overdosing. Many cough suppressant medicines and over the counter drugs contain the active ingredient, dextromethorphan (DXM). Experiencing addiction and overdose are quite common with medicines that contain DXM. Parents should ensure when buying over the counter medicine that DXM is not listed as the active ingredient if they are worried about their children using substances (Teen Rehab, 2020).


## Modern Technology

With the advancement of technology in recent decades, parenting has become uniquely difficult. Children are exposed to a variety of technologies, and the short- and long-term effects of this exposure are still being discovered. Negative impacts of technology exposure in children include a lack of development in social skills, difficulty forming relationships, potential health problems related to brain development and critical thinking skills, a lack of exercise and reduced sleep quality, decreased attention span, and risk of exposure to inappropriate or dangerous materials. It is recommended that parents monitor their children and teenagers’ screen time, encourage a balance between electronics and real life, and limit the risk of inappropriate things they may be

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exposed to on the internet by setting parental controls, etc. (Charles Nechtem Associates, 2021).

While modern technology certainly has a lot of negative impacts, it would be harmful to ignore its positive impacts. These include benefits in organizational and planning skills, advancements in research, bonding with others in new, unique ways, ability for self-expression, and having a space to be creative and explore individualized interests (Charles Nechtem Associates, 2021). While technology can certainly be harmful, it does not have to be if parents are aware of the risks and take steps to ensure that their children are protected.

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# Applying Motivational Interviewing Principles

The following case scenarios show case a supervised visitation monitor using motivational interviewing principles when working with two parents.

**For a refresher on Motivational Interviewing, be sure to check out the Clearinghouse on Supervised Visitation website for the Parental Motivation to Change training.**

## Case Scenario with Visiting Parent

**Background Info:** Four-year-old Joel and seven-year-old Anna were removed from their home with their birth mother Margarita. Margarita's paramour was living in the home with the children and frequently abused them. Mom knew about the abuse and continued to allow the paramour to live in the home, thus failing to protect her children. The children have been placed in foster care and the mother is allowed to have supervised visitation with them twice a week.



Below is an example of motivational interviewing between the visiting parent (VP) and supervised visitation monitor (SVM).

SVM: Thank you for coming in today. Your children are very excited to see you. However, before we begin today, I would like to check in to see how you feel about children being removed.

VP: I got my boyfriend out of the house. So, when do I get my kids back?

SVM: I can tell that you care about your kids a lot.

VP: I get kicked him out. What's the issue? I didn't abuse my kids. Why do I have to do anything else? I solved the problem.

SVM: I can imagine that removing him from the home was difficult, however the actions on the case plan must be completed.

VP: I don't think I have to do that. You're not listening to me, he's out of the picture. The problem is solved.



SVM: I see that you are very passionate about getting your kids back in the home. But there are other steps that you need to take.

VP: All I want is my kids back. I am willing to do anything. If it's completing this silly case plan, I'll do it.

SVM: From my understanding, your case manager has reached out to you to begin the case plan. From our interaction, I can tell that you are willing to take the necessary steps to create a safe environment for your children. I am here to support you and your family through this difficult process. Let's go see your kids!

VP: Thank you for being supportive! I am ready to see them.

### Case Scenario with Custodian Parent

**Background Info:** 11 year-old Michael recently had supervised visitation with his biological father. Since that visit, Michael has been referring to the girls in the home as "whores". Michael has also been recently defiant against the custodian parent stating that he only takes order from real men. When asked about his behavior, Michael stated that he doesn't respect women. There are concerns that the father's abusive behavior is influencing Michael and could continue to cause problems within the home. As result, the custodian parent had reached to the supervised visitation center for assistance.



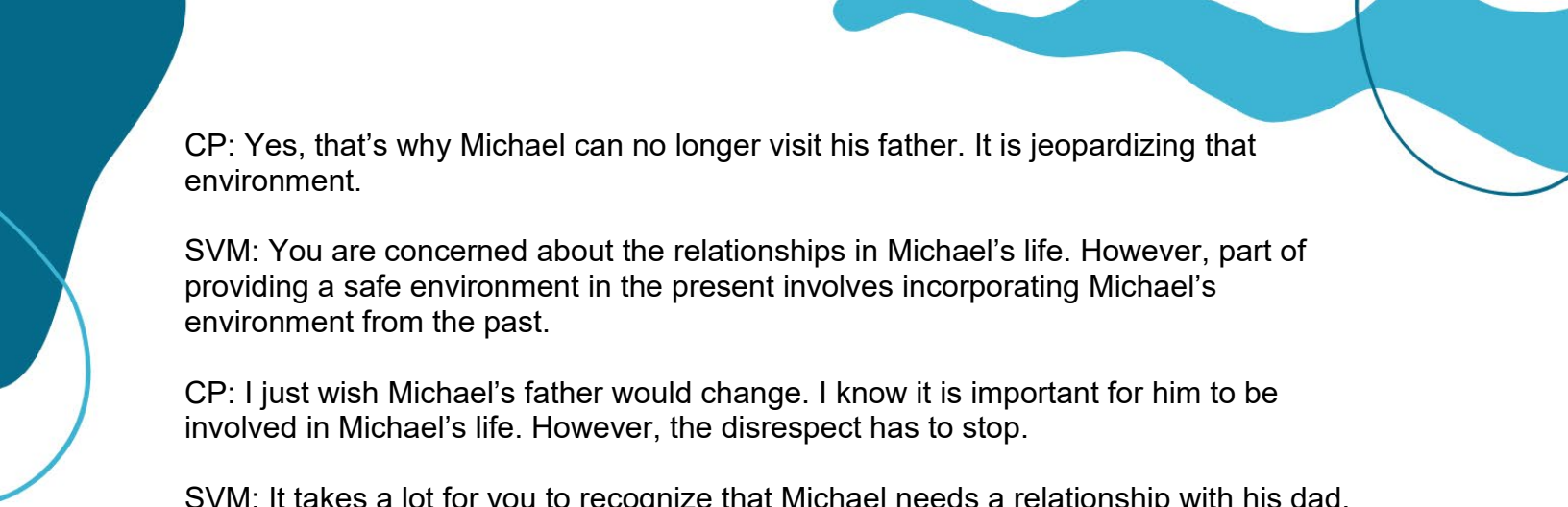
Below is an example of motivational interviewing between the custodian parent (CP) and the supervised visitation monitor (SVM).

CP: I have concerns about Michael's visitation with his father. He has been acting out, specifically towards the girls in the house. I don't want him to go see his dad anymore. I think he is a negative influence on him. Every time he sees him something happens, and it creates chaos in my house.

SVM: I hear your concerns and that you care a lot about Michael and his well-being.

CP: It is really impacting my household. I need you to give me the number for his dad. I am going to tell him myself that his behavior is affecting Michael and that I can't allow him to see him anymore.

SVM: You care a lot about each of these children in your home. It is hard for you to watch one of them act out. You want each child to feel safe in the home.



CP: Yes, that's why Michael can no longer visit his father. It is jeopardizing that environment.


SVM: You are concerned about the relationships in Michael's life. However, part of providing a safe environment in the present involves incorporating Michael's environment from the past.

CP: I just wish Michael's father would change. I know it is important for him to be involved in Michael's life. However, the disrespect has to stop.

SVM: It takes a lot for you to recognize that Michael needs a relationship with his dad. Your insight and protectiveness will help Michael adjust.

CP: I think I am going to call the case manager and suggest the need for additional services for both Michael and his father.

SVM: That sounds like a great idea. Let me know how I can support you.



# COVID-19 Update

## Variants

Omicron and its subvariants are the predominant COVID-19 strains in the United States and have been for over a year now. The original Omicron strain (BA.1) was first identified in late November 2021. BA.5 then became the most prominent strain in the United States, followed by the two new variants known as BQ.1 and BQ.1.1. by November 2022. Currently, a new subvariant known as XBB.1.5 is on the rise. Omicron's subvariants are especially contagious. XBB.1.5 is the most transmissible strain of the virus so far. Data suggests that the first few Omicron subvariants were less severe than previous variants; however, the surges in cases may lead to increases in hospitalizations and deaths. The most recommended protection against Omicron is staying up to date with the vaccination (Katella, 2023).

## Prevention

There are many ways to protect yourself and others from contracting COVID-19. Some preventative measures include:

- **Getting the COVID-19 vaccine:** The vaccine for COVID-19 creates protection in the body from the illness. Although breakout cases can still occur after the vaccination, staying up to date on this vaccine drastically lowers the risk of becoming extremely ill, being hospitalized, or dying due to COVID-19. These vaccines are especially important for those who have weakened immune systems.
- **Improving ventilation and filtration:** Ventilation is when air is moved into, within, or out of a specific room, while filtration is when particles are confined in a filter, so they are removed from the air. These processes can prevent virus particles from collecting indoors, thus slowing the spread of COVID-19 particles. This is because the viral particles are easier to spread indoors than outdoors. Filtration and improved ventilation can be accomplished by following a few actions such as opening windows, turning your thermostat "on" instead of to "auto", using high efficiency air cleaners, changing your filters frequently, and turning fans on to improve the air flow.
- **Wearing respirators or masks:** Masks trap particles and droplets that you cough, sneeze, or breathe out. Several different types of masks exist that range in protection ability. Respirators (N95 or KN95 masks) are specifically designed to protect the wearer by fitting snugly on the face to filter out particles. Respirators protect the wearer and those around them more than masks do. Regardless of the mask worn, it is important for the mask to be worn properly.
- **Social distancing:** Small particles that individuals breathe out can contain virus particles and can spread from person to person. The closer an individual is to a larger number of people, the more likely they are to be exposed to COVID-19. To avoid possible exposure, a person can avoid crowds and keep their distance between themselves and others.

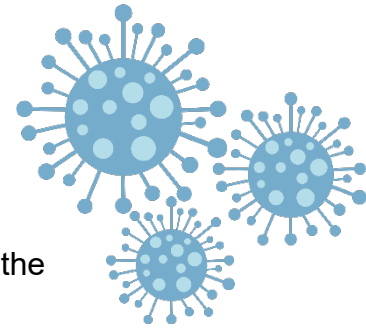


(Centers for Disease Control and Prevention, 2022).

## Statistics

### National

- As of January 7<sup>th</sup>, 2023, 1,091,816 people have died due to COVID-19.
- The three states with the most COVID-19 related deaths are California, Texas, and Florida.
- There have been 101,094,670 confirmed cases of COVID-19 in the U.S since the beginning of the pandemic.
- 75.4% of adults in the U.S. have at least one increased risk condition that could lead to hospitalization or death from COVID-19.



(Centers for Disease Control and Prevention, 2022; Centers for Disease Control and Prevention, 2023; Ajufo et al., 2021).

### Florida

- As of January 5<sup>th</sup>, 2023, there have been 7,350,177 positive COVID-19 cases, and 31,633 COVID-19 related deaths in the state of Florida.
- In the state of Florida, 16,100,702 people have been vaccinated.
- As of December 30<sup>th</sup>, 2022, there have been 31,633 new cases of COVID-19 in Florida.

(Florida Department of Health, 2023).

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# March is Developmental Disabilities Awareness Month

## FACTS ABOUT DISABILITIES

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- Developmental disabilities include:
  - Autism Spectrum Disorder (ASD)
  - Cerebral Palsy
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Intellectual disability
  - Learning disabilities
- About 15% of the world's population live with a disability.
- Developmental disabilities are those that an individual is born with, even if not diagnosed until later in life (Stephen's Place, 2022).

## HISTORY OF DEVELOPMENTAL DISABILITIES MONTH

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The stigma that has surrounded individuals with developmental disabilities has persisted for centuries. In the early 1960s, President Kennedy utilized his position and personal experience to raise awareness for the needs of individuals with intellectual and developmental disabilities. The presidential panel laid the foundation for a more inclusive and accessible future.

The Developmental Disabilities (DD) Act of 1984 created much of the system in which we see today. The emphasis of service goals was shifted to reflect the desire for individuals to reach their full potential. Included in the DD act of 1984 was the requirement for all states and territories to have DD councils and a statewide strategic plan to address service needs. The first National Developmental Disabilities Awareness Month was proclaimed by President Reagan in 1987.

In 1990, President Bush passed landmark legislation, the Americans with Disabilities Act (ADA). The ADA signed into law the prohibition of discrimination of individuals with disabilities in public life. The act was amended to shift focus from integration and productivity to inclusion and recognition. The most recent action with the Americans with Disabilities Act was an amendment passed in 2009.



## HISTORY

The Child Abuse Prevention and Treatment Act (CAPTA) was passed in 1974 and was the first piece of federal legislation to protect children from abuse. In 1983, Congress recognized April as National Child Abuse Prevention Month. Throughout April, governmental agencies, organizations, and individuals are encouraged to promote healthy, strong families through support and connection.

Child Abuse Prevention Month was designated and recognized with the understanding that healthy childhood development leads to a happier and healthier adulthood and ultimately community for all families.

## STATISTICS

- In the United States in 2020, an estimated 618,000 children were victims of abuse or neglect.
- Child welfare authorities look over approximately 7 million children each year.
- In 2020, around 1,750 children died as a result of abuse or neglect.
- 15% of victims are 12 months old or younger.
- In child abuse cases, where reports are founded, 77% of children are victimized at the hands of their parents.

(National Children's Alliance, 2021)

## FAST FACTS

These agencies are responsible for supporting programs and services that protect children and strengthen families:

- The Children's Bureau
- Administration for Children and Families
- U.S. Department of Health and Human Services

The Blue ribbon symbolizes the commitment to Preventing Child Abuse. Many wear them to remember individuals who died at the hands of abuse, while others wear them to recognize those who have done so much to prevent abuse and neglect.





# Sexual Assault Awareness Month

April 2023

## HISTORY OF SAAM

Sexual assault is an epidemic that impacts individuals of every gender, age, race, social class, and other demographic groups. Sexual assault awareness and prevention have been working in tandem since the societal recognition of sexual assault as an issue. Social activism for survivors was at an all-time high in 1970 and sparked the creation of the first rape crisis center in 1971 in San Francisco, California. The following decades showed demand for legislation and funding to support survivors. Notable was the Violence Against Women Act of 1994 (VAWA). VAWA is the federal legislation that mandates comprehensive responses to gender-based violence. VAWA is up for reauthorization every 5 years and builds on existing protections and programs to better support survivors. VAWA was reauthorized in 2022 and strengthened and expanded protections for diverse groups and local communities. President Obama declared the first official Sexual Assault Awareness and Education Month in 2009.

## LEADING ORGANIZATIONS IN THE MOVEMENT

The National Sexual Violence Resource Center (NSVRC) was launched in 2000 to coordinate national awareness and prevention efforts. The Rape, Abuse, and Incest National Network (RAINN) is another awareness network that supports more than a thousand rape crisis centers across the United States.

Information obtained from: NSVRC, DOJ, CDC, & RAINN



The theme for SAAM 2023 is *Drawing Connections: Prevention Demands Equity*



## STARTLING STATISTICS

- About 1 in 5 American women disclosed that they have been raped.
- 10% of rape victims are men.
- 70% of rapes are committed by someone the victim knows. Cases where the perpetrator is a friend/acquaintance frequently go unreported.
- Only about 6 perpetrators per 1,000 rapes will be convicted.
- Almost half of all sexual assault and rape victims are under the age of 18.
- Approximately 1 in 3 male victims were raped for the first time before they were 11 years old.
- 80% of female victims experience their first rape before age 25.

## APRIL 26TH, 2023 IS DENIM DAY!

Denim Day is an international movement to bring awareness to victim blaming and prevention of sexual assault.

April is

# STRESS

## Awareness Month

### Why Stress Matters

Each April since 1992, organizations and individuals around the United States raise awareness and spread education about the adverse impact of stress. While there is not a single agreed upon definition for stress, the most commonly used definition includes mental, emotional, or physical tension/strain. Stress is the response to an external cause.

A stressor may be short-term or can occur repeatedly over a longer period of time. Not all stress is necessarily bad, but long-term stress can have harmful effects on one's physical or mental well-being.

If you are struggling to cope or your symptoms of stress are persistent, it may be time to talk to a professional.

### Activities for Stress Relief

- Keep a journal.
- Download a relaxation or mindfulness app.
- Exercise and eat healthy.
- Get good, consistent sleep.
- Avoid caffeine.
- Talk to positive friends/family.
- Challenge your negative thoughts.

Information obtained from: NIH, NIMH, CDC, & Prince George County government



### 01 HOW TO MANAGE STRESS

- Practice self-care.
- Set boundaries.
- Control what you can.
- Organize and prioritize.
- Ask for help/support when needed.

### 02 SOME SIGNS YOU MAY BE STRESSED

- Lack of motivation
- Feeling sad or depressed
- Trouble sleeping
- Trouble concentrating
- Feeling angry, nervous, burned out, or anxious

### 03 RESOURCES IF YOU'RE IN DISTRESS

- Call/Text the Suicide & Crisis Lifeline at 988
- Chat online at [988lifeline.org](https://www.988lifeline.org)
- Ask your employer about the Employee Assistance Program



# APRIL IS AUTISM ACCEPTANCE MONTH

## What is Autism Spectrum Disorder?

Autism Spectrum Disorder (ASD) is a bio-neurological developmental disability. Signs/symptoms of autism normally appear before age 3. Autism impacts typical brain development in the areas of social interaction, communication skills, and cognitive functioning. Co-morbid medical conditions are not unusual for individuals diagnosed with autism spectrum disorder. ASD is diagnosed four times more often in males than females. While no cure exists, with early intervention and treatment, the wide range of symptoms can be improved.

## Statistics

- There are approximately 70 million individuals diagnosed with Autism globally.
- Approximately 1 in 44 children are diagnosed with Autism.
- Boys are 4x more likely than girls to be diagnosed with Autism.
- With early intervention and treatment, the impacts of Autism can be mitigated.

## History of AAM

The first Autism Awareness Month was declared by the Autism Society in the early 70s. In 2021, there was a call to action to change the goal of the month from awareness to acceptance. Local chapters and organizations around the country hold events throughout April to raise awareness and educate the public about autism. The goal for AAM is to build an inclusive community where all individuals are embraced and supported to achieve their best quality of life.

## Common Characteristics of Autism

While no two individuals with autism are the same, there are a few common areas of behavior and characteristics that typically impact those with ASD:

- Social skills
- Empathy
- Physical contact
- Sudden changes to their environment
- Speech
- Changes to behavior or routine
- Sensitivity to stimuli
- Hyperactivity
- Repetitive behaviors

**Questions?**  
**Contact the Clearinghouse at**  
**850-644-1715**

