Clearinghouse on Supervised Visitation

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Upcoming Phone Conferences

June 21, 2023 @ 12PM/11CT

July 19, 2023 @ 12PM/11CT

August 16, 2023 @ 12PM/11CT

Announcements

If you haven't already, fill out our survey on your program's trauma-informed policies and practices. See survey here.

June 2023

NATIONAL PTSD AWARENESS MONTH

WHAT IS PTSD

Some people may develop post-traumatic stress disorder after seeing or living through an event that caused or threatened serious harm or death. Many people will naturally recover from the impact of this experience, but those whose symptoms persist may be diagnosed with PTSD.

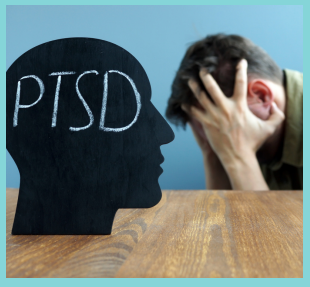
PTSD can impact people across various demographics. While commonly associated with combat veterans, PTSD can impact individuals who experience an assault, natural disaster, accident, mass shooting event, or other serious events. PTSD can also be due to the secondary impact of learning that someone close to you has experienced a serious event.

PTSD is common and treatment is available.

COMMON SYMPTOMS OF PTSD

Symptoms of PTSD usually begin early and must last more than a month and interfere with daily activities or relationships. To be diagnosed with PTSD, individuals over the age of 6 must experience all of the following for **at least 1 month** duration:

- **A re-experiencing symptom**
  - Examples: flashbacks; reoccurring memories/dreams; distressing thoughts
- **An avoidance symptom**
  - Examples: avoiding places, events, or objects that are reminders of the experience; avoiding thoughts of feelings related to the traumatic event
- **2 arousal and reactivity symptoms**
  - Examples: feeling "on edge"; difficulty concentrating; difficulty sleeping; engaging in risky behaviors
- **2 cognition and mood symptoms**
  - Examples: isolation; loss of interest in previous activities; distorted memories of the event

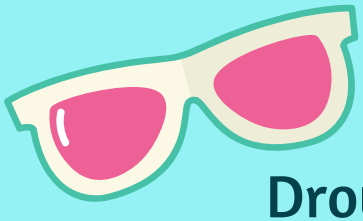


SUPPORT FOR THOSE WITH PTSD

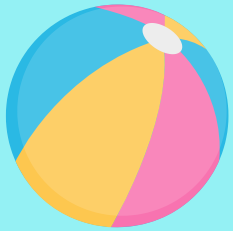
If you believe you have PTSD, discuss diagnosis and treatment options with your doctor/psychologist. If you know someone displaying symptoms of PTSD, recommend they seek help and offer to accompany them to appointments. Individuals seeking support can utilize individual therapy or local support groups for those who have experienced trauma or have PTSD. Veterans and active-duty service members can access 24/7 confidential services by dialing 988 and pressing 1, texting 838255, or online at www.veteranscrisisline.net.

Information obtained from: National Institute of Mental Health & Diagnostic and Statistical Manual of Mental Disorders: DSM-5. (5th Ed.)


Be Kind!
Remember that
many disabilities
are invisible
FLORIDA STATE UNIVERSITY
VIRES ARTES MORES
1851



Water Safety



Drowning is the #1 cause of accidental death for toddlers

Fact:

A child can die in **less than two inches of water.** Pools, lakes, bathtubs, buckets of water pose serious threats to children who are **unattended.**

Beware of Distractions!

- Phone
- TV
- Computer
- Other Children
- Bathroom Breaks
- Conversations

Drowning is PREVENTABLE!

Never leave your child unattended for any reason.

If you have to leave the water area, TAKE YOUR CHILD WITH YOU

This includes the BATHTUB!

Safety Checklist

- Have a physical barrier on all four sides of your pool at least 4 feet high with a lock or an alarm
- Once you leave a water area, make sure the child cannot return without your knowledge.
- Children not proficient in swimming must wear a life jacket.
- Direct supervision must be provided.
- Steps or ladders must be secured or removed when pool is not in use.
- Hot tubs must have a safety cover.

Supervised Visitation & Neurodiversity

Introduction

Supervised visitation staff play a crucial role in supporting and protecting children who have experienced trauma or are neurodivergent. This transformative training aims to empower professionals like you to better understand the needs of neurodivergent individuals and adapt crucial processes and systems to ensure their well-being and success. By gaining a deeper understanding of the challenges faced by neurodivergent people, you can make a profound impact on their lives and contribute to creating more accessible, equitable, and inclusive systems.

Brain Processes

"**Neurodivergent**" refers to a person whose brain works differently from what is considered normal or typical in terms of processing information and functioning. "**Neurodiversity**," on the other hand, is a concept that recognizes and embraces the natural variations in brain functioning among individuals within a population, promoting acceptance and reducing the stigma associated with brain differences. Experts in neurodiversity acknowledge that brain differences can represent *both* natural variations *and* disabilities (den Houting, 2018).

Although the precise number of neurodivergent people is not known, research estimates that between 10 to 20% of the world's population (Doyle, 2020; Mahto et al., 2022; DCEG, 2022), have natural differences in their brain that allows them to function and process information differently.

Given the significant proportion of neurodivergent individuals in the population, it is crucial for supervised visitation professionals to understand neurodiversity. In the following section, we will explore three key reasons why adopting a neurodiversity mindset is essential in your work:

1. **Neurodivergent individuals often face challenges in maintaining their well-being and social experiences:**
    a. Forming and maintaining relationships can be difficult for neurodivergent children, hindering their ability to navigate complex services and changing environments (Sayal et al., 2018).
    b. Communication differences may exist between neurodivergent children and neurotypical people, making it sometimes challenging for supervised visitation staff and children to understand each other.
    c. Their behaviors and reactions may be perceived as odd or socially awkward by neurotypical individuals.
    d. Neurodivergent children often experience co-occurring mental or behavioral health challenges, such as with obsessive-compulsive disorder or attention-deficit hyperactivity disorder in individuals with Tourette syndrome (Greydanus & Tullio, 2020).

2. **Neurodivergent children encounter barriers in various areas:**
    a. A significant percentage (56%) of children with autism come from low-income households (Anderson et al., 2020).
    b. Research from the UK indicates that 50% of employers would not hire a neurodivergent person (Cooper et al., 2021).
    c. Neurodivergent children often experience challenges in school, with research indicating that up to 66% of students with autism have been suspended or expelled at some point (Ghanouni et al., 2021).
    d. Compared to students without disabilities, three times as many students with disabilities have been suspended or expelled from school (Zill, n.d.).
    e. Studies have found that neurodivergent children, such as those with ADHD, are at a higher risk of experiencing bullying compared to their neurotypical peers (Baldwin & Rodriguez, 2019).
    f. Neurodivergent children may face difficulties in accessing appropriate healthcare services, with research suggesting that children with autism are more likely to have unmet healthcare needs (Herrema et al., 2021).
    g. Neurodivergent children in foster care often experience higher rates of placement instability and disruptions compared to their neurotypical peers (Lind et al., 2020).
    h. Neurodivergent children in child welfare or foster care may face challenges in accessing appropriate educational services and supports, potentially impacting their academic progress and well-being (Dowdy et al., 2020).

3. **Neurodivergent people require support, advocacy, and opportunities.**
    a. Many of the difficulties faced by neurodivergent children can be alleviated by making changes to processes and environments. It is important for communities to accommodate the needs of all their members, including those who are neurodivergent.
    b. Research indicates that when supervised visitation staff provide appropriate support and accommodations, neurodivergent individuals have better outcomes in terms of overall well-being, educational attainment, and employment opportunities (Humphrey et al., 2020; Wong et al., 2019).
    c. Studies have found that the involvement of supervised visitation professionals in advocating for the rights and needs of neurodivergent children significantly improves their access to appropriate services, reduces placement disruptions, and increases the likelihood of achieving permanency (Slayter et al., 2016).
    d. Additionally, it is essential to recognize that neurodivergent individuals have multiple identities. For example, a person can identify as a woman, Black, Latinx, and be neurodivergent.

These statistics underscore the crucial role of supervised visitation professionals in recognizing and addressing the unique needs of neurodivergent children within the child welfare or foster care system. By providing support, advocacy, and opportunities, and implementing changes to processes and environments while acknowledging the intersectionality of neurodivergent individuals' identities, supervised visitation professionals can foster inclusive and empowering programs that promote the well-being, stability, and success of neurodivergent children.

Defining Neurodiversity

Neurodiversity - The idea that everyone interacts with the world in a unique way (Baumer & Frueh, 2021).
Neurodivergent - A person whose brain works differently from what is considered normal (Toke, 2021).
Neurotypical - A person whose brain functions in a way that is considered typical functioning (Toke, 2021).

What is neurodiversity?

Neurodiversity is a concept that recognizes and celebrates the unique ways in which individuals interact with the world. It gained popularity in the 1990s as a movement emerged to promote inclusion and acceptance of the diverse ways people think, learn, and behave. This movement aims to eliminate stigma and educate others that differences in neurology do not equate to disability (Baumer & Frueh, 2021). It teaches us that everyone has their own strengths and challenges, and that these differences should be respected and valued.

Who is considered neurodivergent?

A person is considered neurodivergent when their brain has differences that affect how their brain works. These differences create strengths and challenges that distinguish them from those considered neurotypical. The term encompasses dyspraxia, dyslexia, attention deficit hyperactivity disorder, dyscalculia, autistic spectrum disorder, Tourette syndrome, and other learning and developmental differences. Some examples of what causes these brain differences are medical conditions and learning disabilities. Still, all neurodivergent people have abilities and strengths (Cleveland Clinic, 2022a).

Who is considered neurotypical?

A person is considered neurotypical when their strengths and challenges are not due to a difference in how their brain works (Cleveland Clinic, 2022a). They are considered to have typical neurological development and functioning. It is important to note that what is considered “typical” varies in different cultures, ethnicities, and geographical areas.

Types of Neurodivergence

Neurodivergence is a term that describes how our brains can work and develop in unique ways (Cleveland Clinic, 2022a). Many individuals who fall under the neurodivergent category may have one or more of the following disorders or conditions: ataxia, autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), Down syndrome, Tourette syndrome, dyscalculia, dysgraphia, dyslexia, or dyspraxia (Cleveland Clinic, 2022a). In the upcoming section, we delve into each neurodivergent diagnosis and explore the indicators associated with them. It is worth noting that presentations and indicators of these disabilities can vary widely among individuals, highlighting the wonderfully diverse nature of our minds.

Autism Spectrum Disorder

People diagnosed with autism spectrum disorder (ASD) have differences in their brains and ASD is considered a developmental disability. Some of the indicators of ASD include trouble interacting and communicating with others. In addition, many people who have ASD often have narrow or highly specific interests accompanied by repetitive behaviors. Individuals with ASD may also have unique ways of moving, learning, or paying attention. Some common indicators of ASD include:

- Displaying social communication and interactions that may appear inflexible or incongruent with the social situation
- Challenges with understanding social cues, social reciprocity, and perspective-taking
- Difficulty making eye contact with other people
- Repeating words or phrases (echolalia)
- Feeling distressed over minor changes to the environment
- Obsessive interests
- Flapping hands, spinning self in circles, or rocking (called stimming)
- Feeling overwhelmed by the way things smell, taste, sound, look, or feel (sensory overload)

(CDC, 2022c; Tei et al., 2017; Trevisan et al., 2017)

People with ASD may not present all symptoms or they may present them to varying degrees. Some individuals may experience less severe symptoms while others may need additional assistance with daily tasks.

Attention-Deficit Hyperactivity Disorder

Attention-deficit hyperactivity disorder (ADHD) is a prevalent neurodevelopmental disorder that is usually first diagnosed in childhood and lasts through adulthood. While it is normal for many individuals to have trouble focusing and behaving, especially in childhood, individuals with ADHD do not grow out of these behaviors. Some common indicators of ADHD include:

- Daydreaming
- Forgetting or losing things frequently
- Squirming or fidgeting
- Compulsive talking
- Difficulty focusing or staying on task
- Challenges with time management, organization, and attention to detail

(CDC, 2022d)

Down Syndrome

Most people are born with 26 chromosomes. People who have Down syndrome have an extra chromosome - an extra copy of chromosome 21. Some common neurological characteristics of Down syndrome include:

- Mildly to moderately low ranged IQ
- Mildly to moderately ranged cognitive impairment
- Delayed language development
- Problems with short and long-term memory

(CDC, 2022b; Mayo Clinic, 2018)

Tourette Syndrome

Tourette syndrome (TS) is a condition of the nervous system. TS causes “tics,” which include sudden movements, twitches, or sounds that people repeatedly make. Some common indicators of TS include:

- Humming, grunting, sniffling, and clearing the throat
- Yelling a word, phrase, and/or obscene language (coprolalia)
- Shoulder shrugging and/or jumping
- Repeating words or phrases (echolalia)
- Inappropriate behaviors/conduct
- Difficulty with social skills and social functioning

(CDC, 2022e; National Institute of Neurological Disorders and Stroke, 2022)

Dyslexia

Individuals who have dyslexia experience difficulty identifying speech sounds and connecting those sounds to specific letters and words, which can cause complications with reading. Some common indicators of dyslexia include:

- Difficulty forming words in childhood correctly
- Reversing the sounds in words; incorrectly using words that sound alike
- Struggling to remember and name letters, numbers, and colors
- Struggling with understanding and processing information
- Being unable to sound out unfamiliar words when reading
- Difficulty with spelling, reading, and writing

(Mayo Clinic, 2022)

Dyscalculia

Individuals who have dyscalculia struggle to understand and use basic techniques of mathematics, such as difficulties with math facts (e.g., the multiplication table). These challenges are not related to low intelligence or inadequate education. Some common indicators of dyscalculia include:

- Trouble recognizing simple patterns, such as shortest to tallest or smallest to largest.
- Difficulty recalling basic number facts
- Relying on finger counting
- Trouble with the place value of advanced numbers, often putting numbers in the wrong column of an equation or list
- Trouble understanding information on charts or graphs
- Trouble measuring items like ingredients
- Difficulty learning to count forward and backward

(Haberstroh & Schulte-Körne, 2019; The Dyslexia Association, 2018)

Dysgraphia

Individuals who experience dysgraphia have often received education in grammar and writing but still have trouble using language to write down their thoughts, ideas, and perceptions. Some common indicators of dysgraphia include:

- Problems writing clearly in a straight line
- Struggles to control a writing implement, such as a pen or pencil
- Confusion about the order of letters in words
- Problems remembering how letters are written
- Trouble using upper or lower-case letters appropriately
- Difficulty writing sentences with correct punctuation and grammar
- Incorrectly using verbs and pronouns

(Cleveland Clinic, 2022b)

Dyspraxia

Individuals with dyspraxia experience challenges with coordination, movement, and voluntary motor skills. Some common indicators of dyspraxia include:

- Trouble learning to eat with utensils
- Struggles with navigating stairs
- Problems with balance and coordination
- Challenges participating in sports and activities
- Difficulty with getting dressed
- Difficulty with writing, coloring, drawing, and using scissors

(Cleveland Clinic, 2022c)

Ataxia

People diagnosed with ataxia experience difficulties in coordination, speech, and cognition. Symptoms of ataxia are commonly mistaken as symptoms of intoxication. Some common indicators of ataxia include:

- Impaired coordination of voluntary muscle movement causing difficulties in daily functioning
- Frequent loss of balance often resulting in injurious falls
- Loss of coordination, slurred speech, abnormal eye movements, and poor proprioception
- Cognitive changes which interfere with problem-solving, planning, and short-term memory

(Ashizawa & Xia, 2016; Clark, 2022)

Prevalence of Neurodivergence Within the Child Welfare System

The prevalence of children with disabilities in the child welfare system varies widely, ranging from 14% to 47% of the population (Slayter, 2016). Limited data availability and the absence of a clear standard definition of disability contribute to this range, as data collection was not mandatory until the 2010 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). Furthermore, definitions of disability vary by state and program (LaLiberte et al., 2013; Lightfoot et al., 2011).

Research based on data from the 2012 Adoption and Foster Care Reporting System, which encompasses all U.S. states, the District of Columbia, and Puerto Rico, reveals the following findings:

- 61.1% of children with disabilities in the child welfare system were of color.
- The primary reasons for the involvement and removal of children with disabilities from their homes include neglect (58.1%), parental inability to cope (22.9%), child behavior (21.2%), parental drug abuse (20.1%), and physical abuse (15.3%).
- Children with disabilities have lower rates of family reunification and higher rates of adoption.
- Foster children with disabilities experience more placement instability and are more likely to be placed in non-kinship foster family homes, such as institutional homes or group homes.
- The rate of completed terminated parental rights (TPRs) is higher among children with disabilities (25%) compared to those without disabilities (14.5%).
- Approximately 31.8% of children in foster care have disabilities.
- Around 43.9% of children with disabilities in foster care are female.
- The average age of children with disabilities in foster care is 11 years old.
- Among children aged 5-18 in the child welfare system, 37.8% have a disability. (Slayter, 2016).

Studies indicate that children with disabilities are at a greater risk of maltreatment compared to children without disabilities, particularly those with emotional or behavioral disorders, intellectual or developmental disabilities, or multiple disabilities (LaLiberte et al., 2013).

Neurodivergence	Research Snapshots
Autism spectrum disorder (ASD)	• Children with autism spectrum disorder are more likely (17.3% vs 7.4%) to be referred to the Child Abuse Hotline yet are less likely (62% vs 91.6%) to be screened for further action. • Girls with ASD are more likely to have substantiated maltreatment than boys with ASD (13.6% vs 1.9%). • Children with ASD in the child welfare system are more likely to be between the ages of 6 and 10, and of Caucasian ethnicity. • Approximately one in five students with ASD in community mental health settings have encountered physical abuse, while one in six experienced sexual abuse. • Some studies have shown that, based on reports from caregivers, approximately 19% of children with ASD experienced physical abuse and an estimated 17% had encountered sexual abuse. (Fisher et al., 2019; Hall-Lande et al., 2015)
Attention-deficit hyperactivity disorder (ADHD)	• Children in the child welfare system are diagnosed with Attention Deficit/Hyperactivity Disorder at higher rates than the general population. • Approximately one in four children in the child welfare system has been diagnosed with ADHD, versus 1 in fourteen not in the system. • Children with ADHD in the child welfare system are more likely than their peers not in the system to have a co-occurring condition such as anxiety or depression. (CHADD, 2016; Klein et al., 2015)

Down syndrome	• 1.8% of children with a developmental disability involved in the child welfare system were either diagnosed with intellectual disabilities, down syndrome, or a development delay. (Simmel et al., 2016)
Learning disabilities	• 70.3% of children with a developmental disability involved in the child welfare system had a learning disability. • Children diagnosed with emotional disturbance, learning disability, and speech or language delay or impairment had a higher likelihood of having a confirmed report of maltreatment with child protection services. • Child welfare cases involving sexual abuse showed the highest prevalence of learning disability dianoses. • Among children with substantiated maltreatment, the most frequently indicated disability was emotional disturbance. Other commonly identified disabilities included intellectual and developmental disabilities, substance use, and learning disabilities. (Simmel et al., 2016; Cross, 1992; Jonson-Reid et al., 2004; Lightfoot et al., 2011)

As the research shows, children with disabilities are often overrepresented in the child welfare system and professionals will undoubtedly work with these clients. It is critical that professionals pay special attention to these vulnerable populations, as they will play a crucial role in representing and helping neurodiverse children and children with disabilities in the child welfare system.

Note: The CDC also includes a link to a combined model which integrates both the social and medical model. It is currently in a working paper on the website: https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf

Supervised Visitation Professionals' Role in Neurodiversity

Supervised visitation professionals often work closely with children and youth who are at a high risk of experiencing maltreatment. Within this vulnerable group, there are children with disabilities, including those who are neurodivergent. Studies investigating patterns of maltreatment in child welfare have discovered that youth with disabilities face higher rates of maltreatment compared to their peers without disabilities (Lightfoot & LaLiberte, 2011). Supervised visitation professionals have a unique responsibility to support these children and their families by connecting them with appropriate services to meet their needs and enhance their overall well-being.

According to Title II of the Americans with Disabilities Act of 1990, all services provided should be equivalent for individuals, regardless of their disability status. Moreover, the child welfare system should emphasize the accessibility of services and supports for youth with disabilities and their families (Lightfoot et al., 2011). Supervised visitation professionals should ensure that services are accessible and, if necessary, modified to meet the unique needs of each individual.

Supervised Visitation Professionals Can Make a Difference

Supervised visitation professionals should be prepared to identify disabilities, address safety concerns based on an individual's needs, and provide appropriate services to maltreated children and their families. When a child becomes involved with the child welfare system, the primary goal is to support and stabilize the family. In cases where removal is necessary, family reunification or finding permanent placements are the desired outcomes. Placing youth with disabilities in stable homes is crucial for improving their quality of life. Frequent changes in foster placements can have adverse effects on these youth, including disruptions in their education and access to school-based services (Slayter, 2016).

The Office on Child Abuse and Neglect from the US Children's Bureau has identified several roles that supervised visitation professionals should fulfill. These roles include:

- Helping parents understand the importance of early identification and intervention for diagnoses.
- Supporting and encouraging parents to monitor their child's growth and development.
- Ensuring parents have access to information and resources for intervention programs.
- Recruiting peer mentors who have experience supporting children with disabilities.

(Children's Bureau, 2017)

Impact on Neurodivergent Clients

Supervised visitation professionals can greatly benefit neurodivergent clients by possessing foundational knowledge about working with youth with disabilities and understanding how to effectively interact and communicate with them. Neurodivergent individuals often process information differently and may react in atypical ways to certain stimuli or behaviors. Various child welfare research organizations across the United States offer training programs that provide valuable information and guidance on serving this population (Children's Bureau, 2017).

Early identification and intervention can also be highly beneficial for youth with disabilities and their families as it allows them to access necessary services early on. One such program, called "Learn the Signs. Act Early.," offers family-friendly resources that help parents learn about and monitor their child's developmental milestones. The program includes a milestone tracking application that allows parents to monitor their child's progress from 2 months old up to five years old (Children's Bureau, 2017).

A training module created by the Georgetown University Child Development Center has multiple goals they hope to achieve by the end of the module. Some of these outcomes include:

- Help staff identify youth with disabilities.
- Identify strategies for assisting families.
- Assist families in obtaining services.
- Teach parents to recognize resources and support within themselves and their communities.

(GUCCHD, 2001)

Supervised visitation professionals play a crucial role in working with families to ensure their children receive the appropriate diagnosis and access necessary services. As part of this process, they also help secure academic services and establish a support system for their clients. By assisting families in accessing services and programs, supervised visitation workers can have a positive impact on the social, physical, and psychological health of the youth they serve (GUCCHD, 2001).

When youth experience instability in their placements, it can have detrimental effects on various aspects of their lives. They may encounter disrupted relationships with peers and school personnel, face delays in their academic progress, and even suffer losses in terms of credits and records (The Center for Advanced Studies in Child Welfare, 2012). To mitigate these adverse impacts, it is crucial for supervised visitation workers to prioritize placement stability and strive to provide a stable and supportive environment for the youth in their care.

Adopting a Neurodiversity Mindset

Adopting a neurodiversity perspective in supervised visitation involves recognizing and appreciating the diverse range of neurological differences and abilities among children and families. The neurodiversity approach promotes inclusivity, empowerment, and better outcomes for neurodivergent individuals in the child welfare system. By moving away from labeling and stigmatizing neurodivergent traits, supervised visitation professionals can create supportive and inclusive environments that focus on strengths, accommodation, and acceptance. This mindset encourages the implementation of personalized interventions, empowering children to advocate for themselves and promoting their social inclusion. Moreover, it cultivates a sense of belonging, validates the experiences of neurodivergent children and families, and ultimately enhances their overall well-being and quality of life.

Next Steps to Becoming Neurodiversity-Informed

Supervised visitation professionals play a critical role in safeguarding the well-being of children and families, and it is essential for them to possess the necessary skills and knowledge to navigate diverse situations. To achieve this, it is crucial for these professionals to be informed about neurodiversity, taking into account the experiences of both neurodiverse children and parents. As previously stated, research indicates that children with emotional disturbance, intellectual disabilities, and developmental disabilities are more vulnerable to abuse and maltreatment within the child welfare system compared to their peers without disabilities (Lightfoot et al., 2011). Additionally, intellectually disabled caregivers are overrepresented in the system by more than 25% (Feldman et al., 2012).

To become neurodiversity-informed and develop an understanding of neurodivergent conditions, supervised visitation professionals can take practical steps such as:

- Participating in trainings that focus on disability and neurodiversity competence.
- Implementing screening tools or early intervention strategies to identify neurodiversity among the clients they serve.
- Collaborating with local disability agencies or having a disability/neurodiversity expert within their office.
- Familiarizing themselves with local services that provide support to neurodiverse children, including mental health, academic, and social support.

(Bunger et al., 2021; LaLiberte et al., 2013; Slayter, 2016)

Supervised visitation professionals can actively seek out educational resources and training that focus on neurodiversity and its implications in child welfare. This may include attending webinars or reviewing online resources that provide insights into different neurodivergent conditions, their strengths, challenges, and appropriate support strategies. Here are some examples:

1. Child Welfare Information Gateway: Provides online training modules and resources on diverse topics related to child welfare, including neurodiversity.
2. Autistic Self Advocacy Network (ASAN): Offers webinars on Youtube and online resources focused on promoting the rights and well-being of autistic individuals..
3. Council for Exceptional Children (CEC): Offers resources, conferences, and professional development opportunities that address the needs of neurodivergent individuals, including children in foster care or child welfare systems.
4. National Association of Social Workers (NASW): Provides resources, webinars, and conferences that cover various topics related to child welfare and inclusive practice.
5. "Neurotribes: The Legacy of Autism and the Future of Neurodiversity" by Steve Silberman: A book that explores the history and experiences of neurodivergent individuals, including insights relevant to supervised visitation professionals.
6. Journal of Autism and Developmental Disorders: A peer-reviewed journal that publishes research articles on autism and related neurodivergent conditions, offering valuable insights for professionals in the field.
7. Local Workshops and Seminars: Check with local universities, community colleges, or professional development organizations in your area to inquire about workshops or seminars on neurodiversity and child welfare. These events may cover topics such as inclusive practices, trauma-informed care, and supporting neurodiverse children and families.

Having a Trauma-Informed Perspective

In addition to being neurodiversity-informed, supervised visitation staff should adopt a trauma-informed perspective. Children with intellectual disabilities make up a significant proportion of individuals in the child welfare system and are more likely to be placed outside their homes, which can contribute to traumatic experiences (Lightfoot et al., 2011). Understanding the impact of trauma on neurodiverse youth is essential for effective intervention. To enhance their knowledge in this area, supervised visitation professionals can:

- Participate in trauma-informed trainings that focus on providing evidence-based care.
- Learn about differences in coping strategies and the specific impact of trauma among children with disabilities.
- Collaborate with disability agencies and foster care providers with expertise in disabilities to better understand the needs of this population in out-of-home placements.
- Implement the identification of Adverse Childhood Experiences (ACEs) to gain a comprehensive understanding of a child's trauma history

(Baidawi & Piquero, 2021; Lightfoot et al., 2011).

The following are some additional trauma-informed resources for supervised visitation professionals in Florida:

1. National Child Traumatic Stress Network (NCTSN): Offers a wide range of resources, webinars, and training opportunities on trauma-informed care for professionals working with children and families in child welfare.
2. Child Welfare League of America (CWLA): Provides trauma-informed resources, webinars, and training programs specifically tailored for supervised visitation professionals.
3. Florida Coalition for Children: Provides trauma-informed training and resources specifically for supervised visitation professionals in Florida, including webinars and conferences.
4. "The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma" by Bessel van der Kolk: A renowned book that explores the impact of trauma and offers insights into trauma-informed care practices.
5. Child Abuse & Neglect: The International Journal: A reputable journal that publishes research articles on child abuse, neglect, and trauma, providing valuable information for supervised visitation professionals.
6. Florida Department of Children and Families (DCF): Check with the DCF or local child welfare agencies in Florida for any upcoming trauma-informed workshops, conferences, or trainings offered in your area. These events may focus on trauma assessment, interventions, and self-care strategies for professionals.

Understanding Neurodivergent Parents

While limited research is available on neurodivergent parents in the child welfare system, it has been found that parents with intellectual disabilities are at an increased risk of child protection involvement. Supervised visitation professionals should be aware of the confounding factors that may be present among these parents, including:

- health concerns,
- mental health diagnoses,
- lack of societal and community support,
- higher likelihood of living in poverty,
- and personal histories of neglect, abuse, and discrimination

(Feldman et al., 2012; Lima et al., 2022).

Understanding the complex needs of parents with intellectual disabilities and neurodivergent conditions can provide supervised visitation professionals with a clearer picture of the family's situation and enable the introduction of targeted services to meet their needs effectively. By incorporating neurodiversity-informed practices and trauma-informed care, supervised visitation professionals can better ensure the safety and well-being of neurodiverse children and families.

211: Resources and Support

Just as individuals would utilize 911 during an emergency, the number 211 can be used for human service information and assistance. 211 offers free, confidential 24-hours a day services that provide establishing long-term mental health services, discussing the problem, or exploring treatment options. It services majority of the United States and it is equipped with directory information needed for you to assist your clients of all dimensions in their counties. If an individual is not comfortable talking to a live person on the phone, there are alternative ways such as text (the number varies based on area code), web chat, or finding answers through their website, https://www.211.org .

Along with 24-hour support, 211 offers assistance with essential needs such as housing, food, health, and crisis/emergency. The goal of 211 is to provide, accurate, up-to-date resource information for yourself and your clients. Amongst the available programs previously listed, 211 has a readily available directory on its website that includes assistance with: disaster recovery, mental health, substance abuse, housing/utility expenses, and food programs. By clicking on the tabs online with the service you are interested in, you can further filter resources through specific problem areas. If calling by phone, a live provider can give the most up-to-date information about social, government and local assistance that may be available to you in your area. (https://www.211.org/about-us/your-local-211)

If you called 211 during a crisis, you would be connected to a trained counselor who can provide supportive counseling information and referrals through the phone, to better assist through conversation. (Mental Health | United Way 211)

211, rather than by phone number or website, is not to provide therapeutic services, however, to refer to services, a therapist, or assistance programs for developing treatment.

Many individuals volunteer their time every day to care for a loved one, whether they be a family member, neighbor, or friend. Most of the time, the individual can provide a helping hand to those loved ones, however, they may need additional help and may seek assistance from a social worker. 211, through phone or the website can provide connections to a one-stop resource that contains an assortment of service providers with additional help, including a respite plan. https://www.211.org/get-help/helping-another-person

Questions?
Contact the Clearinghouse at 850-644-1715