Wednesday, January 17, 2024
12PM/11CT

Clearinghouse on Supervised Visitation Phone Conference/Webinar Agenda

Discussion

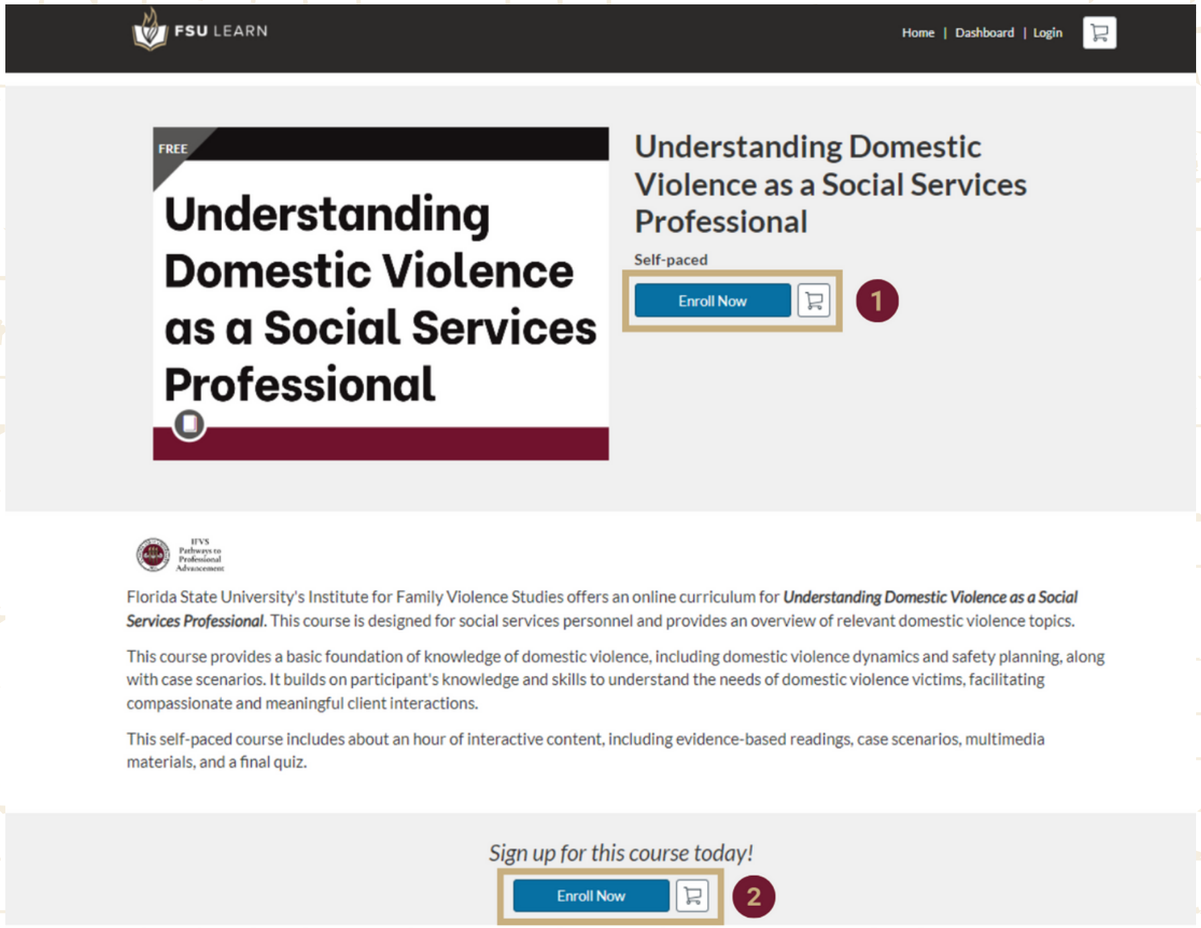
1. **Welcome and Announcements – Everyone is invited!**
2. **Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything, email Lyndi Bradley at lbradley2@fsu.edu**
3. **February Phone Conference: February 21, 2024**
4. **Prevent Child Abuse Florida Materials**
5. **Update: Training on Understanding Domestic Violence as a Social Service Provider**
6. **Update: Therapeutic Supervised Visitation Panel**
7. **New program: All Virtual Visits**
8. **Importance of Play at Supervised Visitation**
9. **New Play Handouts from the Center on the Developing Child**
10. **Research Corner: Multidisciplinary Teams**

IFVS Pathways to Professional Advancement

The Institute for Family Violence Studies is thrilled to announce that we are transitioning our professional learning portfolio to FSU Learn, beginning with the re-launch of our course ***Understanding Domestic Violence as a Social Services Professional***.

This is a **FREE** one-hour certificate training.

Click here to sign-up for the course!



How to sign up:

- Select one of the two enrollment options shown in image
- Create an account (Unless you already have an FSU Learn account).
- Click '**Enroll**'
- Select '**Go to Courses**'
- Click '**Begin Course**'

For a more in-depth instructional guide, please refer to the link below.

Start Guide

SVN Standards for Therapeutic Supervised Visitation

2.0 Definitions

Therapeutic Supervision is parent/child contact overseen by a licensed (Registered, State Certified) clinical practitioner who is trained both in supervised visitation practices and clinical work with families. A master's level clinician who is pursuing their licensure, or a master's level clinical intern, can also provide these services if they are being directly supervised by an appropriate licensed mental health professional. The primary focus is on establishing, maintaining, improving, or healing the parent/child relationship. Interventions are trauma informed and designed to address specific clinical needs. This level of supervised visitation, Therapeutic Supervision, may be court ordered or agreed to voluntarily, and in writing, by Participants. **Page 5**

3.0 Supervised Visitation Providers

3.2 Providers

Professional supervised visitation services must be provided by a qualified independent provider, by a free-standing agency, or by a subdivision or program of a larger agency. Qualifications and training of providers are described under sections 11 and 12 of this document. **Page 6**

6.0 Evaluations & Recommendations

6.4 Therapeutic Supervised Visitation Addition:

A qualified professional (*See 3.2 Providers*) who is providing therapeutic supervised visitation services may prepare a written report describing each parent's and each child's readiness and ability to participate in these services. In addition, the report can include the progress being made to the stated goals along with specific recommendations for the next phase of the therapeutic visitation process. Any such report, however, must NOT include opinions or recommendations about child custody/access outside of the therapeutic visitation process. **Page 10**

12.0 Training and Education

12.3 Training for Visit Supervisors

Practicum training for trainees must include:

A. Direct observation of parent/child contact performed by a trained visit supervisor (shadowing);
B. Co-supervision of the visit by the trainee with a trained visit supervisor;
C. Direct observation by a trained visit supervisor while the trainee independently supervises the visit (reverse shadowing);
D. New or geographically isolated trainees may substitute using a video of parent/child contact and telephone consultation from a trained visit supervisor for shadowing and reverse shadowing. Once there is a trained visit supervisor on site, the requirement of section 12.3(1) must be followed.

Any person who provides direct service to a client or who does clinical supervision of a person providing direct service must complete 24 hours of training covering at least:

A. SVN Standards and Code of Ethics when developed;
B. Provider policies and procedures;
C. Safety for all participants;
D. Mandatory child abuse reporting;
E. Professional boundaries, conflict of interest, confidentiality, and maintaining neutrality;
F. Basic stages of child development;
G. Effects of separation and divorce on children and families;
H. Grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
I. Cultural sensitivity and diversity;
J. Family violence, including domestic violence and the effects of domestic violence on children;
K. Child abuse and neglect, including child sexual abuse;
L. Substance abuse;
M. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
N. Parent introduction/re-introduction;
O. Parenting skills;
P. Assertiveness training and conflict resolution;
Q. How and when to intervene during visits or exchanges to maintain the safety of all participants;
R. Observation of parent/child interactions;
S. Preparation of factual observation notes and reports; and
T. Relevant laws regarding child custody and visitation and child protection.

12.8 Training for Therapeutic Supervision

A. Any person providing therapeutic supervised visitation services must be a licensed mental health professional with experience in both family therapy and supervised visitation. A master's level clinician who is pursuing their licensure, or a master's level clinical intern, can also provide these services if they are being directly supervised by an appropriate licensed mental health professional. All providers must complete the training specified in *section 12.3 above*.
B. Any clinician providing therapeutic supervised visitation services must have education and experience in areas to meet the specific needs of each family. These may include domestic violence, substance abuse, child abuse, mental health issues have had training in trauma informed interventions. In addition, the professional must also have knowledge and expertise in working with their local CPS services and their local probate and family court. **Page 22**

17.0 Provider Functions Following Supervised Visitation

17.2 Feedback to Parents

1. A provider must inform a parent if there has been an injury to their child, a critical incident during supervised visitation, or an incident that presents a risk to that parent's safety. An exception to section 17.2(1) is if a critical incident involves a mandatory report to child protective services and child protective services instructs the provider to not inform the parent.
2. A provider must inform a parent if he/she has violated a provider rule which may lead to the suspension or termination of services.
3. A Therapeutic Supervised Visitation Provider must review progress on the agreed upon goals, on an ongoing and agreed upon basis in a summary of services report. Such reports must NOT include recommendations concerning child custody or parent child contact arrangements. **Page 27**

TSV in Florida Court Standards

I Program Structure

A. Terminology

(8) Facilitate means to encourage age-appropriate activities, promote a child's safety and welfare, and discourage inappropriate conduct. *Facilitate should not be construed to mean therapeutic intervention.*

(19) Therapeutic Supervision is the provision of therapeutic evaluation or therapeutic intervention to help improve the parent-child interactions. Therapeutic supervision may only be provided by order of the court and only by *trained certified or licensed mental health professionals*. **Page 2**

Supreme Court of Florida Minimum Standards for Supervised Visitation Program Agreements:
https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/documents/Supreme_Court_Standards_for_SV_from_1998.pdf

Florida Statute Chapter 491 Clinical, Counseling, and Psychotherapy Services

491.003 Definitions.—As used in this chapter:
(1) "Board" means the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.
(2) "Clinical social worker" means a person licensed under this chapter to practice clinical social work.
(3) "Clinical social work experience" is defined as a period during which the applicant provides clinical social work services, including assessment, diagnosis, treatment, and evaluation of clients; provided that at least 50 percent of the hours worked consist of providing psychotherapy and counseling services directly to clients.
(4) "Department" means the Department of Health.
(5) "Licensed professional counselor" means a clinical social worker, marriage and family therapist, or mental health counselor authorized to provide services under s. 491.017.
(6) "Marriage and family therapist" means a person licensed under this chapter to practice marriage and family therapy.
(7) "Mental health counselor" means a person licensed under this chapter to practice mental health counseling.
(8) The "practice of clinical social work" is defined as the use of scientific and applied knowledge, theories, and methods for the purpose of describing, preventing, evaluating, and treating individual, couple, marital, family, or group behavior, based on the person-in-situation perspective of psychosocial development, normal and abnormal behavior, psychopathology, unconscious motivation, interpersonal relationships, environmental stress, differential assessment, differential planning, and data gathering. The purpose of such services is the prevention and treatment of undesired behavior and enhancement of mental health. The practice of clinical social work includes methods of a psychological nature used to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders and dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, and substance abuse. The practice of clinical social work includes, but is not limited to, psychotherapy, hypnotherapy, and sex

therapy. The practice of clinical social work also includes counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients, when using methods of a psychological nature to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders and dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, or substance abuse. The practice of clinical social work may also include clinical research into more effective psychotherapeutic modalities for the treatment and prevention of such conditions.

(a) Clinical social work may be rendered to individuals, including individuals affected by the termination of marriage, and to marriages, couples, families, groups, organizations, and communities.

(b) The use of specific methods, techniques, or modalities within the practice of clinical social work is restricted to clinical social workers appropriately trained in the use of such methods, techniques, or modalities.

(c) The terms “diagnose” and “treat,” as used in this chapter, when considered in isolation or in conjunction with the rules of the board, may not be construed to permit the performance of any act which clinical social workers are not educated and trained to perform, including, but not limited to, admitting persons to hospitals for treatment of the foregoing conditions, treating persons in hospitals without medical supervision, prescribing medicinal drugs as defined in chapter 465, authorizing clinical laboratory procedures, or radiological procedures, or use of electroconvulsive therapy. In addition, this definition may not be construed to permit any person licensed, provisionally licensed, registered, or certified pursuant to this chapter to describe or label any test, report, or procedure as “psychological,” except to relate specifically to the definition of practice authorized in this subsection.

(d) The definition of “clinical social work” contained in this subsection includes all services offered directly to the general public or through organizations, whether public or private, and applies whether payment is requested or received for services rendered.

(9) The term “practice of marriage and family therapy” means the use of scientific and applied marriage and family theories, methods, and procedures for the purpose of describing, evaluating, and modifying marital, family, and individual behavior, within the context of marital and family systems, including the context of marital formation and dissolution, and is based on marriage and family systems theory, marriage and family development, human development, normal and abnormal behavior, psychopathology, human sexuality, and psychotherapeutic and marriage and family therapy theories and techniques. The practice of marriage and family therapy includes methods of a psychological nature used to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders or dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, and substance abuse. The practice of marriage and family therapy includes, but is not limited to, marriage and family therapy, psychotherapy, including behavioral family therapy, hypnotherapy, and sex therapy. The practice of marriage and family therapy also includes counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients, when using methods of a psychological nature to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders and dysfunctions (whether cognitive, affective, or behavioral), sexual dysfunction, behavioral disorders, alcoholism, or substance abuse. The practice of marriage and family therapy may also include clinical research into more effective psychotherapeutic modalities for the treatment and prevention of such conditions.

(a) Marriage and family therapy may be rendered to individuals, including individuals affected by termination of marriage, to couples, whether married or unmarried, to families, or to groups.

(b) The use of specific methods, techniques, or modalities within the practice of marriage and family therapy is restricted to marriage and family therapists appropriately trained in the use of such methods, techniques, or modalities.

(c) The terms “diagnose” and “treat,” as used in this chapter, when considered in isolation or in conjunction with the rules of the board, may not be construed to permit the performance of any act that marriage and family therapists are not educated and trained to perform, including, but not limited to, admitting persons to hospitals for treatment of the foregoing conditions, treating persons in hospitals

without medical supervision, prescribing medicinal drugs as defined in chapter 465, authorizing clinical laboratory procedures or radiological procedures or the use of electroconvulsive therapy. In addition, this definition may not be construed to permit any person licensed, provisionally licensed, registered, or certified pursuant to this chapter to describe or label any test, report, or procedure as "psychological," except to relate specifically to the definition of practice authorized in this subsection.

(d) The definition of "marriage and family therapy" contained in this subsection includes all services offered directly to the general public or through organizations, whether public or private, and applies whether payment is requested or received for services rendered.

(10) The term "practice of mental health counseling" means the use of scientific and applied behavioral science theories, methods, and techniques for the purpose of describing, preventing, and treating undesired behavior and enhancing mental health and human development and is based on the person-in-situation perspectives derived from research and theory in personality, family, group, and organizational dynamics and development, career planning, cultural diversity, human growth and development, human sexuality, normal and abnormal behavior, psychopathology, psychotherapy, and rehabilitation. The practice of mental health counseling includes methods of a psychological nature used to evaluate, assess, diagnose, and treat emotional and mental dysfunctions or disorders, whether cognitive, affective, or behavioral, interpersonal relationships, sexual dysfunction, alcoholism, and substance abuse. The practice of mental health counseling includes, but is not limited to, psychotherapy, hypnotherapy, and sex therapy. The practice of mental health counseling also includes counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients, when using methods of a psychological nature to evaluate, assess, diagnose, treat, and prevent emotional and mental disorders and dysfunctions (whether cognitive, affective, or behavioral), behavioral disorders, sexual dysfunction, alcoholism, or substance abuse. The practice of mental health counseling may also include clinical research into more effective psychotherapeutic modalities for the treatment and prevention of such conditions.

(a) Mental health counseling may be rendered to individuals, including individuals affected by the termination of marriage, and to couples, families, groups, organizations, and communities.

(b) The use of specific methods, techniques, or modalities within the practice of mental health counseling is restricted to mental health counselors appropriately trained in the use of such methods, techniques, or modalities.

(c) The terms "diagnose" and "treat," as used in this chapter, when considered in isolation or in conjunction with any provision of the rules of the board, may not be construed to permit the performance of any act that mental health counselors are not educated and trained to perform, including, but not limited to, admitting persons to hospitals for treatment of the foregoing conditions, treating persons in hospitals without medical supervision, prescribing medicinal drugs as defined in chapter 465, authorizing clinical laboratory procedures or radiological procedures, or the use of electroconvulsive therapy. In addition, this definition may not be construed to permit any person licensed, provisionally licensed, registered, or certified pursuant to this chapter to describe or label any test, report, or procedure as "psychological," except to relate specifically to the definition of practice authorized in this subsection.

(d) The definition of "mental health counseling" contained in this subsection includes all services offered directly to the general public or through organizations, whether public or private, and applies whether payment is requested or received for services rendered.

(11) "Provisional clinical social worker licensee" means a person provisionally licensed under this chapter to provide clinical social work services under supervision.

(12) "Provisional marriage and family therapist licensee" means a person provisionally licensed under this chapter to provide marriage and family therapy services under supervision.

(13) "Provisional mental health counselor licensee" means a person provisionally licensed under this chapter to provide mental health counseling services under supervision.

(14) "Psychotherapist" means a clinical social worker, marriage and family therapist, or mental health counselor licensed pursuant to this chapter.

(15) "Registered clinical social worker intern" means a person registered under this chapter who is completing the postgraduate clinical social work experience requirement specified in s. 491.005(1)(c).

(16) “Registered marriage and family therapist intern” means a person registered under this chapter who is completing the post-master’s clinical experience requirement specified in s. 491.005(3)(c).
(17) “Registered mental health counselor intern” means a person registered under this chapter who is completing the post-master’s clinical experience requirement specified in s. 491.005(4)(c).
(18) “Social worker” means a person who has a bachelor’s, master’s, or doctoral degree in social work.

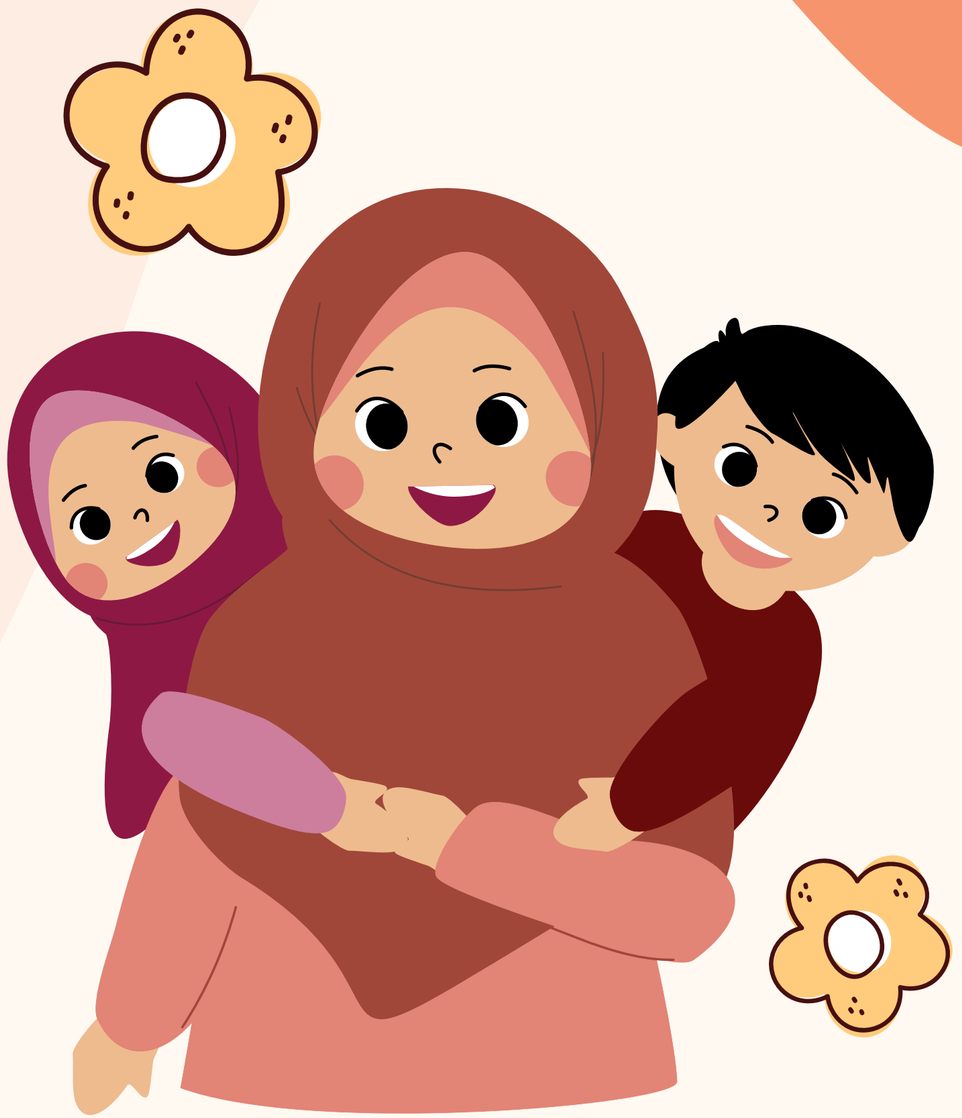
The Importance of Play at Supervised Visitation

FLORIDA STATE UNIVERSITY

Exploring the Importance of Play in Children's Development

Play is an essential component of a child's development. Play can enhance children's physical, social, cognitive, and emotional abilities. Some ways that play can be beneficial for children include providing children an opportunity to:

- Enhance the development of problem-solving abilities.
- Enhance the child's gross and fine motor skills and coordination.
- Practice self-regulating skills such as emotional and behavior regulation.
- Engage, explore, and interact with the world.
- Collaborate with others.
- Express their creativity.
- Communicate and express their views and feelings.



(Dijkstra-de Neijs et al., 2021; Ginsburg, 2007)

Play in Early Childhood: The Role of Play in Any Setting

Play is an effective way to:

1. Support Responsive Relationships
2. Strengthen Core Life Skills
3. Reduce Sources of Stress

When children play, they engage in complex interactions and build their brains. Those social interactions support relationships. Different types of play contribute to different aspects of their development. Play is something that comes naturally for the child. A child wants to engage with a parent around an object, expression, or story. Play reduces the stress in the lives of families and children. Engaging in play decreases the parent and child's stress levels.

(Center on the Developing Child at Harvard University, 2019).

Stages of Play

Children have different stages of play. As children develop, so does the stage of play that a child may be at and how they interact socially with others.

The stages of play are described below:

- Unoccupied- When a child entertains themself by observing others briefly and moving their own body. This is the foundation stage.
- Onlooker – When a child observes others playing, engages with them but does not play with them.
- Solitary Play – When a child plays alone and is fully focused on what their own play instead of interacting and playing with others.
- Parallel Play – When a child plays independently beside others who are engaging in similar activity as the child.
- Associative Play – When a child plays with others and is actively engaging with the other children through the sharing of toys. However, there is no organization or goal surrounding the activity.
- Cooperative Play – When a child plays with others for a shared purpose.

(Parten, 1932).

Play and Neurodivergent Children

As previously mentioned, all children will engage in play behaviors, including neurodivergent children. Neurodivergent children may play differently than neurotypical children. For instance, neurodivergent children are more likely to:

- Have repetitive actions while playing (ex: stack objects, line up toys, etc)
- Engage in solitary play
- Create their own set of rules when playing
- Have a preference for a specific toy
- Difficulty concentrating

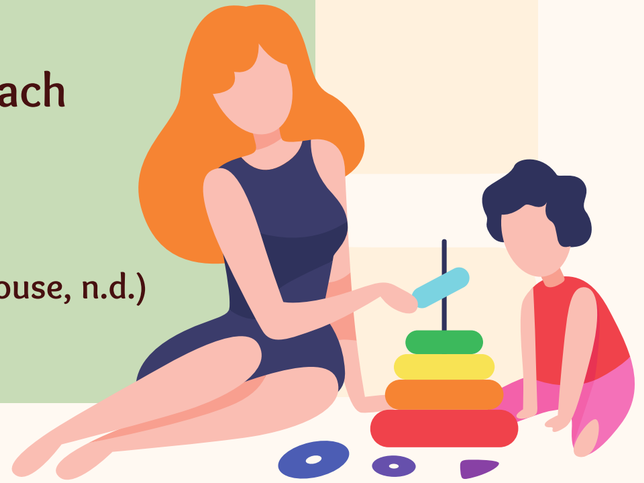
(Elbeltagi et al., 2023)

Parents' Role in Play

The American Academy of Pediatrics is a strong proponent of parents playing with children, as it helps promote healthy development and maintain a strong parent-child relationship (Ginsburg, 2007). Some strategies that parents can implement when playing with their neurodiverse and neurotypical children include:

- Accepting the child unconditionally
- Let the child choose what activity they want to engage in
- Let the child direct the action or conversation
- Provide short verbal responses that match the child's tone and approach
- Respecting the child's space
- Be present and patient

(Elbeltagi et al., 2023; Hillman, 2018; Salter et al., 2016; Title IV-E Prevention Services Clearinghouse, n.d.)



Practical Examples of Play

Executive Functioning:

- **Finding the toy games** for ages 6 to 18 months old is a way to challenge their working memory. Hide a toy under a cloth and encourage the child to find it.
- **Songs and movement** for ages 3 to 5 year-old help a child synchronize words to the movement and contribute to inhibitory control and working memory.
- **Memory games** for ages 5 to 7, such as Crazy Eights, Uno, and Spoons, help a child practice cognitive flexibility.
- **Dancing** for 7 to 12 helps a child use the working memory and self-monitor.
- **Positive Self-talk** for adolescents helps focus on growth and bringing thoughts and actions into consciousness.

(Center on the Developing Child, n.d.).

References

Center on the Developing Child at Harvard University. (August, 2019). *Play in Early Childhood: The Role of Play in Any Setting* [Video]. YouTube. https://www.youtube.com/watch?v=pjoyBZYk2zI&t=90s

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Salter, K., Beamish, W., & Davies, M. (2016). The effects of child-centered play therapy (CCPT) on the social and emotional growth of young Australian children with autism. International Journal of Play Therapy, 25(2), 78–90. https://doi.org/10.1037/pla0000012

Title IV-E Prevention Services Clearinghouse. (n.d.). *Child-centered play therapy.* https://preventionservices.acf.hhs.gov/programs/503/show#:~:text=CCPT%20aims%20to%20create%20a,primary%20technique%20of%20the%20intervention.

Research Corner

Di Fabio, A. (2017). Positive healthy organizations: Promoting well-being, meaningfulness, and sustainability in organizations. *Frontiers in Psychology*, *8*. https://doi.org/10.3389/fpsyg.2017.01938

This article defines what it means to be a healthy organization. Additionally, it discusses the connection between a healthy organization, culture, climate, and practice and how it relates to employee health, safety, and organizational effectiveness. This article highlights how a healthy organization makes good profits but also promotes a healthy environment for the workers and their well-being. Four factors that a healthy organization must consider include the individual, the group, the organization, and the inter-organizational processes. A healthy organization, at an individual level, should enrich jobs, motivate employees, provide feedback to employees, and increase participation. At a group level, healthy organizations should focus on team building, group training, creative thinking, and workplace civility. At an organizational level, healthy organizations should focus on making the organization more efficient, inclusive, and competitive, and promoting positive relationships/leadership with employees. At an inter-organizational level, healthy organizations are focused on improving boundaries within the organization and improving the relationships between other organizations.

Warrick, D. D. (2017). What leaders need to know about organizational culture. *Business Horizons*, *60*(3), 395–404. https://doi.org/10.1016/j.bushor.2017.01.011

This article discusses what leaders need to know about organizational culture and what they can do to build a strong successful culture within their organization. Organizational culture has the ability to influence the performance and effectiveness of an organization, the morale and productivity of employees, attract, motivate, and retain employees. As such it is important for leaders to focus on the organizational culture of an organization. Within the paper it mentions that, health cultures are the result of effective leadership and management while unhealthy cultures are the results of ineffective leadership and management. Additionally, within each organization there may be different departments, within these departments the culture of the organization may be different than the culture within the department. It is important for leaders to consider the past group history and group dynamic as it may affect the organizational culture. Additionally, specific group members may positively or negatively influence the group culture. Some guidelines for building and sustaining culture for leaders include: prioritizing strategy and culture; develop a clear understanding of the present culture; identify, communicate, educate, and engage employees in the cultural ideals; role model desired behaviors; recruit and develop for culture; align for consistency between strategy and culture; recognize and reward desired behaviors and practices; celebrate successes to reinforce culture; appoint a culture team; monitor and manage the culture.

National Children's Advocacy Center. (2021). Multidisciplinary Team.
https://www.nationalcac.org/multidisciplinary-team/

The Multidisciplinary Team concept is a core aspect of the Child Advocacy Center model. Previously, the United States response to child sexual abuse was poorly coordinated among various institutions in charge of conducting the initial investigation and response to child sexual abuse. The model recognizes that in order for the U.S to effectively respond to this issue various agencies and departments must be integrated in a collaborative effort to ensure the protection of children. These institutions include law enforcement, child protective services, mental health, medical health, and victim advocacy. The approach of using an Multidisciplinary team has been widely accepted as the best practice in responding to child sexual abuse.

Contact the Clearinghouse at 850-644-1715