

Wednesday, March 20, 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. **April Phone Conference: April 17, 2024**
4. Questions from Directors
5. Sample Letter for HB 385
6. Notes from the TSV Committee Meetings: **Comments due by April 15**
7. Trauma-Informed Accommodations for Neurodivergent Clients
8. Building Resilience in Neurodiverse Youth
9. Building Resilience in Caregivers
10. Strategies for Building Parenting Skills in Neurodiverse Families

Sample Letter to Judges Regarding House Bill 385

Dear [Judge],

House Bill 385 was passed during the previous legislative session. This bill reinforces the importance of services in domestic violence cases including supervised visitation. I am writing to simply remind you that this program [program name] serves the community and is available for court referrals. We comply with the Florida Supreme Court's mandate of having a letter of agreement with the court. Attached is additional information about the supervised visitation program.

Thank you for your support of children and families,

[Name]

Notes from Therapeutic Supervised Visitation Committee Meetings
Comments due by April 15

Topic	Consensus	Additional comments?
<p>Training</p>	<p>Supreme Court of Florida Minimum Standards: Therapeutic supervision may only be provided by order of the court and only by trained certified or licensed mental health professionals.</p> <p>In addition to being a licensed mental health clinician, anyone conducting TSV in Florida must have <i>additional</i> training on Supervised Visitation.</p> <ul style="list-style-type: none"> ○ There are specific safety concerns in therapeutic supervised visitation that “regular” clinicians may not be aware of. <p>Anyone providing therapeutic supervised visitation in Florida must also complete 24 hours of training covering at least:</p> <ul style="list-style-type: none"> ○ Florida’s minimum standards; ○ Provider policies and procedures; ○ Safety for all participants; ○ Mandatory child abuse reporting; ○ Professional boundaries, conflict of interest, confidentiality, and maintaining neutrality; ○ Basic stages of child development; ○ Effects of separation and divorce on children and families; ○ Grief and loss associated with parental separation and removal from the home due to child abuse and neglect; ○ Working with diverse communities; ○ Family violence, including domestic violence and the effects of domestic violence on children; ○ Child abuse and neglect, including child sexual abuse; 	

	<ul style="list-style-type: none"> ○ Substance abuse; ○ Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment; ○ Parent introduction/re-introduction; ○ Parenting skills; ○ Assertiveness training and conflict resolution; ○ How and when to intervene during visits or exchanges to maintain the safety of all participants; ○ Observation of parent/child interactions; ○ Preparation of factual observation notes and reports; and ○ Relevant laws regarding child custody and visitation and child protection. <p>Trainings can be done remote/virtually as needed. However, participants also offered that direct observation is an essential part of experience; therefore, before offering TSV, the provider must have direct observation experience (NOT WEB or film, or facetime).</p> <p>Those on the webinar offered that INTAKE could be done by video/electronic means.</p>	
Confidentiality	<p>“Confidentiality may be waived under when the patient or client agrees to the waiver, in writing, or, when more than one person in a family is receiving therapy, when each family member agrees to the waiver, in writing.” <u>F.S. 491.0147</u></p> <p>Maintaining confidentiality is a cornerstone of therapeutic relationships, and this principle holds significant importance within traditional therapeutic settings.</p>	

- However, within TSV, it's crucial to recognize that a broader audience, including courts, officers, and lawyers, will have access to these notes.
- This necessitates a delicate approach to handling and wording the notes to ensure sensitivity to all involved parties.

Emphasize the need for delicacy in note-taking, focus on larger issues instead

- For instance, rather than directly quoting an upset parent, the focus should shift to addressing broader parenting challenges that may have surfaced during the session, with a commitment to addressing these concerns within TSV.

It's imperative to transparently communicate the lack of confidentiality to parents from the outset, ensuring that program policies explicitly state this.

- This includes obtaining parental acknowledgment of this lack of confidentiality through signed program policies.

Clear differentiation between the confidentiality expectations in individual therapy versus TSV sessions is essential.

Regarding child disclosures of abuse or fear, while confidentiality to the parent may not be maintained, the issue will be addressed sensitively while ensuring mandatory reporting obligations are met.

- E.g., if a child wants to report or talk about abuse/fear, I won't tell the parent, but will talk about the issue with the parent.
- The child's comments will be part of the record and may lead to mandatory reporting.

	<p>Intake records should explicitly state the therapist's obligation as a mandatory reporter of child abuse.</p>	
<p>Therapeutic Goals</p>	<p>Central to the effectiveness of TSV is the establishment of clear therapeutic goals.</p> <ul style="list-style-type: none"> • These goals should reflect collaborative efforts between visiting parents and, where appropriate, the child. • An example goal could focus on fostering positive communication and accountability in parental behavior, such as punctuality and active participation. <p>Drawing from attachment-based and trauma-aware approaches like TBRI, goals should encompass empowering the child, enhancing familial connections, and facilitating parental growth in discipline strategies.</p> <ul style="list-style-type: none"> • E.g. of a measurable goal: the mother will use mindful words (not threats) out of two out of three times. <p>Safety measures are in place.</p> <p>Therapists themselves should be held accountable through clearly defined goals.</p> <p>What do Reports look like?</p> <ul style="list-style-type: none"> • Reports should provide a comprehensive overview of visitation progress, including detailed checklists of interactions and summary reports. • These reports should include observations on parental engagement, child disposition, and any notable interactions or activities during the visit. • Some reports may look like checklists with sections to take additional written notes. 	

	<ul style="list-style-type: none"> • For instance (optional), a report to the Case Manager should be submitted within 48 hours following a visit. This report encompasses various aspects including interactions, modeling, suggestions, boundaries set, facilitated communication, assessment of the child's disposition, and a dedicated comments section. It may also detail activities engaged in during the visit, providing a checklist for reference. Additionally, it should note indicators of child discomfort, such as a flat affect, and evaluate whether the parent effectively established appropriate limits, nurtured the child, and offered support throughout the visit. • Parents should be informed about the components of these reports during the intake process. 	
Court Orders	<p>Supreme Court of Florida Minimum Standards: Therapeutic supervision may only be provided by order of the court and only by trained certified or licensed mental health professionals.</p>	
Recommendations to the Court	<p>When addressing the court, our role is to present evidence and details rather than make recommendations.</p> <p>In family court proceedings, we focus on providing accurate and direct observations rather than definitive statements regarding visitation rights.</p> <p>Reports submitted to the court may include suggestions for therapy to address mental health or substance abuse concerns, along with evaluations or parenting courses.</p> <p>Recommendations should offer a comprehensive view of the family's situation, taking into account factors such</p>	

	<p>as routine and available community resources (financial, housing, medical, food, clothes, SSI forms, educational resources, transportation etc.).</p> <p>While refraining from direct safety recommendations, suggestions regarding visitation duration and timing can be offered based on observed routines and family dynamics.</p> <p>It's important to provide comprehensive information about medical history and evaluations for both parents and children to relevant providers.</p>	
<p>Qualifications</p>	<p><u>TSV Providers</u></p> <ul style="list-style-type: none"> • Supreme Court of Florida Minimum Standards: Therapeutic supervision may only be provided by trained certified or licensed mental health professionals. <p>Any clinician providing therapeutic supervised visitation services must be a licensed mental health professional (as defined within Florida Stat. Chapter 491) 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.</p> <p>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</p>	

	their local CPS services and their local probate and family court.	
	<u>TSV Interns</u> A master's level clinician who is pursuing their licensure, or a master's level clinical intern (as defined within Florida Stat. Chapter 491), can also provide these services if they are being directly supervised by an appropriate licensed mental health professional. For example, individuals pursuing a license in mental health counseling, marriage and family therapy, social work, psychology, or psychiatry. Fields that would not apply include, but are not limited to, criminal justice, public administration, and public health.	

Your Name:

Program:

Email:

Trauma-informed Accommodations for Neurodivergent Clients

Due to the differences in neurodivergent individuals' brains, supervised visitation professionals may need to utilize accommodations when working with neurodivergent clients. It is important to note that accommodations are cost-efficient and can contribute to developing and maintaining a trusting relationship with the client. Additionally, accommodations can help clients feel safe and help them achieve their goals.



Universal Accommodations

Some universal accommodations that can benefit neurodivergent children in supervised visitation settings include:

- Reducing the use of strong scents such as perfume or cologne.
- Adjusting lighting to a dimmer setting.
- Minimizing clutter and distracting patterns in the office or building.
- Providing quiet spaces with minimal noise.
- Installing directional signs and signage indicating the purpose of areas.
- Offering communication accommodations like visual aids, interpreters, and communication devices.
- Using developmentally appropriate, simple language for communication.
- Granting necessary breaks to the child.
- Repeating questions when needed and allowing extra response time.
- Modifying the environment to ensure accessibility.
- Allowing or providing sensory stimulation devices.



(Clark & Westmore, 2022; Office for Victims of Crime Training and Technical Assistance, n.d.; Simpson, 2016)

Specific Accommodations for Neurodivergent Clients in Child Welfare

Some specific accommodations that supervised visitation professionals can implement when working with neurodivergent children include:

- Providing flexible seating options for the child to choose where they would like to sit during the visit.
- Permitting someone the child is comfortable with to provide support if appropriate.
- Providing multiple communication options, including verbal, written, play-based, or through communication devices.
- Acknowledging that obtaining a comprehensive understanding of the child's situation may require multiple sessions.
- Ensuring an interpreter is readily available when necessary.
- Limiting staff changes, if possible, to maintain consistency.
- Introducing other professionals involved in the service group



(Clark & Westmore, 2022; Office for Victims of Crime Training and Technical Assistance, n.d.)

MYFLFAMILIES.COM

Building Resilience in Neurodivergent Youth

Strengths-based Approach

It involves recognizing the unique abilities of neurodivergent children and emphasizing these strengths to help them achieve their goals.

- Providing tailored support and services that suit their specific needs.
- Empowering neurodivergent children and their families to create services that work for them.
- Recognizing how personal, societal, and environmental factors affect clients and their families.
- Collaborating with informal support like the children's family and friends.
- Using the strengths of neurodivergent children to tackle their challenges.
- Showing children and their families how they can use their strengths to overcome obstacles.

Family-centered Approach

It centers on understanding the unique safety and requirements of these children within the context of their families and communities.

- Collaborating closely with families to develop safety plans that ensure the child's well-being.
- Assisting families in implementing effective communication strategies and conflict resolution methods to strengthen family connections.
- Establishing trust through transparent communication, involving parents in decision-making, and sharing essential information.
- Providing personalized support services.
- Connecting families of neurodivergent children with community resources.

Building Resilience



& Skills in Caregivers

Practice Self-Care

Parenting a neurodivergent child poses distinctive challenges, prompting caregivers to practice self-care by understanding the time needed for emotional well-being, embracing self-compassion, seeking support when necessary, and avoiding self-blame to prevent isolation and emotional strain.

Embrace Neurodiversity

Encouraging caregivers to understand and accept their child's neurodivergent identity not only aids in the child's progress but also fosters resilience in the caregivers themselves. This acceptance serves as a protective factor for caregivers' well-being.

Seek Support

Caregivers can benefit from engaging in support networks, such as social groups or parental communities. These connections can enhance their coping mechanisms and build their resilience.



Strategies for Building Parenting Skills in Neurodiverse Families

Enhanced and Accommodating Communication

Using visual cues and a few verbal instructions are strategies to enhance your child's communication.

Structured Environment

Creating a routine will satisfy the child's need for structure, predictability, and security.

Play Strategies

Play can help children gain crucial abilities including social skills, emotional control, and cognitive flexibility.

Collaborative Play

Creating a routine will satisfy the child's need for structure, predictability, and security.

(Cameron, 2023)

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

