DECEMBER 2012

E PRESS

It’s the most wonderful time of the year!

Reports, Reports, Reports!
Attached are the annual Database Report, along with the Program Narratives for the Access and Visitation Report.

... 

Attached to this E Press is the Child Health Checklist for Parents and Foster Parents

... 

Questions from Directors

Several days after a visit, a custodial parent called to complain that the visiting parent hid something in food that he brought to the last visit. The custodian refused to tell me what was hidden, but indicated that it was dangerous. When I pressed for details and insisted that I be told specifics, the custodian said, “never mind” and dropped the issue, saying that I should “forget it” and it wasn’t really important. Do I have to do anything?
Yes, record exactly what you remember: receiving the food, the visitor’s statements, the child’s response, the phone calls from the custodian, and everything that you remember. Keep these notes in the case file. This incident is not a secret, and you can’t just forget it. The notes should be released to the parents as part of the normal circulation of visit notes pursuant to your program’s policies.

I was on the last phone conference. Can you give me the exact internet address for the replication plan of the financial wellness project?

Sure! The link is http://familyvio.csw.fsu.edu/economic-well-being/

I’ve just started taking dependency cases from the local CBC. Where can I get information on those cases?

There are sample intake forms and court orders in the Report to the Florida Legislature. Go to pages 93 for Orders and 98 for Referral Forms. Then call the Clearinghouse!

http://familyvio.csw.fsu.edu/clearinghouse/standards-best-practices/

The Clearinghouse on Supervised Visitation

Annual Report:
Supervised Visitation Database
Case and Client Statistical Analysis
For 2012

Karen Oehme, J.D., Director
Kelly O’Rourke, MSW, Database Manager

Case and Client Statistical Analysis Results
10/1/2011 to 9/30/2012

Cases: 2,567 Clients: 10,670 Services: 32,095

Here we present the results of the annual Clearinghouse on Supervised Visitation’s Database Case and Client Analysis. This report covers October 1, 2011 to September 30, 2012, the 12 months since the last report. A total of 49 supervised visitation programs in Florida contributed information to the database during this time span.

From 10/1/2011 to 9/30/2012 the total number of documented cases was 2,567, the number of clients served was 10,670 (4,284 children, 3,819 visitors, 2,567 custodians/others), and the number of services provided was 32,095. This is the number of completed or terminated services only, and does not include scheduled but cancelled services or no-shows. This year’s provision of 32,095 services to Floridians in need represents an increase of 24.8% over the last two years.

The amount of missing data was significantly reduced this year (in some cases by 68%), probably due to Clearinghouse training on the database, periodic reminders to programs to enter all data correctly, and users requiring and collecting more complete information for reporting purposes.

Percent vs. Valid Percent - The Percent shown in each table is the percent of the total number of cases showing one particular answer, factoring in any cases for which the data is missing. The Valid Percent is the percent of the total number of cases showing one particular answer but not including any cases with blank cells or missing data. If there is no missing data for a particular variable, then the Percent and Valid Percent will be identical.

Referral Source

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
</table>
In the database, there are seven options for the variable Referral Source. This is now a mandatory variable in that database users cannot continue until this information is inserted. For the most part, the trends have remained steady as Dependency Court continues to be the most common referral source, followed by Domestic Violence Injunctions.

### Reason for Referral Condensed

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Child Abuse / Neglect</td>
<td>637</td>
<td>24.8</td>
<td>24.8</td>
</tr>
<tr>
<td>Parental Substance Abuse</td>
<td>684</td>
<td>26.6</td>
<td>26.6</td>
</tr>
<tr>
<td>DV</td>
<td>1037</td>
<td>40.3</td>
<td>40.3</td>
</tr>
<tr>
<td>Parental Mental Health</td>
<td>131</td>
<td>5.1</td>
<td>5.1</td>
</tr>
<tr>
<td>Other Parental Misconduct</td>
<td>59</td>
<td>2.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Death of a Sibling</td>
<td>9</td>
<td>.5</td>
<td>.5</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>.5</td>
<td>.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2567</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Dependency Case</td>
<td>1543</td>
<td>60.0</td>
<td>60.0</td>
</tr>
<tr>
<td>DV Injunction</td>
<td>492</td>
<td>19.1</td>
<td>19.1</td>
</tr>
<tr>
<td>Dissolution of Marriage</td>
<td>290</td>
<td>11.2</td>
<td>11.2</td>
</tr>
<tr>
<td>Never Married / Paternity</td>
<td>140</td>
<td>5.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Criminal Case</td>
<td>9</td>
<td>.3</td>
<td>.3</td>
</tr>
<tr>
<td>Self-Referral</td>
<td>21</td>
<td>.8</td>
<td>.8</td>
</tr>
<tr>
<td>Other</td>
<td>72</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2567</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
For each case, the database user is required to enter the primary reason for the referral. As in the previous years, “Domestic Violence” is the most often cited reason for a referral to supervised visitation, even for those referrals from Dependency court. The number of DV referrals has risen from 31% to 34% to 40.3% in the past two years.

### Description of Services

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitored Exchange</td>
<td>1,919</td>
<td>5.9</td>
<td>5.9</td>
</tr>
<tr>
<td>Supervised Telephone Calls</td>
<td>1</td>
<td>.003</td>
<td>.003</td>
</tr>
<tr>
<td>Supervised Visitation</td>
<td>29,419</td>
<td>91.6</td>
<td>91.6</td>
</tr>
<tr>
<td>Therapeutic Supervision</td>
<td>637</td>
<td>1.9</td>
<td>.1</td>
</tr>
<tr>
<td>Additional Service Only</td>
<td>119</td>
<td>.3</td>
<td>.3</td>
</tr>
<tr>
<td>Total</td>
<td>32,095</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The above chart describes the types of services provided during the 2011-2012 reporting year. “Supervised Visitation” remains by far the service provided most often followed by “Monitored Exchange.”

### Person Providing Service

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Staff</td>
<td>18,485</td>
<td>87.5</td>
<td>91.5</td>
</tr>
<tr>
<td>Intern</td>
<td>138</td>
<td>.9</td>
<td>.9</td>
</tr>
<tr>
<td>Volunteer</td>
<td>725</td>
<td>7.2</td>
<td>7.6</td>
</tr>
<tr>
<td>Total</td>
<td>18,648</td>
<td>95.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>1,475</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>33,481</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Paid staff members continue to be the main provider of services in Florida’s supervised visitation centers, followed by volunteers, and last, interns.

### Child’s Race

<table>
<thead>
<tr>
<th>Child’s Race</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid White</td>
<td>2338</td>
<td>54.7</td>
<td>54.7</td>
</tr>
<tr>
<td>Hispanic</td>
<td>567</td>
<td>13.2</td>
<td>13.2</td>
</tr>
<tr>
<td>Black</td>
<td>661</td>
<td>15.4</td>
<td>15.4</td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am. Indian / Alaska Native</td>
<td>6</td>
<td>.1</td>
<td>.1</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>712</td>
<td>16.6</td>
<td>16.6</td>
</tr>
<tr>
<td>Total</td>
<td>4284</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| Missing System                | 0         | 0       |               |
| Total                         | 4284      | 100.0   |               |

According to the 2010 U.S. Census, approximately 63% of the U.S. is white, 12% is black, and 16% is Hispanic. In comparison, blacks appear to be slightly over-represented and whites underrepresented as supervised visitation center clients. However, the percentages have not changed significantly from the previous reports to the current report. The category of “Two or More Races” was added to the database two years ago and has garnered almost four times more responses than last year, up from 4% in 2012.

### Child’s Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Female</td>
<td>2060</td>
<td>48.1</td>
<td>49.6</td>
</tr>
<tr>
<td>Male</td>
<td>2094</td>
<td>48.9</td>
<td>50.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>.1</td>
<td>.1</td>
</tr>
<tr>
<td>Total</td>
<td>4284</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
As in previous years, the number of females and males is roughly even.

**Visitor Gender**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1886</td>
<td>49.4</td>
<td>53.2</td>
</tr>
<tr>
<td>Male</td>
<td>1662</td>
<td>43.5</td>
<td>46.8</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>.1</td>
<td>.1</td>
</tr>
<tr>
<td>Total</td>
<td>3550</td>
<td>92.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>269</td>
<td>7.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3819</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The Visitor is typically someone who does not have custody of the child, but the person with whom the child will have supervised visits. Men and women continue to be almost equally represented (women having a slightly higher number) as visitors participating in supervised visits.

**Visitor Race**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2133</td>
<td>55.8</td>
<td>60.5</td>
</tr>
<tr>
<td>Hispanic</td>
<td>476</td>
<td>12.4</td>
<td>13.5</td>
</tr>
<tr>
<td>Black</td>
<td>473</td>
<td>12.3</td>
<td>13.4</td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Am. Indian / Alaska Native</td>
<td>9</td>
<td>.3</td>
<td>.3</td>
</tr>
</tbody>
</table>
The majority of the visitors continue to be white. In previous years, the number of black visitors was slightly higher than Hispanic visitors. However, for the 2011-2012 time frame, the number of black and Hispanic visitors has become almost even.

### Visitor Relationship to Child

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Valid</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother (Biological, adoptive, or step)</td>
<td>2127</td>
<td>55.6</td>
</tr>
<tr>
<td>Father (Biological, adoptive, or step)</td>
<td>1624</td>
<td>42.5</td>
</tr>
<tr>
<td>Grandparent</td>
<td>50</td>
<td>1.3</td>
</tr>
<tr>
<td>Sibling</td>
<td>3</td>
<td>.07</td>
</tr>
<tr>
<td>Other Family Member</td>
<td>6</td>
<td>.3</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>1</td>
<td>.1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>.1</td>
</tr>
<tr>
<td><strong>Missing System</strong></td>
<td>4</td>
<td>.1</td>
</tr>
</tbody>
</table>

By far, the most common visitor was a parent to the child client. In previous years, mothers showed slightly higher representation as visitors than fathers. In 2011, the number of visitor fathers surged ahead of visitor mothers. However, this year mothers are once again most likely to be the child’s visitor.

The following data represents information on the *primary* custodian in the case.

### Custodian Gender
Clearly women were, by far, the most common custodian, the person having legal custody of the child client. It might also be hypothesized that comparing this data to the other data on custodians, single mothers are highly represented in the database. Of note is the fact that the amount of missing data has declined from around 48% in 2010, to 25% in 2011, to only 7.4% in 2012. As previously noted, this may be due to ongoing Clearinghouse training on the database, periodic reminders to programs to enter all data correctly, and users requiring and collecting more complete information for reporting purposes.

### Custodian Race

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1746</td>
<td>68.2</td>
<td>73.6</td>
</tr>
<tr>
<td>Male</td>
<td>608</td>
<td>23.6</td>
<td>25.5</td>
</tr>
<tr>
<td>Unknown</td>
<td>22</td>
<td>.8</td>
<td>.9</td>
</tr>
<tr>
<td>Total</td>
<td>2376</td>
<td>92.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>191</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2567</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1505</td>
<td>58.6</td>
<td>62.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>387</td>
<td>15.3</td>
<td>16.2</td>
</tr>
<tr>
<td>Black</td>
<td>262</td>
<td>10.2</td>
<td>10.8</td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am. Indian / Alaska Native</td>
<td>4</td>
<td>.1</td>
<td>.1</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>256</td>
<td>9.9</td>
<td>10.6</td>
</tr>
<tr>
<td>Total</td>
<td>2414</td>
<td>94.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>153</td>
<td>5.9</td>
<td></td>
</tr>
</tbody>
</table>
The majority of the custodians continue to be white. In previous years, the number of black custodians was second, followed by Hispanic. In both 2011 and 2012 however, the number of Hispanic custodians has surged higher than the number of black custodians. This category shows a 35% reduction in the amount of missing data over the last two years.

### Custodian Relationship to Child

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother (Biological, adoptive, or step)</td>
<td>1210</td>
<td>47.3</td>
<td>47.9</td>
</tr>
<tr>
<td>Father (Biological, adoptive, or step)</td>
<td>524</td>
<td>20.4</td>
<td>20.6</td>
</tr>
<tr>
<td>Grandparent</td>
<td>263</td>
<td>10.2</td>
<td>10.3</td>
</tr>
<tr>
<td>Sibling</td>
<td>3</td>
<td>.1</td>
<td>.1</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>375</td>
<td>14.6</td>
<td>14.7</td>
</tr>
<tr>
<td>Other Family Member</td>
<td>127</td>
<td>4.9</td>
<td>5.0</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
<td>1.4</td>
<td>1.4</td>
</tr>
</tbody>
</table>
By far, the most common custodian was a parent to the child client. Mothers have significantly higher representation as visitors than do fathers. This may be due to the fact that mothers are more likely to have original custody of children. Following parents, grandparents were the next most common category.

**Custodian Income**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10,000</td>
<td>568</td>
<td>22.4</td>
<td>23.9</td>
</tr>
<tr>
<td>10,000 - 19,000</td>
<td>561</td>
<td>21.8</td>
<td>23.8</td>
</tr>
<tr>
<td>20,000 - 29,000</td>
<td>247</td>
<td>9.6</td>
<td>10.3</td>
</tr>
<tr>
<td>30,000 - 39,000</td>
<td>261</td>
<td>10.1</td>
<td>10.9</td>
</tr>
<tr>
<td>40,000 and above</td>
<td>233</td>
<td>9.0</td>
<td>9.7</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>90</td>
<td>3.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Unknown</td>
<td>421</td>
<td>16.4</td>
<td>17.6</td>
</tr>
<tr>
<td>Total</td>
<td>2381</td>
<td>92.8</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Because many programs and case managers do not have access to this information, there is some missing data in regard to custodian income. However, this reporting year, database users made a concerted effort to acquire this information as required. It appears that almost 50% of the custodians earn less than $20,000 per year. Clearly, a high percentage of clients fall beneath the poverty threshold.

**Domestic Violence Reported in Referral**
<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>1054</td>
<td>41.1</td>
</tr>
<tr>
<td>No</td>
<td>1513</td>
<td>58.9</td>
</tr>
<tr>
<td>Total</td>
<td>2567</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In each case, the person entering data is required to note whether domestic violence was a component of or was present in the case. From 2006 to 2010, the number of cases reporting domestic violence as a component of the case declined from 49% to only 31.2% last year. For the past two reporting periods, the number of cases identifying domestic violence as present increased to 41.1%. It is important to note that domestic violence may be present, yet not reported in the case file or known by the supervised visitation staff and so this number may be even higher in reality.

**Critical Incidents**

Total number of critical incidents: **181 (.56%)**

<table>
<thead>
<tr>
<th>Number of Incidents</th>
<th>Type of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Visitor threatened the staff</td>
</tr>
<tr>
<td>2</td>
<td>Visitor threatened other adult</td>
</tr>
<tr>
<td>6</td>
<td>Visitor is arrested on-site</td>
</tr>
<tr>
<td>8</td>
<td>Child accidentally injured</td>
</tr>
<tr>
<td>114</td>
<td>Visitor refused to follow the staff's redirection</td>
</tr>
<tr>
<td>3</td>
<td>Custodian physically harmed child</td>
</tr>
<tr>
<td>4</td>
<td>Custodian came to the visit intoxicated</td>
</tr>
<tr>
<td>1</td>
<td>Visitor became severely ill</td>
</tr>
<tr>
<td>12</td>
<td>Visitor came to the visit intoxicated</td>
</tr>
<tr>
<td>2</td>
<td>Custodian used corporal punishment</td>
</tr>
</tbody>
</table>
A Critical Incident is an event that occurred before, during, or immediately after the service that was so severe as to require the termination of the service or the removal of the offending party from the premises. While the overall number of incidents reported is fairly low, it is evident through discussions that these events are often underreported, especially if the incident has a smooth outcome. The low number should also be a commendation to the well-trained staff of Florida’s SVCs who are quite successful in preventing critical incidents from occurring as well as handling them safely and quickly.

**Parties Responsible for Cancellation of Visit**

<table>
<thead>
<tr>
<th>Party responsible</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor</td>
<td>4174</td>
</tr>
<tr>
<td>Custodian (Not Foster Parent)</td>
<td>1396</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>314</td>
</tr>
<tr>
<td>DCF/CBC</td>
<td>557</td>
</tr>
<tr>
<td>SV Program</td>
<td>401</td>
</tr>
<tr>
<td>Other</td>
<td>729</td>
</tr>
</tbody>
</table>

Most often, the visit is cancelled by the visitor for various reasons.

**Reasons for Case Closure**

<table>
<thead>
<tr>
<th>Reason for Case Closure</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive No-shows/cancellations</td>
<td>280</td>
</tr>
<tr>
<td>Moved to unsupervised visits (per court order or case plan)</td>
<td>272</td>
</tr>
<tr>
<td>Completion of Court Ordered Term of Service</td>
<td>205</td>
</tr>
<tr>
<td>Moved to family supervision or other supervision type/place</td>
<td>159</td>
</tr>
<tr>
<td>Loss of Contact with Visitor or Custodian</td>
<td>104</td>
</tr>
<tr>
<td>Termination of Parental Rights or Court Ordered Cessation of Visitation</td>
<td>85</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Visitor Incarcerated</td>
<td>54</td>
</tr>
<tr>
<td>Safety concerns</td>
<td>49</td>
</tr>
<tr>
<td>Visitor or child moved away</td>
<td>38</td>
</tr>
<tr>
<td>Visitor terminated visits or couldn’t schedule visits</td>
<td>37</td>
</tr>
<tr>
<td>SVP Program's time or visit limit reached</td>
<td>32</td>
</tr>
<tr>
<td>Refusal / Unable to pay fees</td>
<td>26</td>
</tr>
<tr>
<td>Family Re-unified</td>
<td>24</td>
</tr>
<tr>
<td>Refusal of Child to Visit</td>
<td>21</td>
</tr>
<tr>
<td>Termination for Violation of Other Rules (not listed above)</td>
<td>10</td>
</tr>
<tr>
<td>Visitor to substance abuse detox/rehab</td>
<td>10</td>
</tr>
<tr>
<td>Custodian refused visits</td>
<td>10</td>
</tr>
<tr>
<td>Case Manager closed case</td>
<td>9</td>
</tr>
<tr>
<td>Critical Incident(s)</td>
<td>5</td>
</tr>
<tr>
<td>Excessive demands on program resources</td>
<td>4</td>
</tr>
<tr>
<td>Violation of other rules</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

**Implications and Recommendations:**

The data reflect Florida’s supervised visitation programs’ consistent service to families. Anecdotally we know that programs are reporting continuing loss of funding from a variety of funding sources, and attempting to do “more with less.” At a certain point, that request is impossible to accommodate, and service will be denied in some areas and to some families. The lack of standards is also a chief concern, resulting in new for-profit providers who do not follow the same best practices as established programs which adhere to the practices as developed by the Supervised Visitation Standards Committee in 2008.
The rise in domestic violence as a referral reason and as an allegation of the case, is consistent with the recent statewide data reflecting that domestic violence crimes have actually increased in the state. It is possible (even likely) that cases are initially referred to supervised visitation programs for other reasons (e.g., dependency allegations) and that only later is the family violence revealed. The Clearinghouse will include this as a training issue in its technical assistance to programs.

Overall this report indicates that programs continue to provide a valuable service to the community statewide.

Clearinghouse on Supervised Visitation
Annual Access & Visitation Funded
Annual Program Narrative Report
October 1, 2011 - September 30, 2012

Program Highlights

DISC Village, Inc. Supervised Visitation Program
1000 Tharpe Street, Suite 8 Tallahassee, FL 32303
Program Director: Angela Lindsey 850-575-4388 x336 center # 617-1192
Contact E-mail: alindsey@bigbendcbc.org
Number of Sites: 1 Counties Served: Leon, Wakulla, Liberty, Gadsden, Jefferson, Taylor, Calhoun, Gulf (8)
Program has been in operation: 10 months

The Disc Village Supervised Family visitation center currently has an order of agreement with the second judicial circuit to services family law cases in the Big Bend Community. We create a more enhanced family-like setting for the children and families we serve. In addition to that we have a life-skills curriculum for parents. Our goal is to help these families increase resilience, build on their current strengths and overcome barriers. We are honored to serve our families and look forward to fourth year of providing excellent service to children and families in the Big Bend Community.

Family Nurturing Center of Florida – Bartley
2759 Bartley Cr. Jacksonville, FL 32207
Program Director: Stella Johnson (904.389.4244)
Contact E-mail: stella@fncflorida.org
2nd Site: Fleming Isle: 2075 Town Center Blvd. Fleming Isle, FL
3rd Site: Nassau: 86029 Pages Dairy Rd. Yulee, FL
4th Site: Palm Beach: (formerly Child and Family Connections)

Number of Sites: 4 Counties Served: Duval, Clay, Baker, Nassau, St. Johns, Palm Beach. This program has been in operation: Since 1993 - 1st Center in Florida!

FNC, through our collaborative partnerships with community organizations and the Florida Coastal School of Law, has access to a wealth of volunteers. Currently, we are cultivating a strong internship program with law students who service the agency by providing new client orientations and representation during injunction hearings. Law students sign on for a minimum of a year of service, during which they provide a courtroom presence during injunction hearings and also facilitate the enrollment of new clients into the program. This continued volunteer program further develops a knowledge base of domestic violence within the future legal community. We also occupy the Lillian Saunders Community Center through a partnership with the City of Jacksonville.

FNC works in partnership with a host of other community partners. By operating in a community based setting, we work as a holistic partner with other organizations to ensure that families have access to comprehensive resources. We pride ourselves in having meaningful, collaborative partnerships which go beyond a typical referral exchange. For example, our alliance with Hubbard House Outreach Center allows their caseworkers to have immediate contact should victims of domestic violence come to FNC for services. This is one step to ensure that a victim has an advocate and is less likely to get lost in a shuffle of referral forms. Our center also serves as an ACCESS location, providing the ability of both FNC clients and the local residents the ability to apply for food stamps and other assistance. We have recently partnered with Learn to Read to provide space for their programs. During the tax season, the United Way Real Sense campaign provided free tax return services for lower income clients at our center as well. FNC remains committed to leveraging our relationships with other service providers to ensure comprehensive access to services designed to alleviate issues of poverty and abuse. FNC recently expanded their programs and through a Clinical Services Division is offering social investigations, parent coordination, and other services on a sliding fee scale basis.

Our reputation as an expert in the field as well as our collaborative relationships with other organizations has received judicial recognition throughout Northeast Florida. Family law attorneys in Nassau, Clay and Duval counties have aligned themselves to support FNC. In fact, each member of the Florida Bar Board of Governors wrote personal checks in special recognition of the critical work the center does. FNC has a committed Board of Directors with a passion for the work of the organization. Board members have been instrumental in forming valuable partnerships with the Florida
Coastal School of Law, the Family Law Inn of Court, the Fourth Judicial Circuit, and many other agencies directly impacted by supervised visitation. FNC has always held a leadership position in the field of Supervised Visitation since opening the first visitation program in the State. Founding members from the Junior League, the Children’s Home Society, and the Department of Children of Families also went out in the state to help dozens more programs open with similar community involvement. Today, despite our small budget, our leadership in the field continues on a local, statewide, and national basis.

**Judge Ben Gordon Supervised Visitation Center**
PO Box 436, Shalimar, FL 32579  
Program Director: Sharon Rogers 850-609-1850  
Contact E-mail: sharongrogers@hotmail.com  
Number of Sites: 2  
Counties Served: Okaloosa, Walton

One of the most striking things about the Judge Ben Gordon, Jr. Family Visitation Center is how we have accomplished so much with so little. The Center, founded in 1997, has grown in size but remains in space donated by the Shalimar United Methodist Church. This partnership has afforded us a low overhead not only with donated space and utilities, but also with an abundance of dedicated volunteers. As with many small non-profits, the ability to adjust to income variances is a challenge, but with community support and creativity we have been able to meet the needs for supervised visitation and monitored exchanges for over 15 years.

**2nd Site: Friends of the Family SVC**  
986 S. US Hwy 331, Defuniak Spgs, FL 32433 850-951-0177

The Friends of the Family Visitation Center has now been open for 10 years serving the northern more rural end of Walton County. That Center shares a donated Walton County owned building with a Senior Center. This has also been a great partnership since their hours of operation are early in the day, and ours are later. The two sites accomplished over 2,000 safe visits and exchanges in 2011. This coming year we are expanding to meet the needs of a growing military presence in north Okaloosa County with plans to open a new Center in Crestview. This planning phase is supported by a committee of local government, court, law enforcement and agency stake-holders, which is a great start for a program made possible by community support and creativity!

**Children’s Home Society FVC – Pensacola**  
1300 N. Palafox St, Pensacola, FL 32501  
Program Director: Emily Adkins 850-266-2743
Contact E-mail: emily.dehnhoff@chsfl.org
Number of Sites: 2 Counties Served: Escambia, Santa Rosa

The Family Visitation Center is located inside the Children’s Home Society, Western Division. We serve nearly fifty families a year, with several cases ending due to the visiting parent being granted unsupervised visitation. The visitation center is operated by a single director with an occasional intern from the University of West Florida. We have a jungle themes room and a seas creature themed room that the kids absolutely love. We have tables, a television with a DVD player, and all kinds of toys and movies for all age groups to enjoy. We continue to be one of the area’s only SV centers and pride ourselves on providing a safe and homey place for families to reconnect.

2nd Site: Milton FVC
5357 Stewart St. Milton, FL 32570 850-983-5486

The Milton site was added 3 years ago to the Children’s Home Society Family Visitation Center of Pensacola. With this new site available, the CHS FVC can offer supervised visitation and other services to those families living farther away from Pensacola. This enables many more new families to receive services. Florida has many rural areas that need services, and the Milton Program helps meet that need for noncustodial parents.

Family Visitation Center of Alachua
1409 NW 36th Pl Gainesville, FL 32605
Program Director: Charlene Phillips 352-334-0882
Contact E-mail: Charlene.phillips@chsfl.org
Number of Sites: 2 Counties Served: Alachua, Suwanee

With assistance from Alachua County, the center was fortunate to be able to provide full-time on-site security. Also, numerous volunteers from the community continue to provide many hours of monitoring visits. This has allowed more families to utilize the services and to increase the visit time for many families.

2nd Site: Family Visitation Center of Suwanee
620 SW Arlington Blvd, Lake City, FL 32025 386-758-0591

The center is fully a part of the community’s help for families. It was recently the recipient of a new video monitoring system from the Rotary Club. Members of the Rotary Club also spent a day at the Family Visitation Center “sprucing up” the playground and grounds. The community fully understands how crucial it is to have a safe place for families to spend time together in a loving, caring, child-friendly environment. Our services are crucial to this community.
Our Visitation Center has been in business for 16 years. We love using volunteers and we do have one CASA Volunteer at the moment to monitor visits. Two of our monitors were once CASA volunteers who wanted to be on our staff.

We always use Uniformed Police Officers, for security, each Saturday, and wouldn’t facilitate visits without them. As a matter of fact, one of our current paid staff is a retired Police Officer who has been with us since the very beginning: first as security and now monitoring visits. We also have Spanish speaking staff for our Hispanic clients.

We recently moved to a wonderful new location where we couldn’t be happier. They are very supportive of our center and everything is always clean and comfortable for our weekly visits.

The center continues to provide support and services to noncustodial parents to keep the parent-child bond healthy and strong. We provide a comfortable facility that emphasizes a healthy visit and a loving connection for these families. Our goal is to ensure that children and vulnerable adults feel safe and supported every single visit.

Both centers have wonderful outdoor playground facilities including extensive jungle gyms. Families are able to visit outside and have picnics. Also, both centers utilize Wii play stations interactive video games which has had a positive influence increasing
parent/child interaction. Both centers also have a parent-to-child reading program which helps with nurturing. Finally, both centers do utilize interns from local universities social work programs.

**Family Support and Visitation Center**  
118 Pasadena Place, Orlando, FL 32803  
Program Director: Eunice Keitt 407-999-5577  
Contact E-mail: ekeitt@devereux.org  
Number of Sites: 1 Counties Served: Orange

In operation since 1997, not only do we provide supervised visitation, we also provide the nationally acclaimed Nurturing Parenting Program to the interested parents. This is a 15 week family program that includes the whole family, whether they are reunified or not during the program. We afford the parents the ability to “graduate” in front of their children, a proud event for the first time for many of these parents.

**Osceola FVC**  
2653 Michigan Ave. Kissimmee, FL 34744  
Program Director: Carmen Arango 407-846-5077  
Contact E-mail: kim.corcoran@chsfl.org  
Number of Sites: 1 Counties Served: Osceola

Florida has a diverse population, and our site has bilingual staff who are fluent in Spanish as well as English. We also have terrific volunteers from the Foster Grandparents program who do a wonderful job of making the children feel comfortable and at home. One room has a large mural on the wall depicting an outdoor scene with horses – this seems to be a favorite of our 3 visit rooms, as is our video game room.

We are very proud of our ability to provide transportation for children attending the center. We pick them up from home or school and bring them to the center for their visits. The Nurturing Parent program is also used in our center where parents learn better parenting skills. This program has been a tremendous success in helping our clients achieve reunification.

**Children’s Home Society Family Connections**  
1010 Rose St. Lakeland, FL 33803  
Program Director: Debbie Stuart, Shirley McBride 863-640-3628  
Contact E-mail: debbie.stuart@chsfl.org, shirley.mcbride@chsfl.org  
Number of Sites: 4 Counties Served: Polk, Highlands, Hardee
Family Connections makes every attempt to accommodate the family needs including workday, evening and some weekend hours. Our services are available to the entire family unit. Services include counseling, referrals for family support services, and parent/child tutoring. All of these things help increase the family bond. We initiated the blanket program for young children and the visitor. This concept encourages the visitor (parent) to play floor games with the child(ren).

Family Connections continues to partner with Community based organizations to increase access to resources and services within the community. We include the Claudia Waters Missionary Society of Mt. Pleasant African Methodist Church, Lakeland as a partner with Child Advocacy Center of Polk and Highlands County and Family Fundamentals of Lakeland, FL.

Family Connections incorporates arts and crafts, microwave cooking, board games and reading in its visitation program. We are currently exploring a portable basketball goal for outside activities.

In the past we have held a holiday dinner for our families. The children plan the menu and with donations and support from The Claudia Waters Missionary Society, dinner was prepared. In December a holiday party was held for the families and each child received a goody bag. Valentine bags were given to each child in February. Currently, Family Connections is planning for the November holiday fest and December party.

Children’s Home Society FVC Miami
800 NW 15th St. Miami, FL 33136
Program Director: Marcel Rivas 305-755-6574
Contact E-mail: marcel.rivas@chsfl.org
Number of Sites: 1 Counties Served: Dade

The Family Visitation Center of the Children's Home Society serves the visitation needs of parents and children in the dependency court system of District 11, and has always done so completely without charge to the parents. We provide both supervised and therapeutically supervised visitation for families. We view as our greatest accomplishment the positive role we play in aiding in the re-unification of families and children by providing a safe, home-like environment for visitation.

Family Resources - SV/ME
361 6th Ave West, Bradenton, FL 34205
Program Director: Paul Creelan 941-708-5893
Family Resources has provided a safe, supervised setting for children to meet with non-custodial parents for on-site visits or to be exchanged for off-site visits since 1997. This important service provides a safe, monitored and neutral place where children can visit with non-custodial parties without fear of an arising conflict. The primary objective of the program is to reduce children’s exposure to violence and trauma relating to visitation with non-custodial parties. Visits are designed to be pleasant and non-stressful for the children while attempting to strengthen relationships between family members, especially between the parent and child.

The majority of visits and exchanges are presently held in the afternoons or evenings with some visits being held in the late morning. An off-duty police officer is hired on-site for every visit. A master’s level counselor is present in the visitation room to not only closely monitor each visit but also to facilitate and intervene if needed. Custodial and non-custodial parties are provided with separate entrances and staggered arrival and departure times in order to insure that there is no contact between them. Generally, visits are held in one hour increments for twenty-four sessions. Arrangements can be made for longer visits, specifically for parties who may come from out of state. All program referrals come either through the Safe Children Coalition or the court system.

Successful visits are those where children have satisfying, safe, productive and regular visits with non-custodial parents without being put in the middle of the parents’ conflicts or other problems. Successful visits help non-custodial parents realize the importance of continued contact with their children and helps them commit to positive behavior in order to regain custody or rebuild relationships with their children. Supervised visitation puts focus on the actual relationship and interaction between parents and children in a neutral, professionally staffed environment. The program goal is to assist parents with dependency case plans and to facilitate reunification where appropriate. Successful visitations and exchanges can result in better outcomes for children and their families and can enable case closings without re-entry or re-occurrence. This process can reduce the length of stay for children in out-of-home placements.

Our visiting room is an airy and well lit area and is carpeted for floor play and safety. Toys, games, and books for children aged infant to teen are provided. A table in the room allows for game playing or eating (if pre-authorized arrangements have been made.) There is also a game closet available in the hallway for the adult and child to choose games and puzzles. A soft, leather couch in the room provides a place for reading, conversation, or easy diaper changing.
The Family Connections Program
205 N. Dixie Hwy #5.2403 West Palm Beach, FL 33401
Program Director: Debra Oats 561-355-3200
Contact E-mail: doats@pbcgov.com
Number of Sites: 1 Counties Served: Palm Beach

Our program has maintained services for many years, and our location at the Palm Beach County Courthouse increases our visibility and community legitimacy. We understand that noncustodial parents need a variety of services to help them maintain their parent-child bond, and we work with them toward that goal.

Kids in Distress
819 N.E. 26th St. Wilton Manors, FL 33301
Program Director: Janene Bussell 954-390-7654 x1248
Contact E-mail: janenebussell@kidinc.org

Kids In Distress Visitation Program has been in operation since 2005 and is the only accredited program in all of Broward County. We provide Therapeutic Visitation to families with children ages birth through 17 years of age who reside in Broward County who have been removed from their homes.

Our program has one full time Visitation Specialist who is a Master’s level therapist. She lends her expertise to help the families process the therapeutic visits as well as facilitate the supervised visits. The quality of work that our program provides is recognized by other agencies in the community and the family court. We work closely with the court to facilitate visits and also with ChildNet to provide therapeutic visits.

Our campus provides for a fun site for visits with two beautiful playgrounds, and visitation rooms full of toys for every age group. Kids In Distress prides itself with quality programs and the best staff and the visitation program reflects that in every way!

Eckerd Youth
905 Pineda St. Cocoa, FL 32922
Program Director: Stanley Brizz 321-633-7090
Contact E-mail: sbrizz@eckerd.org
Number of Sites: 1 Counties Served: Brevard

Supervised family visitation, or supported family visitation, is an important component in child welfare cases in which children have temporarily been removed from their parents’ or guardians’ homes for abuse or neglect. This service allows a parent to visit with their child in a safe, home-like environment with visits monitored and documented by licensed counselors. The program offers an objective approach to giving parents and
families a second chance at unification. We provided two forms of therapeutic visitation via two contracts with our local Community-Based Care Organization. One format involves intense coaching and mentoring as part of the visitation process, which is focused on helping the parents develop and improve beneficial parenting skills through phases of development. The other format is standard therapeutic supervised visitation which aims to ensure the safety of the children during the visit and redirect the parent to correct behaviors when necessary. We also do local presentations to community groups about child safety.

Visits are conducted in a safe environment conducive to parent-child bonding. The licensed counselors also participate in Family Team Conferences. Eckerd provides services designed to help families reintegrate children into their homes after they have been in foster care or other out-of-home placements. Reunification services typically begin with the family while the child is still living outside of the home, helping to create a safe and successful transition.

**Exchange Club – CASTLE – Valued Visits St. Lucie**
2945 W. Midway Rd. Ft. Pierce, FL 34981  
Program Director: Harriet Ostertag 772-461-0863  
Contact E-mail: hostertag@castletc.org  
Number of Sites: 3 Counties Served: Martin, St. Lucie, Indian River and Okeechobee

- **2nd Site: Martin County** 3824 SE Dixie Hwy Stuart, FL  
- **3rd Site: Indian River County** 1275 Old Dixie Vero Bch, FL

Valued Visits Supervised Visitation Center has been serving families in a four county area known as the Treasure Coast and Okeechobee for twelve years now. Created by a collaborative effort among a local non-profit organization (CASTLE), the courts of the 19th Judicial Circuit, the Domestic Violence Task Force and the Junior League, Valued Visits was the first, and remains the only, supervised visitation center in the area. Valued Visits operations are overseen by CASTLE, and there are currently three locations to best serve a wide geographic area.

Security is a primary focus of Valued Visits, with several layers of safety procedures including an armed law enforcement official on-site during all visits, staggered arrival and drop-off of children, and criminal background screenings of non-residential parents. This focus on safety has resulted in a perfect safety record since the program’s inception.

Informing the community about Valued Visits, and the need for a safe and conflict free location for children to visit with a parent who has hurt them, is an on-going task of the program. To accomplish this, CASTLE hosts community based “tours” of Valued Visits, where the program is discussed with invited guests during a lunchtime meeting. These
“tours” have helped the program gain widespread acceptance, and added to the program’s stability.

**Lutheran Services**
2285 Victoria Ave. Ft. Myers, FL 33907
Program Director: Shelly Brady 239-461-7651
Contact E-mail: sbrady@childnetswfl.org
Number of Sites: 1 Counties Served: Lee, Charlotte

Lutheran Services Florida Visitation Program has been in existence since 2007. We provide services to families that are a part of the dependency system, working to regain custody of their children. Our staff receives some training from the training unit of the CBC Lead Agency. We are planning a Christmas party for the clients and their children in the visitation program. This year we held an Easter Egg Hunt for the children. The food, eggs, and prizes were donated.

Our visitation rooms were painted by members of the Lutheran congregation church. A private donor donated flat screen TV’s, DVD/VCR combos, and paint for each visitation room. The donor also donated pampers, wet wipes and some gift cards to the program as well.

The Lutheran Church also raised monies to help purchase furniture for the visitation rooms. We have partnered with SIYA, a program that helps teens to transition out of foster care. They have assisted with getting toys donated, helping to move furniture and with some gently used children’s clothing.

**Safe House of Seminole – The YANA Project**
901 S. French Ave. Sanford, FL
Program Director: Jennifer Pinson 407-302-1010
Contact E-mail: jpinson@safhouseofseminole.org
Number of Sites: 1 Counties Served: Seminole

The YANA Project, a program of the Seminole County Victims’ Rights Coalition, Inc., Safe House of Seminole, a private, non-profit domestic violence center. The YANA Project, designed to help families who have experienced domestic violence or other types of abuse, is the newest program of the Safe House of Seminole. The YANA Project honors a beautiful two-year old named Yana who was murdered by her father here in Seminole County after he received unsupervised visits. Yana’s name stands for “You Are Never Alone”.

YANA Project has six different visitation rooms painted and decorated in a variety of entertaining themes by AAA of Lake Mary. Each room has a different theme and
features age appropriate toys and games. Highlights include an art room where children can paint or draw with their visiting parent and a game room featuring a foosball table, a frogger video game and a pool table which converts to ping pong or table hockey. A child who comes to YANA painted and decorated a picture in our art room, the picture reads: “The YANA Place”, come and be happy! The picture is now located in our front lobby and is YANA’s featured theme.

The Children & Families SVP
2210 S. Tamiami Tr. Venice, FL 34293
Program Director: Sheila Miller 941-492-6491
Contact E-mail: sheilam@cpcsarasota.org
Number of Sites: 1 Counties Served: Sarasota, Manatee, & Charlotte

In operation since 1995, the Children & Families SVP utilizes over 40 volunteers who have completed a background screening and training to supervise our family visits. Many volunteer over 4 hours a week. We also have businesses in the community and non-profit organizations that donate their services to our program such as, office cleaning, window cleaning, pest control, and carpet cleaning. Our local rotary provides a complete “Thanksgiving meal of groceries” that will feed an entire family while another local business buys and wraps individual Christmas presents for each of our children. Our recent Open House to promote “child abuse prevention month” and to increase the awareness of our service to the community was a huge success!

Children’s Home Society – Mid Florida
1601 W. Gulf Atlantic Hwy Wildwood, FL
Program Director: Scott Stevenson 352-748-9999
Contact E-mail: scott.stevenson@chsfl.org
Number of Sites: 1 Counties Served: Sarasota

The purpose of the Visitation Interaction Program (VIP) is to strengthen and/or repair the relationship between parents and children in out-of-home care where reunification is the goal and the courts have ordered visitation. The VIP program helps to make the visits child-centered with the parents engaging in a positive manner with the children and allows an opportunity for visits to occur in the most homelike setting as possible. In addition, the program may assist in shortening the length of stay in out of home care and increase the likelihood of the child(ren) being reunified.

The components of the visitation coaching program are broken down into 3 stages:

- Visitation Preparation and Planning
The visitation coach works with the parents before the visit to help identify what the child needs from the visit, what to bring to the visit and what activities to use to engage the child.

- **Observation and Coaching during the visit**

During the visit the visitation coach encourages the parent in their interaction efforts, and provides coaching for engaging, interacting with their child.

- **Visit Debriefing and Feedback**

At the conclusion of the visit the coach recognizes and reinforces parental strengths observed in the visit. The coach also provides helpful feedback on areas of improvement and helps the parent plan for the next visit.

We assigned 3 Family Support Workers (FSW) to the program. We provided training to the FSWs. The program accepts referrals from case managers in cases where the case manager assesses there is a need for visitation coaching. Not all parents visiting their children need or are referred to the visitation coaching program.

Since implementation, the VIP program has served over 50 families. This includes over 70 parents, 90 children, and over 400 coaching sessions. We use a standardized inventory (AAPI – Adult Adolescent Parenting Inventory) designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Parents in the VIP program who have participated in the inventory have shown a significant increase in the empathy category. This indicates that they understand their child’s needs, recognize the feelings of their children, understand the importance of encouraging a child’s positive growth, and understand the importance of communicating with their child.

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**Motivating Children and Teens**

By: Brittany Johnson & Echo Harris

Whether a child is a toddler, school-aged child, preteen, or teen, foster parents and parents know how challenging it can be to motivate children. These suggestions provide parents with different ways to help children become more involved with the family, school, and community.

**Objectives:**

- Provide parents with tools to help their children from ages three to nine become more involved in the home and family and understand the positive effects that involvement in the home and family will have on children.
• Provide parents with the tools to help their children and adolescents become more involved in the community and understand the positive effects that involvement in the community will have on children and adolescents.

• Provide parents with the tools to help their children and adolescents become more involved in school and understand the positive effects that involvement in school will have on adolescents.

Motivating Children ages 3-5 in the Home and Family

The best way to inspire children is to work with their natural abilities to be productive, and even creative, contributors to the household. Children should be encouraged to be a part of something larger than themselves.

A key to motivating children is using supportive language. It is not productive for parents to merely dictate instructions to children. Parents should avoid simply telling children what to do, and instead use language that inspires children to make their own choices and take action.

Parents are role models for their children. Children are influenced by what they see their parents say and do. Working with children to do chores will help children be confident in their abilities and teach them to take the initiative in the future.

Ways to get kids excited about chores

• Role Playing: Working in the kitchen could mean being Chefs together – planning, preparing, and cooking a meal. Parents can invent some new and enjoyable dishes. Parents and children can put on chef hats and aprons and let the fun begin!

• Suggestions: Parents can offer subtle hints to children about how they can be helpful to get them interested in doing a specific chore. Phrases like, “Look, it’s 5:00, time to
feed Buddy” or “You would be a wonderful helper if you would…” encourage children to take on and complete tasks.

- Switch up Routines: Instead of children always doing the same chores, parents may switch chores around to add some excitement. Parents can ask a child to clean his or her sibling’s room instead of his or her own for a change and vice versa. Switch who feeds the cat and who feeds the dog. Instead of doing the same chore everyday, alternate days.

    *Skills children learn from being a part of the home and family*

- Chores show children that families are built on mutual obligations and that family members need to help each other.
- Being involved in the house and family teaches children about the importance of others.
- Letting children have input on household and family concerns is essential to helping them develop and preserve their sense of self-reliance and self-assurance.
- When parents offer children choices, it gives children confidence and independence. Being allowed to make those choices gives them self-determination.

    *Don’t forget “Why?”*

Although parents may get tired of answering constant inquiries from their child, it is important to realize the child is trying to understand the world around him or her. It helps children’s understanding when parents give explanations about why the children’s responsibilities are important.

- We clean up our room and put things in the correct place so we can find them and we don’t trip over them.
- We fold laundry and put it away so everyone knows where to find their clean clothes.
- We make our beds so they are nice and neat when we got to sleep at night. It helps our room look clean and organized.
- We eat a healthy breakfast because it gives us strength and energy for the day. It also leads us to being a healthy adult.
Motivating Children ages 6-9 in the Home and Family

Parents can help their child use his or her strengths and natural abilities to be successful. Hard work is key to success in life. When parents foster their children to work hard, parents put children on the road to success.

Being responsible is more than doing a few chores; it is about being in charge of a task and making a contribution to the family. When children make decisions that affect the family unit, it gives them a sense of self-worth and belonging.

Communication is key when motivating children. When parents communicate with their children, it displays interest in what the children are doing. It shows the children that parents care about and support their interests and shows children that they can talk to their parents about anything.

Ways to get kids excited about chores

- Goals: Setting goals with children is an important way to help them make progress. Goals turn ideas into realities and help children understand what is expected of them. Writing goals down is a visual reminder and increases the likelihood of accomplishing them. Goals should be specific and measureable. What steps are needed to achieve this goal? Is there a way to check progress?

- Rewards: These come in many different forms and are not always tangible. They can be stickers, an edible treat, or even special privileges like extra play time or a “free pass” on a chore. Parents should reward children once in awhile, but not so much that children expect rewards for everything they do. It is also good for parents to reward children with enthusiasm like, “You can really be proud of yourself!” or “Look what you did!” A big smile or thumbs up from parents are very important to children.
Skills children learn from being a part of the home and family

- Rewards are an acknowledgement of a job well done and give a child internal satisfaction. When a child is rewarded with enthusiasm, it helps increase his or her self-esteem and self-confidence.

- Setting and achieving goals increases a child’s self-confidence and sense of accomplishment.

- When a child starts handling responsibility appropriate for his or her age group, it boosts independence and builds decision making skills. It helps create dignity and self-worth.

Don’t forget “Why?”

- By acknowledging children’s “Why?” questions, children are able to better understand cause and affect relationships.

- Giving children explanations of “why something is right or wrong” or “why it is important that they do as they’re told” is important because it helps children better understand the concepts behind the rules they follow.

Respect your kids. Too many adults DEMAND respect from kids without showing any respect in return. Doesn’t work.

~ Lyle Perry
Motivating Children and Teens in the Community

Activities

- Parents should engage children in participatory activities, such as arts and crafts or community service projects.
- Children participating in these activities will develop their imagination and hand-eye coordination. Doing the activities together also will strengthen the bond between parent and child. Parents should:
  - Plan activities around the specific interests of the child.
  - Invite the child’s friends, other parents, or family members to participate.
  - Design activities with a built-in reward.

Sports

Step 1: Parents should become active themselves.
Step 2: Find out the children’s interests.
Step 3: Help the child choose a program that fits his or her age and fitness level.
Step 4: Allow the child to try various activities.
Step 5: Attend parent meetings, practice sessions and games.
Step 6: Celebrate the game.

Don’t forget “Why?”
• When parents motivate children to do community service, it instills in the children the importance of helping the less fortunate or the community.

• For families of low socioeconomic status, motivating children to participate in activities or sports in the community will help them stay away from criminal activity in their free time.

• Parent involvement in children’s lives has decreased the use of drugs, alcohol, and violent behavior.

Developmental Trends:
Early Adolescence (10–14)

Observations:
• Increased interest in social activities; increased concern about gaining approval of peers
• Decline in intrinsic motivation to learn school subject matter; increased focus on performance goals
• Increased belief that skill is the result of stable factors (e.g., inherited ability) rather than effort and practice
• Increased motivation to learn and achieve in stereotypically gender-appropriate areas

Diversity:
• Some adolescents, girls especially, believe that demonstrating high achievement can interfere with popularity.
• Adolescents from some ethnic groups (e.g., those from many Asian cultures) continue to place high value on parental approval.
• On average, adolescents from lower socioeconomic backgrounds show less interest in academic achievement than those from middle and upper socioeconomic backgrounds.

Solutions:
• Parents can assign cooperative group projects that allow adolescents to socialize, display their unique talents, and contribute to the success of the group.
• When adolescents exhibit a pattern of failure, parents should provide the support they need to begin achieving consistent success.

Late Adolescence (14–18)

Observations:
• Increased stability of interests and priorities
• Tendency to link successes and failures to ability rather than to effort
• Tentative thoughts about career paths

**Diversity:**

• Many teens have career aspirations that are stereotypically gender-specific.
• Adolescents from low socioeconomic groups have lower academic aspirations and are at greater risk for dropping out of school.

**Solutions:**

• Parents should point out the relevance of various academic subjects for adolescents’ long-term goals.
• Parents should design assignments in which adolescents apply academic lessons to real-world adult tasks and problems.
• Parents should assure their children that all careers are suitable for both males and females.

*Parenting that Encourages Teens*

Authoritative Parenting is characterized by:

• Having high expectations for children to comply to rules and directions,
• Discussing rules and behavior with a child-centered approach to parenting,
• Having children learn responsibility and consequences for their actions/behaviors,
• Providing clear and reasonable expectations and explanations on why parents expect certain behavior.

*Don’t forget “Why?”*

• Motivating children at school will give them high academic goals, such as college and post-college education.
• Parents should not just tell children what to do with no explanation. Parents’ reasoning should be communicated to the children. Although children may not always need all the parents’ reasons, it is good to give children at least one or two explanations.
• Students with involved parents are more likely to:
  o Earn higher grades and test scores and enroll in higher-level programs;
  o Be promoted, pass their classes, and earn credits;
- Attend school regularly;
- Have better social skills, show improved behavior, and adapt well to school;
- Graduate and go on to postsecondary education.

Parents/Foster Parents Motivating Children and Teens in School

In order to motivate children and teens in school, parents and foster parents can do the following:

1. Communicate/Evaluate
   - Give frequent, early, and positive feedback that supports students' beliefs that they can do well.

2. Set Goals and Expectations
   - Ensure opportunities for students' success by assigning tasks that are neither too easy nor too difficult.

3. Demonstrate Importance
   - Help students find personal meaning and value in the material.

4. Support your Children’s Learning Styles
   - Create an atmosphere that is open and positive.

5. Encourage
   - Help students feel that they are valued members of a learning community.

Five Ways to Motivating Teens
1. Empathy
2. Respect
3. Patience
4. Reward
5. Communicate

Case Scenario:

Fourteen year old Jessica is in the ninth grade and her mother, Heather, has noticed that she is having difficulty with school. Heather thinks that Jessica is just not putting in the effort after being told from the teachers that Jessica is constantly texting on her phone during class. In addition, a few of Jessica’s teachers noticed that she has been interrupting class to talk to her friends. Jessica also is uninvolved in her school and tends to hang out with her friends way past her curfew on school nights.

What can Heather do to fix these problems?

- Heather should focus on Jessica and involve herself in Jessica’s life so that they can communicate. They should have an open line of communication, so if Jessica is having issues she can approach her mom with any concerns.
- Instead of suggesting that Jessica join some clubs or organizations after school instead of hanging out with her friends so much, Heather could say something like “I noticed you are really good at __________ maybe you could join a program for that after school” or “After work I can help you with your __________ homework.”
- Heather should email Jessica’s teachers weekly to check up on her progress.
- Heather could even set a parental block on Jessica’s phone and tell her that her phone is a privilege and once her grades start improving she will get that privilege back.

Sources:


Playing coin games with children at a young age – at home, at visits, and at school, can help them develop money skills.

The more familiar children are with money and money skills, the more prepared they will be for the future.
These games are divided by age groups and will help the child:

- become familiar with money
- learn the value of money
- understand the function of money
- use math skills to add and subtract coins

All you need is a handful of coins!

Ages

4-5

Activity 1: Sorting

1. Put a pile of coins on the table
2. Have the child sort out each coin type:
   - Pennies
   - Nickels
   - Dimes
   - Quarters
3. Then have him or her line them up in rows and count how many there are:
Activity 2: Matching
1. Trace different coins in rows on paper and write the value inside
2. Have the child match the coins value and size shows by placing the coins over the circles

Activity 3: Connecting
1. Write down the four names of each coin in a row
2. Line up the four coin types across in a different order
3. Read each coin name aloud and have the child identify coins by connecting the name to the coin with a line

Ages
6-7

Activity 1: Counting and Drawing
1. Print out the worksheet on the next page that looks like:
2. First, have the child sort the handful of coins into the correct boxes and count how many cents is in each box
3. Then, using the same worksheet, have him or her draw circles to represent how many of each coin it takes to make a dollar

**Activity 2: Ordering**

1. With a handful of coins, have the child ordering the coins in ascending order and then descending order
2. Then have him or her do the same thing, but with the coins flipped to their other side

**Activity 3: Adding**

1. Make different groups of coins together
2. Ask the child to count how many cents are in each group
How Many?

- Penny = 1¢
- Nickel = 5¢
- Dime = 10¢
- Quarter = 25¢
- One dollar = 100¢

Penny | Nickel | Dime | Quarter
Ages 8-10

Activity 1: Combining Coins
1. Choose a money value (for example, 37 cents) and ask the child to make as many combinations as he or she can to get to the given number
2. Repeat step one with different money values

Activity 2: Listening
1. Play a game where the child closes his or her eyes and has to guess what type of coin is being dropped on the table by the sound it makes

Activity 3: Pricing
1. Gather some toys or items and put “price tags” on each, anywhere from 10-75 cents
2. Give the child a handful of coins and have him or her “shop” for the different things

3. Be the cashier and make sure that he or she has enough money for all the things he or she decides to “buy”

The Clearinghouse on Supervised Visitation
Florida State University
College of Social Work
http://familyvio.csw.fsu.edu

By Brittany Johnson, Cristina Batista, Shea Copeland

The Clearinghouse on Supervised Visitation encourages visitation programs to provide trauma-informed services to clients. This basic 101 training provides the foundation for such an approach to dealing with individuals exposed to trauma.
The Basics of Trauma

The word “trauma” describes experiences or situations that are emotionally painful and distressing, and is often pervasive and disabling to an individual’s everyday functioning. Trauma overwhelms the individual’s ability to cope with difficult situations, leaving him or her feeling powerless.

There are different forms of trauma; some forms can be as appalling as violence, rape, and assault. This can also include an overseas soldier’s experience in war or an individual witnessing violent acts. Trauma also results from the effects of neglect, abject poverty, discrimination, and oppression.

When trauma is repeatedly experienced and prevalent, the impact can be radically life-altering. Repeated trauma can lead to depression, substance abuse, Post Traumatic Stress Disorder, and/or anxiety disorders.

Supervised visitation professionals who interact with clients who have experienced trauma should be understanding and sensitive to those experiences. Visitation providers should be knowledgeable about the individual’s history in order to know how to properly empathize and respond to him or her.

The Short and Long Term Effects of Trauma

Trauma’s effect on an individual depends on many things: his or her life experiences before the trauma, his or her natural ability to cope with stress, the severity of the trauma, and the level of support offered by friends, family, and professionals (promptly after the trauma occurs).

Short-term

Individuals experiencing the short-term effects of trauma may:

- Turn away from loved ones initially because their support systems don’t seem to understand their situations.
- Have trouble falling or staying asleep.
- Feel agitated and constantly be on the lookout for danger.
- Be startled by loud noises or something/someone behind them when they don't expect it.
**Long-term**

Individuals experiencing the long-term effects of trauma may:

- Re-experience the trauma though memories.
- Self-medicate with drugs or alcohol to numb the pain.
- Become upset or anxious when reminded about the trauma (by something the person sees, hears, feels, smells, or tastes).
- Feel anxious or fearful of being in danger again.
- Become angry, aggressive, and/or defensive.
- Have trouble managing emotions because reminders may lead to anger and/or anxiety.
- Have difficulty concentrating, focusing, or thinking clearly.
- Have a lasting effect on mental and emotional health.

**For Trauma Survivors**

In order to provide trauma-informed care to adults and children, service providers need to understand the following:

- Trauma experiences can be dehumanizing, brutal experiences that rob someone of any human emotion or experience.
- Trauma-informed care should exist in all human services.
- Trauma-informed care shifts the perception from “what’s wrong with you?” to “what has happened to you?”
  - This shows a move away from victim-blaming.
- There is a correlation between trauma and mental health issues/chronic conditions.

For adult clients, it is important to look at any past trauma and determine how to provide treatment that addresses both past trauma experiences and present issues, like substance abuse or chronic illness.

Adults may experience trauma due to:
• Serving overseas in the military and developing PTSD.
• Physical, sexual, verbal abuse (either in child- or adulthood).
• Being a victim of domestic violence.
• Being a victim of rape or assault.
• The lasting effects of a natural disaster (fire, hurricane, etc).
• Loss of a significant other, parent, or child.
• Prolonged experience of poverty, oppression, or discrimination.

Children may experience trauma due to:
• The loss of a parent, friend, or pet.
• Physical, sexual, or verbal abuse.
• Neglect or maltreatment.
• An unstable or unsafe environment.
• Bullying.
• Surviving a natural disaster (fire, hurricane, etc).
• Separation from a parent.
• Witnessing domestic violence.

**Trauma Informed Care in Supervised Visitation**

Parents experiencing trauma may seem distracted, frustrated, angry, depressed, or anxious. It is important to recognize that trauma can happen to competent, healthy, strong, and good people and that no one can completely protect him- or herself from a traumatic event. Visitation monitors should be sensitive to the issues that the child may be facing, as well as issues a visiting parent may be facing. Visitation monitors should look for ways that can positively affect the interaction and bonding between parent and child. While looking for ways to positively establish a safe place for the child, supervised visitation staff should carefully watch for behaviors that may signal anxiety or re-traumatization.

**Keys to Trauma Informed Care**
1. Many of the clients in social services have suffered trauma in their pasts.

2. Survivors need to be respected, informed, connected, and hopeful regarding their own recovery.

3. There’s an interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety).

4. Social service providers need to work collaboratively with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors.

**Provider competence**

“Trauma-informed care” involves the provision of care that, borrowing from the field of cultural competence, is “trauma competent.”

Individuals and services providing Trauma-Informed Care should cater to the individual needs of each child in order to best promote empowerment and effective treatment. These can include ethnic or cultural differences, mental or physical disabilities, language barriers, etc.

**Safety**

Trauma-informed care must begin with the provision of safety, both physical and emotional, by adult caregivers to the traumatized child.

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\text{In the absence of safety, the child will be unable and often unwilling to alter behavior, consider new ideas, or accept help. Children concerned about their survival cannot broaden their focus, engage in self-reflection, or allow themselves to be emotionally vulnerable.}
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Trauma-informed organizations, programs, and services attempt to understand the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate. Therefore, these services and programs can be more supportive and avoid re-traumatization.

**Case Scenario**
Raymond is an 8-year-old Hispanic student in 3rd grade. Raymond was living with his father, Stefano, and step-mother, Esther, before being removed from the home due to abuse by his step-mother. He was generally outgoing and active in class, but has become more reserved and shy. Stefano was not aware of the abuse, and has recently separated from Esther. He goes to the supervised visitation program often and says that he enjoys getting the chance to spend time with Raymond.

When Raymond sees his father, he is overjoyed and shouts as he runs up to him to give him a hug. Stefano visibly jumps with the shout and flinches when Raymond gets close enough to him, but looks apologetic. Stefano, a former military officer, has been suffering from PTSD and when he goes to the program often looks distressed and anxious. Raymond wants to play with loud, colorful toys that involve a lot of imagination, but his father always suggests something else. As the visitation goes on, Raymond becomes more withdrawn and quiet.

With the knowledge of trauma informed care as discussed above:

1. How do the problems and/or trauma that Stefano facing affect the visitation?

2. How can you put Stefano at ease and find ways for him to better connect with his son?
   a. Do you know how to ask the case manager about counseling referrals?
   b. Does your program provide any information to parents about area resources?

3. What type(s) of treatment and/or care might Raymond require?

4. How can the visitation monitor help Raymond understand his father’s hesitations?

5. How can “trauma competence” be applied to this situation?
Visit the following websites to learn more:

Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care

http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf

National Center for Trauma Informed Care

http://www.samhsa.gov/nctic/default.asp

National Child Traumatic Stress Network

http://www.nctsnet.org/

Trauma Informed Care: Top 10 Tips for Caregivers and Case Managers

http://centervideo.forest.usf.edu/dep10/traumtentip/traumtentip.pdf