



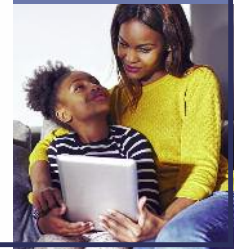
FOCUS



***Newsletter of the
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SPRING 2019 • Volume 25/Number 2

Tear Down the Walls: Therapeutic Visitation Services

—by Shantal Shamoiel

Without a doubt, whenever safety is not a concern, the primary goal for children in foster care is reunification. When children are in foster care, visits with parents are the primary catalyst for maintaining and developing parent-child relationships. Regular face-to-face visits between child and parent are a necessary requirement for successful reunification. As a result, it is no wonder that special attention and focus are placed on scheduling and maintaining parental visits and on assessing the parent-child relationship and attachment bond. The challenge is that many parental visitation opportunities do not always allow for an ideal, natural environment in which families can interact, create special memories, and strengthen familial attachments (Haight, Kagle, & Black, 2003). Even when families can successfully overcome this substantial attachment barrier, inevitably they may face additional challenges, including inexperience and limited parenting skills, financial difficulties, lack of supports and resources for help, substance abuse, mental health struggles, and trauma associated with experiencing abuse, neglect, and violence.



According to judicial rulings and state laws, noncustodial parents are entitled to visits with their children unless those visits are deemed emotionally and/or physically unsafe for youth. There is a constant fundamental tension in family courts between prioritizing the best interests of children and valuing and respecting the parent-child relationship. To ensure the safety of youth and help support the parent-child relationship,

supervised visits require that a neutral observer be present to guarantee the emotional and physical well-being of youth (Tortorella, 1996). The first supervised visitation program started in 1982 (Pearson, 1999). Overall, the purpose of supervised visitation programs is to provide a safe, friendly environment that maintains and fosters the relationship of a child with his or her parent(s) (Perkins & Ansay, 1998, p. 253).

continued on pg. 2

INSIDE THIS ISSUE

A **FOCUS** on
Preventative
Interventions

Tear Down the Walls

Editor's Column

Closing the Circle

Supported Visitation

A Complete Family –
A Complete Heart

Child Abuse
Prevention Month

EDITOR'S COLUMN

—by Beverly Johnson, LCSW

It's spring once again . . . the roses that I tended throughout winter are now showing their first blooms, and the tomatoes I planted several weeks ago are growing exponentially, a sign of the juicy, fresh fruit that I will soon harvest. It's a simple joy to witness this change and feel the anticipation of what is to come when I bite into the sweet flesh of a red tomato plucked straight from the plant that I helped harvest. This is our human desire to be a part of something new—to be alive. Spring represents a time of renewal, which speaks to the theme of this edition of *FOCUS* on Prevention and Early Intervention practices that address supporting and restoring families to positively impact children. Timely, in light of Child Abuse Prevention Month this April.

In child and family services, especially for those providing temporary residential services for children via foster care, we often see the result of a struggling family who was not able to prevent their child from entering out-of-home care. The trauma of years of abuse or neglect or both that we see evident in children's reactions manifests itself in symptoms that interrupt a child's healthy development. What if we could go back and see what we might have been able to do to prevent this part of the story?

One way to change an unhealthy outcome is through the many child abuse prevention services that are offered, such as the Child Abuse Prevention program at Children's Trust in Roanoke, Virginia. This organization's use of the evidenced-based Healthy Families program has resulted in a decrease in incidences of abuse and an increase in families remaining intact. Lisa Denny, Director, speaks to the importance of a home visiting program that provides support to families in crisis and builds (or rebuilds) the skills that parents need in order to grow healthy children. I like the way she challenges us to take it a step farther with the ultimate goal of creating healthy communities for families.

If children are removed, two supervised visitation programs are highlighted in this edition that speak to

continued on pg. 3

Tear Down the Walls: Therapeutic Visitation Services

| continued from pg. 1

Research indicates that families who participate in supervised visitation programs have a larger number of visits, have shorter stays in foster care, and are more likely to reunify (Perkins & Ansay, 1998).

A considerable component for reunification in Child and Family Services is the presumed attachment of youth with their reunifying parents and the parents' commitment to and involvement with their children. Parents coming to visits are evaluated based on their interactions with their children (Ansay & Perkins, 2001). Records of super-

vised visitations allow for additional information regarding parent-child dynamics, attachment, and parenting skills (Ansay & Perkins, 2001). Notes from supervised visits are specifically provided to county workers informing them when children appear sad, frustrated, angry, and/or overwhelmed at their parents, as evidenced by the children's crying, screaming, yelling, and/or presenting with physical and/or emotional distance from

their parents. It is also noted when children appear relaxed, comfortable, and happy around their parents, as evidenced by smiling, laughing, and initiating emotional and physical closeness to their parents. The more often parents visit, the more positive their interactions are and the more likely it is for parents to continue visitation and form stronger bonds and deeper attachments with their children (Leathers, 2003). A challenge arises when noncustodial parents are committed to visits and want to be involved in their children's lives but lack the fundamental skills needed to form, nurture, and/or maintain critical bonds with their children while the children reside in the foster care system.

Children who come into foster care are predominantly from families with multiple challenges and minimal resources. Many families are grappling with poverty, live in high-risk environments where violence,

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continued on pg. 3

EDITOR'S COLUMN

| continued from pg. 2

the need for parent coaching and training within a supervised visitation setting. One program uses an offshoot of the Nurturing Parenting Programs and is currently being researched by Joe Nullet, Executive Director of the Supervised Visitation Network. The program's focused interventions are tailored to the shortened time frame of a supervised visitation session, and coaches are trained to interact with families before, during, and after sessions to help them build and relearn vital parenting skills.

While children are in care, there are many ways we can continue to support the relationship between the biological parents and the resource parents using a child-centered approach, such as a "meet and greet" program that has led to increased cooperation and ultimate support for the children. Discover the "secret" to the success of this approach in Shahrukh Chishty's article entitled "A Complete Family, a Complete Heart." Similarly, check out how the Together Facing the Challenge training model is helping all families learn vital parenting and relationship skills to successfully support permanency—whether reunification or adoption. And thank you to Allen Murray and Maureen Murray for teaching me a new phrase—*tikkun olam*, meaning "repair the world"—and outlining the beauty of returning things to their healthiest natural order.

This concept also applies to the shift the FFTA has been making in the past 2 years to encompass the continuum of services to preserve all families. Stay tuned for the FFTA annual conference in July where we will highlight new members and types of services that support prevention and early intervention. Thus, the beauty of spring. Enjoy!

Beverly Johnson, LCSW, is the Chief Program Officer of Lilliput Children's Services. She is a member of the FFTA Board of Directors and serves as the Chair of the FFTA Editorial Committee.

Tear Down the Walls: Therapeutic Visitation Services | continued from pg. 2

gangs, and drugs are the norm, and may struggle with substance abuse, mental health concerns, physical illness, violence, and lack of housing options (Bass, Shields, & Behrman, 2004). A substantial number of these parents are from broken families themselves and have a history of generational foster care. Often, they lack the knowledge needed to parent safely and to build a child-parent relationship based on predictability and trust rather than on fear, threats, and abuse. To help these parents surpass the barriers associated with a lack of fundamental parenting skills, therapeutic visitation services help tear down the walls by focusing primarily on increasing parental knowledge, ensuring family safety, and improving relationship dynamics to support family reunification and to prevent further instances of neglect and/or child abuse.

Aldea Children and Family Services started providing therapeutic visitation services (TVS) in October 2010. At the start of the program, Aldea TVS primarily focused on reunification cases. In June 2012, Child Welfare and Aldea agreed to expand TVS to include family maintenance cases. Aldea's therapeutic visits emphasize strengthening parenting skills and helping parents understand their children's needs for reassurance and safety. TVS helps facilitate trust between parents and children and builds parents' confidence as they see their caregiving skills develop and improve over time, resulting in more positive time spent together and closer bonding opportunities. Another crucial benefit of the TVS model is an increase in both parents' and children's motivation to visit, further increasing opportunities for reunification.

The primary goal of Aldea's therapeutic visitation services is to provide a safe and comfortable environment in which parents and children can begin to repair their relationships. TVS supports parents in initiating dialogues with children in a loving and age-appropriate manner, in discussing the reasons why the children are in care, and in emphasizing what parents will do differently moving forward. Parents are taught the valuable skills of patience, validation, and support during visits. A secondary goal is to address parents' strengths and struggles after every session and to document that information for Child Welfare Service social workers. This narrative is provided by TVS staff with children's best interests in mind, given that their plan for reunification is influenced by their parents' efforts in TVS and by the parents' willingness and commitment to participate, to learn and adopt new parenting skills, and to strengthen their bonds and attachments to their children in safe and nurturing environments.

Aldea's therapeutic visitation services (TVS) are funded by mental health resources and support families while their children transition from their homes into foster care and from foster care back into their homes. TVS offers the skills of trained mental health

continued on pg. 4

TVS workers are responsible for encouraging families to spend quality time together conversing, playing games, and participating in various activities to help support family interactions.

Tear Down the Walls: Therapeutic Visitation Services

| continued from pg. 3

clinicians to help families work on the challenges and obstacles associated with reunification (Aldea Counseling Services Solano Clinic, 2018). It is the TVS workers' role to help everyone in the family feel more comfortable, to help parents take on a greater parental role, and to help all family members discuss

their difficulties and challenges in an effort to ensure safety within the family system, both in the short term (while the family is participating in therapeutic visits) and in the long term (when experiencing family reunification). TVS workers are responsible for encouraging families to spend quality time together conversing, playing games, and participating in various activities to help support family interactions. Aldea's therapeutic visitation services start with TVS providers, who may include therapists, counselors, or behavior specialists, establishing rapport and positive relationships with parents to facilitate successful reunification. Ideally TVS providers will begin with an introductory session within the family's existing supervised visit (if already established), followed by an individual session with youth and an individual session with the noncustodial parent(s). This approach helps build trust and create rapport among all members of the family equally, prior to the start of therapeutic visitations. TVS always starts in Aldea's therapeutic family visit rooms. As families make progress, TVS sessions can be moved to the community and possibly to parents' homes, provided there are no safety concerns (Aldea Counseling Services Solano Clinic, 2018). Reports are provided to county workers and children's dependency attorneys monthly or more frequently whenever relevant information needs to be shared. When participating in TVS, families are required to participate in Child and Family Team (CFT) meetings with the larger treatment teams quarterly (or more often as needed).

Treatment teams often include county facilitators, supervisors, and social workers as well as Aldea's foster family agency (FFA) and TVS supervisors, social workers, clinical therapists, and behavior support counselors along with other relevant supports.

When children are placed in foster care, parents and children have limited opportunities to spend quality time together building positive memories, having fun, and maintaining close attachments. They are confined to visiting on specific dates and at specific times (usually one to two times a week), in a structured, office setting, with a virtual stranger observing and

monitoring their every move. In these settings, it is easy for supervised visits to become a burden for both parents and children and potentially dissolve into missed or canceled visits and devastating lost opportunities for bonding that may ultimately lead to failed reunifications.

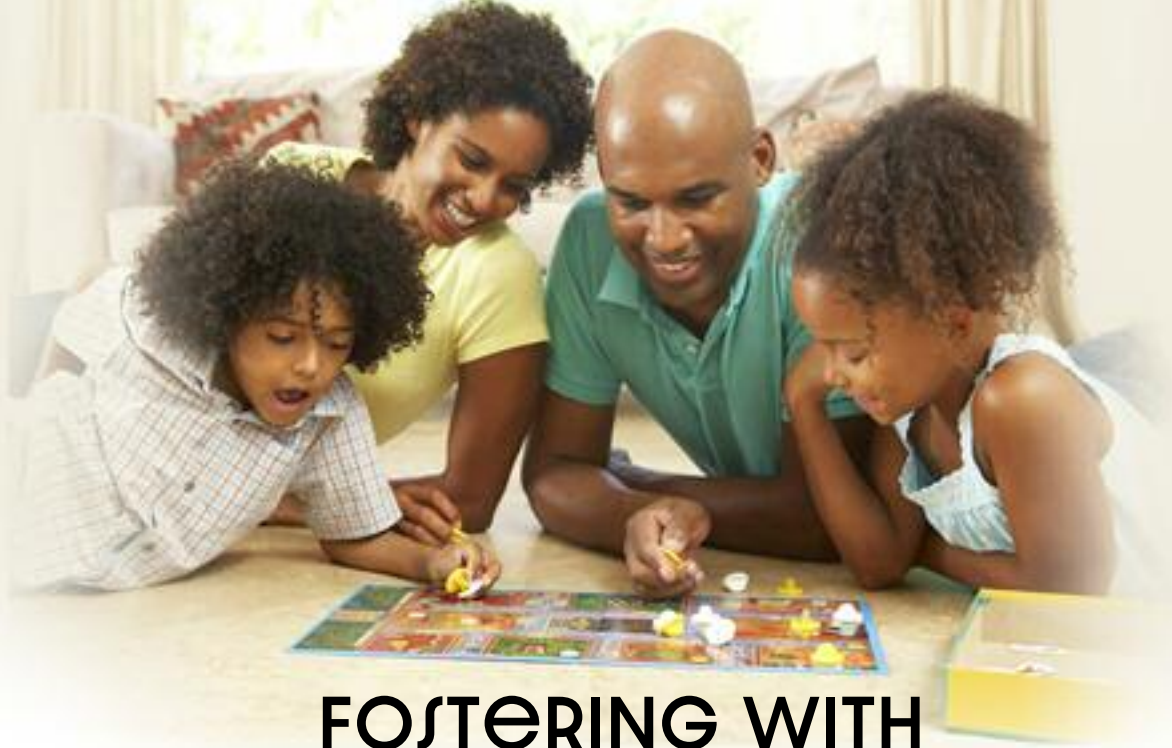
Foster care is practiced as though parents can become better parents without parenting, and children can maintain a "virtual attachment" to them in the meantime. But isolation begets disaffection, and as the ties that bind parent and child dissolve, they become attached to separate realities. (Colapinto, 1997, p. 45)

Every two minutes in America, a child enters foster care. There are now 427,910 youth in the foster care system nationwide. Many of these youth are from underrepresented minority communities and disproportionately reflect African American (24%) and Hispanic (21%) cultures. The average time spent in care by these youth is approximately 21 months. Only 51% of these children are reunifying with their families. Currently, 111,820 children and youth are waiting to be adopted. Of these youth, 20,789 age out of foster care each year (AFCARS Report No. 23, 2016). Our role as social workers, clinicians, and practitioners is to help support families and reduce the barriers to family reunification. Therapeutic visitation services (TVS) can be a key element in tearing down the walls and leading families to together.

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References

- AFCARS report no. 23. (2016). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.
- Aldea Counseling Services Solano Clinic. (2018, August). *Aldea Children and Family Services TVS Manual*. Fairfield, CA: Aldea Children and Family Services.
- Ansary, S., & Perkins, D. (2001). Integrating family visitation and risk evaluation: A practical bonding model for decision makers. *Family Relations*, 50(3), 220–229. Retrieved from <http://www.jstor.org.unr.idm.oclc.org/stable/585873>
- Bass, S., Shields, M., & Behrman, R. (2004). Children, families, and foster care: Analysis and recommendations. *The Future of Children*, 14(1), 5–29. doi:10.2307/1602752
- Colapinto, J. (1997, November/December). The patterns that disconnect: The foster care system is a classic catch-22. *Family Therapy Networker*, 43–44.
- Haight, W., Kagle, J., & Black, J. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work*, 48(2), 195–207. Retrieved from <http://www.jstor.org.unr.idm.oclc.org/stable/23720844>
- Leathers, S. (2003). Parental visitation, conflicting allegiances, and emotional and behavioral problems among foster children. *Family Relations*, 52(1), 53–63. Retrieved from <http://www.jstor.org.unr.idm.oclc.org/stable/3700160>
- Pearson, J. (1999). Court services: Meeting the needs of twenty-first-century families. *Family Law Quarterly*, 33(3), 617–635. Retrieved from <http://www.jstor.org.unr.idm.oclc.org/stable/25740230>
- Pekins, D., & Ansary, S. (1998). The effectiveness of a visitation program in fostering visits with noncustodial parents. *Family Relations*, 47(3), 253–258. doi:10.2307/584974
- Tortorella, M. (1996). When supervised visitation is in the best interests of the child. *Family Law Quarterly*, 30(1), 199–215. Retrieved from <http://www.jstor.org.unr.idm.oclc.org/stable/25740076>



FOSTERING WITH PERMANENCE IN MIND

—by Allen Murray and Maureen Murray

Care and concern for children are not enough to fuel a foster care agency's work. Neither is skilled use of best practices. Neither is a solid conceptual or clinical model. In order to be truly effective, an agency must have all of these—in equal or unequal parts, depending on the situation. But if these aspects are not all present to some extent, an agency cannot truly do the work of *tikkun olam*.

Yes, we hear most of you saying, "Tikkun olam, what the heck is that?" *Tikkun olam* is a phrase in Jewish theology that translates as "repair the world." On a deeper level it means taking intentional actions to help return the world to its natural order. Because whether we work for a secular or a faith-based foster care agency, a private or a governmental agency, a small or a large agency, a traditional or a therapeutic foster care agency, this is what our work is about—returning things to their healthiest natural order.

It is a far distance between philosophical ideas and the work of management consultant Stephen Covey, author of *The 7 Habits of Highly Effective People*. Any business self-help book that has sold 20 million copies has surely worked its way into the American consciousness. And one of the seven habits that Covey encouraged people to develop is this: *Begin with the end in mind*. Simply doing something is not enough. Doing something with a vision of what the result will be sharpens our focus, keeps us from becoming rote in our actions, and helps shape our decisions. In the field of foster care, this vision is crucial. When a child enters foster care, what is our goal? This is perhaps the

question, because if we do not know where we are going, we won't know when we have arrived. And rather than making progress based on sound decisions, we will simply wander. Every day a child is in care is a day that child remains separated from the goal of her permanent plan. There is no time for wandering.

Together Facing the Challenge (TFTC) was developed 15 years ago as a training program for therapeutic foster parents in North Carolina, to enhance their skills in caring for children with behavioral health needs and to become more trauma focused in their work. The end we had in mind was to increase the skills of foster parents in order to create more successful outcomes for children. As a research- and evidence-based program, TFTC is now used by agencies all across the country, including small and large, governmental and private, secular and faith-based. It has been successful in terms of child outcomes as well as agency and foster parent satisfaction; therefore, we are now expanding this model for use in traditional, family-based foster care. Neither the training needs of the foster families nor the behavioral health needs of the child are very different in

continued on pg. 6

traditional foster care than they are in therapeutic foster care, so this was a natural way to expand the program.

However, whether in traditional or therapeutic foster care, the goal for the majority of children is to return to their primary family. When possible, this goal is *tikkun olam*. Some primary families are not healthy or skilled enough to parent their children effectively. If that is the case, our job is to help these families gain that health or skill. And one of the biggest barriers to an effective return, even if the primary family has done the hard work we have asked, is the difficulty of the transition between foster care and the primary home. The many differences between the two homes—structure, house rules, behavior management strategies, trauma-focused interventions, expectations, and other routines of day-to-day life—can overwhelm children in care. The difficulty of navigating between these two worlds can challenge children’s ability to maintain positive behavior gains and transfer those gains to the permanent home.

The first step to address this difficulty is to integrate a specific model of care into agency practice. And if our goal is reunification of the child’s primary family, that model must

include a focus on permanency and must support both agency staff and foster parents as they work toward that goal. This model creates the framework needed to support and coach permanent caregivers as they use a similar behavioral approach while preparing themselves for their children’s transition home. *Closing the Circle* is a recently developed program designed to help agencies, resource families, primary families, and children alike do the hard work to make this transition a successful one. It combines behavioral skill-based training for primary parents and psychoeducational group experiences for all involved. *Closing the Circle* uses the *Together Facing the Challenge* training model to help support permanent caregivers with the same tools and strategies that agency staff and foster parents have already been using. A variety of models and a range of interventions have been developed to support reunification efforts—*Together Facing the Challenge* certainly is not the only one. A good place for an agency to start in the process of preparing children for ultimate reunification with their primary family is to research the literature about relevant programs, best practices, and emerging trends in the areas of foster parent training and reunification.

continued on pg. 7

Fulfilling the promise of Permanency

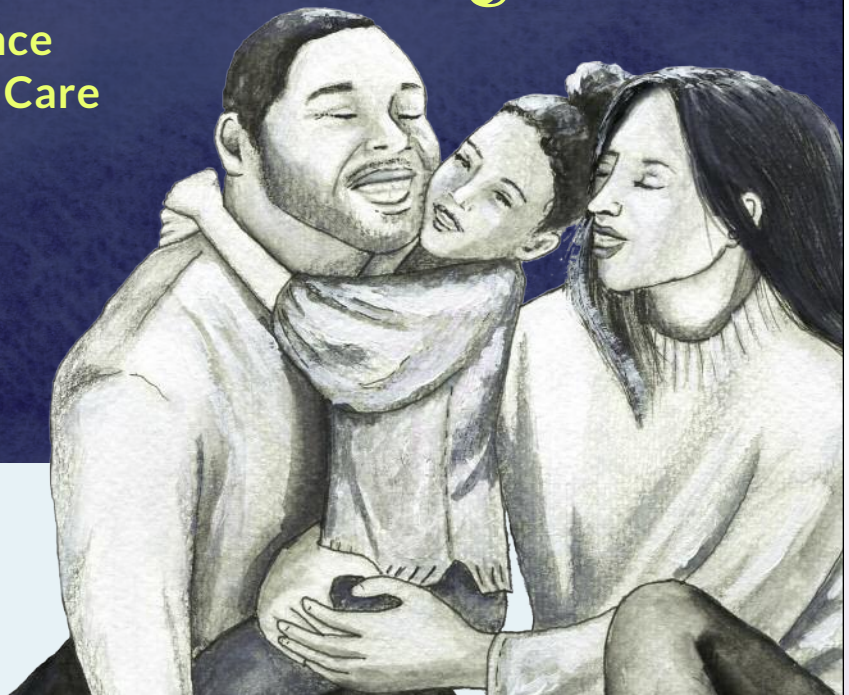
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Agencies can assess what they are already doing well and plan for areas of improvement to respond to the complex issues and challenges involved in supporting children and caregivers in their journey to permanence.

In this training, we focus on two things: skill building and relationship building. If a child has been successful in foster care with the behavioral techniques set forth in *TFTC*, teaching those same techniques to primary parents helps smooth the transition. We know that the return home to primary parents is a return to a more natural and organic setting and that many of the behavioral techniques taught in *TFTC* may initially feel “artificial” to primary parents. But equipping primary parents with the same tools used by resource parents, and allowing them to choose which tools they feel comfortable with, will enhance the transition. Therefore, skill building with primary parents is a key component of *Closing the Circle*.

The second focus is on relationship building. It can be difficult for resource parents and primary parents to work together. Although both love the child and have the child's best interests at heart, issues of trust are always present in shared parenting. Differences in parenting styles, cultural backgrounds, educational backgrounds, disciplinary and educational techniques, and many other facets of family life can lead to suspicion and mistrust between the two sets of parents. Those issues of distrust and suspicion can't be hidden—children have incredible barometers for this—and those issues will ultimately lead to issues of divided loyalty among children in care. Therefore, this program puts a focus on building a relationship between the two sets of parents in a way that “gives the child permission” to form bonds with both, allows the two sets of parents to talk freely about this concept of shared parenting, and creates a sense of transparency for healthy relationships in complex systems.

This new initiative from the *Together Facing the Challenge* program was developed to better prepare children and families to make the transition from a temporary foster care placement to their permanent home and to provide agencies additional strategies to enhance these efforts. The skills and techniques typically offered to foster parents are the very same tools that permanent caregivers are often lacking. Offering these caregivers a comprehensive training and coaching model is a key ingredient for preparing them for children's successful transition home. Upon their return home, youth need to be able to continue using the cognitive-behavioral self-management techniques and life skills they have learned while in care. If the goal is to keep youth connected to their families while in care, then providing

both families with the tools and strategies embedded in the *TFTC* model, followed up with coaching and support, will lead to a decrease in the frequency of children and youth returning to care after discharge.

The *Closing the Circle* program is a combination of two things. First, it contains an abbreviated version of the *TFTC* curriculum for primary parents. Through exposure to the curriculum, primary parents gain familiarity with the same tools and philosophy that are being used by the resource parents with whom their children are living. In addition, although there is not an expectation that all parents will parent identically, knowing the techniques that made their children successful while in foster care will certainly help in the transition home.

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This exposure to the curriculum is embedded in a series of five psychoeducational group meetings. These meetings are for a joint audience of primary parents, resource parents, children, agency staff, and other people important in the life of the child. The first of these meetings takes place as soon as possible after the child has entered the home of the resource parents (whether or not this placement is the child's first in foster care). This meeting sets the stage for the beginning of a working relationship between the two sets of parents. Often the relationship between primary and foster parents can be tense due to lack of clarity of roles. Children notice this tension quickly, and if it is not dispelled, it can color the entire foster care experience. This first meeting, facilitated by an agency staff member who is familiar with both families, sets the stage for a positive experience of shared parenting. Because this meeting takes place so early in the child's placement with the resource family, it is likely to happen before the primary parents begin the *TFTC* program. The sequence of sessions begins with the “ice-breaker” meeting, continues with the primary parents completing the *TFTC* program, and ends with five psychoeducational group sessions. The first session (“ice-breaker”) is modeled on the great work done by the Annie E. Casey Foundation.

Each of the five psychoeducational group sessions involves an activity. The sessions stay activity-focused, in a way that

continued on pg. 8

addresses the child's need for learning, self-expression, and the ability to state needs. Similarly, we know that adults learn best through activity-based instruction, so a focus on this style is important for them as well. One activity is implemented in each of the five sessions. The sessions that involve the child do not exceed 90 minutes. The sessions that involve only adults can last for two hours.

Part 1 of the program, *The Work of Letting Go*, has one session, the Ice-Breaker Meeting. In this session the primary parents, the child, the resource parents, agency staff, and any other folks important in the life of the child should be present.

Part 2 of the program is the abbreviated version of the *Together Facing the Challenge* curriculum. If you are using the *Closing the Circle* program, your agency has already committed to using *TFTC* as a curriculum for your resource parents. Therefore, part 2 is for primary parents only.

Part 3 of the program, *The Work of Gratitude*, has two sessions. In the first session, the focus is on viewing and discussing a series of short video clips. These videos are an actual facilitated conversation between a primary parent and a resource parent. These parents share, with transparency, honesty, and humor, the struggles they had in building the trust needed to move forward with shared parenting. The child is at the center of the second session of part 3, which consists of two activities. The first is the sharing of letters, which were part of a take-home activity at the end of the ice-breaker session. The second activity is called "Three Things." In this activity the child shares information with the primary parents and the resource parents (aided and facilitated by the agency staff, to the extent necessary based on the child's developmental level).

Part 4 of the program, *Preparing for the Stress of Major Life Transitions*, has two sessions, both of which involve the primary parents, the resource parents, the child, and agency staff. The first session focuses on the child sharing the tools


that led to success in foster care—the child "teaches" the primary parents what the child has learned about herself while in care. The second session focuses on circles of support and on maintaining relationships with appropriate boundaries.

Part 5 of the program, *Checking In and Visiting Old Friends*, has one session. It is designed to bring closure to the process, allow for the "natural" desire to check back in with the resource parents, evaluate the effectiveness of the supports that were put into place during the previous session, prepare for a series of future visits with the resource parents (if desired by all parties), and end with a celebration.


Children often make significant behavioral gains while in foster care. Sadly, these gains often do not last as long as we would like after a return home. If the home setting has not changed upon the child's return, the child will quickly fall back into the same behavior patterns she had before placement. A return to the familiar is almost inevitable. Without a structured introduction to new behavioral techniques, and without continued support and coaching, primary parents can easily slip back into the same patterns that had proven ineffective in the past.

Closing the Circle addresses a gap in services being offered to support children, families, and agency staff as they work together to prepare for the transition home. We certainly have our work cut out for us as we move forward in our understanding of how best to meet the needs of our families while improving the long-term outcomes for our children and youth. *Closing the Circle*, developed with this deficit in mind, is one step we are taking to learn more about what families need and what we can do to better support them in making this transition.

Allen Murray is the Codirector of Together Facing the Challenge, LLC. He can be reached at allen.tftc@gmail.com. Maureen Murray is an Associate Professor at Duke University. She can be reached at maureen.murray@duke.edu. Both Allen and Maureen Murray will present at the FFTA 33rd Annual Conference this July. Visit www.ftta.org/conference for more information.



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Supported Visitation

—by Joe Nullet

In 1991 a group of professionals came together to discuss an emerging practice known as supervised visitation.



This meeting was the basis for the formation of the Supervised Visitation Network (SVN), a multinational, non-profit membership organization now with more than 800 members that is "a network of agencies and individuals who are interested in assuring that children can have safe, conflict-free access to parents with whom they do not reside."

Initially, the primary focus of this service was to insure the safety and well-being of children while parents who have lost custody visited their children in a safe, observed environment. In addition, it was important that visits were conducted in a neutral way without making conclusions about long-term custody based on the behaviors observed in an artificially created, and controlled, environment.

Although these concepts are still critically important and are articulated clearly in the SVN Standards of

Practice that all members pledge to follow, there has been an emergence of more supervisor engagement during supervised visits, especially in the child welfare arena. Coached or supportive visitation is becoming more common as providers look for ways to enhance the parent-child relationship during supervised visitation.

Supportive supervised visitation is defined by SVN as "contact between a noncustodial parent and one or more children in the presence of a third person, in which the supervisor is actively involved in promoting behavioral change in parent/child relationships."

In 2018 SVN collaborated with Dr. Stephen Bavolek and the evidenced-based Nurturing Parenting Programs to create a new curriculum specifically designed to be used in conjunction with supervised visitation. With the Nurturing Parenting Skills for Families in Supervised Visitation curriculum, par-

ents typically attend a parenting class immediately before visiting and then have the opportunity to practice concepts and skills learned during the class. Competency-based lessons are designed to help adults acquire specific knowledge and skills that will improve their overall parenting. The competencies are measured in personal and family lifestyle patterns and in parenting knowledge, beliefs, and performance rating scales.

Supervised visitation provides an excellent setting for this curriculum, or other parent education programs, because parents are frequently motivated to see their children and, it is hoped, regain custody. It is recommended that providers tailor specific parenting programs to the needs of individual families, thereby increasing parents' commitment and participation. Parents and Parent Educators work together to create "family-specific parenting programs."

continued on pg. 10

Coached or supportive visitation is becoming more common as providers look for ways to enhance the parent-child relationship during supervised visitation.

Supported Visitation | continued from pg. 9

Adult learners, especially those mandated for services, are not likely to be motivated to learn if they do not perceive immediate relevance to their lives. Involving the parents in the planning of visits and classes will potentially build ownership and relevancy for parents mandated for services.

In any model of supportive visitation, staff must be careful to not overshadow the parents or insert themselves into the visit more than necessary to support the parent-child relationship. The Nurturing Parenting Program has specific suggested activities or concepts to be reinforced for each session that highlight the parenting class that precedes each visit.

In summary, we know that frequent parent-child visitation can support improved outcomes for families. Enhanced, coached, or supportive visitation models that empower parents to be actively involved in the planning process can positively enhance the experience further. It is hoped that these visitation models will lead to even more successful outcomes.

Joe Nullet is Executive Director of the Supervised Visitation Network. Joe Nullet will present on Supportive Supervised Visitation Strategies at the FFTA 33rd Annual Conference in Anaheim, CA. Visit www.ffa.org/conference for more information.

Supportive supervised visitation is defined by SVN as
“contact between a noncustodial parent and one or more children in the presence of a third person, in which the supervisor is actively involved in promoting behavioral change in parent/child relationships.”



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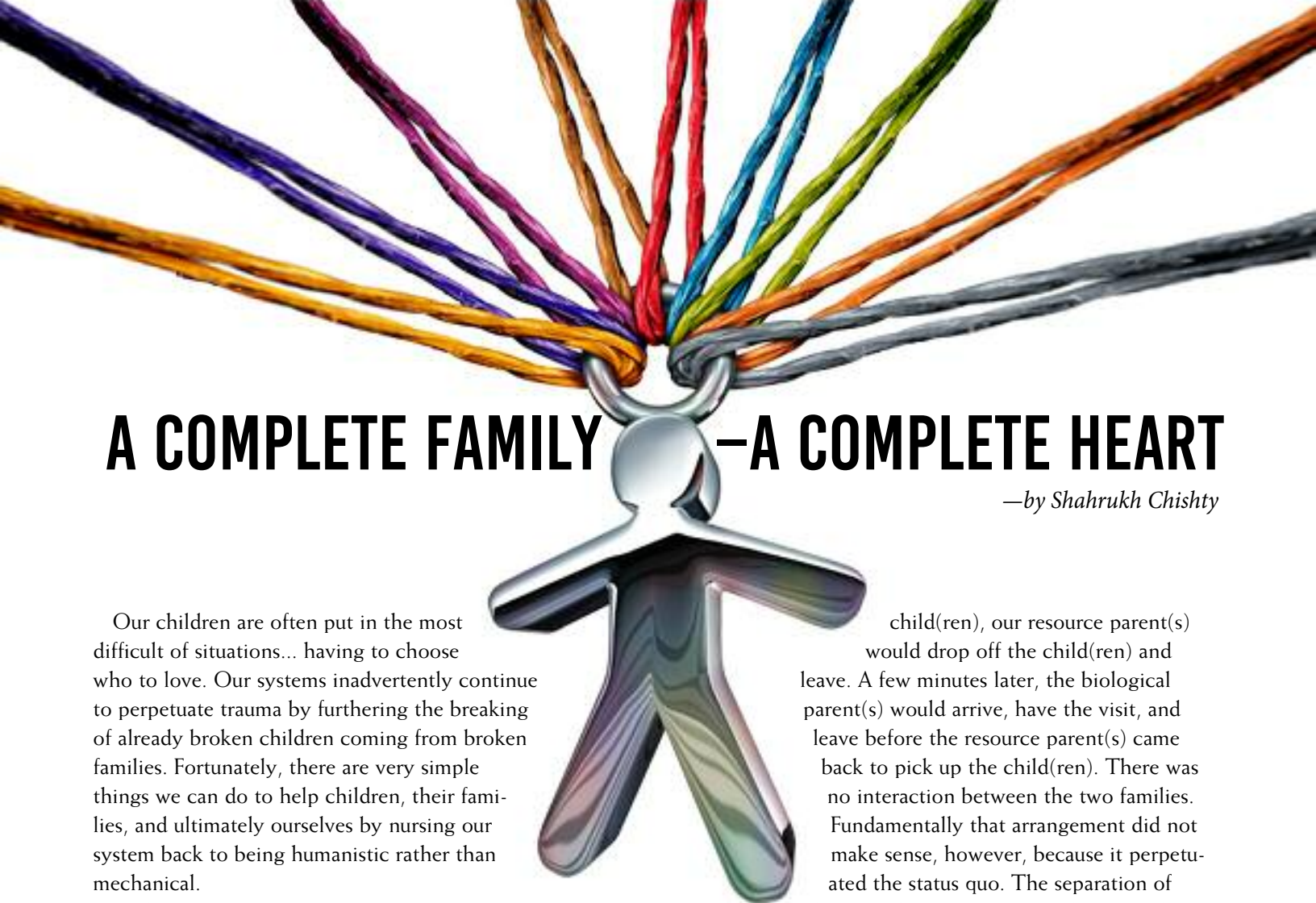
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The graphic features a woman sitting in a chair using a tablet, surrounded by icons for a smartphone, a stopwatch, and a bar chart. Social media icons for LinkedIn, Facebook, Twitter, and YouTube are at the bottom left.



A COMPLETE FAMILY —A COMPLETE HEART

—by *Shahrukh Chishty*

Our children are often put in the most difficult of situations... having to choose who to love. Our systems inadvertently continue to perpetuate trauma by furthering the breaking of already broken children coming from broken families. Fortunately, there are very simple things we can do to help children, their families, and ultimately ourselves by nursing our system back to being humanistic rather than mechanical.

Such was our goal at Aldea Children and Family Services when we decided to implement meet and greets between our biological families and our resource families. This decision wasn't easy and did not happen overnight. Instead, a natural path emerged once we started shifting to a child-centered, shared parenting perspective. We took a fresh look at our current trainings for all staff and resource families who interact with our children and introduced training to develop trauma-competent caregivers. We also instituted several other enhancements, including the 3-5-7 Model for grief and loss, the Child and Adolescent Needs and Strengths (CANS) tool, and satisfaction surveys for youth, resource families, and biological families. All these changes took us to the next step of breaking away from our traditional view of the role of biological families in creating a healthy life for their children in care.

Previously when an Aldea clinical social worker facilitated a visit between biological family members and their

child(ren), our resource parent(s) would drop off the child(ren) and leave. A few minutes later, the biological parent(s) would arrive, have the visit, and leave before the resource parent(s) came back to pick up the child(ren). There was no interaction between the two families. Fundamentally that arrangement did not make sense, however, because it perpetuated the status quo. The separation of biological and resource families contributed

to a recurring cycle of children acting out in the home before and/or after visits, biological families making allegations to the state about the resource parents, and resource parents terminating placement because of the stress associated with what they felt was an unfounded state investigation. This cycle also created great stress for clinical social workers, who then burned out quickly, leading to lesser quality work, lack of care, or a decision to just quit.

After much thought, the Aldea leadership team decided to try something different. What if we lifted the invisible veil between the biological family and the resource family? What if we put them in the same room and had them discuss the most important reasons they were there—the child(ren) and their shared vision?

According to the Annie E. Casey Foundation, meetings such as these can work to support the children, families, and staff. Biological families can:

WHAT IF WE LIFTED THE INVISIBLE VEIL BETWEEN THE BIOLOGICAL FAMILY AND THE RESOURCE FAMILY?

continued on pg. 12

A COMPLETE FAMILY –A COMPLETE HEART

| continued from pg. 11

- Be partners in planning and decision making for their children
- Help prevent placement away from home
- Support a child in out-of-home care
- Support a child in a long-term placement in another family
- Ensure excellent care of the child by exchanging vital information
- In addition, these meet and greet sessions can help:
- Reduce the trauma of foster care placement for children
- Introduce biological families and resource families in order to share information
- Build alliances among adults when children are in care
- Begin relationship building and foster a sense of teamwork
- Improve everyone's ability to help a child, including the clinical social worker

So how did we get two previously shielded and suspicious sides to come together? We began by developing strong staff buy-in about why this new approach was important. Staff came to understand that, though these meetings would require some work to arrange, they would make the job of helping children and families much easier and produce much better results! This buy-in was supported by our ongoing ideology that children cannot begin to heal in silos but will heal in the context of their relationships.

Once our staff were excited and on board, we sent a series of announcements and letters and included information in our newsletter to help our resource families understand why

we wanted to change our approach. We also shared this decision with our county partners, so they were aware of our initiative to build a relationship between significant people in our children's lives. As expected, many parents came to us with concerns and questions as well as uncertainties about their safety and confidentiality. We explained the rationale and assured parents that if there were any safety concerns at all, we wouldn't move forward with the meeting. Luckily most of our families were on board with this new venture and were anticipating their first meet and greet for a child newly placed in their home.

SO HOW DID WE GET TWO PREVIOUSLY SHIELDED AND SUSPICIOUS SIDES TO COME TOGETHER?

We organized the meeting in the following manner:

- Within a week or so after placement of a child in the resource home, the Aldea clinical social worker arranged a meeting between the resource parent(s) and the biological parent(s) at the office. Before contacting the biological parent(s), the Aldea staff member contacted the county to ensure that there were no safety concerns.
- The meeting was set up in one of the visitation or conference rooms, and healthy snacks were provided. If possible, it would be great to arrange such meetings in a more neutral setting, but because this approach was new for us, we decided to use our office.
- The parties in this meeting included the biological family, the resource family, and an Aldea clinical social worker. For the first few meetings (and for more complicated cases), an Aldea supervisor was included. Because we wanted to evaluate the dynamics between the two families and prevent any potential negative impacts on the child(ren), we chose not to have the child(ren) present for the meeting.
- After all the family members arrived, we went over very basic rules about respect and confidentiality.
- Next we discussed each person's role. This discussion was probably one of the most important portions of the meeting. Biological family members often assume that the foster family agency is responsible for taking their child(ren) away and that staff are going to either abuse their child(ren) or have the child(ren) adopted. Simply explaining the roles of all involved helped ease the tension. Additionally, the resource family got the opportunity to see the biological family members as not necessarily bad people but as fellow human beings who care very much about their child(ren) but may have been in difficult situations and made negative life choices. The fact that both families were sharing their individual roles in the sole purpose of helping the child(ren) was powerful in itself.
- We then offered the following conversation prompts for both families to discuss and review.

– Conversation prompts for the biological family

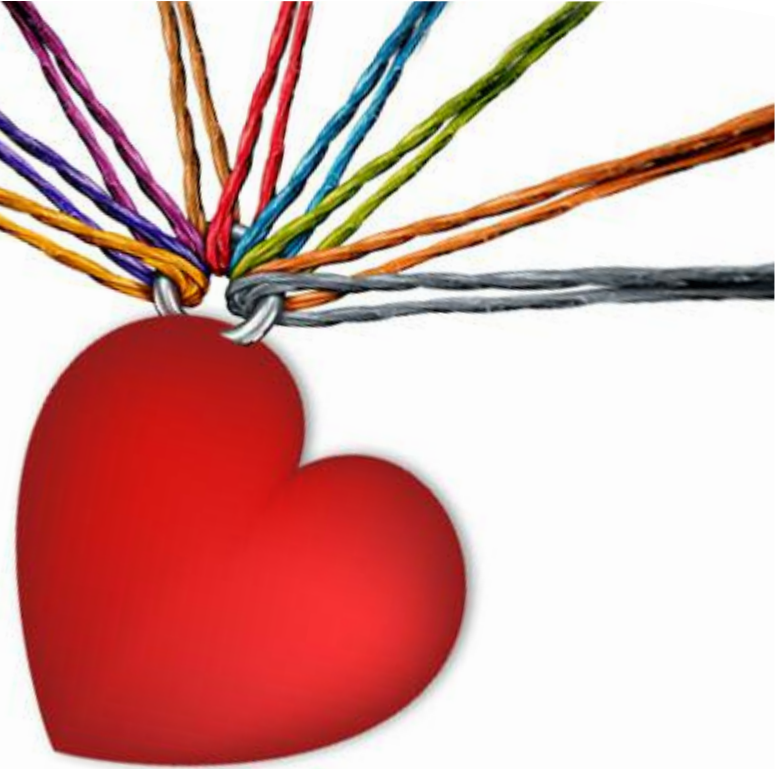
continued on pg.13

A COMPLETE FAMILY —A COMPLETE HEART

| continued from pg. 12

- › Our child's favorite books/movies/TV shows/toys /hobbies are:
 - › Our child goes to bed at:
 - › Our child's favorite things to do at bedtime are:
 - › Our child loves to eat:
 - › Our child does not like to eat:
 - › Our child is allergic to:
 - › Our child's favorite friend or relative is:
 - › Our child is afraid of:
 - › Consequences that our child responds to:
 - › Our greatest fear after our child was removed is:
 - › Our welcome message to you:
- Conversation prompts for the resource family:
- › Here are the people who live in our home:
 - › We decided to care for kids because:
 - › Other than foster parenting, we also do the following:
 - › On the weekends, we sometimes like to do the following:
 - › Games we like to play:
 - › Our hobbies and activities are:
 - › Important rules in our house:
 - › Our welcome message to you:

Soon after these meetings began occurring, we noticed that our biological families were more at ease and felt less judged when coming to visit with their child(ren). We noticed that our resource families were more tolerant, less fearful of allegations, and more apt to continue working with children who had more challenging behaviors due to intense trauma. We noticed that our staff came out of visits with smiles and the confidence that something was going right and that they were facilitating a visit between a loving parent and child instead of anxiously fielding rash questions and comments hinting about allegations. We noticed that children knew that both families they were very closely involved with were on the same side and that they didn't have to choose who to care for, love, and show loyalty to. Their hearts were no longer being pulled in



**THEIR HEARTS WERE NO
LONGER BEING PULLED IN
DIFFERENT DIRECTIONS.**

different directions. There was no more "or"; instead, there was "and." Children had the choice, and were given permission by both their biological family and their resource family, to just be children and not worry about whether the adults were getting along. The adults were all on the child's team, working together to help heal the pain.

The change to a child-centered, shared parenting perspective has provided our children an opportunity to have a complete family and a complete heart, as colorful and beautiful as a mosaic that has been carefully put together to heal with love and tenderness.

Shahrukh Chishty is the Senior Director of Social Services at Aldea Children and Family Services in Napa, California. She serves on the FFTA Board of Directors.

April is *National* Child Abuse PREVENTION *Month*



STRENGTHENING FAMILIES THROUGH HOME VISITING

—by Lisa Denny, MSW

Since 1983, April has been designated Child Abuse Prevention Month in the United States. This is the month we remind ourselves of the children who have been harmed by child abuse and neglect and recommit ourselves to making children a priority.

It is important for us to have this yearly reminder given that nearly 700,000 children are abused and neglected annually in the United States, with an estimated 1,600 children dying yearly from this abuse. The youngest in our communities are the most vulnerable, with research showing that children in the first year of their life have the highest rates of victimization. In early childhood, abuse and neglect have been shown to negatively impact development, including brain and cognitive development, attachment, and academic success. These impacts can be devastating to children in many ways, and the effects can appear immediately and last a lifetime. The younger the child when the victimization occurs, the greater the likelihood of lifelong implications.

Child abuse and neglect also have financial impacts on our communities. On average, abuse and neglect cost the United States close to \$220 million every day. Immediate costs associated with abuse and neglect include those for investigation, foster care placements, and medical and mental health treatment. Remembering that there are lifelong implications, long-term associated costs include those for special education, costs related to juvenile and adult crimes, costs for treatment of chronic health problems, and more. With so many consequences possible as a result of abuse and neglect, it is time to invest money in prevention rather than only dealing with the effects.

How Can We Prevent Abuse and Neglect?

We all know that children do not come with instruction manuals, and there is nothing wrong with admitting that we don't have all the answers. As parents we make decisions based on our experiences. If we had a positive childhood in which our parents were engaged and attentive to our needs, we are more likely to parent our children in that fashion. What about the parents who didn't have a positive childhood? How are they to learn the skills needed to raise a healthy, well-attached child? Home visiting can provide that support and education and stop the cycle of abuse.

Programs centering on home visits have proven to have a positive impact on families, resulting in the prevention of abuse and neglect in our most vulnerable families. Many high-quality home visiting programs are in use around the country. All these programs have similar approaches with an emphasis on providing families with education, support, referrals for specialty services, and other tangible resources to help strengthen the family unit. One home visiting program that has been shown to be effective is *Healthy Families*.

What Is the Healthy Families Program?

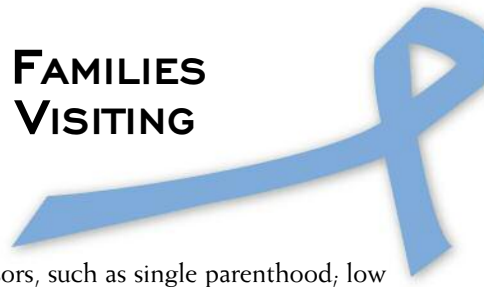
Healthy Families America is the nationally recognized, evidence-based home visiting program of Prevent Child Abuse America. Healthy Families' evidence-based model of supporting parents in the home during pregnancy or immediately after birth is rooted in the belief that early nurturing relationships are the foundation for lifelong healthy development. Families work to reduce risks and build resiliency so that they can raise healthy children who are ready to learn. Healthy Families' home visitors are living, breathing how-to manuals, supporting parents as they establish nurturing parent-child relationships, develop positive parenting skills, provide safe homes, and learn to support healthy child development.

Families typically are referred prenatally or at the time of the baby's delivery. Families will receive an initial visit, during which their strengths and needs are identified. A determination is then made about whether Healthy Families or other services in the community are right for them. Families are voluntarily connected to community resources they prefer. Healthy Families has been shown to be a good

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STRENGTHENING FAMILIES THROUGH HOME VISITING

| continued from pg. 14



fit for parents with multiple stressors, such as single parenthood; low income; limited knowledge about infant and child development; history of abuse or adverse childhood experiences; personal trauma; and issues related to substance abuse, mental health, and/or domestic violence.

Significant benefits for families enrolled in home visiting include improved quality of the home environment, decreased household aggression, fewer hospital emergency visits, and fewer child behavior problems. Promising outcomes have also been found for reduction in intimate partner violence and increased use of intimate partner violence services, reduction in parental depression and parental stress, increased use of gentle guidance discipline, and increased health insurance coverage.

The costs of operating home visiting programs, like Healthy Families, are nominal compared to the costs of treating the epidemic of abuse and neglect.

Healthy Families programs vary across sites. Some programs are limited to first-time parents only, while others work with any new or expectant parent. Some programs enroll families prenatally and can continue working with them until the child's third birthday, while other programs continue until the child's fifth birthday. Even with these differences in program operation, the primary goal is family-centered support and education with the goal of preventing abuse and neglect. To find a Healthy Families program in your community, visit www.healthyfamilies.org.

As we move forward in this quest to decrease child abuse and neglect, we need to continue to ask ourselves, how should we be spending money? To deal with the ramifications of abuse and neglect, or to prevent abuse and neglect through services, such as a home visiting program, that show such promising results? I encourage you during the month of April and all months of the year to be an advocate for children, an advocate for change, and an advocate for improving your community for families.

Lisa Denny, MSW, is the Director of Child Abuse Prevention at Children's Trust Roanoke in Roanoke, Virginia.

FOCUS

**Newsletter of the
Family Focused
Treatment Association**



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