

# Using Visits (Parenting Time) to Achieve Timely Permanency

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# Visits – The Federal Laws

## Federal Laws

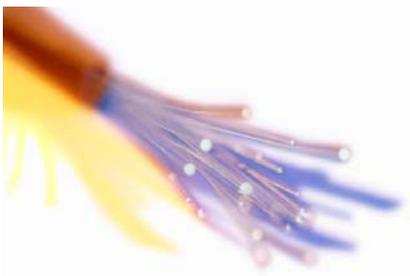
- Adoption and Safe Family Act of 1997,
- Federal Adoption Assistance and Child Welfare Act of 1980 *and*
- Fostering Connections to Success and Increasing Adoptions Act of 2008.
  - These laws require Reasonable/Active Efforts – even for parents experiencing long term incarceration.
    - Though the actual term or practice of visitation is not mentioned in the first two laws, visits are required in order to meet the legal standard for Reasonable/Active Efforts. Appellate court rulings indicate that parents who are not offered visit services have NOT been provided reasonable/active effort services.<sup>1</sup>
    - Because there is so much research that shows that parents who are offered frequent visits are more likely to be reunified with their child, some courts have determined that visits must be offered. Just as we must offer services such as parenting classes or therapy, we must also offer visits.
  - The law of 2008 states siblings must be placed together or provided visits. Other connections to relatives, tribes and schools are also emphasized.
  - The Child and Family Services Reviews, completed by the Federal Government, require states to track their conformity with and achievement of “Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.”
    - ♦ ITEMS measured for this outcome are:
      - Visiting with parents and siblings in foster care
      - Placement with siblings
      - Preserving connections with extended family, school, religion, community and heritage
      - Relative placement
      - Proximity of foster care placement
      - Relationship of child in care with parents.<sup>2</sup>
    - ♦ “Information from the CSFR Final Report identifies...lack of sufficient visitation between children in foster care and their parents” as a potential barrier to achieving timely reunification.<sup>3</sup>
  - Regular visits and other forms of contacts are not to be withheld less there is clear and convincing risk of harm to the child.

# Defining Visits and Connections

“Visits” is a word that often is associated with an hour visit conducted in your local county office. The room is often not very homelike (no windows, not enough space, too small, etc.) This type of visit is often only with the parent and child. This is a very limited view of visits. In this training we will be talking about all types of contacts a child needs to have while in care.

Visits or activities that maintain a child’s connections with parents, extended family, people with whom the child has an emotional connection and the child culture can include:

- Face to face contact - the preferred form of visiting.
  - Telephone
  - Letters or email
  - Video or auditory tapes, pictures
  - Webcasts
  - Attending religious events
  - Participation in family or cultural activities
  - Any creative method of maintaining connections
- It includes all types of people and relationships (birth parents, siblings, extended families, friends, teachers, religious leaders, even pets).
  - All levels of supervision
    - Unsupervised
    - Observed/Monitored
    - Supervised
    - Therapeutic



Children are more resilient when they have multiple healthy connections.

Resiliency is the key to surviving trauma.

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## Purpose of Visits/Connections:

- The primary purposes of visits are to:
  - Meet the child's developmental and attachment needs;
  - Meet the child's rights to maintain connections with people with whom the child has an emotional bond.
- The secondary purposes of visits are to:
  - Assess a parent's ability to safely parent his/her child;
  - Teach parenting skills;
  - Determine the final permanency plan.

## The goal is that each visit:

- Allows the child to be safe and that it is held in the most natural and home-like location possible.
- Children and parents may feel *discomfort* before, during or after a visit. A child should not be traumatized by visits.
- Have as much contact and as many connections as possible in order to help the child handle grief, loss, and separation, transition into or out of foster care, be safe, maintain cultural connections, and more.
- *In some cases "visits" that do not require face to face contact may be necessary to ensure the child's safety.*



# Research on Visiting

## And How Research Informs Best Practice

- “More frequent parent-child [visits are] associated with shorter placements in foster care.”<sup>5</sup>
- Children who are visited frequently by their parents are more likely to be returned to their parents’ care and have less behavior problems.<sup>6</sup>
- “Increased [child welfare] worker contact with parents of children in care is associated with more frequent parental [visits] and ultimately with a shorter time in placement.”<sup>7</sup> Child welfare workers are responsible for initiating contact with parents and encouraging them to attend visits.
- “When [child welfare] workers **did not encourage parents to visit** or use visit locations other than the agency office or engage in problem-solving with parents; children tended to remain in foster care 20 months or more.”<sup>8</sup>
- It is **normal for children to react and grieve losses** they have experienced. These reactions are seen before, during and after visits. This is because visits remind the child of his/her loss, and each visit includes both a reunion and another separation. “Children’s reactions to separation have been well documented in divorce research: More than half...were openly tearful, moody, and pervasively sad. One third or more showed a variety of acute depressive symptoms, including sleeplessness, restlessness, difficulties concentrating, deep sighing, feelings of emptiness, play inhibition, compulsive overeating,” and other symptoms. Some children were overwhelmed by their anxiety. Very young children returned to the use of security blankets, using toys they had outgrown, regressed in toilet training, and increased masturbatory activities.<sup>9</sup> **However, not having visits does not mean a child does not have any reactions to grief and loss.**
- Parents who are given regularly scheduled visits have a better attendance rate than parents who are told to request visits and thereby visits are not regular.<sup>10</sup>
- Visits can cause a parent to feel pain, anger, guilt, anxiety, humiliation, and ambivalence about the loss of his/her child.<sup>11</sup>

- The psychological well-being and developmental progress of most children who experience separation from a parent is enhanced by frequent contact with both of his/her parents. It is rare that having NO contact of any type with a parent is in the best interest of the child.<sup>12</sup>
- Frequent contact with parent(s) reassures the child that the parent wants to see him/her and misses the child and this enhances the child's well-being.<sup>13</sup>
- Children are attached to their parents and family members and desire to have visits with their parents, their siblings, and other people important in their lives. The majority of people who grow up in foster care have **contact with a member of their families as young adults, and nearly half have contact with their parents.**<sup>14</sup> *If contact with a parent would harm the child/youth, we must help the child/youth prepare to have contact in a safe way. Assuming the youth will just not have contact can lead to unsupervised contact initiated by the youth without our knowledge or support.*

# Best Practice Expectations for Visits<sup>15</sup>

- Law and policy say that we must develop a **written** visit plan. The plan should include the following elements:
  - Purpose
  - Frequency
  - Length
  - Location
  - Who attends
  - Activities
  - Supervision
  - Responsibilities (rules, boundaries, who does what before, during, or after the visits)
  - What to have at the visits<sup>16</sup>
- Visit plan development needs to include **all** involved parties. Everyone involved in the case must know about the plan even if they did not help to develop the plan. They should be provided with a written copy of the plan.<sup>17</sup>
- Conflict between the parents, between the foster parents and the parents, or among professionals is often expressed by the adults as a desire to protect the child from harm. Do not allow adult conflicts to interfere with a child's right to have a relationship with his/her parent. (Example: It would be better for the child not to have visits because....)
- Make visits a normal part of life. Visits should occur **WHERE** the child would normally be and should include **WHAT** the child would be doing whenever possible. Visits should allow the family to show love and affection as is normal in that family (unless that has been shown to be abusive).
- Whenever possible, visits should occur at a **consistent** date, time, and place.
- The best practice recommendation is that the first visit occurs **within 48 hours of placement**.<sup>18</sup> The younger the child, the more critical it is that the visit occur soon. Older children should be offered an opportunity to call someone the day of placement. This may include parents, attorney, siblings, or someone else who will help the child handle separation issues.

- “The location of the visit should be the **least restrictive, most normal environment**, in the community, that can assure the safety of the child.”<sup>19</sup>
- Visits should take place, in the following order of preference: 1) in the home of the parent; 2) in the home of a relative or foster parent; 3) in a park or public location; or 4) in an agency setting.
- Jails and child welfare agencies are the *least* normal, most institutionalized settings in which visits can take place. Visits should be held in the agency only if that is the only way the protection of the child can be assured. When visits must occur in these locations, do not expect to see normal parent/child interaction.
- Visits should be scheduled at least **weekly** and more often if at all possible. “Because physical proximity with the caregiver is central to the attachment process for infants and toddlers, an infant should ideally spend time with the parent(s) daily, and a toddler should see the parent(s) at least every two-to-three days.”<sup>20</sup>
- “The visit should be of adequate duration to maintain the parent/child relationship. In general, **one to four hours is usually an appropriate time range**.”<sup>21</sup>
- **Overnight visits** can be considered when it is assured that the child can be protected in the home. “Theoretically, if the child is safe at home for lengthy visits, including frequent overnight visits, he [or she] probably should be moved home with close follow-up supervision and in-home supportive services.”<sup>22</sup>
- No child should ever be returned home to a parent who has not had successful multiple unsupervised overnight visits in the home of the parent. These visits must include all the people who will be living with the child; i.e. if the mother has a boyfriend who will be living in the home when the child is returned, that person needs to be a part of the visit.
- Children must visit regularly with any **sibling** who lives in another home, unless contrary to the child’s safety and well-being.<sup>23</sup> Visits with other **relatives** and people with whom the child has emotional attachments should also occur.

- **Foster parents/caregivers** should be involved and help to support visits. Foster parents must be willing to support the child through the transitions, grief/loss issues, reactions, and emotions related to visits.
- The assigned **caseworker** (the person writing case plans, court reports, and testifying) must observe at LEAST one face to face contact between the parent and child every month. It is seldom necessary to discontinue ALL forms of contact between a child and his/her family in order to protect the child. If safety is an issue, connections may need to start with less than face to face contact. Any decision to eliminate all forms of contact with the family must have the approval of the court. Then efforts must be made to find a means of addressing the safety issues to determine if contact may begin at some future date.
- Visits must include interaction between the parent and child to enhance attachment.

# Nebraska's Policy on Visit

## Frequency of Visitation or Contact

### **Between the child and parent(s):**

A schedule of a minimum contact of once every two weeks in person is expected. More frequent contact, including but not limited to telephone calls and letters is encouraged. A time-limited exception may be made to this procedure if contact with the perpetrator of sexual or severe physical abuse would be traumatic to the child and not in the child's best interests.

### **Between siblings:**

When it is necessary to separate siblings, regular contact and visitation between them must be established. Parent(s) with whom reunification is planned and all minor siblings must have an opportunity for a minimum of monthly visitations, to provide the possibility for interaction as a family unit.

### **Between the child and other relatives or significant others:**

Recommendations to the court about contacts and visits should be based on best interest of the child and take into account a number of factors:

- Importance of developing or maintaining a relationship between the child and relative or significant other, either for the purposes of emotional support or for purposes of placement of the child;
- Safety of the child;
- Safety of the community.

The decisions about the recommended plan for contact or visitation should be left to the parent as much as possible, with the worker helping the parent(s) to assess the extent of benefit or harm to the child and the child's need for contact. However, the worker must weigh objections against benefits and the factors stated above. The worker also will consider the fact that federal statute requires that the State "shall consider giving preference to an adult relative over a nonrelated caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards."

### **Between the child and non-custodial parent, including legal parents and putative fathers:**

Recommendations to the court about contacts and visits should be based on best interest of the child and take into account a number of factors:

- Importance of developing or maintaining a relationship between the child and relative or significant other, either for purposes of emotional support or for purposes of placement of the child;
- Safety of the child;

- Safety of the community.

The decision about the recommended plan for contacts and visitation should be left to the parent as much as possible, with the worker helping the parent(s) to assess the extent of benefit or harm to the child and the child's need for contact. However, the worker must weigh any objections against benefits and the factors stated above. The worker also will consider the fact that federal statute requires that the State "shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards."

When the non-custodial parent has court-ordered visitation rights, the Department should permit and facilitate the parent's exercise of those rights. The worker's assessment of risk of abuse or neglect by the prior non-custodial parent is a legitimate reason for modifying the visitation arrangement by such means as obtaining the non-custodial parent's agreement to modify his or her visitation plan, or, if the prior non-custodial parent objects, requesting that the appropriate court modify its visitation order.

(Aside from the decision about contact between the child and non-custodial parent, the worker also must make a decision about contact with that parent by the worker in order to facilitate planning for the child. For example, obtaining information about or from a putative father might be critical later in the case if adoption becomes the plan for the child. It is important to consider potential future questions early on in a case, especially if it appears that reunification with the prior custodial parent is not likely to occur in a timely fashion.)

### **Supervision or Monitoring of Visits**

The Protection and Safety Worker should determine if supervision or monitoring of visits is needed based on the risk to the child, the case plan, or court order. Supervision or monitoring of visits is useful in assuring that the child is protected and in permitting observation of parent-child interaction. If the risk is not known, the worker will assure that supervision is provided until the risk can be determined. Unnecessary supervision should be avoided. The worker may arrange for a relative, family friend, foster parent, family support provider, or other appropriate person to supervise or monitor visits. The worker will advise any person supervising visits of his/her role and responsibilities (such as intervening if risk to the child, modeling or teaching parenting skills and is prepared to assume the role).

Supervision must be reduced and length of visits extended depending on the family's progress, reduction or risk to the child, and imminence of the child's

return home. When supervision has been required, the worker should make allowances that the supervision is reduced on a gradually decreasing basis prior to the child's return home.

### **Other Visitation Information**

Unless otherwise agreed, it is a parent's responsibility to arrange and provide transportation for visits. The worker is responsible for assisting parents in making those arrangements, and, if necessary assisting them to locate necessary funding or authorizing available funds. (Please refer to Service Provision Guidebook - Transportation Section).

If parents are unable to provide transportation for themselves and/or the child, the worker will make other provisions, including transportation by foster parents or facility staff.

Parents are to be involved with their child in as many ways as possible, for example, providing transportation for school, medical appointments, and community activities. These types of contacts may supplement but generally not replace visitations.

Visits must occur in the parent(s) home unless this is not feasible or appropriate, then visits should occur in the foster home or facility. When visits in the foster home or facility are not feasible, visits may occur in a neutral setting.

### **Assessing Contact**

On an ongoing basis, the worker will assess the effects of contacts. One tool for this assessment is observation of parental visits. The worker will secure information from the parent(s), the child, and foster care provider or other person supervising the visit regarding dates and types of contact, success, and what occurred.

A child's negative reaction to visitation or contact might be a barrier, but is not necessarily a reason to stop the contacts. The worker should attempt to determine the cause of the reaction and attempt to find solutions, for example, change the type or place of contact, and assist the parent or caregiver to deal with the child's feelings in a positive fashion.

If the worker determines that any of the agreed upon contacts are contrary to the child's best interest or are interfering with the case plan or goal, she/he will take appropriate action to remedy the situation. If progress is made regarding the problems which resulted in placement and the risk to the child is reduced, the worker will consider the appropriateness of

increasing the number of length of visits and reducing supervision of monitoring of the visits.

**VISITATION PLAN**

The following agreement is entered into between

\_\_\_\_\_,  
Case Manager of the Department of Health and Human Services and

\_\_\_\_\_,  
Parent's Names

parents of \_\_\_\_\_ Children  
and \_\_\_\_\_

(Person involved in arranging or Supervising visits if any)

The purpose of this agreement is to assure that while the child(ren) is/are in out-of-home care, the parent-child relationship is maintained and strengthened through regular and frequent visits.

By clarifying all persons' responsibilities, this agreement will help to assure that visits are successful and that all persons involved understand their responsibilities. (Optional: Add other goal of visitation specific to case.)

\_\_\_\_\_  
\_\_\_\_\_  
This agreement will cover the period from \_\_\_\_\_ to \_\_\_\_\_ Date

At the end of this period, we will evaluate the success of this plan and devise a new agreement if \_\_\_\_\_ remains in out-of-home placement.

Child

1. Scheduling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Frequency, length and location of visits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who will be present during visits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Monitoring or supervision:

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5. Transportation:

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6. Plan for Emergencies:

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7. Plan for handling problems associated with visits:

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8. Other issues:

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Case Manager Date

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Parent Date

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Other Person arranging, Date

cc: Parents  
Foster Care Provider  
Other Person(s) Supervising Visits  
Case Record

# Meeting the Child's Developmental Needs – Step One<sup>24</sup>

A child has many different types of developmental needs: educational, emotional, medical, moral, social, and cultural. It is the goal of parenting and the child welfare profession not only to keep a child safe today but also to ensure that the child grows and develops into a healthy adult. It is critical to know and understand typical child development so that visits can be planned in a way that will address the child's developmental needs.

- The FIRST and PRIMARY purpose of visits is to meet the child's needs.
- If meeting the needs of the adults will be in conflict with the child's needs, always use the child's needs to determine your plan. Example: A child who is so frightened by his parent s/he does not want to have a face-to-face visit. That child's need to feel safe before visits begin will take precedent over the parent's reasonable effort rights to visit with the child.
- The goal is to help a child move toward the next developmental milestones.
- Research has found that rates of developmental delay for children in out-of-home foster care range from 13% to 62%, compared with 4 to 10% for children in the general population.<sup>25</sup>
- The case and visiting plan should work to help any child with a delay to maximize his/her abilities and "catch up" whenever possible.
- All children are initially traumatized by separation from their parents.

## Infants

### Trust vs. Mistrust Stage

- **Do not understand change**
- **Attachment is critical**
- **Communication limited**
- **Separation interferes with development of trust**
- **Adults must cope for child**
- **Separation is immediate in regards to cognitive memory**



### Visit planning

- Before the visit the caregiver should take these steps:
  - Let the baby hear the parent's voice on tape or see a picture.
  - Use soaps and other products on baby that the parent used.
  - Let the parent know the baby's new skills and development.
  - Dress baby in clothes provided by the parent.

- During the visit a parent can do some of these activities:
  - Hold the baby and have frequent eye contact.
  - Allow the baby to touch the parent, especially the face.
  - Play peek-a-boo, play naming games, use baby talk, sing, or tell stories to the baby.
  - Meet baby's feeding, diapering, and other needs.

## Toddlers

### Autonomy vs. Shame/Doubt Stage

- Display regression and fear
- Control the world
- Form attachments to others
- Adults must cope for the child
- May see foster care as punishment
- Must be helped to learn new home
- Days = permanency



### Visit planning

- Before the visit the caregiver should take these steps:
  - Encourage the toddler to play or run before the visit if the toddler will not be allowed to do this during the visit.
  - Allow parents to meet the child's needs whenever possible. *If these cannot occur during the visit*, meet the child's need for food and sleep before the visit.
  - Not give too many rules ahead of the visit.
  - Show pictures of parent and talk about times that the parent and child were together to help the child remember parent.
  - Have a plan on how to cut short a visit if the child (or parent) cannot manage.
- During the visit a parent can do some of these activities:
  - Play with child – patty cake, peek-a-boo, stretching games, word games, silly noises, read books.
  - Feed the child appropriate food.
  - Teach the child a new skill – putting on coat, playing a game, eating with utensils, naming items of colors, etc.
  - Give the child choices – do you want to sit here or there, do you want one or two kisses
  - Draw together.
  - Eat together, parent helps with toileting or meets child's needs in other ways.
  - Give clear and simple rules during the visit.
  - Help the parent prepare to provide structure and discipline for the toddler.

- Give the child time to adjust, especially if the toddler is in a “stranger fear” stage.
- Prepare the child for when the visit will end so there is enough time to say good-bye – no leaving without saying goodbye.

## **Pre-Schoolers**

### **Initiative versus Guilt Stage**

- **Magical thinking**
- **Do not understand cause and effect**
- **Form attachments to adults and other children**
- **Need help coping**
- **Self blame – Acting Out Fears**
- **Weeks = permanency**

### **Visit planning**

- Before the visit the caregiver should take the following steps:
  - Read letters the parent wrote; look at pictures or listen to parent’s voice.
  - Give choices when possible and be clear when the child does not have a choice.
  - Give the child choices like what to wear to the visit.
- During the visit the parent can do some of the following activities:
  - Play games, sing songs, read books.
  - Accept emotions and acknowledge them – realize that the emotions may change rapidly.
  - Set boundaries such as: no hitting, no yelling.
  - The child will probably not be able to be quiet for an entire visit.
  - Draw pictures or play games.
  - Give choices – What games to play, which book to read.
  - Stay away from these types of questions. They imply the child has a choice:
    - ♦ Are you ready to go? Can you give dad a hug? Let’s go now, OK?
  - Answer the child’s questions: say, “I don’t know,” rather than making up answers or ignoring the question, such as if child asks when can he or she go home.
  - Talk about when the next visit will occur (look at calendar or connect visit to something like a favorite TV show) or talk about other ways you will communicate – letters, phone calls, audio tapes.

## Grade Schoolers

### Industry versus Inferiority Stage

- A concrete world
- Self esteem tied to family
- Foster child is “different”
- Compare parents, caregivers
- Friends are important
- Perception may be distorted
- Need to know “rules”
- Months = permanent



### Visit planning

- Before the visit, the caregiver should take the following steps:
  - Prepare the child – rules, what to talk about, what to bring, what to ask, list of things to tell parent, pictures of child’s new life.
  - Have a calendar for the child to mark the day of the visit.
  - Help the child plan things to do at the visit.
  - Have the child bring items such as school work, art work, or favorite game to the visit.
  - Encourage the child to write letters or to have phone calls on a regular basis.
- During the visit, the parent can do some of these activities:
  - Play games, read together, help with homework.
  - Ask about the child’s life – school, new place they live, sports, hobbies, etc.
  - Just listen to the child’s stories.
  - Let the child know you are proud of him/her and his/her accomplishments.
  - Accept the child’s emotions--no judgment--don’t try to talk them out of their emotions.
  - Answer questions honestly.
  - Tell the child developmentally appropriate things about your life away from the child. This is especially needed for incarcerated parents or for parents in residential programs. Things like what TV shows you watch, books you have read, classes you take, work you do, what your room looks like.
  - Plan for next visit or phone call.

## Adolescents

### Identity versus Identity Diffusion Stage

- **Adult understanding**
- **Decision making**
- **Adults as role models**
- **Emotional and body changes**
- **Moral development**
- **Future, emancipation**
- **Ambivalence about family**
- **Help with conflicts**
- **Adult understanding of permanency**



### Visit planning

- Before the visit the caregivers should take the following steps:
  - Similar to school age children.
  - Increase the amount of choices and role the youth has in planning the visit.
- During the visit the parent can do any of the following activities:
  - Similar to school age children.
  - Go shopping together, watch the youth's sport team, teach the youth self sufficiency skills, etc.
  - Be aware that the teen may feel awkward as teens usually do not spend concentrated time periods with parents.
  - Avoid letting the visit only focus on negatives or discipline issues.

# Attachment and Bonds<sup>26</sup>

## Attachment Defined

**Attachment:** The organization of behaviors in the child that are designed to achieve physical proximity to a preferred caregiver at times when the child seeks comfort, support, nurturance, or protection.

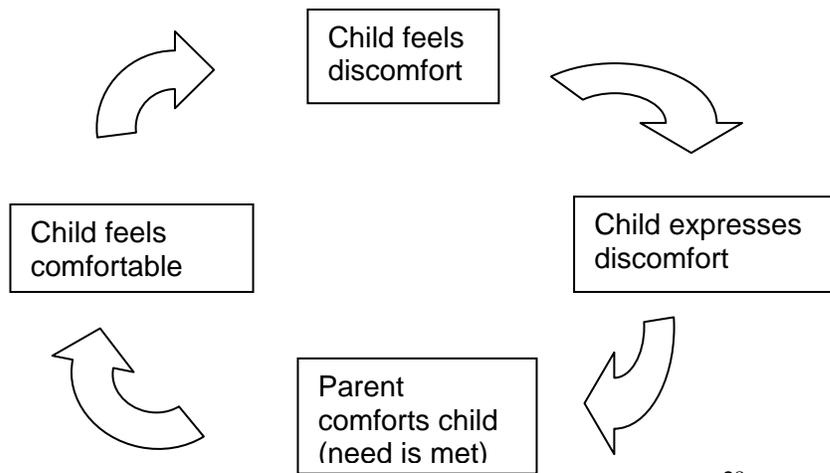
**Secure attachment:** An exclusive attachment made between children and their contingent, sensitive caregivers who provide nurture, comfort, buffering, shared exploration, and help. Parents represent a secure base for exploration. There are several examples of secure attachment from a child's point of view:

- My parents come back. They are reliable.
- I can depend on my parents and people whom they entrust to educate and spend time with me.
- I want to please my parents most of the time.
- I am rewarded for being competent, for my curiosity, and for my positive states.
- I can get help with psychologically overwhelming events and feelings.
- Parents teach me how to cope with problems and to solve them.
- Intimacy is enjoyable.

**Bonds:** Close relationships which tend to be formed with teachers, friends, and others who have shared experiences and emotions.

A primary method for developing attachment is meeting the child's needs. "This starts at birth when the child experiences hunger and is then fed." These bonding activities, when carried out over time, provide consistency and predictability and lead the child to trust and attach.<sup>27</sup> *Parents who are not allowed to meet the child's needs during a visit will not be able to maintain or strengthen the attachment with their child.* Having a crisis or problem such as a child acting out in a visit is not a sign of lack of attachment. In fact, a visit should allow for the normal crisis/discomfort to occur so that the parent and child can develop or reinforce their attachment.

## Arousal Relaxation Cycle



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The second method of developing attachment is for the parent to initiate a positive interaction with the child and then for the child to respond positively. This builds the child's self-worth and self-esteem. Example: A parent smiles and offers a child a favorite toy. The child laughs and takes the toy. Building a history of having positive interactions will strengthen attachment and help the relationship survive when a crisis occurs.

The third method is when a parent "claims" a child. "She looks just like my mother." "He acts like his father." This includes the process of sharing family history to enable the child to understand the family he is a member of.

**Children do NOT learn to attach by being told to love or to not love another person. Similarly, having attachments broken by multiple placements causes trauma and may lead the child to having difficulties trusting and attaching in the future.<sup>29</sup>**

## Examples of Bonding Activities that Lead to Attachment:<sup>30</sup>

- Responding to Arousal/Relaxation Cycle
  - Using child's tantrum to encourage attachment
  - Responding to child when he is physically ill
  - Helping child express and cope with feelings
  - Sharing child's excitement about her achievement
  
- Initiating Positive Interaction
  - Making affectionate overtures; hugs, kisses, physical closeness
  - Reading and playing games with the child
  - Helping child with homework
  - Going to fun events together
  - Saying, "I love you"
  - Teaching the child about extended family and culture
  
- Claiming Behaviors
  - Encouraging the child to call parents "mom" and "dad"
  - Hanging pictures of child in the house
  - Including child in family rituals
  - Buying clothes
  - Involving in religious or rite of passage events

# Children's Reactions to Loss: Common Behavior Patterns of the Grieving Process

- Separation is always traumatic for children.
- A child's reaction to separation is partly dependent on the quality of attachments (s)he had before the separation. (Secure and insecure attachment can look the same at the time of separation.)
- Children's responses to separation will vary according to their developmental age.
- Uncertainty hampers a child's ability to cope.
- Trauma diverts children from developmental tasks.
- Children's reaction will vary over time.

The Grief and Loss stages based on the work of Elizabeth Kübler-Ross<sup>31</sup>

1. Shock/Denial
2. Anger or Protest
3. Bargaining
4. Depression
5. Acceptance

*Not everyone will experience all of these stages or experience them in this order. Also, it is possible to experience these reactions more than once or at the same time.*



"Grief is really about yearning and not sadness. That sense of heartache. It's been called pangs of grief." – Holly Prigerson<sup>32</sup>

Initial behaviors after placement are likely related to grief and loss. The child behaviors should not be referred to as a honeymoon.

# Four Steps to Developing a Planned, Purposeful, and Progressive Visiting Plan

- ◎ **Step One: Consider Child Development and Parenting Skills**
  - Child Developmental Milestones for the five stages of childhood development
  - Impacts of Separation on the child
- ◎ **Step Two: Consider Types of Maltreatment**
  - Neglect
  - Physical Abuse
  - Sexual Abuse
  - Emotional Abuse
    - Levels of Supervision
- ◎ **Step Three: Consider Time in Care/Concurrent Planning**
  - Initial Placement
  - Reasonable Efforts
  - Final Permanency Decision
  - Post Permanency
- ◎ **Step Four: Consider Other Factors**
  - Cultural background
  - Substance abuse
  - Domestic violence
  - Child's special needs
  - Parents' special needs
  - Incarcerated or hospitalized parents
  - Mental illness
  - Non-abusive parent

## Visit Planning Decision Matrix – *Sample matrix for Jones case*

	<b>Child Development/ Parenting skills GRADE SCHOOL</b>	<b>Child Development/ Parenting skills TODDLERS</b>	<b>Type of Maltreatment PHYSICAL ABUSE</b>	<b>Time in Care REASONABLE EFFORTS 1 TO 12 MONTHS</b>	<b>Other Factors FAMILY CULTURE</b>
<b>Purpose</b>	Meet child's developmental needs and maintain connections	Meet child's developmental needs and maintain connections	Assess, observe and teach safe parenting skills	Teach parenting skills and observe improved parenting	Maintain and strengthen child's connection with <b>culture, tradition and</b>
<b>Frequency Length</b>	1 to 2 per week 1 to 3 hours Meets child's schedule	2 to 4 per week 60 to 90 minutes Meets child's schedule	Long enough to have normal parent/child interactions that require parent to practice family rules and discipline.	At least once a week At least one hour Increasing in length and frequency as family gets closer to reunification	If child does not have contact with cultural community through parent visits or caregiver this type of "visit" should be added to case plan
<b>Location</b>	Child helps to choose Home or homelike environment Where child already is; school, sports, park,	Home or homelike environment Community setting: parks, playgrounds, childcare, doctor appts.	In family or home setting. May need to initially avoid sight of abuse until counselor approves.	Birth family home whenever possible or home of relative and foster parents Community locations Agency office least desirable	In family or relative's home In community locations with cultural significance In language of the family
<b>Activities</b>	Child helps to choose: What child likes to do; sports, games. What child must do; homework, chores. Ask child about his life. Provide	Parent meets child's needs; learning to do it herself – eating, dressing, toileting Play games, read, talk, sing Provide safety & supervision	Learn to understand child's needs and feelings Practice parenting skills and providing structure for child without use of physical	Modeling/teaching of parenting skills Reactions to visits should be decreasing	Sharing family history, stories Teaching family traditions; holidays, cooking, games, hobbies Religious events and learning
<b>Supervision level</b>	Communication and self-care skills assessed to determine supervision level	Lack of communication and self protection means that supervision level should be higher than same situation with older children.	High level of supervision until parent has demonstrated the ability to provide care without physical abuse Child has safety plan	Decreasing level of supervision as parenting skills increase, level may vary depending on who attends	Use family and people the family knows whenever possible to supervise visits and teach parenting skills, that person can speak the
<b>Who attends</b>	Ask child who he wants to visit Birth parents & siblings together or separate, Other key people with	Birth parents & siblings together or separate, Other key people with emotional attachment Listen for who child asks to	Clinical approval when child has a stated fear of abusive parent.	All the people the child would live with if reunification occurs. Sibling even if the child will not live with him/her,	Parents, siblings, extended family, fictive kin, anyone the family identifies as important in the child's life
<b>Responsibilities What to have at visit</b>	Bring toys, food, homework, and other items for session. Allow child time to adjust to transitions.	Bring toys, diapers, food, and comfort items. Have adult who child feels safe with (could be foster parent) help with all	Clear rules and safety plan is known by all parties Child may need cell phone or other method to call for help	Social worker should observe visit at least once every 2 months Clear case plan connection with visit activities,	Bring information, pictures, reading materials, and other items to teach family culture
<b>Documentation</b>	Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the child Ask child for comments.	Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the child	Normal documentation	Be very specific as to parents progress; strengths and problems Teach observers how to document visit	Normal documentation

# Elements of a Visiting Plan<sup>33</sup>

When developing and then writing a visiting plan, the following elements must be addressed:

- Purpose – primary and secondary purposes that guide the determination of the other elements of the plan
- Frequency
- Length
- Location
- Activities
- Supervision level
- Who attends
- Responsibilities
- What to bring to the visit
- Documentation process

## Progressive Visits

- Visits usually start as supervised visits with many restrictions on location, activities, etc.
- When the parent and child are successfully interacting during visits, the plan should allow for ONE element to be changed at a time. Example: Lengthen the visit or change the location of the visit. Do not change both at the same time.
- The goal is to slowly increase the parent's responsibility and move toward unsupervised visits in the parent's home while safely testing the parent's ability.
- One change allows for accurate assessment of success or failure. Everyone involved will have more assurance that unsafe behaviors will not occur.
- When there is a failure or there are repeated problems, go back to more supervised or structured visits to determine what will make the visit more successful. Try to only change one element at a time even when there has been a problem.

# Reward and Punishment

Visits are NEVER to be used as a reward or punishment for the parent OR the child.<sup>34</sup>

- Unless the court has ordered that there be no contact between the parent and child, parents and children both have a right to visits.
- If visits are used as reward or punishment, children will get the message that relationships are based on having good behaviors and thereby are conditional.

This includes requirements/statements like the following:

- If you are clean and sober (pass UA) then you get to have a visit.
- If you follow the rules of the treatment program, you get to have a visit.
- When you complete your treatment, you will get to have more visits.
- If you make your husband move out of the house, then you can have unsupervised visits.
- If you do not behave this week, you don't get to have your visits.

A change in one or more of the elements of the visit such as more frequent visits or a lower level of supervision would be related to demonstrated changes in a parent's ability to respond appropriately to the child's needs. Example: An addicted parent who is consistent and appropriate in his/her parenting during visit can be allowed to have longer visits. This is not using visits as a reward, but rather changing visits progressively as a part of preparing the family and child for reunification.

# Permanency Planning Decision

When visits can progress to:

Successful, overnight, unsupervised, in the home of their parent with all the people who will be a part of the child's life after reunification,  
**that is the primary indicator that reunification can occur.**

When visits cannot progress to this level, even if the parent has successfully completed reasonable effort services,  
then reunification should not be recommended.



# Types of Maltreatment – Step Two<sup>35</sup>

The type of maltreatment impacts the level of supervision needed and the type of activities that can occur during visits. The primary purpose of any visit is to meet the child's developmental needs. When possible the visit can also be used to help a parent learn new skills or demonstrate improved safer parenting skills. **If these two purposes are in conflict, the child's needs should guide the visiting plan.**

- Parenting skills can be taught by a service provider, caseworker, family member or someone from the parent's cultural community.
- Visits are how we can assess the parent's future capacity.
- The case plan should list the changed behavior or minimum sufficient level of care to be able to determine the type of activities that should be the focus of visits.

The visiting plan must not only consider the type of maltreatment, but why the abuse or neglect occurred (underlying causes).

## Neglect

### General Recommendations for Neglect

- At the parent's home where they can practice skills in the REAL environment
- Supervise depending on type of neglect
- Parent must learn to meet child's needs
- Length must be long enough to develop and to "test" abilities

If neglect occurred due to lack of knowledge or being unprepared for parenthood, visits should provide opportunities for parents to learn parenting skills and knowledge:

#### Recommendations:

- Visits must allow for adequate time for the parent to learn, practice, and improve parenting skills. One hour is the minimal time for this type of visit.
- Parenting tasks should be based on the child's developmental age and special needs.
- Parent should be involved in learning about his/her child's developmental needs.
- Whenever possible, visits should occur in the family home where the child will return. In some instances, for example, a foster parent may be in the role of coach or mentor to the parent and some visits might be located at the foster parent's home.
- Level of supervision is based on the severity of the neglect and the age of the child.

If neglect was due to ambivalence about being a parent or rejecting a child:

Recommendations

- At the parent's home
- Parent should be in treatment to address his/her desire to parent.
- A high level of supervision will be needed until the rejecting behaviors are addressed and resolved.
- Parent and child may need to have visits that focus on having fun together to develop the relationship and positive experiences and memories. The focus of the visits should not be on the parent teaching and/or disciplining the child.
- Extreme cases may need therapeutic supervision
  - The parent should be in treatment to address the ambivalence.
  - Frequency and length of visit must allow the parent time to confront his or her emotions, willingness to be responsible for the child's daily needs, and ability to meet those needs.

If neglect is due to living conditions, housing, poverty, or neighborhood safety:

Recommendations:

- Visit should initially occur in caregiver home or another safe environment.
- Level of supervision is low unless the visit occurs in the family home.
- After the home environment has improved or changed, the visits should occur in the family home.

## **Physical abuse**

### **General Recommendations for Physical abuse**

- At the parent's home
- Activities that require discipline or teaching the child a skill
- Must learn and demonstrate new discipline methods
- Supervision until skills demonstrated consistently
- Extreme cases may need therapeutic supervision
- The child's safety needs and fears must be addressed in elements of the visiting plan.

If the abuse is due to a lack of knowledge about a child's developmental needs and abilities:

Recommendations

- Visits must allow for adequate time for the parent to learn, practice, and improve parenting skills. One hour is the minimal time for this type of visit.
- Parent will need to practice how to provide structure, boundaries, and non-physical discipline during normal parent/child interactions.

- Parent should be in class or working with someone to learn effective discipline based on the child's development age.
- High level of supervision is needed until the parent demonstrates an ability to discipline the child in a non-physical manner.
- Visits with a lower level of supervision should have a safety plan that ensures the child, who is sufficiently old and developmentally able to do so, can immediately obtain help or stop the visit. Such plans might include a person to call, someone close by that will help, a cell phone during the visit, bus tokens or money to take a cab.

If the abuse is due to the parent's inability to manage his/her anger:

Recommendations

- Parent should be in treatment to learn how to manage his/her anger.
- Visits must allow for adequate time for the parent to learn, practice, and improve parenting skills.
- Parent will need to practice how to manage his/her anger during normal parent/child interactions.
- A high level of supervision is required until the parent demonstrates an ability to interact with the child without excessive anger.

If the abuse is due to religious or philosophical commitment to the use of corporal punishment that leads to harming the child:

Recommendations

- Visit planning should be guided by the parent's degree of acceptance of responsibility and understanding of the harm caused by his/her behaviors.
- Parent may be in treatment and/or in consultation with religious advisors or others to discuss his/her commitment to this form of discipline.
- A high level of supervision is required until the parent changes this commitment and demonstrates an ability to parent using non-physical methods.

## **Emotional abuse**

### **General Recommendations for Emotional abuse**

- At the parent home
- Parent needs to demonstrate an ability to understand child's emotions and needs
- High supervision until skills demonstrated consistently
- May need therapeutic visits
- Visits should be sufficiently lengthy to provide time for the parent to demonstrate changed behaviors and abilities for long periods of time and in everyday situations

If neglect occurred due to lack of knowledge or being unprepared for parenthood, visits should teach these skills:

Recommendations

- Visits must allow for adequate time for the parent to learn, practice, and improve parenting skills. One hour is the minimal time for this type of visit.
- Parenting tasks should be based on the child's developmental age and special needs.
- Parent should be involved in learning about his/her child's developmental needs.

If the abuse is due to an inability of the parent to manage his/her anger:

Recommendations

- Parent should be in treatment to learn how to manage his/her anger.
- Visits must allow for adequate time for the parent to learn, practice, and improve parenting skills.
- Parent will need to practice how to manage his/her anger during normal parent/child interactions.
- High level of supervision is needed until parent demonstrates an ability to interact with the child without excessive anger.

If neglect is due to a parent rejecting a child:

Recommendations

- Parent should be in treatment to address his/her desire to parent.
- A high level of supervision will be needed until this is resolved.
- Parent and child may need to have visits that focus on having fun together to develop the relationship and positive experiences and memories. The purpose of the visits should not be for the parent to teach and/or discipline the child.

## **Sexual abuse**

- Parent and child should not be denied visits due to this type of abuse unless the court has ordered no contact between them. As with all forms of abuse, many factors must be assessed to determine what type of visit/contact is appropriate.

### **General Recommendations for Sexual abuse**

- Start at location where abuse did NOT occur and progress toward having visits at parent's home if that is where abuse occurred.
- Child has right to determine the type of visit.
- Therapeutic visits are likely to be needed.

- Keep level of supervision high for as long as necessary before the offending parent is allowed observed visits.
- Both parents have the right to have visits unless the court has ordered no contact between the child and a parent.
- Non-Offending parent
  - Must have empathy for the child and believe that the abuse occurred before supervision is decreased
  - Must be willing and able to protect the child from the abusive parent before unsupervised visits can occur

### Recommendations for the Offending Parent

- Therapeutic supervision of the visit is usually necessary, at least until the offending parent makes substantial progress in treatment. The child's therapist and parent's therapist must agree that adequate progress has been made before the level of supervision is lowered.
- No whispering, no alone time, no changing of child's clothes by parent, no passing of notes not approved by the therapist or child welfare worker.
- The abuser must demonstrate an ability to admit that what s/he did harmed the child and that it was not appropriate. The therapist must provide guidelines as to what behaviors will indicate that the abuser is making therapeutic progress and what the indicators are that the abuser is not making progress.
- Any child who does not want to visit with the offending parent should be not forced to do so. It is the responsibility of the offending parent to rebuild trust through his/her behaviors. This usually means monitored letters or phone calls occur until the child feels ready to have a visit. In some cases, based upon the recommendation of the parent's or child's therapist, the court may order that NO contact is allowed until the parent has made progress in his/her treatment.
- A safety plan for the visit must be developed by people who know about the offending parent's behaviors. Threats and bribes are common in this form of abuse. For example, a common threat by perpetrators is to harm the child's pets or family members. Therefore, what may seem to be an innocuous question, "How is your dog?" may actually be a threat.
- Child must be allowed to make choices in planning the visit and during the visit. Parental control of the child's behavior is often a key issue in sexual abuse cases.

### Recommendations for the Non-Abusive Parent in sex abuse cases

- Denying visits for the non-abusive parent just because that parent has not totally discontinued the relationship with the offending parent punishes the child for adult behaviors. Most children who have been sexually abused are emotionally attached to one or more family members and need to have relationships maintained and/or enhanced.
- A high level of supervision is required for visits with the non-offending parent until he/she demonstrates an ability to choose the child's safety needs FIRST and believes the child's allegations. In planning, consult with parent's treatment person.
- Therapeutic supervision may be needed to help address issues the child has about the non-abusive parent's failure or inability to protect the child.
- There may be a higher rate of parent/abuser trying to get the child to recant, especially when criminal charges have been filed. Initial visits/contacts need close supervision as the pressure may be in the form of non-verbal communication or other methods not obvious to the visit supervisor.
- Visits are more likely to occur in a treatment setting such as a therapist's office.
- The child should have a clear safety plan that provides a range of ways in which the child can alert or notify the visit supervisor that the child wants the visit to stop or that the child needs a break. For example, a signal can be agreed upon so the parent is not aware that the child has asked for the visit to stop.
- When professionals and the court determine that a lower level of visit supervision is safe for the child, the safety plan must ensure that the child can immediately obtain help or stop the visit. The plan might include a person to call, someone close by that will help, a cell phone during the visit, and bus tokens or a way to leave.
- Older children may at times try to make unauthorized contact with the abusive parent, especially when denied *any* authorized contact. Child welfare workers and treatment counselors should be in communication with the child and address the child's need to have contact in a safe manner. The offender often uses isolation as part of the abuse. When the child is then isolated in foster care from everything s/he knows, including family, friends, and school, s/he is vulnerable to suggestions to meet the offending parent in an unsupervised location without letting others know that this has occurred.
- Some children have reactions to having a visit in the home or location where the abuse occurred. Consult with the child and his/her treatment counselor about the location of the visit.

# Minimum Sufficient Level of Care<sup>36</sup>

## Definition of MSLC

The **minimum sufficient level of care** is the social standard for the minimum of parent behavior below which a home is inadequate for the care of a child.

## Important considerations in MSLC

- MSLC is meant as a minimum, not an ideal. The terms “minimum” and “sufficient” are crucial to this concept; the standard is related to the objective of keeping children safe and protected. The terms “minimum” and “sufficient” are used to explicitly differentiate from higher standards.
- MSLC is case specific. A variety of factors must be considered for each child, and there are no fixed criteria for assessing when a home falls below this minimum standard. This decision must be made by informed judgment that evaluates each case individually.
- The MSLC must remain consistent for the duration of the case. Once the MSLC is developed for a given child, it does not change throughout the life of the family’s case unless the needs of the child change (e.g., child develops a high risk health condition). When a child is in placement, the decision about reunification must be based on the same MSLC baselines as when the child was removed.

## Factors to consider in assessing MSLC

Although the MSLC is unique for each child, there are commonalities in nearly all situations. The factors to consider in establishing what the MSLC is for a particular child include those that relate to:

1. **The child’s needs** in the areas of:
  - Physical care (e.g., safety, protection, food, clothing, shelter, medical and dental care)
  - Emotional wellbeing (e.g., attachment between child and caregivers, sense of security)
  - Development (e.g., education, special help for children with disabilities)

*The key question is, “Are the caregivers providing consistent care at a basic level that keeps the child safe and protected in the areas of physical, emotional and developmental needs?”*

## 2. **Contemporary social standards**

Many social standards now are codified in law, e.g., definitions of child maltreatment, compulsory school attendance, and child labor. Others are mainly normative, e.g., expectations for how much work/chores children do in order to contribute to the family's wellbeing. Social standards have greatly changed over the last 100 and even 25-50 years, so there is a wide range of accepted social standards.

*The key question is "Are the caregivers' behaviors within or outside the commonly accepted child-rearing practices in our society?"*

## 3. **Community standards**

The United States is a highly pluralistic country and many communities have standards that vary from the "Contemporary Social Standards." For instance, the age at which children can have any of the following responsibilities varies:

- Caring for younger siblings
- Being left alone
- Responsibilities for various chores
- Working outside the home
- Quitting school

There are also wide variations about what is considered appropriate punishment, e.g., with regard to:

- Hitting
- Verbally chastising
- Length and place for "time outs"
- Deprivation, e.g., of
  - (favorite) foods,
  - social interaction with family and friends
  - toys

The importance of "community standards" is explicitly identified in the Indian Child Welfare Act (ICWA) which mandates that the standards applied to a given Native American child reflect his tribe's standards.

*The key question is "Are the caregivers' behaviors within or outside the commonly accepted child-rearing practices in their community?"*

## **The rationale for using MSLC**

The Rationale for using Minimum Sufficient Level of Care as a standard includes (National CASA, 2002):

- It maintains the child's right to safety and permanence while not ignoring the parents' right to their children.
- It is required by law (as a practical way to interpret the "reasonable efforts" provision of PL 96-272).
- It is possible for parents to reach.
- It provides a reference point for decision-makers.
- It protects (to some degree) from individual biases and value judgments.
- It discourages unnecessary removal from the family home.
- It discourages unnecessarily long placements in foster care.
- It keeps decision-makers focused on what is the least detrimental alternative for the child.
- It is sensitive across cultures.

## **Challenges in applying MSLC**

There are challenges in applying MSLC. Sometimes the values and attitudes of the child welfare worker about what constitutes MSLC can color the way they think about a family. Different cultures have different interpretations of what constitutes the MSLC.

Some steps to ensure fairness and equity might include:

- Discussing the MSLC during case consultations with a supervisor or a multi-disciplinary team.
- Taking additional training on how to apply MSLC to cases.
- Working in community partnerships to learn more about how different cultures view MSLC.
- Systematically considering what the standard was for removal and what the expectations are for return of the child, to assure that the standard is not raising over the life of the case.

## **MSLC must be written SMART language**

- ⊙ Specific
- ⊙ Measurable
- ⊙ Attainable (possible for parent to accomplish)
- ⊙ Results-Oriented (based on what maltreatment occurred)
- ⊙ Time line or progression is named

## **Examples of MSLC statements based on the type maltreatment that occurred. (These examples must be adapted to meet the unique facts of a case.)**

#1 The parent is not routinely performing parenting duties that assure the safety or well-being of the child.  
Or a child has been left alone for periods of time longer than the child is able to provide self care.

### ***MSLC:***

- A responsible adult is in the home providing care and supervising the child all the time. (Define responsible adult as it relates to the maltreatment that that occurred. Example: Responsible adult includes the skills of providing basic daily the care of a two year old. The responsible adult will not allow the child to have unsupervised contact with XX.
- For younger children and infants: The adult must be within sight and/or sound distance of the child at all times. An adult, while in charge, is sober and able to respond to the child needs at all times. Including being able to wake up and respond to a child's needs.
- A plan for supervision by a responsible babysitter exists and is implemented whenever the parent is away from the home or is not able to provide adequate supervision, i.e. is intoxicated or impaired in any manner.

#2 A parent's behavior is violent and/or s/he is acting dangerously or violently towards the child.

### ***MSLC:***

- The non-offending parent or another responsible person prevents the abusive parent from behaving violently and acting on his/her violent impulses towards the child.
- The offending parent is able to interact with his/her child without the use of dangerous or violent actions or language. (Provide examples based on the actual incidents of maltreatment.)
- The offending parent is able to discipline his/her child without the use of physical force that leaves marks or harms the child and without the use of threatening, demeaning or violent language.
- The parent will ask for help from another adult if s/he feels the urge to harm the child physically or emotionally and/or leave the child with another adult until the parent has regained self control.
- The child has a plan and is capable of acting on the plan in a crisis on how to call for help and/or go to a safe place if the parent begins to show signs of acting dangerously. (for older children)

#3 A parent's perceptions of a child are extremely negative or the parent is verbally abusive. Or the parent believes the child is "the problem."

### ***MSLC:***

- The parent is able to communicate with his/her child in a manner that says s/he cares for the child, praises the child for positive behaviors or characteristics or using other methods of giving positive information to the child about him/herself.
- The parent acknowledges to the child that the parent is responsible for the problem/incident/abuse.
- The parent will not blame, shame or criticize the child. Instead s/he will use praise, role modeling more appropriate behaviors or ignoring of inappropriate behaviors. (Insert the parenting techniques the parent is learning in his/her class or treatment.)

#4 The family's home is physically unsafe to a level that a child has been or could be harmed.

**MSLC:**

- The family's home will have all dangerous chemicals either removed or locked in a manner that a child of this age cannot access the chemicals.
- The house will have a safe method of heat that ensures at least a temperate of 60 degrees at all times. (The actual temperate may vary depending on the child's age and health condition.)
- The house will be kept clean enough that a crawling baby will not have contact with old/spoiled food, animal food, human or animal waste, dangerous items such as knives, etc. (provide examples related to the condition of the home)

#5 The parent has used physical discipline to a level that has harmed the child by leaving marks or other forms of physical harm.

**MSLC:**

- The parent will be able to describe household rules and expectations s/he has to the child. The parent is able to describe consequences the child will have for obeying or disobeying these rules.
- The parent is able to demonstrate the use of the consequences both for positive and negative behaviors.
- The consequences or discipline cannot include any methods that would leave marks or harm the child. (Add specifics example of what occurred in the previous maltreatment.)
- The parent will ask for help from another adult and/or go to another room if s/he feels it is possible that the discipline might become violent or harm the child.

#6 The parent's lack of understanding of the child's developmental abilities has harmed the child.

**MSLC:**

- The parent will be able to describe calmly communicate expectations s/he has for the child that are appropriate based on the child's developmental age and/or unique needs/abilities.
- A two year old child will be in sight and/or sound distance of a capable person at all times, even when the child is sleeping.
- A nine year old child will have a capable adult or teenager available to help when s/he is caring for her younger siblings. The older person must be close enough to be able to physically help the child within a few seconds.
- The parent is able to describe and give instructions to his/her ADHD child in a manner that is likely to lead to the child understanding what is expected, i.e. each direction is broken down into small steps. Each step is completed by the child before the parent tells the child the next step. (Obtain parenting examples for special needs children from an expert.)

#7 The parent has not provided appropriate medical care for a child.

**MSLC:**

- The parent ensures that the child attends appointments or completes medical recommended treatments.
- The parent is able to demonstrate how to provide medical care for his/her child as recommended by the medical expert. (add specifics)
- The parent is able to respond to the child's medical emergencies by noticing the warning signs and following directions provided by the medical expert.

#8 The parent has had sexual contact with the child.

**MSLC:**

- The parent is able to describe appropriate level of physical contact between a parent and child. (Add specifics given by sex abuse expert.)
- The parent acknowledges his/her inappropriate behaviors and takes full responsibility for his/her actions.
- The parent will follow all the rules or boundaries established by the child and the child's therapist regarding the relationship.
- The parent will not touch the child without the child's permission.

#9 The parent has failed to protect the child from the other parent or other people.

**MSLC:**

- The parent will provide supervision for the child whenever the offending parent is with the child. (Define the level of supervision needed.)
- The parent will ensure that the abusive parent has no contact with the child.
- The parent will intervene and protect the child if the abusive parent shows signs of inappropriate behaviors. The parent will remove the child from the other parent and/or immediately ask for help if s/he is unsuccessful in stopping the other adult's inappropriate behavior. (May need to give examples.)

# Minimum Sufficient Level of Care

## Determining Parenting Skills for Visits

Case planning must be linked to visitation.

- First, what is the abuse or neglect the child experienced?
- What caused or contributed to the abuse or neglect?
- Based on that abuse or neglect, what is the minimum sufficient level of care?
- This will determine the key activities that should occur during a visit.

### Sample Case

*Referral:* A twenty month old child who was left unsupervised for over an hour. During that time, the child left his bedroom and was found by a neighbor on a busy street a block away from the parents' home. The parents were found by the police to be asleep and appeared to be intoxicated. They stated that they thought their son was asleep and they believed he was not able to get out of his room by himself. This is the third similar referral for this family. The parent's did not follow through with attending parenting classes as recommended.

*Strengths:* Parents are married and employed, child and parents appear to have secure attachment and the family has an extended family support system in the area.

*Underlying Causes:* Lack of parenting knowledge and skills. Possible drug addiction by parents that contributed to parenting decisions.

*Abuse/Neglect:* The child was neglected by the parents in that the child was found in a dangerous location on a street and the parents were sleeping at that time. The parents were not aware of their son's ability to leave his room and the house by himself.

**Case plan objectives (MSLC):**

### Visitation Activities

## TIPS FOR DOCUMENTING VISITS

- Identify before the visit who is to document the visit, what form to use and who receives the written documentation.
- Use the activities (Minimum sufficient level of care/case objectives) as a guide to the most important items to document. “Parent brought the listed items to the visit.” “Child and parent played together.” “Parent kept in visual distance of the child at all times.”
- Recording that lists everything that occurs; “parent arrived on time, said hello, hugged child.....” is very time consuming to write and often is not helpful.
- Documentation should be done as soon as possible after each visit.
- Parents, caregivers, social workers should receive a verbal report immediately after the visit even when a written report will be done later.
- Birth parents and older children should be asked their review of the visit. “How was the visit for you?” “What was the best thing about the visit?” “What should change for the next visit?” Their point of view should be included in the documentation.
- Visitation supervisors and observers can take notes during the visit. The use of a form or documentation tool can be helpful.
- Remember not all visits will accomplish ALL parenting skills or visit plan objectives. Only record what did occur.

## BREVITY

- Record only information which supports or pertains to the visit plan.
- Writing in summary format rather than process dictation.
- Delete any comments that:
  - Generalize
  - Contain opinions not supported by evidence or that you are not certified to make
  - Label or call people names; i.e., she is lazy, mother in not cooperative
- Include facts that support opinions or provide critical details.
- Define key words and people.
- Do not assume others will understand your abbreviations.
- Write in lists or break up information into small paragraphs.
- Put most important information FIRST in the documentation. You do not have to write in chronological order.
- Use headings to organize the material.

# Evidence Based Practices

From: The California Evidence Based Clearinghouse--  
<http://www.cachildwelfareclearinghouse.org/>

## Teaching Parenting Skills

### Programs with a scientific rating of 1 --Well Supported--Effective Practice

*Parent-Child Interaction Therapy* "PCIT was developed for families with young children experiencing behavioral and emotional problems. Therapists coach parents during interactions with their child to teach new parenting skills. These skills are designed to strengthen the parent-child bond; decrease harsh and ineffective discipline control tactics; improve child social skills and cooperation; and reduce child negative or maladaptive behaviors. PCIT is an empirically supported treatment for child disruptive behavior and is a recommended treatment for physically abusive parents."<sup>37</sup> *The Incredible Years* series is a set "of three separate, multifaceted, and developmentally based curricula for parents, teachers and children. This series is designed to promote emotional and social competence and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations."<sup>38</sup> *Triple P-Positive Parenting Program* is a multi-level system of parenting and family support. It aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 16. The multi-disciplinary nature of the program allows utilization of the existing professional workforce in the task of promoting competent parenting. The program targets five different developmental periods from infancy to adolescence. Within each developmental period, the reach of the intervention can vary from being very broad (targeting an entire population) to quite narrow (targeting only high-risk children). *Triple P-Positive Parenting Program* enables practitioners to determine the scope of the intervention given their own service priorities and funding."<sup>39</sup>

### **Programs with a Scientific Rating of 3--Promising Practice**

- 1-2-3 Magic: Effective Discipline for Children 2-12
- Nurturing Parenting Programs
- Parenting Wisely
- Project SafeCare
- STEP: Systematic Training for Effective Parenting

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Juvenile and Family Court Journal. 54.3 (2003): 1-24. National Council of Juvenile and Family Court Judges. 7 June 2008

<<http://www.ncjfcj.org/images/stories/dept/publications/judicial%20oversight%20of%20visitation%20summer%2003.pdf>>.

<sup>2</sup> U.S. Department of Health and Human Services, Administration for Children and Families. Child and Family Services Reviews Procedures Manual, Appendix B: Index of Outcomes and Systemic Factors, and Associated Items and Data Indicators. 4 June 2008 <[http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools\\_guide/proce\\_manual.htm](http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/proce_manual.htm)>.

<sup>3</sup> United States. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Child Welfare Outcomes 2002: Annual Report to Congress. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information, 2002. 14 August 2008 <<http://www.acf.hhs.gov/programs/cb/pubs/cwo02/index.htm>>.

<sup>4</sup>*Children are more resilient when they have multiple healthy connections:* Anthony, Elizabeth K. "Cluster Profiles of Youths Living in Urban Poverty: Factors Affecting Risk and Resilience." Social Work Research. 32.1 (2008): 6-17; Werner, Emmy E. "Resilience in Development." Current Directions in Psychological Science. 4.3 (1995): 81-85.

<sup>5</sup> Benedict, Mary I. and Roger B. White. "Factors Associated with Foster Care Length of Stay." Child Welfare. 70.1 (1991): 45-58; Beyer, Marty. "Parent-Child Visits as an Opportunity for Change." The Prevention Report. The National Resource Center for Family Centered Practice. No. 1 (1999): 1-12; Fanshel, David and Eugene B. Shinn. Children in Foster Care: A Longitudinal Investigation. New York: Columbia University Press, 1978; Mech, Edmund V. "Parental Visiting and Foster Placement." Child Welfare. 64.1: (1985): 67-72; White, Mary E., Eric Albers, and Christine Bitoni. "Factors in Length of Foster Care: Worker Activities and Parent-Child Visitation." Journal of Sociology and Social Welfare. 23.2 (1996): 75-84.

<sup>6</sup> *Children who are visited frequently by their parents are more likely to be returned to their parents' care....* Beyer, Marty. "Parent-Child Visits as an Opportunity for Change." The Prevention Report. The National Resource Center for Family Centered Practice. No. 1

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(1999): 1-12; Davis, Inger P., John Landsverk, Rae Newton, and William Ganger. "Parental Visiting and Foster Care Reunification." Children and Youth Services Review. 18.4-5 (1996): 363-382; Fanshel, David and Eugene B. Shinn. Children in Foster Care: A Longitudinal Investigation. New York: Columbia University Press, 1978; Leathers, Sonya J. "Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?" Child Welfare. 81.4 (2002): 595-616; Proch, Kathleen and Jeanne A. Howard. "Parental Visiting of Children in Foster Care." Social Work. 31.3 (1986): 178-181; Rycus, Judith S., Ronald C. Hughes, and Norma Ginther. "Core 104 Separation and Placement in Child Protective Services: A Training Curriculum." Columbus, OH: Institute for Human Services; Washington, DC: Child Welfare League of America, 1988. Mechanicsburg, PA: The University of Pittsburg, 1999 (Published Revision).

*Children who are visited frequently by their parents...have less behavior problems.* Borgman, Robert. "The Influence of Family Visiting Upon Boys' Behavior in a Juvenile Correctional Institution." Child Welfare. 64.6 (1985): 629-638.

<sup>7</sup> *Quote from:* Beyer, Marty. "Parent-Child Visits as an Opportunity for Change." The Prevention Report. The National Resource Center for Family Centered Practice. No. 1 (1999): 1-12. *For research studies, see:* Benedict, Mary I. and Roger B. White. "Factors Associated with Foster Care Length of Stay." Child Welfare. 70.1(1991): 45-58; Fanshel, David and Eugene B. Shinn. Children in Foster Care: A Longitudinal Investigation. New York: Columbia University Press, 1978; White, Mary E., Eric Albers, and Christine Bitoni. "Factors in Length of Foster Care: Worker Activities and Parent-Child Visitation." Journal of Sociology and Social Welfare. 23.2 (1996): 75-84.

<sup>8</sup> *Quote from:* Beyer, Marty. "Parent-Child Visits as an Opportunity for Change." The Prevention Report. The National Resource Center for Family Centered Practice. No. 1 (1999): 1-12. 6 June 2008

<<http://www.uiowa.edu/~nrcfcp/publications/documents/spring1999.pdf>>. *Original source of research:* White, Mary E., Eric Albers, and Christine Bitoni. "Factors in Length of Foster Care: Worker Activities and Parent-Child Visitation." Journal of Sociology and Social Welfare. 23.2 (1996): 75-84.

<sup>9</sup> *Quote from:* Beyer, Marty. "Parent-Child Visits as an Opportunity for Change." The Prevention Report. The National Resource Center for Family Centered Practice. No. 1 (1999): 1-12. 6 June 2008

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<sup>10</sup> Cited in: Beyer, Marty. "Parent-Child Visits as an Opportunity for Change." The Prevention Report. The National Resource Center for Family Centered Practice. No. 1 (1999): 1-12. 6 June 2008  
<<http://www.uiowa.edu/~nrcfcp/publications/documents/spring1999.pdf>>. For original research, see: Proch, Kathleen and Jeanne A. Howard. "Parental Visiting of Children in Foster Care." Social Work. 31.3 (1986): 178-181.

<sup>11</sup> Haight, Wendy L., James E. Black, Cindy L. Workman, and Lakshmi Tata. "Parent-Child Interaction during Foster Care Visits." Social Work. 46.4 (2001): 325-338; Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington, DC: Child Welfare League of America, 1988; Jenkins, Shirley, and Norman, Elaine. Beyond Placement. Mothers View Foster Care. New York: Columbia University Press, 1975.

<sup>12</sup> Fanshel, David, and Shinn, Eugene. Children in Foster Care. A Longitudinal Investigation. New York: Columbia University Press, 1978, pp. 487-488; Weinstein, Eugene A. The Self-Image of the Foster Child. New York: Russell Sage Foundation, 1960.

<sup>13</sup> Fanshel, David, and Shinn, Eugene. Children in Foster Care. A Longitudinal Investigation. New York: Columbia University Press, 1978, pp. 487-488; Hess, Peg McCartt. "Visits: Critical to the Well-Being and Permanency of Children and Youth in Care." Child Welfare for the Twenty-First Century: A Handbook of Practices, Policies, and Programs. Eds. Gerald P. Mallon and Peg McCartt Hess. New York: Columbia University Press, 2005. 548-557; Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington, DC: Child Welfare League of America, 1988; Weinstein, Eugene A. The Self-Image of the Foster Child. New York: Russell Sage Foundation, 1960.

<sup>14</sup> *Of those who aged out, or left foster care upon reaching young adulthood without returning home or being adopted, "...more than eight out of ten (82.9%) of the young adults were in touch with at least one member of their biological families. About one-half, or 48.3%, were in touch with their mothers, fathers, or both. A large majority of these were also in touch with at least one sibling or another relative....All together 22.1% were in touch with their fathers, 35.8% with their mothers, 41.7% with another relative, and more than 3 out of 4 with at least one sibling"* (p.172-173). Festinger, Trudy. No One Ever Asked Us...A Postscript to Foster Care. New York: Columbia University Press, 1983.

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Also, see: Palmer, Sally E. Maintaining Family Ties: Inclusive Practice in Foster Care. Washington, DC: Child Welfare League of America, 1995.

<sup>15</sup> *The Best Practice Expectations for Visits compiled and presented here are conclusions informed by research, policy, and law, as well as by the professional literature related to visiting. Note that while they may overlap, best practices are different from agency policy or legal policy. Best practice standards can be considered recommendations for effective practice; they are guidelines which provide direction for our work and point out things we should consider in making case decisions in order to achieve desirable outcomes. Agency policy can typically be considered protocols or "rules" developed by the agency that workers are expected and required to follow, while workers are mandated, or legally required, to act according to local, state, and federal laws without exception. These best practices were developed utilizing a variety of resources, including the following primary sources of information:*

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<sup>16</sup> Hess, Peg McCartt. "Visits: Critical to the Well-Being and Permanency of Children and Youth in Care". Child Welfare for the Twenty-First Century: A Handbook of Practices, Policies, and Programs. Eds. Gerald P. Mallon and Peg McCartt Hess. New York: Columbia University Press, 2005. 548-557; Hess, Peg McCartt. Working with Birth and Foster Parents. Trainer's Manual. Knoxville: University of Tennessee School of Social Work Office of Continuing Social Work Education, 1982; Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington, DC: Child Welfare League of America, 1988.

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<sup>17</sup> Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington, DC: Child Welfare League of America, 1988.

<sup>18</sup> Rycus, Judith S., Ronald C. Hughes, and Norma Ginther. "Core 104 Separation and Placement in Child Protective Services: A Training Curriculum." Columbus, OH: Institute for Human Services; Washington, DC: Child Welfare League of America, 1988. Mechanicsburg, PA: The University of Pittsburg, 1999 (Published Revision); Smariga, Margaret. "Visitation with Infants and Toddlers in Care: What Judges Need to Know." American Bar Association and ZERO TO THREE. Webhost July 2007: 1-28. National CASA.

<sup>19</sup> Rycus, Judith S., Ronald C. Hughes, and Norma Ginther. "Core 104 Separation and Placement in Child Protective Services: A Training Curriculum." Columbus, OH: Institute for Human Services; Washington, DC: Child Welfare League of America, 1988. Mechanicsburg, PA: The University of Pittsburg, 1999 (Published Revision).

<sup>20</sup> Haight, Wendy L., Jill Doner Kagle, and James E. Black. "Understanding and Supporting Parent-Child Relationships During Foster Care Visits: Attachment Theory and Research." Social Work. 48.2 (2003): 195-207; Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington, DC: Child Welfare League of America, 1988; Rycus, Judith S., Ronald C. Hughes, and Norma Ginther. "Core 104 Separation and Placement in Child Protective Services: A Training Curriculum." Columbus, OH: Institute for Human Services; Washington, DC: Child Welfare League of America, 1988. Mechanicsburg, PA: The University of Pittsburg, 1999 (Published Revision).

<sup>21</sup> Rycus, Judith S., Ronald C. Hughes, and Norma Ginther. "Core 104 Separation and Placement in Child Protective Services: A Training Curriculum." Columbus, OH: Institute for Human Services; Washington, DC: Child Welfare League of America, 1988. Mechanicsburg, PA: The University of Pittsburg, 1999 (Published Revision).

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<sup>23</sup> Fostering Connections to Success and Increasing Adoption Act of 2008, PL 110-351. [http://www.hunter.cuny.edu/socwork/nrcfcpp/info\\_services/ACYF-CB-PI-08-05.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/ACYF-CB-PI-08-05.pdf)

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<sup>24</sup> *Names of stages of development based on:* Erikson, Erik H. Identity and the Life Cycle: Selected Papers. New York: International Universities Press, 1959.

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<sup>25</sup> Leslie, Laurel K., Jeanne N. Gordon, William Ganger, Kristin Gist. "Developmental Delay in Young Children in Child Welfare by Initial Placement Type." Infant Mental Health Journal. 23.5 (2002): 496-516. PsychInfo. Hunter College Libraries, New York, NY. 16 July 2008.

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<sup>28</sup> *Arousal and relaxation cycle from:* "Promoting Placement Stability and Permanency through Caseworker/Child Visits: A One Day Training Program." (2004). New York: National Resource Center for Family-Centered Practice and Permanency Planning. 6 June 2008  
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<sup>29</sup> Pavao, Joyce Maguire. Keynote Address. Montana Child Abuse and Neglect Prevention Conference. April 26, 2005.

<sup>30</sup> Fahlberg, Vera I. A Child's Journey through Placement. Indianapolis: Perspectives Press, 1994.

<sup>31</sup> Kübler-Ross, Elisabeth. On Death and Dying. New York: Macmillan, 1970.

<sup>32</sup>For quotes, see article about Holly Prigerson and Paul Maciejewski's research on grief: Shapiro, Joseph. "A Messy Grieving Process is Still a Healthy One." Morning Edition, 21 February 2007. National Public Radio. 11 July 2008 <<http://www.npr.org/templates/story/story.php?storyId=7502317>>. For original research, see: Maciejewski, Paul K., Baohui Zang, Susan D. Block, and Holly G. Prigerson. "An Empirical Examination of the Stage Theory of Grief." The Journal of the American Medical Association. 297.7 (2007): 716-723. 11 July 2008 <<http://jama.ama-assn.org/cgi/content/full/297/7/716?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=Prigerson&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT#RREF-JOC70007-3>>.

<sup>33</sup> Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington, DC: Child Welfare League of America, 1988.

<sup>34</sup> Borgman, Robert. "The Influence of Family Visiting Upon Boys' Behavior in a Juvenile Correctional Institution." Child Welfare. 64.6 (1985): 629-638; Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington, DC: Child Welfare League of America, 1988.

<sup>35</sup> *Categories of abuse drawn from:* Bavolek, Stephen J. "The Nurturing Parenting Programs." Juvenile Justice Bulletin. National Criminal Justice Reference Service. November 2000: 1-12. 7 June 2008 <<http://www.ncjrs.gov/pdffiles1/ojdp/172848.pdf>>.

<sup>36</sup> Northern California Training Academy; *Core M4 Training: Case Planning and Visitation*, V. 1.2, March, 2007, University of California Davis

<sup>37</sup> "Parent-Child Interaction Therapy (PCIT) – Summary." The California Evidence-Based Clearinghouse for Child Welfare. Date Reviewed: March 2006. 12 June 2008 <<http://www.cachildwelfareclearinghouse.org/program/5>>.

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<sup>39</sup> "Triple P – Positive Parenting Program – Summary." The California Evidence-Based Clearinghouse for Child Welfare. Date reviewed: February 2008 (originally March 2006). 12 June 2008 <<http://www.cachildwelfareclearinghouse.org/program/8>>.

### **Internet resources on visitation:**

American Bar Association: Center on Children and the Law (information on current court ruling concerning child dependency cases)

<http://www.abanet.org/child/home2.html>

American Humane Association (innovation and case practices)

<http://www.americanhumane.org/site/PageServer>

Administration for Children and Family (Federal Government site)

<http://www.acf.dhhs.gov/index.html> (General site)

<http://www.acf.hhs.gov/programs/cb/> (Children's Bureau: AFSA and Title IV information) Good information on Adoption Safe Family act. Data on Federal Children and Family Services Reviews can be found here.)

California Youth Connections (site for and about youth in foster care)

<http://www.cal youthconn.org/>

The Center for Children of Incarcerated Parents

[www.e-ccip.org](http://www.e-ccip.org)

The Child Trauma Academy (Dr. B. D. Barry's site in brain trauma)

[www.ChildTrauma.org](http://www.ChildTrauma.org)

Child Development Institute (research and articles on child development)

<http://www.childdevelopmentinfo.com>

Child Welfare Information Gateway (comprehensive child welfare website for all issues)

[www.childwelfare.gov](http://www.childwelfare.gov)

Child Welfare League (resources and publications)

<http://www.cwla.org/>

Connection for Kids (site for foster care youth)

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[http://www.connectforkids.org/resources3139/resources\\_subject.htm?doc\\_id=127362](http://www.connectforkids.org/resources3139/resources_subject.htm?doc_id=127362)

National Center on Substance Abuse and Child Welfare (specific to drug addiction issues)  
<http://www.ncsacw.samhsa.gov/>

National Indian Child Welfare Association (Issues related to Native American children)  
<http://www.nicwa.org/>

The National Long Distance Relationship Building Institute. (2001). *20 long distance activities for dads at a distance*  
<http://www.fambooks.com/daads/fathering.html>.

National Resource Center on Family-Centered Practice and Permanency Planning (current best practices, hot topics, federal laws and more) This site will do searches for you if you are looking for a specific topic.  
<http://nrcfcppp.org>

National Resource Center of Children and Families of the Incarcerated  
[www.fcnetwork.org](http://www.fcnetwork.org)

Search Institute (40 Developmental Assets: research and articles on raising healthy children)  
<http://www.serach-institute.org>

Meth Addiction: Link to multiple articles on meth addiction  
<http://nccanch.acf.hhs.gov/topics/issues/meth.cfm>