



Planning and Implementing Purposeful, Progressive and Successful Parenting Time

Rose Wentz

FEDERAL LAWS

- Fostering Connections to Success and Increasing Adoptions Act of 2008.
 - Definition of time-limited family reunification services
 - Peer-to-peer mentoring and support groups for parents and primary caregivers.
 - Services and activities designed to facilitate access to and visitation of children by parents and siblings.
 - Transportation to or from any of the services and activities.
 - Requires us to maintain a child's connection to his siblings (placement together), school stability, and location and engagement of ALL related adults.



Think of a child in your life

- Imagine his/her parent has just been hospitalized and may die.
- The hospital is many miles away from the child's home.
- The parent has just called to ask you questions about what is best for the child:
 - Should the child visit at the hospital? How often?
 - Should we tell the child what is happening?
 - Does the child have any choice in planning the visits?
 - What other type of contact should the child have with the hospitalized parent?

The primary purpose of Visits is...?

- A. To assess a parent's ability to safely parent their child
- B. To meet the child's developmental and attachment needs
- C. To be an incentive to encourage the parent to attend treatment
- D. To determine the final permanency plan

THE GOAL OF CONNECTION PLANNING

- Planned to ensure that the child is safe and the visits are 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/contacts.
- Help the child handle grief, loss, adjustment to changes in his life and support to move to next developmental step.
- *Children must have a Connection Plan that maintains and enhances their attachment to ALL the people important in their life.*



Child's Needs and Rights



- Right to know and have a healthy relationship with all the people in my life, especially family members.
- Children have many different types of developmental needs: educational, emotional, medical, moral, social and cultural.
- Right to know what is happening to me and my family.
- If meeting the needs of the adults is in conflict, always use the child's need to determine your plan.
- All children are initially traumatized by the separation from his/her family and home.
- We must help the child handle trauma and emotions. Denying all forms of contact should be the last option.
- No child is forced to have contact.



Juan

- Developing visit/connection plans for Juan
- Using relatives, friends, caregivers to enable better and more frequent contact
- Developing a lifelong safety network to support Juan and his parents
- Maintaining ALL of Juan's connections throughout his life



Events in case	Common practice	Progressive visit and Connection practices
<p>Initial investigation</p> <p>Juan fell down stairs in his home. He has a broken leg. Medical reports indicate other injuries in past 6 months; all are possible accidental injuries yet the pattern of accidents is of concern.</p>	<p>Placed in with a foster family unknown to Juan.</p> <p>The caregivers' ability or willingness to support contact from first day is not assessed.</p> <p>Juan has no contact with anyone he knows for 3 days.</p>	<p>Juan is placed with someone he knows and who will support contact from the first day of placement.</p> <p>Parents help pack personal items that will help Juan's transition easier.</p> <p>Juan has a phone call to his parents on the first night in care.</p> <p>Juan has his first face-to-face visit within 48 hours.</p>

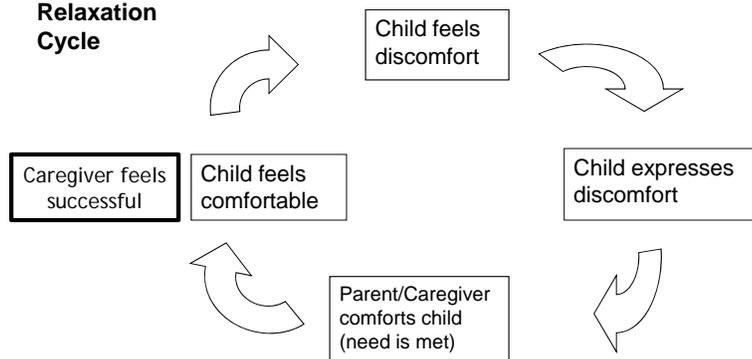
Common Practice VS Progressive Visit and Connection Practices

ATTACHMENT AND BONDS

- ◉ 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.
 - ◉ 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.
 - Parents teach me how to cope with problems and to solve them.
- (Gray, 2007)
- ◉ Attachment looks different across cultural groups and even within a family. We lack an evidenced based, culturally sensitive tool that measures attachment.

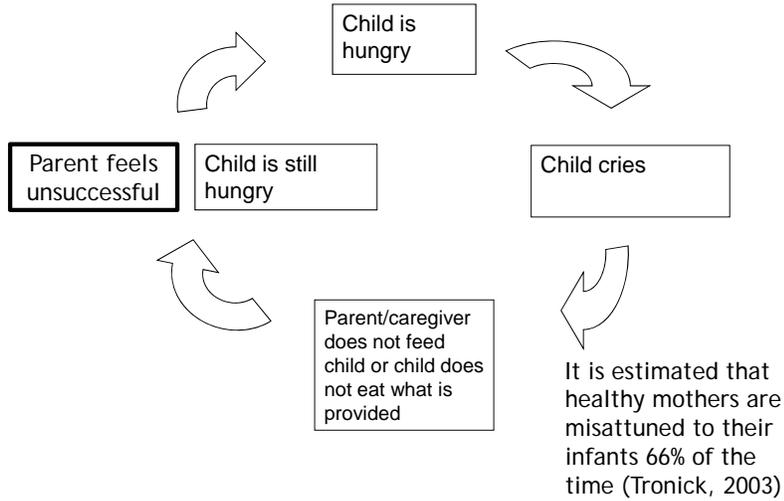
ATTACHMENT AND BONDING

**Arousal
Relaxation
Cycle**

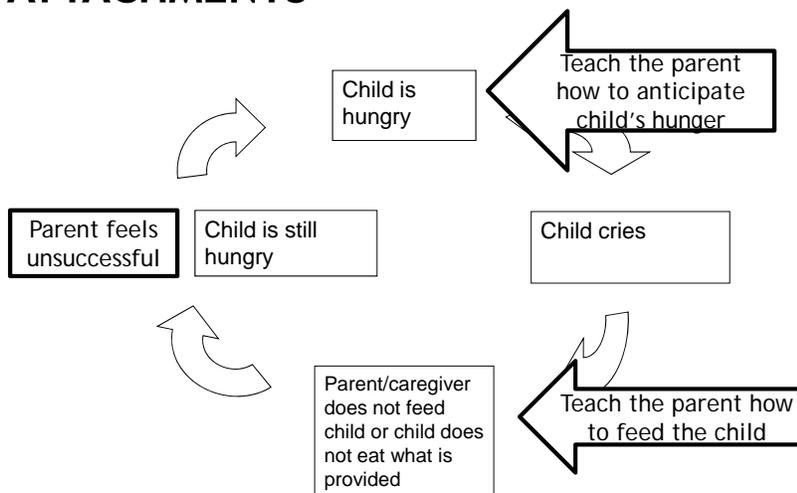


- When cycle is done many times, bonding occurs
- Caregiver bonds also - not just the child

UNHEALTHY ATTACHMENT TRAUMA IMPACTS



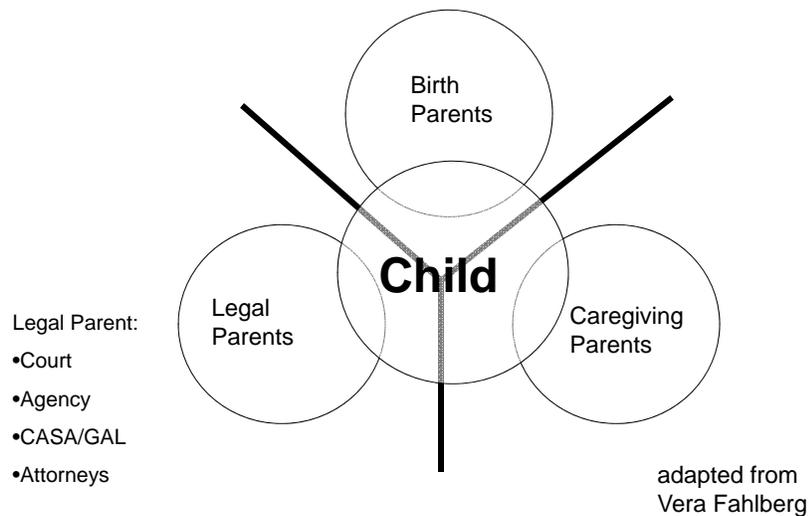
INTERVENTIONS TO IMPROVE ATTACHMENTS



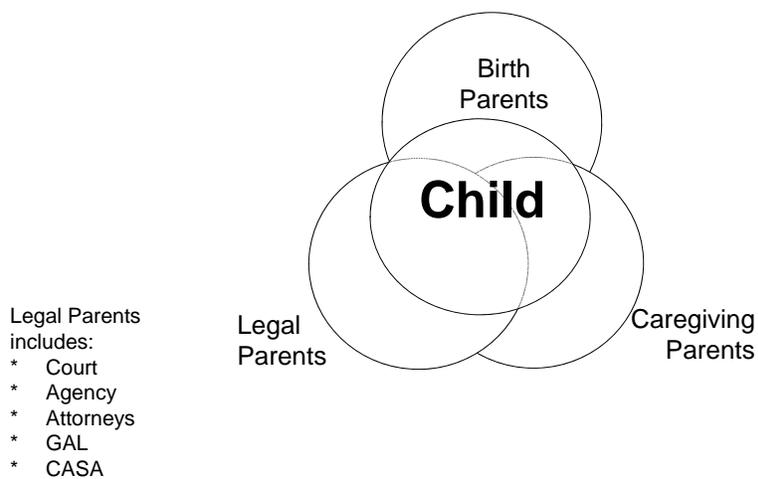
Common practice vs Progressive Visit and Connection Practices		
<p>Permanency Planning Hearing to determine final permanency plan for Juan</p> <p>Essential questions: Did the family make substantial progress? Did the agency provide reasonable/active effort services to enable the family to make progress?</p>	<p>Visits were reduced or stopped each time Juan's father relapsed. During in-patient treatment he had no visits with Juan.</p> <p>Juan's attachment to his parents is lessened as his father has had very limited visits. Juan and his mother have weekly visits but they become difficult as Juan talks about his "new mom".</p> <p>Juan attaches to his caregivers. Attachment is viewed as an activity a child can only have with one family.</p> <p>Lack of attachment is presented to the court as one reason not to reunite Juan and his parents.</p> <p style="text-align: center;">Pages 11-13</p>	<p>Progressive visits continue even when father relapsed or had not completing all services. The visits were only stopped if the parents are harming Juan on visits.</p> <p>Juan's attachment to his parents, extended family, culture and caregivers is supported by all.</p> <p>Visit progression continues until either Juan is slowly transitioned back home or the next visit step cannot occur.</p> <p>For either permanent plan: Juan is actively helped to maintain a safe attachment to his parents, extended family and caregivers.</p>

Impact of Separation Chart		
Issue/Developmental	Behaviors/Impact	Visit planning strategies
<ul style="list-style-type: none"> •Infants' cognitive limitations greatly increase their experience of stress. 	<ul style="list-style-type: none"> •Infants will be extremely distressed by changes in the environment and caregivers. •Expect the infant to show stress in bodily functions such as eating, sleeping and being "fussy". 	<ul style="list-style-type: none"> •Help parent understand why infant may be distressed. •Infants should have people they "know" help with all transitions from one caregiver to another. •Do not force an infant to eat or sleep during a visit. •Have caregiver and parent share information with each other on the infant shows stress and how to comfort child.
<ul style="list-style-type: none"> •Drug exposed infants 	<ul style="list-style-type: none"> •Hard to comfort, feed and may not want to be held. 	<ul style="list-style-type: none"> •Meet infant's needs before visit. •Teach parent how to understand needs and respond to infant.
<ul style="list-style-type: none"> •Infants have few internal coping skills. 	<ul style="list-style-type: none"> •Adults must "cope" for them. •Infants who have too many changes will be impacted at a higher level 	<ul style="list-style-type: none"> •Give the infant items that bring her comfort such as a blanket or stuffed animal. •Do bonding activities on visits.

The Three Roles of Parenting



Co-Parenting

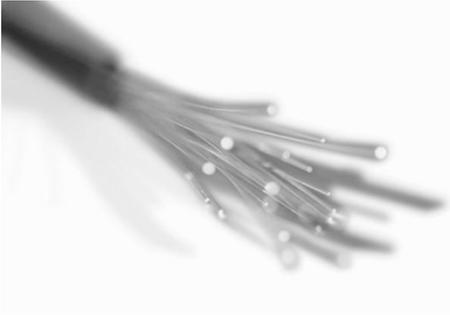


Working together to raise the child

<p>Relationship between caregiver and birth parents.</p> <p>Page 5</p>	<p>The agency does not make active efforts to develop a relationship between the two sets of parents.</p> <p>Parents and Caregivers do not talk or see each other or develop a relationship. There is no coordination of parenting responsibilities.</p> <p>Conflicts regarding Juan's daily life style cause stress that sometimes requires court intervention.</p> <p>Caregiver is not willing to mentor the parent or have visits in their home.</p>	<p>Agency worker begins, within the first days of placement, to develop this relationship using an Ice Breaker meeting or MiTEAM meetings where the parents are asked to share their story, strengths and concerns. At the meeting parents share information on Juan's daily care, likes, dislikes, what calms him, etc.</p> <p>All agree on the type of contacts that can occur outside of face-to face-visits. Details are worked out in MiTEAM meetings.</p> <p>Conflicts are handled by caregiver, parents and agency worker.</p> <p>Caregivers and parents have developed a relationship that enables them to agree to mentoring the birth parents.</p>
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Children are more resilient when they have multiple healthy connections. Resiliency is the key to surviving trauma.



ROLES AND RESPONSIBILITIES

- ◎ BIRTH PARENT
- ◎ SOCIAL WORKER - person responsible for developing plan
- ◎ CAREGIVER OF CHILD
- ◎ CHILD/YOUTH
- ◎ SUPERVISOR OF VISIT
- ◎ TRANSPORTER

TIMES

Before

During

After

IMPROVING PARENTING SKILLS

- ◎ Visit and connection evidence-based practice and programs are more related to reunification than many of the parent treatment programs.
- ◎ All the evidenced-based models have some sessions where the parent and child are together, practicing their new skills and receiving feedback from a professional based on the model.

Common practice vs Progressive Visit and Connection Practices		
<p>Behaviorally specific parenting capabilities related to the maltreatment and that are necessary for reunification are identified.</p> <p>Pages 3-4</p>	<p>No specific parenting capabilities are identified. OR Parents are given list of general behaviors, most are stated in the negative, may not be related to the maltreatment and are not measurable; the list is often generated by the agencies case planning computer system. Example:</p> <ul style="list-style-type: none"> • Do not leave your child unsupervised • Do not use drugs • Do not hit your child • Have a safe home environment <p>Visits are not planned to address any specific parenting capabilities related to the maltreatment. Support system is not evaluated.</p>	<p>Using the information from direct observation, professional assessment and the family, during MiTEAM meetings they develop measurable capabilities the parents and their support system must consistently demonstrate in order for reunification to occur. For Juan's case the following was developed: Parents will ensure that a capable, sober person is supervising Juan at all times. This includes being within sight or sound distance of him even when he is asleep. Parents will fix their home or find new housing that addresses the following items: doors to outside can be locked in a manner that Juan cannot open doors and access to stairs both up and down is secured so he cannot use the stairs unattended. Etc.</p> <p>Visits are planned to teach, model, practice and eventually evaluate whether the parents and their support system can meet the measurable capabilities.</p>

Elements of a Visit Plan

All have a continuum or choices

- Purpose
- Frequency
- Length
- Location
- Who attends
- Activities
- Supervision
- Responsibilities
- What to have at the visits

Child should be reunited when they has been successful visits that are:
Overnight, unsupervised, in the family home, with all the people involved in parenting the child and at times the family might relapse in their behaviors.

Juan:
What would be the easiest and best activities for the first visits?
What would be activities to occur later after parents have shown consistent growth in their abilities?

PROGRESSIVE VISITS

- Visits usually start as supervised visits with restrictions on frequency, 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.
- 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 at a time allows for accurate assessment of success or failure.
- When there is a failure or repeated problems, go one step back. Try to only change one element at a time even when there has been a problem.

Common practice vs Progressive Visit and Connection Practices

<p>Visit plan is reassessed at every case review, MiTEAM meeting, major case decision points and every court hearing.</p> <p>Pages 7-8</p>	<p>Visits remain static, have very little progress or changes in visit plans are made at 6 month reviews. Visits are not regularly reviewed by agency worker or the court. There is not a specific plan on how to assess progress and little information is provided to the parents or the court.</p> <p>Juan's case: The family has office visits and they are not provided any specific guidance on what activities to do or not to do that is based on knowledge of the parents' capabilities. No progressive plan is used.</p>	<p>Progress is steadily made over the months to lengthen the visits, slowly decrease the level of supervision, and increase the parenting responsibilities to more difficult situations. The agency worker regularly assesses the parents' capabilities during visits with Juan and provides the parents and the court with behaviorally specific reports.</p> <p>Case: Initially, the parents only interact with Juan in situations they are known to be able to handle (their parenting strengths). Slowly, the visits progress to test the parents' ability to supervise Juan when both the child and the parents are tired, stressed or tempted to relapse to old unsafe behaviors.</p>
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LEVELS OF SUPERVISION - ALL CASES

A continuum to ensure safety while allowing the most normal family interactions possible.

FACTORS IN MAKING THE DECISION

- ⦿ Age of child (ability of the child to self protect)
- ⦿ Type of abuse that the child experienced
- ⦿ Parent's history of family violence
- ⦿ Potential for abduction of the child
- ⦿ Emotional reactions of the child
- ⦿ Where the visit will occur
- ⦿ Who will be at the visit
- ⦿ Progress parent is making to improve parenting skills
- ⦿ Parental issues such as addiction and mental illness

THERAPEUTIC VISITS

Professional conducts visit to address clinical needs

- Sex abuse and extreme forms of other abuse
- Parent who is rejecting the child
- Child who has extreme fear of parent
- Teaching medical or therapeutic care of child

Have agreed upon community definitions for the levels of supervision.



SUPERVISED VISITS

Trained person is within sight and sound of child at all times.

Is able to intervene BEFORE the child is harmed.



If the parent. . .

- ⊙ Is abusive during visits
- ⊙ Shows inappropriate behaviors
- ⊙ Has not started treatment

When child is. . .

- ⊙ *Afraid* of parent

Supervision to
Teach Parenting
skills
OR
Supervision to
Assess Parenting
Skills
OR
Safety
Supervision

WHO CAN SUPERVISE A VISIT?

Teaching/mentoring visits:

- Caregivers
- Relatives
- Social worker - agency
- Trained Visit supervisors

Assessment Visits:

- Social worker - agency
- Trained supervisor of visit
- A person who can do therapeutic visits

Safety Supervision:

- All of the above and many people in the child's or family's life or professional staff. Willingness and ability to provide safety is essential. Authority to stop a visit early if problems occur that cannot be immediately remedied.

Observed Visits

An objective party is involved or location provides protection

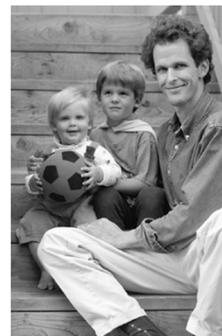
- Parent in treatment but has not completed his/her program
- Child expressing *discomfort* about being left alone
- Parent consistently met standards during supervised visits



UNSUPERVISED VISITS

No or limited controls needed

- Parent has consistently met standards during observed visits
- Parent has made progress in treatment program and/or has a relapse plan
- Child has a safety plan
- Unplanned drop-ins might occur



MIX OF VISITS

- ◉ In a given week a parent might have a mix of visits
 - A visit at the child's school to talk to the teacher about school progress (observed by teacher)
 - Attending the child's ballgame and watching from the stands (observed by coach or no formal supervision)
 - Attends Sunday church service with grandparent and has time with parent with other adults present (supervised by grandparent)
 - Teaching visit with parent and child regarding how to discipline the child (therapeutic)
 - Nightly phone calls by child from foster home (supervised or not by foster parent)

MAINTAINING THE CHILD'S CULTURAL CONNECTIONS

- ◉ All families have a culture
- ◉ Children cannot be raised in a culturally neutral manner
- ◉ Cultural Humility guides us to know that there are many different and successful ways to raise a child
- ◉ Ask the family about their culture and family values

- ◉ What is something that can be done by a parent on a visit to teach a child their family's culture?
- ◉ What would you suggest for Juan, his family and community?

SUGGESTIONS

- ◉ Children who cannot visit or live with their parents should have contact with their cultural group
- ◉ Native American children should have tribal representatives involved in connection planning
- ◉ Place children with relatives or with a family of the same cultural group
- ◉ Place children in same neighborhood
- ◉ Maintain a child's religious connection
- ◉ Whatever was working for the child before should be maintained
- ◉ Caregivers should make adjustments **not** the child

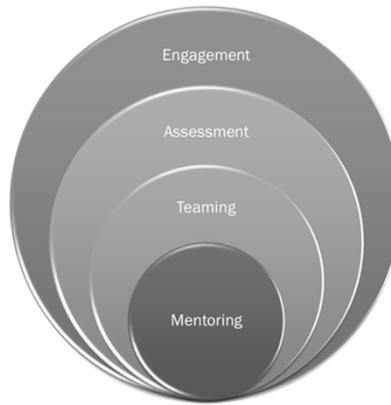
<p>Connection to other family , members, friends, community, school, culture</p> <p style="text-align: center;">Page 6</p>	<p>Siblings: If Juan had a sibling they might be placed together but less likely if there is a large age difference or if is a sister. Siblings are frequently not provided visits or other connection activities outside of parent/child visits. Caregivers are not required to help maintain the siblings connections.</p> <p>Juan is placed in a new school close to his foster parent's home. He loses contact with school friends and teachers.</p> <p>The child's connections to his culture and community are not a priority for professionals or caregivers.</p>	<p>Siblings: The agency would work to find a family who would take all the siblings. They do not stop searching just because the children are stable in their first placement. When siblings are not living together they are provided activities outside of parent/child visits to maintain their attachment. Caregiver's ability to maintain sibling connection is assessed when making the placement decision.</p> <p>Juan is maintained in his current school at least through the end of that school year. School stability is on factor in selecting the caregiver.</p> <p>At family team meetings the team develops a connection plan that enhances the child's cultural and community connections.</p>
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CHILDREN OF INCARCERATED AND HOSPITALIZED PARENTS

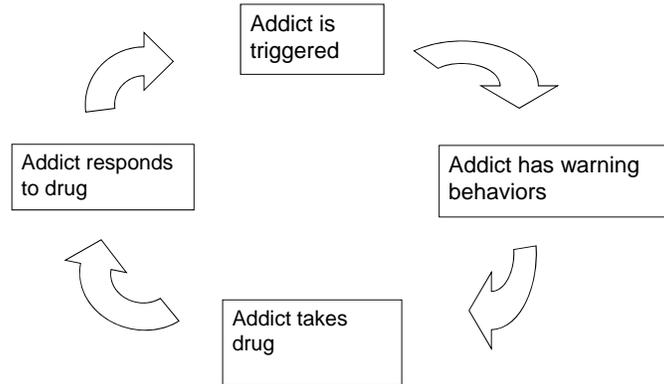
- ◉ These children have the need and right to visit their parents.
- ◉ Visits should not be limited, restricted or non-existent *just* because of the parent's living situation.
- ◉ Children need to maintain and/or resolve their relationship with this parent, even if the parent will be in prison for years or may never be able to live with the child.
- ◉ You can help make visit and contact more effective with planning.

<p>Parent is incarcerated, missing or in residential treatment</p> <p>Page 9</p>	<p>Child and parent are usually offered no visits or very rarely have face-to-face contact.</p> <p>Fathers and other missing relatives are not located or if known not offered as many contacts as the mother.</p>	<p>All relatives are located within 30 days, engaged in family team meetings, offered right to have visits or become caregiver of the child.</p> <p>Child's rights and needs guide decisions rather than whether we feel the parent deserves the visits.</p>
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What would you say about the child's needs and rights if there was no crime or addiction? Do you provide as many services and visits to fathers, or make reasonable efforts to find and engage fathers and their family?

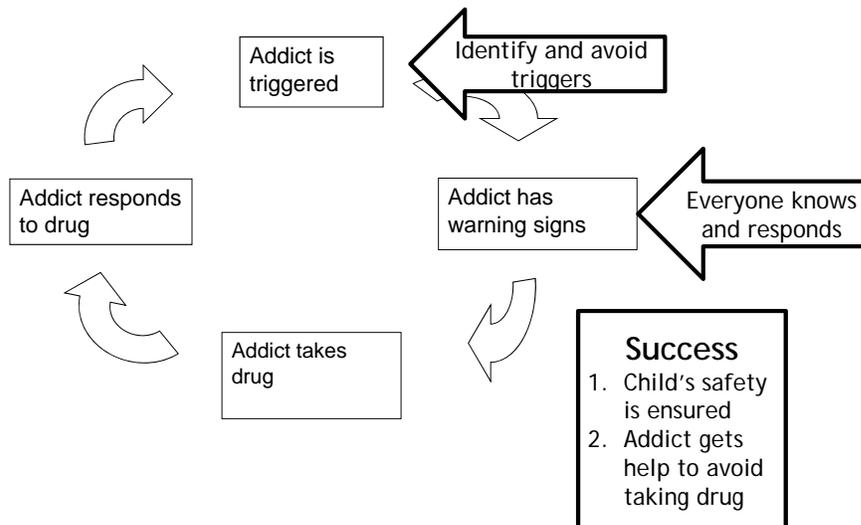


RELAPSE CYCLE



<p>The parent fails a drug test. OR The parent comes to a visit and is possibly intoxicated.</p>	<p>Standard visit rules include “Parent cannot be intoxicated during a visit.” Parental relapse plans are not used in visit planning.</p> <p>Supervisor of visit may not be told of the specific behaviors that indicate that the relapse process has begun.</p> <p>Professionals believe and act on the theory that even one relapse shows that recovery cannot occur. Recovery is assumed to equate to safe parenting rather than improved parental capacities.</p> <p>Agency or court establishes a rule that the parent must pass a set number of random drug tests before visits can begin again. OR parent must pass drug test before each visit.</p>	<p>Addiction professional and family work with agency to use the parent’s relapse plan to develop specific guidelines for visits with Juan.</p> <p>Supervisor of visit knows about the parent’s specific drug addiction, possible triggers and behaviors the parent demonstrates during the relapse process.</p> <p>Professionals view relapse as a normal part of the recovery process. They work with the addiction treatment professional to determine what this relapse incident means for a parent.</p> <p>Drug testing is primarily used by the addiction professional as prescribed by their program, not as a visit litmus test.</p>
<p>Pages 10-11</p>		

RELAPSE PLAN



HOW TO HAVE A SAFE VISIT WITH ADDICTED PARENTS

- Have a visit plan that specifically addresses what is allowed and not allowed.
 - List behaviors that are unsafe or not allowed
 - State the process of what will occur if parent violates visit rules
 - Safety plan
 - Relapse plan
 - resources for the addicted parent to call for help at any time
 - resources for an older child to call for help if the parent is not providing safe care
 - family and community members who regularly check on the well-being of the parent and child

ADDICTION

- ◉ *The level of supervision is related to safety and NOT to the progress of drug treatment!*
- ◉ Parents who are sober and/or have completed drug treatment but who cannot maintain safe parenting during visits should NOT be allowed to have their visits progress towards reunification.
- ◉ Recovery can occur without formal addiction treatment.
- ◉ Parents who have not completed treatment but consistently maintain sobriety should not be denied a chance to reunify.

REWARD AND PUNISHMENT

- ◉ Visits are NEVER to be used as a reward or punishment for the parent or the child.
 - Research shows that doing this does not lead to parents attending treatment.
 - Children will get the message that relationships are based on having good behaviors and thereby are conditional.
- ◉ This includes things like the following:
 - If you are clean and sober, then you get to have a visit.
 - If you follow the rules of the house, 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.
- ◉ **Visit plans are based on behaviors AT the visit!**



Questions and Suggestions

- What is working well in Michigan to ensure children maintain and enhance their connections?
- What worries you about visit/connection practices in your community?
- What suggestions do you have to share with each other?
- Questions

Visit Resources

- Information Gateway – www.childwelfare.gov
- National Resource Center for Family Centered Practice and Permanency Planning – www.nrcfcppp.org
- CA Clearinghouse on Evidence Based Practices <http://www.cachildwelfareclearinghouse.org/>
- www.WentzTraining.com

- Thank you for dedication to children and families
- Rose @WentzTraining.com
- 206 579-8615

Remember to first develop visit plans based on what the child wants and needs.



Comparison of Current Visit Practices to Progressive Visit/Connection Planning Practices

By Rose Marie Wentz, MPA

October, 2012

This is an example of how progressive visits and family connections practices can be more successfully integrated into the child welfare practice model. This typical neglect case illustrates how current visit approaches often miss opportunities of using visits and family connections to support best practice at each step of the case. The case example is not intended to be used as an answer to actual cases as there are always other factors involved in cases that cannot be fully addressed in a case study.

Referral: Juan is a 2-year-old child who lives with his father and mother. A neighbor called the local child protective services hotline and reported that the Juan is continually unsupervised and is frequently injured. A child protective services worker investigated the family and learned that the family lives in temporary housing and both parents are unemployed. The father appeared to be intoxicated when a child protective services worker interviewed him. The family is Mexican/American and moved to the US ten years ago.

Events in case	Common practices	Progressive visit and Connection practices
<p>Initial investigation</p> <p>Juan fell down stairs in his home. He has a broken leg. Medical reports indicate other injuries in past 6 months; all are possible accidental injuries yet the pattern of accidents is of concern.</p>	<p>Placed in with a foster family unknown to Juan.</p> <p>The caregivers' ability or willingness to support contact from first day is not assessed. Juan has no contact with anyone he knows for 3 days.</p>	<p>Juan is placed with someone he knows and who will support contact from the first day of placement. Parents help pack personal items that will help Juan's transition easier.</p> <p>Juan has a phone call to his parents on the first night in care.</p> <p>Juan has his first face-to-face visit within 48 hours.</p>
<p>Investigation of the maltreatment is conducted.</p>	<p>Parenting capabilities and contributing factors are not assessed and/or assumptions made. Example: If a parent has a drug problem that must be why the maltreatment occurred and thereby the service needed is drug treatment.</p> <p>Parents and Juan are not provided visits in the family home to see how the family normally</p>	<p>Agency uses visit observation and services to complete an assessment of parenting capabilities and contributing factors.</p> <p>During some of the early visits the worker observes the family in their home (or a home like environment if that is not possible) to assess their ability to supervise Juan.</p>

Events in case	Common practices	Progressive visit and Connection practices
	<p>functions and how the home environment and interrelationship among the family members impact their parenting capabilities.</p> <p>Family members or others who have observed the parents' capabilities are not contacted or asked for their assessment of the parents and the maltreatment.</p>	<p>Parents are asked questions to determine their parenting capabilities (strengths and needs) and what may have caused the lack of supervision and injuries. Their home is observed to determine if there are environmental issues that contributed to the maltreatment.</p> <p>Family/friends provide information on the parenting capabilities they have observed.</p> <p>Juan case possibilities include:</p> <ol style="list-style-type: none"> 1. Parent(s) when intoxicated do not supervise the child. 2. Parents do not understand how to supervise a child of this age. 3. Parents are working "unofficial jobs" and are working such long hours they fall asleep when supervising the child. 4. The house has no child safety locks and other hazards.
First visits	<p>Occurs in the agency's office.</p> <p>The agency visit room may not have home like environment or have toys, food or other items that helps Juan feel at home. Worker assumes office visit provides safety and home visit would be unsafe.</p> <p>Visit planning is done to meet the scheduling needs of the professionals.</p> <p>Little or no preparation of the parents, Juan or caregivers on how to handle the stress, grief and loss that often occur during first visits.</p>	<p>Visits occur in a place the child feels comfortable and the worker determines what provides enough safety. For Juan this is likely to be his home (minimal risk of parents being dangerous to worker or child in this case) or if he was placed with someone he knows in that home.</p> <p>Juan' needs are the priority and the schedule is set to minimize disruption to his day.</p> <p>Everyone is prepared for visit by worker. Boundaries or guidelines are established and parents given approaches that will enable a successful visit and minimize extreme emotions or reactions.</p>

Events in case	Common practices	Progressive visit and Connection practices
<p>Agency requests court ordered services:</p> <p>Typical services for this case could include:</p> <ul style="list-style-type: none"> • Parenting classes • Drug evaluation and treatment • Housing and employment • Medical exam for Juan 	<p>Visits are not viewed as a service and planning for first visits occur without family input. Court does not review visit/connection plans at court hearings.</p> <p>Parents are sent to agencies the state/county frequently uses to obtain services for parenting and drug <u>treatment</u>. Parents may be placed on waiting list to obtain services. Little information about the family situation is sent to the service providers.</p> <p>Family input as to what services would be useful and if services are culturally appropriate is not discussed.</p> <p>No referrals for housing or employment are made. It is assumed the parents will do this on their own.</p> <p>Juan is taken by foster parent to her doctor who does not know Juan.</p>	<p>Agency includes visits with parents and other family members on the list of ordered services. Visit planning with the family begins the day of removal and continues during MiTEAM meetings.</p> <p>Visit/Connection plans are reviewed at each court hearing.</p> <p>Parents are referred to evidenced based parenting and drug <u>assessment</u> programs. The program staff is fully informed of the situation and need to determine if a deficit exists and if it may be a contributing factor to the maltreatment. Parents have immediate access to these services.</p> <p>Services are chosen after an assessment and are based on the parents' needs such as location, when services are available and language.</p> <p>Parents are referred to housing and employment services that have ability to meet their needs.</p> <p>Parents identify Juan's doctor and medical history. Juan is taken by parents <u>and</u> caregiver to doctor for exam.</p>
<p>Behaviorally specific parenting capabilities related to the maltreatment and that are necessary for reunification are identified.</p>	<p>No specific parenting capabilities are identified.</p> <p>OR</p> <p>Parents are given list of general behaviors, most are stated in the negative, may not be related to the maltreatment and are not measurable; the list is often generated by the agencies case planning computer system.</p> <p>Example:</p>	<p>Using the information from direct observation, professional assessment and the family, during MiTEAM meetings they develop measurable capabilities the parents and their support system must consistently demonstrate in order for reunification to occur.</p> <p>For Juan's case the following was developed:</p> <p>Parents will ensure that a capable, sober person is supervising Juan at all times. This includes being</p>

Events in case	Common practices	Progressive visit and Connection practices
	<ul style="list-style-type: none"> • Do not leave your child unsupervised • Do not use drugs • Do not hit your child • Have a safe home environment <p>Visits are not planned to address any specific parenting capabilities related to the maltreatment. Support system is not evaluated.</p> <p>Visits remain static; usually in length, frequency, location and level of supervision. Little of no parenting skills are taught, mentored or assessed.</p> <p>Successful visits are determined based on parenting capabilities not specific to maltreatment: provided a healthy snack, Juan was not upset on the visit, did not respond to Juan when he asked “When can I could come home?”</p> <p>A reaction or problem on a visit leads to visits being stopped.</p>	<p>within sight or sound distance of him even when he is asleep.</p> <p>Parents will fix their home or find new housing that addresses the following items: doors to outside can be locked in a manner that Juan cannot open doors and access to stairs both up and down is secured so he cannot use the stairs unattended.</p> <p>Parents will ask family member XX to care for Juan when they are tired or need a break.</p> <p>Prior to any drug use (legal or illegal) the parent will have friend Y pick up Juan and care for him until the parents are capable of meeting his needs.</p> <p>Visits are planned to teach, model, practice and eventually evaluate whether the parents and their support system can meet the measureable capabilities.</p> <p>Visits slowly and progressively move towards more difficult situations, times and location to test whether parents and their support system can maintain the measurable standards that lead to safety. Parents are mentored by professionals and family members.</p> <p>Successful visits are determined based on the parents practicing and making progress on specific capabilities related to the maltreatment. Parents are given specific feedback regarding their progress.</p> <p>Occasional reactions or problems occur yet the family is able to manage and move forward. Visits are not stopped due to occasional problems.</p>

Events in case	Common practices	Progressive visit and Connection practices
<p>Relationship between caregiver and birth parents.</p>	<p>The agency does not make active efforts to develop a relationship between the two sets of parents.</p> <p>Parents and Caregivers do not talk or see each other ever or for many months. There is no coordination of parenting responsibilities. The boundary is – No direct contact between the families. All communication must go through the agency worker.</p> <p>Conflicts regarding Juan’s daily life style cause stress that sometimes requires court intervention. Examples: What food Juan should eat, his sleeping schedule, following directions from the doctor chosen by the foster parent whom the birth parents have never met, etc.</p> <p>Caregiver is not willing to mentor the parent or have visits in their home.</p>	<p>Agency worker begins, within the first days of placement, to develop this relationship using an <i>Ice Breaker meeting</i>¹ or MiTEAM meetings where the parents are asked to share their story, strengths and concerns. At the meeting parents share information on Juan’s daily care, likes, dislikes, what calms him, etc.</p> <p>All agree on the type of contacts that can occur outside of face-to face-visits. Details are worked out in MiTEAM meetings. There is a clear agreement on how different parenting responsibilities will be divided (decisions on school, medical, religion, etc.) and boundaries/guidelines are established. Based on the contact agreement parents and caregivers may share information on Juan’s daily care without agency worker as mediator.</p> <p>Conflicts are handled by caregiver, parents and agency worker. Caregivers met with birth parents regularly during the drop off or pick up times for visits. Information about Juan’s daily life is shared by all to ensure smooth transitions and reduce possible conflicts.</p> <p>Caregivers and parents have developed a relationship that enables them to agree to mentoring the birth parents. Some visits occur in the caregiver’s home.</p>

¹ Ice Breaker Meetings: A meeting with agency, birth family and caregiver. It is an opportunity for the birth parents to share their knowledge of their child to help the foster parents do their job. They discuss things such as your child's health, likes and dislikes, hobbies, medical needs, school, sports, etc. They also have an opportunity to ask the foster parents about themselves, such as who is in their family and what they enjoy doing as a family. Visit/connection arrangements are also discussed. <http://www.nrcpfc.org/webcasts/archives/18/Icebreaker.pdf>

Events in case	Common practices	Progressive visit and Connection practices
<p>Connection to other family members, friends, community, school, culture</p>	<p>Siblings: If Juan had a sibling they might be placed together but less likely if there is a large age difference or if is a sister. Siblings are frequently not provided visits or other connection activities outside of parent/child visits. Caregivers are not required to help maintain the siblings connections.</p> <p>Juan is placed in a new school close to his foster parent’s home. He loses contact with school friends and teachers.</p> <p>The child’s connections to his culture and community are not a priority for professionals or caregivers.</p>	<p>Siblings: The agency would work to find a family who would take all the siblings. They do not stop searching just because the children are stable in their first placement.</p> <p>When siblings are not living together they are provided activities outside of parent/child visits to maintain their attachment. Caregiver’s ability to maintain sibling connection is assessed when making the placement decision.</p> <p>Juan is maintained in his current school at least through the end of that school year. School stability is on factor in selecting the caregiver.</p> <p>At family team meetings the team develops a connection plan that enhances the child’s cultural and community connections.</p>
<p>Parents have not started services due to their failure or failure of the community to have services available.</p>	<p>Parents are denied or limited visits until they begin services.</p>	<p>Child is allowed progressive visits with parents even though parent has not started services; i.e. length, frequency and location can continue to progress as long as the parent demonstrates improved capabilities. The level of supervision remains high to ensure safety.</p>
<p>Juan’s parents made an application to the court requesting permission to attend a Spanish-language parenting class at their church based on their cultural beliefs.</p>	<p>The child welfare agency opposes the parents’ request, arguing that only the services provided by the agency’s contracted organization would be acceptable.</p>	<p>The agency works with the parents and their church services. Using the behaviorally specific parenting capabilities, the worker shares with the staff of the program what improvements the parents must meet. The program is asked to respond to their ability to help the parents with these specific capabilities and willingness to provide reports on the parents’ progress.</p>

Events in case	Common practices	Progressive visit and Connection practices
The agency worker only has enough time on his workload to do 1 one hour visit once a week.	Visits are limited based on the worker's schedule, limitation of visit rooms, transportation or other resource issues.	Family, friends, supports and caregivers are used to supervise visits and help with other connections such as attending religious, education and medical activities.
Visit plan is reassessed at every case review, MiTEAM meeting, major case decision points and every court hearing.	<p>Visits remain static, have very little progress or changes in visit plans are made at 6 month reviews. Visits are not regularly reviewed by agency worker or the court. There is not a specific plan on how to assess progress and little information is provided to the parents or the court.</p> <p>Juan's case: The family has office visits and they are not provided any specific guidance on what activities to do or not to do that is based on knowledge of the parents' capabilities. No progressive plan is used.</p> <p>Treatment or service professionals are not asked to share ideas on how to use visits to support parents' treatment/program or what safety issues should be addressed. The parents are not provided opportunities to practice new parenting skills as the supervisor of the visit does not know what is occurring in the parents' treatment or specific safety issues.</p> <p>Visit activities are limited to activities such as reading to Juan or playing with the toys in the visit room. Attachment activities are limited</p>	<p>Progress is steadily made over the months to lengthen the visits, slowly decrease the level of supervision, and increase the parenting responsibilities to more difficult situations. The agency worker regularly assesses the parents' capabilities during visits with Juan and provides the parents and the court with behaviorally specific reports.</p> <p>Case: Initially, the parents only interact with Juan in situations they are known to be able to handle (their parenting strengths). Slowly, the visits progress to test the parents' ability to supervise Juan when both the child and the parents are tired, stressed or tempted to relapse to old unsafe behaviors.</p> <p>Treatment or service professionals, as well as the parents, share what approach is being used so the parents can practice those approaches during visits. Supervisor of visit is fully informed of plan and safety issues.</p> <p>Juan's case visit activities: How to supervise a two year old, what protective steps to implement according to the parent's relapse plan, and how one parent can step in when the other is struggling with knowing how to handle Juan's tendency to wonder away from adults.</p> <p>Specific activities are planned to ensure attachment is being enhanced; eating, dressing, playing, teaching</p>

Events in case	Common practices	Progressive visit and Connection practices
	<p>or not planned.</p> <p>No one is clear how to take the next steps to increase visits without jeopardizing Juan’s safety. At court hearings measurable standards are not available to help the court determine the appropriate visit plan.</p> <p>A visit is considered successful if the supervisor of the visit says no problems occurred.</p>	<p>Juan new skills, reading, helping him go to sleep, disciplining, etc.</p> <p>When the parents have consistently (not perfectly) demonstrated a specific parenting capability, one of the visit elements is changed, i.e. length of visit, frequency, parenting responsibility increased, level of supervision lowered, etc.</p> <p>Success is measured by consistency of parents on identified skills and small progressive steps are regularly taken.</p>
<p>Juan’s family belongs to a church and wants him to attend their church.</p>	<p>The caregiver is asked to bring Juan to his parent’s church but as that interferes with the caregiver’s religious activities she declines to do this and takes Juan to her church.</p> <p>OR Worker does not ask caregiver and says to parents that this cannot happen as there are not the resources to transport and supervise Juan on the weekends.</p>	<p>Worker asks family support system if they can transport and supervise Juan during church activities.</p> <p>A plan is developed to ensure Juan is supervised appropriately at all times.</p>
<p>Juan needs ongoing medical or therapeutic care.</p> <p>OR</p> <p>Juan needs special educational services.</p>	<p>Caregiver is asked to take Juan to all of his appointments and perform any necessary in-home therapy.</p> <p>The parents are informed of the medical/educational decisions but not included in decision making. Visits are set up to limit the need for the parents to provide the necessary in-home therapy as they have not been taught what is required.</p>	<p>The parents attend medical appointments and work with caregivers and the medical professionals to develop a treatment plan.</p> <p>At Family meetings Juan’s needs are regular discussed and agreements made on everyone’s specific responsibilities. The parents, on visits, are responsible to provide any necessary in-home therapy. The specific medical/educational therapy is added to the list of parenting capabilities required for reunification. Instructions are provided to the parents to learn the therapy.</p>

Events in case	Common practices	Progressive visit and Connection practices
<p>Parent shows up late, parent does not follow one of the rules of visits or Juan is upset after a visit.</p>	<p>Parent is denied a visit if late even if child is still at the visit location.</p> <p>Visits are cancelled for at least a short time. Or for parents that have made some progress towards longer or more frequent the visits, the plan reverts to the first visit plan; i.e. one hour per week, supervised visits in the agency’s office.</p> <p>Juan’s need for consistency in his life and contact with his parent is not a top consideration in changing visit plans. The only option to visit problems is to stop visits.</p> <p>Juan is not told why visits stopped. Negative behaviors by Juan are assumed to be “caused” by actions of the parents and the appropriate solution is to stop visits.</p>	<p>Parents and Juan are allowed to have that visit until the established end time, if late. Chronic lateness is handled in family meeting to minimize trauma to Juan.</p> <p>Visits are not cancelled and issues are addressed immediately in family meetings. The visit plan is adjusted to address the problem and/or the visit plan reverts to the last successful visit level rather than going back to the first visit plan.</p> <p>Juan’s needs are top consideration when making any changes to the visit/connection plan. When making changes, one option considered is that it is possible that having MORE visits may help rather than assuming the only solution is less visits.</p> <p>All the adults talk to Juan to help him understand the changes. Juan is helped to understand that he is not at fault when changes are made. The team works together identify what is causing problems.</p>
<p>Parent is incarcerated, missing or in residential treatment</p>	<p>Child and parent are usually offered no visits or very rarely have face-to-face contact.</p> <p>Fathers and other missing relatives are not located or if known not offered as many contacts as the mother.</p>	<p>All relatives are located within 30 days, engaged in family team meetings, offered right to have visits or become caregiver of the child.</p> <p>Child’s rights and needs guide decisions rather than whether we feel the parent deserves the visits.</p>
<p>Parent is making progress in his drug treatment but is not improving parenting</p>	<p>Focus is on service completion by the parents. Both parents are told to continue their services/treatments. There is no assessment of why progress is being made in one area and</p>	<p>The family team meeting reviews why progress is not being made in both areas. They consider whether the parent is in the correct service/treatment.</p> <p><i>Progressive Visit model is based on the idea that if the</i></p>

Events in case	Common practices	Progressive visit and Connection practices
<p>capabilities during visits.</p> <p>OR</p> <p>Parent is making progress in parenting skills during visits but not attending parenting program.</p>	<p>not the other and if there needs to be a change in services or visit plans.</p> <p>The visit plan does not change or may be stopped if a parent fails to engage in services. Visits are not used as a way of determining improved parental capabilities.</p>	<p><i>correct services/treatments are being provided there should be progress in both services and visits; i.e. parents should not be court ordered to attend services that are not focused to improve specified parental capabilities related to the maltreatment.</i></p> <p>Visits are only “stepped back” if the child is being harmed or traumatized by his parent’s behaviors during visits. The visit plan is progressively changed to determine if that will improve parenting capabilities.</p>
<p>The parent fails a drug test.</p> <p>OR</p> <p>The parent comes to a visit and is possibly intoxicated.</p>	<p>Standard visit rules include “Parent cannot be intoxicated during a visit.” Parental relapse plans² are not used in visit planning.</p> <p>Supervisor of visit may not be told of the specific behaviors that indicate that the relapse process has begun.</p> <p>If the supervisor of visit believes that the parent is intoxicated, the visits are suspended often until there can be court review of the relapse. There is no flexibility for the supervisor of the visit to allow the visit to continue when there are any signs of drug use even if the parent is demonstrating an ability to be appropriate with their child.</p>	<p>Addiction professional and family work with agency to use the parent’s relapse plan to develop specific guidelines for visits with Juan.</p> <p>Supervisor of visit knows about the parent’s specific drug addiction, possible triggers and behaviors the parent demonstrates during the relapse process.</p> <p>Supervisor of visit has authority to decide if visit can continue or not. Supervisor of the visit has the authority and skills to intervene WHENEVER there are parent/child interactions that would cause the child to be traumatized or re-abused. When the supervisor sees triggers or relapse behaviors she has a private conversation with parent to determine if the visit can continue.</p>

²Relapse Plan: A plan that is developed with the drug treatment professional that covers the addicted parent’s triggers--internal or external events (not always observable to others), warning signs--observable: thoughts, speeches, and behaviors, who is in position to notice these signs (family, therapist, child welfare worker, co-workers), and aftercare service plan. It is shared with all the people who are supporting the addicted parent and those responsible to keep the child safe. <http://www.kap.samhsa.gov/products/manuals/taps/19c.htm>

Events in case	Common practices	Progressive visit and Connection practices
	<p>Agency worker stops visits until parent is sober and is back in treatment. Court review may occur. Visits go back to first visit plan level.</p> <p>Professionals believe and act on the theory that even one relapse shows that recovery cannot occur. Recovery is assumed to equate to safe parenting rather than improved parental capacities.</p> <p>Agency or court establishes a rule that the parent must pass a set number of random drug tests before visits can begin again. OR parent must pass drug test before each visit.</p> <p>Case: After a relapse by Juan's father the visits with reduced in length and frequency until the father passes 3 random UA's. The worker believes that the father would only be dangerous if he has taken the drug and does not keep within sight and sound distance if he passed the UA.</p>	<p>A family team meeting will occur to determine if visit rules must be changed. Visits can continue without a court review unless there are repeated incidents. Level of supervision must remain high after an incident.</p> <p>Professionals view relapse as a normal part of the recovery process. They work with the addiction treatment professional to determine what this relapse incident means for a parent. Recovery is an important part of the case plan but the focus is on the family's support system abilities to maintain Juan's safety even when the parent is struggling with recovery is the primary focus.</p> <p>Drug testing is primarily used by the addiction professional as prescribed by their program, not as a visit litmus test.</p> <p>Case: All the professionals and family members understand that Juan's father can be dangerous even when sober or he could fake a drug test so they maintain an appropriate level of supervision until the family demonstrates an ability to keep Juan safe in all circumstances.</p>
<p>Permanency Planning Hearing to determine final permanency plan for Juan</p>	<p>Substantial progress and reasonable efforts are measured by the birth parents' completion of court ordered services. Visits are not considered reasonable effort services.</p>	<p>Substantial progress is measured by the identified parental capabilities related to the maltreatment. Visits are considered part of the reasonable efforts and reviewed as court hearings.</p>

Events in case	Common practices	Progressive visit and Connection practices
<p>Essential questions: Did the family make substantial progress?</p> <p>Did the agency provide reasonable/active effort services to enable the family to make progress?</p> <p>Case: Juan’s parents have completed some of the court ordered services but not all of them. Juan’s father has relapsed more than once and restarted drug treatment 3 times.</p>	<p>Case: Visits were reduced or stopped each time Juan’s father relapsed. When he was in an in-patient program he had no visits with Juan.</p> <p>Juan’s attachment to his parents is lessened as his father has had very limited visits or contacts in the last 4 months. Juan and his mother continue to have weekly visits but slowly things become difficult as Juan talks about his “new mom” during visits and his birth mother becomes upset. There have been conflicts between the birth parents and caregivers about how to raise Juan. There are not visits with the extended family and Juan.</p> <p>Juan attaches to his caregivers. Attachment is viewed an activity a child can only have with one family i.e., either Juan is attached to his birth parents or his caregivers. The agency presents evidence, at the hearing, that Juan is more attached to caregiver rather than birth parents and that the parent has failed drug tests and has not completed drug treatment. The parents’ attorney presents that the agency did not provide adequate visits to enable the enhancement of attachment and was not willing to provide culturally appropriate reasonable effort services that enabled the parents to improve their parenting capabilities thereby they should be provided</p>	<p>Case: Progressive visits continue even when father relapsed or had not completing all services. The visits were only stopped if the parents are harming Juan on visits.</p> <p>Juan’s attachment to his parents, extended family, culture and caregivers is supported by all. On visits the father is provided mentoring on how to parent Juan by his uncle. The parents, caregivers and agency worker meet regularly to discuss Juan’s needs including how Juan is forming attachments to two sets of parents. They discuss their fears regarding Juan’s future and differences of ideas on how to parent Juan.</p> <p>The goal is to continue visit progression until either Juan is slowly transitioned back home or the next visit step cannot occur. If after repeated efforts to help the parent make the next step in progressive visits and the parent’s capabilities do not improve, the agency recommends the alternative permanent plan (adoption to caregiver for Juan) to the court.</p> <p>Reunification example: Juan’s family support network has successfully met the needs of Juan and his parents. Juan’s father has been challenged by his addiction cycle and took his drug on two occasions. Both times, the relapse plan worked. Juan’s father called his Alcoholics Anonymous sponsor and Juan’s mother removed Juan from his father’s supervision and went to her mother’s home. The family network plans to continue to call and drop by the home to ensure the relapse and safety plans are working.</p>

Events in case	Common practices	Progressive visit and Connection practices
	<p>more time to make substantial progress. Whether the court orders ongoing reasonable efforts and eventually reunification occurs or termination of parental rights, Juan is unlikely to be supported to have ongoing emotional connection with both families.</p>	<p>Adoption example: Juan’s father relapsed two times. Each time the father and mother did not implement the relapse plan. Juan was left unsupervised but was not harmed. The parents were provided additional mentoring and a new drug treatment plan that they choose as being culturally appropriate. Each time the visits reached a point where the parents had evening visits, some incident occurred. It was not possible to safely progress visits beyond that point.</p> <p>For either permanent plan: Juan is actively helped to maintain a safe attachment to his parents, extended family and caregivers.</p>
<p>Post Permanency contact plans: What happens in the future years after the agency and court close the case.</p> <p>Reunification with birth parents</p> <p>OR</p> <p>Adoption or guardianship by caregiver (relative or non-related)</p>	<p>Reunification: All hope that the parents and their support system will continue to keep Juan safe. No formal plan has been developed or tested to determine how the system will operate especially if there is a relapse in abusive behaviors.</p> <p>After reunification or adoption Juan has little or no contact with the family he no longer lives with. This includes people, pets, routines, relatives, belongings, etc. Juan is left to grieve his loss alone as adults assume he is not or should not be attached to the other family.</p> <p>After years of yearning to see his other family, Juan secretly begins to search for that family (birth or caregiver). Being caught in a loyalty bind, he does not tell adults about his</p>	<p>Reunification: The family system has been tested proven to work during the visits. The family has a specific plan on how to protect Juan if relapse of parental behaviors occurs.</p> <p>The two families have developed a relationship and with help from the worker they agree to the appropriate level of contact with the other family and all the people and things that are important to him. Juan is able to ask questions and openly grieve for any losses that must occur (adults work hard to minimize losses through contacts, keeping him in the same school, life story books, etc.)</p> <p>The families are able to communicate without the worker and continue to adapt over the years the level of contact based on the changes and developmental needs of Juan.</p> <p>The adults help Juan understand how his history and</p>

Events in case	Common practices	Progressive visit and Connection practices
	<p>emotions, questions or actions. Juan is likely to find the other family and have contact. If safety or emotional issues exist, the adults do not know that he needs help.</p> <p>Juan develops behavior problems when he is a teenager. His family does not recognize that there could be a relationship with the trauma he experienced as a toddler or his unresolved grief and loss. They believe he does not remember what happened to him as he was only two years old when this occurred. If therapy is sought, the family may not share Juan's history and as Juan does not have cognitive memories of the events the therapist is limited in her ability to help Juan. Juan may make decisions that could lead to emotional or physical danger or place himself in danger when contacting family members from his past.</p>	<p>families impacted his development as a young child. They help him explore his emotions and questions. They help him determine how to make contact which may include therapy and supporting supervised visits. If therapy is needed, Juan and his family have a complete story of what occurred that they share with the therapist. Juan is not left alone to handle issues or placed in the loyalty bind of being expected to love only one family.</p> <p>Juan continues to have times that the trauma, grief and loss he experienced, negatively impacts his life. All of his family members and support system help him to develop the ability to understand why he has these reactions and develop successful methods of self-care.</p>

Impact of Separation Chart

	Issue/Developmental	Behaviors/Impact	Visit planning strategies
INFANT	<ul style="list-style-type: none"> • Infants' cognitive limitations greatly increase their experience of stress. 	<ul style="list-style-type: none"> • Infants will be extremely distressed by changes in the environment and caregivers. • Expect the infant to show stress in bodily functions such as eating, sleeping and being "fussy". 	<ul style="list-style-type: none"> • Help parent understand why infant may be distressed. • Infants should have people they "know" help with all transitions from one caregiver to another. • Do not force an infant to eat or sleep during a visit. • Have caregiver and parent share information with each other on the infant shows stress and how to comfort child.
	<ul style="list-style-type: none"> • Drug exposed infants 	<ul style="list-style-type: none"> • Hard to comfort, feed and may not want to be held. 	<ul style="list-style-type: none"> • Meet infant's needs before visit. • Teach parent how to understand needs and respond to infant.
	<ul style="list-style-type: none"> • Infants have few internal coping skills. • Infants do not generally turn to others for help and support. It needs to be provided. 	<ul style="list-style-type: none"> • Adults must "cope" for them. • Infants who have too many changes will be impacted at a higher level 	<ul style="list-style-type: none"> • Give the infant items that bring her comfort such as a blanket or stuffed animal. • Do bonding activities on visits. • Allow infant to choose who or what they want to be comforted by. Praise parent who is able to allow others to comfort their infant.
	<ul style="list-style-type: none"> • Infants experience the absence of caregivers immediately. 	<ul style="list-style-type: none"> • Infants will forget people who are absent from their life. • Infants may cling to new caregiver and refuse to go to parent. • Infants need multiple contacts each week to maintain an active memory of a person and to attach to that person. 	<ul style="list-style-type: none"> • Inform parent of this normal behavior. • Have visit as soon as possible after placement • Use voice recordings, phone calls, & pictures to keep memory active. • Always say good-bye – do not let parents disappear hoping that will not upset the infant. • Do visits/contacts several times a week and encourage the birth parent to "provide care" for the infant during a visit so attachment is maintained.
	<ul style="list-style-type: none"> • Separation during the first year can interfere with the development of trust. 	<ul style="list-style-type: none"> • Expect that a healthy infant will attach to his caregiver and that will help with the child continuing his developmental tasks. 	<ul style="list-style-type: none"> • Let parent know that attachment to caregiver does NOT interfere with attachment to birth parent. • Praise the parent for supporting the infant's developmental need to attach.
	<ul style="list-style-type: none"> • Attachment is essential for the infant to live and develop. 	<ul style="list-style-type: none"> • Infants can attach to more than one caregiver. 	<ul style="list-style-type: none"> • Minimize the number of changes in caregivers that an infant has.

Impact of Separation Chart

	Issue/Developmental	Behaviors/Impact	Visit planning strategies
INFANT	<ul style="list-style-type: none"> • Consistency and schedules are critical for an infant's development. 	<ul style="list-style-type: none"> • Infants' distress will be lessened if their new environment can be made consistent with the old one. 	<ul style="list-style-type: none"> • Keep the child on the same food, schedule and other routines – changes should occur slowly. • Follow a regular schedule – preferably the infant's.
	<ul style="list-style-type: none"> • Infants miss the parent even if that parent was inconsistent before separation (incarceration) and they have no cognitive memory of that parent. 	<ul style="list-style-type: none"> • Even children adopted at birth want to have contact with their parents. • Birth family is always a part of who a child/adult is. 	<ul style="list-style-type: none"> • Infants need visits even when they have not had a prior relationship or cannot remember their parent. • Ensure infant has contact with birth family; including siblings and extended family.
	<ul style="list-style-type: none"> • Infant's developmental changes can occur weekly. 	<ul style="list-style-type: none"> • Parents may not recognize the infant's changes or act as if the infant has not changed. 	<ul style="list-style-type: none"> • Inform parent of the changes. • Teach parent how to adapt to new skills of the infant.
TODDLER	<ul style="list-style-type: none"> • Typical reactions by toddlers: fear, regression, fantasy, guilt, bewilderment, change in level of aggression, generalized emotional neediness, inability to enjoy play or using play to recreate the family. 	<ul style="list-style-type: none"> • Toddler will test their "new world" to try and understand how it works. • Toddler behaviors that some find hard to handle will increase after being traumatized. • Workers, caregivers and parents often want to blame someone or interpret the behaviors as related to things besides the separation, i.e. XXX must not be a good parent of the child. 	<ul style="list-style-type: none"> • Expect to toddler to show behavioral signs of trauma and loss. • Do not blame adults or shame the toddler. • Provide structure, rules, consistency and stability for the toddler – minimize how many changes the toddler must have – make changes slowly • Reassure the toddler that she is loved. • Control behaviors that can cause harm to the toddler or others but do not overreact.
	<ul style="list-style-type: none"> • The toddler needs dependable adults to help him/her cope. 	<ul style="list-style-type: none"> • Child can turn to relative, substitute caregivers or a known and trusted worker for help and support during the placement process. 	<ul style="list-style-type: none"> • Early & regular contact with parent or other who the toddler has emotional ties. • Do bonding activities. • Place siblings together and/or provide time for them to comfort each other. • Provide toddler with his favorite comfort item.
	<ul style="list-style-type: none"> • The toddler is likely to have an inaccurate and distorted perception of the placement experience. 	<ul style="list-style-type: none"> • Toddler may make up stories about abuse, what occurred, why it occurred, what is happening to him in care, etc. This can appear to be lying to others. 	<ul style="list-style-type: none"> • Discuss reality and fantasy with the child. • Do not punish child for "telling lies".

Impact of Separation Chart

	Issue/Developmental	Behaviors/Impact	Visit planning strategies
	<ul style="list-style-type: none"> • See people on extremes of all good or all bad 	<ul style="list-style-type: none"> • Toddler may fear new caregiver or environment. 	<ul style="list-style-type: none"> • Assure toddler he is safe with caregivers. • Inform parents and caregivers of these issues so they do not overreact to things he may tell them, e.g. "My new mommy is mean to me."
TODDLER	<ul style="list-style-type: none"> • Any placement of more than a few weeks is experienced as permanent. 	<ul style="list-style-type: none"> • Without visits, the child may assume parents to be gone, dead or not coming back. • A toddler can complete the grief and loss cycle in a few weeks. A toddler believes what they see and experience and not what they are told. 	<ul style="list-style-type: none"> • Do frequent visits, if not possible, have pictures, talk about the absent parent or have phone calls or audio tapes. • Prepare the parent for the toddler's behavior and lack of memory if visits have not occurred regularly. • Give the toddler a chance to remember or reestablish a connection with the parent at the beginning of a visit.
	<ul style="list-style-type: none"> • The toddler will often view separation and placement as a punishment for 'bad' behavior. 	<ul style="list-style-type: none"> • Toddler will cling to her own explanation for the placement. • Self-blame increases anxiety and lowers self-esteem. • Toddler may believe if she repeats the bad behavior, which she believes caused the placement, the new family will send her home. 	<ul style="list-style-type: none"> • Explain, in simple language, that the adults are responsible and will fix the problem. May need to repeat this information multiple times • Help parent learn how to explain what happened in a way that will not increase the toddler's belief that she is responsible. • Let toddler know that her being good or bad will not change things such as where she is placed, when she gets to go home, etc. Try to avoid replacing the toddler and stating to the toddler that she caused the change due to her behavior.
	<ul style="list-style-type: none"> • Because the toddler cannot generalize experiences from one situation to another, all new situations are unknown and therefore, more threatening. 	<ul style="list-style-type: none"> • Even what appears to be a small change to adults can be a new trauma to the toddler, i.e. changing beds at the home, change in caregivers, or changes of when visits occur. 	<ul style="list-style-type: none"> • Prepare child for any changes, new experiences and what will happen "next". "Today is a special day so you will see your dad at lunch but not at bedtime." • Have a schedule and keep it unless there is no other choice. • Have toddler practice things ahead of the event, i.e. going through screening at the jail, bed time routine, riding to jail.

Impact of Separation Chart

	Issue/Developmental	Behaviors/Impact	Visit planning strategies
	<ul style="list-style-type: none"> • Want to please their parents and adults they are attached to. 	<ul style="list-style-type: none"> • Confused when given mixed messages about which parent he can trust or love. • Will act different with different parents in response to trying to please that person. 	<ul style="list-style-type: none"> • Give child clear boundaries and messages. • Do not ask the child to choose between parents. • No bad talk about the other parent. • Each adult be consistent in his/her messages. Child is able to respond to differences among adults.
TODDLER	<ul style="list-style-type: none"> • The toddler will display considerable anxiety about the new home. 	<ul style="list-style-type: none"> • Toddler may express anxiety through behaviors and bodily functions. • Most often, while verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it. 	<ul style="list-style-type: none"> • Help the parent (or someone the toddler trusts) comfort the toddler and address her anxieties. • Let the child know that it is OK to have feelings and that you want to know what they are. • Teach child safe ways to express emotions; crying, hitting a pillow, quiet time, cuddling, etc. • Use games to teach the child about the new home and family. • Allow the child to have comfort items such as blankets, toys, or pacifier. This is not the time to ask a toddler to give up comfort items
	<ul style="list-style-type: none"> • Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior. 	<ul style="list-style-type: none"> • The toddler will revert to infant like behaviors; wanting their bottle, asking to be feed, wetting their pants or bed, etc. • They may become whiney and clinging to any adult who shows affection 	<ul style="list-style-type: none"> • Expect this behavior; do not take it “personally” when a child acts out his feelings. Inform parent of changes in behaviors or skills. • Allow the behaviors without comment during the transition time. When the toddler is more secure slowly work towards regaining these developmental skills. Often the toddler will do this on his own once he feels secure. • Allow the toddler time to be clinging – may need to start the goodbye part of the visit early so there is enough time. • Practice how to say goodbye with the toddler, i.e. you will have X number of kisses and hugs. • Make sure people the toddler is attached to say goodbye before they leave. Do not “disappear” or sneak out.

Impact of Separation Chart

PRE SCHOOLER	<ul style="list-style-type: none"> • The child may wonder how the necessities of life (food, toys, etc.) will be provided. 	<ul style="list-style-type: none"> • This feeling can lead to overeating, begging or manipulation. • Child may refuse to let go of an item. 	<ul style="list-style-type: none"> • Reassure the child that her needs will be met. • Do not try remove comfort item from child unless necessary. • Most behaviors are temporary and will go away once the child feels secure so do not overreact.
	<ul style="list-style-type: none"> • The child needs dependable adults to help him cope. 	<ul style="list-style-type: none"> • Child can turn to a relative, substitute caregivers or a known and trusted worker for help and support. 	<ul style="list-style-type: none"> • Visits should always include at least one person the child trusts. • Prepare parent if the child does not currently trust/remember the parent. • Regular contact is necessary to build trust and maintain memories.
	<ul style="list-style-type: none"> • The preschool child is likely to have an inaccurate and distorted perception of the placement experience. 	<ul style="list-style-type: none"> • Magical thinking can cause them to make up stories about their parent or their situation. • Look for clues the child has fantasies and talk to the child about the fantasies such as; feelings the pain, of sorrow, of being responsible for the situation. 	<ul style="list-style-type: none"> • Try to explain when things will occur in a manner the child will understand. Do not wait for the child to ask for the information. • Do not treat child's perception/magical thinking as a lie. • Do not avoid talking about a traumatic placement or event in the hopes that the child will forget the event. • Use books and stories to help the child understand what is real. • Ask the child to tell you her "story" about what happened. • Drawing or playing is a way for the child to share her perceptions.
	<ul style="list-style-type: none"> • They may believe they are responsible for their parent being in jail, getting a divorce or why family violence occurred. 	<ul style="list-style-type: none"> • Self blaming can be shown through regression in behaviors or skills such as bed wetting, trouble sleeping, developing fears (monster in the closet), nightmares and toddler like tantrums. 	<ul style="list-style-type: none"> • Inform the parent of the child's behaviors or belief that she caused the parent's arrest. • Parent and others to give clear message the child is NOT responsible. Especially important if the child did something like call the police.

Impact of Separation Chart

	<ul style="list-style-type: none"> • Any placement of more than a month is experienced as permanent. 	<ul style="list-style-type: none"> • Without visits, the child may assume parents to be gone, dead or not coming back. • Child does not understand time periods such as six months or two years. • Child may “forget” many things about birth family within a short time. (Short term cognitive memory but child usually has a long term subconscious memory of that parent.) • Child will go through grief and loss cycle quickly. Expect changes in behaviors such as denial, anger, and bargaining. • Child may try to bargain (not always stated out loud). If I am good can I go home? • Child may not know how to express emotions or fears expressing emotions. 	<ul style="list-style-type: none"> • Ensure that the child has immediate contact after placement and frequent visits thereafter. • Pictures and phone calls can help supplement visits. • Talk to the child about the next visit but do not try to explain things that may take months or years to occur. • Do not deny visits in the hope that the child will adjust faster to new home if there is no contact. • Address the child’s need for love and stability NOW. • Prepare parent for child’s lack of memory if the visits do not occur regularly. • Give the child time to reestablish a relationship with a parent he has not seen in weeks or months. • Child’s anger at parent may be related to anger phase of grief/loss cycle or shows anger to another person. • Talk to the child and assure him that he will have a family and that the adults will work to be sure the child is loved even by family members whom he has not seen for awhile.
PRESCHOOLE	<ul style="list-style-type: none"> • The child will display considerable anxiety about the new home/family. 	<ul style="list-style-type: none"> • Child may try to do things that make new home be more like parent’s home. This may be seen as not following the rules. • Caregiver should check how the child is doing regularly especially during the first days of placement. 	<ul style="list-style-type: none"> • Ask parent about the child’s schedule and home life. • Use that information to make things in the caregiver home mimic the child’s home; food, routines, toys, clothes. • Parent asks child about new home and schedule. Encourage and praise the child for adjusting to his new home. • While verbal reassurances are helpful, the child needs to experience the environment to feel comfortable in it. Make changes slowly. Provide clear and simple rules to the child to follow.

Impact of Separation Chart

	<ul style="list-style-type: none"> • Child may say things to be in control or express anger that upset others: (not unusual for normal child/parent interactions for this age) • "I hate you, you're not my friend, you can't make me" 	<ul style="list-style-type: none"> • Child may have emotions she does not know how to handle. 	<ul style="list-style-type: none"> • Prepare parent for these behaviors/emotions. • Do not overreact or the child will probably repeat the statement or behavior. • Often occurs when parent is trying to set boundaries. Continue to enforce boundary/rule. "John, you may not want to be my friend but you cannot hit me."
	<ul style="list-style-type: none"> • Placement, without proper preparation, may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior. 	<ul style="list-style-type: none"> • Child is likely to regress on one or more developmental tasks. • Child may refuse to be alone, try to control world, or display symptoms similar to depression. • Child may lack concentration and is not able to enjoy normal activities. • Child needs to know that she has some influence on adults to get her needs met. Child may manipulate, have repeated requests or insist on their own way. 	<ul style="list-style-type: none"> • Prepare the parent for this to occur. • Expect behavioral changes and emotional reactions; the child may act out his emotions towards the parent, caregiver or social worker. • Do not take it "personally" but allow the child a safe way to act out the emotions. • Encourage child to do things that have brought him joy in the past. But do not pressure the child. • Allow child to express his emotions and show him that you still love him when he expresses his emotions. He does not have to be perfect to be loved. • Acknowledge child's emotions and praise him for even small steps he makes towards adjusting to the situation. • Meet the child's needs. Allow the child control over safe things like what to wear to the visit, which vegetable to eat, etc.
PRESCHOOLER	<ul style="list-style-type: none"> • Child attaches to new caregiver or to primarily to one parent and feels loyalty conflicts 	<ul style="list-style-type: none"> • Child calls new caregiver mom/dad • Child shows signs of confusion about who is my parent/family • Child's self-esteem is connected to <u>everyone</u> he considers his family. • Adults should talk to each other directly and never use the child to send messages. 	<ul style="list-style-type: none"> • Inform the parent of the child's behavior and how this is normal and healthy • Parent assures the child that he can love two moms or dads. • Do not ask the child to choose between parents. • Maintain frequent contacts with all birth parents or past caregivers. • One adult should never talk negatively about another adult with whom the child is attached. • Explain to the child that many children have multiple families (divorce) and that this is normal.

Impact of Separation Chart

	<ul style="list-style-type: none"> • Child needs to know what happened to parent or what she is doing while away from the child. Especially for parents in jail, hospital or settings away from family home. 	<ul style="list-style-type: none"> • Child wonders what their parent’s life is like in jail or hospital. She may ask a lot of questions this is normal for this age. • Child will make up worse stories about parents life if no information is given. 	<ul style="list-style-type: none"> • Answer the child’s questions. You may need to repeat the answers. • Do not wait for the child to ask. Provide information about things like where you sleep, what you eat, do children live there, etc. • Draw or take pictures of yourself in jail or where you are now. • Do not share information on difficult things you may experience in jail or hospital.
	<ul style="list-style-type: none"> • Child may have emotions she does not know how to handle. 	<ul style="list-style-type: none"> • Child may say things to be in control or express anger that upset others: (not unusual for normal child/parent interactions for this age) <ul style="list-style-type: none"> ◦ “I hate you, you’re not my friend, you can’t make me” 	<ul style="list-style-type: none"> • Prepare parent for this behavior. • Do not overreact or the child will probably repeat the statement or behavior. • Often occurs when parent is trying to set boundaries. Continue to enforce boundary/rule. “John, you may not want to be my friend but you cannot hit me.”
GRADE	<ul style="list-style-type: none"> • The child will compare one parent to another. 	<ul style="list-style-type: none"> • The child may talk about what the “other” parent does or does not do. 	<ul style="list-style-type: none"> • Let the parent know that this is normal. • Let the child talk about without assuming that he prefers one person over the other. • Never talk negatively about the other parent/caregiver. • Don’t push a child to provide information about the other parent(s).

Impact of Separation Chart

GRADE SCHOOL AGE	<ul style="list-style-type: none"> • The child can develop new attachments and turn to adults to meet his/her needs. 	<ul style="list-style-type: none"> • Child will call caregivers mom and dad. • If given permission, the child may be able to establish relationships with caregivers without feeling disloyal to own parents. • Child may bond with other children who are a part of the new family. 	<ul style="list-style-type: none"> • Allow the child to determine what names/titles are used; what to call foster parents, step-parents, other children in the home, etc. • Prepare the parent for this normal reaction and that this shows that the child is healthy and normal. • Adults should give positive support of each other's role. Disagreements should be handled without placing the child in the middle. • Keep child in contact with caregivers and others in the home when the child moves to another home.
	<ul style="list-style-type: none"> • Child will have intense emotions and may not know how to handle them. 	<ul style="list-style-type: none"> ▪ Anger, sometimes quite intense, is expressed as both an honest reaction to what is happening to him/her and as an externalizing attempt to cope with his/her pain, sadness, and helplessness. 	<ul style="list-style-type: none"> • Allow the child ways to express her emotions in a safe manner. • Let her know it is OK to have these emotions. • Parent should admit to things he/she did that lead to the child having these feelings. Do not be defensive or tell child not to feel that way.
	<ul style="list-style-type: none"> • The loss of siblings, peer group and friends may be almost as traumatic as the loss of parents. 	<ul style="list-style-type: none"> ▪ Making new friends may be difficult. ▪ The child may be embarrassed and self-conscious about "foster child" status. ▪ Children who lose too many relationships may refuse to form new friendships. ▪ Keep siblings together whenever possible. 	<ul style="list-style-type: none"> • When possible allow the child to attend the same school. • If not possible, ensure the child can maintain contact with friends. • Encourage the child to make friends but acknowledge to the child that it is normal to be afraid that this may cause more lose. • Have the child get involved in activities and hobbies. • Parents and caregivers work to maintain these connections. • Have the child develop a scrapbook to save pictures, letters and stories of the people in their life.

Impact of Separation Chart

	<ul style="list-style-type: none"> • The child may be confused if the 'rules' and expectations in the caregiver's home are different from what she is used to 	<ul style="list-style-type: none"> ▪ The child may not want to ask about the rules or is in shock in the first days and does not remember the rules. ▪ The child may feel a need to test the rules to see what happens. 	<ul style="list-style-type: none"> • Caregiver should learn from the child and family about the rules the child had in last home. • Whenever possible maintain those rules. Example: Keep bedtime the same. If change is needed slowly move bed time to meet the rules of the new family. • Be non-judgmental of the rules of the other parent/caregiver • Provide clear rules and do not overreact if the child does not follow all the rules immediately. • Give the child some choices, "Would you like to store your shoes under your bed or in the closet?"
GRADE SCHOOL AGE	<ul style="list-style-type: none"> • The child has a better understanding of time. Placements of a few months can be tolerated without affecting attachments. 	<ul style="list-style-type: none"> ▪ The child is capable of remembering a parent they have not seen in months or years. ▪ The child may be shy when they first see their parent if contact is not frequent. ▪ The child is likely to have emotions such as fear, angry, disappointment regarding the parent. 	<ul style="list-style-type: none"> • Have regular visits and use photographs, letters and phone calls to supplement the contact. • Involve the child in planning the visit. • Be sure the visit does not regularly interfere with the child's schedule, school attendance or time with peers. • Provide parent with information on the child's life, school and friends – help the parent have information that can be used to talk to the child
	<ul style="list-style-type: none"> • The child has an increased ability to understand the reasons for the separation. 	<ul style="list-style-type: none"> ▪ With help, the child may be able to develop a realistic perception of the situation and avoid unnecessary self-blame. ▪ Do not over estimate his ability to fully understand. ▪ Language skills are more advanced than cognitive and abstract thinking skills. 	<ul style="list-style-type: none"> • Give the child honest answers about the situation and the adult's responsibilities. • Include the child in court hearings or provide him information. Do not assume he does not know or care about court. • Parent and others should answer the child's questions honestly and as completely as possible. • Do not wait for child to ask the questions.

Impact of Separation Chart

	<ul style="list-style-type: none"> • The child may be worried about family members she does not live with and may demonstrate considerable concern for siblings and parents. 	<ul style="list-style-type: none"> ▪ Child may ask questions, be protective of siblings to the point of interfering when adults try to discipline the sibling. ▪ Child may be “parentified” in his behaviors towards siblings or parents. 	<ul style="list-style-type: none"> • Ensure frequent contact and when not possible share information so the child is assured of everyone’s safety. • Provide information about the parent’s whereabouts and condition. • Allow for early & regular phone calls to parent or other family members. • Allow child time to adjust and feel secure before trying to change behaviors that are protective of siblings or parent. • Do not force the child to give up parentified behaviors immediately.
GRADE SCHOOL AGE	<ul style="list-style-type: none"> • The child may be embarrassed and self-conscious regarding family’s problems and foster care status, which may contribute to low self-esteem. 	<ul style="list-style-type: none"> ▪ Child is very aware of being different and may deny or hide the fact that she is a foster child or that parents have divorced. ▪ Child may not want to go on visits, especially if that will make her seem different. ▪ Child may want to hide the fact that her parent is in jail or hospitalized. ▪ Severe reactions may include the child refusing to visit a parent. ▪ Child may be taunted by others for what the parent did (committed a crime). ▪ Child may refuse to go to school. 	<ul style="list-style-type: none"> • Help the child develop ways to explain her situation to her peers. • Have visits in locations where the child is comfortable, i.e. the child may not want caregivers or parents to attend school events where the child has to explain what is happening to her friends. • Allow the child to not tell others about parents being in jail. • The child can benefit from supportive adult intervention, such as counseling, to help sort through his feelings about the situation. • Talk to the child about how he is doing at school, if he is being taunted or treated badly due to parent’s actions. • Get child to help with the planning of the visit and changes in her life. Allow her some choices and control.
	<ul style="list-style-type: none"> • Shaken sense of identity – Who am I? Who is my family? 	<ul style="list-style-type: none"> ▪ May delay the child’s development ▪ The child may need help resolving family relationship issues so he can continue to progress. 	<ul style="list-style-type: none"> • Inform the parent it is developmentally normal for children in this age to start to “pull” away and not want to be with his parents in public places. This is not an indicator of a lack of attachment. • Share family history or stories to help enhance family connections. • Do not expect child to spend every minute with the parent on longer visits.

Impact of Separation Chart

	<ul style="list-style-type: none"> • Moral lapses are not rare, as the foundation of development of morality (parent) is shaken and the child experiences painful injustices. 	<ul style="list-style-type: none"> ▪ This may be evidenced in such behavior as lying and stealing. ▪ Aware of concepts of justice, crime and punishment. 	<ul style="list-style-type: none"> • Parents and caregivers should discuss moral development and have consistent expectations and consequences when the child does not meet expectations. • Non-custodial parent should be actively involved in setting expectations, boundaries and enforcing discipline. • Help child to understand why parent is in prison.
	<ul style="list-style-type: none"> • Shows stress with symptoms such as headaches and stomach aches. 	<ul style="list-style-type: none"> ▪ Child may become ill or say she does not feel well when experiencing stress or to avoid a situation. 	<ul style="list-style-type: none"> • All medical issues should be evaluated by a physician. • Teach the child methods of handling stress. • Track to see if there is a pattern when the child is sick or uses illness as a way of escaping. • Try to get her to discuss what is causing her stress rather than focusing on the illness.
ADOLESCENT	<ul style="list-style-type: none"> • Early adolescence is an emotionally and physically chaotic period for all teens. 	<ul style="list-style-type: none"> • Any additional stress has the potential of creating “stress overload” and may precipitate crisis. 	<ul style="list-style-type: none"> • Teach the youth methods of handling the stress. • Do not overreact to outward changes – hair, clothes. • Give youth choices in planning visits and changes in his life. • Ensure that the youth has at least one trusted adult in his life.
	<ul style="list-style-type: none"> • The youth may resist relationships with adults. Dependence upon adults threatens “independence”. 	<ul style="list-style-type: none"> • By rejecting adults, the youth deprives self of an important source of coping support. 	<ul style="list-style-type: none"> • Allow the youth choices in how the relationship will occur but not whether he should have relationships with adults. • Even youth who state they do not want a relationship have told researchers that they wanted the relationship and feared rejection so acted as if they did not want adult relationships. • Prepare parent for this normal teen behavior.
	<ul style="list-style-type: none"> • The youth may deny much of own discomfort and pain, which prevents him/her from constructively coping with those feelings. 	<ul style="list-style-type: none"> • Developmental regression, evidenced as choosing younger friends, withdrawing, interrupted school achievement 	<ul style="list-style-type: none"> • Teach the youth it is OK to have emotions and how to handle the pain. • Provide emotional support even if this is initially rejected by the teen. • These reactions are usually temporary. Do not overreact.

Impact of Separation Chart

	<ul style="list-style-type: none"> • Separation from parents, especially if the result of family conflict and unruly behavior on the part of the youth, may generate guilt and anxiety. 	<ul style="list-style-type: none"> • Denial of emotions, physical illness, eating disorders, depression, suicide, etc. • Acting out behaviors 	<ul style="list-style-type: none"> • It is important that ALL the adults who are responsible develop an agreed upon plan to handle the youth's behavior. • Adults work together with youth to set consistent boundaries and consequences. • Support from parents, adults or therapist is essential.
	<ul style="list-style-type: none"> • Identity is an emerging issue; dealing with parents' shortcomings is difficult. 	<ul style="list-style-type: none"> • Parents may be idealized or shortcomings may be denied. • May see adults as all good or all bad. 	<ul style="list-style-type: none"> • Do not take it personally when youth "notices" your shortcomings. • Honest, open discussion of parent's behaviors. Most helpful if parent initiates this discussion and takes responsibility.
	<ul style="list-style-type: none"> • Exploring his/her sexual identity. 	<ul style="list-style-type: none"> • Entry into sexual relationships may be very frightening without the support of a consistent, understanding adult. • Sexual relationship may start earlier for traumatized teens and teen may be susceptible to abuse by others. 	<ul style="list-style-type: none"> • Be willing to discuss or provide the youth information about sex, your values and expectations.
ADOLESCENT	<ul style="list-style-type: none"> • The youth has the capacity to participate in planning and to make suggestions regarding own life. 	<ul style="list-style-type: none"> • He may refuse to attend visits. • He may act as if he does not care or want to be involved in planning. 	<ul style="list-style-type: none"> • He should be included in developing visit plans. • Persistent repeated attempts to engage the youth by parent or worker can have very positive results. • When possible, longer visits with opportunities to learn from parent (cooking, driving, sports, shopping, etc.) provide normal interaction activities. • Predictable schedules is not as important as allowing the youth choices.
	<ul style="list-style-type: none"> • The youth will be mourning the loss of family and home. 	<ul style="list-style-type: none"> • Symptoms of mourning may include such things as feelings of emptiness, tearfulness, difficulty concentrating, chronic fatigue, and troublesome dreams. • May choose to join a new family such as a gang. 	<ul style="list-style-type: none"> • Talk to the youth about her feelings, refer her to counseling and monitor for suicidal thoughts. • Do not expect teen to quickly bond to new caregiving family or follow new household rules; the teen may see this as denying her birth family or the other parent.

Impact of Separation Chart

<ul style="list-style-type: none"> • Anger, both as a direct response to disruption and circumstances surrounding it, and to cover feelings of powerlessness, vulnerability, and grief. 	<ul style="list-style-type: none"> • Expect withdrawal, both psychological and physical distancing and detachment. Adolescents, because of their greater independence, mobility, and access to resources (e.g. friends, organizations) outside the home, are often able to withdraw from the problems of the home to maintain their equilibrium • Watch out for social and behavioral problems, such as sexual misconduct, truancy, delinquency, substance abuse, eating disorders and gang activity. 	<ul style="list-style-type: none"> • Encourage the youth to be involved with friends and activities that bring her joy. • Adults regularly check with teen. Do not accept “no” if you suspect there is a problem. • Prepare parent for teen’s emotions. Have parent accept responsibility for how his/her actions contributed to these emotions. • Do not overreact and/or expect teen to deny emotions. • Connect teen with other people or groups that are a positive “family” – sports, church, hobby groups, school activities, cultural groups, extended family, etc.
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Visits: ROLES AND RESPONSIBILITIES

	BEFORE	DURING	AFTER
CHILD'S PARENT(S)	<ul style="list-style-type: none"> • Ask about any rules/expectations s/he does not understand. Follow all the rules. • Find items to bring. • Arrange transportation. • Call as soon as possible if visit must be cancelled or you will be late. • Ask for help on how to handle your and the child's emotions that commonly occur during visits. 	<ul style="list-style-type: none"> • Follow the rules. Come prepared. Come on time. Bring required items for visit and nothing else. Do not bring other people without permission. • Give child 100% of your attention. • No drugs or alcohol use at visit and do not come to visit intoxicated. • If you are having a mental health crisis ask for visit to be postponed. 	<ul style="list-style-type: none"> • Listen for feedback and ask questions about how to improve. • State concerns to SW. • Provide suggestions for next visit. • Take care of yourself – visits are hard emotionally. • Talk to a friend, SW, or therapist to debrief visit.
CASE WORKER - person responsible to develop visit plan	<ul style="list-style-type: none"> • Place child in a home that is close and will support visits and family connections. • Place sibling together or ensure they have frequent visits. • Provide everyone with written visit plan. • Tell parent(s) of expectations and rules. • Help parent(s) prepare what to say to child, what to bring, what activities are allowed/expected. Do not expect that parent(s) knows how to perform parenting tasks and assume parent(s) will feel "unnatural" during visit – PREPARE the parent(s) to succeed. • Explain to child purpose of visit, safety rules, how long it will last, and returning to caregiver following visit. Practice what s/he may want to say to parent(s) • Arrange transportation and location. • Do not use visits as a reward or punishment. 	<ul style="list-style-type: none"> • See Supervisor of visit responsibilities if you are also doing that task • Make visits a high caseload priority so that they occur. 	<ul style="list-style-type: none"> • Apply sanctions to parents who break rules. Do not use visits as rewards or punishment. • Give the child's parent(s) feedback on their interactions, behaviors, parenting skills or other issues. Communicate in a strength-based manner. • Use Progressive Visit Planning to increase or decrease an item in the visit in order to meet the child's needs and to determine parenting skills. • Call and check with child and/or caregiver to see how the child is reacting to visits • Ask everyone about how to improve the visits
CHILD'S OUT-OF-HOME CAREGIVER	<ul style="list-style-type: none"> • Prepare child for visit given the type of visit; talk about visit, how to handle emotions and the safety plan. • Pack clothes, food, medicine, comfort item or other items needed for visit • Say positive things to the child about visit and his or her parents. • Transport child to visit. • Give information to SW and parent about child: anything that might affect the visit, i.e. school, illness, behaviors. • Support contact with siblings and others. • Visits should never be talked about as a reward or punishment for a child's behavior. • Believe that family connections are essential for a child's health development. 	<ul style="list-style-type: none"> • Have the visit in caregiver(s) (your) home. • Model or teach parenting skills to the child's parent. • Supervise or monitor visits – see supervisor of visits for more details • Help with transitions at beginning and the end of visits, especially if the child is emotionally attached to you or the child does not remember the family members who will be at the visit. • Be willing to meet with the child's parent(s) before and after the visit. Avoid "handing off" the child to a third party in order that you not meet the parent(s). 	<ul style="list-style-type: none"> • Transport child back to your home. • Have routine that will comfort child, allow for emotions to be safely expressed. • Discuss "abnormal" reactions the child has to visits with the child's caseworker. • Document visits if you supervised visit or it occurred in your home. • Take care of yourself , the child, and your family - given your emotions.

	BEFORE	DURING	AFTER
CHILD/ YOUTH	<ul style="list-style-type: none"> • Tell adults what you prefer regarding visits; location, frequency, who attends, activities, safety. • Ask any questions you have about the visits • Tell adults if you are having feelings you cannot handle, are afraid, or need information. 	<ul style="list-style-type: none"> • Have fun. • Be on time. • Follow the rules. • Use your safety plan, ask for help. Ask for visit to end if you feel unsafe. 	<ul style="list-style-type: none"> • Tell adults if you have any questions, feelings, reactions, or concerns about the visit. • Tell adults what you think would make the visits better.
SUPERVISOR OF VISIT	<ul style="list-style-type: none"> • Must be willing and able to put child's best interest first. • Given the visit plan, have the skills required to implement the plan; to supervise, model parenting skills, assess, interactions, or observe. • Complete any training required to be a visit supervisor, especially for conducting high level of supervision for violent or unsafe parents. 	<ul style="list-style-type: none"> • End visit if parent violates rules or if child indicates his/her safety is at risk. • Enforce all the rules of the visit (location, activities, people attending). • End visit if parent shows any signs of intoxication, mental illness or abusive behaviors. • Supervised/Observation supervisor: do not talk to others during the visit, do not get involved in activities even if asked, only intervene if safety issues occur. • Modeling/teaching supervisor: do provide direct modeling or teaching of parenting skills as determined by the case plan. Can give advice to parent during the visit. • Therapeutic supervisor: therapy, teaching parenting skills, family counseling, play therapy. • Take notes regarding visit. Send to SW ASAP. May be required to testify in court. • Watch the clock and be sure all 3 phases of a visit occur (saying hello, the activities, saying goodbye). 	<ul style="list-style-type: none"> • If social worker has approved,,provide immediate feedback to parent – do this out of hearing of the child. • Document visit and send to appropriate people. • Call social worker or caregiver soon after the visit if there is a special need of the child or parent(s) that should be addressed immediately. • If approved, check with older children, out of hearing from the child's parent(s), as to the child's questions, reactions, or assessment of the visit.
TRANSPORTER	<ul style="list-style-type: none"> • Be on time. • Safe driving and car seats. • Listen to child during the ride. • Provide reassurance. • Report any concerns immediately to social worker. • May be asked to provide information from caregiver to SW or child's parent(s). 	<ul style="list-style-type: none"> • See Supervisor of visit responsibilities if you are also doing that task. 	<ul style="list-style-type: none"> • Be on time. • Safe driving and car seats. • Listen to child during the ride. • Provide reassurance. • Report any concerns immediately to social worker. • May be asked to provide information to caregiver.