Introduction

Visit monitors need to use a range of skills in their roles monitoring visits between non-custodial parents and their children. These skills vary, depending on the type of supervised visitation services offered in a particular program, the cases assigned to a visit monitor, the availability of mental health professionals to work with cases, and other factors. For some visit monitors, the skills presented in this chapter will be a review of basic human service training received in previous academic or work settings; for others, the skills will be new. The chapter is not written to cover the entire range of skills that a visit monitor might need to address every possible kind of visit, but rather to present the core skills that most visit monitors will need to employ in order to fulfill their roles effectively.

Overview

This chapter presents material on the most common skills employed by visit monitors, including skills in communication (both verbal and non-verbal), crisis intervention skills, assertiveness, facilitation, observation, and recording. It is not uncommon for some visit monitors also to conduct parent education and family counseling pursuant to program resources. However, these skills are not covered in this manual, due to their complexity and the licensure restrictions in some settings.

Additional content is presented on ethical issues involved in the provision of supervised visitation services. These include ethical standards, ethical conflicts, setting of professional boundaries, and a suggested process for resolving ethical dilemmas that occur in visitation settings.

Objectives

Upon completion of this chapter, a visit monitor will be able to:

1. Identify functions and responsibilities of visit monitors;
2. List effective practice skills for monitor visits;
3. Discuss components of effective communication;
4. Discuss components of a crisis intervention model;
5. Practice assertiveness skills;
9. Assess the range of skills needed to facilitate visits;
6. Distinguish between observation and inference;
7. Record observations of visits in an objective manner;
8. Practice effective intervention skills to employ when safety is compromised during a visit;
10. Recognize ethical standards and apply them to supervised visitation settings; and
11. Resolve ethical dilemmas.

Assessing Range of Skills

In order to better understand the range of skills that a visit monitor may need when facilitating visits, it is first important for a visit monitor to understand what his or her own responsibility is in observing visits. There may be variance in this range of skills, depending on the structure of the specific visitation program, the mission of the program, and the professional resources available within the program. The following exercise may help visit monitors better make these distinctions in their own roles.

**Exercise**

*A Monitor’s Role*

*The visit monitor should circle a number from one to six, indicating the degree to which he or she believes the statement describes a visit monitor’s function or responsibility:*

1=Primary, major responsibility
2=Very important
3=Moderate
4=Marginal
5=Optional
6=Not a responsibility

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<td>1. Evaluate the parenting skills of the visiting parent.</td>
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<td>3. Teach parenting skills.</td>
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<td>6. Provide direct feedback to the parent(s).</td>
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7. Provide recommendations to the court to help decide issues of custody or placement.

8. Serve as a mediator between the foster parent, child and biological parent.

9. Serve as a mediator between the domestic violence victim, child, and perpetrator.

10. Serve as an advocate for a visiting parent.

11. Encourage positive interactions.

12. Determine or assess child’s discomfort during visit.

After all responses are completed, the program director should discuss them with the monitor. This exercise is designed to help program directors clarify for staff the roles and responsibilities of monitors consistent with program policies.

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**Qualities of Effective Visit Monitors**

Being an effective visit monitor means having the skills and knowledge necessary to observe visits and having the interpersonal characteristics that will assist in facilitating visits. These characteristics include:

- Self-awareness and understanding;
- Sound personal emotional/mental health;
- Sensitivity to cultural differences;
- Open-mindedness;
- Objectivity;
- Competence;
- Trustworthiness;
- Warmth; and
- Ethical standards.

A sample code of conduct is included in the Administrative Supplement.
Communication Skills

Effective communication in supervised visitation involves both verbal and non-verbal skills. A visit monitor must be able to communicate effectively with the custodial parent, non-custodial parent, child, and foster parent (if there is one) in a manner that is respectful, clear, assertive, and empathetic. To do so, a visit monitor needs to have what are referred to as “attending skills.”

**Attending skills include:**

- Eye contact. Eye contact is culturally variable. Generally speaking, though, it is important to have some degree of eye contact when speaking in order to establish communication.

- Body posture. If a visit monitor’s posture is free of indications of hostility (clenched fist, tense), then the family members will be more relaxed and respond accordingly.

- Verbal following. This simply means that the visit monitor is able to repeat information conveyed by the client in a manner that encourages him/her to continue to communicate.

- Encouraging attitude. Examples might be, “Tell me about your child.” “When you have the children at home, how do you play?”

- Use of paraphrasing. Repeating in a different fashion what the client has told you to assure the client that you understand what is being conveyed: “What I hear you saying is ______.”

- Open and closed questions. It is important for visit monitors to be able to use questions that require short answers as well as those types of questions that allow more information to be conveyed. For example, “Do you have toys at home?” Or, “Tell me what games you play at home.”

- Ability to reflect feelings. Visit monitors need to be able to assess how a visiting parent is feeling: “You seem very upset today.” Or, “I see that you are very happy.”

- Being genuine, warm, professional, and respectful. It is critical for visit monitors to be respectful of cultural differences and family differences. It is also important to avoid being condescending or patronizing of families different from one’s own.

- Being non-judgmental. This is sometimes quite difficult for inexperienced visit monitors to do when dealing with parents who have histories of child maltreatment or domestic violence. Try to separate the behavior from the person while at the same time being alert to signs of further risk.

- Being assertive. When program rules must be followed, visit monitors must be able to firmly, yet respectfully, direct participants to respond appropriately.

- Being able to use confrontation when appropriate. While it is generally better to be able to be assertive, there are times when it is appropriate to be able to be confrontational – such as when a child is put at risk during a visit: “Mr. Gandy, stop hitting that child immediately!”

- Giving directions by clearly stating specific outcomes and getting feedback so it is clear that the recipient understands the message.

- Non-verbal skills, such as head nods and silence. Non-verbal cues can be as effective when used appropriately as verbal communication. They can also be as ineffective as poor verbal communication can be.
Visit monitors need to be aware of how their everyday posture, gestures, and body-space may affect communication in a supervised visitation setting.

- It is imperative for monitors to remain respectful at all times, even if they are frustrated or angry with parents.

**Verbal Responses to Avoid**

There are a number of verbal responses which visit monitors should avoid — or at least use with extreme caution — in order to more effectively communicate and facilitate visits.

1. Avoid surprise exclamations: “That’s awful! I never heard such a thing!”
2. Avoid expressions of over-concern: “I just don’t know how you can manage.”
3. Avoid moral judgments: “God would not be pleased with that behavior.”
4. Avoid being punitive under all circumstances.
5. Avoid criticizing. Instead, if problem behavior is apparent, redirect the parent and suggest more positive ways of interacting. For example, if a parent is not interacting with his child during a visit, do not say, “You are just not acting like you care today at all.” Instead, suggest a game or activity.
6. Avoid making false promises: “I’m sure you’ll get your children back in the next month.”
7. Avoid threatening or coercing a parent or a child: “If you don’t go in that room and see your father, I am going right to the judge, and he won’t be happy!”
8. Avoid burdening the parent with your own problems: “I am so tired today, my child was sick last night and my car broke down....”
9. Avoid displays of impatience. This can be hard sometimes when working with parents – watch for frustrating sighs, clinched jaws, and irritation.
10. Avoid political or religious discussions: “What church do you go to?”
11. Avoid arguing. Once a visit monitor begins to engage in arguing, the battle has begun. Use assertiveness in communication when signs of conflict arise. If the conflict escalates, use confrontation and then follow agency protocol. Engaging in arguments will only result in frustration on all sides.
12. Avoid ridiculing. Do not mock what family members say, how they say it, or their cultural differences, clothing, etc. This rule applies to monitors not only when they are interacting with families, but also when they are staffing cases or discussing program business with other staff.
Case Example
& Discussion Questions

Read the case example below and then answer the questions about the case.

A judge has ordered Mrs. Sing to use the local supervised visitation program to see her child, Lucy, who has been placed in a foster home due to allegations of neglect. The intake worker at the visitation center tells Mrs. Sing that she is the only “authorized party” to visit. Mrs. Sing comes for her first visit and brings her mother and her sister with her. The visit supervisor tells the mother and sister that they will have to leave. Mrs. Sing doesn’t understand and becomes upset. The visit supervisor becomes increasingly irritated and makes comments like “You people never” while clenching her jaw and throwing the court order on the table. The supervisor insists, “See, right here, it says only authorized party!” “I don’t have time to teach you to read, too!”

Discussion Questions:

1. How could this exchange be avoided at supervised visitation? What did the supervisor do wrong?

2. How can a monitor describe what authorized party means without becoming impatient and demeaning?

3. How can the supervisor’s verbal and non-verbal communication be changed so that it is patient and respectful, not ridiculing or intolerant?

4. Can the program work with the court and parents to allow other family members to attend visits?
Crisis Intervention

Before reading this section on conflict and crisis intervention, monitors should consider their own definitions of and reactions to a crisis.

Exercise

There is wide variation in what situations constitute a crisis. For some individuals, a minor inconvenience becomes a crisis, while other individuals experience a crisis only when there is a death or other major event. Use the following discussion questions to help monitors determine their personal definition of a crisis.

Discussion Questions:

1. What kinds of situations constitute a crisis for you?
2. How do you feel (physically and emotionally) when you are in a crisis situation?
3. When you are experiencing a crisis, what do you need for others to do to help you?
4. What kinds of crises do you think supervised visitation clients typically experience?

Continuum of Conflict

When understanding how to resolve a crisis, it is important to recognize that there is a continuum of conflict, and that if it is left unresolved, a crisis situation may result. The goal should not be to wait until a crisis situation emerges, but rather to assess levels of conflict that will result in a crisis if not addressed.

Discomfort Stage. In this stage, there is awareness that “something is not right” or a feeling of being uncomfortable about something. In a supervised visitation setting, a visiting parent may be a bit hesitant, confused, or annoyed about something. The skilled visit monitor will be able to assess the parent’s discomfort and inquire about any problems or concerns at this initial stage.

Example: Mr. West is checked in for his scheduled visit with his children. He appears somewhat annoyed at having to sign the Rule Agreement but does so anyway. He asks the visit supervisor when his children will arrive. The visit supervisor responds, “I know you are excited about seeing them. They are scheduled to be here in fifteen minutes. I will come and get you as soon as they arrive.”

Incident Stage. At this stage a sharp exchange occurs leaving one or both individuals upset, irritated, or confused. The visit monitor can still defuse the situation at this point by being able to use assertiveness skills, acknowledging feelings, providing information, redirecting, etc. Or, if the incident presents enough risk, staff may have to respond by being confrontational and utilizing security staff or other agency protocols.

Example: A visit monitor informs Mr. West that his wife has not yet arrived with the children. She is about
fifteen minutes late. Mr. West is visibly upset and expresses frustration over the delay to the visit monitor. She responds by acknowledging his frustration: “I know this delay is frustrating. I will let you know as soon as I can if there is a problem.”

**Misunderstanding Stage.** At this stage, the motives of each side as well as the facts are often confused.

*Example:* “She is just trying to keep me from seeing my kids,” Mr. West said when he learned that his wife had cancelled the visit when her car broke down. “She's a bitch and she'll pay for this.”

**Tension Stage.** At this stage, existing attitudes and feelings toward the other person coupled with the outcomes of the incident and misunderstanding stages create a high level of tension.

*Example:* The visit monitor tries to calm Mr. West by acknowledging and redirecting him: “Mr. West, I understand that you are frustrated, but it’s not appropriate for you to speak about Mrs. West like that. I’m sure she will show up next time.” Mr. West shakes his head and begins to yell, ignoring the monitor. He paces back and forth in the presence of other parents, shouting.

**Crisis Stage.** At this stage, behavior is affected, normal functioning becomes difficult, and extreme actions are considered.

*Example:* Mr. West begins slamming doors, pushing staff out of his way and yelling obscenities. He says, “I’ll find that whore and kill her today.”

**Crisis Intervention Skills**

Once a crisis is identified a visit monitor needs to be able to employ crisis intervention skills. There are typically seven steps involved in effective crisis intervention. If these steps are employed, the impact of the crisis can be mediated.

**Step 1: Identify risk**

If the person in crisis is threatening harm to him/her self or to others, or if his/her behavior indicates this possibility, then it is imperative for the visit monitor to follow the center’s protocol for emergencies. This may involve alerting on-site law enforcement, calling 911, using alarms, or other procedures.

There are a number of scales or other tools to use to identify risk in a more formal manner, but in a crisis situation one can assume that lethality or bodily harm is imminent if the person is verbally making these threats or acting to harm others or him/herself. Depending on the setting in which the supervised visitation program provides services, there may be mental health professionals who are routinely accessible to make assessments; in others, the expectation is that visit monitors (whether mental health professionals or not) and other staff will make the decisions about an appropriate course of action.

In the example given earlier, Mr. West is making a verbal threat to kill his wife; however, she is not present. Given the fact that he does not know where she is currently living, the danger may or may not be imminent. In this situation, the visit monitor would follow agency protocols for threats and also look to the following steps. It may be that Mr. West is merely venting, however, if there is a history of domestic violence, it may need to be taken as an actual threat. In any event, while the visit monitor may be taking other actions, he or she or other staff members can continue to follow the steps below to mitigate the situation.
Step 2: Establish Rapport

In this step, the visit monitors need to let the family members in crisis know that the staff care about them and their concerns. This can be done by acknowledging the person's anger, frustration, irritation, or sadness, calmly asking for their side of the story or complaint. Using “I” statements, not “you” statements, can be of great help in this stage. Speaking calmly and quietly, being respectful of body space, trying to move the person away from others and from objects is also part of this effort. For example, “Mr. West, I know it is difficult for you not to see your children today. I can understand how frustrated you are. I am worried that you might do something you might regret. Let’s sit down in my office and talk for a few minutes. I want to know what I can do to help you today.”

Step 3: Identify the Problem

In this step, let the family member in crisis identify how they see the problem. Do not assume that you know what the problem is. In the above example, Mr. West may or may not identify the problem as not being able to see his children as scheduled. He might say the problem is his relationship with his wife, the court order, the fact that his work schedule prevents him from seeing the children more often, or any number of other problems.

Step 4: Deal with Feelings

Be supportive and empathetic and inquire about what feelings the family member is experiencing. Be prepared for expressions of anger, frustration, or sadness. Don’t minimize the emotional reaction of what the person expresses. In our example, the visit monitor asks Mr. West how he is feeling. He responds, “How do you think I’m feeling? I’m pissed off. The f----ing judge orders me to come here and I come and I can’t even see my kids because my wife is lying about her car. I’m getting screwed here. I want to see my kids – I went to a lot of trouble to get here today. I haven’t seen them in weeks.” He begins to tear up.

Step 5: Explore Alternatives and Past Coping Attempts

During this step the visit monitor should inquire about what the family member sees as alternatives to the problem(s) identified. The monitor can be helpful by restating or reframing some of the alternatives as they come up. If the visit monitor makes suggestions, they should be expressed as questions for consideration, not commands. The visit monitor should also assess what coping attempts the client has used previously and which worked and which did not.

Step 6: Develop an Action Plan

The visit monitor assists the family member in taking the steps necessary to get through the immediate future. It may be useful to write the steps down. The plan should be very simple and should include the person receiving help as well as others and their roles in the visitation center or other resource.

Step 7: Follow-Up

If the family member calms down and is able to focus on an action plan that does not involve harm to anyone, then the visit monitor would want to document the incident and follow agency procedures for a
follow-up. If the crisis situation escalates during any of the steps outlined above, then it would be appropriate to call law enforcement, ambulance, 911, or other emergency staff depending upon the nature of the crisis. Each agency has specific policies and procedures to follow when such a situation occurs and it is critical for each visit monitor to know what these are and how to follow them. Risk is an ever-present consideration in providing supervised visitation services but there is almost always a way to control the risk without discontinuing services.

Factors that Increase the Impact of Crisis

Whether or not a situation seems to be a “real” crisis to a visit monitor, certain factors may increase the impact of a situation for visitation participants.

1. Distortions in the way the parent/child views or experiences the event. For example, if the custodial parent does not bring the child to the first visit, the non-custodial parent could interpret that failure as “proof” that he or she will never see the child again. This distorted view would or could precipitate a crisis as in the preceding example.

2. Inadequate situational support. For example, some families have extended family members, friends, neighbors, or religious or social associations that will help them in crisis situations. Some have stable housing, financial resources, and educational attainment that they can rely upon in crisis – other families do not, due to mental health problems, substance abuse histories, social isolation, domestic violence, or other factors. Families without adequate situational support may experience events as crisis in a different manner than those with these supports.

3. Poor coping mechanisms. Some participants know that there are certain circumstances that they can do something about and some they cannot, so they devote energy into those situations that they can change. Others spend most of their time and energy worrying and feeling powerless, which makes any situation seem more serious.
Case Example & Discussion Questions

Read the case example below and then answer the questions about the case.

Mrs. Eastman is a custodial parent who was the victim of domestic violence. She brought her son to a scheduled visit with his father. She shared her concerns regarding “guns and other weapons” during the visit. She said she tries to keep her son away from all toys that encourage violence. The monitor stated that he would be sensitive to such conversation or play during the visit.

During a subsequent visit, Mr. Eastman brought a “laser gun” and a toy that made an explosive-like sound. He began playing with his son with these toys. At this time, the visit monitor explained that the toys were inappropriate and requested that he put the toys away. The father responded by asking for the supervisor, and when she came he expressed that he was a very gentle person and would never hurt anything and that the guns were “just toys.” The father became tearful and stated that he was “afraid of something like this happening.”

The son noticed his father’s agitation and began to speak loudly to get his father’s attention. It was suggested to the father that he speak outside of the child’s presence but he refused and continued to speak in front of his son. He stated that he came a very long distance to visit his son and would never do anything to harm him. During this interaction, the father was defiant and he appeared angry and frustrated. His son tried to intervene and calm down his father. The supervisor again explained that the father was upsetting the child and asked the father to continue the conversation outside of the child’s presence. The father then stated that he did not wish to talk further about the incident, put the toys away, and the visit continued.

Discussion Questions:

1. As a result of this encounter, is it likely that the son’s behavior will carry over once he returns to his mother’s home?
2. How might each step of the crisis intervention model be used in this case?
3. How should the monitor have handled the incident? What agency or program rules might have affected this situation? Should the visit monitor have removed the child from the situation to speak to the father alone?
Visit Facilitation Skills

Visit monitors must be able to perform a number of sometimes seemingly contradictory roles. They must remain neutral but also be constantly on alert for situations that might present risk to the children, a parent, or others. Visit monitors must remain in the “background” but be close enough to hear conversations or notice inappropriate nonverbal behavior. The primary responsibilities of visit monitors are as follows:

- Ensure that no physical or emotional harm is directed to the child during the visit, to the other parent, or to other program participants.
- Monitor conversations between a visiting parent and child to guard against inappropriate remarks or threats made toward the child or other parent.
- Facilitate the visit when necessary by suggesting age-appropriate games or activities. This entails being sensitive to the needs of the parent and the child.
- Monitor the length of visit in order to allow an opportunity for participants to prepare for the end of the visit.
- Remind parents of the role of the visit monitor and the rules of the program if necessary.
- Redirect inappropriate behavior, both physical and verbal, in a manner consistent with program rules.
- Avoid letting personal feelings about parents, child, or situation interfere with the monitor’s objectivity in observing visits.
- Terminate the visit according to program policies if rules are violated.

Strategies for Managing Reactions

A key component of developing facilitation skills is the visit monitor’s ability to manage reactions of participants during visits. This is accomplished by the following strategies:

- Prepare all participants prior to the first visit. Discuss emotions which they may feel in anticipation of scheduled visits.
- Set behavioral expectations. This means that the visit monitor needs to inform participants of what is expected of them during a visit and what will not be permitted.
- Help all participants focus on the needs of the child(ren) over their own needs.
- Respect the child’s emotions.
- Be attentive and responsive to the child’s post-visit reactions.
- Be attentive and responsive to the parents’ ongoing reactions to visitation.
- Deal with the parents’ emotions during visits.
- Deal with reactions over separation, changes in custody, or reunification.
- Deal with reactions to changes in visitation schedules.
- Deal with your own and other participants’ reactions.
Exercise

Discuss the role of the visit monitor in each of the following situations:

1. Visit monitor observes a visiting mother trying to coax her daughter to discuss how she is getting along with her stepmother. When the daughter doesn’t respond, the mother asks questions in a pointedly negative manner: “That bitch can’t keep the house clean, can she?”

2. Visit monitor observes that a visiting 12-year old wants to play a board game that requires reading skills with her father. The visit monitor knows that the father cannot read.

3. A father recently released from prison after five years is visiting his six year old son for the first time.

4. A father plays chase with his 18-month old, throws him in the air and holds him upside down until the baby cries.

5. A mother visiting her children ignores the children and directs all conversation to the monitor.

6. A parent is using the visitation to say a final good-bye to his child subsequent to termination of parental rights. During the visit, the parent promises the child that they will be together again soon.

Activities for Visits

A number of activities can be employed to facilitate interaction between a visiting parent and a child ranging from doing a board game together, reading a book, listening to a tape of a story, singing, playing with toys, or using playground equipment.

Additionally, some visit monitors may choose to use more creative or therapeutic activities to engage the child and parent or to assess the impact of the visits on a child.

A list of such activities is included in the Administrative Supplement.

Intervening in Visits

Each visitation program has policies and procedures describing when a visit monitor should intervene in a visit. Below are some common situations in which monitors may need to intervene:

- If the visiting parent questions the children in detail about the activities of the custodial parent.
- If the visiting parent tells the children to convey a message to the custodial parent.
- If the visiting parent makes derogatory comments about the custodial parent, step-parent, foster parent, judge, etc.

- If the visiting parent falsely tells the children that he or she will be back soon – unless reunification really is imminent.

- If the visiting parent asks the children to choose which parent they want to live with.

- If the visiting parent promises trips, gifts, or privileges on the condition that the child does something. For example, if the parent tells the child, “I will bring you to Disney World if you tell me what school you are attending,” a monitor must intervene.

- If the visiting parent actually harms or threatens to harm the child emotionally or physically during a visit.

- If the visiting parent threatens to harm other visitation participants, custodial parent dropping off children, or staff.

- If the visiting parent has significant impairments due to symptoms of mental illness, physical illness, or substance abuse that prevents the parent from engaging in an appropriate manner with the child. For example, if a monitor discovers that a parent is intoxicated during the visit, the monitor must intervene.

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**Case Example & Discussion Questions**

*Read the case example below and then answer the questions about the case.*

A family with three children was referred for weekly supervised visits. The mother had been granted temporary custody after an order for protection had been filed against the father. During one of the visits, the youngest daughter was coloring and asked her father for help writing her mother’s name on the bottom of the picture. The daughter asked what her father wrote and he said it was a “code word.” When the daughter read the word “whore” out loud, he laughed loudly and told his daughter to give the picture to her mother. The child refused and colored over the word.

Discussion Questions:

1. How should the monitor hearing this exchange have intervened?

2. Should the father simply be warned, or should the visit be terminated?

3. Is any intervention necessary with the daughter?
Using Assertive Behavior to Intervene

Generally there are three ways in which a visit monitor might react to a parent’s inappropriate behavior at visits: passively, aggressively, and assertively.

Passiveness occurs when a visit monitor ignores what is occurring and defers to the offending person. In the case on page 172, if the visit monitor simply looked away from the drawing or laughed nervously, then he or she would be said to be responding in a passive manner. Passive behavior in a visit monitor is not effective and can support escalation of inappropriate behavior.

Aggressiveness occurs when a visit monitor uses his or her position of authority to attack, dominate or inappropriately control a situation. Again, in the example above, if a visit monitor were aggressive in his response, he would angrily confront the father in a loud voice and attack him personally: “Mr. Goodman, you are such a jerk – how dare you do that! I can make you lose any chance to see your children for that. You better do what I say!” Aggressiveness is not effective and can escalate inappropriate behavior.

Assertiveness occurs when the visit monitor communicates what is desired in an open, courteous, and firm manner. Assertive communication can be very effective, even in hostile situations, by defusing hostility and anger and allowing the offending party to “save face.” In the example given, a visit monitor using assertive communication might say, “Mr. Goodman, I would like to speak to you away from the children for a moment.” (Visit monitor and father go to another area.) “I can tell you have anger toward your wife, but it is not appropriate to involve the children in this manner. I will have to terminate the visit if you continue to do this.”

Practice Skills on Homelessness

Homelessness impacts families affected by substance abuse, domestic violence, parental mental illness and disability, and a host of other problems that may result in a referral to supervised visitation. Thus, the intake process at supervised visitation programs should include ways to explore the extent to which families who are referred to Supervised Visitation are stably housed. It is important to remember that the likelihood of families who are either homeless or precariously housed will self-disclose this fact is very slim. The barrier to disclosure is fear that children will be taken away because of homelessness. But, in the event that this information is not volunteered by the parties nor is it available in case files, visit monitors can heighten their awareness of signs of homelessness. Observations of the following behaviors and/or physical status can be instructive in these cases:

- Child and/or parent falls asleep during visitation;
- Child and/or parent wearing clothes that are unclean;
- Parent brings inappropriate personal possessions to visitation session;
- Parent and child arrive and leave on foot;
- Parent and/or child are vague about where they are staying; and/or
- Parent is difficult to contact by telephone when arranging visit sessions (phone calls require call-backs).
A final point about children who are homeless is that they must attend school, and school districts are required by law to provide free and appropriate educations to all homeless children. The McKinney-Vento Act (42 USC 11432 et seq.) requires schools to transport homeless children from where they are staying to the school district of their choice; this can be in their home district or the district to which they have moved. It is especially important to identify the need for school referrals for families that have dissolved due to domestic violence so that the child’s safety is assured. Visit monitors should be familiar with the local school district’s Homeless Liaison.

**Observing & Recording**

There is variation across supervised visitation programs in terms of how observation reports are written. Some programs use narrative reports written by visitation monitors and others use checklists. Other programs only record whether the parties came to the program as scheduled. Because programs vary so much on the type of records maintained, the information here may or may not apply to any specific program but will be useful in making monitors familiar with the issues involved in observation and recording of visits.

**Uses of Records**

Records maintained by supervised visitation programs have a number of uses:

- Records help to identify the client system and the need for services.
- Records are used to document the range and duration of visitation services.
- Records document critical incidents that cause services to be terminated.
- Records allow the case to have continuity if monitors change or different visitation services are provided.
- Records help facilitate inter-professional communication with the court of child welfare agencies.
- Records are also maintained in order to have a statistical record of the need for certain interventions.
- Supervisors may use records to ensure that workers are providing services appropriately.
- Data contained in records are also used in formal research studies to assess the outcome of services.
- Records are also important in legal actions programs may encounter as they can provide documentation of services.

**Guidelines for Recording Observations**

Below are general guidelines for writing visit observation notes:

1. Record only what is directly observed, not what someone else says about the visit.
2. Be objective and do not make inferences.
3. Do not assign diagnostic labels to family members (e.g. paranoid, schizophrenic) without the qualifications to do so.
4. Be careful when recording observations to be sensitive to cultural differences which may affect observations. As noted previously, eye contact and hugging and kissing are culturally variable. (See Chapter 13 for material on Culturally Diverse Families.)

Exercise
Objectivity Versus Inference

Indicate by using an “O” which of these statements are objective and an “I” by those statements, which are inferences.

1. Mrs. Young was very anxious during the visit.
2. Mr. Gandy slapped his son, Marc, when he started crying.
3. Mr. Foster is affectionate towards his children during visits.
4. During her scheduled visit, Mrs. Crockett held her three year old on her lap and read her a story.
5. Molly exhibited no attachment or affection toward her father today during the visit.
6. Because Mr. West has attended all of his scheduled visits with his children, he should be able to have unsupervised visits with them.
7. Mr. Wong, a Chinese-American father, is not affectionate with his children – he does not hug or kiss them during visits.

Ethical Practice Considerations

The process of providing supervised visitation services should be guided by ethical practice principles that promote client welfare while guiding the visit monitor’s relationship with the family. Often these ethical principles are embedded within professional codes of ethics such as those of social workers (National Association of Social Workers), counselors (American Counseling Association), psychologists (American Psychological Association), and marriage and family therapists (American Association of Marriage & Family Therapists).

Additionally, groups such as the Supervised Visitation Network and the Office on Violence Against Women have developed standards and principles for supervised visitation practice. Finally, Florida law provides some parameters regarding how supervised visitation services should be provided.

Sometimes an ethical dilemma arises because of a difference between what a client feels should be provided, what the court has ordered, what visitation staff feel is appropriate, and what services can safely be provided with limited resources. The role of the visit monitor may involve trying to resolve these dilemmas. Researchers who examine ethical decision-making recommend a variety of criteria to assist human service workers in
resolving these situations. Listed below in descending order of priority are some ethical principles that may serve as a guide to this process:

**Principle of the Protection of Life.** Program staff must ensure the safety of all clients using the supervised visitation program as well as the safety of staff and volunteers. This means that staff must act to terminate any behavior that threatens harm. For example, if a domestic violence perpetrator leaves a threatening note on his partner’s car, staff must intervene to protect the safety of the non-offending parent and the children, even if this results in termination of visits for perpetrator.

**Principle of Equality and Inequality.** This principle addresses the right of persons of equal status to be treated equally and non-equal persons to be treated in a different fashion if their inequality is related to the issue in question. For example, if a mother is visiting a child whom she has abused and she abuses the child again during the visit, the visit monitor must protect the child rather than the mother’s court-ordered “right” to visit the child.

**Principle of Autonomy and Freedom.** Programs strive to provide supervised visitation services in a safe and neutral setting. However, if a parent refuses to abide by program rules and presents a safety threat to others, visitation staff must intervene, even though this limits the parent’s autonomy.

**Principle of Least Harm.** Here the guideline maintains that given alternatives, a provider should choose the option that presents the least harm to those involved, the least permanent harm/disruption, and/or the most easily reversible harm or disruption. For example, if a visiting parent briefly whispers to his/her child despite program rules prohibiting whispering, the visit monitor might (depending on the circumstances) first redirect the parent’s behavior instead of immediately ending the visit.

**Principle of Privacy and Confidentiality.** Most supervised visitation programs have policies and procedures in place addressing privacy and confidentiality concerns. These are designed not only to protect a client’s need for privacy but also for safety. A seemingly benign request for information about a child by a non-custodial parent or information about a custodial parent’s whereabouts can endanger the life of both. Nonetheless, in some circumstances this information may be requested by either parent’s attorney or by the child’s GAL or the caseworker. It is imperative that there be clear understanding of what information can and cannot be revealed.

**Principle of Truthfulness and Full Disclosure** In practice, this principle means that visitation staff should fully inform family members about program rules, services, reporting requirements, and court communication.
Exercise

Consider the following situations. In each example determine where the ethical dilemma lies. How should the visit monitor in each case resolve the conflict?

1. A nine-year old child tells her visit monitor details of her father’s sexual abuse. The visit monitor has reported this to the Child Abuse Registry and the allegations are being investigated. While the investigation is being conducted, the court has ordered visits to continue between the child and her father.

2. A visit monitor notices that the on-site law enforcement officer has become very friendly with a particular parent, offering to give her a ride home, and lending her money. Should the visit monitor intervene? Does it make any difference if the parent is the custodial or non-custodial?

3. A father who has custody tells the visit monitor that his wife, the visiting parent, has had her driver’s license suspended for nonpayment of child support. The mother is observed by the visit monitor driving to and from the scheduled visits. Should the visit monitor say anything to the mother? If her license has been revoked because of a DUI, should the visit monitor do anything differently?

4. A visit monitor knows that a visiting mother is on probation and that, as a condition of probation, is not supposed to consume alcohol. The mother arrives for a visit smelling like stale beer, but she is not impaired and denies drinking. What should the visit monitor do?

5. A teen-age girl refuses to visit her father as the court has ordered. She sits in the intake office crying, saying she hates her father and is frightened of him because he abused her mother. Her father has a court order and he insists that the visit monitor force his daughter to see him.

QUIZ

1. List five qualities of effective visit monitors.

2. Describe the seven steps of crisis intervention.

3. List five appropriate uses for supervised visitation records.

4. Describe four general guidelines for writing visit observation notes.