

# **CHILDREN AND FAMILY RESEARCH CENTER**

## **CONDUCTING PARENT-CHILD VISITS**

**Research Integration Document  
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**Based on research conducted by**

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## **INTRODUCTION**

The Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign (CFRC, the Center) was established in 1996 in a cooperative agreement with the Illinois Department of Children and Family Services (DCFS). The mission of the Center is to report on outcomes for children who are the responsibility of DCFS, conduct research that links policy and practice to child outcomes, and encourage public child welfare research activities through collaborative relationships and grant opportunities. This document is a collaborative effort between the Center, DCFS, and the Education Partners in the State of Illinois, designed to provide a bridge between research and practice in child welfare. It takes the results of research projects and interprets the findings for use in the child welfare practice.

### **MAINTAINING A PARENT'S RELATIONSHIP WITH HER/HIS CHILD.**

Parent visitation is the scheduled, face-to-face contacts between parents and their children in foster care. The visit is the primary child welfare intervention for maintaining and supporting adequate parent-child relationships necessary for successful reunification. The research that this report is based upon a series of studies examining the interactions between parents and their children during planned supervised visits. Families who participated were new to the child welfare system, had children in out-of-home care, and had children who were between the ages of two and five years of age.

Based on her research, Haight identifies four stages of the supervised visit. Beginning with an orientation stage where workers help parents understand the goals and ground rules of the visit, a planning stage which involves preparing everyone for the visit, the visit, and a debrief stage during which all parties review what occurred subsequent to the visit. The practice implications of this research focuses on improving the clinical knowledge and skills of workers with regard to visitation at each stage in the process so that they can better help parents optimize the visitation experience. This therapeutic focus should be primary in the practice of facilitating parent and child visits.

## **MAKING CASEWORK DECISIONS BASED UPON VISITING.**

This research does not provide information or guidance on how workers can use visiting in making permanency decisions. However, front line caseworkers continue to face considerable pressures to make quick and accurate decisions with regard to permanency. For instance, workers might be asked to assess the quality of parent-child relationships. One danger of making decisions based upon visits is that the stress and trauma of foster care coupled with the pressure and artificial nature of the visit may distort the true nature of the parent/child relationship.

It is likely that workers will have questions about some children's behaviors that were observed during visits. Most young children when in a stressful situation develop useful ways to obtain comfort from a parent. However some children have not developed these strategies and in a stressful situation may exhibit behavior such as glazed expressions, inappropriate laughter, fighting, attempts to escape the situation. Even in the presence of the caregiver they may show signs of distress such as head banging, wetting or huddling on the floor.

Repeated instances of this type of behavior over multiple visits should result in intervention. Workers should seek psychological assessments of the child, parents and children should receive therapeutic services aimed at improving the parent/child relationship, or parents might be referred for mental health or substance abuse assessment or treatment.

## **IMPLICATIONS FOR PRACTICE**

Parent-child visitation is a *purposeful, planned* activity with implications for child safety, well-being and permanency. It works best when the worker understands its importance and is committed to the process. Visits can be complex. Each player in the visit has different goals and agendas. The worker must understand and manage each of these while keeping the focus on the child(ren). Additionally, a caseworker has the responsibility of continually assessing the family's progress while also developing, maintaining, and strengthening their relationship with and supporting the parents. Even when reunification is not likely, parents continue to be important adults in their children's lives and sources of relevant information about the children or resources for placement.



## **STAGE 1: PARENTS ORIENTATION**

The focus of this stage is helping parents to understand the purpose of the visits, involve them in planning and develop goals and expectations for the visit.

**Caseworker Intervention 1:** Establish a mutually respectful working relationship with the parents.

### **Clinical Implications:**

In any helping relationship it is important for the worker to first create a mutually respectful working relationship. The way to develop this type of relationship is through empathic engagement. By being one's self, listening, exhibiting positive regard, and soliciting the parents' perspective and opinion regarding the visit, the worker will exhibit genuineness, offering an environment in which the parents will be able to discuss the visit openly.

### **Caseworker Behavior:**

1. Tell the parents that visits are designed to encourage their relationship with their child(ren) and that the purpose of this meeting is to help plan the best visit possible. Ask the parents what they think would help to make this happen.
2. Ask the parents if they have concerns about the visit and work with them to develop strategies to help manage the difficulties.
3. Ask the parents about the types of activities that they think will be supportive and comforting to the child. Discuss the positive and negative aspects of these activities (for example, if a parent identifies a high energy game that may get the child(ren) too excited, talk with them about how they would manage the situation and come up with alternatives or supports to help them ensure a positive outcome).

4. Allow the parents to make some choices about the visit.

**Caseworker Intervention 2:** Orient parents to the goals and rules of the visit.

**Clinical Implications:**

Develop clear goals and expectations for the visit. The visitation experience gives the parents the opportunity to learn and develop parenting skills essential to the child(ren)'s well-being. It is important for the caseworker to communicate clear messages in a direct way. It would be useful to have a parents' handbook with guidelines for the visit, if available.

**Caseworker Behavior:**

1. The worker meets with the parents and discusses the goals of the visit. The primary goal of the visit is for the parents to maintain a close relationship with their child.
2. The worker asks the parents what other things they would like to see occur.
3. The worker explains to the parents the rules of the visit. The rules should be specific to the family's strengths and weaknesses. Some rules that may apply include: timely visitation (everyone arrives on time), clear time frames for the visit, the parents' must arrive sober for the visit to occur, and no hitting or yelling. Rules specific to each family should be developed with the visiting parent.

## **STAGE 2: PREPARING FOR THE VISIT**

Just as parents are expected to be punctual and consistent, it is critical that workers and others involved in the visit be punctual and consistent. The focus of this stage is establishing the best conditions possible for the visit. This includes scheduling, transportation and assuring that parents have what they need to have a successful visit.

### **Caseworker Intervention 1: Review the Case**

#### **Clinical Implications:**

Each family and visit is different and what occurs in the visit results from a combination of past and recent experiences along with careful planning of the visit. It is important to take thorough, objective notes regarding every stage of the visit.

#### **Caseworker Behavior:**

1. Read the case file to become familiar with the history of the case and the individuals scheduled to participate in the visit.
2. Make a list of any gaps or conflicts you find in the case file. Use these notes when speaking to the parents. Asking them about their lives and let them know you are interested in their perspective.

## **Caseworker Intervention 2: Schedule the visit**

### **Clinical Implications:**

Empathic engagement soliciting the perspective, opinion, and expectations of the parents and foster parents for the visit. Depending on the location of participants, their schedules, and the availability of space, scheduling a visit can be a complex process. Consult with foster parents regarding the schedule of the child(ren) in the home as well as the family's schedule. Make sure you are clear on the parents' availability. It is important to remember that tension created in arranging the visit can carry over into the visit, possibly causing the child conflict in his/her relationship with the biological parents and foster parents.

### **Caseworker Behavior:**

1. Ask parents about their preferences for the visit including location, dates and times. If possible, schedule the visit in the parents' home or a familiar, preferably home-like environment within the neighborhood.
2. Ask parents how they feel about visiting. Ask them if they have any fears or concerns about visiting with their child(ren) that might affect the visit. If they have concerns, develop strategies to address them.
3. Talk to the parents about the types of games, toys, and activities that they would like to have available for the visit and assist the parents in the gathering them.
4. Be sure to allow enough time in your schedule to manage the entire visit. Arrive 15 minutes prior to your meeting so that you can prepare yourself for the visit and demonstrate consistency for both the child and parent(s).



**Caseworker Intervention 3:** Prepare physical location

**Clinical Implications:**

Create a Home-like environment, comfortable for both parents and child(ren).

**Caseworker Behavior:**

1. Make sure that there are familiar and age appropriate toys and games available at the visit site to create a home-like environment and encourage interaction between the parents and child(ren).

**Caseworker Intervention 4:** Provide foster parents with the tools to support the child(ren)

**Clinical Implications:** Include foster parent(s) in planning for the visit.

**Caseworker Behavior:**

1. Explain the goals and importance of the visits to the foster parents.
2. Discuss with the foster parents the ways that visits can impact the child(ren); both prior to and after the visit; and how the foster parent(s) feel they can support and assist the child(ren) through these times.
3. Ask each child what she/he would like to do during the visit. The caseworker or the foster parents can talk to the child about this. If possible, help the child to communicate this with parents and create an environment in which to do so. If the child's request is not realistic,

develop alternatives with the child.

4. Ask the child if there is something that they would like to take or to use with their parents in the visit. Once again, the caseworker or the foster parents can talk to the child about this. If the expectation is realistic, help them to obtain the identified items. If the child's request is not realistic, develop alternatives with the child.

### **Caseworker Intervention 5:** Support the parents

#### **Clinical Implications:**

Conduct a pre-visit meeting to make the expectations of the visit clear, allow parents to vent feelings and concerns, help parents to see other perspectives than their own, troubleshoot potential problems, and coach parents on strategies to use during visit. The worker serves as an educator and coach. When the parents understand the purposes of the visiting process, they can function in the situation with full knowledge of the benefits of making a visit positive, and the possible consequences of poor visiting.

#### **Caseworker Behavior:**

1. Schedule at least 15 to 20 minutes to talk with parents before the visit. When they arrive explain to them that this is their special time to talk about whatever is on their mind before the child(ren) arrive, so that they don't have to worry about these things during the visit. It may be necessary to explain to them why it is better to talk about these things before their child(ren) arrive.
2. Ask the parents if there is anything they have on their mind that they are worried about or that they would like to talk about before their child(ren) arrive for the visit. Give them time and space to talk about any personal issues or concerns regarding their child(ren) or the visit.

3. Tell the parents that they are free to talk about any displeasure that they have with the visits, the case situation, or the foster parents before the child(ren) arrive so that they can focus on the goals of the visit. If necessary explain why it is best not to talk about these issues in the presence of their children.
4. Ask the parents how they felt the last visit went. Ask them what they found positive and what they found challenging or upsetting. Ask them what they felt their child(ren) liked or disliked about the visit and things that they think they can do to improve the experience. If appropriate, make suggestions for other ways they might respond to this type of situation.
5. Ask the parents how they feel about any plans or expectations (both positive and negative) they have for this visit. Is there anything they would like to bring up, or anything they plan to give to the child(ren) at the visit? Ask them how they think the child(ren) might respond and what they will do when their child responds. Assist them in the development of a plan.
6. Help the parents plan for the child(ren)'s arrival. Ask them how they would like the room set up, how they think the child(ren) will respond, and what they plan on doing when the child(ren) arrive. Help them to think about ways to make the visit be as meaningful as possible.
7. Talk to parents about the importance of saying goodbye, recognizing that this is a very difficult time but one that makes a connection for the child(ren) to the next visit. Ask them how they think they can make this time meaningful for their child(ren).
8. Talk to parents about how they might help their child(ren) make the transition back into foster care. For example, giving the child a small gift (e.g. small box of cookies or juice) to use or open when they get home.

## **Caseworker Intervention 6: Arrange Transportation**

### **Clinical Implications:**

Schedule a consistent, sensitive driver who the children know and can help them deal with pre-visit anxiety and post-visit feelings.

### **Caseworker Behavior:**

1. Attempt to have the same person transport the child(ren) to each visit. If possible, use someone the children know.
2. Prior to the first visit, tell the driver about any special circumstances that you anticipate, about what would be useful for them to talk about with the children on the way to the visit, about what they can expect of the child(ren) after the visit is over and what they should talk about with the child on the way home. Explain to them that the children can react to visits in many different ways. They could have feelings of anger, or sadness, etc. Help them to plan their responses to potential difficulties the child(ren) may have.
3. Debrief with the driver after the visit. Talk to them about how the child(ren) were when they picked them up and dropped them home after the visit. Ask them if there was anything that stood out about the exchange they had with the child(ren) and if they have any questions about how they should deal with any particular issues the next time they pick up the child(ren).
4. Prior to every visit, let the driver know about any changes that have happened since the last visit.

**Caseworker Intervention 7:** Help the children cope when parents are unable to attend the visit

**Clinical Implications:**

Talk to all parties involved to find out what happened, and communicate the reality of the situation. Assure the child(ren) that it was not their fault that their parents' were absent. When parents are unable to attend visits, all parties feel a sense of disappointment, anger, hopelessness, etc. Children may assume that when their parents don't show up that they may have done something wrong, their parents don't love them, or they did not deserve to have the visit.

**Caseworker Behavior:**

1. If the parents don't visit consistently, call the foster parents when the parents arrive or call to say that they are on their way to meet with you so that the child(ren) can be told their parents are waiting for them for the visit.
2. Tell the child(ren) that you will contact their parents to find out if they are okay and you will call the child(ren) after you find anything out.
3. Impress upon the child(ren) that the cancelled visit was not their fault.
4. Spend time with the child(ren) and as much as possible do what the child(ren) were planning to do during the visit.
5. Contact the parents to find out what happened. Remember, visits are difficult for parents, too. Ask them if they are okay and if they are going to be able to make the visit the following scheduled date or if something has happened to make this time impossible. Explain to them the difficulties that not calling to cancel creates. If they talk to their child(ren) on the telephone, suggest that they call their child(ren) and apologize for missing

- the visit. If not, let them know that you will call the foster home to inform their child(ren) about what happened and that they are not hurt.
6. Call the foster home and pass on the information.
  
  7. Don't forget to talk to the driver about what happened on the way home from the visit and to let them know what happened in your attempts to contact the parents.

### **STAGE 3: THE VISIT**

#### **Caseworker Intervention 1: Supervision and Observation**

##### **Clinical Implications:**

Help the parents plan activities in the pre-visit meeting. Guide them in the coordination of the visit while being respectful of their choices, desires, and expectations. Support the parents during the visit.

Remember, using parent's strengths and abilities are key variables in bringing about change. Debrief with the parents prior to the next meeting including the highlights and difficult moments in the visits, so that a new plan can be developed to ensure a continually improved visit. Any intervention plan is more likely to be followed when there is client participation.

Supervised visits can seem unnatural and place stress on both parents and child(ren). While remaining present and observing the events of the visit, the worker should be as non-intrusive as possible, leaving the visit to be as natural as possible. Of course, if your assistance is requested or if something dangerous occurs, it may be necessary for the worker to intervene. If this occurs, the worker should intervene as necessary and refocus the visit toward the original goals.

### **Caseworker Behavior:**

1. During the initial preparation meeting, inform the parents that they will be observed as this is a supervised visit and that the information regarding the interactions between the parents and their child(ren) will be recorded for reunification purposes.
2. If the observer will be taking notes during the visit, explain the reasons for this and share the notes with the parents after the visit.
3. If the observer is not the worker, try to recruit someone the parents know and are comfortable with, perhaps someone from the parents' social network.

### **Caseworker Intervention 2: Intervention and Observation**

#### **Clinical Implications:**

Interventions, when necessary, should be on a level commensurate with worker's concern. Pre-visit planning may solve some potential problems. During visits, simple reminders can solve problems. The most severe intervention is early termination of the visit. Termination should be done in such a way that doesn't further damage the relationship between the parents and the child(ren). Explanations to child(ren) need to be understandable and not disrespectful of parents.

#### **Caseworker Behaviors:**

1. If needed, remind the parents of the goals and behavioral expectations of the visit.
2. If parents are having difficulty engaging the child(ren), gently intervene by assisting the parents in the initiation of an activity between the parents and child(ren) and withdrawing as engagement occurs.

3. If the rules or goals of the visit are violated, terminate the visit. Follow up with the parents to discuss what occurred and to schedule the next visit.

**Caseworker Intervention 3:** Transition out of the visit

**Clinical Implications:**

Help child make the transition back to the foster home. Children express feelings about leaving a visit in different ways. Child(ren) may express feelings of ambivalence about their parents during this time. The worker needs to help child(ren) put closure to the visit and return to the foster home.

**Caseworker Behaviors:**

1. Tell the child(ren) that you know it is difficult to visit for such a short period of time and then have to say goodbye again.
2. Ask the child(ren) how they felt the visit went, and ask them if there is anything they would like to do the next time there is a visit.
3. If the parents visit regularly, remind the child(ren) of the next visit date and time in order to make some connection to the next visit.
4. Allow the child(ren) to express any feelings they have about the visit, their parents, and the entire situation and ask them if there are any questions about the situation. Answer questions as honestly as possible.



## **STAGE 4: DEBRIEFING**

**Caseworker Intervention 1:** Debrief the parents.

### **Clinical Implications:**

Reflect, comfort, share notes, plan for next visit. Just as all parties to the visit experienced a variety of feelings prior to the visit, the visit itself will evoke a mixture of feelings. Each of the parties needs a venue for expressing their feelings and returning to respective living arrangements. Unexpressed feelings, especially negative ones, may set a negative tone to future planning and visits.

### **Caseworker Behavior:**

1. Ask the parents about their perceptions of the visit. Respect their version of the visit, recognizing how their perceptions may differ from your own.
2. Ask the parents what they would like to see occur in the next visit.
3. Plan with them those parts of the visit you will keep the same and those you will change for the next visit.

**Caseworker Intervention 3:** Debrief the foster parents.

**Clinical Implications:**

Inform, encourage, support

**Caseworker Behavior:**

1. Tell the foster parents about the visit. If you talk to the foster parents prior to the child(ren)'s return, inform them of what they might expect when they do return. If the child(ren) have already returned home, ask the foster parents how the child(ren) have been since they got home.
2. Discuss the child's reaction to the visit with the foster parents.
3. Discuss with the foster parents the plans for the next visit.

**Caseworker Intervention 4:** Worker debrief

**Clinical Implications:**

Objective Recording, Support, and Supervision. Workers need to record objectively and thoroughly the information from each of the stages of the visitation process for their own records, documentation of the visit, and documentation of the interventions between parents and their child(ren). While workers should not try to make a formal assessment of the parent-child attachment, or a child or parent's diagnosis, recording behaviors can be a method of providing information to others involved in the case. While you should not use the information to make a formal assessment, collecting objective, thorough, information is imperative.

Supervisors can help workers to promote visitation by helping them examine feelings about visitation in general and in specific cases, helping workers individualize visitation plans, and providing guidance when visits don't appear to be moving forward. In addition to supervision, workers need to find collegial

support for difficult situations.

**Caseworker Behavior:**

1. Write case notes about how the visit was planned, what occurred at the beginning of the visit, what occurred as planned and what was different during the visit, how parents and children interacted, and how the visit ended, and what plans were made for the next visit. Be sure to include any behaviors on the part of the child(ren) or parent(s) that you felt were unique to this situation, or of any concern to you.
2. Discuss with your supervisor and fellow caseworkers the positive and negative aspects of the visit. Tell your supervisor about any concerns or difficulties you have with the visit. Show them your case notes and ask them to talk to you about alternative ways to approach the situation.
3. Confer with your supervisor regarding concerns you have about the behavior of the child(ren) or parent(s) or the interactions between the two. If you have any concerns that you feel you are unable to address regarding attachment issues consult with your supervisor regarding how to best tackle this problem.

## GLOSSARY

\**Empathy*: the worker's capacity to accurately perceive a client's feelings and subjective experiences

\**Genuineness*: being one's self and exhibiting integrity

\**Personal warmth*: worker responds to client in ways that make them feel safe, accepted and understood.

\**Positive regard*: believing that all clients are persons of value and treating them with dignity regardless of appearance, behavior or circumstances.

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