

Parent-Child Visits as an Opportunity for Change

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Family visits with children in out-of-home care are an underutilized service which, if carefully orchestrated, can be the determining factor in safe reunification. Although research connects visits with children returning home and shorter foster care placement, in most child welfare systems visits are rarely more than a supervised encounter in an office.¹ Parents often feel that visits are permitted begrudgingly, as if only to satisfy their legal right to visit; and visits may be withheld if the parent is not complying with drug testing, mental health evaluation or parenting class. Visits can be inconvenient for and stir up ambivalence in the family, caseworker and foster family and cause behaviors in the child that are often misunderstood.

Nevertheless, most children need visits to maintain their family attachments and comprehend what has happened to them. Visits are also an important opportunity for parents to increase their understanding of and ability to meet their children's needs. Parents' concepts of their children's needs may be different from that of the worker, teacher, or therapist. They may view the safety needs for which the child was removed from home as luxuries rather than true non-optional needs. Parents' own needs may obscure their children's needs—for example, parents' desperation to see their children can make them unable to stand in their children's shoes and see things from their perspective during visits. Parents may act out their anger about their children's removal or conduct business with the worker during visits instead of attending to their children. Consequently, it is not uncommon to have perfunctory visits for months or years without agency staff believing the children could be safely returned.

In current child welfare practice, visits typically do not attempt to change parenting practices—other than by providing protection in the form of supervision, most visits do not address the abuse or neglect that brought the child into care. For a parent to use visits to improve his/her responsiveness to the child's needs requires individual coaching and conducive visiting conditions. Initially the coach may concentrate on helping the parent understand his/her child's needs by discussing the child's behavior and the parent's responses in the visit. Then approaches to meeting those needs in visits can be developed by building on the parent's strengths. A variety of individuals can provide effective parent support during visits, including foster parents, case aides, parenting skills instructors, school counselors, therapists, and the parent's domestic violence or substance abuse treatment counselors. The individual providing visit support must work closely with the caseworker to ensure that they identify—along with the parent—needs of the child to be met during visits that reflect the changes in parenting necessary for a reunification process to begin.

The purpose of this article is to describe how to make supported visits a powerful child welfare tool.² Children's reactions to visits, parents' ambivalence about visits, and foster parents' responses to visits are discussed. Using visits to help parents improve their ability to meet their children's needs is also discussed. Then a proposal for a visit program is offered, as well as a list of visit principles (on pages 11-12) that can be used by individuals involved in visit support.

I. REACTIONS TO VISITATION

Responding To Children's Visit Reactions

It is normal for a child removed from home because of neglect or abuse to have reactions to visits. These reactions usually are not a sign that the visit did not go well or that there is something wrong with the foster or relative home where the child is placed. Children's reactions to visits typically include a mixture of some or all of the following:

- The child is happy and relieved to see his/her family because he/she misses them.
- The child is confused, especially about why he/she cannot go home. The younger the child is, the more confused he/she will be about having two sets of parents, especially when other children in the home call the foster parents "mom" and "dad."
- The child is angry about the maltreatment and may be fearful of the parent.
- The child feels sad and angry about being separated from family, feeling he/she has lost everything familiar and cannot count on or control anything.
- The child believes that being taken away from home is his/her fault.
- The child feels worried about being disloyal to his/her family by liking the foster family.
- The child feels worried about whether his/her siblings and parents are okay.
- The child is defensive when he/she senses criticism of the family.

Most children do not put these feelings into words; instead, their behaviors reflect their feelings.³ Regression (acting babyish, demanding, fearful, and/or whining), numbing or denying of feelings, depression, nightmares, irritability, wetting, aggression, overactivity, inattention, and physical pains are common prior to and following visits. Children may express anger toward the foster family and/or the biological family before, during and after visits. Some children

cling to the foster parent or to the parent. And, some become intolerably controlling because of the feelings stirred up by visits. Parents, foster parents, case aides, caseworkers, teachers, therapists, and others can reassure children by helping them put the feelings motivating their behaviors into words, and by helping them understand at their level what is happening to them and how to live with their confusion.

Separation from families causes children to mourn. When children are helped with this mourning, the harm caused by separation can be reduced. Consider this case example:

A 2-year old was placed in a foster home from the hospital where she was treated for a serious leg fracture that had been inflicted by her 20-year old mother's boyfriend. Her mother had been in a series of battering relationships and started treatment in a domestic violence program. The child had a strong attachment to her mother and was irritable and clingy and had nightmares in the foster home because she missed her.

Frequent visits were necessary to meet this 2-year old's need for familiar nurturing and reassurance that her mother loved her. As this case suggests, every effort must be made to enable a child to see his/her family soon after separation. In the long run, harm is done by keeping children and their parents apart:

To avoid [visitation] on the grounds that it will prove unpleasant or traumatic is to encourage the child to repress the experience . . . Generally speaking, those children who do best in long-term foster care are those who remain secure in their foster homes but have continuing access to natural parents to whom they remain attached but on whom they cannot depend for the caring, consistency and guidance they need. Visits with the natural family should be used to make it possible for the child to maintain the continuity of important relationships; to remain in touch with—that is, to have stirred up, and therefore available to casework—the feelings and conflicts left unre-

solved since coming into care; to help the child see directly the reasons for coming into care. By stopping visits the relationship with the parents is not eliminated; this merely encourages the child to idealize and perpetuate in fantasy the absent parents rather than to seek solace in new relationships.⁴

An obstacle to empathizing with the child's grief and visit reactions is the natural tendency to blame the parent, both for the maltreatment and for a variety of other assumed parenting deficits. It is a common, unexamined practice to attribute behavior that is "maladjusted" or not age appropriate to deficits in the child's parent, based on assumptions about the family. But, usually little is known about a child's behavior prior to being separated from family members and familiar surroundings. The child may have been functioning adequately prior to removal, which would suggest that one should pay attention to separation, mourning and anxiety as factors in the child's visit reactions and behavior in foster care. Or, the child may have regressed from previous higher functioning as a result of family stressors just prior to removal, which would suggest paying attention to the way those experiences compound the effects of being separated from family and familiar surroundings. Of course, sometimes children are delayed or aggressive because of abuse or neglect.

Mental health literature contributes to polarized interpretations of children's visit reactions. One area of research indicates that separation itself causes traumatic loss for children. From this evidence came the view that children must be helped to grieve in order to make new attachments; failed mourning is seen as the source of subsequent emotional and behavior problems. Later researchers suggested instead that children's attachment difficulties and behavior in foster care predated the separation and were the results of earlier problems in the parent-child bond. There is a tendency to base practice on either one theory or the other, ignoring the obvious likelihood that separation is traumatic and affects the child's adjustment *and* that children will have even more adjustment difficulties if prior to removal they experienced stress in the family,

and even more if they are poorly equipped psychologically because of longer inconsistent nurturing.

Consider this case example of a child who reacted strongly to separation from her mother and to visits:

Diana, a 4-year old child who had never slept anywhere other than in her mother's bed, was placed in a foster home when her mother was arrested for possession of drugs. Within the first two months she was moved several times because foster parents could not manage her attempts to run away to her mother, long crying spells, enuresis, and temper tantrums. The caseworker described tearing the child kicking and screaming away from her mother at the end of visits. A mental health evaluator assessing these behaviors attributed them to the mother's failure to socialize the child, never mentioning attachment or separation in the report. The evaluator interviewed the child once, got a behavior checklist from the foster mother, and neither met the mother nor observed parent-child interaction.

The initial focus on Diana's physical safety is not surprising: she could not be left alone when her mother was arrested. But, in such a case, it is important not to attend only to the child's safety needs, without regard to his/her attachment needs. Diana was attached to her mother, and if she could, she might have described her separation from her mother poignantly. She missed her mother: sleeping with her mother, her mother's smell, her mother's way of patting her to make her feel better, her mother's food. She missed her apartment: her blanket, her toys, her hair barrettes. She did not like the way the foster homes smelled. She missed her old routine. She wasn't used to waking up early or going to bed early. She wasn't used to so many baths. She didn't like the way her foster mothers did her hair. And she missed her friends in the apartment next door.

These were a lot of losses for a 4-year old. No one, not even her mother at visits, could

explain why her mother went away. The worst thing was that her mother did not take her home with her. Diana did not understand what was happening to her and believed it must be her fault. She did not put either what she missed or how confused she was into words. Even during visits where she could confide in her mother, she was so overwhelmed with missing her mother that she would cling and not talk much. But later she acted out her feelings: she screamed, kicked, and wet. Nights were the worst. She would try to get out of the foster home to find her mother. Every time she was placed in a different home, she would re-experience her losses and blame herself.

The caseworker's perspective on visits changed when she stood in Diana's shoes and tried to understand how attachment and loss felt for her. She recalled, "One thing I learned was that it was a sign of attachment that the child protested so much, although the foster parent and my supervisor took some persuading to believe it after that critical mental health evaluation."

Diana's case exemplifies the disagreement that can arise over a child's visit reactions, which often leads to a reduction in visits that is harmful for children:

Controversies arise around visitation . . . in interpreting young children's regression, and usually involves issues of attachment. Often regression is interpreted as a reaction to an upsurge of attachment feelings, and disagreement arises about the value of these feelings. They may appear to be terribly disruptive to a child, but this disruption may be necessary to sustain attachment to the visiting parent . . . Like any problems of children, visitation problems can seem to spring from one of two choices: processes inside the child, or processes in the environment . . . Controversies about the meaning of visitation problems often stem from focusing too closely on one of these areas to the exclusion of others . . . Such conflicts can even involve clinical experts lining up against each other on opposite sides of a visitation controversy . . . any clinical evaluation of a visitation prob-

lem should include an adequate assessment of the child and of both custodial and visitation contexts. The relative importance of factors from each area—intrinsic, visitation, and custodial—should be examined to clarify in which area the source of the difficulty may lie . . . Often, simple exploration and clarification of these complicated issues with parents and agencies is sufficient to defuse conflict and enable consensus to be built . . .⁵

Visitation with a reluctant or frightened child requires supportive supervision. The child's therapist must also be informed about the findings of research on visitation and committed to meeting the child's attachment as well as safety needs. For example:

An 8-year old who was acting out following his sexual abuse by a neighbor was placed in a special school. The school called his single mother at work to pick him up several times a week because he was unmanageable. She asked for help from the mental health center and was placed on a waiting list. She became less and less able to handle his behavior. One day she failed to pick him up at school, and he was placed in a foster home. He was furious at his mother for her abandonment, inability to help him, and lack of protection. He started therapy and his therapist argued that he should not be forced to visit his mother because he was angry at her. The mother's therapist encouraged therapeutic visitation to help the boy express his anger at his mother and to support his mother to respond lovingly, which were important needs.

This child had been angry with his mother for years. He needed reassurance that his anger would not get out of control during visits and that his mother would not be angry at or reject him. Ways to offer him sufficient protection to make the visits tolerable included: the presence of his therapist, the child controlling the activities with his mother and their physical proximity to each other in the visit, the child practicing in advance how he could express his anger to

his mother, the child being promised that if his mother got angry she would be asked by the therapist to stop, and the child being allowed to leave the visit. As this case illustrates:

Handling the regression in response to visitation thus calls for the same responses appropriate to any developmentally appropriate stress, i.e., emotional support and opportunities for mastery. Agency workers, visiting parents, and, especially, custodial parents on whom young children will likely be most dependent for support and understanding all need to understand what the specific value is of the visitation experience. They need then to help the child to understand how visits will be good for him or her, to tolerate the stress of visits, and to develop ways of feeling more in control.⁶

In certain cases, such as when children are fearful of abusive parents or parents involved in domestic abuse, or when a sexually abused child might recant hoping to return home, the child's attachment to each parent must be appreciated (independent of the harm inflicted in the past) as the basis for making decisions about visits. Then the child must be supported in whatever ways meet his/her needs, which may include having the child's therapist present during visits or, in extreme cases, initiating visits through videotaped messages exchanged between the child and parent. Concrete rules for visit behavior that parents help to develop and agree to adhere by, and that are based on the child's need to be safe, can be helpful, as well as giving the child permission to leave if the visit becomes too difficult.

Painful disloyalty pressures can plague a child in care, and encouraging a child to live happily in two different families can help relieve these. However, enabling the child to see the strengths of both families is a complicated process requiring active support of reunification by foster parents and therapists who believe that the child's biological family can learn to provide a minimally adequate home.

Thus, children normally have reactions to visits—and they often act out their mixed feelings in behavior rather than words—which does not necessarily mean that visits are harmful or that there are problems with the foster placement. Understanding the child’s feelings before, during and after visits is essential in order to design needed supports for the child, parent and foster parent.

Parents’ Ambivalence About Visits

Parents whose children have been removed are often in shock for a long time. The loss of their children combined with feelings of guilt about the maltreatment can take a toll. When parents come for visits, most have difficulty managing their sadness and have positive and negative feelings battling inside them. Parents’ reactions to visits typically include a mixture of some or all of the following:

- The parent is happy to see his/her child.
- The parent feels shame regarding the maltreatment, although this may take the form of denial.
- The parent feels guilty when the child asks “Why can’t I go home with you today?”
- The parent is loving, showing this in part by reclaiming the child by doing his/her hair, straightening clothes, teasing, using nicknames, and cuddling.
- The parent feels defensive because his/her parenting is being criticized.
- The parent is resentful because he/she feels that he/she has the right to visit the child and cannot control the time, place, length or frequency of visits.
- Because of the parent’s fondness for the child, he/she exaggerates the child’s ability to sustain their relationship without frequent contact.
- The parent feels competitive, desperately wanting his/her child’s allegiance (and possibly undermining the foster parent without knowing it).

The parent’s pain of separation from his/her child is articulated well by Rutter:

When the loss of your child first hits

you, it is like going into shock. You may cry, feel shaky, and find it hard to hear what people are saying to you. You can’t think of anything except the child who has been placed . . . As you come out of the numbness of shock, you experience sadness, anger and physical upset. Some people lose their appetite, others eat constantly. It may be hard to fall asleep. You may increase your use of alcohol, cigarettes or sleeping pills. You may find yourself suddenly tearful over nothing . . . You are angry with God . . . you are furious at the social agency, the court and everyone there. You are mad at yourself . . . you resent [your child] for making you go through all this pain. Many people get scared at how angry they are or feel guilty about the anger and start avoiding their child or their worker . . . Some people stay with being angry because it hurts less than the next step, which is despair . . . you go into the blues. You may feel you don’t care about anybody or anything. It isn’t worth getting up each day and nothing interests you. You may feel worthless and no good. If you are a single parent and all your children have been placed, you may feel desperately lonely. You don’t know who you are without your children to care for.⁷

This confusing mixture of feelings is unsettling to parents, who as a result may not focus on or understand their child’s needs at visits:

Visiting parents often respond initially to visitation with awkwardness and pain, especially when the separation from the child has been involuntary and when the visit presents an unfamiliar context to the parent. Visiting parents commonly hope that visits will soothe painful feelings by recreating closeness between the parent and child. However, many parents find that they do not feel better after a visit. Instead, the awkwardness and intensity of the visiting experiences leaves them feeling more isolated and cut off from their children than before. Some parents find the visiting

experience itself so painful that they avoid visiting. Other parents may try to overwhelm the awkwardness of the visiting situation with activity or gifts, leading to a rush of overindulgence.⁸

As the quote suggests, parents often feel more inadequate after visits and consequently avoid them. Or, parents may get so discouraged when they see no progress toward reunification that they behave in counter-productive ways, including missing visits.

Some parents show their sadness about losing their children by using visits to confront the caseworker about their treatment by “the system.” It is a challenge for a worker to help a parent who is furious at the police, court and agency about the child’s removal put aside his/her anger. But it is important because a parent who remains angry will have much more difficulty visiting consistently and focusing on the child’s needs during visits. Also, parents’ anxiety may increase with their awareness that the only opportunity “the system” has to view them with their child is during visits. Parents may be helped to put their anger and anxiety aside if they understand, from the child’s perspective, the importance of consistent visits. If a parent is not visiting, an approach to alleviating his/her anger is to say, “I want to help you get your child back. The quickest way to do that is to start visiting. When would it be most convenient for you to visit this week?” Since parents may have difficulty managing their sadness and anger when they see their children, they will benefit from being prepared about what to bring to the visit and how to meet the children’s needs by what is and is not talked about in the visit.

Foster Parents’ Ambivalence About Visits

It is not surprising that foster parents also have mixed feelings about visits because they live with the children and have to cope with the children’s reactions to visits. Foster parents’ reactions to visits typically include a mixture of some or all of the following:

- The foster parent is glad that the child is reassured by seeing family members.

- The foster parent has agreed to provide a temporary home while the child's birth family improves and wants visits to serve the goal of reunification.
- The foster parent is critical of the birth family's parenting, lack of protectiveness and failure to prevent developmental delay, and may be unforgiving about visits missed by the parent.
- The foster parent resents the disruption of the household routine and having to deal with the child's reactions to visits.
- If the foster parent is struggling for therapeutic reasons to get the child to attach to him/her, he/she may resent visits if they seem to weaken the child's tie to the foster parent.
- The foster parent may believe the child should not be reacting so strongly to separation and may blame the child's behavior on the birth family's neglect or abuse.

Making adjustments in the foster home for a child's reactions to visits is challenging, but individual post-visit nurturing is crucial. A foster parent's natural blaming of the parent for harming the child can often make it difficult to empathize with the child's feelings about separation and responses to visits. The more the foster parent cares for the child, the angrier he/she may become at the parent who has mistreated the child. This influences how the foster parent interprets the child's reactions to visits: rather than concentrating on meeting the needs reflected in the child's behavior, the foster parent may think visits should stop.

Foster parents benefit from being helped to understand children's reactions to visits and the importance of visitation, and in some cases being involved in visits. For example, it would be a challenge for foster parents to manage the behaviors of 4-year old Diana that were described earlier, particularly the crying, wetting, and running away. They naturally would be stressed by every visit between Diana and her mother. The foster parents could comfort Diana more effectively if they saw her regressed and aggressive behavior as a reflection of loss, instead of blaming Diana's mother for inadequately

socializing her or viewing Diana's behaviors as acting out against them. They might seek to increase Diana's visits with her mother, as well as provide telephone contact. They might get a videotape of Diana's mother preparing her daughter for bed reassuringly that Diana could watch at night. And, they might talk with Diana's mother about her routines and food and attempt to make her life in care more similar to her life at home. If Diana's foster parents became involved in visits, they might appreciate Diana's attachment to her mother more and be able to respond more supportively. These steps are important not just to ensure that visits go more smoothly but also to prevent placement breakdown.

II. USING VISITS TO HELP PARENTS IMPROVE THEIR ABILITY TO MEET THEIR CHILDREN'S NEEDS

Visits are a service that helps parents really understand their children's needs and enhance their parenting skills. Visit support should include:

- Reaching agreement with the parent about the child's needs.
- Preparing the parent about what to expect regarding his/her own feelings and the child's reactions at visits.
- Supportively reminding the parent immediately before and during the visit how he/she plans to meet particular needs.
- Appreciating the parent's strengths in responding to the child and coaching him/her to improve.
- Recognizing improvement.
- Helping the parent master his/her visit reactions so he/she visits consistently.

The following are examples of specific issues that can be addressed through visit support to help parents improve their ability to meet their children's needs:

Example: Visits to Help a Parent Change his/her Approach to Discipline

When a child is removed, a significant safety worry can be that the parent's approach to discipline is harmful to the child, particularly in excessive punishment, domestic vio-

lence and some substance abuse cases. A parenting skills class that prohibits physical punishment and advocates time outs may seem culturally biased to a parent, and he/she may think it does not make sense to try out such unfamiliar techniques. Hands-on coaching during visits can help a parent change his/her disciplinary approach, but it must recognize that (1) the parent will only implement something new if he/she really believes it is better for the child; (2) the new approach has to fit the parent and child; and (3) the parent will change if he/she has a real understanding of the complex interaction between the parent's discipline methods and the child's response.

Two aspects of discipline that may have importance for children's safety can be taught through parent support in visits. First, parents can be made aware of the harmful consequences of viewing children as "bad" rather than seeing that their behavior often is not intentional and is normal for their age. Second, parents can be taught that parental discipline methods are less important than the *flexibility* of their use and the child's perception of their *acceptability* in different situations.⁹ Many parents would be surprised to learn that their children distinguish between, for example, hitting and not sharing, and see punishment as fairer in response to harmful acts than to failure to show concern for others. Through visit support, parents can develop an approach to discipline that

. . . considers interrelationships between the form of discipline and variables that include characteristics of the child's misdeed, the child and the parent . . . This reformulation requires that parents be flexible in their disciplinary reactions, matching them to the child's perceptions of and reactions to the conflict situation: Effective parenting involves sensitivity to the child's emotional state and cognitions . . . internalizations needs to be viewed as a two-pronged event. Children must accurately perceive the message parents intend to convey, and they must be willing to accept the message, that is, allow it to guide their behavior. Acceptance involves three components: the child must perceive

the message as appropriate, the child must be motivated to comply with the message, and the child must feel the message has not been imposed but has been self-generated.¹⁰

Parents should be encouraged to reason with their children rather than asserting their power, since “Parents who tend to be harshly and arbitrarily authoritarian or power assertive in their parenting practices are less likely to be successful than those who place substantial emphasis on induction or reasoning, presumably in an attempt to be responsive to and understanding of their child’s point of view.”¹¹ Reasoning that emphasizes the negative effects of the child’s misdeed on others will develop the child’s empathic capacities. Difficult children push their parents to abuse their power, but power assertion arouses hostility in the child as well as an unwillingness to comply with the parent’s wishes. Furthermore, when the parent loses control of his/her anger, humiliates the child or withdraws love, the child becomes insecure. In many physical abuse cases where there is a high risk of re-abuse, the parent gets the message that the agency requires that no marks are left on the child. What the parent is not helped to understand is that children feel betrayed when the parents they love hurts them, and this will affect them for a long time.

In a supported visit, the coach helps the parent see that the child:

- Needs to accept the reasoning behind the parent’s limit-setting in order to foster the child’s self-controlling capacity.
- Needs redirection before behavior gets out of control.
- Needs reasonable punishment if the misbehavior is a harmful act.
- Needs to learn to see how others feel when he/she fails to show concern for them, rather than being disciplined.

The coach helps the parent understand these needs, meet these needs during visits and progress to being able to meet them with minimal assistance during longer home visits.

Example: Visits to Help a Parent Who Can’t Accept the Abuse

In cases of physical or sexual abuse by others, non-offending parents often find it difficult to accept that their children have been abused and to face responsibility for harm to their children. They may feel defensive and increasingly isolated because of the insistence on a “confession” of their responsibility. Sometimes these parents do not want to lose their relationship with the perpetrator. Often these parents do not want to believe their children have been “tainted” by sexual or physical abuse. “Confessing” in their eyes reduces them as a parent, while insisting that the child is undamaged seems protective. Usually these parents do not see the child’s need to be believed as a true, non-optional need, and this need of the child conflicts with the parent’s need to view the child as undamaged. The parent may not recognize that harm occurs to children when they are not believed by their parents.

Visit support can help a parent meet the child’s need to have the abuse acknowledged. The coach, who might be the parent’s therapist, encourages the parent to stand in the child’s shoes and see the child’s need to be believed. The coach helps the parent figure out how to believe the child initially without “confessing” responsibility for failing to protect the child. He/she practices with the parent how to express belief in what the child says. The coach also helps the parent see how his/her own needs to be a good parent and have an undamaged child can be managed so they do not get in the way of having empathy for the child. After showing belief in the child’s story, the parent will need help facing the child’s questions about the failure to protect the child and the parent’s plans for protecting the child in the future from possible perpetrators. The coach helps the parent meet the child’s needs during visits and progress to being able to meet them during longer home visits, which may require that the child and parent participate together in family treatment. Parallel progress in the parent’s individual treatment to understand dependency, become more emotionally self-sufficient, and get out of a pattern of relationships with the same type of partner should be coordinated with visit support.

Example: Visits to Help a Parent Be More Attentive

Passive or depressed parents may love their children but not provide sufficient individual attention to meet the children’s needs. They may not be aware that the infant needs to be held and stimulated rather than propped in a carrier. They may not know that toddlers need to play with their parents. They may underestimate the structure and supervision older children who seem self-reliant actually need. Frequently these parents seem compliant in parenting skills class because they want what is best for their children. But they do not apply what they have learned because they do not believe their children really need more from them.

Since parents often have to deal with the demands of seeing several children simultaneously during visits, a supported visit is a good opportunity for a parent to identify each child’s specific need for individual attention and to learn how to provide it. The best coach may be an individual with experience in early childhood education or the foster parent. The coach can begin visits with one child at a time, helping the parent become more active in providing the child with individual attention and then progressively adding children. At the beginning of visit support, needs statements might be simple, such as:

- The infant needs to have the parent look into his/her eyes while being fed the bottle.
- The infant needs to be talked to or sung to while the parent holds the child.
- The child needs to have the parent play on the floor with toys of the child’s choosing.
- The child needs to have the parent follow the child’s lead in play, such as the parent playing a role the child assigns in make-believe or the child directing follow-the-leader.
- The child needs to have the parent ask a question about something the child did that day and have the parent listen without interruption or distraction.
- The child needs to have five minutes of the parent’s undivided attention during the visit.

Through visits, the conflict between the parent's passivity and the child's needs can be explored and, if necessary, the parent can be helped to see that treatment for depression would make it possible to meet his/her children's needs more effectively.

Example: Visits to Help a Parent Understand his/her Child's Timeframe

Coaching during visits provides an opportunity to teach parents about the developmental timeframe of their children. Parents can be helped to understand that a child's attachment to the foster parent increases the longer he/she is in care, that there are risks of moving children (even back home) at certain ages, and that older children need to have a resolution of where they will live. The coach helps the parent recognize that while the child will always be seen by the parent as his/her child, the younger the child is the more quickly the individual providing daily caretaking will become his/her primary attachment. If a parent understands the child's timeframe, he/she may be motivated to participate in intensive services to change in order to meet the child's needs sooner.

Example: Visits to Help a Family Divided by Conflict

Most of the time, kinship placements allow the removed child to be in a familiar environment with flexible, natural visits. But, sometimes the child will become caught between feuding relatives, and in these cases mediation regarding the use of visits to meet the child's needs can be effective. The coach serves the dual purpose of mediating between family members and assisting family members to understand the needs of the child and meet them during visits. A mother, for example, initially may not want to believe that her child needs a continuing relationship with the father, or an aunt may want to keep the child away from her substance-abusing sister (the mother). These individuals must be helped to see: (1) it hurts the child to be separated from a family member to whom he/she is attached; and (2) visits can be set up to protect the child.

Feuding family members often do not understand that it is a non-optional need of the

child to be able to love both of them and not be caught in a loyalty conflict. The coach helps them understand that to meet the child's needs they must reduce their conflict and protect the child from their disagreements. It is an important need of children for their own identity development to value the strengths of individuals they are attached to, so the coach must help the relatives understand that talking negatively about each other to the child must stop. The mediator/coach helps feuding family members learn to manage their feelings toward each other so they can effectively co-parent the child.

III. PROPOSAL FOR A VISIT PROGRAM

Visit Support During the First Month After Removal

In many child welfare systems, the first visit after the child's placement in foster care is delayed for weeks because of the worker's overloaded schedule and the difficulties of contacting the parent and of getting the foster parent or case aide to transport the child. This delay is harmful to the child emotionally and alienates the parents, reducing the likelihood that they will trust the worker or participate in services.¹² Until several visits have occurred, it will be difficult to assess what assistance the parent requires during visits, so delayed initial visits may mean that individualized visit support is not be developed for months.

This problem can be addressed by designating a staff person, transportation, and a visiting space to be available just for families during the first weeks after their children have been placed. The agency can designate the same day every week and the same place for initial visits, so when the child is removed the parent can be informed of that day for a first visit; thus, the first visit will always be within a week of removal. There must be a visit specialist and a transporter available from 10:00 a.m.-7:00 p.m. on the designated visit day; the visit specialist will have to work on other days to meet with caseworkers. The visit specialist and transporter can be agency employees, contractors or volunteers.

As soon as a child is removed, the worker

will notify the visit specialist of the address and phone number of the child's placement, the phone number of the parent, and the date of removal. The visit specialist will schedule the transporter to bring the child to the visit and notify the foster parent of the planned visit. The visit specialist will call the parent to confirm the visit time and place, set up a time to meet during the hour before the visit, and identify barriers to visits—if transportation is a major problem the worker may offer bus tokens or cab fare or consider having the transporter pick up the parent as well as the child.

Prior to the first visit, the worker will meet with the visit specialist to convey the child's needs that were identified at the time of removal; then, they will develop a specific list of needs to be met during initial visits. Before the first visit, the visitation specialist will also call the foster parents to get their input regarding the impact of separation on the child and the child's behaviors in order to refine the list of needs to be met in visits.

For each visit during the first month after removal, the visit specialist will:

- Meet with the parent before the visit to help him/her anticipate his/her own and the child's reactions during the visit, and to discuss the needs to be met during the visit.
- Be available to assist the parent as necessary during the visit.
- Meet with the parent after the visit to discuss how the parent met the child's needs and to plan any changes in the next visit, including revising the child's needs list; and help the parent understand the importance of keeping his/her promise to the child to visit (if the parent misses a visit, special arrangements to accommodate him/her must be discussed).
- Call the foster parent after the visit to help him/her anticipate the child's reaction to the visit.
- Prepare notes about the parent's skill in meeting the child's needs during the visit, including proposing a refined needs list.

The visit specialist should have some resources to purchase games, toys, and food as necessary to facilitate visits.

If the visit specialist identifies a case in which special arrangements should be made during the initial visit phase—such as a child in the hospital, an infant requiring daily visitation, a parent in residential treatment, or a parent who cannot visit on the designated day—the visit specialist will propose such an arrangement and who will provide parent support, and arrange it if approved by the worker.

The visit specialist will meet monthly with the CPS unit to keep them aware of how the initial visit process is working and to present challenging visit cases for discussion.

Whether an office has an average of one child or five children a month entering foster care, the cost of a visit specialist and transporter assigned one day a week for visits for recently removed children may seem excessive. However, the improved outcomes in these cases—including the increased attendance of parents in visits, the design of individualized intensive visit supports to lead to reunification and shortened length of foster care, and the reduced tension between the parents and agency—will make initial visit support pay for itself.

Supported Visits After the First Month in Care

By the end of the first month of initial visits, the visit specialist and the worker will arrange a transition to regular visits by:

- Clarifying the needs to be met during future visits.
- Deciding on special arrangements for visits, including holding them in the family’s home, in a relative’s home, in the foster home, at school or at other community locations (visits will be more successful if they occur in the family’s natural environment); and recommending whether visits should be supervised (supervision is not necessary if the risk of harm to the child in visits is minimal).
- Identifying the level of support the parent requires during visits to meet the child’s needs (and suggesting who might replace the visitation specialist in the future).
- Arranging for future transportation

depending on the location of visits and provider of visit support.

Effective coaching during visits will require a provider who (1) understands the child’s needs; (2) can supportively remind the parent that he/she wants to meet particular needs during a visit; (3) appreciates the parent’s strengths in responding to the child and builds on the parent’s skills; (4) sets up visiting conditions to allow the parent to improve his/her responsiveness; and (5) recognizes improvement. Visit support will be most effective when it adheres to the principles listed on pages 11-12.

When designing individualized visit support, it must be recognized that parents have a wide range of needs: some parents require assistance understanding their children’s needs (including permanency needs), some must work on technique-building (such as infant care or non-punitive limit-setting), some must focus on how to manage their own needs while responding to their children, and some need to develop a view of the child as a separate person whose behavior can be influenced by the parent’s actions. These diverse areas of parent support require different skills.

As mentioned earlier, a variety of individuals might assist with visitation, including case aides, foster parents, parenting skills instructors, school counselors, therapists, and the parent’s domestic violence or substance abuse counselors. A group of these individuals should initially be convened for training on visit support. They will then meet monthly as a group with a clinical supervisor to present their cases and receive help on how to provide improved support during visits. The clinical supervisor may recommend that a different individual work with a particular family if the visit support appears insufficient. For example, initially a case aide might work on feeding skills with the immature mother of an infant who was removed for failure to thrive; the parent might be familiarized with the feeding schedule and quantities of formula fed in each feeding at the foster home. After several visits, the case aide might report at clinical supervision that the mother understood feeding but seemed depressed and not bonded to the infant. The supervisor may recommend

that a therapist in the visit support group work with the mother during and outside of visits because depression, rather than lack of skill at feeding, may be what puts the child at risk. A goal of the supervision will be to ensure that all the individuals providing visit support—regardless of their profession—adhere to the visit principles.

For each visit, the visit supporter will:

- Meet with the parent before the visit.
- Coach the parent during the visit, including hands-on guidance.
- Discuss the visit with the parent afterwards.
- Plan the next visit.
- Call the foster parent after the visit.
- Provide evaluative notes on how the parent did in meeting the child’s needs during the visit, and this information should be provided regularly to other members of the team working with the child and family.

Supported visits should occur at least once a week, and more frequent visits will provide more opportunities to change parenting practices that do not meet the child’s needs. Parents should be encouraged to visit consistently and accommodations should be made to facilitate this if a parent is missing visits.

Visits should occur in the location most accessible to the family and the visit supporter will travel to that location. The visit supporter cannot transport the child to and from the visits unless child care is provided during, before and after discussions between the visit supporter and parent. If the visit supporter is the child’s foster parent, someone must provide child care for other children in that home and for the child prior to and after visits so the foster parent can work with the parent.

If a case moves from a protective service unit to a continuing service/foster care unit, the individual providing visit support would participate in the transition meeting (where the needs to be met during visits will be discussed) and continue to work with the parent after case transfer.

Transition to Reunification Supports

Reunification is based in part on the family showing an understanding of the child's needs and meeting those identified needs in visits. The experience of the parents, child, worker and individual providing visit support will inform the design of reunification services.¹³

It is expected that (1) time between the parent and child will increase as reunification begins, including weekend day and overnight visits; (2) the visit supporter will plan reunification with the worker, family, foster parent and other providers; (3) the visit supporter will continue to assist the family as they spend more and more time with the child in the home; and (4) the visit supporter will coach extended family or someone positive in the family's environment on how to support the parent informally when the child is in the home.¹⁴

Instead of reunification being a separate service, when the visit supporter can become the reunifier, a smoother transition and more effective meeting of the child's needs are likely.

Transition to Planning for Another Permanent Home

If supports are provided to parents during visits and over time the family does not understand the child's needs and/or is not able to meet those needs in visits despite services, visits can be used to help the family recognize that the child's needs would be better met in another permanent home. The family will be involved in planning that other permanent home and what needs, if any, can be met by the family in the future. For example, in the case of a 6-month old child who was removed from her mother at a homeless shelter, the mother was initially engaged in frequent visits to support their attachment. But, after the mother was hospitalized for depression several times and she was not well enough to visit much for nine months, she had to be helped to understand that (1) her continuing depression was making it difficult to concentrate on her child's needs; (2) her child's attachment to the foster mother was getting stronger; and (3) developmentally her child could not main-

tain the concept of "two mommies." Visit support was provided when the mother was out of the hospital, and was used effectively to help the mother recognize the child's need for permanency and plan for adoption by the foster family.

When reunification is not the goal, visits can still be a way to meet the child's needs. Even when only intermittent contact between parents and children occurs, biological parents continue to be significant in a child's development.¹⁵ The biological family is the source of identity for a child. What a child knows and imagines about the biological family helps to mold the child's self-perception, and failing to come to terms with the lifeline to the biological family ultimately may cause foster care and adoption to break down. It is essential for everyone in the child's life to agree about the child's connection to the biological family and what needs the biological family can meet, in part in order to stabilize the child's permanent placement.

Support for Foster Parents

Visit support is also important for foster parents. It is crucial to help the foster parent manage the disruption of the household routine caused by dealing with the child's reactions to visits. Giving the foster parent the opportunity to express his/her frustration and talk about the child's reactions to separation can be valuable.

Endnotes

1. Researchers have found that more frequent parent-child visitation is associated with shorter placements in foster care (MaryEllen White, Eric Albers, and Christine Bitonti, "Factors in Length of Foster Care: Worker Activities and Parent-Child Visitation," in 23 *Journal of Sociology and Social Welfare*, 1996, pp. 75-84; Edmund Mech, "Parental Visiting and Foster Placement," in 22 *Journal of Clinical Child Psychology*, 1993, pp. 67-72; David Fanshel and Eugene Shinn, *Children in Foster Care: A Longitudinal Investigation*, New York: Columbia University Press, 1978). Increased social worker contact with parents of children in care is associated with more frequent parental visitation and ultimately with a shorter time in placement (White et al, 1996; M. Benedict and R. White, "Factors Associated with Foster Care Length," in 70 *Child Welfare*, 1991, pp. 45-58; T. Gibson, G. Tracy, and M. DeBord, "An Analysis of Variables Affecting Length of Stay in Foster Care," in 6 *Children and Youth Services Review*, 1984, pp. 135-145; J. Turner, "Reuniting Children in Foster Care with their Biological Parents," in 29 *Social Work*, 1984, pp. 501-505). When workers did not encourage parents to visit or use visit locations other than the agency office or engage in problem-solving with parents, children tended to remain

in foster care 20 months or more (White et al, 1996; Fanshel and Shinn, 1978; Anthony Maluccio and Edith Fein, "Growing Up in Foster Care," in 7 *Children and Youth Services Review*, 1985, pp. 123-134).

2. The context of the visit approach presented in this article is strengths/needs-based child welfare practice, which is described in my article in the Fall 1997 *Prevention Report*. Strengths/needs-based child welfare practice emphasizes forming a collaborative relationship with families and focusing on children's needs as a strategy for involving families in actively designing the services they will participate in to support their meeting those needs.

3. Children's reactions to separation have been well-documented in divorce research: "More than half the youngsters were openly tearful, moody, and pervasively sad. One-third or more showed a variety of acute depressive symptoms, including sleeplessness, restlessness, difficulty in concentrating, deep sighing, feelings of emptiness, play inhibition, compulsive overeating . . ." (p. 47). "Overwhelmed by their anxiety, very young children returned to their security blankets, to recently outgrown toys. Lapses in toilet training and increased masturbatory activity were noted . . ." (pp. 57-58). Judith Wallerstein and Joan Kelly, *Surviving the Breakup*, New York: Basic Books, 1980.

4. Paul Steinhauer, *The Least Detrimental Alternative*, Toronto: University of Toronto Press, 1991.

5. Richard Barnum, "Understanding Controversies in Visitation," in 26 *Journal of the American Academy of Child and Adolescent Psychiatry*, 1987, pp. 788-792.

6. *Ibid.*, p. 791.

7. Rutter 1978 qtd. in Charles Horejski, Anne Bertsche, and Frank Clark, *Social Work Practice with Parents of Children in Foster Care*, Springfield, Ill.: Thomas, 1981, pp. 5-6.

8. Barnum, p. 788.

9. Joan Grusec and Jacqueline Goodnow, "Impact of Parental Discipline Methods on the Child's Internalization of Values," in 30 *Developmental Psychology*, 1994, pp. 4-19.

10. *Ibid.*, p. 17.

11. D. Baumrind, "Current Patterns of Parental Authority," in 4 *Developmental Psychology Monographs* (No. 1, Part 2), 1971.

12. "Most parents who were scheduled to visit did so, and most visited in compliance with the schedule specified in the case plan. Parents who did not have a visiting schedule or who were told to request a visit when they wanted one did not visit. This clearly suggests that a way to increase the frequency of visits is to schedule them to occur more frequently" (p. 180). Kathleen Proch and Jeanne Howard, "Parental Visiting of Children in Foster Care," in *Social Work*, May-June, 1986, pp.178-181.

13. For further information on reunification see: P. Carlo, "Parent Education vs. Parent Involvement: Which Type of Efforts Work Best to Reunify Families?" in 17 *Journal of Social Service Research*, 1993, pp. 135-150; Edith Fein and I. Staf, "Last Best Chance: Findings from a Reunification Services Program," in LXXII *Child Welfare*, 1993, pp. 25-40; P.M. Hess, G. Falaron, and A.B. Jefferson, "Effectiveness of Family Reunification Services," in 37 *Social Work*, 1992, pp. 304-311; Anthony Maluccio, Robin Warsh, and Barbara Pine, "Rethinking Family Reunification after Foster Care," in 5 *Community Alternatives*, 1993, pp. 1-17; B.A. Pine, R. Warsh, and A. Maluccio (eds.), *Together Again: Family Reunification in Foster Care*, Child Welfare League of America, 1993.

14. C.J. Dunst, C.M. Trivette, and A.G. Deal, *Enabling and Empowering Families*, Cambridge, MA: Brookline Books, 1988.

15. Margaret Beyer and Wallace Mlyniec, "Lifelines to Biological Parents: Their Effect on Termination of Parental Rights and Permanence," in 20 *Family Law Quarterly*, 1986, pp. 233-254.

Parent-Child Visits as an Opportunity for Change: Visit Principles

by: Marty Beyer, Ph.D.

1. PARENTS WILL BE SUPPORTED TO MEET SPECIFIC INDIVIDUAL NEEDS OF THEIR CHILDREN DURING VISITS.

- The child's needs that are identified to be met during visits will be logically connected to the reasons the child was removed from home. They will be related to the safety, attachment (including permanency), and developmental needs which must be met for reunification to begin.
- Parents' knowledge about their children's needs will be respected and parents will participate in defining the needs to be met during visits.
- Learning about their children's non-optimal needs may be the first goal of visit support for some parents.

2. PARENTS WILL BE SUPPORTED TO LEARN THAT THEIR CHILDREN'S BEHAVIOR IS SHAPED BY THE PARENT'S WORDS, ACTIONS AND ATTITUDES.

- Parents will be helped to shift away from viewing a child's behavior as inherent to the child's character (e.g., "he's bad," "she's withdrawn," "he's hyper," "she's seductive"); this may be a multi-generational held view.
- Parents will be helped to improve the fit between their discipline approach and their children's developmental levels, temperaments and misbehavior. They will be helped to see the effect on the child of the parent being too controlling or too passive. Particular attention will be paid to how parents can reduce aggressive and sexual behavior by their children. The parent will be helped to understand limit-setting and responsibility that fit the individual child's developmental level.

3. SUPPORT FOR PARENTS IN VISITS WILL BUILD ON THEIR UNIQUE STRENGTHS.

- The approach to parent support during visits will convey a belief that the parent wants what is best for the child.

- Parent support will be individually designed to fit the parent's capacities and cognitive style.
- Those involved in visit support will actively look for improvement and reinforce it.
- Parent support will be designed specifically to empower the parent, both during visits and in the future if he/she resumes caring for the child.
- Those involved in visit support will maintain a hopeful focus on meeting children's needs and will reframe the parent's discouragement.
- Those involved in visit support will actively avoid negative references about parents, in and outside the parent's presence.

4. SUPPORT FOR PARENTS BEFORE, DURING AND AFTER VISITS WILL BE CONCRETE, TARGETING SPECIFIC PARENTING BEHAVIORS.

- Parents will be helped to clarify their children's needs before the visit and stay focused on them during the visit. Parents will be helped to understand how their own needs get in the way of seeing and meeting their children's needs at visits.
- Parents will be helped to anticipate their children's ambivalent feelings about the visit and not to be hurt by these.
- Parents will be helped to manage situations where they perceive their children as too demanding.
- Parents will be recognized when they show empathy for their children.
- Parents will be helped to respect their children as separate people.
- Parents will be helped to adjust their parenting to the different needs of each of their children.
- Parents will be helped to see how their anger or feeling chronically victimized get in the way of meeting their children's needs.
- Parents will be helped to understand their own ambivalence about visits. Parents will be helped not to use visits as a place to fight with their caseworker or others—both to deal with their feelings toward professionals and extended family

outside of visits and to recognize how their fighting is a way to handle their ambivalence about visits.

5 THE MORE OFTEN AND CONSISTENTLY VISITS OCCUR, THE MORE QUICKLY THE PARENT WILL MAKE PROGRESS.

- Visits should occur as often as necessary to meet the particular child's needs. Meeting the needs of most children will mean visits starting within a week of removal.
- Supported visits should occur at least once a week. More frequent visits provide more learning opportunities and feedback to change parenting habits that do not meet the child's needs.
- Those involved in visit support will convey how essential consistent visits are, not only for the child but also for the parent to demonstrate that he/she can meet needs so reunification can begin.
- Visits should be convenient for the family. Anytime a parent misses a visit will be seen as an indication that the parent is not satisfied with visits, and accommodations will be made.
- It is usually harmful for children not to visit their family. The child's attachment to each parent will be appreciated (independent of the harm inflicted in the past) as the basis for decisions about visits. Then the child must be supported in whatever ways meet the child's needs.

6 SUPPORT FOR PARENTS TO MEET THEIR CHILDREN'S NEEDS SHOULD OCCUR AS MUCH AS POSSIBLE IN THE FAMILY'S NATURAL ENVIRONMENT.

- As soon as possible, visits should occur in the family's home, relative's home, or community setting and involve extended family and interaction with school, church and the neighborhood.
- Standards for supervised visits should be carefully assessed—supervision is not necessary if the risk of harm to the child in visits is minimal.
- Strategic involvement of the extended family in visits will enable them to support the parent in applying what they learn about meeting the child's needs to everyday situations if the child returns home.

- Those involved in visit support will encourage the family's self-sufficiency. Parent support should be designed to achieve lasting change, not be time or situation limited.

7 SUPPORT FOR FOSTER PARENTS BEFORE AND AFTER VISITS WILL HELP THEM UNDERSTAND THE CHILDREN'S BEHAVIOR AND NOT BLAME THE PARENTS OR CHILDREN.

- Support will be designed for foster parents to understand children's needs before, during and after visits.
- Foster parents will be helped to understand what children are communicating by difficult behaviors before and after visits.
- Foster parents will be helped to understand the benefits of visits to children, even if a child has behavior problems after visits.

8 VISIT SUPPORT WILL BE FREQUENTLY EVALUATED.

- All the individuals working with a child and family will meet regularly, discuss the parent's progress in meeting the child's needs in visits, and make changes accordingly. Questions to consider include: "Is the parent meeting the child's needs during visits?" "If not, what should change about visits?" "Is the list of the child's needs inaccurate?" "Are there underlying causes of the parent not meeting the child's needs that have not been addressed through support?"