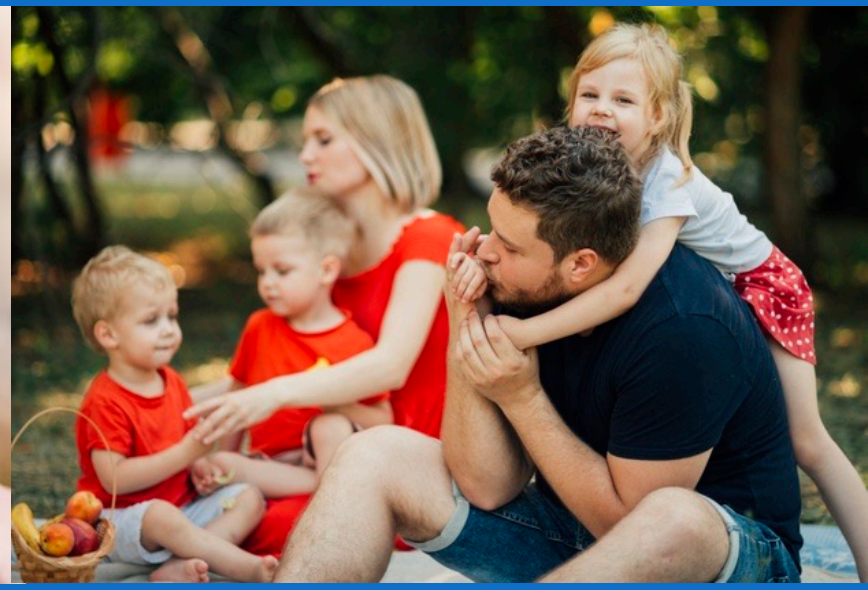


Therapeutic Visitation

Building Healthy Family Connections

the Omni Family™
OF SERVICES

Omni Family of Services Values

Mission Statement:

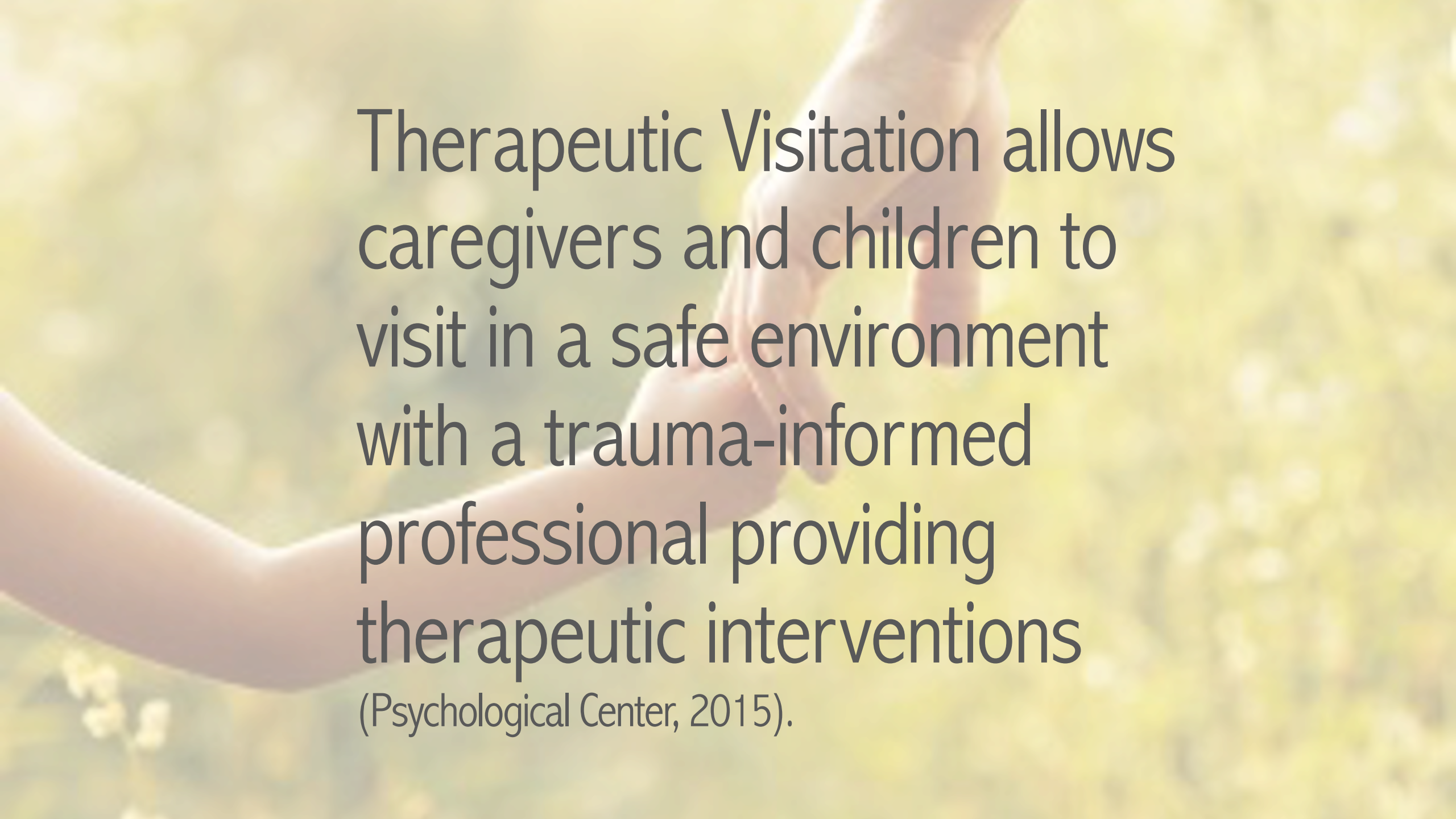
Omni Family of Services advances hope and healing to improve lives, empower people, and strengthen communities (Omni Family of Services, 2021).

E. Emotional Intelligence
S. Safety
T. Trustworthiness
E. Embracing Diversity
E. Empowerment
M. Mindful Collaboration

Omni Visions, Inc.

Learning Objectives

- Understand the purpose and goals of therapeutic visitation
- Learn common histories and stressors of referred clients
- Become familiar with ACES and how to educate clients
- Policies and required practice of mandated therapeutic visitation
- Identify role and qualities of therapeutic visitation provider
- Learn interventions to utilize for therapeutic facilitation of visits



Therapeutic Visitation allows caregivers and children to visit in a safe environment with a trauma-informed professional providing therapeutic interventions (Psychological Center, 2015).

VISITATION 1

with Rodney Little

FCRP Clinical Assistant Professor

Purpose and Goals of Therapeutic Visitation

- Ensure safety and promote protective factors
- Improve interpersonal skills and attachment between caregiver and child
- Preserve the familial bond between child and caregiver
- Teach parenting skills while promoting resiliency
- Decrease child's sense of loss and detachment while in foster care
- Assess progress towards reunification

(Kid's Services, n.d.)

Background of Clients

- ❑ Trauma
- ❑ Adverse Childhood Experiences (ACES)
- ❑ Risk Behaviors
- ❑ Emotional Difficulties
- ❑ Domestic Violence
- ❑ Neglect, Physical, Emotional, and Sexual Abuse
- ❑ Substance Abuse
- ❑ Mental Health Issues

ACEs = Adverse Childhood Experiences

The 3 types of ACEs include

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Incarcerated Relative

Abuse toward Parent

Substance Abuse

Divorce

ACES

61% of adults reported experiencing at least one type of ACE.

1 in 6 people experience four or more types of ACES

CDC- Kaiser Adverse Childhood Experiences Study

- Potentially traumatic events experienced by children ages 0-17.
- Linked to chronic health problems, mental illness, and substance use problems in adulthood.
- Negatively impact education, employment opportunities, and stability.
- Increases risks for injury, sex trafficking, poverty, teen pregnancies, heart disease, cancer, diabetes, and suicide.
- Lead to toxic stress that can change brain development and affect decision-making, attention capacity, and learning.
- Toxic stress can lead to difficulty forming healthy and stable relationships, unstable work histories, problems with finances, jobs, and depression.
- These effects can be passed on to offspring.

(National Center for Injury Prevention and Control, Division of Violence Prevention, n.d.)

Educating parents and children on ACES can reduce stigma around seeking help with parenting challenges or individual therapy treatment.

Awareness of ACES can promote safe, stable, and nurturing relationships and environments where children live, learn, and play.

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

1. Did a parent or other adult in the household **often**:
   Swear at you, insult you, put you down, or humiliate you?
   Or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes, enter 1:_____
2. Did a parent or other adult in the household **often:**
   Push, grab, slap or throw something at you?
   Or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes, enter 1:_____
3. Did an adult or person at least 5 years older than you **ever…**
   Touch or fondle you or have you touch their body in a sexual way?
   Or
   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes, enter 1:_____
4. Did you **often** feel that…
   No one in your family loved you or thought you were important or special?
   Or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes, enter 1:_____
5. Did you **often** feel that…
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   Or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes, enter 1:_____
6. Were your parents ever separated or divorced?
   Yes No If yes, enter 1:_____
7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   Or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   Or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes, enter 1:_____
8. Did you live with anyone who was a problem drinker or alcoholic who used street drugs?
   Yes No If yes, enter 1:_____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes, enter 1:_____
10. Did a household member go to prison?
    Yes No If yes, enter 1:_____

Now, add up your "Yes" answers: _____ This is your ACE score.

Demographic Information:

Age:	**Gender:**		**Race/Ethnicity:**		**Zip Code:**
	Male:	_____	White/Caucasian:	_____	
_____	Female:	_____	Latino/Hispanic:	_____	_____
	Transgender:	_____	African American:	_____	
	Decline to State:	_____	Asian/Pacific Islander:	_____	
			American/Alaskan Native:	_____	
			Other:	_____	

Child and Youth Resiliency Measure (CYRM)

CYRM Items	Model 1[a]	Model 2[b]	Model 3[c]
1. Do you have people you look up to?	.41^{C}	-	.43^{SO}
2. Do you cooperate with people around you?	.52^{I}	.50$^{I/S}$	.53^{I}
3. Is getting an education important to you?	.49^{C}	-	.48^{SO}
4. Do you know how to behave in different social situations?	.55^{I}	.53$^{I/S}$	.54^{SO}
5. Do you feel that your parent(s) watch you closely?	.49^{R}	-	.49^{F}
6. Do you feel that your parent(s) know a lot about you?	.58^{R}	.56^{F}	.59^{F}
7. Do you eat enough most days?	.56^{R}	.57^{F}	.57^{F}
8. Do you strive to finish what you start?	.48^{I}	.47$^{I/S}$	.48^{I}
9. Are spiritual beliefs a source of strength for you?	.50^{C}	.52$^{C/S}$	.53^{SP}
10. Are you proud of your ethnic background?	.55^{C}	.56$^{C/S}$	.53^{SO}
11. Do people think you are fun to be with?	.58^{I}	.58$^{I/S}$	.59^{I}
12. Do you talk to your family about how you feel?	.50^{R}	.51^{F}	.51^{F}
13. Are you able to solve problems without using illegal drugs and/or alcohol?	.41^{I}	.38^{F}	.42^{I}
14. Do you feel supported by your friends?	.59^{I}	.60$^{I/S}$	.60^{I}
15. Do you know where to go in your community to get help?	.49^{I}	.51$^{I/S}$	.49^{SO}
16. Do you feel you belong at your school?	.46^{C}	.46$^{I/S}$	.45^{SO}
17. Do you think your family will always stand by you during difficult times?	.63^{R}	.63^{F}	.63^{F}
18. Do you think your friends will always stand by you during difficult times?	.58^{I}	.60$^{I/S}$	.59^{I}
19. Are you treated fairly in your community?	.51^{C}	.55$^{I/S}$	.52^{SO}
20. Do you have opportunities to show others that you are becoming an adult?	.58^{I}	.59$^{I/S}$	.56^{SO}
21. Are you aware of your own strengths?	.61^{I}	.60$^{I/S}$	.61^{I}
22. Do you participate in organized religious activities?	44^{C}	.49$^{C/S}$	.53^{SP}
23. Do you think it is important to serve your community?	.51^{C}	.54$^{C/S}$	.58^{SP}
24. Do you feel safe when you are with your family?	.61^{R}	.61^{F}	.61^{F}
25. Do you have opportunities to develop job skills that will be useful later in life?	.52^{I}	.53$^{C/S}$	.51^{SO}
26. Do you enjoy your family's traditions?	.52^{R}	.51^{F}	.51^{F}
27. Do you enjoy your community's traditions?	.47^{C}	.50$^{C/S}$	.53^{SP}
28. Are you proud to be South African?	.33^{C}	-	.30^{SO}

Note.

[a] Model 1: Original three-factor model (I = Individual, R = Relational, C = Contextual) including all 28 items (Liebenberg et al., 2012; Ungar & Liebenberg, 2011).

[b] Model 2: Three-factor model (I/S = Individual/Social, F = Familial, C/S = Community/Spiritual) including 24 items (Daigneault et al., 2013).

[c] Model 3: Four-factor model (SO = Social/Cultural, F = Family, I = Individual, SP = Spiritual/Community) including all 28 items (Sanders et al., 2015).

https://doi.org/10.1371/journal.pone.0185815.t002

Resiliency Scale for Adults

ALEXMANOS
eat.move.live

THE RESILIENCY SCALE FOR ADULTS

The Resilience Scale for Adults was developed to capture a set of fundamental protective factors and has now been well validated.

PERSONAL STRENGTH/PERCEPTION OF SELF			
When something unforeseen happens	I always find a solution	1-2-3-4-5-6-7	I often feel bewildered
My personal problems	are unsolvable	1-2-3-4-5-6-7	I know how to solve
My abilities	I strongly believe in	1-2-3-4-5-6-7	I am uncertain about
My judgements and decisions	I often doubt	1-2-3-4-5-6-7	I trust completely
In difficult periods I have a tendency to	view everything gloomy	1-2-3-4-5-6-7	find something good that help me
Events in my life that I cannot influence	I manage to come to terms with	1-2-3-4-5-6-7	are a constant source of worry/concern
PERSONAL STRENGTH/PERCEPTION OF FUTURE			
My plans for the future are	Difficult to accomplish	1-2-3-4-5-6-7	possible to accomplish
My future goals	I know how to accomplish	1-2-3-4-5-6-7	I am unsure how to accomplish
I feel that my future looks	I know how to accomplish	1-2-3-4-5-6-7	uncertain
My goals for the future are	Unclear	1-2-3-4-5-6-7	well thought through
STRUCTURED STYLE			
I am at my best when	have a clear goal to strive for	1-2-3-4-5-6-7	can take one day at a time
When I start on new things/projects	I rarely plan ahead, just get on with it	1-2-3-4-5-6-7	I prefer to have a thorough plan
I am good at	organising my time	1-2-3-4-5-6-7	wasting my time
Rules and regular routines	Are åbcent in my everyday life	1-2-3-4-5-6-7	simplify my everyday life
SOCIAL COMPETENCE			
I enjoy being	together with other people	1-2-3-4-5-6-7	by myself
To be flexible in social settings	is not important to me	1-2-3-4-5-6-7	is really important to me
New friendships are something	I make easily	1-2-3-4-5-6-7	I have difficulty making

hello@alexmanos.co.uk www.alexmanos.co.uk

Ecomap Example

Supports: mom, aunt, friends, cousin, therapist
Resiliency: family-oriented, open to learning/growing, physically active, dedicated employee

VISITATION 2

with Rodney Little

FCRP Clinical Assistant Professor

5 Minute Stretch Break

Policies of Therapeutic Visitation

- Therapeutic visitation is mandated through an order of the court.
- Level 2 therapeutic visitation can be provided up to 5 hours per month.
- Level 3 therapeutic visitation can be provided up to 8 hours per month.
- If court orders visitation hours exceeding these amounts, DCS is responsible for providing the additional funding.

the Omni Family™ OF SERVICES

	Therapeutic Visitation Requirements
Visitation Monitor Qualifica-tions	Bachelor's in a social science, trained staff member. Therapeutic foster parents can supplement or assist with therapeutic visitation throughout each month. If determined appropriate by the team, therapeutic foster parents can exclusively provide therapeutic visitation after an initial period of co-supervising with the therapeutic worker.
Supervision of Staff	Staff or foster parents supervising therapeutic visits will receive supervisory support/oversight by a supervisor with a Master's degree in a social sciences field.
Training	All Contract Agency staff and foster parents conducting therapeutic visitation will receive at least one hour of therapeutic visitation specific training in addition to other training hours required.
Planning	The parent's needs' will be identified through discussion of parents Strength's and Needs during the Child and Family Team Meeting and treatment planning. Specific work with the parents and children to occur during therapeutic visits will be outlined in the CFTM Summary.
Coaching During the Visit	The therapeutic worker or foster parent will work with the parents on the identified goals and provide educational interventions to teach, coach, model, and guide parents in improved parenting skills.

VISITATION ③

with Rodney Little

FCRP Clinical Assistant Professor

Roles of Therapeutic Facilitator

- ❑ Maintain confidentiality and neutrality
- ❑ Ensure that court orders are followed
- ❑ Monitor safety of all participants at all times
- ❑ Complete the DCS Visitation Observation Checklist for each visit
- ❑ Regularly communicate with the child's team of workers
- ❑ Provide interventions, constructive feedback, correction, and redirection as needed
- ❑ Document all pertinent information and details of each therapeutic visitation
- ❑ Provide community referrals as needed
- ❑ Testify in court proceedings as needed

the Omni Family OF SERVICES

Qualities of Effective Facilitators

- ✓Self-awareness
- ✓Emotional and mental stability
- ✓Cultural competency
- ✓Open-mindedness
- ✓Objectivity/ Neutrality
- ✓Ethical standards
- ✓Warmth

Ethical Practice and Cultural Competency

NASW Code of Ethics for Child Welfare Workers
https://www.socialworkers.org/LinkClick.aspx?fileticket=_Flu_UDcEac%3D&portalid=0

Cultural Competency – the ability to respond respectfully and effectively to people of all cultures, classes, races, sexual orientations, religions, or ethnic backgrounds, and affirm and value the worth of all individuals, families, and communities to protect and preserve the dignity of each (Child Welfare League of America, n.d.).

Preparing for Supervised and Therapeutic Visitation		
Children/Youth	Foster Treatment Parent	Biological Parent
•Location and schedule for visits. •What degree of physical contact child wants or will be permitted. •Signals for child to use to indicate need for help. •Conversation topics child wants or doesn't want to occur. •Other program rules.	•Location and schedule for visits. •Program rules. •Role of monitor. •Security measures in place. •"Checking in" before each visit, to ascertain safety between visits.	•Location and schedule for visits. •Program rules. •Role of visit monitor. •Degree of physical contact. •Toilet rules. •Items brought to visits. •Conversation topics allowed or disallowed. •Emphasis on respect, fairness. •Intervention techniques to be used by visit monitor during visits.

Emotional and Physical Safety

- Do you feel safe right now?
- What makes you feel safe?
- What do you keep with you that makes you feel safe? (Teddy Bear, Photos)
- What kinds of games or toys do you like to play with?
- What would be fun for you to do while you are here?
- Did you bring something with you today that would make you feel safe?
- What makes you feel upset, nervous, or sad?
- How can I help you feel safe during the visit?
- Does anything scare you about doing visits?
- Does anyone here scare you?
- Is there anything you don't want him or her to say or do during the visit?
- Can we decide on a signal (raising hand, certain word) that you can use to let me know if you feel unsafe or scared at any time during the visit?

5

I can't stand this and ready to explode.

I want to hit someone, something, or throw something. I need an adult to help me go to a safe place so I can calm down.

4

I am getting too angry.

My brain isn't working clearly. I might say or do something I will be sorry for later. I need to go to my safe place to calm down.

3

I am getting really irritated.

I need to walk away from a bad situation. I will tell my teacher that I need a break.

2

I am doing OK.

I'm not pleased, but I'm not upset. I can stay where I am and keep working. I can control my anger by myself.

1

I am doing great.

I feel good about myself and about what is going on around me.

Emotional Check-In

Name: _____ Date: _____

Calm Content Jolly Satisfied Relaxed Happy Giddy Interested Enthusiastic Overjoyed Excited Mesmerized Amazed Thrilled Fixated Exuberant Obsessed	Surprised Startled Unsure Apprehensive Afraid Confused Concerned Nervous Anxious Worried Afraid Astonished Awed Terrified Frantic Hysterical	Bored Cranky Distracted Aggravated Irritated Upset Frustrated Angry Distaste Disbelief Disgusted Irate Apathetic Contemptuous Bitter Disdain Loathing Enraged	Hurt Disappointed Sad Distraught Grief Depressed Despair

Today, I am feeling _____ because _____

_____

_____

_____

Emotional Check-Out

Name: _____ Date: _____

Today, I am feeling _____ because _____

_____

_____

_____

Copyright © 2010 www. Do2Learn.com

do2Learn

Therapeutic Opportunities during Supervised and Therapeutic Visitation for Staff, Therapist or Foster Treatment Parents	What the Parent Can Do	Positive Effects on the Child
During intake, provide the parent with information regarding age appropriate social and emotional competency.	The parent can respond to the child's emotional and social needs at the different stages of his or her development.	The child will have his or her needs met and will be less likely to "act out" .
During parenting time encourage parents to model positive social behaviors.	The parent teaches the child how to: share, help others work together and show respect.	The child develops the social skills needed to interact positively with others.
During parenting time, make tools available, such as the Feelings Thermometer or storybooks, to help the child identify his or her emotions.	The parent can use tools to help the child identify emotions and appropriate responses to feelings.	The child learns how to name his or her feelings and behaviors.

Therapeutic Opportunities during Supervised and Therapeutic Visitation for Staff, Therapist or Foster Treatment Parents	What the Parent Can Do	Positive Effects on the Child
When the child becomes upset, encourage the parents to talk with the child about their feelings, use validation and reflective listening and express empathy.	The parent communicates with the child in a way that expresses understanding.	The child feels safe and accepted when expressing feelings.
When the parents become frustrated, talk about the importance of teaching healthy emotional expression and explore how the caregivers react to the child's emotions.	The parent can model healthy emotional expression and teach the child how to express his or her own emotions and how to respond to a variety of situations.	The child learns how to express emotions in a constructive way.

Given that families often become involved in the child welfare system involuntarily and that engagement may be a challenge for caseworkers, motivational interviewing is a method caseworkers may want to consider in their practice (Mirick, 2013).

Strategies of Motivational Interviewing – OARS

Strategies	Description	Examples
Open-Ended Questions	• Elicits descriptive information • Requires more of a response than a simple yes or no • Encourages student to do most of the talking • Helps us avoid premature judgments • Keeps communication moving forward	• Often start with words like "how" or "what" or "tell me about" or "describe." • What are you enjoying about college? • Tell me about your last major assignment or test. • What challenges you as a student? • How would you like things to be different? • What have you tried before to make a change?
Affirmations	• Must be done sincerely • Supports and promote self-efficacy • Acknowledges the difficulties the student has experienced • Validates the student's experience and feelings • Emphasizes past experiences that demonstrate strength and success to prevent discouragement	• I appreciate how hard it must have been for you to decide to come here. You took a big step. • I've enjoyed talking with you today, and getting to know you a bit. • I appreciate your honesty. • You handled yourself really well in that situation. • That's a good suggestion. • You are very courageous to be so revealing about this. • You've accomplished a lot in a short time.
Reflective Listening	• A way of checking rather than assuming that you *know* what is meant • Shows that you have an interest in and respect for what the student has to say • Demonstrates that you have accurately heard and understood the student • Encourages further exploration of problems and feelings	• It sounds like you… • You're wondering if… • So you feel… • Please say more… • Reflections are statements. Statements ending with downward inflection (as opposed to questions) tend to work better because students find it helpful to have some words to start a response. Statements are less likely than questions to evoke resistance. • Avoid "Do you mean…" and "What I hear you saying is that you…." (can appear patronizing).
Summarize	• Reinforces what has been said • Shows that you have been listening carefully • Prepares the student for transition • Allows you to be strategic in what to include to reinforce talk that is in the direction of change • Can underscore feelings of ambivalence and promote perception of discrepancy	• So, let me see if I got this right… • So, you've been saying… is that correct? • Let me see if I understand so far… • Here's what I've heard. Tell me if I've missed anything. • Let me make sure I understand exactly what you've been trying to tell me… • What you said is important. I value what you say. Here are the salient points. • We covered that well. Let's talk about…

(Miller & Rollinick, 2002)

Evidence-Based Therapeutic Models

Parent Child Interaction Therapy (PCIT)
http://www.pcit.org/what-is-pcit-for-professionals.html#:~:text=%E2%80%8BParent%2Dchild%20interaction%20therapy,changing%20parent%2Dchild%20interaction%20patterns.

Bowen Family Systems Therapy
https://www.thebowencenter.org/core-concepts-diagrams

Play Therapy Dimensions Model
http://rmpti.com/integrative-play-therapy/

Acceptance and Commitment Therapy (ACT)
https://contextualscience.org/the_six_core_processes_of_act

Cognitive Behavioral Therapy (CBT)
https://beckinstitute.org/cognitive-model/

Interpersonal Therapy (IPT)
https://interpersonalpsychotherapy.org/ipt-basics/overview-of-ipt/

Documentation and Team Communication

Best Practices Following Therapeutic Visitation

- ✓ Complete the DCS Visitation Observation Checklist Form.
- ✓ Provide detail documentation in case notes and monthly records.
- ✓ Complete all documentation and email FSW and supervisor within 48 hours of the visit.
- ✓ Participate in CFTMs and provide useful updates on visitations, progress, barriers, and address any changes in treatment goals for the family.

Tennessee Department of Children's Services

Visitation Observation Checklist

DATE OF SUPERVISED VISIT:		WITH WHOM:		TIME OF VISIT:	TO
LOCATION:		SUPERVISING STAFF PERSON:			
OTHER DCS /AGENCY/VOLUNTEER STAFF PRESENT:					

ACTIVITY	
PARENT/CAREGIVER'S STATUS AT VISIT	
Arrived on time	☐ Agree ☐ Partially Agree ☐ Disagree
Arrived with only authorized guests to the visit	☐ Agree ☐ Partially Agree ☐ Disagree
Shows attention to personal hygiene	☐ Agree ☐ Partially Agree ☐ Disagree
Appeared sober and free from substance abuse	☐ Agree ☐ Partially Agree ☐ Disagree
COMMUNICATION SKILLS OF PARENT/CAREGIVER	
Sensitive to child's feelings (vs. parent/caregiver ignores or changes what the child says)	☐ Agree ☐ Partially Agree ☐ Disagree
Used child friendly language (vs. parent/caregiver uses adult language and comments)	☐ Agree ☐ Partially Agree ☐ Disagree
Demonstrated warmth/a positive attitude toward child verbally or non-verbally (vs. parent/caregiver being remote, hostile, distracted or making disparaging remarks towards about DCS, foster parents, etc.)	☐ Agree ☐ Partially Agree ☐ Disagree
Verbally respectful to child (vs. parent/caregiver "quizzes" the child or seeks inappropriate reassurances from the child)	☐ Agree ☐ Partially Agree ☐ Disagree
UNDERSTANDING OF PHYSICAL SPACE AND INTIMACY NEEDS	
Showed respect for child's physical space (vs. parent/caregiver violates space, kisses child inappropriately, grabs, or puts squirming child in lap,, etc.)	☐ Agree ☐ Partially Agree ☐ Disagree
Joined in with child's play or let child initiate play (vs. parent/caregiver is under-involved or over-involved)	☐ Agree ☐ Partially Agree ☐ Disagree
Provided a safe and comfortable interaction for child overall (vs. parent/caregiver has a threatening, intimidating, intrusive style)	☐ Agree ☐ Partially Agree ☐ Disagree
PARENT/CAREGIVER UNDERSTANDING OF AGE APPROPRIATE EXPECTATIONS	
Responded to child's verbal and non-verbal cues (vs. parent/caregiver didn't acknowledge child's cry or responds inappropriately)	☐ Agree ☐ Partially Agree ☐ Disagree
Had appropriate expectations of child's abilities (vs. parent/caregiver played inappropriately, became frustrated by child's limitations, etc.)	☐ Agree ☐ Partially Agree ☐ Disagree
Provided care necessary for child's developmental stage (vs. parent/caregiver did not change diaper, help to tie shoes, hold and rock, talk to or reassure child)	☐ Agree ☐ Partially Agree ☐ Disagree
Set appropriate behavioral limits/discipline and ensured child safety (vs. parent/caregiver using corporal punishment or time outs that were not age appropriate, etc.)	☐ Agree ☐ Partially Agree ☐ Disagree
Separated from child appropriately (vs. parent/caregiver caused the child to become upset, failed to comfort and reassure child)	☐ Agree ☐ Partially Agree ☐ Disagree

Describe if there was a need for intervention during the visit (such as opportunities to improve parenting skills; explain what happened, how you handled it and how the parent/caregiver reacted):
Describe the parent/caregiver's communication with other adults present (parent, visit supervisor, etc.):
Summary of the visit:

Attached Training Resources

- ACES Literature
- ACES Questionnaire
- CYRM-R Questionnaire
- The Resiliency Scale for Adults
- Ecomap Template and Key
- Therapeutic Visitation Emotional Safety Checklist
- Motivational Interview Handout and Literature
- NASW Code of Ethics for Child Welfare Professionals Handout
- Omni Visions Therapeutic Visitation Policies, Requirements, and Opportunities

References

Child Welfare League of America. (n.d.) Glossary of terms. http://www.cwla.org/newsevents/terms.htm

Kansas Department for Children and Families. [KVCkids]. (2014, June 11). *Strahler family –Reunification success story.* [Video]. YouTube. https://www.youtube.com/watch?v=9ufuRzWraeE

Kid's Services. (n.d.). *Therapeutic Supervised Visitation.* http://www.kidsservices.net/therapeutic_supervised_visitation.aspx - :~:text=To provide a protected visitation,and safe for the child.

Family and Children's Resource Program. [UNCFCRP]. (2015, January 8). *Visitation 1: "Parent-child visits matter*". [Video]. YouTube. https://www.youtube.com/watch?v=7CUQor5YHKQ

Family and Children's Resource Program. [UNCFCRP]. (2015, January 8). *Visitation 2: "Why parents sometimes skip visits".* [Video]. YouTube. https://www.youtube.com/watch?v=3KfHr8C6R0E

Family and Children's Resource Program. [UNCFCRP]. (2015, January 8). *Visitation part 3: "Improving parent-child visits".* [Video]. YouTube. https://www.youtube.com/watch?v=7YrqZoOpEUw

Miller, W. R., & Rollnick S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York: The Guilford Press.

Mirick, R. G. (2013). An unsuccessful partnership: Behavioral compliance and strengths-based child welfare practice. *Families in Society: The Journal of Contemporary Social Services*, *94*, 227–234. doi: .1606/1044-3894.4323

National Center for Injury Prevention and Control, Division of Violence Prevention (n.d.). *Preventing Adverse Childhood Experiences*. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.htm

Omni Family of Services. (2021). *About the Omni Family of Services*. https://www.theomnifamily.com/about-us/

Psychological Centers. (2015, March 2). *Therapeutic supervised visitation: Why should visits be therapeutic?* http://forensicpsychologicalcenter.com/2015/03/02/therapeutic-supervised-visitation-tsv-why-should-visits-be-therapeutic/#:~:text=Therapeutic%20Supervised%20Visitation%2C%20much%20like,criticism%20to%20the%20visiting%20parent.

Slides with Omni Visions logo and blue box charts - sourced from the Relias Omni Visions Supervised and Therapeutic Visitation training