



**Failing
to Plan
is
Planning
to Fail**

BY AARON ROB, M.Ed., NCC, LPC-S

October 21st, 2003 was my first day as the director of a community-based visitation center. I had been brought in as the first human services professional agency staff in order to professionalize services. I intended to spend my first day figuring out where the office supplies were stored, reading through the administrative files, and cleaning out such treasures as the "Singing Lobster!" animatronic plaque my predecessor left behind in my new desk. I had no idea by the end of that first day I would be assaulted by a severely disturbed parent who would attempt to flee with their child from the center.

When it was all said and done there was an assault charge filed and a criminal trespass warning issued against the parent. While this was the first time I had experienced an assault in years of supervising abusive and neglectful parents, the real learning experience began when I went to debrief staff that had been present at the time of the event. I discovered not only were there no critical incident documentation forms or procedures, but there were no policies and procedures in place to address how one should respond in an emergency situation. A formal screening process for parents regarding the agency's ability to provide the level of security needed to address each family's needs was nonexistent. In the end it was a classic example of the old adage - failing to plan is planning to fail.

If things were to go well with every supervised visit or exchange, established policies and procedures for crisis would be unnecessary. Unfortunately we must plan for the times when things do not go well. The SVN Standards address this issue by noting that agencies must have policies and procedures in place, but what are some of the basic areas these should cover? How do we start looking at safety issues?

BEGIN AT THE BEGINNING

Prior to interviewing clients or arranging for supervised visitation or exchanges providers who are operating out of a center/facility environment should perform a thorough walk through of their location. SVN standards state that one should ensure that the facility meets local codes, but a thorough assessment should cover more than just these basics. Where are the possible exit points in the event that a parent attempts to flee with a child? Where are the areas where supervisors may find themselves cornered by an upset parent? If visits will be done behind closed doors, do the doors have windows? If video surveillance is in use are there "dead zones" where the cameras do not cover? If radios, beepers, panic buttons, or other communication devices are used by supervisors do they work throughout the whole building, or are there locations where interference makes them unusable?

Do not discount the intrinsic physical safety hazards as well: Is the center free of trip and fall hazards? Are outlets appropriately covered? Fire alarms working and fire extinguishers appropriately accessible? Are sinks and toilets at proper child height? Is there a full stocked first aid kit? Additionally, it is important to check to make sure files and records are adequately secured. Each facility will have different issues and needs. Multiple eyes (including staff and outsiders) should review the location.

For supervisors working out in the community this step can pose more of a challenge. For cases where visits will be held in the visiting parent's home intake interviews can also be conducted in the parents' individual homes. This gives the supervisor a chance to assess the home environment and contemplate particular issues posed by its unique layout. For visits held at other community locations the supervisor should still familiarize themselves with the layout to the extent possible.

INTAKE INTERVIEWS AND 'HIGH RISK' CASES

The intake process is mentioned multiple times in the SVN standards. While initial paperwork should address obtaining copies of all relevant court orders, history of the family's involvement with supervised visitation, allegations or findings of domestic violence or child abuse and neglect, substance abuse issues, serious mental illness, involvement with law enforcement, etc., the intake interview presents a final opportunity to review this information and gain further details. Often parents may discount minor involvement with law enforcement, assuming we are asking about arrests or formal criminal charges. I believe that multiple calls for service, even if they are not prosecuted, are something that providers should be aware of.

The intake interview also allows follow up on information regarding the medical needs of the parties or the children in question, as well as other special needs for those involved in the case. While safety tends to focus on interpersonal violence, there are multiple considerations to take into account. Are the children diabetic? Are there allergies to certain

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items? Do any of the clients have a seizure disorder? The number of possible issues involved is staggering and we risk not knowing unless we are asking about them.

While the SVN standards (Section 8.6) argue for additional steps in cases of “high risk situations,” I would caution that all cases should be treated as high risk. My reasoning is twofold: (1) It provides the highest level of safety we can offer as providers for all cases and, (2) it helps the provider to avoid being in the situation of having to evaluate competing parental claims regarding family conflict and violence. For example, consider the case where the custodial parent alleges that the visiting parent was violent toward them, but there has never been a call to the police and the issue was never raised in court. The visiting parent completely denies this scenario. It seems an untenable violation of our neutrality to then side with one party or the other. Nor is a systematic default position, one way or the other, an adequate solution to this issue – that merely institutionalizes a lack of neutrality. If all cases are treated with an equally high level of safety precautions then there is no basis for accusations that the provider is for or against either side.

TURNING DOWN CASES

There are times when a provider, after assessing a particular case, may decide that there are concerns regarding the fit between their services and the needs of a particular case. In the personal example highlighted in the introduction the visiting parent in question suffered from a degenerative neurological disorder that impaired their ability to self-regulate and led to extremely poor impulse control. They had been suspended from using services several weeks prior due to a similar outburst and the interim administrator reinstated services after the visiting parent wrote an apology letter. A review of the case file, however, showed an increasingly erratic pattern of behavior during supervision and provided detailed information regarding the parent’s diagnosis. In hindsight it is clear that this is a case that should have been considered for permanent termination of services and, failing that, a staffing with agency employees to sensitize them to these issues.

In another example from my personal experience, I was contacted by Child Protective Services officials about outsourcing visitation services for one of their ongoing cases. This was an unusual

request for my region because CPS cases are generally handled internally. I requested case history information, received an update regarding the family’s last visit and the CPS office and learned that this visit ultimately ended with multiple police officers restraining the two visiting parents who had attempted to flee with the children. Needless to say I politely declined this case.

COMMUNICATION BETWEEN SUPERVISORS

Clarity about what is happening within a center is a major key to safety. If there are multiple supervisors in a center and an incident occurs how does one supervisor know if another is dealing with a medical emergency, a parent who has become violent, or some other issue? Certainly shouting down a hallway is one way to manage such circumstances, however this seems less than ideal - especially when there are multiple inexpensive technological solutions available. Chief among these are low powered walkie-talkies that are more than sufficient for most centers. Other solutions involve panic buttons, a phone system with speaker or paging capability, and surveillance cameras with two-way audio.

Procedural questions regarding the deployment of supervisory resources have arisen when there are multiple visits occurring in one facility. Is there a “spare” supervisor available to cover not only bathroom breaks and other incidentals but to also serve as reinforcement if a visitation session is terminated early and children need to be separated from a parent who is unable to maintain appropriate behavior? As the number of cases being handled at a center at any time increases, the chances of an issue arising will also increase. It is true that SVN standards identify staff-to-client ratio as a safety consideration tailored to each case. I would encourage more meta-thinking in this regard and have centers consider not just the particular case but the totality of the cases that they are handling at any one time in setting staffing levels.

CONFLICT DISENGAGEMENT & RELATIONSHIP MANAGEMENT

One of the best tools available to preserve safety of parents, children, and supervisors is to have supervisors and agency staff who are well trained in relational skill building and conflict disengagement techniques. Multiple formal training programs in

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communication and verbal intervention systems exist and are used with great success in environments such as psychiatric hospitals, correctional centers, community mental health settings, and other human service organizations. Understanding issues of human interaction, from the basics of Maslow to various crisis cycle models, allows a supervisor to tailor responses to situations during visitation for maximum effect. Being able to intervene early in a crisis in ways that are respectful but firm and which use appropriate levels of alternatives allow supervisors to deescalate potentially problematic situations. Such programs also educate on boundary issues, proactive interaction, modeling appropriate behavior, “I” versus “you” messages, the illusion of control, and skills for supporting people in difficulty.

These skills are invaluable in dealing with adults involved in supervision and with children participating in services as well. Frequently children will have issues or concerns of their own and part of maintaining safety involves being able to address these in an appropriate manner. Children who are prone to emotional or physical outbursts, or even more problematically self-harm behaviors, can often be redirected using the same skills that are used to redirect adults. Finally, and only partially in jest given the seriousness of the subject matter, these same skills can also be applied to working with attorneys involved in supervised visitation. For any administrator who has ever dealt with zealous representation run amok strong conflict disengagement skills can be priceless.

WHO YOU GONNA CALL?

It’s a slightly facetious heading to the most serious recourse available but ultimately the final safety resource to supervisors is involvement of law enforcement. Every center should attempt to initiate ongoing communication with their local agency in order to ensure that officers are aware of what the center is, where it is located, and what its purposes are. It is less than ideal to have to explain a center’s operations to officers while they are also dealing with a parent who has lost control or who may be attempting to assert a nonexistent right to depart with a child. There should be clear policies and procedures in place for who should be in charge of making a decision to call the police, as well as code phrases in place to avoid alerting parents that the police have been contacted (which may only further

escalate the situation).

There reaches a point when there is no choice but to contact the police in order to secure a situation. Staff should be trained on 911 protocol so they are prepared to provide adequate information when contacting police. I would caution supervisors not to wait until they have no choice in contacting the police – in almost every circumstance there will be a delay between the time police are contacted and when they arrive on site. Even when there is a good relationship between the center and local law enforcement there are time delays in: (1) communicating with dispatch, (2) dispatch sending an officer, and (3) officers actually arriving on scene. It is better to have the police arrive and not need their assistance than to need police intervention and not have them available.

GET IT IN WRITING

Whatever policies and procedures are adopted by the provider it is clearly a best practice to have them in writing. SVN standards are clear in this regard, although their specificity varies at times. Clear policies and procedures (in conjunction with consistent application) are critical to address both physical and psychological safety issues. They are not only a road map for parents, but for staff response as well. Visitation guidelines that address issues such as arrival and departure of parents, appointment times, what topics of conversation can not be discussed, what can and can not be brought into a visit, etc. are all important considerations in keeping things safe. Additionally policies should cover escalating or violent parents, medical emergencies and evacuation/shelter procedures in the event of fire, bomb threat or weather emergency, and other similar crisis situations. Before any procedure is implemented it should be thoroughly walked-through and implications on overall supervision operations considered.

ONCE IS NOT ENOUGH

Finally, safety arrangements should be reviewed on a regular basis. Likewise cases should be reviewed on a regular basis to make sure policies in place are adequate for their needs. Conflict disengagement and relationship management skills should be tuned up regularly with ongoing training. There should be periodic walk-throughs of center facilities by outside supporters to review physical safety. Equipment should be tested to make sure it functions adequately.

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I suggest that all providers add Guidelines and Procedures to their intake process. The Guidelines and Procedures should identify safety plans and procedures that will be followed; reasons for termination; time constraints for pick-ups and drop-offs; who is allowed in the visits; where visits will take place; any limitations of the monitor, such as no amusement parks, no roller coasters, no visits in NCP home; no horse back riding; etc. Use your advisory council, other providers and your local SVN Chapter to assist you in formulating your termination policy and procedures.

The Monitor in this case was fortunate enough to get herself and the child to a safe place. In my opinion, we should all take a moment to revisit our intake packets to make sure we can identify high risk cases and potential clients with mental health issues. Please send in your suggestions on how we could do this.

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It is also important to follow up after critical incidents. Debriefing sessions should be utilized to review documentation of precipitant events and what happened during the incident, as well as provide time for analysis of staff reactions. Debriefing should be used as a time to process staff responses to the incident and as a non-judgmental learning tool. If corrective personnel action is deemed necessary this should be handled outside of any debriefing activities.

Footnotes:

¹ A knock-off of the father's day.

perennial favorite "Big Mouth Billy Bass"

² Adjudicated cases where children were already in state care.

³ This could certainly be an accurate description of actual events – many victims do not reach out to authorities for help and attorneys must make strategic decisions regarding what they file with the courts. However we have no way of knowing, one way or the other.

**Special thanks to Ona Foster for her helpful suggestions.*

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budget to the Board of Directors in August for consideration and approval relative to committee tasks and responsibilities.

Call for Action

Given the huge undertaking of the SVN Guidelines and currently the Code of Ethics, the committee is seeking additional committee members who are interested in working on smaller subcommittees to develop various provisions of the SVN Best Practice Guidelines. Minimum involvement would include participation in several meetings via teleconference beginning November 2007 and the review, discussion, and drafting of "initial" language for S & G/TF committee consideration. While we understand the time constraints and workload limitations of everyone, we truly need your help. Remember the Guidelines are for you—the membership!

So commit to working on a subcommittee or if you are unable to work on a subcommittee, the committee is still interested in seeking samples of best practice protocols for consideration. And so, take a moment to respond to our request and call for program abstracts. Send

your sample materials and provide input and comments to the committee co-chairs, Shelly La Botte and Judy Newman at SVNGuidelines@yahoo.com.

If you have questions or need any additional information, please do not hesitate to contact Shelly or Judy.

¹ It is the goal of the SVN Board of Directors and S & G Committee to consult with OVW Safe Havens Grant Program technical assistance partners and other domestic violence experts in the various jurisdictional states on development and implementation of the SVN best practice guidelines relative to family violence.

Notice to the Membership From: SVN Board of Directors

The Board of Directors and Executive Director have announced that there will be administrative changes at the head office of the Supervised Visitation Network.

Later this year Nancy Fallows, our Executive Director, will retire from SVN. During the next few months Nancy and the Board will work together to help move the Network forward to best serve its members and the general public. We would like to use this event in a positive way to help us take SVN to the next level and will likely be moving its head office location.

We are currently seeking an individual or organization that can staff and house the Network and a notice regarding this event has been posted online at www.svnetwork.net.

We would like to thank Nancy and the rest of the staff for their hard work and dedication over the past few years. We are thankful for their willingness to continue until we are able to find an appropriate alternative.