

## **THERAPEUTIC SUPERVISED VISITATION INITIAL PROTOCOL\***

### **Goals**

1. To provide a protected visitation and a therapeutic intervention between children and the non-custodial parent so that child benefits as much as possible from the contact.
2. To assist children and their families in maintaining or reestablishing relationships that are healthy and safe for the child.
3. To assist children in the transition to different family structures, while providing for the safety of the child.
4. To provide custody evaluators and treatment professionals with supplemental information for visitation and treatment planning.
5. To actively engage in assisting the non-custodial parent and child to reengage in a relationship if it has been interrupted by court process.

### **Referral Criteria**

1. When:
  - a. regular supervised visitation has "failed."
  - b. there has been a major violation of the child's trust in the non custodial parent, e.g., abduction, alienation (either alienated or alienating parent), reasonably credible molest allegations, psychological disturbance of the parent, and/or abuse (physical, domestic violence).
  - c. parent and child have no prior relationship or when there has been a prolonged lapse in contact so that reunification services are necessary.
2. See schematic of the process involved in deciding when to order therapeutic supervision:
  - a. Chart I refers to alternative dispute resolution services for divorcing families (J. Johnston, Ph.D., In the Name of the Child)
  - b. Chart II refers to the decision making process for ordering visitation when sexual abuse allegations appear reasonably credible in family law cases (California Professional Society on the Abuse of Children {CAPSAC}).
    - i. CAPSAC recommends therapeutic visitation prior to "monitored visitation" in cases of "reasonably credible" allegations of sexual molest.

### **Referring Court Orders**

1. An order for therapeutic supervised visitation should include the reason for supervision, the name(s) of the recommended supervisor(s), a requirement that parties sign releases for all involved professionals, designate financial responsibility for service (including authorization of funds from grants, therapy funds, etc.), and define reporting responsibilities (including due dates).

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## **Staffing**

1. A trained, neutral counselor to facilitate the parent-child contact, (not the child's therapist nor parent's therapist)
2. The selection of a particular therapist as to level of licensure and expertise shall be dependent upon several factors, including financial needs of the parties, degree of physical risk, complexity of the case, and level of emotional stress.
3. The court makes the final decision as to the manner of supervision and terms and conditions:
4. State and national guidelines regarding visitation apply to staffing: Section 26.2 of California Standards of Judicial Administration, effective January 1, 1998, regarding standards of practice for providers of supervised visitation:

3) The therapeutic provider is a licensed mental health professional paid for providing supervised visitation services, including but not limited to the following: psychiatrist, psychologist, clinical social worker, marriage and family counselor or intern working under direct supervision. A judicial officer may order therapeutic supervision for cases requiring a clinical setting.

a) Each court is encouraged to make available to all providers informational materials about the roles of a provider, the terms and conditions of supervised visitation as per subdivision (i) of this section, and the legal responsibilities and obligations of a provider as per subdivision (k) and (l) of this section.

b) In addition, the professional and therapeutic providers of supervised visitation should receive training including but not limited to the following: (i) the role of a professional and therapeutic provider; (ii) child abuse reporting laws; (iii) record keeping procedures; (iv) screening, monitoring and termination of visitation; (v) developmental needs of children; (vi) legal responsibilities and obligations of a provider; (vii) cultural sensitivity; (viii) conflicts of interest; (ix) confidentiality; and (x) issues relating to substance abuse, child abuse, sexual abuse, and domestic violence.

## **Confidentiality:**

1. Therapeutic supervision is non-confidential: therapist-patient privilege does not apply.
2. The supervisor will need releases to speak to and gain information from all relevant parties, including the referring body, child's therapist and parents' therapists, as well as evaluators, child's attorney and prior supervisors.
3. The supervisor gives feedback to assist in assessment, custody evaluation, and treatment of the therapeutic needs of the child and parent.
4. The referral to therapeutic supervision is not to be a part of an investigatory process for law enforcement purposes, but the supervisor must follow rules of mandated reporting.

## **Safety/Security**

1. It is necessary to assure the safety of the child and the custodial parent, as well as the counselor.
2. Maintain procedures that promote safety and de-escalation, such as staggered pickup and drop off of the child.

3. Risk assessment may require visitation to take place at a center or courthouse.
4. Written protocol for emergencies
5. Written security procedures given to and signed by all parties prior to commencement of supervision.

### **Welfare of the Child**

1. Visitation is based on the idea that the parent-child relationship is of benefit to the child, regardless of how limited.
2. The emotional and physical welfare of the child is the principle concern of the visitation.
3. The visit should benefit the child and not expose child to harm or danger.

### **Paperwork**

1. Obtain copy of relevant court orders regarding custody and visitation, including protective orders.
2. Obtain copy of relevant psychological evaluations of parent and child.
3. Obtain any prior visitation reports.
4. Obtain releases of information for therapists treating involved parties, as well as for special master, child's attorney, FCS assessor, prior visit supervisor, custody evaluator, psychological evaluator.
  - a. These reports are to remain confidential and are released on a need-to-know basis.
5. Obtain written contract with custodial and non custodial parents regarding exact nature of supervision, e.g., where, when, topics of conversation that are off limits, rules and limitations, and conditions for cancellation and/or termination of visitation, report writing, fees, etc.(see CAPSAC Guidelines).

### **Preparation Procedure**

1. Conduct a separate interview with each: child, custodial parent, and noncustodial parent.
  - a. Explain rules, procedures, sign agreements.
  - b. Explain that the appropriateness of the service remains under constant review.
2. Introduction of child to setting and therapeutic supervisor.
  - a. Help child to become familiar with the process, inquiry as to topics of particular sensitivity.

### **Feedback**

1. Debriefing with the child.
2. Feedback to custodial and noncustodial parent.
3. Debriefing to relevant therapists.
4. Written report to referring party (presumably Court), which is to include:
  - a. dates of service, behavioral summary, including incidents of concern or commendation, cancellation or termination of visitation.
  - b. recommendations for referral or cessation of visitation.

## **Ceasing Therapeutic Supervision**

Cessation of visitation occurs when:

1. it is too stressful or traumatic for the child
2. there is a failure to comply with rules
3. the supervisor cannot adequately insure safety
4. the noncustodial parent is not able to benefit from therapeutic intervention
5. it is appropriate to make a referral to other services:
  - a. noncustodial parent and child have demonstrated ability to use therapeutic intervention to the point that regular supervised visitation is sufficient or no longer deemed necessary
  - b. parent-child dyad is referred on to family therapy

A written report is submitted as to reason for suspension, termination, or referral; the referring party may or may not agree with the supervisor's recommendation.

## **Structure of Therapeutic Supervision**

1. Visits are not ordered until Family Court Services, evaluator, or mental health worker has submitted a report for the review of the judicial officer. The report will indicate when it is in the best interest of the child to have visits.

2. When available the child and non-custodial parent should have separate contact with mental health professionals before visitation is ordered. Included in the treatment goals is preparation for therapeutic contact.

3. During therapeutic visitation the supervisor is able to use clinical judgment in determining the appropriateness of communication and verbal interventions. Unlike regular supervised visitation's restrictions on communication, the therapeutic supervision may actively engage the child and parent in:

- a. discussion of allegations, betrayal of child's trust, etc., (whatever the primary reason for referral)
- b. discussion of issues of adult responsibility
- c. discussion of any secrets, threats, or other pressure felt by the child
- d. defining the altered relationship between the parent and child
- e. discussion of areas of concern for the child and the parent (past, present, and future)
- f. discussion about emotional, physical, sexual (when appropriate) boundaries

- g. setting the stage for future open communication
- h. any helpful dialog between the parties

4. During therapeutic visitation the child is supported in what he or she wishes to say regarding the referring problem or other matters. The parent need not acknowledge guilt but is asked to listen. The session is not used to determine truth. (This should be explained ahead of time.)

5. The therapeutic visitation is supportive of the child and is used to provide understanding of the relationship between the child and noncustodial parent and to state the reasons for the court requirement of supervision.

6. Therapeutic supervision will give way to regular or no supervision unless the outcome of these initial visits contraindicates such visits. In that case, the professional supervising the therapeutic visits will make recommendations to the court regarding further preparation of the child and parent for healthy contact.