



# VISIT SERVICES

*Pre-Service Training for Contracted Providers*

Family Impact Network  
2020

Family Impact  
NETWORK

# Training Goals

By the end of this training you will understand:

- The purpose of parent-child and sibling visits.
- The levels of supervision.
- The roles and responsibilities of the parent, Department of Children, Youth and Families(DCYF), Family Impact Network (FIN), social worker, visit service worker and contracted agency supervisor.
- How to set up a visit based on the information in the referral.
- When to consider intervening or ending a visit early.
- How to write reports using behaviorally specific language.
- How to write good reports that DCYF can use as documentation for court hearings
- How to communicate with DCYF social workers, FIN and caregivers.
- The resources available to support you.
- FIN's role in the process

# What are Contracted Visit Services?

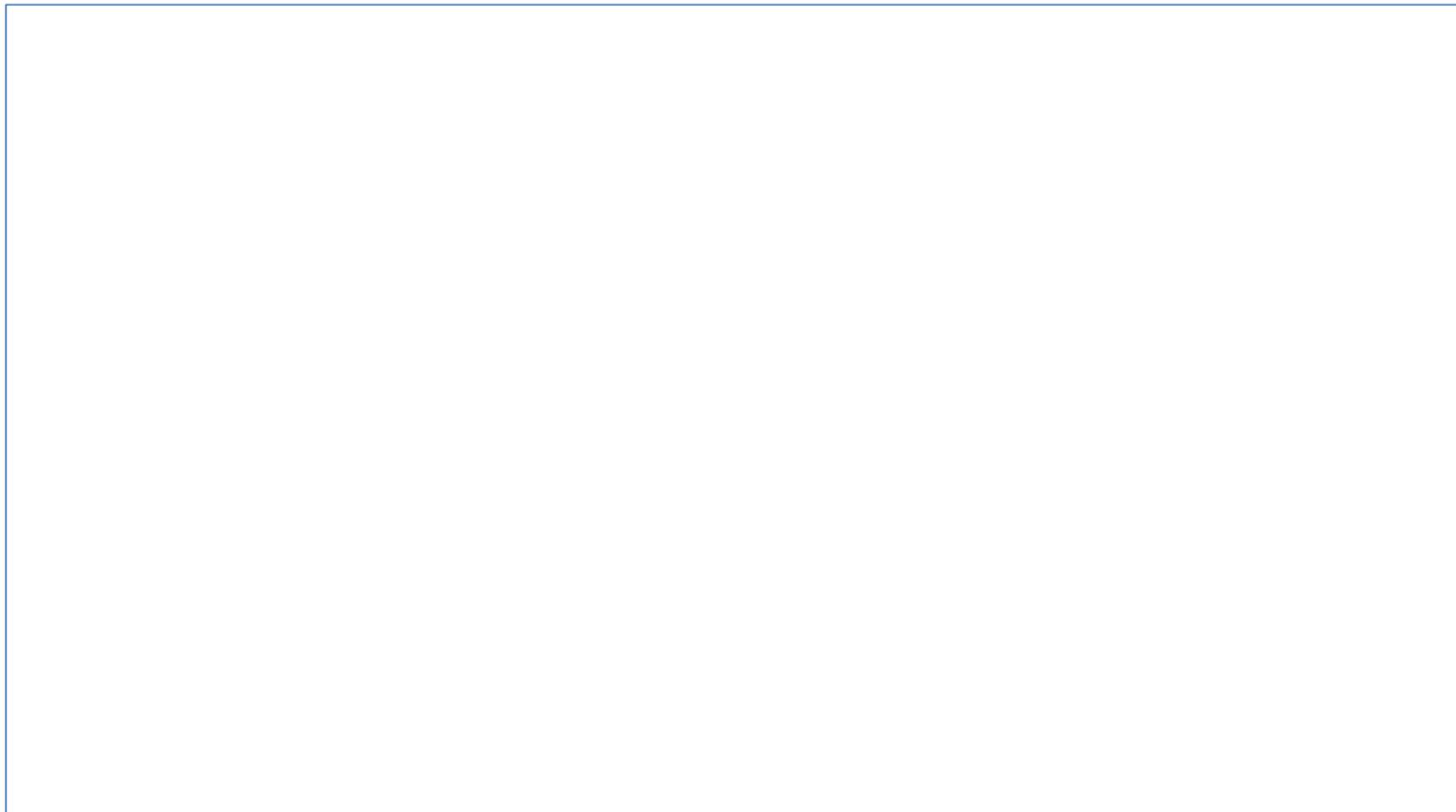
Sometimes it is necessary to remove children from the care of their parents for a period of time due to allegations of child abuse or neglect. All requests for visitation will originate from DCYF – Department of Children, Youth and Families, Social Workers, but referrals will only be made through FIN.

In these situations, FIN may ask a contracted provider to facilitate parent-child or sibling visits so the family can safely interact with one another. This will be at the direction of the DCYF social worker or they may simply ask FIN to find the next available provider.

# Why are Visits Important?

- Frequent and consistent visits are crucial to maintain appropriate connections between parents and their children separated by out of home placement.
- Structured visits between siblings placed separately help maintain family bonds.
- Consistent, positive visits improve safety, permanency, and well-being for children in foster care.

# Why Visits are Important



# Types of Visit Service Requests

- Parent- Child
- Sibling
- Transport Only

# Levels of Supervision - Parent Child Visits

- **Supervised:** The visit service worker maintains sight and sound contact with the child and all parties to the visit at all times. Highest level of supervision
- **Monitored:** The visit service worker is ON SITE at all times. The Service Worker will conduct periodic checks where they are able to both see and hear the parent-child interaction.
- **Unsupervised:** The visit service worker transports a child to and from agreed upon locations and leaves the child with the designated caregiver.

# Levels of Supervision – Sibling Visits

## **Highest Level- Sight, Sound, and Touch**

Visit service worker actively engages with the children at all times to insure their basic needs are met and facilitates positive sibling interactions.

## **Moderate Level - Sight and Sound**

Visit service worker engages with the children as needed to ensure positive sibling interaction and is within sight and sound of the children and is readily available for intervention and redirection as needed.

## **Lowest Level - Sight**

Visit service worker maintains line of sight supervision, but allows some private conversations, and is readily available for intervention and redirection as needed.

# Roles & Responsibilities

- **Parent**
- **Social Worker**
- **Visit Service Worker**
- **Contracted Agency**
- **FIN**

# Role of the DCYF Social Worker

- Provides all necessary information on referral.
- Authorizes initial referral and subsequent changes to FIN.
- Sends the referral to FIN with a specified provider or asks FIN to select provider.
- Updates FIN and/or the provider with new relevant information.
- Reviews all reports.
- Offers additional services to parents to support visits.
- Addresses areas of concern with the parent and caregiver.
- Transports child to any new placement.
- Conducts the final visit between parent and child.

# Role of Agency Staff Supervisor

- Provides ongoing supervision at minimum every two weeks.
- Ensures employees meet all training requirements to begin employment and as they continue with the agency.
- Reviews and approves all visit narratives, incident reports, and other documentation before submission to DCYF.
- Maintains all reports in agency file.
- Immediately addresses visit service worker's performance.

# Role of the Visit Service Worker/Transport Specialist

- Be on time.
- No Cell Phone use.
- Follow the visit referral.
- Give the family your full attention during the visit.
- Supervise for child safety and well-being throughout the transport and visit period and intervene when necessary.
- Document interaction between the parent and child during the visit using the format prescribed by FIN.
- Maintain professional boundaries.
- Communicate health and safety information about the child to the caregiver.
- Maintain confidentiality.
- Submit the Visit Narrative, Incident Report and No-show reports to staff supervisor.

# Role of the Visit Service Worker

## Transportation Requirements

Follow all the Rules of the Road

- Car seats and seat belt laws: <http://www.800bucklup.org/>
- No Cell phones – Hands Free Law: [RCW 46.61.667](#)
- Child passenger restraints and penalties: [RCW 46.61.687](#)
- Children unattended in vehicle: [RCW 46.61.685](#)
- Speeding and maximum speed limits: [RCW 46.61.400](#)
- Texting while driving: [RCW 46.61.668](#)
- Do not transport any unauthorized adults or children.
- Do not transport a child to any other service.
- Get authorized caregiver's signatures at pick up and drop off of a child.

# Visit Services with Evidence-Based Practice (EBP) Providers

- The visit services worker may be asked to provide visit services for a family receiving a therapeutic intervention during the visit, in these cases your role is to:
  - Transport the child to and from the visit.
  - Monitor the visit when the professional is working with the family.
  - Supervise the visit when the professional has finished their session with the family.

# Q and A

- Which role would most likely transport a child to and from a visit?
- a. Social Worker
- b. Visit service worker
- c. Staff supervisor

You got it! It was...

B

# Q and A

- Which role would most likely submit a visit narrative or no show report to the staff supervisor?
  - a. Visit Service Worker
  - b. Staff Supervisor
  - c. Social Worker
  - d. Family Counselor

Yup! It was...

A

# Q and A

- Which role would most likely submit a referral to FIN?
- a. Staff Supervisor
- b. Foster Parent
- c. Visit Service Worker
- d. Social Worker

Right Again! It was...

D

# REFERRAL FORM

The form can be viewed in the Visit Forms section of the Contracted Provider's webpage on DCYF's website:

[https://www.dcyf.wa.gov/forms?field\\_number\\_value=&title](https://www.dcyf.wa.gov/forms?field_number_value=&title)

ATTENTION: This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.

	DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)	DATE	VISIT PLAN ID
<b>Visit Plan</b>			
REFERRING CA WORKER'S NAME		PHONE NUMBER (AND AREA CODE)	
DCYF STAFF E-MAIL	DSHS OFFICE	FAX NUMBER (AND AREA CODE)	
DCYF SUPERVISOR'S NAME		PHONE NUMBER (AND AREA CODE)	

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**Visit Type**

**Visit Type:**  Parent / child visit  Sibling visit  
**Method:**  In person  Electronic  In person and electronic  
**Transportation:**  With transportation  Without transportation  Transportation only  
**Provider Type:**  Contracted  Relative / suitable adult caregiver  Foster parent  Case aide / intern  
 Volunteer  Other  
Preferred Provider:

**Reason for Plan / Referral:**  Initial  Re-referral - parent no showed or missed three (3) consecutive visits  
 Re-referral - provider dropped  Update- Changes to visit location, frequency, duration or level of supervision  
 Re-authorization - all supervised visits every three (3) months

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**Level of Supervision**

**Unsupervised**

- a. The parent is the primary caregiver and is able to demonstrate the willingness and ability to safely care for the child for the duration of the visit.
- b. Any safety threats must be managed through the development of a safety plan if indicated.

**Monitored**

- a. Be ON SITE for the duration of the visit;
- b. Conduct periodic checks where they are able to both see and hear the parent-child interaction;
- c. Be readily available for intervention as needed.

**Supervised**

- a. Be within direct line of sight and sound of the child and all parties to the visit at all times during the visit.
- b. Visit service worker must accompany the parent and all children to the restroom if one needs to use the toilet.
- c. Sibling visits are supervised unless otherwise directed by the DCYF worker.

**Explain why visits cannot be unsupervised. Describe all resources explored prior to selecting contracted supervision and transportation support and explain why a non-contracted provider cannot be used.**

# Family Time Report Requirements

A Visit Report is required for all supervised, monitored, transportation only, and sibling visits. (See attachment 3)

- Visit report must be submitted to agency supervisor.
- Approved visit report must be provided to the social worker within 5 calendar days of the visit.
- Unusual incidents must be reported via phone to the social worker and/or supervisor immediately. A written Incident Report must follow within 24 hours to SW.
- No show and cancellation reports must be sent to the social worker within 24 hours.

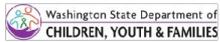
# Family Time Reports

- Contain confidential information.
- Require protection under the data security requirements
- Are a permanent part of the case record.
- Provide information about parent's progress and safety concerns.
- Help professionals in the case decide if the visit plan should be modified.
- Informs the DCYF social worker about other services that may be needed by a family.
- Informs decisions regarding permanency for the child.

# Family Time Report Continued

The purpose of the visit report is to “draw an objective picture” of what happened during the visit, so that parties to the case can understand the interactions between the parents and children.

- Who was present
- When and where the visit occurred
- What the family did during their time together
- What the family said during the visit
- If the child said or did anything while being transported that others should know about



### Family Time Report

- Monitored
- Supervised
- Transportation Only

CASE NAME	CASE NUMBER
DATE OF FAMILY TIME/SIBLING VISIT	TIME OF FAMILY TIME FROM <input type="checkbox"/> AM <input type="checkbox"/> PM TO <input type="checkbox"/> AM <input type="checkbox"/> PM
ASSIGNED DCYF STAFF	OFFICE
AGENCY NAME	FAMILY TIME/SIBLING VISIT LOCATION

#### Family Time Participants

NAME AND WHO THEY ARE: CHILD, PARENT, RELATIVE, FOSTER PARENT OR PROVIDER	NAME AND WHO THEY ARE: CHILD, PARENT, RELATIVE, FOSTER PARENT OR PROVIDER

**Describe the parent-child interaction / actions using behaviorally specific language: Child / Parent did / said the following. . Parent / Child responded by...**

Parent was on time for Family Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children arrived on time for Family Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent stayed entire Family Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent is ready to meet the needs of the child (food, child care supplies, activity items)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent met the child's needs (able to read cues, respond to needs and comfort the child if needed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent played with child (completed arts / crafts, read stories, sang songs, helped with homework, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent set limits with child and managed child's behavior (redirecting, encouraging positive behavior)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent helped child say good-bye at the end of Family Time (clean up, developing a routine)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visit location (home or community) was free of safety hazards for the child (child proofing, no unauthorized people)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor had to intervene to maintain child safety (If yes, describe the safety issue and how the supervisor intervened)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe any incidents that occurred	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete unusual incidents report and notify assigned DCYF staff.



### Family Time/Sibling Visit Report

CASE NAME	CASE NUMBER	DATE	TIME OF FAMILY TIME/SIBLING VISIT <input type="checkbox"/> AM <input type="checkbox"/> PM
CASE WORKER'S NAME	OFFICE		
FAMILY TIME/SIBLING VISIT LOCATION			

Who was at the Family Time/Sibling Visit (list all children, CASA, SW, etc.)?

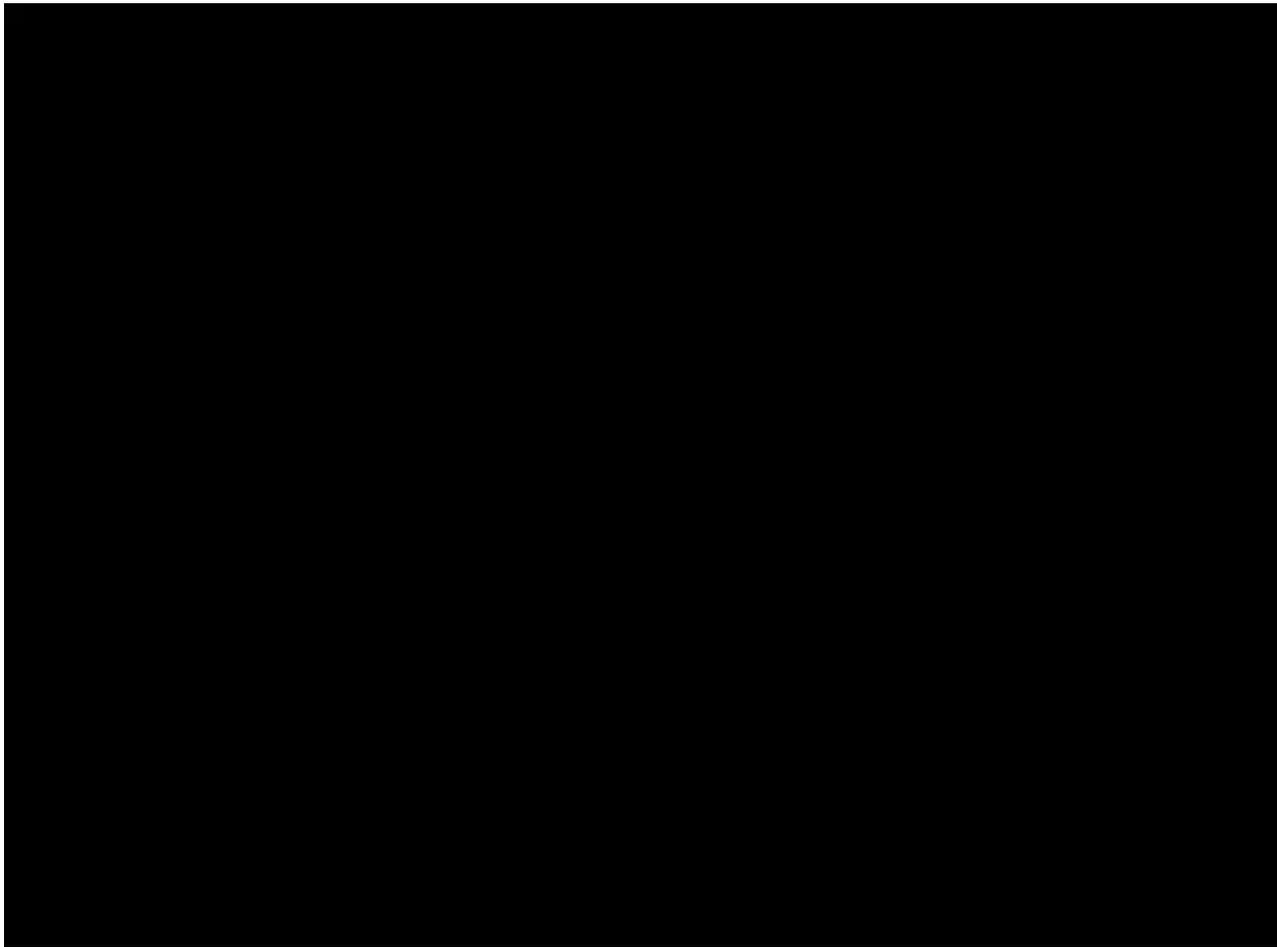
#### Observation/Questions

- Did all siblings arrive on time? Explain: \_\_\_\_\_
- Did all siblings stay the entire Family Time/Sibling Visit? Explain: \_\_\_\_\_
- What activities were provided/planned? Explain: \_\_\_\_\_
- What snacks / food were provided for the Family Time/Sibling Visit? Explain: \_\_\_\_\_

#### Observations/Questions

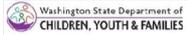
- What happened during the Family Time/Sibling Visit? Explain: \_\_\_\_\_
- What did the siblings eat? Explain: \_\_\_\_\_
- What activities did the siblings participate in together? Explain: \_\_\_\_\_
- What type of childcare was provided to children (diaper change, feeding, etc.)? Explain: \_\_\_\_\_
- List and describe any interactions or conversation that caused concern: \_\_\_\_\_
- Will there be any changes to the next Family Time/Sibling Visit? If yes, explain: \_\_\_\_\_

COMMENTS	
SUPERVISOR / TRANSPORTER'S NAME	
AGENCY'S NAME	DATE



# Child Specific Caregiver Notification Includes

- When and what the child ate or drank
- Time of last diaper change or toileting
- Any nap during the visit or transport
- Any injury to the child
- Any conversations with or between children that may impact their safety and well being
- If a visit ended early due to the child’s behavior, briefly describe the behavior from the child’s perspective.
- If a visit ended early due to the parent’s behavior, only report the visit ended early and the behavior that caused the visit to end early.



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

**Child Specific Caregiver Notification**

Family Time  
 Sibling Visit

CHILD'S NAME (COMPLETE FOR EACH)	TRANSPORTER'S NAME		
TYPE OF FAMILY TIME/SIBLING VISIT (SUPERVISED / MONITORED / TRANSPORT ONLY)	DATE	TIME OF FAMILY TIME/SIBLING VISIT <input type="checkbox"/> AM <input type="checkbox"/> PM	
AGENCY NAME	LOCATION		

Who was at the Family Time/Sibling Visit and what is the relationship to the child (include parent, child, SW, CASA, etc.)? **First name only for confidentiality.**

	YES	NO	N/A
1. Did child eat/drink during the Family Time/Sibling Visit? If yes, please list food or beverage and what time child last ate or had a beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was child's diaper changed during the Family Time/Sibling Visit? Time of the last diaper change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If child is toilet trained, did the child use the restroom during the Family Time/Sibling Visit? If yes, how many times and time of last use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did child have any toileting accidents during Family Time/Sibling Visit? If yes, how many?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did child nap during the Family Time/Sibling Visit? If yes, for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did child sleep during transport home? If yes, for how long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If school-aged, did child do homework? Did child read to parent? If yes, document number of minutes read and have parent sign log, if provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did any injuries occur during Family Time/Sibling Visit? If yes, please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did any unusual incidents occur that would affect the child's well-being? If yes, please explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I received a copy of the Child Specific Caregiver Notification report.**

NAME OF CAREGIVER OR DESIGNEE AT DROP-OFF (PLEASE PRINT)	
SIGNATURE OF CAREGIVER OR DESIGNEE AT DROP-OFF	DATE



# Missed and No Show Report: Parent-Child Visit

The goal is to avoid transporting a child unnecessarily.

**PARENTS** must notify the social worker and visit provider 24 hours before a visit if they are going to cancel, or it will count against them.

- Providers are only to wait 15 minutes for a parent to arrive, and then take the child home.
- Three (3) total parent **no shows/missed visits** require the case to be returned to the DCYF social worker to create a new referral.

**CAREGIVERS** must notify the social worker and visit provider as soon as they know a child will not be available to visit.

**PROVIDERS** cannot cancel a visit unless there is an emergency and no agency backup is available. Immediately notify all parties and coordinate with the social worker to schedule a make up visit.

# Re-scheduling Guidelines

## **Visits will be made up when:**

- Provider emergency
- Child is unexpectedly unavailable
- Court hearing
- Caregiver takes the child on a planned vacation
- Bad weather

## **Visit will not be made up when:**

- Parent no showed or missed with less than 24 hours notice
- Visit ended early because of the parent's behavior



### Missed and No-Show Report: Family Time/Sibling Visit

CASE NAME	CASE NUMBER	DATE	DATE NOTIFIED
CASE WORKER'S NAME		OFFICE	
FAMILY TIME/SIBLING VISIT LOCATION			
<input type="checkbox"/> Missed <input type="checkbox"/> No Show		This is the <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> time.	
Who missed or no showed for family time visit?			
Action taken:			
Explanation for missed Family Time/Sibling Visit:			
SUPERVISOR / TRANSPORTER'S NAME			
AGENCY'S NAME			

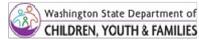
# Report Unusual Incidents

**Unusual incidents which require an immediate phone call to the social worker and/or their supervisor, and a written Incident Report within 24 hours sent to the SW.**

Parent or Child:

- Engages in physical self-abuse or abuse of others
- Exhibits sexual behaviors
- Exhibits unusual behavior
- Leaves or runs away
- Requires medical attention
- Makes suicidal threats or behavior
- Exhibits behavior that causes signs of extreme distress in a child
- Fails to comfort a child who is showing signs of extreme distress

**Depending on the situation, these incidents can also be grounds to end a visit early.**



**Family Time Visit  
Unusual Incident  
Report**

VISITATION AGENCY	DATE OF REPORT	DATE OF INCIDENT
	DCYF OFFICE	
	AGENCY CONTACT'S NAME	
AGENCY PHONE NUMBER (WITH AREA CODE)		

DCYF WORKER'S NAME	FAMILINK CASE NAME	FAMILINK CASE NUMBER
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Who was involved?						
NAME	CHILD AND AGE	PARENT	VISIT SERVICE WORKER	VISITATION AGENCY SUPERVISOR	FOSTER PARENT / CAREGIVER	OTHER AND ROLE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Incident Narrative**

Action Taken by Visit Agency	Original Notification to DCYF	
<input type="checkbox"/> None – Information Only <input type="checkbox"/> Visit Agency Supervisor intervention <input type="checkbox"/> DCYF case worker consulted during visit <input type="checkbox"/> DCYF Centralized Intake called <input type="checkbox"/> 911 called <input type="checkbox"/> Other (please describe):	DATE	TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM
	DCYF STAFF INCIDENT REPORTED TO:	
	PHONE NUMBER	EMAIL ADDRESS
	METHOD OF CONTACT <input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Email	

# You are Mandated Reporters

- **REPORT** all suspected child abuse and neglect (CA/N).
- **REPORT** if you observe CA/N when picking up or dropping off a child.
- **REPORT** if you observe CA/N during the visit.
- **REPORT** if a child discloses CA/N in the car.

**CPS Intake: 1-866-END-HARM** You must also submit an Incident Report to the social worker and CC FIN.

**When in doubt, REPORT!**

**<https://prezi.com/yx8m0sysqgec/all-children-deserve-to-be-safe/#>**

As a visit service worker, you are a mandated reporter of child abuse and neglect. Learn more about the reporting process in this video. **(46 min 6 sec)**

This video contains What Mandated Reporters Need to Know about Racial Disproportionality in the Child Welfare System.

At: **<https://www.youtube.com/watch?v=fb32deeM4UU&feature=youtu.be>**

# How to Set Up a Visit

- Review, understand and follow the terms and conditions of the visit service contract.
- Review each referral from FIN for all of the necessary information.
- Determine the agency's ability to facilitate the visits.
- Assignment to service worker whose skills and abilities meet the request.
- Communicate with the assigned social worker and FIN Resource Specialist about visit details.
- Sends the Provider Notification form to Social Worker.
- Notify all parties at least 24 hours in advance to confirm the first visit.
- Receive written notification from FIN prior to making any changes.

# Scheduling Considerations

- Meal Time
- Nap or Bedtime
- School Time
- Appointment Time
- Activity Time
- Parent's Court Ordered Services
- Cultural Considerations

# Visit Preparation - Checklist

- Agency Badge
- Gas in Car
- Car Seats
- Charged Cell Phone
- Visit Referral with Contact Information
- Caregiver signature form
- Directions
  - A list of phone numbers for your agency staff
- First Aid Kit

# Safety is Critical

## Have a plan:

Know who to call

- If the caregiver is not home
- If a visit ends early
- If the parent abducts the child
- If a child gets hurt
- If a parent threatens a service worker

Know where you can go

- Develop an exit strategy

# Visit Session

- Verify participants
- Review contracted agency visit guidelines
- Survey room and sit in direct line of sight and sound in least intrusive location
- Supervise visit as directed in the referral
- Remain focused on safety and well-being of the child
- Document observed behaviors
- Intervene or redirect as needed
- Follow bathroom guidelines
- Allow time for transition and closure



# Bathroom Guidelines for Supervised Visits

- Supervised visits require the visit service worker to supervise the parent while they take all children into the bathroom if one needs to go.
- The parent assists the child who needs changed/to use the toilet.

# Service Worker Intervention

## Intervene When a Parent:

- Does not notice or does not address a safety issue for the child.
- Does not meet the basic needs of the child.
- Is not giving the child their full attention.
- Is not aware of child's well-being.

## How To:

Calmly, respectfully, and discreetly (if possible) remind parent of visit rules and expectations:

- Try to avoid addressing the parent in front of the children if possible.
- There may be times when discussing the concern after the visit ends will lead to a more comfortable situation and better results.

# Parent's Intervention

## Parents Can/Should:

- Redirect the child to another activity.
- Give time outs or use other skills learned in DCYF provided parenting interventions.
- Explain to the child why their behavior was wrong and give a positive alternative.
- Use non-physical discipline such as redirection, time outs
- Can ask for assistance with behavior alternatives when they want to display verbal or aggressive conduct to other visitors and staff.
- Intervene when they recognize the signs of when their child is doing something harmful or dangerous.
- Take a break or a walk when feeling angry or overwhelmed.
- Should understand it's ok to ask for parenting help.

# End a Visit Early When:

- Parent attempts to leave the area with the child.
- The child is at risk of or is experiencing physical or emotional abuse by the parent.
- Parent ability to care for the child is impaired.
- Parent does not abide by rules outlined in DCYF visit plan and agency guidelines.
- The supervisor of the visit is threatened.

# Visit Scenario

You are supervising a 2 hour visit between 10 year old Tommy and his mother.

Tommy enters the visit room, runs to his mother and says “hi”. Mom looks up from her magazine briefly and says “hi” to Tommy. Mom continues to read her magazine as Tommy makes several attempts to engage his mother in conversation and activities. After 15 minutes you reflect to the mother that Tommy is attempting to get her attention. Mom replies to you “OK”, in a minute. 30 minutes into the visit, Tommy continues his attempts to get Mom’s attention, Mom says, “in a minute, I am almost done”. Then Tommy decides to play with toys provided at the center. After 5 minutes playing with the toys Mom says abruptly and loudly to Tommy, “you are making too much noise”. Tommy puts the toys down and finds a book.

45 minutes into the visit Tommy sits in the corner with a book by himself. Mom looks up at him a couple of times and they smile at each other. 55 minutes Tommy turns to you and asks if he can go home.

When & how would you intervene?

Would you end the visit and why?

# Once a Visit Has Ended Early

- Contact the social worker or their supervisor immediately by phone.
- Send an incident report to the social worker and cc FIN within 24 hours.
- Receive instructions from social worker **before** the next visit.

# Behaviorally Specific Language vs. Opinion

- Only document specific observable behaviors
- Describe the child and parent behaviors and statements
- Use objective language
- Describe unusual incidents, safety concerns
- Avoid interpretations, perceptions, judgments
- Avoid drawing conclusions and making assumptions

# Choose Your Language Carefully:

## **Opinion and Judgment:**

- Parent was rude and vulgar.
- Parent didn't have a clue about changing the child's diaper.
- Parent's home was nasty and unsafe.
- Parent was filthy and drunk.

## **Behaviorally Specific Language:**

- The parent yelled at me and called me a “stupid person”.
- The parent put the diaper on inside out.
- The parents home had cigarette butts all over the table, dog feces on the floor, and exposed wiring in reach of the toddler.
- Parent's pants had food particles on them.
- Parent had body odor, and her breath smelled of alcohol.

# Skills Practice:

## SKILLS PRACTICE

Instructions: *Change the examples of opinion into specific, observable behavioral.*

Typical Language	Court Ready Language
1) Parent repeatedly uses intimidating language	
2) Child does not want to visit mom	
3) Parent is verbally abusive	
4) Parent does not know what she is doing	
2) Parent does not want to be in visit	
3) Child is bored with visit	

# Acknowledgements

This Family Time Training (PCV Training) was adapted from the original Children's Administration presentation to represent the introduction of Family Impact Network.