

# Practice & Policy Brief



## **Visitation with Infants and Toddlers in Foster Care:**

What Judges and Attorneys  
Need to Know

July 2007

**Author**

Margaret Smariga



# **Visitation with Infants and Toddlers in Foster Care:**

What Judges and Attorneys Need to Know

**July 2007**

**Author**

Margaret Smariga

**Editor:**

Claire Sandt Chiamulera

This Practice & Policy Brief was supported in full by Grant #G96MC04451, Improving Understanding of Maternal and Child Health, to the American Bar Association's Center on Children and the Law from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

The views expressed herein are those of the author and have not been approved by the House of Delegates or the Board of Governors of the American Bar Association or by the U.S. Department of Health and Human Services and, accordingly, should not be viewed as representing the policy of the ABA or DHHS.

**About the ABA's Improving Understanding of Maternal and Child Health Project:** This project seeks to enable legal professionals to improve the health outcomes for vulnerable young children who are involved in the legal and judicial systems. It develops new materials and provides training and technical assistance to improve child health-related knowledge and skills of attorneys and judges who handle cases involving young children.

**About the ZERO TO THREE Policy Center:** The ZERO TO THREE Policy Center is a research-based, nonpartisan program at ZERO TO THREE that brings the voice of babies and toddlers to public policy at the federal, state, and community levels by translating scientific research into language that is accessible to policymakers, cultivating leadership in states and communities, and studying and sharing promising state and community strategies.

**About the ABA Center on Children and the Law:** The ABA Center on Children and the Law, a program of the Young Lawyers Division, aims to improve children's lives through advances in law, justice, knowledge, practice, and public policy. Its areas of expertise include child abuse and neglect, child welfare and protective services system enhancement, foster care, family preservation, termination of parental rights, parental substance abuse, child and adolescent health, and domestic violence.

Photos by EyeWire

**Acknowledgments:** The author thanks the members of the ABA Center on Children and the Law's Improving Understanding of Maternal and Child Health Project Advisory Board and members of the ZERO TO THREE Policy Task Force for reviewing drafts of the manuscript. In particular, I am grateful to Sheryl Dicker, Judge Cindy Lederman, JoAnne Solchany, Judge Peggy Walker, Wendy Nilsen, and Norma Ginther for their thoughtful critique and helpful comments. In addition, I thank Victoria Youcha, Lucy Hudson, and Julie Cohen from the ZERO TO THREE Policy Center; and Eva Klain and Claire Sandt Chiamulera from the ABA Center on Children and the Law for their valuable suggestions.

Copyright © 2007. American Bar Association and ZERO TO THREE

## Introduction

One-third of all children entering foster care are zero to three years of age, and 15 percent are babies under age one.<sup>1</sup> Children are removed from their parents and placed in out-of-home care because a court has determined that it is not safe for them to live at home. However, children who are removed from home, particularly those who are very young, are exposed to a new danger—the emotional and developmental harm that can result from separation. Children at different stages in life react differently to separation from a parent, based primarily on their ability to understand the reasons for separation and the range and maturity of their coping strategies.<sup>2</sup> The younger the child and the longer the period of uncertainty and separation from the primary caregiver, the greater the risk of harm to the child.<sup>3</sup> Therefore, frequent, meaningful parent-child visits are critical for infants and toddlers in foster care.

Visitation is planned, face-to-face contact between a child in out-of-home care and his/her parents and siblings. This brief:

- explains why visitation is particularly important for very young children,
- emphasizes the role of visitation in permanency planning,
- highlights key elements of successful visitation plans for infants and toddlers,
- suggests strategies for addressing barriers to visitation,
- reviews the judge's role in supporting parent-child visits, and
- shares promising community approaches to visitation.

Tight budgets, high caseloads, and scarce community resources make it difficult to implement all of the visitation best practices presented here. Judges and attorneys are encouraged to incorporate as many of these practices as possible and to take a leadership role in their communities to explore how to safely expand visitation opportunities.

## Fast Facts

- Of the 311,000 children who entered foster care in 2005, 46,954 were under age one and 103,090 were age three or younger.<sup>1</sup>
- 15 percent of all children in foster care were admitted before their first birthday and 33 percent were zero to three years of age when they entered care.<sup>2</sup>
- In 2004, approximately three-quarters (72.9 percent) of child victims of maltreatment ages birth to three years were neglected.<sup>3</sup>
- Infants placed in foster care within three months of birth spend the longest time in care—twice as long as other children.<sup>4</sup>
- Up to 82 percent of maltreated infants have unhealthy attachments to their caregivers.<sup>5</sup>
- Infants are less likely to be reunified with their parents than they are to be adopted.<sup>6</sup>

---

1. AFCARS Report #13: Preliminary FY 2005 Estimates as of September 2006. Washington, DC: U.S. Department of Health and Human Services, 2006. October 23, 2006 <[http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report13.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm)>.

2. Ibid.

3. U.S. Department of Health and Human Services, Administration on Children, Youth and Families. "Victims," chap. 3 in *Child Maltreatment 2004*. Washington, DC: U.S. Government Printing Office, 2006.

4. Wulczyn, Fred and Kristen B. Hislop. "Babies in Foster Care: The Numbers Call for Attention." *Zero To Three Journal* 22(4), 2002, 14–15; Dicker, Sheryl, Elysa Gordon, and Jane Knitzer. *Improving the Odds for the Healthy Development of Young Children in Foster Care*. New York, NY: National Center for Children in Poverty, Mailman School of Public Health, Columbia University, 2002, 5.

5. Goldsmith, Douglas F., David Oppenheim, and Janine Wanlass. "Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care." *Juvenile and Family Court Journal* 55(2), 2004, 2.

6. Wulczyn and Hislop, 2002, 15.

## Understanding Attachment and the Effects of Separation on Young Children

The first few years of life are a time of unparalleled growth. A child's experiences and relationships during these critical years build the foundation for future social, emotional, and cognitive development.<sup>4</sup> Infants and toddlers are completely dependent on the adults in their lives, and the care that they receive and the attachments that they form "are critical building blocks for future development and adult well-being."<sup>5</sup>

During the first few months of life, babies begin to show a marked preference for one or two primary caregivers. By about four months, babies communicate this preference through their behaviors (e.g., following with the eyes, smiling, quieting more easily) in the presence of the familiar caregiver. As babies get older (age 7 to 14 months), the attachment intensifies, and they often cry or protest when separated from the primary attachment figure. In addition, they may initially protest or avoid their caregiver when reunited. By age three, children begin to generalize attachment (that is, they can feel secure with other attachment figures such as relatives). Attachment behaviors are still present in older children but are less urgent than those shown by infants.<sup>6</sup>

Attachment theory provides a framework within which to understand the effects of separation on very young children and the importance of frequent visitation for infants and toddlers in foster care. Child development specialists regard attachment relationships as "one of the primary goals of infancy."<sup>7</sup> Secure and stable attachments with a primary caregiver form the foundation for a child's social, emotional, and cognitive development. Children who develop secure attachments show a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life.<sup>8</sup>

Researchers have found that up to 82 percent of maltreated infants have disturbed attachment patterns.<sup>9</sup> Babies who learn that they cannot consistently depend upon their caregiver to provide nurturing, protection, and security often develop unhealthy attachments. For example, a baby might turn away from or appear indifferent to the caregiver, alternate between seeking closeness with the caregiver and resisting contact, or freeze or show fear when the caregiver approaches.<sup>10</sup> Research has shown that infants and toddlers who do not develop secure attachments produce elevated levels of cortisol (a stress hormone), which may alter the developing brain circuits and cause long-term harm.<sup>11</sup> In addition, young children with unhealthy attachments are at much greater risk for delinquency, substance abuse, and depression later in life.<sup>12</sup>

Secure and stable attachments with a primary caregiver form the foundation for a child's social, emotional, and cognitive development.





Even children with secure attachments can be harmed by the loss or disruption of a primary relationship (e.g., through death, military deployment, or placement in foster care).<sup>13</sup> Children's reactions to and ability to cope with separation from a parent depend upon their age and developmental stage.<sup>14</sup> For example, infants who enter foster care before the age of six months—when placed in a stable, nurturing relationship with a foster parent—may not experience harm to their social and emotional functioning. Children placed in care between six months and three years of age are particularly vulnerable to separation and more likely to experience subsequent emotional disturbances. Children older than age three or four when they enter foster care are able to use language to help them cope with loss and adjust to change.<sup>15</sup> Because multiple placements and attachment disruptions are likely to be harmful at any age,<sup>16</sup> and because infants are less likely to be reunified with their parents than they are to be adopted,<sup>17</sup> concurrent planning should be used at the outset of each case. To limit attachment disruptions, very young children should be placed in what could become a new permanent home if reunification efforts fail.

Professionals working with very young children in foster care often do not understand the extent of the child's distress over being removed from the parent and placed in a strange environment. It is important to remember that very young children grieve the loss of a relationship. Even though the parent has maltreated the child, she or he is the only parent the child has known, and separation evokes strong and painful emotional reactions.<sup>18</sup>

To promote attachment and strengthen the parent-child relationship, very young children in foster care need frequent and consistent contact with their parents. They need to know that their parent cares for and is there for them. In many jurisdictions, visits consist of brief, weekly encounters, in a neutral setting, under the supervision of a caseworker. According to the American Academy of Pediatrics:

For younger children, this type of visit is not conducive to optimal parent-child interaction and may minimally serve the parents' needs for ongoing contact with the child or may even be harmful for the child. A young child's trust, love, and identification are based on uninterrupted, day-to-day relationships. Weekly or other sporadic "visits" stretch the bounds of a young child's sense of time and do not allow for a psychologically meaningful relationship with estranged biological parents. . . . For parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-child relationship.<sup>19</sup>

**"A young child's trust, love, and identification are based on uninterrupted, day-to-day relationships."**

American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care (2000)

## Benefits of Frequent Visitation

Frequent visitation offers the following benefits:<sup>1</sup>

- Promotes healthy attachment and reduces the negative effects of separation for the child and parents.
- Establishes and strengthens the parent-child relationship.
- Eases the pain of separation and loss for the child and parent.
- Keeps hope alive for the parent(s) and enhances parents' motivation to change.
- Involves parents in their child's everyday activities and keeps them abreast of the child's development.
- Helps parents gain confidence in their ability to care for their child and allows parents to learn and practice new skills.
- Provides a setting for the caseworker or parenting coach to suggest how to improve parent-child interactions.
- Allows foster parents to support birth parents and model positive parenting skills.
- Provides information to the court on the family's progress (or lack of progress) toward their goals.
- Facilitates family assessments and can help the court determine whether reunification is the best permanency option for the child.
- Helps with the transition to reunification.

---

1. Dougherty, Susan. *Promising Practices in Reunification*. New York: National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, 2004. October 23, 2006 <<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/promising-practices-in-reunification.pdf>>; Ohio Caseload Analysis Initiative and ProtectOhio Initiative. *Visitation/Family Access Guide: A Best Practice Model for Social Workers and Agencies*. Ohio Caseload Analysis Initiative in Partnership with ProtectOhio Initiative, 2005. October 23, 2006 <<http://www.pcsao.org/CLA/VisitationGuidefinal.pdf>>; Ginther, Norma M. and Jeffrey D. Ginther. "Family Interaction: The Expressway to Permanency—Facilitating Successful Visitation." Presentation prepared for Western Training Partnership at the University of Wisconsin River Falls, July 2005, 12–13; Wright, Lois E. *Toolbox No. 1: Using Visitation to Support Permanency*. Washington, DC: CWLA Press, 2001, 15–18.

## Visitation in Permanency Planning

Visitation, which has been called “the heart of permanency planning,”<sup>20</sup> is a key strategy for reunifying families<sup>21</sup> and achieving permanency.<sup>22</sup> To preserve and strengthen parent-child attachment, promote permanency, and reduce the potentially damaging effects of separation, attorneys who represent very young children in foster care or their parents should make visitation that ensures the child’s safety and well-being a focus of their advocacy.<sup>23</sup> Because children in foster care often come from families where the parent-child attachment is unhealthy, visitation should be viewed as a *planned, therapeutic intervention* and the best possible opportunity to begin to heal what may be a damaged or troubled relationship.<sup>24</sup> In addition, visits offer a real-life opportunity to view parental capacity and provide critical information to the court about the parent-child relationship. In this regard, visitation is a *diagnostic tool* to help determine as quickly as possible if reunification is the best permanency option for the child.<sup>25</sup>

Because the term *visitation* does not adequately describe the quality and quantity of time that families need to spend together when children are removed from the home, child welfare experts have begun using other terms, such as *family time*,<sup>26</sup> *family access*,<sup>27</sup> and *family interaction*.<sup>28</sup> Research shows that regular, frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care,<sup>29</sup> promotes healthy attachment, and reduces the negative effects of separation for the child and the parent.<sup>30</sup>

Visitation plays an important role in concurrent planning. While frequent visits allow parents to show their motivation for getting their child back and demonstrate new skills, they also provide evidence when a parent is not making progress toward case goals. For example, when a parent repeatedly does not show up for scheduled visits or fails to make required behavioral changes during visits, this information can help the court decide more quickly to order an alternative permanency plan for the child.<sup>31</sup>

## Promoting Successful Visits

Family visitation is a cooperative venture, and all participants (parents, foster parents, relatives, caseworkers, the court, lawyers, and service providers) must work together to ensure that visits “meet the attachment and connectedness needs of children and their families . . . [and] support parenting and case decisionmaking.”<sup>32</sup> The following recommendations should be addressed when advocating for visitation for young children in foster care.

### **Ensure that visits are in the child’s best interest.**

Visitation should be considered a conditional right of parents and children.<sup>33</sup> Unless the court finds substantial evidence to believe that visitation or supervised visitation would place the child’s life, health, or safety at risk, the parent should be allowed to visit his or her child.<sup>34</sup> For example, the court might deny or discontinue visitation

Research shows that regular, frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care, promotes healthy attachment, and reduces the negative effects of separation for the child and the parent.

## How Visitation Helps Meet Federal Permanency Planning Requirements

Well-crafted visitation plans are an essential component of permanency planning and can actively support the permanency goals of the Adoption and Safe Families Act of 1997 (ASFA) (P.L. 105–89). ASFA emphasizes moving quickly toward permanency so that children who enter foster care do not grow up in temporary living situations. Among other things, the Act:

1. Provides a timeframe for states to achieve permanency for children in state care. Visitation that helps develop and support a parent’s caretaking abilities can help her complete the requirements of the case plan and work toward reunification if that is the child’s permanency goal. The court may order reunification as the permanent plan at the 12-month permanency hearing if the parent has been diligently working toward that goal and reunification is expected in a timeframe consistent with the child’s developmental needs.
2. Requires states to make reasonable efforts to finalize a permanency plan, in addition to the initial reasonable efforts to prevent removal of the child from home. Proof that the agency devised a thoughtful, individualized visitation plan can support a judicial finding that reasonable efforts were made.
3. Encourages concurrent planning. Frequent visitation facilitates family assessments and can help the court determine whether reunification is the best permanency option.

Although ASFA does not directly address visitation, it is clear that visitation supports its goals of timely permanency for all children in foster care.<sup>1</sup>

---

1. Wright, Lois E. *Toolbox No. 1: Using Visitation to Support Permanency*. Washington, DC: CWLA Press, 2001, 41–43; Leathers, Sonya J. “Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?” *Child Welfare* 81(4), 2002, 596; Allen, MaryLee and Mary Bissell. “Safety and Stability for Foster Children: The Policy Context.” *The Future of Children* 14(1), 2004, 49–73.

when there is danger that the parent will again physically or psychologically abuse the child, even during supervised visits, or when the parent's visits are extremely traumatic to the child.<sup>35</sup>

When there is any doubt about the safety or benefit of visitation, there should be thorough assessments of the child, the parent(s), and the relationship between the child and parent (known as an attachment assessment). Mental health clinicians can provide important information to attorneys and the court about what is in a child's best interest.

**Ensure the placement decision supports frequent, meaningful visits.**

Successful visitation begins with the child's placement. If reunification is a permanency option, very young children should be placed in out-of-home care as near to their biological parent(s)' home as possible to allow frequent visitation.<sup>36</sup> Traveling long distances to visits is inconvenient for everyone involved and is hard on young children. Infants and toddlers who arrive at a visit after a lengthy confinement in their car seat may be cranky or sleepy from the trip, which detracts from the quality of the visit.

Foster parents can be critical partners in successful visits. Foster parents of infants and toddlers should understand the importance of the child's relationship with his/her parents and the role they can play to help strengthen that relationship. In a growing number of communities, foster parents receive training and support to supervise visits in their home so birth parents can be involved in the child's daily routines.<sup>37</sup>

When a child is placed in kinship foster care (in the home of a relative or another adult who has a kinship bond with the child), the kinship caregiver should receive training and assistance so they can be involved in concurrent planning, support the parent-child relationship, and teach and model parenting skills. In addition, the caregiver must be willing to support the formal visitation plan.<sup>38</sup>

**Ensure the visitation plan is individualized and promotes permanency.**

The written visitation plan should be tailored to the circumstances and needs of each family and the reason for removal of the child from the home. The plan, which the caseworker should develop in consultation with the child's parent(s) and foster parent(s), should be based upon a thorough assessment of the family (including an assessment of the child's needs and the parent's ability to respond to those needs) and reviewed and updated frequently. The plan should specify the frequency, length, participants, location, if and how visits are to be supervised, expected behaviors of parents during visits, visitation services, and planned activities of family visits. A well-crafted plan that clearly states what is expected of parents during visits reduces mistakes and misunderstandings.

Visitation should be reviewed at every court hearing to determine whether terms and conditions need to be modified.

Lawyers for the child and the parent(s) should review the written plan to make sure it serves their client's best interests and that only necessary restrictions and supervision are imposed. The judge who oversees visitation should ensure that the plan best serves the child and promotes permanency. The judge should stipulate in the court order the specific frequency, duration, and location of visits, thereby ensuring that visitation begins promptly and is permitted frequently.<sup>39</sup> Visitation should be reviewed at every court hearing to determine whether terms and conditions need to be modified. The court should require the child welfare agency to submit periodic reports about implementation of the plan and the impact on the young child and should hold all parties accountable for meeting plan requirements.<sup>40</sup>

The visitation plan should be guided by careful and ongoing assessment of the parent's ability to safely care for and appropriately interact with the child. The plan may require the parent to meet conditions related to visits (for example, to refrain from a behavior that contributed to the child's removal). If the parent does not comply, it is appropriate to impose restrictions (such as increased level of supervision) to protect the safety and well-being of the child. However, visits should never be used as a reward or punishment. Increased or reduced visitation should be a direct consequence of reduced or increased danger to the child and not linked to some other measure (such as engagement in other court-ordered services or drug test results).<sup>41</sup>

Visitation planning is an ongoing process that should correspond to the child's placement phase in the child welfare system.<sup>42</sup> Although the underlying goal of visitation (to preserve and enhance the parent-child relationship while providing for the safety and well-being of the child) remains the same through all phases, each phase emphasizes different purposes and uses different visitation arrangements.<sup>43</sup>

1. *Initial phase.* This phase focuses on maintaining ties between parent and child, assessing the parent's capacity to care for her child, and goal planning. To ensure the child is safe and appropriately cared for, visits are generally supervised and controlled for location and length. This phase generally lasts from four-to-eight weeks, but the length varies from family to family.

If, after the initial visitation phase, the caseworker and other professionals working with the family continue to have concerns about moving to less supervision, it may be time to reconsider whether reunification is an appropriate goal for the child. If the court changes the permanency plan to adoption, the visitation plan might call for a gradual decrease in visits and a focus on grief work rather than parenting skills.<sup>44</sup>

2. *Intermediate phase.* During this phase, the parent is working to meet his or her case goals, and visitation activities allow the parent to learn and practice new skills and behaviors. Visits typically occur more frequently, for longer periods, in a greater variety of settings, and with gradually reduced supervision as the parent assumes more and more responsibility for the child.

3. *Transition phase.* This phase focuses on smoothing the transition from placement to home and determining what services are required to support the child's needs and the parent's ability to meet those needs following reunification. Visits should provide maximum opportunities for parent-child interaction. After the child leaves the foster parent's care, it is important to arrange visits between the child and foster parent, recognizing the value of that relationship to the child.

**Ensure the frequency, length, and timing of visits promote attachment.**

Because physical proximity with the caregiver is central to the attachment process for infants and toddlers,<sup>45</sup> an infant should ideally spend time with the parent(s) daily, and a toddler should see the parent(s) at least every two-to-three days.<sup>46</sup> To reduce the trauma of sudden separation, the first parent-child visit should occur as soon as possible and no later than 48 hours after the child is removed from the home.<sup>47</sup>

Visits should be long enough to promote parent-child attachment. The length of visits should gradually increase as the parent shows she is able to respond to her child's cues in consistent and nurturing ways, soothe her child, and attend to her child's needs. During the initial phase, limiting visits to one-to-two hours allows the parent to experience small successes without becoming overwhelmed. By the transition phase, as the family approaches reunification, unsupervised all-day, overnight, and weekend visits should be completed.<sup>48</sup>

Visits should be scheduled at a convenient time for the parents and the foster parents. For example, if a parent works during the day, it may be necessary to schedule visits during the evening. However, the visitation plan must also consider the child's daily schedule. If a toddler goes to bed at a certain time, it would not be reasonable for the parent to expect to visit after bedtime.

**Advocate for visits to occur in the least restrictive setting that ensures the child's safety and well-being.**

The visitation plan should encourage the birth parent to directly care for the child as much as possible, and family visits should take place in the least restrictive, most natural setting that can ensure the safety and well-being of the child.

In a growing number of communities, the parent visits the child in the foster home. This model of care, known as *inclusive practice*, regards the foster parent as a temporary caregiver for the child and a supportive role model to the parent. Researchers have found strong links between inclusive visiting practices and (1) frequency of mothers' visits and (2) chances of reunification.<sup>49</sup> Parent-child visits in foster homes can only succeed if the foster parents' role as mentor to the parent is clearly defined from the outset and the foster parents are trained and supported. Similarly, birth parents must have clear guidance about what is expected from them during visits in the foster home. For example, they should be instructed not to say inappropriate things that could jeopardize their child's relationship with foster parents.

The visitation plan should encourage the birth parent to directly care for the child as much as possible.





For infants and very young children, other appropriate settings for parent-child visitation may include:

- the parent's home (with in-home supervision or in later phases of placement)
- the home of a family member who can supervise and support the parent and model positive parenting skills
- a service provider's office (particularly if the parent is receiving therapy or parenting instruction)
- an early childhood program such as Early Head Start
- parenting classes that include the child
- a supervised visitation center (during the initial phase of placement or if significant safety concerns exist)
- the child welfare agency (This setting should be used only as a last resort. Often agency offices are sterile and uninviting, and many do not provide private rooms or age-appropriate toys and activities for visiting families. Also, this environment can remind parents of their failure as parents and the agency's power over their lives, a sentiment that does not promote good visits.)

In addition, the parent should be encouraged to accompany the child to medical appointments and therapy sessions. Involvement in the child's professional appointments keeps the parent informed about the child's developmental progress and special needs, teaches the parent to respond more effectively to the child's needs, and reinforces the parent's continuing involvement in and responsibility for the child's well-being.<sup>50</sup>

**Ensure visitation activities promote parent-child attachment and support the child's development.**<sup>51</sup>

Because many maltreated infants and toddlers show developmental delays and many parents of children in foster care do not know how to interact appropriately with their child, parents often need coaching about how to care for their child and how to plan appropriate activities during visits. Many parents simply do not know how to perform daily caregiving routines, play with their child, comfort their child, respond to their baby's nonverbal cues, respond to their child's special medical or developmental needs, or enjoy their child's company. In such cases, the child's attorney can request and the court can order parents to receive services that educate them about their infant or toddler's specific needs. Services such as home visiting programs, Early Head Start and other high-quality early childhood education programs, and early intervention programs provide an opportunity for the parent to interact with her child in a supervised setting while learning to support the child's development.

Home visiting programs, Early Head Start, and early intervention programs provide an opportunity for the parent to interact with her child in a supervised setting while learning to support the child's development.

In addition, caseworkers, foster parents, or parent aides can help parents select visitation activities. The following table lists emotional, cognitive, and motor development tasks of infants and toddlers along with developmentally related visit activities. These activities allow parent and child to enjoy each other’s company and to develop a healthy relationship.

### Developmentally Related Visit Activities

Age	Developmental Tasks	Developmentally Related Visit Activities
Infancy (0–2)	Develop primary attachment	Meet basic needs (feeding, changing, holding, cuddling)
	Develop object permanence	Play peek-a-boo games
	Basic motor development (sit, reach, stand, crawl, walk)	Help with standing, walking, etc., by holding hand, play “come to me” games
	Word recognition	Name objects, repeat name games, read picture books
	Begin exploration and mastery of the environment	Encourage exploration; take walks; play together with colorful, noisy moving items
Toddler (2–4)	Develop impulse control	Make and consistently enforce rules
	Language development	Read simple stories; play word games
	Imitation, fantasy play	Play “let’s pretend” games; encourage imitative play by doing things together such as “clean house,” “go to store”
		Play together at park; assist in learning to ride tricycle; dance together to music
	Small motor coordination	Draw together; string beads together
	Develop basic sense of time	Discuss visits and visit activities in terms of “after breakfast,” “after lunch,” “before supper,” etc.
	Identify and assert preferences	Allow choices in activities, clothes worn, foods eaten

Reprinted with permission from Peg McCartt Hess and Kathleen Ohman Proch. *Family Visiting in Out-of-Home Care: A Guide to Practice*. Washington, DC: Child Welfare League of America, 1988, 34.

Visitation activities should occur in a variety of contexts (feeding, playing, bathing, diapering, soothing, putting to bed, medical appointments, etc.). Visits should be planned along a continuum of increasingly challenging and stressful situations to help the parent build a positive relationship with the child and develop confidence and competence in parenting.

For example, during the first phase the parent might visit at playtime when the child is well rested and then begin visiting at increasingly challenging times such as bedtime or when the child is sick and fussy. This strategy allows parents to gain competence and self-confidence in limit setting and effective discipline.<sup>52</sup>

Parents need to understand that a key goal of visitation is to strengthen their relationship with their child and the importance of this brief time they have together. While it is beneficial for young children to have siblings and family caregivers (such as grandparents) present at some visits, parents should be discouraged from bringing friends, significant others who do not have a relationship with the child, and extended family members to visits.

### **Request the appropriate level of supervision.**

Plans for supervising parent-child visits should be individualized, ensure the child's safety and well-being, and further the goals of the family's case plan. Visitation plans should never impose unnecessary supervision and restrictions. If supervision is required during parent-child visits, the visitation plan should specify the reason(s) (e.g., to protect the child, observe and evaluate interactions between parent and child, or model positive parenting behaviors).

The visitation plan should state who will supervise the visits. Depending upon the purpose of supervision and the degree of supervision necessary, a range of people may do this, including a caseworker, therapist, foster parent, relative, parent aide, or early intervention home visitor. Foster parents or family members who supervise visits should receive training on the child's developmental/attachment needs, mentoring/coaching parents, and knowing when and how to intervene.<sup>53</sup>

### **Be sensitive to participants' emotions around visitation.**

Judges and lawyers need to understand that a young child's emotional dysregulation following a visit does not necessarily mean the parent did something harmful during the visit.<sup>54</sup> Visitation can be extremely upsetting for children, and it is important to understand the developmental context of their feelings and behaviors. Very young children cannot understand the separation, and they tend to respond with bewilderment, sadness, and grief. During visits, they may cling or cry, act out, or withdraw from their parent. At the end of a visit, when another separation is imminent, they may become confused, sad, or angry. Following visits, infants and toddlers may show regressive behaviors, depression, physical symptoms, or behavioral problems.

Parents also find visits to be a time of emotional upheaval, particularly during the first phase of placement. Parents often experience pain and sadness resulting from the separation. They may feel shame, guilt, depression, denial that there is a problem, anger, and/or worry about the child. During the first visits, the parent is likely to be awkward, tense, and uncertain. All parties must help the parent process her emotions and help her interact with her child.<sup>55</sup> See pages 16–17 for guidance on interpreting behaviors of young children and parents during visits.

Judges and lawyers need to understand that a young child's emotional dysregulation following a visit does not necessarily mean the parent did something harmful during the visit.

## Interpreting Behaviors of Young Children and Parents During Visits By Victoria Youcha

The following scenarios offer guidance on interpreting behaviors of young children and parents during visits.<sup>1</sup>

### Example 1

**Case:** A toddler avoids eye contact and resists his mother's touch for the first 20 minutes of a weekly visit. He and his mother then engage in mutually enjoyable play, only to have the visit end with the child going into a hysterical tantrum.

**Question:** Should visits be increased or curtailed?

**Discussion:** In the absence of physical or emotional abuse, this pattern of avoidance, engagement, and distress at separation can indicate a positive relationship between the toddler and his mother. The mother's ability to read his cues by allowing him time to warm up to her and reestablish their relationship can indicate that the visit is going well. Even the child's extreme distress at the end of the visit could be a healthy protest against another separation from the mother with whom he maintains a strong connection.

### Example 2

**Case:** A foster parent reports that the eight month old in her care does not eat and wakes frequently for several nights following the weekly one-hour visit with her mother. She asks that visits be curtailed because they are upsetting the baby.

**Question:** What information does the judge need to decide whether visits are in this child's best interest?

**Discussion:** Absent documented physical abuse or erratic behavior by the visiting parent, the judge might ask for the following additional information:

1. What does the interaction between parent and baby look like during visits? Is there a pattern of warmup, engagement, and mutual delight followed by increased upset at the end of the visit?
2. What is the relationship between the parent and the foster parent? Is it possible that the foster parent's bond with the baby is so strong that she consciously or unconsciously resents the time the baby spends with the mother?

If mother and baby seem to have a strong attachment, increasing the number of visits per week might reduce the child's distress because there will be less time between contacts. Ideally, the mother and foster parent should work together to help ease the baby's transition into and out of each visit.

If the baby seems fearful of his mother or is unable to be comforted by her, the judge can order an evaluation of the relationship between mother and baby by a clinician with specific training in infant mental health. The results can provide critical information to help the court decide whether visits are in the child's best interest.

### Example 3

**Case:** The mother of one-year-old twins misses the first three scheduled visits. When contacted, she seems sad and depressed.

**Question:** Why is this mother missing visits?

**Discussion:** If the mother is clean and sober, several options should be investigated. For example, she might be so devastated by the separation from her children that she cannot bear the pain of seeing them briefly and leaving them again; she might feel that the babies will miss her less if they don't see her; she may be experiencing clinical depression or other mental illness that prevents her from being emotionally available to her twins; or she may lack transportation.

In situations like this, parents are often prejudged because they have already been accused of abuse or neglect. Most parents of children in foster care face a complex array of co-occurring challenges including poverty, substance abuse, domestic violence, and mental health issues. Careful gathering of information and individual assessment is needed to uncover the reasons behind a parent's missed appointments.

### Example 4

**Case:** A two year old became hysterical when taken for a supervised visit at her mother's house. She had been scalded in the bathtub by the mother's boyfriend and could not tolerate entering the home or seeing her mother. The mother's attorney argued that, because the mother was not the perpetrator, she had a right to see the child. The child's mental health therapist strongly recommended against visits. The judge ordered the parties to proceed slowly and to start with the child listening to a tape recording of her mother reading favorite stories. They then were to videotape the mother and show that to the child. The child's reactions would dictate the next steps. If exposure to the mother continued to be too upsetting, visits would be discontinued.

**Discussion:** The safety and well-being of the child is paramount, and even very young children can be traumatized. When there is any doubt about the safety or benefit of visitation, there should be a thorough assessment of the child, the parent(s), and the relationship between each adult in question and the child. Infants and toddlers can be excellent communicators even before they can talk. Mental health clinicians and other early intervention personnel can assess the child and parents and provide important information to attorneys and the court about what is in a child's best interest.

---

1. Haight, Wendy L., James E. Black, Sarah Mangelsdorf, Grace Giorgio, Lakshmi Tata, Sarah J. Schoppe, and Margaret Szewczyk. "Making Visits Better: The Perspectives of Parents, Foster Parents, and Child Welfare Workers." In *Contemporary Issues in Permanency Planning*. Edited by Gerald P. Mallon and Bogart R. Leashore. Washington, DC: CWLA Press, 2002.

### **Ensure visits are well documented.**

Caseworkers and other professionals must carefully document the family's progress (or lack of progress) during visits, emphasizing the objectives of the visitation plan, behaviors of and interactions between the parent and child, and assessment of risk to the child and the parent's capacity to care for the child. This information provides important evidence for the court to order reduced or increased restrictions, reunification, or termination of parental rights.<sup>56</sup>

## **Overcoming Barriers**

Because child welfare agencies and juvenile courts are often overwhelmed by high caseloads and lack funding for supervision, many communities lack adequate visitation services for families of infants and toddlers in foster care. Working together, the court, the child welfare agency, child advocates, early childhood mental health specialists, and other service providers should analyze the availability of visitation and explore how visitation resources can safely and realistically be expanded in their community. General strategies for expanding visitation include:

- *Examine supervision policies.* Assess and develop criteria for unsupervised visitation and relative or third-party supervision. These practices will promote visitation and reduce the burden on caseworkers.<sup>57</sup>
- *Prioritize cases.* For example, if a child welfare agency does not have the resources to overhaul its visitation practices for all infants and children in foster care, it could set aside additional visitation resources for the families that are most likely and those that are least likely to be reunified.<sup>58</sup> When reunification appears likely, frequent, successful visits can provide evidence to support timely reunification. In cases where reunification appears unlikely, frequent visits can provide evidence of parental disinterest, which can lead toward a timely decision to move to an alternative permanency plan and termination of parental rights.<sup>59</sup>
- *Involve foster parents.* Recruit and train foster parents who are willing to mentor birth parents and supervise visits within their homes.
- *Use volunteers.* Recruit and train volunteers to serve as visitation monitors and parent mentors.
- *Collaborate with community stakeholders.* Partner with other groups in the community to address gaps in visitation services. (See “Promising Practices” on page 23.)
- *Explore alternative funding for visitation services.* A number of federal and state agencies and nonprofit, charitable, and professional organizations offer grants to improve child welfare services and the court process as it relates to children in foster care.

## The Judge's Role

Judges hearing cases involving children in foster care play a critical role ensuring the child has full opportunities for meaningful visitation with the family. Although it is counterproductive for judges to order daily visitation if the community does not have the resources to support this practice, judges are in a unique position to inform the community about the gaps in services and to mobilize community leaders and resources to address these gaps.

To encourage improved visitation practices, Judge Leonard P. Edwards of the Superior Court in San Jose, California, and a former president of the National Council of Juvenile and Family Court Judges, suggests judges take a number of steps:<sup>60</sup>

- Oversee the child's initial placement decision to ensure that it supports frequent, meaningful visitation.
- Develop clear, enforceable, written visitation orders for each case.
- Develop local rules that address visitation issues.
- Encourage cross-systems training for all participants in the juvenile dependency court to address child development principles and strategies to improve the quality and quantity of visitation.
- Examine best practices and draw from model programs to improve visitation practices.
- Facilitate collaborative community efforts to improve visitation practices and overcome barriers to successful visitation.

The checklist on pages 20–21 is a useful tool for judges to refer to when considering visitation for infants and toddlers in foster care.

Working together, community partners can develop creative solutions to overcome barriers to successful visitation.

## Infant Visiting Checklist for Family Court Judges<sup>1</sup>

### Visiting Plan

- What is the current visiting arrangement? (Where? How frequent? For how long? Who is there? What is the level of supervision?)
- Is this visiting plan frequent enough to build attachment between the infant and parent?
- Does this visiting arrangement allow and support the parent to parent, including changing and feeding the infant; learning about the infant's cries, habits, growth; and demonstrating the ability to keep her/his child safe in real-life situations?
- Was the purpose of visits clearly communicated to the parent and by whom? (to utilize the time to meet the infant's needs, stimulate the child's growth and development, communicate love for and enjoyment of the child to the child, ease the toddler's adjustment to separation)
- What are the beginning and the end of the visits like? (infant's response, parent's response, source of this information, possible reasons for assessment if any negative reports, changes over time, efforts put into place to ease transition)
- If there are other children living separately from the infant, have sibling visits been set up?

### Evolution

- How long has this specific arrangement been in place? If longer than three months, what are the reasons the visiting arrangement has not progressed? Answers should be child-related (e.g., safety or developmental concerns) or related to the parent's ability to meet the child's needs—not punitive (e.g., parent has not followed through with referrals or completed service plan, parent relapsed three months ago).

### Permanency

- Is this visiting plan moving the court closer to achieving the permanency goal? Whenever possible, are the visits close to real-life situations that will allow the parent to address real-life parenting challenges?

### Parental Participation in Child's Life

- Is the parent participating in the infant's medical appointments, early intervention services, and other activities?



- Has attention been paid to arranging visits on birthdays, holidays, anniversaries, and other special occasions that may be important to the child, parent, and family?
- Is mutual communication facilitated between the parent and the foster parent regarding the infant’s habits, routines, behavior, preferences, and development/growth?

**Limiting, Suspending, or Terminating Visits**

Unless there is imminent risk to the infant’s safety or well-being or evidence of visit-based harm, before suspending or limiting visits, consider the following:

- What is the basis of this request?
- Has adequate time and explanation of attachment building been given to the parent? Has the parent been encouraged to persistently, actively, and patiently build attachment with the infant? Have efforts to slowly wean the foster parent out of the visits been tried?
- For parents with substance abuse issues: Has the caseworker or substance abuse counselor discussed the expectations, parameters, and purpose of visits with the parent? Have they discussed relapse prevention to address the difficult underlying issues visits may present?
- If due to the parent’s inconsistent attendance at visits: What efforts have been made to identify the reasons for irregular attendance? Have there been efforts to engage and support the parent to build an attachment with and parent her/his infant?
- If parental ambivalence toward resuming full-time care of the infant is assessed (including cases where the parent has prior termination of parental rights), has a referral for counseling about options been made?

---

1. Adapted with permission from Dicker, Sheryl and Tanya Krupat. “Permanent Judicial Commission on Justice for Children Infant Visiting Checklist for Family Court Judges.” Unpublished draft. New York State Permanent Judicial Commission on Justice for Children, 2006.



## Promising Practices

Lawyers and judges should be familiar with the resources and services for children and families in their community and think creatively to improve visitation practices. In many communities across the country, courts, child welfare agencies, service providers, nonprofit organizations, and faith-based or community organizations are partnering to enhance the visitation experience and promote permanency. Working together, community partners can develop creative solutions to overcome barriers to successful visitation. Promising practices include:

- *Therapeutic Visitation Programs.* Because many parents of infants and toddlers in foster care did not experience positive, nurturing relationships in their own childhoods, they must learn new parenting approaches. Therapeutic visitation programs promote attachment and help parents improve their parenting skills.
- *Supervised Visitation Centers.* Supervised visitation centers serve families of children in foster care who can only visit when an impartial supervisor is present. The centers provide a warm, homelike environment where parents can visit with their children in a safe and supervised setting. The Supervised Visitation Network ([www.svnetwork.net](http://www.svnetwork.net)) is a helpful resource for advocates interested in learning more about supervised visitation centers.
- *Around-the-Clock Visitation.* Recognizing the importance of parent-child contact, several programs are pushing the envelope on visitation practices and providing what could be regarded as around-the-clock visitation in a controlled setting. For example, shared family care is an arrangement in which the parent is placed with her child in a foster home. The foster family is trained to mentor and support the parent as she develops the skills to care for her child and move toward independent living.<sup>61</sup>

See pages 24–25 for a discussion of several promising community approaches to visitation.

The Supervised Visitation Network ([www.svnetwork.net](http://www.svnetwork.net)) is a helpful resource for advocates interested in learning more about supervised visitation centers.

## Promising Visitation Programs

Across the country, community stakeholders are collaborating in a variety of ways to address gaps in visitation services.

### Therapeutic Visitation

Therapeutic visitation programs promote attachment and help parents improve their parenting skills. These programs can take a variety of tacks.

For example, in Florida, the **Miami-Dade Juvenile Court** refers maltreated toddlers and their parents to a 25-week child-parent psychotherapy program with a trained infant mental health clinician. Individualized therapeutic intervention and parental guidance are provided to help parents learn to play reciprocally with their child, understand their child's nonverbal cues, and support their child's healthy development. Three years of data show substantial improvements in child-parent interaction, no further acts of abuse or neglect, and a reunification rate of 86 percent.<sup>1</sup>

**Parents and Children Together** in Grant County, Washington, is a partnership between Early Head Start and the local child welfare agency that provides specialized services for young children in foster care and their parents. Birth parents spend three days each week with their child in a center-based program that helps parents improve their ability to meet their child's needs. Project staff create a positive, secure, and educationally rich environment that allows parents to develop and demonstrate new parenting skills.<sup>2</sup> A national evaluation concluded that Early Head Start has a positive effect on a range of parenting outcomes as well as on children's cognitive and language development.<sup>3</sup>

The **Families Together Program**, a partnership between the Rhode Island Department of Children, Youth and Families and the Providence Children's Museum, is an innovative therapeutic visitation program. Families of children in out-of-home care are referred to the program by their agency caseworker. The program provides opportunities for children ages 1 through 11 and their parents to visit the hands-on museum, where they play and learn together with the support and guidance of family therapists. The therapists work closely with the caseworkers and other members of the treatment

team to help parents learn how they can better interact with and meet the needs of their children.<sup>4</sup>

### Supervised Visitation Centers

Supervised visitation centers serve families of children in foster care who can only visit when an impartial supervisor is present. For example, public and private community partners in Colorado Springs, Colorado, collaborate to run the **Family Visitation Center**. Located in a renovated Victorian house, the center provides a homelike setting where parents visiting their children can participate in daily parenting activities (playing, bathing, preparing meals, reading together, etc.). County staff and trained volunteers supervise visits, provide support, and offer hands-on parenting instruction. The center is open six days a week and works with each family to develop a visitation schedule that meets its treatment needs.<sup>5</sup>

In some communities, faith-based organizations have partnered with the court and the child welfare agency to expand supervised visitation opportunities. For example, in Douglas County, Georgia, Saint Julian's Episcopal Church runs the **Starting Over Supervised Visitation Program**. Trained volunteers supervise family visits in a cheerful, warm environment at the church. The program is open one evening each week and on Saturdays, so parents do not have to miss work.<sup>6</sup>

In Wisconsin, Lutheran Social Services of Upper Wisconsin and Upper Michigan works with the Eau Claire County Department of Human Services to offer the **Family Interaction Program**. The multidimensional visitation program promotes attachment and permanence in a safe and supervised setting. During the first phase of placement, parents visit with their children in the office, which is a homelike environment. Program staff observe parent-child interactions, provide hands-on parenting information as the situation calls for it, observe how the parent responds to and uses the information, and document the interactions.<sup>7</sup>

The **Supervised Visitation Network** is a good resource for advocates interested in learning more about supervised visitation centers. Visit [www.svnetwork.net](http://www.svnetwork.net).

## Around-the-Clock Visitation

The two models discussed below provide what could be regarded as around-the-clock visitation in a controlled setting.

## Shared Family Care

Shared family care is an arrangement in which the parent is placed with her child in a foster home. The foster family is trained to mentor and support the parent as she develops the skills necessary to care for her child and move toward independent living. This arrangement provides a safe environment in which to keep families together, reunite them (for example, after the parent completes a drug treatment program), or help the parent decide to relinquish parental rights. Evaluation of the **FamiliesFirst Shared Family Care Program** in Contra Costa County, California, found the program to be a cost-effective alternative to treatment foster care. Currently, shared family care programs are operating in several states including California, Minnesota, Pennsylvania, and Colorado.<sup>8</sup>

## Residential Treatment Programs in Which Children Are Placed with Their Mothers

**Chicago's Haymarket Center**, a nonprofit agency that offers comprehensive alcohol and drug treatment programs, helps mothers in treatment continue contact with their children. The center's Athey Hall is a residential treatment facility for chemically affected mothers and their dependent children. The program provides continuity of care and support for the mother and her children, incorporating distinct services and activities at three different stages of care. Typically, it takes three-to-six months to complete the program. The program requires clients to cooperate with human service agencies that help them prepare to live independently. Mothers are allowed to house up to two young children on the unit.<sup>9</sup>

1. Lederman, Cindy S. "Miami's Infant and Young Children's Mental Health Program: A Place Where the Healing Begins." *Future Trends in State Courts 2003*. Williamsburg, VA: National Center for State Courts, 2003. October 23, 2006 <[http://www.ncsconline.org/D\\_KIS/Trends/Trendso3MainPage.html](http://www.ncsconline.org/D_KIS/Trends/Trendso3MainPage.html)>.
2. Early Head Start National Resource Center. "The Early Head Start-Child Welfare Services Initiative." In *Supporting Infants and Toddlers in the Child Welfare System: The Hope of Early Head Start*, Technical Assistance Paper No. 9. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Head Start Bureau, 2005. November 28, 2006 <<http://www.ehsnrc.org/PDFfiles/TA9.pdf>>.
3. ZERO TO THREE Policy Center. *The National Evaluation of Early Head Start: Early Head Start Works*, Policy Brief. Washington, DC: ZERO TO THREE, 2005. November 28, 2006 <<http://www.zerotothree.org/policy/factsheets/ehs.pdf>>.
4. Brinig, Heidi and C. Lee Baker. "Visitation as a Therapeutic Intervention." *Permanency Planning Today*, Winter 2005-2006. October 10, 2006 <<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/ppt-winter-2005.pdf>>.
5. Wright, Lois E. *Toolbox No. 1: Using Visitation to Support Permanency*. Washington, DC: CWLA Press, 2001, 110; *El Paso County Department of Human Services 2004 Annual Report*. Colorado Springs, CO, 2004. October 30, 2006 <<http://dhs.elpasoco.com/NR/rdonlyres/E02C8D1C-B580-440A-8984-790F89BCDEC2/0/2004AnnualRpt.pdf>>.
6. Walker, Peggy. "Starting Over Child Visitation Center." *CPP Newslines: The Georgia Supreme Court Child Placement Project Newsletter 2(4)*, 1999. March 30, 2007 <<http://georgiacourts.org/agencies/cpp/news/cppnl7.htm>>; Saint Julian's Episcopal Church Web Site. March 30, 2007 <<http://stjulian.home.mindspring.com/start.html>>.
7. Lutheran Social Services. "Family Interactions," unpublished report; Norma Ginther, personal communication with Margaret Smariga, December 20, 2006.
8. National Abandoned Infants Assistance Resource Center. "Shared Family Care: An Alternative to Conventional Services for Children and Families at Risk." October 10, 2006 <[http://aia.berkeley.edu/information\\_resources/shared\\_family\\_care.php](http://aia.berkeley.edu/information_resources/shared_family_care.php)>; Dougherty, Susan. *Promising Practices in Reunification*. New York: National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, 2004. October 23, 2006 <<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/promising-practices-in-reunification.pdf>>; Bower, Amanda. "Sharing Family Values." *Time* 161(7), February 17, 2003, 62-63.
9. Haymarket Center Comprehensive Alcohol and Drug Treatment Programs. October 30, 2006 <<http://www.hcenter.org/Programs/wmprog.html>>.

## Conclusion

Parent-child interaction is critical to the healthy development of infants and toddlers, and visitation is an essential component of family reunification and permanency planning. When reunification is a permanency option, judges and those who represent children in foster care and their parents should advocate for frequent, safe, and high-quality visitation.

## Notes

1. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *AFCARS Report #13: Preliminary FY 2005 Estimates as of September 2006*. Washington, DC: U.S. Department of Health and Human Services, 2006. October 23, 2006 <[http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report13.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report13.htm)>.
2. Wright, Lois E. *Toolbox No. 1: Using Visitation to Support Permanency*. Washington, DC: CWLA Press, 2001, 8–9.
3. American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care. "Developmental Issues for Young Children in Foster Care." *Pediatrics* 105(5), 2000, 1146.
4. Cohen, Julie and Victoria Youcha. "Zero to Three: Critical Issues for the Juvenile and Family Court." *Juvenile and Family Court Journal* 55(2), 2004, 15–27.
5. Dicker, Sheryl and Elysa Gordon. *Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals*. Washington, DC: ZERO TO THREE Policy Center, 2004, 5.
6. Hartson, John and Brenda Payne. *Creating Effective Parenting Plans: A Developmental Approach for Lawyers and Divorce Professionals*. Chicago, IL: American Bar Association, 2006, 9–13; Wright, 2001, 7–9.
7. *Ibid.*, 2006, 13.
8. Goldsmith, Douglas F., David Oppenheim, and Janine Wanlass. "Separation and Reunification: Using Attachment Theory and Research to Inform Decisions Affecting the Placements of Children in Foster Care." *Juvenile and Family Court Journal* 55(2), 2004, 1–13; Karen, Robert. "Becoming Attached." *The Atlantic Monthly*, February 1990. October 23, 2006 <[http://emotionalfeelings.tripod.com/emotional\\_feelings/id185.html](http://emotionalfeelings.tripod.com/emotional_feelings/id185.html)>; Hartson and Payne, 2006.
9. Goldsmith et al., 2004, 2.
10. *Ibid.*
11. National Scientific Council on the Developing Child. *Excessive Stress Disrupts the Architecture of the Developing Brain* (Working Paper No. 3). Waltham, MA: National Scientific Council on the Developing Child, 2005, 4.
12. American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care, 2000, 1146; Hardy, Lyons T. "Attachment Theory and Reactive Attachment Disorder: Theoretical Perspectives and Treatment Implications." *Journal of Child and Adolescent Psychiatric Nursing* 20(1), 2007, 27–39; Stroufe, L. Alan, Elizabeth A. Carlson, Alissa K. Levy, and Byron Egeland. "Implications of Attachment Theory for Developmental Psychopathology." *Development and Psychopathology* 11, 1999, 1–13; Caspers, Kristin M., Rebecca Yucuis, Beth Troutman, and Ruth Spinks. "Attachment as an Organizer of Behavior: Implications for Substance Abuse Problems and Willingness to Seek Treatment." *Substance Abuse Treatment, Prevention, and Policy* 1, 2006, 32. May 26, 2007 <<http://www.substanceabusepolicy.com/content/1/1/32>>; Thompson, Ross A. "Development in the First Years of Life." *The Future of Children* 11(1), 2001, 27–28.
13. Dozier, Mary, Deane Dozier, and Melissa Manni. "Attachment and Biobehavioral Catch-Up: The ABCs of Helping Infants in Foster Care Cope with Early Adversity." Unpublished manuscript, University of Delaware.
14. Wright, 2001, 8–9.
15. American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care, 2000, 1146.
16. *Ibid.*
17. Wulczyn, Fred and Kristen B. Hislop. "Babies in Foster Care: The Numbers Call for Attention." *Zero To Three Journal* 22(4), 2002, 14–15.
18. Goldsmith et al., 2004, 6.
19. American Academy of Pediatrics Committee on Early Childhood, Adoption and Dependent Care, 2000, 1148.
20. Hess, Peg McCartt and Kathleen Ohman Proch. *Family Visiting in Out-of-Home Care: A Guide to Practice*. Washington, DC: Child Welfare League of America, 1988.
21. Haight, Wendy, Jeanne Sokolec, Stephen Budde, and John Poertner. "Conducting Parent-Child Visits." Research Integration Document, Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, March 2001; Ginther, Norma M. and Jeffrey D. Ginther. "Family Interaction: The Expressway to Permanency—Facilitating Successful Visitation." Presentation prepared for Western Training Partnership at the University of Wisconsin River Falls, July 2005.
22. Hess, Peg. *Visiting between Children in Care and Their Families: A Look at Current Policy*. New York: National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, 2003, 2. October 23, 2006 <[http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/visiting\\_report-10-29-03.pdf](http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/visiting_report-10-29-03.pdf)>; Warsh, Robin and Barbara Pine. "What Works in Parent-Child Visiting Programs." In *What Works in Child Welfare*, edited by Miriam P. Kluger, Gina Alexander, and Patrick A. Curtis. Washington, DC: CWLA Press, 2000, 171–176; Pecora, P.J. and A.N. Maluccio. "What Works in Family Foster Care." In *What Works in Child Welfare*, 2000, 139–155.

23. Edwards, Leonard P. "Judicial Oversight of Parental Visitation in Family Reunification Cases." *Juvenile and Family Court Journal* 54(3), 2003, 1–24.
24. Ginther and Ginther, 2005.
25. Jordan Institute for Families. "Visitation and Concurrent Planning." *Children's Services Practice Notes* 5(4), 2000. December 21, 2006 <<http://ssw.unc.edu/fcrp/cspn/Cspn.htm>>.
26. Key, Michael. "Visitation Protocol Project: Providing Appropriate Family Time for Children in Foster Care." *The Judges' Page Newsletter*, June 2006, 17–18. October 26, 2006 <[http://www.nationalcasa.org/download/Judges\\_Page/0606\\_family\\_visitation\\_issue\\_0036.pdf](http://www.nationalcasa.org/download/Judges_Page/0606_family_visitation_issue_0036.pdf)>.
27. *Visitation/Family Access Guide: A Best Practice Model for Social Workers and Agencies*. Ohio Caseload Analysis Initiative in Partnership with ProtectOhio Initiative, 2005. October 23, 2006 <<http://www.pcsao.org/CLA/VisitationGuidefinal.pdf>>.
28. Ginther and Ginther, 2005.
29. Hess, 2003.
30. Dougherty, Susan. *Promising Practices in Reunification*. New York: National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, 2004. October 23, 2006 <<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/promising-practices-in-reunification.pdf>>; Ohio Caseload Analysis Initiative, 2005; Ginther and Ginther, 2005; Wright, 2001.
31. Jordan Institute for Families, "Visitation and Concurrent Planning," 2000.
32. Wright, 2001, 5.
33. Wright, 2001, 43; Ohio Caseload Analysis Initiative, 2005, 7; Hess and Proch, 1988, 16.
34. The Adoption and Safe Families Act of 1997 (P.L. 105–89) gives examples of when states are not required to provide reunification services (which include visitation). These include when the parent has caused serious bodily injury to the child, subjected the child to aggravated circumstances as defined in state law, killed another child, or had parental rights to another child involuntarily terminated. See Allen, MaryLee and Mary Bissell. "Safety and Stability for Foster Children: The Policy Context." *The Future of Children* 14(1), 2004, 49–73, n. 19.
35. Chiancone, Janet. "Visitation: What Lawyers Should Know." *Child Law Practice* 16(6), 1997, 85–89. For discussion of a case in which a three year old in foster care was severely traumatized by visits with her mother, see Lillas, Constance M., Lester Langer, and Monica Drinane. "Addressing Infant and Toddler Issues in the Juvenile Court: Challenges for the 21st Century." *Juvenile and Family Court Journal* 55(2), 2004, 81–96.
36. Warsh and Pine, 2000; Wright, 2001; Ginther and Ginther, 2005.
37. Wright, 2001; Ginther and Ginther, 2005.
38. Wright, 2001, 63–64.
39. National Council of Juvenile and Family Court Judges. *Resource Guidelines: Improving Court Practice in Child Abuse & Neglect Cases*. Reno, NV: National Council of Juvenile and Family Court Judges, 1995, 39.
40. *Ibid.*, 18, 71.
41. Hess and Proch, 1988, 15–16; Washington State Office of Public Defense. *Dependency and Termination Equal Justice Committee Report*. 2003, 19, 22. December 21, 2006 <[www.opd.wa.gov/Publications/Dependency%20&%20Termination%20Reports/2003%20DTEJ%20Report.pdf](http://www.opd.wa.gov/Publications/Dependency%20&%20Termination%20Reports/2003%20DTEJ%20Report.pdf)>; Placement Review Committee. *Visitation: Promoting Positive Visitation Practices for Children and Their Families Through Leadership, Teamwork, and Collaboration*. Pennsylvania Department of Public Welfare, Office of Children, Youth and Families, 1999, 24. December 20, 2006 <<http://www.pacwcbt.pitt.edu/Organizational%20Effectiveness/Visitation%20Handbook.pdf>>.
42. Wright, 2001, 75.
43. Ohio Caseload Analysis Initiative, 2005, 8–10; Ginther and Ginther, 2005, 49–56; Hess and Proch, 1988, 19–23.
44. Wright, 2001, 52.
45. Ohio Caseload Analysis Initiative, 2005, 14.
46. Ginther and Ginther, 2005, 10, 21.
47. Wright, 2001, 55; Ohio Caseload Analysis Initiative, 2005, 16.
48. Wright, 2001; Ohio Caseload Analysis Initiative, 2005.
49. Leathers, Sonya J. "Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?" *Child Welfare* 81(4), 2002, 595–616.
50. Wright, 2001.
51. Ginther and Ginther, 2005, 41; Hess and Proch, 1988, 32; Wright, 2001, 102–103.
52. Ohio Caseload Analysis Initiative, 2005, 17; Warsh and Pine, 2000, 174.
53. Ohio Caseload Analysis Initiative, 2005, 40.
54. Goldsmith et al., 2004, 2; Wright, 2001, 28–32.
55. Wright, 2001, 23–28; Haight, Wendy L., James E. Black, Sarah Mangelsdorf, Grace Giorgio, Lakshmi Tata, Sarah J. Schoppe, and Margaret Szewczyk. "Making Visits Better: The Perspectives of Parents, Foster Parents, and Child Welfare Workers." *Child Welfare* 81(2), 2002, 173–202.
56. Ginther and Ginther, 2005, 20, 34; Placement Review Committee, 1999, 33; Jordan Institute for Families. "Making the Most of Visitation." *Children's Services Practice Notes* 5(4), 2000. December 21, 2006 <<http://ssw.unc.edu/fcrp/cspn/Cspn.htm>>.
57. Washington State Office of Public Defense, 2003, 20.
58. Norma Ginther, personal communication with Margaret Smariga, December 20, 2006.
59. Jordan Institute for Families, "Visitation and Concurrent Planning," 2000.
60. Edwards, 2003.
61. National Abandoned Infants Assistance Resource Center. "Shared Family Care: An Alternative to Conventional Services for Children and Families at Risk." October 10, 2006 <[http://aia.berkeley.edu/information\\_resources/shared\\_family\\_care.php](http://aia.berkeley.edu/information_resources/shared_family_care.php)>; Dougherty, 2004; Bower, Amanda. "Sharing Family Values." *Time* 161(7), February 17, 2003, 62–63.



2000 M Street NW, Suite 200  
Washington, DC 20036

PHONE 202.638.1144  
FAX 202.638.0851  
[zerotothree.org/policy](http://zerotothree.org/policy)



740 15th Street NW  
Washington, DC 20005

PHONE 202.662.1720  
FAX 202.662.1755  
[abanet.org/child](http://abanet.org/child)