

CHAPTER 19

VISITATION IN DEPENDENCY CASES

**Thomas F. Carr, M.A., LMFT, LMHC, LCSW, Melvin F. Albert, JD,
Elsie Peck, LICSW, Katherine M. Donnelly, M.Ed**

Visitation in Dependency Cases

by Thomas F. Carr, Melvin F. Albert, Elsie Peck, and
Katherine M. Donnelly

In virtually all 50 states when a child is seriously abused, protective service caseworkers have the authority to immediately remove that child from a parent on an emergency basis. State statutes provide for this measure even before a caseworker has petitioned the Court that the child is in need of the state's care and protection.

Too often, however, these removals become just one more trauma experienced by these children. The same agency that removed the child, and sometimes the very same workers, are then given the task of *concurrent planning*; the practice of working toward reunification while simultaneously considering and developing alternative permanent plans, including permanently separating a child from their parents and family.

Visitation is a key determinant in the outcome of dependency cases. Not only is there a significant relationship between the frequency of social worker contact and the amount of visitation given to a parent with their children, but a correlation exists between the frequency of visits and the length of time children remain in care. Visitation is also a diagnostic tool, an ongoing basis of family assessment and a predictor of outcomes¹.

Most states have adopted "guidelines for visitation" in domestic relations or divorce cases. Many of these guidelines were actually prompted by what would be termed "protective" concerns, also a central issue in dependency cases. Sadly, children in both settings are too often victims of physical or sexual abuse and witnesses to domestic violence or parental substance abuse.

Over ten years ago, in May of 1992, the **Supervised Visitation Network [SVN]**², was established and became a clearinghouse for information related to the issue of supervised visitation, with a goal of developing a set of guidelines for practice. At their annual conference in 1994, the organization set forth a goal of developing a uniform system; which culminated in the *Standards and Guidelines for Supervised Visitation Network Practice*³. These guidelines, while they could easily be adapted for dependency cases, are primarily geared towards divorce cases.

Those states which do reference the issue of visitation in dependency cases in their statutes, regulations, or policies, usually cite only the minimum frequency or duration of such visits, and rarely speak to the rights of parents or children to have **meaningful visitation**.

While visitation should always be based on and determined by the "best interests" of the child, it should also consider not just the parent's right to see the child, but the right to interact meaningfully with them. Conversely, we must also consider the child's right to interactions with his/her parents.

In Indiana, the Marion County Family Court promulgated guidelines⁴ for visitation, with "minimum visitation" spelled out. The Court also promulgated an additional set of guidelines for Jewish families that consider the Jewish culture, calendar and the significance of certain holidays in developing a visitation plan.

Comment [MFA1]: Citation?

In New York City, the Administration for Children's Services sets guidelines⁵ to which all foster care agencies must adhere. That policy differs from policies in most other states, it encourages visitation as soon as possible after a removal. It also requires a "level of supervision that is necessary" to the

Comment [MFA2]: Citation?

circumstances. If supervision is not necessary then visits should take place unencumbered.

Visitation “rights” in divorce cases also differ significantly from those in dependency cases. For one thing, visitation rights in divorce cases are often dependent on the ability of skilled attorneys to negotiate, craft, and draft visitation orders; even using accepted guidelines. In dependency cases, the visitation is often left to the limits of state regulations and more importantly the “discretion” of the State’s child welfare agency. Ultimately, this may be the individual caseworker. These visitation rights are only subject to Court oversight if there is reason to believe that the agency has “abused its’ discretion”⁵.

Often the abuse of discretion has to be predicated on how (or even if) we define terms like “reasonable effort”, “appropriate and necessary”, “available resources”, “specific”, “regular and frequent”, “routine”, and “strengthen and encourage family life”⁶.

While it is the Court, in most jurisdictions, that will hear a plea for abuse of discretion on issues of visitation⁷, it is not only the parent that can (or should) bring the issue forward. At times the child and his/her advocate must initiate the request for visits and the administrative or legal appeal. However, the children’s ability to bring the issue forward in the Court is dependent on the kind of advocacy that they are allowed, which varies from state to state.

Pursuing changes in visitation through the Court in a hearing for abuse of discretion, however, does not come without its costs. Because of the reality of limited Court time, the pursuit of a hearing on a specific issue such as visitation may come at great expense. For example, the time that the Court can devote to the ultimate issue. There is also a very real concern that by pursuing the issue of whether an individual caseworker has abused their discretion in putting limits on visitation or “not properly doing their job” may impact on whatever working relationship may exist. Ultimately, there will also be concerns about an abuse of discretion hearing impacting on the ways that decisions are made, not only about visitation, and the observations about the visitation, but about custody itself.

On some rare occasions, there will be no visitation. In order to fully evaluate a case, or an individual child, it may be necessary and appropriate to conduct a “separation test”. In these cases, the child remains away from the parent or parental influence, in order to see if there are any remarkable changes in the child’s functioning. In Munchausen’s by Proxy cases, this provision can be critical to making a good evaluation of the situation⁸.

In the states that afford independent legal representation to children in these cases, the attorney may have the sole obligation to represent the child’s “expressed wishes”, and not necessarily, what is in his/her “best interests”. The child may or may not want visitation with a parent, regardless of whether visits are in his best interests.

Some jurisdictions do allow for the appointment of a guardian ad litem representing and/or determining the child’s best interests. Within many jurisdictions guardians ad litem are solely attorneys, not acting in a representative capacity, many with expertise in child welfare issues. However, some may not have experience with the multitude of complex issues that arise in these cases, especially with regard to child development, attachment and *reciprocal connectedness*⁹, or trauma. Some jurisdictions, including the Commonwealth of Massachusetts, allow the Court to appoint guardians ad litem with clinical backgrounds.

Comment [MFA3]: Endnote Working With the Courts in Child Protection 1992 National Center on Child Abuse and Neglect, section on Right to counsel. GALs and CASAs found at

<http://www.calib.com/nccanch/pubs/usermanuals/courts/courtsys.cfm#counsel>

Visitation in dependency cases can bring with it new players, and other interests. When a child is in state custody, not only does the state’s protective agency have a concern about how visitation takes place, so does the “primary caretaker”, the individual or individuals the child is placed with. Some caretakers

come with their agencies policies or way of doing things¹⁰. Many caretakers come with biases¹¹.

Many state caseworkers, residential facilities and foster parents are also perceived by parent's attorneys and even the Court as (at best) non-supportive of parent or sibling visitation, and (at worst) as actually interfering with the process.

While visitation has long been seen as the best predictor of reunification, it is often mistakenly felt by service providers that parents should be "rewarded" with visitation, based solely upon the compliance with a service plan developed by the state agency.

Some individual caseworkers and agencies may develop very rigid rules that if not followed will result in a cancelled visit. For example, a parent may be required to call the day before a scheduled visit to "confirm", even though they may never have missed a visit. If they miss the call, they miss the visit. If a parent is fifteen minutes late for a visit, they may be sanctioned by the visit being shortened or cancelled. Often too, if a parent misses an appointment for a random toxic screen to check for drugs or alcohol, they may be sanctioned by having the visit cancelled.¹²

Whether it is appropriate or not, or successful or not, many residential programs also use visitation as a behavior modification tool, sometimes seeing it as the "only incentive we have" to impact on a child or parent. While this is understandable, it is not appropriate. Even at in-patient state mental health facilities, where safety is a real issue, visitation with family members is a basic Human Right.

Some case workers, residential facilities and foster parents, may ask to curtail or stop visitation between children and their family as a result of the perceived effect that the visits have on the child. Often, however, they are unable to satisfactorily support the perceived cause and effect.

A child's oppositional behavior upon return from a visit may be viewed as resulting from re-experiencing trauma, or actually being encouraged by a parent to misbehave. Often, however, the behavior can be the result of the child's difficulty with a transition in general, or a specific incident that has nothing to do with a visitation. Many children may also experience difficulties with visits, because they take place at the end of a stressful day at school.

Often too, a child care worker or foster parent may not adequately understand behaviors they observe. While some children may deal with their sadness by becoming aggressive, oppositional or withdrawn, others may be clingy or actually do things to please the adults around them for fear of further rejection.

Parents, foster parents, residential care providers, and other well-meaning professionals often misunderstand visitation. They see children before and after visits with parents, struggling with very powerful feelings, lacking the language skills to articulate their emotions. Many professionals are not trained to recognize and understand what is going on with these children and how to interpret it. Some become convinced that visits are harmful to children, typically trying to see a cause and effect in child or parental behavior that may not exist.

Parents as well as substitute caretakers can also become insecure about their own relationship with a child, and feel obligated to demean or diminish the value of the relationship a child may have with another adult. These feuds don't go unnoticed by children, and often become unbearable for them, leaving them feeling disloyal and unable to form future healthy attachments.

The fact of the matter is that children can easily have strong attachments to many adults, even with limited contact. Who in your extended family provided you support or encouragement in your childhood? Often children have very strong relationships with grandparents, aunts and uncles, and others that they see

on a limited basis.

With no preexisting relationship, children also can become attached to case workers, big brothers or big sisters, and counselors who they may see for less than an hour or two every week. Similarly they develop strong attachments not only to teachers, child-care-workers, foster parents, but other children with whom they come in contact while in care.

An understanding of the complex issues of visitation comes not only from specific training but supervision and consultation. Generally, social workers, child-care-workers, foster parents and visitation supervisors do not have a means or opportunity for processing their own observations, experiences and feelings about visits. They are unable to "run something by" another more objective individual.

While vital to sound casework, these observations may only get processed sporadically. Rarely is there any debriefing about how a caseworker or foster parent may have interpreted what they observed or experienced, or how they may have felt. It is also vital to process how those observations and feelings translated into positive or negative actions.

Two case workers might view the exact same behavior and take different actions. For example, during supervised visitation the caseworker becomes concerned that the mother is not setting any limits for the child. The first worker concludes that mother is simply unable to set limits, and reflects that opinion in subsequent reports. A second worker may talk with Mother and discover that Mother thought, because the visit was "supervised", she was not allowed to set limits. As a result of the discussion, Mother may begin to show some of her skills as a parent, or her ability or inability to develop those skills with the worker's help.

A caseworker's supervisor may also check in during a supervised visit and see that the caseworker is directing the visit, setting limits, or is anticipating behavior to such a degree that it is difficult to assess the parent-child interaction, or parent's strengths and weaknesses. The supervisor may recommend that the worker take a more passive role, or learn that there are enough safety concerns to warrant that degree of supervision.

Even if the value of obtaining this feedback is accepted, the possibilities of it occurring are made more difficult when the programs share a limited number of staff, who are all involved in the same case. Most residential facilities, agencies and supervised visitation centers are run on a shoestring budget, which limits consultations with clinicians or use of peer professionals to help process what may have been observed.

It is equally important for those dealing with the issue of visits and visitation to understand that a visit is not an increment of time. A visit should not be defined as simply the one hour or more where a child and parent were together.

It is noteworthy that while most of us understand the concept of "quality time" we rarely apply it to visitation. Rarely when planning for visits between parents and children in state custody do we consider factors such as; where a visit takes place, who is there, the length, or time of day, in relation to the age of the child, and other activities (except perhaps school).

It is extremely important in dependency cases that visitation be used not only to maintain or strengthen an existing relationship between family members but as an adjunct to case planning and refinement of service plans. Visitation is also an assessment tool for evaluating changes and successes within a family. It is important, however, to remember that even the ideal parent may have a child that at certain times is difficult to engage or set limits on, and that the artificial constraints that exist in a supervised setting may

make an accurate one-time assessment difficult, if not impossible.

Visits are also important because they may be the only time in which family rituals can be observed, understood and supported. Rituals may include special foods, songs, games, or attending religious services together. These rituals are also very important to child development for transmitting history and values from one family member or generation to another.

Most adults have experienced a young children's need for certain rituals; watching the same video or wanting the adult to read the same book over and over, having to have the same cup, or having to sit on the same corner of the couch. These children also get a sense of safety, of feeling that they can count on things, through everyday rituals.

Sometimes the observations that social workers make seem to focus on food. They may observe, for example, that mom only brings "junk food" during visits. While there are workers who may understand that for some families this is "comfort food", consumed when under stress, others view it as one more piece of evidence that a parent is unfit. These foods, while they may not be particularly healthy, may be more important to a child emotionally. Many service plans call for a family to bring a "healthy snack" to visits, and the social worker may be delighted to see carrot sticks. If the child doesn't like carrot sticks, however, Mom's home-made-chocolate-chip cookies, or the éclair from the neighborhood bakery, serves to better bring the child and family comfort, at what might be a stressful time. In these cases, junk food may actually be healthier than "health" food.

Some family rituals can seem silly and or misconstrued. Some interactions are seen as sexually motivated, for example, when they are not. A "butterfly kiss" which the parent flutters their eye lashes on the child's cheek, or a simple back rub may seem provocative to some, while for the child it is an important way of maintaining their connection with a parent.

Encouraging parents to bringing photo albums can be a good way of identifying and reinforcing some of these family rituals. Talking about how a particular family celebrates holidays and birthdays, what songs they sing, what they do for leisure-time, can be important and enlightening. This is good information for care planning and cultural understanding.

Visits can also be an opportunity to start rituals that can bring measures of comfort to children. For example, we are going to make sure that the child brings a picture she drew during the week that Mom will then put on her refrigerator. Mother can remember to bring the child a piece of the desert Mom had for lunch before the visit, to "share".

Most visitation centers maintain detailed written records of observations of each visit. In dependency cases, the record is too often a brief caseworker's note, and the scant observation "visit went well". Too often caseworkers in dependency cases do not take the opportunity to really observe the visit, let alone utilize therapeutic interventions to enhance the experience, but rather use it as an opportunity to catch up on paperwork.

Perhaps the single greatest issue in visitation, yet the least understood and dealt with is trauma to the child. Trauma is often seen as a single event. Post-traumatic stress disorder by definition is the development of the characteristic symptoms after a psychologically distressing event, which is outside of the range of the usual human experience. For example, the sudden and painful removal from home. Most children in dependency cases are removed from a parent under distressing circumstances. A social worker, with or without police, comes to the home to remove the child. There is yelling and screaming and crying, perhaps guns drawn and a violent confrontation. The child has no idea what is happening or going to happen. Children live in the present, and while these fast or sudden changes are always

Comment [MFA4]: do you want to mention the removal of a parent at the time of a domestic incident?

disorientating, they can also be traumatizing.

In dependency cases, this traumatic event may be persistently re-experienced at each of the child's subsequent visits, as some of the same dynamics occur. While this is certainly unintentional, it does not even occur to many caseworkers that the visitation setting may be similar enough to have traumatic impact on the child and/or the parent.

It is not inconsequential to note that one of the reasons that many parents become combative at these visits is that they, too, may be re-experiencing the trauma of past events. Their reaction is often met with an equally hostile social worker, inquiring about why they can not just "chill out", before coming to the visit.

The fact is that at each visit, people are present (or at least represented) who were at the initially traumatic event: the removal. Present at each visit are (a) the authority figure {a visitation supervisor, a state social worker, security personnel}, (b) the parent, and (c) the child.

The parent may be hostile about having supervised visitation and display at least some of the problematic behavior that led to the removal. The authority figure may also exhibit rigidity in exerting needed authority. While it may be clear to both a parent and the supervisor that their behaviors are within acceptable limits, that may not always be clear to an ongoing social worker, experiencing it as more provocative and potentially dangerous.

The parent may also view the child's behavior at a particular visit as indicating that the child is upset with something, possibly just wanting to be home with the parent. The supervisor may view the same behavior as the child being afraid of the parent. The ultimate result is often intense psychological distress, misinterpreted to be a result of the child's desire to get away from the parent, or being afraid of the parent.

Sometimes too, even in the best of circumstances, as we hope to make visitation a positive experience for a child by moving it to a more "neutral setting", there can also be unforeseen consequences. Take for example the universal visitation center -- McDonald's™.

For most children and adults, a visit to McDonald's is a pleasant experience. McDonald's has gone to a great deal of time and effort to assure that a visit there with children is a positive experience. McDonald's existence is dependent on that. McDonald's has carefully designed elaborate play areas for children in many of the franchises. At these facilities parents can relax as their children eat, then play. McDonald's understands that parents eat more than children. They want to provide parents with the ability to eat while the children are at the play area. These areas are set up to provide a minimal need for parental interaction or supervision with the children. They are also designed to get the parents and the children on their way, with little conflict between parent and children. They don't want the children crying saying "Do we have to leave now?". Ultimately, they do not want families there all day and want to make room for more customers.

Many social workers have used McDonald's, because of its design, in a sincere effort to have a place where children can play. However, this is not a function for which the designers planned. McDonald's can not work as a visitation center. The playland is not really set up for parent-child interaction. McDonald's playland is also designed more as a half-hour-or-less stop. How long do you spend at McDonald's when you even get out of your car? It not likely a place you spend one full hour. Very often, however, the visits between children and their parents are scheduled for an hour, sometimes more. Many social workers also choose the set-up, at a place like McDonald's playland because it affords the

parent and the child some structure.

The unintended result of these well-meaning efforts may be actually far worse than just denying meaningful contact, especially in dependency cases. If the setting for visitation is itself traumatic for a child or re-traumatizes the child, then the child may begin to associate the visitation place with the experience. As a result, the child could re-experience the trauma every time they go into a McDonald's, or even another fast food restaurant. The setting provides a new trigger to their trauma experience. How long do you go without going into a fast food restaurant or traveling by a McDonald's?

The activities that take place during a visit can also have as much to do with the success or failure of visits as any of the psychodynamics. Some parents have difficulty being with or talking to their own children, because of cognitive or psychological limitations. These difficulties also make some children uncomfortable being around the parent. In these cases, the visit can be more successful when activities are planned, either by the supervisor or in consultation with a parent. For example, structured activities like bowling or a board game, may give both the child and the parents some comfort in knowing exactly what is going to occur during a visit and provide them with something to not only do, but to talk about (the activity).

Some more "natural conflicts" can also arise within the context of a visit. For example, when a boy in a family wants to play "boy things" and the girls wanted to do "girl things", or when one sibling's ability physically is too much for his younger brother or sister. These are common issues, where accommodations must be considered and made. Too often a sibling group is placed in a small visitation room without any opportunity to meaningfully interact. The room is set up with a "wide array of age appropriate toys", which may actually be too young for a teenaged child visiting with younger siblings, and too distracting and overwhelming for a very young child.

Some settings, because they are very simple can also be very successful. Take for example an "off site" setting where an awkward father and his ten-year-old son and six-year-old daughter were taken by the visitation supervisor. The visit takes place at local dam, where a large flock of ducks and geese reside. The visitation supervisor, a clinician, brought a day-old-loaf-of-bread and Father and the two children proceeded to observe, talk about and feed the ducks. This is an activity that was repeated several times, at the father's and children's request. On their first visit that was to be unsupervised, Father and Children reported that they were going to feed the ducks.

Why was the setting successful? It was simple. It required little or no money. The father, who did not readily make eye contact, could still interact with the children as they were looking out to the river, talking about the personalities of the different ducks. Feeding ducks also has an albeit subliminal message of nurturing that was not lost on the children.

Formal "therapeutic visitation", as well as visitation that contains a component of "parent education", sometimes goes untried by state agencies in dependency cases, especially where termination is seen as a goal.

Many dependency cases may include evidence that some sort of "parenting evaluation" was completed. In all likelihood that evaluation took place within the context of a supervised visit, and actually affected the quality of that visit. In part, due to perceived budgetary constraints, rarely is visitation augmented by therapeutic sessions or actual parenting training in which appropriate parenting can be modeled or coached.

While family therapy should not be a substitute for visitation, some informal family therapy can be done within the context of some visits. A family therapist may be asked to participate in a visit or two as part of therapy, gathering valuable information about family functioning and observing interaction between

family member and caseworkers that may be crucial toward successful planning.

Some preschool programs and Head Start programs have provided parents, even in dependency cases, with the opportunity to visit with their children at the program. Sometimes they are also allowed to observe the child with the preschool teacher and to participate in some activities. These can be valuable opportunities that should be replicated for older children in after school settings or activities where possible¹³.

Concerns sometimes arise regarding the issue of bias of the supervisor as visitation goes on. While a seasoned clinician, based on experience and training, should be better insulated from crossing professional boundaries; there is always some concern. As the therapeutic relationship or the teacher-pupil relationship intensifies, sometimes the role of a supervisor seems to inappropriately shift, and they become more an “advocate” than an evaluator.

Cultural considerations must also be central to visitation planning and implementation. In its simplest form, ethnicity is a context in which to better understand, communicate, and ultimately serve children and parents during visitation. A lack of understanding can mean missed opportunities to intervene when necessary or to engage with a parent or child. Failing to have an understanding of the culture can mean missing the signal that a parent is in trouble, or that a child is crying out for help. It is vital therefore for a supervisor to have a basic understanding of the culture of those whom they are supervising.

In the Chinese culture, for example, many families build on the notion of *karma*. It may be far more important for these families to be together on birthdays and to celebrate the Chinese New Year, than the number or length of visits. If a schedule for visitation does not accommodate that fact, the family, individually and collectively, may end up feeling that their destiny is ‘never to be reunited’. As a result, it becomes a “self-fulfilling prophecy”, the concept that if you believe something is going to happen and expect it, your behavior will lead it to happening, and that events are shaped by expectations and beliefs, that also lead to behaviors that shape the event¹⁴.

At the same time cultural sensitivity can not give way to needed rules or protocols for certain types of visitation. For example, just because a parent is culturally very tactile, cannot mitigate a no touching protocol in a Munchausen’s by Proxy, sexual abuse or physical abuse case. In some cases there may be “levels of supervision” that need to be in place, for example; (a) adult not allowed to touch the child in any way (b) child is discouraged or physically positioned or partitioned so as to have no contact with the adult, or (c) conversation is limited to certain topics, with other topics expressly prohibited¹⁵.

Certainly there are some cases that warrant a high degree of scrutiny, but at the same time, all families are not the same. A single “allegation” of inappropriate touching is not the same as a pending trial for rape of a child with video footage. The degree of necessary monitoring and intervention must be proportional. In some cases because of pending criminal litigation, there may be concerns that the child witness is being influenced during the visit by an alleged perpetrator or the non-offending spouse.

Additionally, language is often made a significant barrier to visitation. A child may be bilingual or at least have a receptive knowledge of their parent’s language, which enables the parent and child to communicate. However, when a supervisor is not available who is fluent in the language spoken by the parent, a rule is often set up that “all communication must be done in English”. While the imposition of such a rule might be needed in some cases, the barriers that are raised must also be understood and weighed. Is what the parent “might” say more harmful to the child or parent-child relationship than the inability of their using their language? Is it simply a convenience to the visitation supervisor, or a bias?

When the supervisor is asking the parent and child to use an alternative form of communication to what they are used to, it can often lead to miscommunication between the parent and child. This can also lead to a critical judgment or misunderstanding by the supervisor, because something was misstated or poorly understood. When one thinks about the times when intact families misunderstand each other, supposedly speaking the same language, you can begin to imagine the difficulties that could ensue when depriving families of their best means of communicating.

There are also times when a parent whispering to their child is interpreted by caseworkers as being clandestine. While in many cases this may be very true, there are other times that whispering is vital to communication for the child. Some children may only respond to an adult with very subdued talk (whispering). Others may use whispering as a way of controlling their often out-of-control parent. Even some very young children know that if the parent is keeping their tone low that they will remain in control. The louder the voice, the more likely an explosion. Therefore, they talk to their parents and other adults in a whisper- actually attempting to control the situation.

While the length and frequency of visits must be dependent on the age of the child and the circumstances, a linear progression is not always correct for a variety of reasons. For example, a child of two might be hard pressed to sustain a visit in a closed room for two hours, but do well on a day long visit, which included activities, lunch and snacks, and an opportunity to rest.

While it should be evident that the length and frequency of a visit is different according to the age of the child, it is rarely taken into consideration when visits are arranged especially in dependency cases. Too often visits are set up to conform to the caseworker availability and not the child's needs.

For an infant the length of a visit can be short, but should be made more frequent. Bi-weekly visitation for an infant can make a parent a stranger, in a short amount of time. For a ten year old, communication often takes place along side an activity, which both the child and adult enjoy. The activity can take more than an hour. With an adolescent, the young adult's feelings about the need for being in a supervised setting may become the primary issue to be dealt with and overcome. For many teens, just having to be in the situation, the anger that it can evoke at both the parent and the agency, must be understood. It may take older children and young adults a half-hour, in a one hour visit, just to "warm-up" and move beyond the initial state of anger, allowing them little time to enjoy a meaningful moment in a visit.

At the same time, consistency is a vital and primary element to all visitation, no matter what the child's age. Maintaining a schedule that will allow for feelings of stability and continuity are of basic importance to healthy child development, particularly the child's basic sense of trust. Consistency is a two way street. It is not just incumbent upon a parent to meet a schedule of visitation, but so too, the caseworker. How important are visits? This is a question that is often asked by everyone involved in the dependency proceedings, especially the child. The reality is that caseworkers often have to reschedule visitation because of case emergencies. However if these emergencies become too regular, and/or visitation occurs at haphazard intervals then the consequences to children can be devastating. They learn that they can not count on anyone or anything.

Sadly, and too often, another major factor that impacts on the frequency of visits is geographical distance. For a variety of reasons, some children require specialized foster or residential settings far away from their homes of origin. The need for a specific placement usually outweighs the difficulties that arise to accommodate visitation schedules because of the distance. The fact that children are placed significant distances from a parent, or that a parent may end up having to move because they can not maintain the family home, will necessarily impact on the opportunities for visitation. Sometimes these difficulties require "thinking outside the box", making visitation schedules that coincide with other events and can

bring children to a particular destination, or meeting at a central location.

As the world becomes more and more complex, and the willingness and ability of families to relocate becomes more commonplace, the issue of out-of-state visitation arises. Fortunately, the Interstate Compact for the Placement of Children [ICPC] affords a fairly simple method for children to visit with one or both parents who may live in another state or may have moved¹⁶. Some family members who live outside a state, grandparents and even some non-custodial parents, can not commit to being a long term resource for children, and are not considered when it comes time for visits. However, it may be the "week at grandma's" every year, or going to Aunt Sue's for the Labor Day weekend every year, that provides a child with their greatest sense of belonging and only thing they can count on, while the rest of their world is falling apart.

As we embark into the twenty-first century, there has also been a huge uproar into what has been termed "virtual visitation". Some Courts have ordered parents in divorce cases to set up a video link for children and their parents, especially in cases where children are long distances from the parent. The immediate response of many Father's groups was negative, seeing this as a way in which they are pushed farther and farther away from having a relationship with their children. As a substitution, video links are not a primary method for visits, however used correctly they certainly can augment visitation and can be just one more way for parents and children to maximize contact, and afford some consistency when geography and caseworker emergencies get in the way.

It has also been standard practice not to give out telephone number of foster parents, because the addresses can be traced, or because families wanted to remain anonymous. With the proliferation of cell phones, comes the opportunity for these devices' allowing for specific contact between parents and children. Of course, limits have to be set, but few have used the opportunity that this new technology can provide. Children, for example, no matter where they are, can have one number where they can be reached by a parent on a certain day at a certain time.

In dependency cases, the limited time that social workers have to juggle a caseload of twenty or more families and manage visitation schedules also leaves little flexibility or time for additional visits. Using the Internet not only for video links but also for e-mail is just one of many ways to augment visitation.

With technology, most Americans have gotten away from letter writing, which remains another important tool that can and should be utilized much more than it is. Even for parents who can not write and their children who can not read, there are cards and postcards available. Correspondence can be a springboard to appropriate conversation at subsequent visits, and a sign of connection. At the same time caseworkers must also realized that many parents will need help learning to write to the child without asking a long list of questions.

Ultimately, there needs to be more clarity about the use and value of visitation as a tool in dependency cases. Basic questions about when and whether the visitation supervisor is going to intervene, about whether visitation should be therapeutically based, or whether there is a need for any supervision at all, must be constantly reassessed and addressed. More and more it appears that visits in virtually all dependency cases have some level of supervision. However, it is not always clear just how or why some cases receive more supervision and some less, some more frequency, or some longer duration. For each child and family at each stage of state intervention there should be a clearly defined customized plan, drafted and shared with the Court, family members, all treaters, interveners or observers, as visitation remains central to planning for children.

¹ See (A) Mech E.V. (1985) "Parental Visiting and Foster Care Placement", *Child Welfare* (1), 67-72, (B) Prouch, K., & Howard, J. (1986) "Parental Visiting of Children in Foster Care", *Social Work*, May-June 178-181 (C) Bowersox, Donald F. (Summer/Fall 1993) "Determinants of Parental Visitation with Children in Foster Placement." *Children's Legal Rights Journal* (D) White, M; Albers, E; and Bitoniti, C., (1996) "Factors in Length of Foster Care: Worker activities and parent-child visitation", *Journal of Sociology and Social Welfare* 23 (2), 75-84. (E) Davis, I; Landverk, J; Newton, R; Ganger, W, (1996) "Parental Visiting and Foster Care Reunification", *Children and Youth Services Review* 18 (4-5) 363-382 (F) Leathers, Sonya (1999) The Influence of Parental Visitation and Inclusive Practice on Behavioral Disturbance and Permanency Outcomes: A Literature Review. *Final Report of the Children and Family Research Center*, University of Illinois.

² Supervised Visitation Network, 1101 North Fourth Avenue, Tucson, Arizona, 85705, Telephone (520) 745-9951 Fax (520) 745-8208

³ Published on April 9, 1996

⁴ The Visitation Guidelines are taken from the Marion County Family Law Rules as adopted by the Marion Superior Court (Indianapolis, Indiana), published as Appendix B, and includes sections on "routine visitation", "holiday visitation", and "summer visitation".

⁵ Meaning that the agency was arbitrary and/or capricious in asserting its authority granted by statute, took action that is not supported by any rational or reasonable basis, violates regulation, statute or policy, or constitutional right and/or interferes with a stated goal.

⁶ These are all terms used by the Commonwealth of Massachusetts' Department of Social Services in their regulations, 110 CMR.

⁷ Some jurisdictions may require that "administrative relief", such as grievances or fair hearings be attempted first as a remedy, before asking the Court to intervene.

⁸ Dr. Catherine Ayoub sets forth Visitation Guidelines for Families when a Diagnosis of Munchausen by Proxy is Being Considered, in "Legal Aspects of Munchausen by Proxy", Kinscherff, Robert T. Ph.D., J.D., & Ayoub Catherine, Reece, Robert, M.D. (Ed.) *Treatment of Child Abuse: Common Ground for Mental Health, Medical and Legal Practitioners*, (2002) Baltimore Maryland, John Hopkins University Press

⁹ A concept developed by David E. Arredondo M.D. and the Honorable Leonard P. Edwards in an article "Attachment, Bonding, and Reciprocal Connectedness; Limitations of Attachment Theory in the Juvenile & Family Court". *Journal of the Center for Families, Children & the Courts*, pgs. 109-127 (2000). Reciprocal Connectedness is a notion that beyond whether a child is attached or bonded to a parent, the reciprocity in the relationship between parent and child, and what a child learns and experiences as a result of the relationship is important for decision makers to consider.

¹⁰ Some individual foster parents may also have philosophical conflicts with their own agencies policies or procedures.

¹¹ For example that if a child comes into state care then the parents is not salvageable or, in the reverse, that all children belong at home.

¹² Even if the parents has had a previous history of clean screens for several months and/or there is no obvious intoxication at the time of the visit.

¹³ For example: Scout troops for protective service children could afford parents and children the opportunity to learn and grow together while visiting, and can give caseworkers and evaluators the opportunity to see the family in what can be a more neutral setting

¹⁴ See Evelyn Lee, *Chinese Families* (Chapter 17) in Monica McGoldrick's (Ed.) *Ethnicity & Family Therapy* , New York, Guilford Press (1996)

¹⁵ See *Monitored Visitation Guidelines* from the California Professional Society on the Abuse of Children [CAPSAC] P.O. Box 55427, Sherman Oaks, California 91413

¹⁶ Regulation #9; definition of a visit. The Interstate Compact for the Placement of Children [ICPC] is a uniform law that has been enacted by all 50 states, the District of Columbia and U.S. Virgin Islands. It establishes procedures for the placement of children between jurisdictions and fixes certain responsibilities for those involved in placing children.