

An Examination of Existing and Necessary Qualifications of Practitioners Providing Supervised Visitation / Parenting Time Services

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Abstract

While progress has been made in terms of standardizing expectations for supervised visitation services and increasing understanding about the benefits such services can provide to high conflict families, there is little agreement over what constitutes adequate preparation and training or essential skills/knowledge. This article will summarize the existing research regarding qualifications of practitioners providing supervised visitation / parenting time services; discuss relevant skills and the possible consequences faced by practitioners and clients without clear guidelines and expectations; and suggest areas in need of exploration. It is anticipated this analysis will present important results to inform policy decisions / legislation, and improve service delivery for vulnerable children and families.

Keywords: Supervised visitation, social work, divorce, qualifications, policy

If you've ever watched the Lifetime Movie channel, you've seen her. She's white, middle-aged. Always female. Usually frumpy. She wears drab unfashionable skirts and comfortable shoes. She stands with her arms crossed as she focuses her disapproving look on the reunion between the sympathetic (and mistakenly accused) parent and the child he or she has traumatically been separated from. If she's not in a sterile institutionalized space where no children should be expected to smile, gurgle with laughter, or maybe even talk (picture an overabundance of grey file cabinets, old metal desks and bad lighting), she will be found standing in front of the blandest of oatmeal colored sofas, in a dingy room with well worn, and usually age-inappropriate toys that the child will completely ignore in favor of an all too brief embrace with the parent. Aside from maintaining an air of suspicion and disdain, her only other responsibility seems to be the obligatory rending of hearts as she must pry the hysterical child from the hysterical parent, and ferret the crying pre-schooler off to the unknown. She is, as we all recognize, the Social Worker.

In this over-dramatized version of supervised visitation, she is always there. We may not see her BSW displayed on the wall, but the assumption is this: the person controlling the access to the child is a social worker; not a volunteer, an art major, a day care worker, someone with a business degree in a depressed economy who happened upon a random job posting, not a retiree, and not a waitress. Of course if we take media portrayals of social workers as gospel, we might also conclude they are often rigid, incompetent, bureaucratic, power-hungry, uncooperative and judgmental. But the message is clear: for better or for worse, working with families and keeping children safe, especially in the context of child custody and visitation, is the realm of social workers. But does the reality match up with real life?

Supervised visitation refers to contact between non-custodial parent and one or more children in the presence of the third person responsible for observing and seeking to ensure the safety of those involved. "Monitored visitation," "supervised child access," "supervised child contact" and "parenting time" are often used interchangeably. Both supervised visits and supervised exchanges are designed to assure that a child can have safe contact with a non-custodial parent (and occasionally others) without having to be put in the middle of the parents' conflicts or other problems.

Typically these cases are considered “high conflict”, and are characterized by contempt between the parents/visiting and custodial adults, protective orders, domestic violence, prolonged or constant judicial involvement, allegations of abuse, unfit parenting, and court-ordered supervision during visits. These cases are further complicated by the low level of judicial involvement in terms of monitoring. Maxwell and Oehme (2001) share that “in domestic violence cases there is often an order of protection preventing the alleged perpetrator from contacting the victim and an order for supervised visitation. Typically there is no scheduled judicial review unless a violation of the order for protection occurs. . . [and] if problems of compliance with the provision of supervised visitation services emerge, the court may or may not be informed in a timely fashion.” The New York Society for the Prevention of Cruelty to Children recommends a schedule for judicial review be established and maintained (Maxwell, 2001). In dependency cases, supervision is required due to the children’s placement, as a result of abuse or neglect allegations, in foster care, group homes, institutions or kinship placements, and is an important part of successful family reunification.

This subfield of practice has a complex history of development. In the dissolution/divorce context, this was initially seen as an arrangement originating out of domestic violence cases, promoted by paraprofessionals in the early “shelter movement” and sanctioned by legal professionals as a way to fulfill requirements for visitation without putting domestic violence survivors and children at risk by the perpetrator. While the field has evolved some, very few efforts have been organized or coordinated; and there is a significant need for comprehensive evaluation. Due to a paucity of evidence-based research regarding a relationship between supervised visitation services and child/parent outcomes, Birnbaum & Alaggia (2006) stress the need for a “broad based strategic research agenda” that would feature collaboration between leaders, decision-makers, providers, clients and others involved in family law issues (p. 124). To date, a comprehensive examination of key competencies required has not been identified. The need for supervised visitation services is often indicated for the following reasons: family conflict, abuse, domestic violence, mental illness, personality disorders, impulse control problems, noncompliance with other court direction, unorthodox parenting styles, patterns of high conflict/crisis in communication and attempts to co-parent, and risks of flight (Parker et al, 2008, p. 1314). Other issues that may suggest the need for supervised visitation feature elements of family fragmentation: isolation, estrangement or lack of relationship between parent/family member and child, foster care history, lack of role models and support, or weak commitment between parents and/or children.

The subfield of SV service delivery is not without its controversies. As mentioned earlier, there are differences in the needs of dependency cases versus family dissolution cases, with little agreement about exactly how services need to be modified in response to those different characteristics. There is disagreement over the proper role of such services and their providers: should “neutrality” be considered ideal? (Scaia and Connelly, 2010, p. 1024). Is supervision an intervention, an opportunity to help families/parent develop new skills? Should there be a continuum of services which provide varying levels of therapeutic support and if so, should this be limited to mental health providers? With the complex, high conflict nature of dissolution cases, what purpose are SV services expected to provide in a system with very little oversight or coercive power by the courts? And finally, vast inconsistencies exist with regard to access, scheduling, cost and qualifications.

In order to call oneself a social worker legally in most states, an individual must earn a social work degree at either the baccalaureate or graduate level. Social work education seeks to prepare individuals for social work practice, which, according to the National Association of Social Workers, “consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in legislative processes. The practice of social work requires knowledge of human development and behavior; of social and economic, and cultural institutions; and of the interaction of all these factors” (<http://www.naswdc.org/pdev/default.asp>). While the quality and content of preparation may vary slightly by university, programs are closely monitored under a rigorous accreditation process by the Council on Social Work Education (CSWE), ensuring a minimum standard of knowledge, skill and ethical awareness on the part of graduates from accredited programs.

Certain domains of practice in the helping professions have long been closely associated with the field of social work, notably working with the economically vulnerable, the coordination of community resources, promoting advocacy and changes in policies and legislation through community organizing, and the protection of children and families.

While less visible in the media and popular discourse, social workers have also been long involved in schools, hospitals, corporate Employee Assistance Programs (EAPs), consultants to the private sector, military settings, research, evaluation and planning, and a variety of both clinical and administrative settings. Positions are generally designed to address quality of life issues most commonly caused or exacerbated by inequities associated with race, ethnicity, gender, age, sexual orientation, socio-economic disparities, ability/disability, and other factors.

Social work education consists of knowledge and theory important for providing systematic and informed culturally-competent practice, instruction in the areas of research, policy, the history of social services, values and ethics, methods of working with clients of different sizes, and field activities which provide real-life opportunities to practice and refine skills. The signature pedagogy of social work education is the practicum, of which there are usually two at either the undergraduate and undergraduate levels, with a minimum of 400 hours and 900 hours respectively. Thus, social work students graduate ready to work with clients, with experience, specialized skills and a values/ethical orientation that are crucial to roles associated with high conflict families, child welfare and family law. While other disciplines, particularly in undergraduate programs (i.e. sociology, psychology, child development), may provide important knowledge useful for practice in services associated with family dissolution/divorce, clinical/interpersonal practice preparation is typically absent in those curricula. It is assumed students will complete graduate preparation prior to interpersonal practice (i.e. Master's in Counseling, Applied Sociology, Marriage and Family Therapy, Educational Psychology, etc.), and some require a terminal degree (Ph.D in Clinical Psychology) prior to providing therapy and higher level therapeutic interventions. While there is a difference in specialization and scope of practice between undergraduate (BSW-level) social workers and graduate (MSW and Ph.D/DSW) social workers, both are prepared and legitimately allowed to engage in interpersonal practice upon graduation.

As with any specialized field, continuing education and professional development, and awareness of contemporary developments in the field are crucial in maintaining competence. The complexity of dissolution/divorce/high conflict custody cases regularly presents challenges for the most well-prepared practitioners. A minimum standard of preparation at least ensures practitioners are aware of the limits of their expertise, have access to resources and problems solving-skills, understand when supervision or consultation is needed, abide by a professional Code of Ethics, and make decisions for practice based on a theoretical perspective as opposed to well-meaning but underprepared individuals practicing random "common sense" methods (which may be anything but) who possess only limited awareness of strategies, interventions and skills. And while training programs can serve an important function regarding the specialized nature of this subfield, as this article will explore below, they alone are not adequate preparation for individuals seeking to provide supervised visitation and family dissolution services.

According to the review done by Maxwell and Oehme (2001), volunteers and interns provide a significant amount of the SV Services nationally due to the lack of resources for paid staff. Pulido et al (2011) echo this concern: "some programs operate entirely with professional master's level staff. In others, students training for a [sic] MSW graduate degree monitor the supervised visits, while receiving clinical supervision from their field instructors. Most commonly, programs operate with a small core staff, often supplemented by volunteers, who directly provide supervision services". . . [and in 1999] approximately 50 percent of SV programs use graduate and undergraduate students to supervise visits on a volunteer basis, and one-third to one-fourth use other community members as volunteers (p. 381). Crook and Oehme (2007) report seventy-nine percent of programs in their study use volunteers and seventy-seven percent ($n = 27$) use interns (p. 296). While they ideally receive supervision, because these supervisory positions are not limited to social workers, it is unknown how effective even the services provided by social work interns with the advantage of social work education are. Volunteers and retirees may be excellent candidates with regard to motivation or commitment, but generally lack crucial skills necessary to keep children safe, much less support/maintain/improve relationships between children and non-custodial parents. The authors/providers of the only training curriculum report no instances (to the best of their knowledge) where volunteers received their training (Crook and Oehme, 2007, p. 298). For an excellent discussion of the current state of SV provider qualifications in New York, including recommendations for practice standards, see Pulido et al's April 2011 publication in *Family Court Review*.

Very little is known about the content of preparation for providing such services, with the vast majority of attendees at a recent conference for this field of practice's international professional organization not having a social work background or any other clinical preparation. The lack of consistency, little supervision (many independent entrepreneurs) and few areas of shared vision regarding the therapeutic nature of the service should be of concern to those interacting with families affected by the complexities of custodial conflict.

The area of focus for this analysis is the delivery of supervised visitation services in the context of high conflict divorce/dissolution cases. These cases typically are referred through family court. Some participating agencies also provide supervised visitation services to dependency cases: those involved with the child welfare system. Visiting parties in those cases may be parents, family members, etc., separated from the children due to out of home placement necessitated by abuse or neglect allegations. Of primary interest is the issue of necessary and ideal qualifications of those who provide services.

Research Questions

Prior to a review of the existing professional literature with regard to necessary qualifications of service providers, the following questions were generated to guide this analysis:

- What is the necessary skill set for effective supervision during visits/parenting time?
- Is this determined by different goals for supervision (as a minimum: prevention of harm to a maximum: providing therapeutic services/coaching)
- What is the appropriate role for supervision? Is it to be preventative? Supportive? Evaluative? Developmental?
- Is need for specialized skills “side stepped” by developing artificial distractions and therefore requiring mental health practitioners for “higher level services”?
- Are those “higher” level services accessible/available?
- Is this an issue for the “industry” (social work professionals providing SV services tend to refer to this as a field or subfield; many at the international conference referred to it as an “industry”; suggested by the number of entrepreneurs/business professionals present in ratio to social workers)
- What is “effective”? Is it defined as no additional harm during visits? Increased comfort for kids/parents? Decreased “problems” in behavior/parenting? Strengthening parent-child relationships?
- Should SV satisfy courts’ needs/custody evaluation needs?
- Does it result in decreased parental strife overall or in front of children? Increased parenting skill?
- Can the “problem” making supervision necessary be fixed? Or merely managed?
- “Who is doing what” with training/preparation? Is it adequate? What are the implications for social workers?
- Have social workers abdicated this domain field of practice? Is this field open to the perspective of social workers with regard to qualifications and competence, evaluation, etc.?
- What are the legal risks associated with services being provided by unqualified practitioners?

Review of the Literature

A review of the professional literature regarding qualifications for supervised visitations service delivery was completed. In 1994, Maluccio et al describe research priorities for research into permanency planning, and visitation is not addressed, although it is now considered a vital element of reunification efforts. However, they do address the need to examine concerns about changes in child welfare service delivery and the difficulty many training models face while attempting to balance the sometimes conflicting rights of parents and children, the disparate members of the service delivery team, and the need for a comprehensive and “competency-based approach to education and training in family reunification” (p. 499).

Upon completing the analysis of the literature, the following conclusions characterize the existing guidelines regarding skills necessary for competence:

- Vague, general, inconsistent, low-level skills
- Little connection to standardsocial work skills (reflecting content, emotion and meaning, reframing, documentation of behaviorally-based observations, clarifying purpose and role, reaching for client feedback, exploration of client’s affective (feeling) responses, the ability to reflect on both verbal and non verbal messages
- Inconsistent definition/lack of agreement over the role/scope of the position

- Low level of specificity: little to no mention of conflict resolution, de-escalation techniques, family theory, understanding of child development, domestic violence, family dynamics, awareness of family law basics, etc.

Of the skills identified as important, many were fairly unspecialized: excellent communication skills, good documentation, “very observant”, good listening skills (Alda & Straus 1994), supportive, trustworthy, ability to express authority, articulate, positive attitude, mature judgement, common sense, specific knowledge about child development or having day care, teaching or social work experience/background (Alda & Straus, 1991). Strauss later demonstrates an increased understanding of the need for specialized skills: the ability to set limits on behavior (p. 3), the ability to model appropriate behavior (p. 3), the knowledge of parenting (p. 3), the ability to maintain objectivity with the two parents (p.4), and felt such professionals should be a licensed mental health professional, especially for therapeutic supervision (p. 5) and be trained as a visit supervisor and a psychotherapist (p. 11). Julie Kunce Field (1998) asserts professionals should be able to give factual information to the courts about what occurs during the visits (p. 27) and should be trained in safety planning or know methods to prevent or stop physical or emotional manipulation (p. 28). Perkins and Ansary (1998) suggest a need to be able to provide a safe environment for child and parent interactions (p. 253) and be organized (p. 257) and supportive (p. 258). Social workers Hess et al (1991) assert practitioners should be required to have an MSW when dealing with family dissolution (p. 5), should be mature, flexible and able to enforce limits and policies (p. 7). Kim Cardelli-Allwood (1998) says visit supervisors should have the ability to add structure (p. 17) and ability to coach and instruct (p. 17).

Until a training curriculum was first developed by Maxwell et al from Florida State University in 1996, most training efforts were limited to workshops developed by individual organizations for their own employees. Even with the availability of Clearinghouse on Supervised Visitation Manual, it is unclear the extent to which it was utilized, under what conditions, and the degree of delivery competence likely varied widely by both trainer(s) and participants. Recently, the professional organization, the Supervised Visitation Network has offered regional trainings focusing on basic preparation for service delivery, specialized information regarding child sexual abuse, or administrative issues. Because the training materials in the curriculum were developed by faculty from the Florida State School of Social Work, they make an excellent effort to address the complexity of supervised visitation from a systematic perspective. In addition to basic informative issues such as domestic violence, abuse and sex abuse, documentation and safety/security, some of the areas valuable areas addressed include: risk assessment, cultural sensitivity, assertiveness training and conflict resolution, ethical issues, client boundaries and intervention strategies. However, the existing (non-binding) standards suggest 16 hours of training will meet the requirement. While the materials provided fill an important gap in resources for training, adequate coverage of the suggested content areas alone could easily fill a 2 day training session. Opportunities to demonstrate, practice and receive feedback on skills are critical, as is ample time for reflection, especially for those new to the field. If prevention of conflict or problem behaviors during visits is the ideal course of action, practitioners must be armed with strategies to do so. The discussion of potential situations, reactions and remedies, along with the examination of one’s own strengths, biases and areas in need of improvement, is the heart of a training program with the potential to produce effective practitioners. Two days of training is ill-equipped to provide adequate opportunities for this process.

Conversely, family mediation typically requires completion of a basic mediation course (40 hours) with some form of intensive course (usually 20 hours) in addition. One such specialized course on Child Access requires 20 hours of additional training and a 300 page manual. Professional mediators work with largely the same or similar client base as those required to have supervision for visitation. Additionally, SV practitioners need skills to work with children affected by grief, trauma, conflicting loyalties, abuse, and/or a host of other issues. A professional mediation environment also provides structure and expectations typically missing in a supervised visit context, utilizing elements of social control to discourage unacceptable behavior. By comparison, even the recommended amount of preparation, which by no means do most practitioners possess, appears insufficient at best.

It should be noted, however, that training guides and curricula are only as valuable as the skill and expertise of the trainer, and even the most effective training is vastly different in purpose and scope than social work (or other professional) education. Applications in education are generally more broad than training, and emphasize one’s ability to generalize knowledge to a variety of situations in a way that is consistent with knowledge, values, ethics, etc.

An interesting discussion of training from a United States Air Force perspective by Dr. John Kline:

Training is essentially a closed system. The trained individual is easily recognized as knowing the "right answers," doing things the "approved way," or arriving at the "school solution." Under these conditions, the products of each trainee in every situation can be expected to look the same. Education, in contrast, is an open system. Learning is continuous with no cap or ceiling on how well the graduate may be prepared to handle new responsibilities. Right answers and ways of doing things often do not exist in education—only better or worse ones. (<http://www.airpower.au.af.mil/airchronicles/aureview/1985/jan-feb/kline.html>)

This echoes the real life complexity of service delivery. Often times there is no one answer, much less a singularly right one. Interestingly, even the authors of the Florida State training materials state “this manual is a supplement to the Competency-Based Training Manual for Florida’s Supervised Visitation Providers approved by the Florida Supreme Court. The training information presented in this manual is not a substitute for professional mental health or child welfare education” (Maxwell, 2010, p. ix).

Generalist Social Work Skills

Generalist social work skills can provide a practitioner the foundation necessary for managing the complexities of the supervised visitation context. In the field of social work, generalist preparation is based on the idea that while a baccalaureate degree in social work is unable to prepare every practitioner for every possible practice situation, certain key skills are transferable across many practice milieu. Practitioners are then responsible for seeking continuing education, professional development, on-the-job training, and supervision to develop the specialized skills and expertise associated with specific areas of practice. With the potential for intersections of family dynamics, child development, domestic violence, addictions, mental health, judicial oversight, child welfare policy, health care, and collaboration with law enforcement and schools, the field of supervised visitation services is an excellent example of how even an informed, culturally competent professional will need both excellent generalist skills and further preparation in order to negotiate multiple systems and challenges in order to keep children safe and support relationships with both custodial and non-custodial parents. The following discussion examines the relevance of specific social work skills for SV service delivery.

Generalist skills can loosely be grouped into categories such as observation, listening, questioning, focusing/guiding/interpreting, climate setting (Johnson, 1998, p. 184-87) and direct practice actions (p. 320ff). Assuming that supervised visitation professionals should do more than merely observe and document interaction or simply exist as a supposed deterrent to physical abuse, these areas represent skills needed for effective practitioners. Even in settings with a minimum level of intervention, each of these areas has clear connections to meeting the needs of SV clients, both visiting adults and their children. Maxwell and Oehme (2001) describe common behaviors commonly seen in batterers in supervised visitation settings:

- Denial of abuse/minimizations
- Blaming partner
- Control/manipulation
- Attacking parenting skills
- Making covert/overt threats
- Involving children (soliciting information)
- Stalking
- Financial abuse/manipulation
- Animal abuse
- Physical violence
- Suicide

Without question, managing the severe risks associated with the behaviors above should only be expected from skilled professional practitioners, and even then should be considered only with important supports such as security and supervision.

Climate Setting

Few SV clients approach the visitation setting and restrictions associated with supervision with enthusiasm. A likely target of frustration is the SV professional as he/she is often seen as the symbol of the entire unpleasant process associated with judicial involvement in the family. Setting a positive climate and engaging with an involuntary client can be an extremely challenging process, yet can be critical to developing rapport and the possibility for successful work with the client and a positive visit experience for the child(ren). Working with involuntary clients comes with its own set of challenges. A practitioner's hope for a beneficial working relationship with both visiting and custodial parents includes projecting characteristics of understanding, openness and honesty (Johnson, 1998, p. 187). When a client arrives with a negative expectation for the experience or SV practitioner, possibly seeing the worker as the gatekeeper to normal unsupervised time with his or her child, or as one who will report his/her every transgression or mistake to the court, it can be difficult to overcome. Few inexperienced helping professionals have the natural ability to break down through such coping strategies. Social work education focuses on important skills such as demonstrating empathy, genuineness, "nonpossessive warmth" (Johnson, 1998, p. 187), and building rapport in order to encourage relationships to form. If a client is able to see the worker as invested in her/his success as a parent, strategies suggested to help the parent interact positively during visits are less likely to be interpreted as criticisms. Seeing a SV professional as an ally in the parenting process may sound like a novel concept the way service deliver stands presently; yet it characterizes typical social work practice and represents exciting possibilities for real change in the way challenged parents learn to interact with their children.

Other characteristics involved in climate setting may include a focus on preparation for visits through orientation, contracting with clients around expectations and resources (including not just expectations of clients, but those things clients can expect from practitioners), and developing personalized plans for working together through the process in order to meet goals for child safety and effective parenting. Ultimately, the goal of supervision as an intervention ought to be coordinating parents' movement toward the goal of not needing supervision. This rarely happens in a systematic way, if ever. More often, parents become frustrated with the process and quit visiting, seek additional court intervention, or burn bridges with services they perceive as unhelpful. The practitioner's potential as an agency of change with the client begins with a relationship each party has at least a minimum level of faith and confidence in. This begins with climate setting and should continue throughout the entire therapeutic process.

Observation

While it is widely accepted that observation falls within the confines of most SV practitioners' responsibilities, observation is more than simply seeing or watching. The interpretive and evaluative functions of making sense of what we see distinguish the SV professional from a passive or casual observer. Even as social workers strive for objectivity, the simple functions of professional observation include the search for meaning and rationale for human behavior. An understanding of human behavior in the social environment, an important feature of social work education, allows a social worker to interpret what is seen based on norms and the relationship of people to their experiences, culture, and current context.

Visiting parents are often under immense pressure. Many feel disenfranchised and victimized by (former) spouses/partners, the courts, agency personnel and systems in general. Some parents choose to channel their energies into demonstrating their positive parenting skills and creating good experiences for their children while under supervision. Others may lash out and behave in ways that appear counter-productive to establishing faith in their ability to parent, or ways that seem to reinforce a pattern of poor decision-making. An understanding of how individuals respond to stressful situations, including acting out or making impetuous statements, can help put observations into perspective. For example, a visiting father, frustrated by an order of protection and a long waiting list for SV services that resulted in him not seeing his child for nearly ten months, angrily referred to his ex-wife as "Satan" to a visit supervisor (S. Martin, personal communication, June 5, 2010). While it can be argued this is evidence of limited insight into his own responsibility in the matter, the comment was documented by the (non-social worker) visit supervisor and entered as evidence in court that he was incapable of co-parenting with his ex-wife. Further, due to a language/culture issue, the comment was misconstrued, as he explained to an interpreter he meant he felt his ex-wife's actions were evil, not that she herself was likened to Satan.

While neither interpretation is desirable, references to Satan in child custody/visitation proceedings are likely to be inflammatory and do not represent his reactions accurately. While social workers more than most understand the importance of behaviorally-based documentation, it is irresponsible to not also include the context of the response (actions leading up to the remark), as well as ensure accurate interpreters are available for clients in need of services. As students of human behavior, social workers learn the importance of the reciprocal role between individuals and their environment, stress reactions and coping responses, and how client strengths and capacities, as well as limitations and deficits can both help and hinder their ability to function effectively, in the practice context as well as life.

Other important observation skills include an understanding of non-verbal and verbal communication. Body language can signal important information for the visit supervisor, from their comfort interacting with their child; discomfort with the process or agency environment; evidence of impairment due to substance use or mental illness; lack of confidence regarding parenting; or the possibility of escalation, among others. Johnson (1998) discusses how observations regarding shifts in conversation, the association of ideas, recurrent references, inconsistencies or gaps in information, and points of stress or conflict, particularly in cross-cultural exchanges, can provide important information regarding the client's capacity for functioning in the practice context (p. 184-5). These skills are typically far more advanced than what would even be possible to address, let alone develop, practice and refine, in a 16 hour training session. However, in preparing for and interacting with a non-custodial parent during a visit, these skills can provide important context for observations requested by family court, and other helping professionals involved in serving the family.

Questioning

Questioning is the means by which practitioners obtain information actively. The language used in the form of open and closed questions can establish and shape interactions with clients before, during and after visits. At times, closed-ended questions can serve to focus or direct conversations with clients, provide basic information during intake, and give client options from a structured list of possibilities. Open-ended questions are valuable in helping a visiting parent generate ideas for visit activities, encourage parents to characterize their experiences with the system and/or their children in their own words, and can serve as valuable examples for parents to initiate dialogue with their children around topics from feelings about visiting, to birthday plans, to relationships with peers, to career plans, or any other content appropriate for visits, depending on the specific case. Awareness of the effects of the use of "why" questions, the negative potential with the use of multiple, competing ("stacking") questions, and the positive potential for focusing on parts of problems to avoid overwhelming the client with the complex whole are also important for practitioners interacting with SV clients, and are unlikely to be a regular component of a volunteer or paraprofessional's repertoire of skills.

Listening

Multiple factors affect a practitioner's skill level in the area of listening. Timing, comfort with silence, experience with a variety of styles of communication, familiarity with diverse language expression, particularly in relation to cultural issues, and a respectful stance all contribute to the ability to understand the client's efforts to communicate needs. Many SV clients feel their voices have not been heard. In this regard, listening for more than just clarification of agency policy or minimum essential information-sharing is one of the most important skills an SV professional can offer. Additionally, important information regarding the client's understanding or perspective on their case, their own involvement or need for change, and the desire/capacity to parent effectively without the need for supervision provides opportunities for the practitioner to assess and intervene appropriately. If we ask good questions, practitioners should also possess the skills to listen effectively in order to obtain critical information.

Focusing/Guiding/Interpreting

Growing in the level of sophistication, this set of skills is more specialized yet. Closely identified with professional preparation, these skills are used to helping clients stay on track both verbally and behaviorally; encourage them toward desirable progress; and promote understanding between both client and practitioner, and other systems they engage. These skills include paraphrasing and summarizing; reflecting content, emotion and meaning; and encouraging elaboration. Perhaps one of the most invaluable skills social workers could use in the SV context is that of reframing.

Helping the SV client focus on themselves rather than ex-partners; prioritizing their children's needs over their own during visits; identifying the potential for positive outcomes from supervision rather than defining it as punitive; and its use in the de-escalation process if necessary are all important functions of reframing with SV clients.

Generally these skills are used to confirm the accuracy of shared information and to elicit additional information. Currently, in attempts to reduce opportunities for confrontation and because therapeutic dialogue is seen as the domain of only mental health practitioners, SV clients are rarely given the opportunity to process their feelings in the SV context. While the theme of this discussion clearly states unqualified individuals should not be responsible for specialized tasks, the visit context is a wasted opportunity for processing. In some situations, it is appropriate for the children to participate as well, depending on the relationship and the relative ability for the visiting parent to maintain a focus on the child's needs above their own.

It has been suggested that utilizing supervised visitation as an intervention leaves no distinction between the already existing services of therapy, and shortchanges parents and children of recreational visiting time. However, visits do not occur in a vacuum. While adults should generally learn how to handle adult issues in adult contexts, if issues are preventing visits from occurring (due to a child's anxiety or fear), or because therapy is cost prohibitive/not accessible; therapeutic supervision may not only be preferred but necessary. While many core issues associated with problems in parenting or adult conflict are better served within a therapy environment, issues associated with visit apprehension may be able to be handled appropriately within the visit context. The focus should remain on meeting the child's needs and promoting positive interaction while in the visit. The practitioner's role should mainly be that of coach, modeling effective behavior, encouraging parents to interact in ways developed conjointly and agreed upon prior to the visit as part of preparation. If successful, parents will develop the ability to use such skills effectively themselves in managing interactions with their children as well. Lee and Stacks (2004) describe successes in improving parenting in dependency cases by using court-ordered supervised visits to address relational issues and "build positive and constructive family bonds where they do not exist or are weak" (p. 11). This represents a departure from most current models of SV services with family dissolution cases, but is one of many ways social workers bringing their expertise and skill can improve services to vulnerable families.

Direct Practice Actions

Finally, social workers are prepared to engage in direct practice skills such as assessment, problem-solving, conflict resolution, de-escalation/crisis management, assistance in decision-making; giving/receiving feedback; confrontation; documentation and various strategies to build capacity with clients. These are therapeutic functions that require significantly more preparation than psycho-educational information provided by training. The opportunities provided by formal social work education to learn, practice, receive critique and refine such skills far more effectively prepares practitioners to address complex situations competently. The potentially volatile situations created by the SV context are rarely predictable. Even a prepared social worker may experience uncertainty or apprehension over the best way to address specific situation; it is even more critical that less prepared individuals not be placed in situations outside of their expertise. A visiting parent who arrives inebriated; a parent angry about a cancelled visit; a parent who believes a visit was terminated unfairly; a parent dissatisfied with services or policies, a depressed parent unable to interact with children during a visit – each of these require experience in managing conflict much more sophisticated than that of the informal helper. Crook and Oehme (2007) add that "unpaid or poorly paid program staff may be ill-equipped to disarm parents or inform a parent emboldened by drugs or alcohol that a visit is cancelled" and summarize Permuter and Crook's concerns that volunteers require both cost and oversight (p. 301). While some may come by elements of the problem-solving process naturally, they are the exception to the rule, and why social work education is necessary for professional practice.

As the popularity of evidenced-based practice has begun to encourage practitioners to choose well-supported strategies and shape practice decisions, most social workers are acknowledge that our clients deserve the benefits of strategies shown to work. A lay person or volunteer is typically not informed or shaped by trends such as evidence-based practice, strengths or empowerment approaches, or practice theories. While many non-social work professionals may have avoided catastrophic outcomes with clients; few will be able to report accomplishing the type of therapeutic goals envisioned here.

While the professional organization for SV providers recommends only licensed mental health providers (a group which may or may not include social workers), it is both overly strict in relegating therapeutic processes only to specific practitioners, and short-sighted in considering regular supervision services appropriate for minimally trained paraprofessionals and/or volunteers. Additionally, social work preparation requires attention to child development from a variety of perspectives (psycho-social, learning, morality, etc.); family functioning and key events in the family life cycle; case management/care coordination; diversity; and documentation; the integration of these areas forms a tapestry for competent practice in a variety of areas, but is no less critical for SV services.

Areas in Need of Exploration

Much of this suggests the lack of a uniform and consistent understanding of what is necessary for competence when working with these highly complex cases. Indeed there is even lack of consistency of what the job actually is: Hall Monitor? Babysitter? Coach? Highly specialized family practitioner? An agent of the court's oversight? It is unclear. This lack of clarity and agreement over what skills practitioner should have and use in this field requires an exploration of what skills practitioners actually do have and use. There is also a lack of understanding of the roles and aptitudes associated with the variety of helping professionals. It is a convenient strategy to shift responsibility for therapeutic supervision (usually consisting of interventions/modeling of behavior which repair or prevent damage to the child-parent relationship, and provide structured mental health therapy designed to help parents better interact with their children) to "licensed mental health practitioners", and indeed no one wants minimally qualified practitioners engaging in therapeutic interventions or evaluations/assessment without adequate training and skills, yet even basic supervision in visitation requires more than observation, presence and basic communication skills. Even if these skills were adequate, the goal of supervised visitation should not be limited to safety, but to help parents move to a place where supervision is not necessary any longer: through improved parenting skills, opportunities to practice appropriate parent-child interaction, documentation of safe/improved behaviors over time, and generation of data to assist the courts in making appropriate recommendations for children and families. These complex situations rarely improve (and almost never resolve themselves) on their own. Therapeutic supervision then provides an ideal opportunity to model, educate, intervene and support improved interactions between non-custodial parents and their children. It can be argued that all supervision ought to exist on a continuum of therapeutic intensity; with fairly high-functioning parents requiring minimal intervention; parent-child cases with exceptionally challenging and deep-seated issues receiving longer-term and more systematic intervention; and the majority of cases falling in between based on initial and on-going assessment. As one might imagine, this concept is not universally shared by those in a field where many practitioners and fewer agency leaders are prepared or comfortable with therapeutic intervention. The history of this type of service delivery and current observation suggests this "industry"/field of practice will resist professionalization much like the field of child welfare has as standards, educational requirements and possibly credentialing may eventually be required. Currently while there is discussion of credentialing in the future, there is little if any agreement about the content that should be required, and the paucity of social workers in this field contributes to the lack of movement and limited discussion of the importance of social work preparation in developing minimum standards for practice. Nonetheless, it is incompatible with social work's commitment to improving life conditions, as well as unacceptable to most parents, to remain agents or participants in status quo conditions. While a supervised visit may, hopefully, allow a safe interaction in a "neutral" environment that might not take place otherwise, that seems hardly adequate considering both monetary costs and the price of wasted opportunity to support parents' progress toward eliminating reasons or concerns that necessitated the service in the first place.

In any case, the professional literature only occasionally distinguishes between skills needed for "basic" and therapeutic supervision. Ideally, a survey of practitioners/agencies would provide a snapshot of existing services by answering some or all of the following questions:

- What skills are used?
- What services provided?
- What are the qualifications for hire?
- What are practitioners' actual qualifications?
- What issues are commonly addressed in visits? How?
- Do workers ever feel they are operating/practicing outside of their expertise?

- Where do referrals come from?
- What are ideal qualifications? Why?
- Do workers experience short comings/unpreparedness in certain areas? What are they?
- What are some unique challenges faced by practitioners?

Also, in an attempt to evaluate the accuracy of the self-report and demonstrate the level of understanding of how skills are applied, ideally participants could also be asked to reflect on case examples and identify key skills needed.

Consequences for Practitioners and Clients

Ultimately, the most dire consequences involve compromising the safety of children involved in SV cases, both emotional and physical. At the most basic level, SV professionals are charged with keeping children from being re-victimized during visits with a non-custodial adult. While the majority of safety/security measures focus on physical safety, assessing for and identifying emotional risks are complex and often the area practitioners are least prepared to function effectively in. In one case, a court order specified anyone on the list maintained by the county's Domestic Relations Counseling Bureau, housed at the courthouse, would be an acceptable service provider. When a non-custodial father (and sex offender convicted of molesting his four year old daughter) found the policies of the MSW-level provider too restrictive, he opted to choose another provider. The new provider was a waitress who described her qualifications to the custodial mother this way: "My parents divorced when I was a kid, so I know the issues. I have a little brother and I have babysat a lot" [and when asked about her social services experience said] "someday I want to open a daycare for senior citizens" (S. Martin, personal communication, June 5, 2010). The MSW-level practitioner reported personal challenges regarding the complex nature of working with sex offense cases, even with a Master's degree in social work: "someone with even less preparation doesn't even know what she doesn't know." The screening process revealed very little substantive assessment of potential providers: no discussion of philosophy regarding visitation, references, or even driving record. Providers then function as in dependent contractors with no oversight, no consistency of policies or fees, and clearly, a very low standard for qualifications. Unfortunately, this is far more common than it is the exception. Crook and Oehme (2007) report in their secondary review of the literature that children have been traumatized during supervised visits, including: "psychologically harmful contact with abusive noncustodial parents, exposure to parental attempts for control, intimidation and/or abduction, and exacerbation of conflicting and confusing feelings regarding their own physical safety" (p. 293). An unqualified provider has little to draw upon to prevent re-victimization.

Liability concerns transcend client outcomes. Practitioners operating outside of their expertise leave themselves open to litigation. If they are licensed, they can face censure or the loss of the professional license. Charges of malpractice or ethical impropriety can ruin a career, not to mention the impact on a practitioner's self-efficacy and commitment to the profession. The National Association of Social Workers offers protection (professional liability insurance) to its members, for a fee, against most "wrongful acts" such as incorrect treatment /improper diagnosis; failure to consult with or refer a client to a specialist; and failure to protect third parties from harm, among others. Unlicensed paraprofessionals have even less, if any, access to protections and are far more likely to find themselves in situations requiring skills outside of the scope of their preparation.

Additionally, when mistakes happen; when circumstances are mishandled; when people with good intentions who lack the necessary skills to handle difficult situations find themselves facing an angry or inappropriate parent, and a fearful or confused child, and make the "wrong" decision, the potential of supervised visitation, as a field as well as an effective intervention, is compromised. Just as each (rare) instance of gross impropriety in child welfare affects the social work field – its reputation, the public confidence, the influx or dearth of people attracted to the field – ineffective practice in supervised visitation also has implications. Skeptical parents grow even more reluctant to participate fully. Judges unconvinced of a program or service's value may resist ordering supervision in cases that could clearly benefit from it. Funders may shy away from investing resources in programs much needed by the community. Qualified practitioners may seek other employment areas, resulting in an even greater shortage of services. Supervised visitation as a subfield already suffers from a negative reputation. It is seen as punitive, an indictment upon the non-custodial/visiting parent.

While many visiting parents have a history of poor decision-making, inadequate or troubling parenting strategies or other factors (addiction, abuse, violence, mental illness) that may prevent them from seeing their children safely without supervision, the order for supervision does not have to be viewed as a punishment. With the assistance of a skilled and prepared professional, supervision, particularly when situated on a continuum of therapeutic supports, can function as an excellent opportunity for non-custodial parents to build skills, demonstrate competencies and strengthen relationships. Additionally, supervision can protect visiting parents from allegations of impropriety, and help them negotiate uncomfortable changes in parenting, such as implementing safety plans for sex offenders, learning alternatives to physical discipline, and transitioning from residential to visiting parent. Finally, parents who are estranged from their children can benefit from the support of a professional as they build a relationship with a child who may be a virtual stranger, who may have aged significantly, who may have developed a distinctly different personality, who may have different interests and preferences since the last time the parent was significantly involved, if ever. Significant compromise of the field through bad press (justified or not) can result in families being denied the potential of these interventions.

Conclusion

Upon conclusion of this analysis, many of the initial questions remain unanswered based on the existing professional literature regarding practitioner qualifications in this area. No clear skill set has been identified. Little agreement exists regarding even definitions of service, much less role or scope with the issue of “therapeutic supervision” remaining both ignored or hotly contested, depending on the audience, Little is known regarding either the accessibility or quality of services, particularly in rural areas, complicated by the same issues most service delivery face (lack of transportation, paucity of providers, consistency of access, funding, etc.). Clement (1998) asserts the demand for service exceeds the supply in most places nationally. Most noticeably absent is any understanding of how competent and effective practice can make a difference in the lives of families, with the ultimate goal of helping clients to improve functioning to the point of not needing services, where possible.

Further exploration of these issues, including the role of social workers, social work education, professional licensure and credentialing, and legal/liability issues is critical to protect practitioners and clients, provide a safe, empirically supported service, and ultimately change families’ lives. As the function and skills necessary for effective service delivery in the subfield of supervised visitation services clearly fall within the domain of social work practice, it is incumbent upon social workers to join and shape the dialogue regarding the nature, regulation of and future professionalization of these services. Providers of quality services to high conflict families who enter the family court system should be important players on the stage that is forensic social work practice.

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