

## **PROTOCOL FOR THERAPEUTIC SUPERVISED VISITATION<sup>1</sup>**

### **Goals**

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

### **Structure of Therapeutic Supervision**

1. Therapeutic supervision includes the provision of supervised access services between the child and supervised party, as well as therapeutic intervention and modeling to help improve the parent-child interactions.
2. During therapeutic visitation the supervisor is able to use clinical judgment in determining the appropriateness of communication and verbal interventions.
3. Unlike regular supervised visitation's restrictions on communication, the therapeutic supervisor may actively engage the child and parent in:
  - a. Discussion of allegations, betrayal of child's trust, etc., (whatever the primary reason for referral);
  - b. Discussion of issues of adult responsibility;
  - c. Discussion of any secrets, threats, or other pressure felt by the child;
  - d. Defining the altered relationship between the parent and child;
  - e. Discussion of areas of concern for the child and the parent (past, present, and future);
  - f. Discussion about emotional, physical, sexual (when appropriate) boundaries;
  - g. Setting the stage for future open communication; and
  - h. Any helpful dialog between the parties.

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<sup>1</sup> This document is adapted from a Therapeutic Supervised Visitation Protocol that was funded through an Access Grant to Superior Court of California, Santa Clara County, and was administered by Janet Johnston, Ph.D. through the Judith Wallerstein Center for the Family in Transition. Changes are not inconsistent with the protocol and are necessary for consistency with Idaho Rules of Family Law Procedures 717.

4. During therapeutic visitation the child is supported in what he or she wishes to say regarding the referring problem or other matters. The parent need not acknowledge guilt but is asked to listen. The session is not used to determine truth. (This should be explained ahead of time.)
5. The therapeutic visitation is supportive of the child and is used to provide understanding of the relationship between the child and noncustodial parent and to state the reasons for the court requirement of supervision.
6. Therapeutic supervision will give way to regular or no supervision unless the outcome of these initial visits contraindicates such visits. In that case, the professional supervising the therapeutic visits, may, when ordered, make recommendations to the court regarding further preparation of the child and parent for healthy contact.

### **Confidentiality**

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

### **Welfare of the Child**

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

### **Referral Criteria**

1. When regular supervised visitation has failed.
2. There has been a major violation of the child's trust in the non-custodial parent, e.g., abduction, alienation (either alienated or alienating parent), reasonably credible molest allegations, psychological disturbance of the parent, and/or abuse (physical or domestic violence).
3. Parent and child have no prior relationship or when there has been a prolonged lapse in contact so that reunification services are necessary.

The court makes the final decision as to the manner of supervision and terms and conditions.

## Referring Court Orders

An order for therapeutic supervised visitation should include:

1. The reason for supervision;
2. Specify KIDS Services Therapeutic Supervised Visitation Program as the provider;
3. A requirement that parties sign releases for all involved professionals;
4. Designate financial responsibility for service (including authorization of funds from grants, therapy funds, etc.); and
5. Define reporting responsibilities (including due dates).

## Staffing

1. A trained, neutral counselor to facilitate the parent-child contact; this person should NOT be the child's therapist or parent's therapist.
2. The selection of a particular therapist as to level of licensure and expertise shall be dependent upon several factors, including financial needs of the parties, degree of physical risk, complexity of the case, and level of emotional stress.
3. The therapeutic provider is a licensed mental health professional paid for providing supervised visitation services, including but not limited to the following: psychiatrist, psychologist, clinical social worker, marriage and family counselor or intern working under direct supervision.
4. The therapeutic provider must meet state and national guidelines regarding qualifications of professional providers of supervised visitation (see I.R.F.L.P. 717(f)).
5. Each court is encouraged to make available to all providers informational materials about the roles of a provider, the terms and conditions of supervised visitation as per subsection (n) and (o) and the legal responsibilities and obligations of a provider as provided in sections (p), (q), and (r).
6. In addition, the professional and therapeutic providers of supervised visitation must have completed 13 hours of training, including but not limited to the following:
  - a. The role of a professional and therapeutic provider;
  - b. Child abuse reporting laws;
  - c. Record keeping procedures;
  - d. Screening, monitoring and termination of visitation;
  - e. Developmental needs of children;
  - f. Legal responsibilities and obligations of a provider;
  - g. Cultural sensitivity;
  - h. Conflicts of interest;
  - i. Confidentiality;
  - j. Issues relating to substance abuse, child abuse, sexual abuse, and domestic violence;

- k. Techniques for dealing with high conflict or difficult situations;
- l. Effects of separation and divorce on children and their parents;
- m. Local court practices and relevant state law;
- n. Maintaining a neutral role; and
- o. Ethical principles involved in supervision of visitation.

### **Safety/Security**

It is necessary to assure the health, safety, and welfare of the child, the non-custodial parent, and the custodial parent, as well as the counselor.

- 1. Maintain procedures that promote safety and de-escalation, such as staggered pickup and drop off of the child.
- 2. Set forth in writing a protocol for emergencies.
- 3. Written security procedures given to and signed by all parties prior to commencement of supervision.

### **Paperwork**

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

### **Preparation Procedure**

- 1. Conduct a comprehensive intake and screening with the custodial parent, non-custodial parent and child.
  - a. Explain rules and procedures;
  - b. Explain that the appropriateness of the service remains under constant review; and
  - c. Sign agreements.
- 2. Introduction of a child to the process, setting, and therapeutic supervisor.

### **Feedback**

1. Debriefing with the child;
2. Feedback to custodial and noncustodial parent;
3. Debriefing to relevant therapists; and
4. Written report to referring party, when ordered, which is to include:
  - a. Dates of service, behavioral summary, including incidents of concern or commendation.
  - b. Cancellation or termination of visitation.
  - c. Recommendations for referral or cessation of visitation.

### **Ceasing Therapeutic Supervision**

1. It is too stressful or traumatic for the child.
2. There is a failure to comply with rules.
3. The supervisor cannot adequately insure safety.
4. The non-custodial parent is not able to benefit from therapeutic intervention.
5. It is appropriate to make a recommendation to other services when the non-custodial parent and child have demonstrated ability to use therapeutic intervention to the point that regular supervised visitation is sufficient.
6. Parent-child dyad is recommended on to family therapy.

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