Meet Our Therapists

Jennifer Ritter, LCPC—Jennifer has a Master's Degree in Counseling from Boise State University and holds a Licensed Clinical Professional Counselor (LCPC) endorsement. In addition to working with clients in her private practice, she has worked as an Inpatient Counselor on the Behavioral Health Unit at St. Alphonsus Hospital, and is presently an adjunct faculty member in the Psychology Department at BSU. Jennifer is an active member of AFCC. She attempts to work closely with attorneys, mediators, parenting coordinators, and mental health professionals to help families navigate their way through the family court system.

Nekane Arrieta-Resnick, LCPC — Nekane maintains a practice in Eagle, Idaho. Since graduating from Boise State University with her Master's Degree in Counseling, she has worked as a counselor in a variety of professional settings including schools, mental health clinics, and private practice. She also holds a Licensed Clinical Professional Counselor (LCPC) endorsement. Her passion is in working with children, young adults, and parents.

Janet Floyd, CTRS — Janet is a graduate of the University of Idaho where she received a Bachelor's degree in Recreation and a Master's degree in Adapted Physical Education. Janet has over 35 years of experience in the behavioral health field working with children, adolescents, and adults. Currently, she is a recreation therapist for children and adults on the Inpatient Behavioral Health Unit of Saint Alphonsus Medical Center, where she has worked for 20 years.

KIDS Services

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KIDS Services

Therapeutic Supervised Visitation Program

What is Therapeutic Supervised Visitation ?

Therapeutic supervision includes the provision of supervised visitation services between the child and supervised party, as well as therapeutic intervention to help improve the parent-child interactions.

Unlike regular supervised visitation restrictions on communication, the therapeutic supervisor may actively engage the child and parent in discussions of allegations; betrayal of a child's trust; secrets, threats, or other pressures felt by the child; and areas of concern for the child and the parent (past, present, and future). She will also help define the altered relationship between the parent and child and set the stage for future open communication.

Therapeutic Supervised Visitation is supportive of the child and provides understanding of the relationship between the child and noncustodial parent. The child is guided 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 therapist is able to use clinical judgment in determining the appropriateness of verbal interventions and communication. She is also able to provide evaluators and other professionals with supplemental information for visitation and treatment planning.

Therapeutic supervision will transition to regular 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.

How Does Therapeutic Supervised Visitation Work?

Therapeutic and regular supervised visits do not run concurrently. The therapeutic component is first addressed. Once the therapist feels the family is ready for regular supervised visits, she will refer the family to KIDS Services.

To start the process, the therapist will do an intake interview with both parents and the child, each separately. Once this is completed, weekly visits will start. While the therapist is involved there will be one visit a week for one hour. The appointments are with the visiting parent and the children. However, on occasion she may find it necessary to do a session with just the children or the parent. The structure is left up to therapist's discretion.

Families will meet with the therapist until such time as she feels they are ready to transition to regular supervised visits. Once she makes the referral, KIDS Services will schedule one or two 2-hour visits a week. While the family is with us, the therapist will continue to receive updates. Depending on how the visits are going, families may be referred back for a check-up.

When a family transitions to KIDS Services, the therapist will do a report for the court. She does not make recommendations as to when supervised visits are no longer necessary. Once a family moves on to unsupervised visits, the therapist cannot continue to work with the family.

Does It Work?

Not every family is a candidate for Therapeutic Visitation. However, we are finding families who begin with TSV and move on to regular supervised visits are in the program an average of three months. Families who start and end with regular supervised visits are averaging five months.

Recreational Supervised Visitation

Recreation Supervised Visitation (RSV) is facilitated by a Certified Therapeutic Recreational Specialist (CTRS) in conjunction with the Therapeutic Supervised Visitation process. The CTRS and family collaborate to identify therapeutic goals using the leisure interests and prior activities of the family for therapeutic gains.

Under the direction of the visitation therapist, a recreation therapist facilitates the family reconnection through the use of recreation participation, including creative expressive art activities and crafts. These modalities promote a safe, non-threatening environment for the family unit to interact. The therapist leads the family through activities with a focus on the activity itself and the feelings and emotions associated with that experience.

When a family unit is under stress, family bonding activities may diminish or stop. The recreational experiences individuals need to negotiate life-changing events are dropped during difficult times. RSV helps the family to regain balance in their lives through activities the family once found pleasurable.

The Court Order

A court order is required specifically naming KIDS Services Therapeutic Visitation Program. It should also contain wording that all scheduling and payment for the therapist's services are coordinated through KIDS Services. It should state who is responsible for the cost and that parties are to contact KIDS Services to start the process. It is preferable not to put in specific days and times as the therapist or KIDS Services may not be able to accommodate the schedule that is ordered.