

Implementing a Therapeutic Foster Visitation Program within Systems of Care

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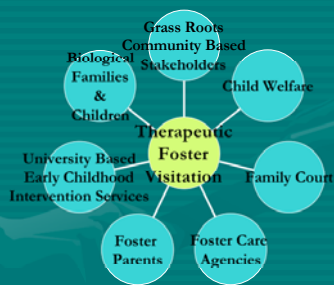
Panel

- Marian Silverman, Psy.D., Assistant Professor Pediatrics
Albert Einstein College of Medicine
- Adam Stein, Ph.D., Senior Consultant
Albert Einstein College of Medicine
- Discussant
Peter Pecora, Ph.D., Director of Research
Casey Family Programs, Seattle, WA

Partners

- Albert Einstein College of Medicine,
The Early Childhood Center
- Partnership for Family Supports and Justice:
The Highbridge Bridge Builders Collaborative
- New York City Administration for Children's Services
- Bronx Family Court
- Children's Village
- Family Support Services Incorporated
- Jewish Child Care Association

Types of Partnership



Overview

- Rationale
 - Typical foster visitation:
 - Minimal intervention to change
 - parenting behaviors
 - risk factors
 - Therapeutic Visitation
 - Assessment
 - Theory
 - Evidence based intervention

Theory

- Bronfenbrenner's Ecological Systems Theory
 - Microsystem
 - A child's immediate environment (home, family, school, self)
 - Mesosystem
 - Interaction between two microsystems (home and foster care agency)
 - Exosystem
 - Larger social system in which child does not function directly (i.e. child welfare)
 - Macrosystem
 - Larger socio-cultural context

Goals

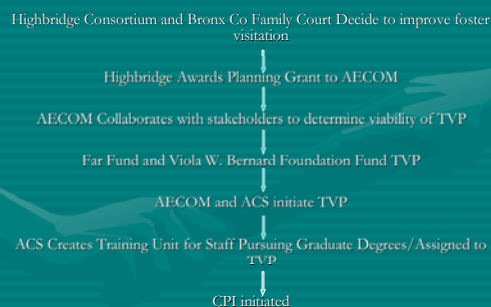
- Exosystemic Change
 - Change how the system views visits and promotes/fosters improved visits.
- Mesosystemic Change
 - Promote and Support Reunification and Expedite Permanency Planning (ie. TPR)

Goals

- Microsystemic Change
 - Facilitate visits that are child centered, family oriented and that promote:

Child	Parent
Emotional Needs	Positive Parenting Experience
Developmental Needs	Emotional Needs
Safety Needs	Attachment
Attachment	Permanency
Permanency	

Development Timeline



Intervention

- Systematic Assessment
 - guides the intervention and identifies needed service areas
- Visit Coaching (Beyer, 2005):
 - Emphasizes structured mutually agreed upon goals under professional guidance
 - Empowerment/ building on family strengths
 - Empathy/ Helping meet children's needs
 - Responsiveness/ Helping families manage conflict between parent and child needs
 - Active Parenting/ Helping families learn how their child's behavior is shaped by the adult's words, actions, and attitudes

Intervention (continued)

- Nurturing Parenting Program (Bavolek)
 - Designed for prevention and treatment of child abuse and neglect
 - Evidence based: found to improve parenting attitudes, knowledge and behavior and reduce recidivism
 - Flexible, topic based modules can be delivered based on need and ability.

Nurturing Parenting

Visit Coaches --> Parents

- Importance of Visiting
- Review of Nurturing Parenting Philosophy and Assessing Parenting Strengths
- Assessing Families' Needs
- Growth and Development of Children – Ages and Stages
- Working with Difficult Clients
- Developing Empathy
- Developing Nurturing Routines
- Understanding Appropriate Expectations
- Managing and Expressing Feelings
- Communication Skills
- Understanding Discipline
- Alternatives to Spanking

Assessment tools and outcome measures

- Basic demographics
- Family Needs Scale
- Family Supports Scale
- Adult-Adolescent Parenting Inventory (AAPI-2)
- Nurturing Quiz
- Working Alliance Inventory: Foster Care (WAI-FC)
- Ages and Stages Questionnaire
- Parenting Stress Index, 3rd Edition
- Symptom Checklist-90-R
- Child Behavior Checklist (CBCL)
- Visitation / Service Plan Review

Therapeutic Visiting Program Steps Involved

- Parent is referred to program
 - from: Family Court, Foster Care Agency, or walk-in to the Highbridge storefront.
- The program is described to them
 - participation is voluntary
- A first meeting is arranged
 - parent interviewed by program Director and/or a Visit Coach.
- Questionnaires and assessment tools are administered.

Therapeutic Visiting Program Steps Involved

- Questionnaires are reviewed
 - parent strengths are needs are identified.
- Parent is referred to a Highbridge parent advocate.
 - to assist with concrete areas of need.
 - referrals for additional services such as housing or mental health services

Therapeutic Visiting Program Steps Involved

- Visit Coach meets with parent to discuss goals.
- Visit Coach remains with parent during visit.
- Visit Coach reviews visit with parent afterwards.
- Parent completes a self assessment form
- Visit Coach attends weekly visits
 - collaborates with parent to evaluate visits and adjust goals and tasks accordingly.

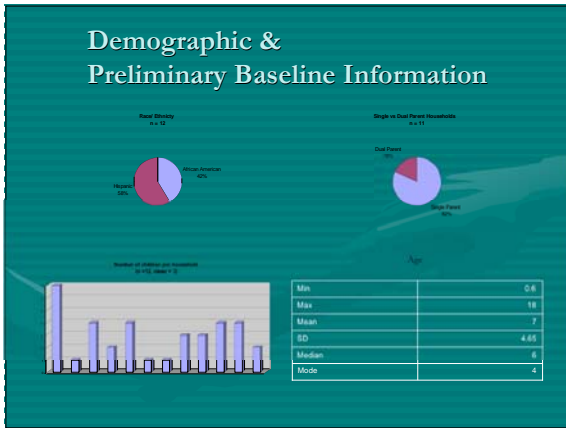
Demographics

Rate of children placed in care

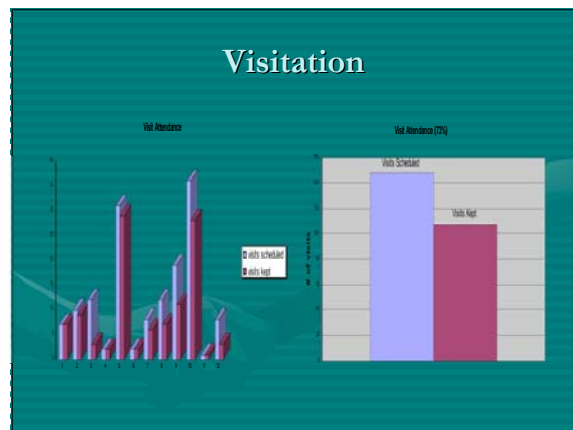
New York City	10.3%
The Bronx	14.8%
Highbridge	18.9%

Rate of Recidivism (NYC)

0-12 months	13.4%
1-3 years	9.9%
3-5 years	8.1%



- ### Reasons for Entering Care
- Domestic Violence/ Excessive Corporal Punishment
 - Substance Abuse/Neglect
 - Excessive Corporal Punishment
 - Substance Abuse/ Parental Neglect
 - Domestic Violence
 - Psychiatric Hospitalization
 - Neglect: Educational, Medical, and Nutritional
 - Inappropriate Sexual Contact
 - Neglect/Mental Illness/ Substance Abuse
 - Excessive Corporal Punishment
 - Excessive Corporal Punishment



- ### Individual Successes Towards Permanency
- Family #1**
- Older children in placement 7 years: Domestic Violence in Aunt's home
 - Younger children in placement 4 years: excessive corporal punishment
 - Entered TVP: October 2006
 - This week's court date will likely award weekend unsupervised visits
- Family #2**
- Child entered placement 12/05: excessive corporal punishment
 - Entered TVP: October 2006
 - Weekend overnight visits as of November 2006
- Family #3**
- Children in placement 4 years: Excessive Corporal Punishment
 - 14 different homes
 - Partially due to problems with father's attitude and allegations towards foster homes
 - Entered TVP: October 2006
 - Father's visits recently suspended

- ### Accomplishments/What We Are Learning
- Created a collaboration between systems of care stakeholders
 - through ongoing planning meetings
 - through the use of group training and supervision
- As a result future project development and expansion is taking place within a larger system

Accomplishments/What We Are Learning

- Collaboration and forming relationships with families makes the difference
- Relationship building helps repair attachment challenges
- Supervisory process is central to intervention
- Preliminary data suggests that families have more consistent visits and these visits are more positive and rewarding

Challenges

- Integrating a research and evaluation protocol into child welfare agency practices
- Balancing supervision between clinical trainees and child welfare personnel
- Consistent and continuous "adoption" of TVP by foster care agencies

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