

Effective Use of Parenting Time

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Timely Reunification."

Overview

- Current research on deficits in parenting time
- Review DHS policy for parenting time
- Barriers to effective parenting time
- Solutions to reducing barriers
- Questions/comments

Research

- Quality and frequency of visitations are a high predictor of reunification
- More thought and planning should go into parenting time and plans should not remain static over time, but instead adapt themselves to the changing needs of the child and birth family.
- Birth parents need more support than is usually afforded to them, both physical (in the form of transportation and accommodation around meeting space) and emotional (in the form of feedback, encouragement, advice and education)
- More consideration to foster family buy-in to visitation is essential since opposition by foster parents can only increase anxiety and stress the child feels. It 's important to enlist foster parents right away and to include them as much as possible in planning and execution of the visit.
- Parenting time should be better tailored to the needs of the child and the skills of the family, and that families should not be expected to do more than they can, not should they be prevented from doing all they can.

Holcomb

DHS Policy 722-6

- Parenting time for parent(s) and child(ren) must occur frequently prior to initial disposition and at least weekly thereafter parents should continually be involved in activities and planning for their child(ren), such as attendance at school conferences and involvement in medical and dental appointments, unless documented as harmful to the child.

Parenting Time Requirements

(DHS Policy 722-6)

- Supervising agencies **must** use parenting time to maintain and strengthen the relationship between parent and child. By facilitating **weekly** parent/child parenting time, agency staff can positively influence the length of time children stay in the foster care system and the time required to achieve permanence. FC workers must engage the family in establishing/scheduling parenting time. Parenting time must be provided for every parent with a legal right to the child, regardless of prior custody. If the non-removal parent had established visitation, these visits should continue accordingly unless there are new factors that would negatively impact the child.

Parenting Time Guidelines

(DHS Policy 722-6)

- Foster care staff must utilize the following guidelines in developing a parenting time plan with the parent(s):
- A child and parent must be offered parenting time within the first week of placement and at least weekly thereafter. If the child is very young, parenting time should be more frequent.
- The standard scheduling for parenting time, when the plan is reunification, is to increase the length of parenting time and to allow unsupervised parenting time in the parental home.
- At the time a child is placed in a foster care setting, the supervising agency worker must discuss with the parents:
 - The critical importance of parenting time with the child.
 - The likely positive and negative effects of parenting time on the children.
 - The possible consequences for parents if they do not participate in parenting time with their child(ren).
 - That parenting time is a good indicator of an early reunification of the family unit.

Parenting Time Guidelines Continued

- The separation of a child(ren) from a parent(s) is traumatic. A child may regress behaviorally or act out in anger against the parent(s) and others. Parent(s) may view this as a betrayal by the child(ren) and may also express anger towards the "system". Workers should assist the parent(s) and child(ren) in understanding their grief as a common reaction to the stress of removal.
- Workers should assist foster parent/relative caregivers in understanding the child's reaction to parenting time. It will help them to understand that many times the child's aggressive behavior is not directed at them but is a reflection of the loss that the child is feeling.
- Workers and parent(s) must work together to identify the needs of the child(ren) that should be met during parenting time which will display the changes in parenting necessary for reunification. These changes must be:
 - Behaviorally specific.
 - Developmentally appropriate.
 - Documented in the parenting time section of the PATP

Parenting Time Guidelines Continued

- When the court orders parenting time to be supervised, case aides, foster parent/relative caregivers and others may supervise visits, although workers must be sufficiently present to be able to monitor and assess in home parenting time between a parent(s) and his/her children. The worker must be able to testify in court regarding the interaction between the parent(s) and children.
- Parenting time supervisors must be aware of the expectations of the parent(s) during parenting time and are to facilitate and encourage appropriate behaviors during parenting time.
- Supervised parenting time ensure's the child's safety and allows the FC worker the opportunity to view the parent(s)/child interactions and provide support and guidance. Once the parent achieves substantial or partial compliance with the parenting time plan, the FC worker must reevaluate the supervision requirement. If supervised parenting time is court ordered, supervision must remain until the court rescinds the supervision. After reevaluating parenting time compliance, the FC worker must include the assessment in the next service plan presented to the court.

Scheduling Parenting Time

(DHS Policy 722-6)

- Issues pertaining to a schedule of parenting time must be discussed with the parent(s) and an agreement reached as to a parenting time schedule. Scheduling of parenting time must be done with primary consideration for the parents' time commitments which may include employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved. Barriers to parenting time are to be identified and where possible, resolved.

Location (DHS Policy 722-6)

- Parenting time must occur in a child and family friendly setting conducive to normal interaction between the child and parent. Exceptions to this must be approved by first line supervision.

BARRIERS

- Logistics of scheduling/rescheduling i.e. coordinating between all parties
- Birth parent transportation
- Different people supervising the parenting time
- Children who do not want to visit with their parents
- Accommodating large sibling groups, space
- Locating natural places for visitation
- Frequency/duration of visitation
- Foster parents/relatives not supportive of parenting time
- Case aides/workers observing rather than coaching
- Birth parents resistance and/or not following rules during parenting time
- Lack of communication between what is learned during parenting classes and application during the parenting time
- Communication between providers regarding visitations
- Case workers not being strengths based regarding parenting time
- Case workers overwhelmed, not enough time for planning/monitoring visits
- Lack of agency resources to assist parents i.e. transporters, \$ gas cards

Stages of Parenting Time

- Preparation and Planning
- The visit itself
- Post visitation follow-up

Preparation and Planning

Plan for visiting is described.

Reactions to visits are explored.

Expectations for all parties are outlined.

Problems are predicted with prevention in mind. Options for handling possible concerns are defined.

Preparation and Planning Continued

- Meeting with birth parents, foster parents/relatives and worker/case aide
- Visitation Matrix
- Provide handouts/create workbooks for birth and foster parents
- Create a set schedule with back-up day and time, but allow for flexibility
- Agency parenting time coordinator

Visitation Planning Decision Matrix - Sample of a neglected preschool case

	CHILD DEVELOPMENT/ PARENTING SKILLS PRESCHOOL	TYPE OF ABUSE/ NEGLECT	TIME IN CARE REASONABLE EFFORTS 1 TO 12 MONTHS	OTHER FACTORS DRUG ADDICTION	OTHER FACTORS FAMILY CULTURE
PURPOSE	Meet child's developmental needs and maintain connections	Assess, observe, and teach safe parenting skills	Teach parenting skills and observe improved parenting	Protect child from inappropriate or unsafe parenting	Strengthen child's connection with culture, tradition, and religion
FREQUENCY LENGTH	2 to 4 times per week 60 to 90 minutes Meets Child's schedule	Long enough to practice parenting skills About an hour	At least once a week for at least an hour Amounts can increase	As soon as possible Time when parent is least likely to be intoxicated	Added only if child does not have contact with cultural community
LOCATION	Homelike environment Community setting	In parent's home (if safe) Homelike environment	Family's home Community locations Agency office	Neutral location No drugs available Homelike as possible	Family or relative's home Community locations In family language
ACTIVITIES	Child chooses what to do during visit Provide discipline	Learn to understand child's needs/feelings Practice skills	Modeling/teaching of parenting skills	Bonding and attachment activities	Sharing family history, traditions, stories Religious events
SUPER- VISION LEVEL	Communication and self-care skill determine supervision level	Depends on neglect level Usually monitored	Decreasing level of supervision as parenting skills increase	Therapeutic or supervision until treatment counselor indicates otherwise	Family and friends supervise and teach parenting skills
WHO ATTENDS	Child decides attendees	Birth parent(s), caregiver, siblings Later - Entire family	People child lives with Sibling, extended family Non-custodial parents	Non-addicted parent Have a safety plan	Parents, siblings, extended family, friends of family
WHAT TO HAVE AT VISIT	Bring toys, diapers, food, and comfort items Safe adult	Cooking supplies, homework, toys, bathing, napping	Visit observation every two months Clear case plan	No drugs or alcohol Relapse plan	Information, pictures, reading materials, family culture items
DOCUMENTATION	Normal documentation Focus on the Child	Normal documentation	Parents progress Teach how to document	Normal documentation	Normal documentation

The Visit

- Ritual greetings and goodbyes
- Comfortable/creative locations
Park, Library, Museum
- Encourage parents to get to visit early and "set-up" home like environment
- Family focused activities (inexpensive)
Taking pictures, making crafts, playing games
Bring items from home
- Structured small amount of individual time for each child in a sibling group

Visit coaching/Mentored visitation

- Interactive
- Supportive
- Assists parents in applying what they have learned in parenting classes
- Provides advice, role-modeling, encouragement
- Can be a trained professional or qualified relative/mentor

Post-Visit

- Seek input from participants on visits and suggestions for future visits i.e. verbal, written brief survey
- Allow birth parents to review and sign visitation documentation if appropriate
- Highlight strengths regarding visitation

TO SUPERVISE OR NOT TO SUPERVISE

Supervised visits if...

- there is a concern about physical or emotional abuse to the child during visits.
- the parent's behavior may be inappropriate or unpredictable, as when the parent is mentally ill or emotionally disturbed or there are issues of addiction.
- the visit is with the perpetrator in situations of physical or sexual abuse.
- the parent verbally abuses the child, or foster caregiver, or makes unrealistic and inappropriate promises to the child.
- the child is afraid to be alone with the parent.

*** NOTE:**

If the visit must be supervised, the caseworker, the foster caregiver, a non-abusive/non-neglectful family member, or a family friend can provide supervision. The supervising person should maintain a low profile and intervene only if needed. The parent should be allowed privacy with the child, if the child's safety is assured.

If a goal of the visit is to help parents learn more appropriate parenting skills, the caseworker or foster caregiver can supervise the visit and become directly involved in visitation activities.

The Pennsylvania Child Welfare Training Program Handout #28, Page 1

Solutions

- Set schedule with back-up day/time/location/supervisor if needed
- If birth parents have transportation, assist with gas money, have visits close to their home
- If birth parents do not have transportation, identify alternatives i.e. taking the bus, friends/relatives to drive them, provide gas money as needed, church/agency/community volunteers
- Identify early who may supervise visitation so all parties are prepared when a change is needed
- Interns/case aides/volunteers connect with community resources for assistance with new visit locations and supervisors
- On-going meetings with foster parents and birth parents to build relationship and strengthen process
- Journal between foster parents and birth parents
- Consider allowing supervised/unsupervised combination
- Agency visitation coordinator
- Get birth parent feedback on parenting time during monthly meetings with case worker
- Parenting time suggestion box
- Think outside the box, ask birth parents for their input

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- The National Resource Center for Family-Centered Practice and Permanency Planning: www.hunter.cuny.edu/socwork/nrcfcpp
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Visitation Planning Decision Matrix - Sample of a neglected preschool case

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Developing a Visitation Plan: Matrix of Best Practice Standards

By Rose Marie Wentz

Instructions:

1. This matrix should only be used by people who have been trained on child welfare laws and practices, and the evidenced-based practices used to develop this content. Visitation planning requires knowledge in many areas such as child development, child trauma, permanency planning, forms of child abuse and neglect, family culture, addiction, mental health and more. This matrix summarizes this knowledge and care must be used to apply the standards correctly.
2. When developing a visitation plan (most effective if done in a team meeting approach) the first page of matrix (page 3) is used as the template. It is best to print page 3 on legal size paper.
3. The rows of the template list the elements that should be addressed in all visitation plans.
 - a. Purpose
 - b. Frequency and length
 - c. Location
 - d. Activities
 - e. Supervision level
 - f. Who attends
 - g. Responsibilities (before, during and after a visit) and What can be brought to a visit
 - h. Documentation (how this will be done and shared)
4. The pages 4-9 are a summary of the best practice standards for each factor that must be considered when planning a visit. *(I did not include these pages in this sample. I did include a completed matrix for an infant who was neglected by an addicted parent and recently placed into care.)*
 - a. Child's developmental age and parenting skills
 - b. The type of abuse or neglect the child experienced
 - c. Time in Care: the permanency planning phase of the case
 - d. Other factors: family culture, addiction, mental illness, domestic violence, incarcerated or hospitalized parents, non-abusive parents, and special needs of the child or parent
5. To use the matrix cut pages 4 thru 9 into columns.
 - a. Choose all of the factors that relate to a child's case, i.e. child's age, type of abuse, permanency plan, family culture and any other factors that apply. Place the factors columns on the template.

- b. The case planning team then reviews each element of a plan across all the factors, such as frequency of visits, to determine the appropriate standard for that case.
 - c. The first column, **child development**, takes precedent if there is conflict in best practice standards. Example: A child who requests a high level of supervision even after the parent has demonstrated safe parenting should be given that level of supervision until his/her fears or concerns can be addressed.
 - d. Any time a case planning team determines that there are unique circumstances that requires a visitation plan contain recommendations outside of the best practice standards it is recommended that they write a justification to support their decision. (These standards are based on evidence-based research. Your agency may make changes in these recommendations based on local policy and resources.)
6. The second tool “Visitation: Roles and Responsibilities” is one that summarizes the roles and responsibilities of all parties during the stages of a visit.
 7. The third tool “Impact of Separation Chart” uses child development, child trauma and children’s reactions to grief and loss research to help the case planning team understand a child’s behaviors as it relates to visits and provides specific suggestion on how to minimize the child’s negative behaviors or trauma.
 8. All three of these tools are used to develop the visitation plan.

Developing a Visitation Plan

	Child Development/ Parenting skills	Type of Abuse	Time in Care	Other Factors
Purpose				
Frequency Length				
Location				
Activities				
Supervision level				
Who attends				
Responsibilities What to have at visit				
Documentation				

SAMPLE VISITATION MATRIX FOR AN INFANT NEGLECT CASE

Child Development/ Parenting skills INFANTS	Type of Abuse NEGLECT	Time in Care REASONABLE EFFORTS 1 TO 12 MONTHS*	Other Factors DRUG ADDICTION	Other Factors FAMILY CULTURE
Meet child's developmental needs and maintain connections	Assess, observe and teach safe parenting skills	Teach parenting skills and observe improved parenting	Protect child from inappropriate or unsafe parenting	Maintain and strengthen child's connection with culture, tradition and religion
2 to 5 per week Long enough for parent to feed, change diapers, play – 60 minutes minimum Meets child schedule	Long enough to practice parenting skills, usually this will take more than 1 hour Increase time with increased skills of parents	At least once a week At least one hour Increasing in length and frequency as family gets closer to reunification	As soon as possible – do not wait until parent is in treatment to begin visits. At time of day parent is least likely to be intoxicated.	If child does not have contact with cultural community through parent visits or caregiver this type of "visit" should be added to case plan
Home or homelike environment Allows for caring of baby Have items that calms baby; blanket, pacifier, toy Community, doctor appts.	Optimal: In parent's home unless the location is unsafe. Home like environment; foster or relative home, home-center	Birth family home whenever possible or home of relative and foster parents Community locations Agency office least desirable	Neutral location where drugs would not be available – as homelike as possible	In family or relative's home In community locations with cultural significance In language of the family
Parent meets child's needs; crying, eating, sleeping Play on floor or eye level Music, read book, talk to baby Bonding activities	Practice the skills that lead to neglect; feeding, supervision, preparing for school, Learn to understand child's needs and feelings	Modeling/teaching of parenting skills Reactions to visits should be decreasing	Bonding and attachment activities especially for young children. Later activities that maybe triggers for parent.	Sharing family history, stories Teaching family traditions; holidays, cooking, games, hobbies Religious events and learning
Lack of communication and self protection means that supervision level should be higher than same situation with older children.	Depends on level of neglect. Severe neglect requires high level of supervision until parent demonstrates improved skills Usually monitoring is enough	Decreasing level of supervision as parenting skills increase, level may vary depending on who attends	Therapeutic or supervision until treatment counselor approves UA does NOT indicate the level of safety or whether a visit should occur	Use family and people the family knows whenever possible to supervise visits and teach parenting skills, that person can speak the family's language
Birth parents & siblings together or separate, Other key people with emotional attachment	Birth parent(s) or others in caregiver role, siblings Later include entire family doing normal family activities	All the people the child would live with if reunification occurs. Sibling even if the child will not live with him/her, extended family Non-custodial parents	Non-addicted parent can be observer of visit if he/she shows ability to make safe decisions Have a safety plan	Parents, siblings, extended family, fictive kin, anyone the family identifies as important in the child's life
Bring food, toys, diapers and comfort items. Have adult who child feels safe with (could be foster parent) help with all transitions.	Bring items to practice parenting skills; cooking, homework, toys, bathing, napping	Social worker should observe visit at least once every 2 months Clear case plan connection with visit activities, Family involved in planning visit	No drugs or alcohol Set clear rules and enforce them – Relapse plan Everyone knows warning signs	Bring information, pictures, reading materials, and other items to teach family culture
Normal documentation Do not allow parents to talk to supervisor of visit during the visit – focus on the baby	Normal documentation	Be very specific as to parents progress; strengths and problems Teach observers how to document visit	Normal documentation	Normal documentation

Visitation: ROLES AND RESPONSIBILITIES

	BEFORE (Orientation & Planning)	DURING (The Visit)	AFTER (Debrief)
BIRTH PARENT	<ul style="list-style-type: none"> • Ask about any rules/expectations she does not understand. Follow all the rules. • Find items to bring. • Arrange transportation. • Call if visit must be cancelled. 	<ul style="list-style-type: none"> • Follow the rules. Come prepared. Come on time. Bring required items for visit and nothing else. Do not bring other people without permission. • Give child 100% of your attention. • No drugs or alcohol use at visit or coming to visit intoxicated • If you are having a mental health crisis ask for visit to be postponed 	<ul style="list-style-type: none"> • Listen for feedback and ask questions about how to improve • State concerns to SW • Provide suggestions for next visit • Take care of yourself – visits are hard emotionally • Talk to friend, SW or therapist to debrief visit
SOCIAL WORKER	<ul style="list-style-type: none"> • Provide everyone with written visitation plan. • Tell parent of expectations, rules • Help parent prepare what to say to child, what to bring, what activities are allowed/expected. Do not expect that parent knows how to perform parenting tasks and assume parents will feel “unnatural” during visit – PREPARE the parent to succeed. • Explain to child; purpose of visit, safety rules, how long it will last, practice what he may want to say to parent, about returning to caregiver. • Arrange transportation and location. • Do not use visits as rewards or punishment. • Placement of child in a home that is close and will support visits and family connections • Place sibling together or support visits 	<ul style="list-style-type: none"> • See Supervisor of visit responsibilities if you are also doing that task • Make visits high on your caseload priority list so that they occur. 	<ul style="list-style-type: none"> • Apply sanctions to parents who break rules. Do not use visits as rewards or punishment. Only reason to decrease or eliminate a visit is to meet a child’s needs. • Give birth parents feedback on their interactions, behaviors, parenting skills or other issues. Communicate in a strength-based manner. • Revise visitation plan if visits are not meeting child’s needs • Call and check with child and/or caregiver to see how the child is reacting to visits • Ask everyone about how to improve the visits
CAREGIVER OF CHILD	<ul style="list-style-type: none"> • Prepare child for visit given the type of visit; talk about visit and emotions • Pack clothes, food, medicine, comfort item or other items needed for visit • Say positive things to the child about visit and her birth parents • Transport child to visit • Give information to SW and birth parent about child: anything that might affect the visit (school, illness, behaviors) • Support contact with siblings and others • Do not threaten a child into good behavior by saying a visit will be cancelled • Believe that family connections are essential for a child’s health development 	<ul style="list-style-type: none"> • Have the visit in caregiver (your) home. • Model parenting skills. • Supervise or monitor visits – see supervisor of visits for more details • Help with transitions at beginning and the end of visits; especially if the child is emotionally attached to you or the child does not remember the family members who will be at the visit 	<ul style="list-style-type: none"> • Transport child back to your home • Have routine that will comfort child, allow for emotions to be safely expressed • Report “abnormal” reactions the child has to visits • Document visits if you supervised visit or it occurred in your home • Take care of yourself and your family - given your emotions

IMPACT OF SEPARATION CHART

	Issue	Implications	Visitation planning strategies
Infant	<ul style="list-style-type: none"> •Drug exposed infants 	<ul style="list-style-type: none"> •Hard to comfort, feed and may not want to be held. 	<ul style="list-style-type: none"> •Meet infant’s needs before visit. •Teach parent how to understand needs and respond to infant.
	<ul style="list-style-type: none"> •Infants’ cognitive limitations greatly increase their experience of stress. 	<ul style="list-style-type: none"> •Infants will be extremely distressed by changes in the environment and caregivers. •Expect the infant to show stress in bodily functions such as eating, sleeping and being “fussy”. 	<ul style="list-style-type: none"> •Help parent understand why infant may be distressed. •Infants should have people they “know” help with all transitions from one caregiver to another. •Do not force an infant to eat or sleep during a visit. •Have caregiver and parent share information with each other on the infant shows stress and how to comfort child.
	<ul style="list-style-type: none"> •Infants have few internal coping skills. •Infants do not generally turn to others for help and support. It needs to be provided. 	<ul style="list-style-type: none"> •Adults must “cope” for them. •Infants who have too many changes will be impacted at a higher level 	<ul style="list-style-type: none"> •Give the infant items that bring her comfort such as a blanket or stuffed animal. •Allow infant to choose who or what they want to be comforted by. Praise parent who is able to allow others to comfort their infant.
	<ul style="list-style-type: none"> •Infants experience the absence of caregivers immediately. 	<ul style="list-style-type: none"> •Infants will forget people who are absent from their life. •Infants may cling to new caregiver and refuse to go to parent. •Infants need multiple contacts each week to maintain an active memory of a person and to attach to that person. 	<ul style="list-style-type: none"> •Inform parent of this normal behavior. •Have visit as soon as possible after placement •Use voice recordings, phone calls, & pictures to keep memory active. •Always say good-bye – do not let parents disappear hoping that will not upset the infant. •Do visits/contacts several times a week and encourage the birth parent to “provide care” for the infant during a visit so attachment is maintained.
	<ul style="list-style-type: none"> •Separation during the first year can interfere with the development of trust. •Attachment is essential for the infant to live and develop. 	<ul style="list-style-type: none"> •Expect that a healthy infant will attach to his caregiver and that will help with the child continuing his developmental tasks. •Infants can attach to more than one caregiver. 	<ul style="list-style-type: none"> •Let parent know that attachment to caregiver does NOT interfere with attachment to birth parent. •Praise the parent for supporting the infant’s developmental need to attach. •Minimize the number of changes in caregivers that an infant has.
	<ul style="list-style-type: none"> •Consistency and schedules are critical for an infant’s development. 	<ul style="list-style-type: none"> •Infants’ distress will be lessened if their new environment can be made consistent with the old one. 	<ul style="list-style-type: none"> •Keep the child on the same food, schedule and other routines – changes should occur slowly.
	<ul style="list-style-type: none"> •Infants miss the parent even if that parent was inconsistent before separation (incarceration) and they have no cognitive memory of that parent. 	<ul style="list-style-type: none"> •Even children adopted at birth want to have contact with their parents. •Birth family is always a part of who a child/adult is. 	<ul style="list-style-type: none"> •Infants need visits even when they have not had a prior relationship or cannot remember their parent. •Ensure infant has contact with birth family; including siblings and extended family.