



Rise TIPS Approach to Visiting: Implementation Guide

For the past 15 years, Rise has worked with parents to reflect on their experiences with the child welfare system and to articulate their vision for policy and practice reform. In 2016, Rise began a collaboration with Graham Windham, JCCA and ACS to strengthen parent-child visiting by training frontline staff to better understand parents' perspectives on visits and to provide parents with information about what's expected in visits and how they can handle common challenges.

Caseplanners reported that Rise's parent-led training for frontline staff, videos for parents and staff, and handouts for parents (called TIPS) were effective in improving communication between parents and professionals and in guiding parents to change behaviors that were preventing them from making progress to more frequent and unsupervised visits.

- In 25 problem-solving conversations using the TIPS with parents, caseworkers reported behavior change that improved visit quality in 22 parents.
- As one caseplanner put it: "I would describe the TIPS as stepping stones to move in the right direction and build a positive relationship."

This implementation guide lays out what the agencies and Rise together found effective. It includes planning, training and evaluation resources so that other agencies can bring the TIPS approach into frontline practice.

Foundations of the TIPS Approach

Rise's practice recommendations center on strategies to increase parents' power in their interactions with the child welfare system. Child welfare is, by its nature, a coercive system that parents enter with little power. Any parent may feel powerless facing the state's power to separate families. Parents' previous experiences with authorities and public systems—police, schools, housing—and with interpersonal violence can prime them to feel little control over what happens to them and their children in the child welfare system.

Powerlessness is exacerbated in child welfare by the lack of guidance to orient and educate parents about their rights, options, common challenges, and how other parents have achieved success. Currently, most information is provided to parents only verbally, on an ad-hoc basis. Under stress, parents might not even take in what's being said in meetings. Because of turnover, caseworkers may convey incorrect or incomplete information, increasing distrust. In addition, unwritten rules are frequently not communicated until parents break them. For instance, agencies and courts operate under a set of common beliefs about what constitutes a "good visit" but these expectations are not articulated.

Parents commonly believe that agencies withhold information on purpose so parents will fail. Typical parent comments are:

- “They never gave me instructions, or a handbook. I wanted to know, What can you do and not do for me? What are my rights? I had to fight for it all.”
- “As far as support groups, organizations, a booklet of rights – nothing. Nothing whatsoever. I think they try to break your spirit.”

Parents can feel more in control and participate more effectively in critical decision-making if they know more about the child welfare process, their rights and their options.

Rise’s TIPS approach offers:

- Tools to offer parents clear information and peer guidance to navigate their cases.
- Training for frontline staff on how to use these tools to build communication, reduce mistrust and strengthen relationships with parents.

This approach has shown value in reducing parents’ sense of powerlessness, orienting parents to positive visiting practices, and making it easier for frontline staff to hold effective problem-solving conversations when visits are off-track. As one foster care director put it:

“My team started using the TIPS to show parents their rights. That helps build relationships because it doesn't seem like the agency is hiding something. When parents come in on the defensive, we give them the TIPS and see a change. They can calm down, and it's more of a conversation.”

Visiting TIPS Tools

Handouts for Parents



The 4 Visiting TIPS handouts can be hung in clear “wall pockets” in waiting rooms and visiting spaces for parents to take. (See pp. 13-20 for TIPS handouts.)

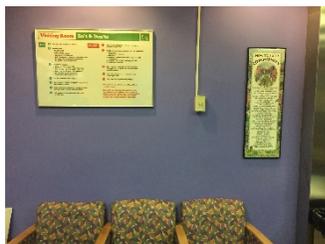
[Making the Most of Visits](#) offers guidance from a parent advocate on creating routines, playing, handling tough questions, and saying goodbye in a positive way.

[What You Need to Know](#) provides basic information about how parents can get more family time with their kids – and what will set visits back.

[Handling Painful Feelings](#) acknowledges the challenges of visiting, especially for parents who have experienced trauma.

[Helping Children Heal](#) explains attachment and guides parents in connecting with children who are angry, hurt and sad.

Visit Room Poster



This poster for visiting rooms outlines basic [do's and don'ts in visits](#). (See pp. 21 for this poster.)

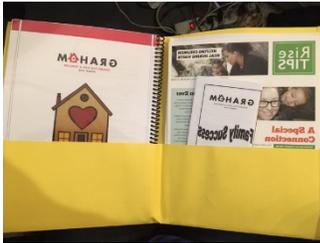


Videos for Parents and Staff

[Parent-to-Parent Tips for Handling Supervised Visits](#): This 10-minute video can be shown soon after intake to guide parents in making visits as positive as possible.

[Tips for Supporting Parents in Supervised Visits](#). This 12-minute video features the same parent leaders but is aimed at frontline staff. It can be used during onboarding to provide a basic introduction to visiting and visit supervision.

Parent Toolkit



The parent toolkit includes one or two TIPS handouts plus basic information to orient parents to the agency, such as a handbook and contact sheet. (See p.9 for suggested list of toolkit resources.)

Tips for TIPS Newsletter for Staff

Staff can be signed up to receive this occasional e-newsletter, which supports creative use of the TIPS and highlights effective use by frontline staff. (See p. 22-24 for a sample Tips for TIPS)

Implementation Activities

The TIPS approach consists of orienting caseplanners to visits, orienting parents to visits, and supporting caseplanners in using strategies to problem-solve visiting challenges with parents. This section describes the activities that directly impact parents. The next section describes the planning, training, support and evaluation needed to support these activities.

The TIPS approach is designed to orient parents to:

- The purpose of visits
- Their rights and responsibilities in visits and how to get more time with their children
- The role of the visit supervisor
- What is reported to court about visits
- Common challenges for parents and children in visits
- Strategies for handling common challenges.

That orientation consists of the following:

Information

- **Handouts:** Display TIPS in waiting rooms and visiting rooms so that parents can take them to read on their own.
- **Parent Toolkit:** Include one or two handouts in the parent toolkit, along with a flyer for the visiting video.
- **Poster:** Display Do's and Don'ts posters in visiting rooms.
- **Visiting Video:** Designate a place/device where parents can watch the visiting video.

Parent Orientation

- **Poster Review:** Briefly review the poster with parents and children at the first visit so that basic rules (no running, no yelling) are clear to everyone in the family.
- **Visiting Orientation Meeting:** Within the first few weeks, caseplanners or other frontline staff (visiting coach, parent advocate) meet with parents one-on-one to set parents up for success in visits by reviewing the Parent Toolkit, which includes one or two Visiting TIPS and other resources to orient the parent to the agency and foster care process. In the meeting, staff review the most important points parents need to understand about visiting, using the TIPS handouts as a reference point, then watch the parent video with the parent. This is an opportunity to understand how the parent is feeling about visits, address any confusion or concerns, and review basic strategies for making the most of visits.

Problem-Solving Conversations

Some typical visiting challenges include parents:

- skipping visits or showing up late;
- not interacting much with the child;
- limited repertoire of enjoyable activities, discipline strategies, etc. leading tensions to escalate;
- not following any routine so that visiting time feels chaotic or unpleasant.

The TIPS approach trains frontline staff (caseworkers, parent advocates, visiting coaches) to use the TIPS handouts in short conversations with parents that can be effective at addressing these types of behaviors.

Planning Implementation

While the TIPS approach is modest, it required more planning and effort of our pilot agencies than anticipated. Agencies that bring in the TIPS approach must feel that the approach will contribute to improving outcomes on a pressing problem. The TIPS approach is designed to support parent engagement early in the case, the pace of progress to unsupervised visits and overall parent-professional communication.

Effective implementation includes leadership buy-in, supervisor preparation to support consistent use, direct training of frontline staff, and evaluation to support ongoing adjustments or expansion (“improvement cycles”). Most significantly, effective use hinges on adding a meeting to orient parents to visits within the first few weeks after the child’s placement. While this orientation can be added on to any existing meeting, it can be felt as a major practice shift.

Assessing Readiness for Change:

- Does the TIPS approach respond to a challenge the agency is urgent to resolve?
- Do the proposed strategies and practices appear to meet the needs of staff, parents and children?
- Is there buy-in from “champions” at the leadership, supervision and frontline levels?
- Will implementation be feasible given other demands on the agency or on these specific champions?
- Is the organization staffed to measure impact in order to set up improvement cycles?

Creating the Implementation Team

- **Scale:** The TIPS approach can be implemented as a pilot by just a small group within the agency, or more widely. Implementation may start small and expand through a series of improvement cycles as the agency learns from experience what it takes to accomplish these shifts in practice and support the approach at a larger scale. Agencies can determine whether initial implementation will be:

- As small as one or two teams (director, supervisor and caseworkers);
- One borough (director, borough director, multiple supervisors, all frontline staff);
- Cross-divisions (all of the above plus visit coaches and parent advocates, for instance);
- Agency-wide.
- Staffing: A small pilot team may need just a director to provide support and oversight, one or two supervisors and their caseplanners. A large-scale implementation team will need: a senior leader responsible for overall progress, a project director, supervisory staff who can check in frequently to support use, and frontline staff (possibly including parent advocates or visit coaches). Even in a modest implementation, someone must handle evaluation to support reflection on progress and plan next-steps. Ideally, an “implementation coach” – whether a staff member or Rise staff – also will meet regularly with the team leaders as an outside listener and problem-solver.
- Staff selection: Identify champions who can develop a sense of enthusiasm and buy-in among staff at many levels.

Structural and Functional Changes Needed to Support Implementation

- Agencies without a basic orientation for new caseworkers about visits need to develop one that includes watching the video and familiarizing caseworkers with the TIPS handout content;
- Agencies without a standard meeting with parents early in the case – besides the Transition Conference – need to develop a 30-minute meeting to review the Toolkit and watch the video;
- Agencies without a common practice for checking in on visits during caseplanner supervision or unit meetings need to create a basic structure and incorporate use of the TIPS as a strategy
- Agencies need to add: planning meetings, the visiting TIPS kick-off meeting, check-ins on supervision, evaluation collection, and reflection to create improvement cycles.

Skills-Development Needed to Support Implementation

- Using a written rubric or story to open up a conversation is not common practice. Frontline staff in our pilot agencies found it awkward at first to initiate conversations with parents using the TIPS as a reference. Frontline staff need to develop this skill, preferably through role-playing. The skills of Motivational Interviewing also support this practice. Supervisory and training staff can reference Motivational Interviewing concepts when coaching staff to use the TIPS.

Measurement Tools, Goal-Setting + Data-Driven Feedback Loops

- Two measurement tools have been developed to support the TIPS approach. Who at the agency will gather feedback?
- Who will lead reflective conversations, supported by feedback from the measurement tools, to create Improvement Cycles: Evaluate progress, learn from mistakes, celebrate participation and progress, and continue “buy-in” efforts?
- How will the agency assess, in the long-term, progress toward the Visiting TIPS approach becoming “how we do visiting at this agency.”

Training

TIPS Kick-Off Training

This 25-minute parent-led presentation explores how parents experience visits, and how frontline staff can address common challenges. It combines parents’ stories and practical recommendations for working with parents, offering an emotional immediacy that can engage frontline staff in feeling urgent and curious to work on visiting practices. It is best for caseworkers who are within the first few years on the job. After the presentation, caseworkers can ask questions and reflect on their practice with parents. This presentation can be included in a staff meeting, with at least 15-20 minutes for discussion.

Training to Run a Parent Orientation Meeting

This training is to prepare frontline staff to run a Parent Orientation Meeting with parents after removal. Caseplanners:

- Read the TIPS handouts;
- Watch the video for parents;
- Are prepared to make a few key points about visiting expectations and review any other toolkit materials needed;
- Role-play how they will run the conversation. For instance, caseplanners found it helpful to say, “This is written by other parents who have had children in foster care. Parents are sometimes worried about what to do during visits at the agency. Visiting can feel very different from being with your child at home. Let’s go through it together.”

This training can be done in staff or unit meetings where individuals present TIPS content and discuss the relevance to challenges in families they supervise. Rise can provide a brief train-the-trainer to support staff leading these meetings. For new staff, these activities should be incorporated into onboarding.

Caseworker Perspectives on Using TIPS to Set Parents Up for Success:

- “When parents come in, we tell them they have visits but we don’t tell them what’s effective. I know we don’t want parents to feel like, “Even when I see my kids, there’s a certain way of doing that, too?!” But parents need to be informed about what we expect.”
- “I was able to use the TIPS to indicate that it’s standard policy that parents need to be consistent to get more visits, not just the caseplanner’s feelings. That took something personal out of it.”
- “The TIPS suggestions are viewed as policies rather than a caseplanner perspective or command.”
- “One mom was very dismissive when I showed her the TIPS, but later I saw her in the lobby, reading the TIPS. And she took the advice.”

Training to Use the TIPS in Problem-Solving Conversations

This training is to prepare frontline staff to use the TIPS handouts one-on-one with parents who are not progressing in their visits because of their actions in visits. This consists of:

- Group discussion of current challenging families;
- Break into small groups. Each caseplanner writes down name of one family and the challenges they’re facing;
- Caseplanners look through TIPS from the perspective of that parent to find an article that relates to the challenge;
- In small groups, share the challenge and ideas for how they could use the TIPS article to start a different kind of conversation with the parent;
- Short role-play with a partner of how they will begin the conversation and use the handout;
- Write down their plan.

Caseplanner Reports on Using TIPS Handouts for Problem-Solving:

- “The TIPS explain difficult conversations to parents. Parents seem to be more confident after using the TIPS.”

- “I introduced the TIPS to one mom to discuss different ways to entertain her child, because she was bringing the same game over and over and the child was getting bored and hyper. I saw that the mom brought different activities for the child and he is more engaged.”
- “I brought the TIPS to a home visit. We discussed discipline strategies. I read the discipline TIPS and I’ve seen this mom try them. Before, she was only having the child kneel in the corner. She learned that she can give warnings.”
- “One tip is to keep the visits positive. Before, one mom would try to find out every bad thing and assumed the worst. It was negative for her children. Now she speaks about positive things: ‘How was your week? How was school?’ The TIPS helped her understand why positive conversation is important for her children and now she spends more time having positive interactions.”

Check-in Meetings

Regular check-in meetings run by directors or supervisors support frontline staff in using the TIPS in problem-solving. Frontline staff report on how they’ve used the TIPS, discuss challenges in visits they supervise and get feedback on how to use the TIPS or other strategies to address challenges, get support with the difficult feelings of observing painful visits, and celebrate successes. In unit or staff meetings, these can be 15-30 minute check-ins on a regular basis.

Meeting leaders also can use the Rise’s Tips for TIPS newsletter content for discussions. Rise developed these newsletters to highlight effective practice. As one foster care director wrote: “The issues brought up are experienced by workers and families across the board. We use them as jumping off points/talking points in some of our weekly Unit Meeting and the result is lively, honest and helpful discussions.”

Advanced Visiting Training

In 2018, Rise will partner with agencies and ACS’ visiting unit to develop a training that goes deeper into problem-solving with parents. It will:

- Aggregate strategies that experienced staff have developed for handling visit challenges, so that inexperienced staff can more quickly and consistently learn these techniques.
- Ground staff in the three concepts behind the visiting TIPS content – attachment, trauma and toxic stress – so that visit supervisors and coaches have a stronger framework to understand and address behaviors and make effective referrals if extra help is needed.
- Address how visit supervision and coaching can affect staff. Throughout the TIPS pilot, caseplanners spoke about the challenge of remaining hopeful and positive with parents when visits are unpleasant. Sitting with a child who is waiting for a mother that doesn’t show, or spending two hours in a small room with a family that is not connecting well, can be painful. This training will offer strategies for managing sadness and traumatic stress.

New Staff Training

This guide describes training to bring the TIPS approach to existing staff. As new staff come into the organization, onboarding will need to orient them to:

- The purpose of visits
- ACS’ visiting guidelines
- The purpose of supervision and role of the visit supervisor (monitor? coach?)
- What to report to court about visits
- How parents experience visits
- Common challenges in visits
- Basic strategies for handling visit challenges.

Currently, some agencies offer their own caseplanner orientation to visits and others send new caseplanners to a training led by ACS' Visiting Unit that reviews the policy, purpose of supervision and some basic strategies for handling challenges. Rise will be working with ACS to incorporate the video for caseworkers and a TIPS review into this training so it supports TIPS use. If agencies have their own training, it can be adapted to include the TIPS tools. If a number of new staff begin over several months, a new Kickoff can be planned.

Caseplanner Feedback on Using the TIPS to Orient Themselves:

- "I used the TIPS for me. Reading them over reminded me of what I'm looking for in the visit and what the visit is about."
- "Reading someone's story of what they've been through, it's a reminder, 'These are people. No matter what these parents did, they were ripped from their child.' One mom I was working with had been very rude to me. I was starting to give up. I didn't want to be bothered anymore. I was telling myself, 'I'm never going to be able to help this person. It is what it is.' Reading the TIPS, I was able to look away from the situation and remind myself that my role is to help. This mom actually told her lawyer that I was the one who took the time to help her."

Evaluation

Evaluation Tools

Two measurement tools have been developed to support the TIPS approach.

- Caseworker Evaluation: Documents follow-through and perceptions of impact.
- Parent Evaluation: Documents receipt of the handouts, satisfaction and perception of impact.

Regularly gathering caseworker feedback and aggregating results can answer broader questions about reach and impact such as:

- Did all new parents to the agency (or within the pilot catchment) receive the TIPS handouts after intake? Were they offered a structured orientation to set them up for visit success? Did they attend the orientation?
- Have all caseworkers in the agency or pilot catchment identified opportunities to use the TIPS with parents struggling in visits? Did they use them as planned? Did they see results?

If feasible, agencies should also track parents' visit progress to "sandwich," unsupervised, overnight, etc.

Improvement Cycles

Staff turnover, new models and disruptions can be frequent in foster care practice. To get from planning implementation to a new "way visiting is done at this agency" can be a 2-3 year process. The purpose of feedback is to evaluate progress, learn from mistakes, celebrate participation and progress, and continue "buy-in" efforts. Planning ahead to create regular plan-do-study-act cycles can keep implementation and enthusiasm growing. This can be led by an implementation coach or staff.

Ultimately, the TIPS approach is one piece of how agencies can make intentional efforts to reset power dynamics in child welfare by attending to parents' sense of safety, providing information and opportunities for parents to make choices and have a voice, and investing in building relationships. Visiting is one of the most important predictors of reunification—and a place where emotions run high and communication can break down. Despite all the pressures on agencies, focusing on communication about visits can be a powerful opportunity for greater understanding and communication between parents and frontline staff.

Resources

Parent Toolkit



Agency Handbook: A basic guide to explain the agency's approach, services and people can orient parents.

Appointment Calendar: You can introduce it by saying, "There's so much going on right now that it is easy to forget your appointments. We can use this to keep on track." You can help the parent put in all of the appointments and visiting times you know about.

Contact Information for Important People on the Case: Include your contact information and your supervisor's. If your agency has a parent advocate, include their information and introduce them. Also make sure parents know how to reach their attorneys.

Making the Most of Visits: The TIPS [Making the Most of Visits](#) offers guidance from a parent advocate on creating routines, playing, handling tough questions, and saying goodbye in a positive way. The story [A Time to Bond](#) (on the back) offers positive guidance to create nurturing routines.

Flyer About Parent-to-Parent Video on Visits: This [10-minute video offers guidance from four parents](#) whose own children were in foster care.

Flyer for a Support Group: If your agency runs a parent support group—or you know about one in the community—offer this outlet for parents to speak about their struggles.

Copy of Rise Magazine: Parents can feel less alone by reading the stories of other parents. Our [issue on isolation](#) can be comforting. Our booklet [One Step at a Time](#) offers concrete guidance.

Tips for TIPS Newsletters

- * [Welcome to Rise's Tips for TIPS Newsletter for Staff](#)
- * [Setting Parents Up for Success](#)
- * [When Parents Don't Play](#)
- * [Using TIPS to Build Transparency and Trust](#)
- * [How Case Planners Are Using TIPS in Hard Conversations](#)
- * [Using the Personal Stories in TIPS to Engage Parents](#)
- * [Helping Parents Handle Painful Feelings – and Trauma – in Visits](#)

Planning to Use TIPS

Name: _____ Office: _____

Email: _____ Phone: _____

Do you want to join a voluntary group to lead this project? ___YES ___NO

Parent Name:

Which TIPS + Why:

When + How:

Follow Up:

Parent Name:

Which TIPS + Why:

When + How:

Follow Up:

Parent Name:

Which TIPS + Why:

When + How:

Follow Up:

TIPS - Caseplanner Use and Satisfaction

Please list the parents you work with whose visits you supervise. Indicate if you've given the TIPS to them and/or discussed the TIPS.

Name	Provided TIPS? Which one/s?	When – Intake? Before/after visit?	Did you discuss?
	Yes: __ No: __		Yes: __ No: __
	Yes: __ No: __		Yes: __ No: __
	Yes: __ No: __		Yes: __ No: __

If you discussed the TIPS with parents, was it a useful conversation? Please describe.

Yes: __
No: __

If you offered the TIPS in response to a challenge in the visits, what was the challenge?

Would you consider the TIPS a useful tool in having a difficult conversation? Please explain.

Yes: __
No: __

What actions did you see parents take based on the TIPS or your conversation related to the TIPS? Please describe any specific changes in parents' approach to visits.

Did you see any impact on your relationship with the parent from sharing the TIPS?

Yes: __
No: __

What challenges or problems do you see in using the TIPS? Such as: materials do not reflect challenges; incorrect information; need more guidance/structure to use; awkward.

What changes would you suggest?

TIPS - Parent Use and Satisfaction

Making the Most of Visits



What You Should Know About Visits



Handling Painful Feelings in Visits



Helping Children Heal During Visits



Have you received at least one of these from your caseworker? Yes ___ No ___

Have you received one from another Graham staff? Yes ___ No ___

Did you read it through on your own or with a staff member?

Yes, I read: ___ Making the Most of Visits
 ___ What You Should Know About Visits
 ___ Handling Painful Feelings in Visits
 ___ Helping Children Heal During Visits

___ No, I didn't read any.

Did you take any additional TIPS from the waiting room? Yes ___ No ___
Which ones?

Was there any information in the TIPS that was helpful to you? Yes ___ No ___
If yes, what was helpful?

Did you take any actions based on what you read? Yes ___ No ___
If yes, what did you do?

Do you feel that you have the information you need about visits? Yes ___ No ___
Please explain any questions you have about visits.

Would you recommend the visiting TIPS to other parents? Yes ___ No ___
Why or why not?

What changes would you suggest making to the TIPS?

Rise TIPS



MAKING THE MOST OF VISITS

BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM

Winning Him Back

My visits proved I was worth my son's trust

BY LYNNE MILLER

When ACS took my son away from me I felt like my world had ended.

At our first visit, I think I went into shock. My son and I spent nearly the whole visit crying all over each other.

Maybe it was the guilt I was feeling, but I felt I could see the mistrust in my son's eyes. I didn't know how I would be able to win back his trust.

The worst part was when I heard him call the foster mother "mom." I flipped out. The worker and foster mom tried to reassure me that I still was and would always be his mom. But I felt sure that the workers wanted to keep my child from me.

I left in a daze, like I was in a bad dream in slow motion.

GUILT AND CONFUSION

After that, I began coming to a parent support group at my agency to ask questions and get information. I also came to know my son's foster mother and she made our visits go easier by assuring my son that he'd be going home someday soon.

Still, seeing my son only for visits took a toll. I no longer knew how to act or what to say around him. I tried to make it up by bringing gifts to every visit. But then I would wonder whether he was happy to see me or the gifts. The worst part was saying good-bye.

That's when all my guilt and remorse really set in.



STARTING TO HEAL

I think my showing up consistently for our visits started the healing process. It helped to show my son that I could be trusted again. If I told him I would be at the agency to see him in two weeks, and then I showed up, he knew I was reliable and kept my word. It also showed the agency that I was capable of being a responsible parent again.

Eventually, our visiting time was increased. Then I was able to take him for overnights, then weekends. Finally, after almost 18 months of hard work, I got him back.

DID YOU KNOW

Most families begin with supervised visits. The more you make progress in your case and show that you can stay calm, loving and playful, the more visit time you're likely to get with your children.

TIP

It can be upsetting to hear how a caseworker sees your parenting, but if you can stay calm, ask your caseworker what she sees going well and whether she has concerns. The more quickly you deal with problems, the more quickly you'll get more time with your children.

TIP

Focus only on your relationship with your child during visits. Being on your phone or talking about your case can make you seem disconnected. Try to calm down so you can be loving and playful and help your child feel safe.

A Time to Bond

Parent-to-parent tips for handling supervised visits

BY JACQUELINE ISRAEL, A PARENT ADVOCATE
WHOSE CHILDREN WERE IN FOSTER CARE

BRING TOYS AND GAMES

1 When you visit at the agency, the room just isn't a home environment. Bring games, coloring books, toys, crayons, and books to read to your child. You can even play soft music and bring a visiting blanket to play on the floor. If you're not sure what the rules are in the visiting room, ask your caseworker.

EXPECT YOUR KIDS TO ACT UP

2 It's normal for a child to feel angry or scared about being in foster care, or to feel sad and confused about being apart from you, and to act up as a result. When a child is acting up, we start thinking, "Why is this happening? Is someone hurting my child?" You might feel very scared that you can't help your child, or even angry or explosive. But you can help your children by staying calm, reassuring them that you're working to get them home, and letting them know that you love them even when you're not together.

MAKE VISITS A TIME TO BOND

3 Sometimes I see parents and kids sitting far apart, or kids playing videogames. But visits are a time to strengthen the bond you have with your child. You want to get down on the floor, play and talk with your kids. They miss you and need your full attention and love.

Don't use your visits to complain or speak to agency staff. That takes quality time away from your child.

KEEP VISITING AND IT WILL GET EASIER

4 Sometimes parents say, "It's just too hard to visit my child at the agency." But you need to prove that you care about your child. If you don't visit, you can permanently lose your child. You and your child will feel better if you spend more time together. Even a week apart can feel like forever to a child, because children are having new experiences every day. Do your best to bond with your child, and the visits will get easier.



DON'T MAKE PROMISES YOU CAN'T KEEP

5 One of the hardest moments is when children ask, "When am I coming home?" Be as honest as you can be, while keeping in mind the child's age. Tell your children, "I wish I could take you home right now, but I can't. I'm working on it, and I'll take you home as soon as possible." Don't make promises that you can't keep. If you say, "You'll be home next week," and it doesn't happen, your child won't know who to trust.

BUILD A RELATIONSHIP WITH THE FOSTER MOM

6 You can help your child and your case by being polite to the foster parent. At visits, say, "Hello. How are my kids? How are they in school?" Even if all you can do is say hello, keep it positive and speak to your caseworker privately about any concerns.

HELP YOUR CHILDREN SAY GOODBYE

7 Parents and their children don't want visits to end. Children don't understand why they can't go home. They cry, have fits. Don't let goodbyes go on and on. When it's almost time to leave, say, "It's time for us to go now. Please take care. I'll see you soon." Help your children say goodbye, and leave your child with the foster parent or caseworker.

TAKE CARE OF YOU

8 Leaving visits can feel lonely and discouraging. Think about what makes you feel good—a phone call or visit with a friend, a walk—and set that up in advance.

Rise
TIPS



TIPS is brought to you by the parents at Rise, which trains parents to write and speak about their experiences with the foster care system.

For information and peer support, go to: www.risemagazine.org or like us on Facebook: @readrisemag



WHAT YOU NEED TO KNOW ABOUT VISITS

BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM

Family Time Tips

Below are general guidelines about visits. However, every case is different. Ask your caseworker and your attorney about your case.

1. VISITS WITH YOUR CHILDREN SHOULD:

- Start within a week of your child entering foster care
- Take place for at least 2 hours each week and more often for infants and toddlers
- Be unsupervised as much as possible

2. BEYOND VISITS, YOU CAN:

- Ask for contact by phone or email (If you have a positive relationship with the foster parent)
- Exchange photos and letters
- Participate in children’s medical visits, school conferences and activities

3. VISITING TIME SHOULD INCREASE IF YOU'RE:

- Attending consistently and on time
- Paying attention to your child for the whole visit
- Showing progress on the goals in your case — not just attending programs, but showing behavior changes related to the safety concerns in your case
- Being nurturing and loving

4. YOUR CASEWORKER REPORTS TO THE COURT WHETHER YOU:

- Attended your visit
- Came on time

- Called in advance if you were going to be late or had to reschedule
- Gave your attention to your child the whole time
- Disciplined your child appropriately
- Kept anger and frustration out of time with your child

5. YOUR VISITS MAY BE SUPERVISED, OR BE SET BACK TO SUPERVISED, IF:

- There’s a concern that your child will be unsafe with you
- You are not showing a change in being able to keep yourself and your child safe
- You are not taking steps to address mental health problems or addiction
- There’s a concern you will run off with your child
- There’s a concern that you will influence your child’s testimony in court

6. IT'S RARE BUT YOUR VISITS MAY BE CANCELLED ON THE SPOT IF YOU:

- Are drunk or high
- Act aggressively or make threats
- Hit your child – including “popping” your child – or threaten your child
- Blame, shame, or threaten your child in any way, especially saying that it’s your child’s fault that you have a case
- Can’t calm down even after a warning
- Arrive very late without calling

How to Self-Advocate

1. Talk to your caseworker and lawyer about your visiting plan and ask for a copy of the court report.
2. Ask your caseworker to explain exactly what you need to do to make progress and ask for feedback after each visit.
3. Keep a “Visiting Notebook.” Write down:
 - Whether you attended and if you were on time;
 - How the visit went;
 - If your visit was cancelled and why, and whether it was made up.
4. If your visit is cancelled, speak to your caseworker to reschedule. If your visits are not made up, show your Visiting Notebook to your caseworker’s supervisor, a parent advocate and to your lawyer.





Eat, Play, Love

After my daughter went into foster care at 18 months old, we had visits in an agency visiting room: no toys and very gloomy green paint on the walls.

Before each visit, I would pack a bag of toys, coloring books and reading books. I tried to be ready for any activity.

A VISITING ROUTINE

My daughter would come wearing clothes that were too small, and her hair was never done properly. I would hug her and then take her to the bathroom to change her clothes and do her hair. It made me feel better that I was still able to take care of my daughter.

Then she would usually eat a Happy Meal, and for the rest of the visit, she and my husband and I would play. Her favorite thing to do was color. She also liked us to bring kitchen things, like plates and spoons and forks. We would pretend we were cooking.

Every visit, I took pictures to look at during my week.

When it was time to say goodbye, I tried not to cry because I did not want my daughter to see me hysterical. I would tell her, "I love you and I'll see you next week." Then we would say goodbye with a hug and a kiss.

LAUGHING AND PLAYING

When the judge gave my family unsupervised visits, it was such a weight off. I was able to really hold my daughter and smother her with all of my love.

We were always there early to pick her up and on time to drop her off. We would take her to the park and the playground, and to see our friends.

I loved taking her to the swimming pool. I bought her a little sky blue one-piece bathing suit. Now that I was sober, I was able to laugh and play in the water with her without any shame. These were moments that I did not want to let go of.

Visiting Checklist

Did I...

- ✓ Attend my visit
- ✓ Arrive on time
- ✓ Plan activities
- ✓ Bring toys
- ✓ Bring a snack
- ✓ Greet my child's foster parent
- ✓ Keep anger/frustration out of my visit
- ✓ Focus only on my child

Did I respond to my child's needs...

- ✓ for me to be trustworthy
- ✓ for affection and attention
- ✓ to follow a routine
- ✓ to have fun together
- ✓ to feel safe with the foster parent
- ✓ to talk about experiences in foster care
- ✓ to say goodbye in a positive way

DID YOU KNOW

Parents are allowed to ask for visits to happen anywhere, like at a park or at the library. The caseworker may not be able to say yes every time but you can ask. A foster parent can also supervise visits outside the agency.

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BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM



A Special Connection

INTERVIEW WITH MARTY BEYER

One of the most important things for a parent to do during visits is to try to

imagine: What does my child want from me during our time together?

CONFUSING BEHAVIORS

At times, it can be difficult to understand your child’s feelings and needs in visits.

Unfortunately, children usually can’t explain their feelings. A child won’t walk in and say, “I’m feeling really confused. I don’t know why I’m not living with you. Why am I living with someone else and visiting you in an office?” Most children behave their feelings and can’t explain them in words.

So the child might just walk over and start playing with a toy without saying hello. Many parents feel rejected if they don’t get a hug or hello. But parents can say to themselves, “I will go to my child and get on the floor and play even though my child hasn’t said hello.”

A SPECIAL CONNECTION

It’s very sad for parents to think, “My child needs me to work hard to build our relationship while my child is in foster care.” But kids are sad, confused and angry about being in foster care. And even a few weeks or months is a long time for a child to be apart from a parent.

The most important thing during visits is to get a back-and-forth going with your children, whether that’s through singing a song, smiling at each other, playing a game, or talking about school. Taking pictures, doing art, and even painting fingernails can be a time to listen to your child talk about their lives and a way to make that special connection.

Closer Than Ever

BY SANDRA EVANS

When I became a mom, I was afraid of making all the mistakes that my mother had made with me. Finally, I took a parenting class that showed me how to connect with my family in a different way.

The most valuable thing I learned was that I needed to set aside time to spend with my children to give them the attention they craved. I didn’t realize that children need attention in order to thrive.

I also learned that children feel safe when they have a daily schedule and when you’re consistent with them. I learned to hug and to hold my children more, tell them I love them, praise them when they do something good, and stick with a punishment once I set it.

In visits, I started to play with our kids, read to them, color and really enjoy our time. I wanted to hear about everything they had been doing. These were things I hadn’t done with my children before.

One day we went to the zoo. I’ll never forget the expressions on our children’s faces while they looked at the animals. It felt incredible that we could experience such joy as a family.

Now we do projects like baking or making our own Christmas ornaments. It helps to strengthen the bond between my children and me. We are closer than ever.

WORDS THAT HEAL

“I know this is really hard but we will get through this.”

“I know you might be mad at me but you still need to listen and follow rules.”

“I need to do some things before you can come home but none of this is your fault.”



Melissa Landrau and her daughter

Starting Over

After missing visits, I'm reconnecting with my kids

BY MELISSA LANDRAU

After my children went into foster care, my bond with my kids fell off because I failed to focus on them. I was depressed, felt betrayed by my family, and was in a domestic violence relationship. I fell off my visiting schedule for months at a time.

I was also telling myself that I'm not a worthy mother and I didn't deserve my kids, and that I'm just like my mom, who left me in the hospital at birth. My great grandmother raised me until she passed away and I fell in the system.

STARTING OVER

Visiting my kids again steadily after missing visits for so long was emotional. My kids didn't recognize me. They were scared and pushed me away.

My daughter showed her feelings by getting fussy and aggravated really fast. When I would say, "I love you," my daughter said, "Mommy, I don't want you to love me." Because of what I went through as a kid, I understood it was because of the absences in her life. I let my kids know that I understood why they were mad.

I won her trust back by showing her change instead of telling her that I changed. I played with them in the playroom and I read to them and talked to them. With my actions, I showed that I missed my kids and I wanted them back.

HAPPIER TOGETHER

The more I visited, the more I started telling myself, "You have to do what you are supposed to do and you can't give up. This is not a cycle. You're going to succeed."

Now my kids and I are in family therapy. The therapist taught me how important it is for my daughters to talk about their feelings. I'm proud of my daughters. We like to play house, blocks and Playdoh. We also like to read to each other and go for walks. They are able to express their feelings more and are happier and more energetic.

Using Positive Discipline

Many times parents aren't sure if it's OK to discipline their children during visits. But you're still the parent, and your children want to see that you're in charge.

Kids feel safer and act calmer when they know the rules and consequences. Here's what you can do:

1 Make sure you know the rules of your agency's visiting space. Ask your caseworker if it's OK to play music, dance, sing, use your phone, eat, yell, give a time-out, run around. Talk to your kids about the agency's rules and your own.

2 Give consistent consequences. The first step if your child is breaking a rule is to make eye contact and simply say, "No. That is not allowed."

If your child does not stop, you can give a warning such as, "I will take away your toy if you don't stop." If needed, a parent can take away a toy for a few minutes, give a short time out, or end an activity.

You can say, "I want you to sit here and calm down until I say it's time to play again." Or, "This game isn't a good idea anymore. Let's have a snack, or read."

3 If you break a rule, acknowledge it and apologize. You can say, "I'm sorry I got upset and yelled." This can show your children how to handle their own mistakes.

4 Praise your child. In addition to consequences for negative behavior, you can reward good behavior, even just by saying, "That was nice" or "I like how you did that."



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HANDLING PAINFUL FEELINGS IN VISITS

BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM

Fight or Flight

Coping with sadness and anger in visits

Even though we love our children and want to see them, visiting children in foster care can bring up painful feelings for many parents. Sometimes visits are scary, stiff, weird, awkward, or sad. Our kids may act angry at us, or like they don't care. Walking into the agency can make us feel like a failure. If you were in foster care yourself as a child, visits can also bring up feelings of abandonment.

During visits, you may feel jumpy or angry from the get go. You may sit there without playing, feeling emotionless or spaced out. You may forget what you were doing. These can be signs of trauma.

WHAT IS TRAUMA?

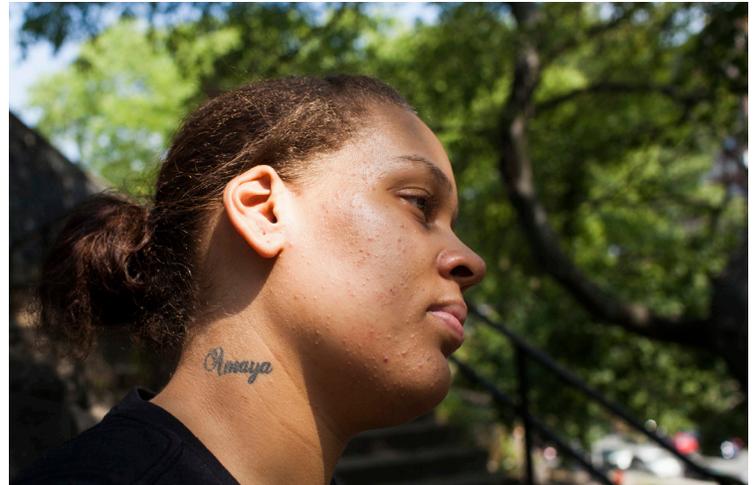
Trauma is an experience that makes a person feel that her life is threatened—or a loved one's life is in danger—and overwhelms a person's ability to cope. It's normal in traumatic moments to freeze or feel unable to respond, to feel that you are apart from your own body, or to react with overwhelming fear, anger, or even violence.

The most devastating trauma occurs when people who are supposed to love us and keep us safe do us harm. Physical or sexual abuse or domestic violence can make it hard for people to trust anyone. Trauma can also hurt how people feel about themselves, even though the abuse is not their fault.

SIGNS OF STRESS RELATED TO TRAUMA

There are some common reactions to trauma:

Avoidance: trying to avoid reminders of a trauma, like not going to



a certain block, not seeing certain people, or not talking about it.

"Hypervigilance": staying "on alert" all of the time to try to stay safe, even if you're in danger.

Overreacting: reacting with anger, sadness, worry, or fear that is out of proportion to the situation.

Under-reacting: "just sitting there" emotionally or physically despite danger, such as showing no emotion after bad news.

Changes in eating or sleeping: too much or too little are both warning signs.

Numbness: feeling like you're not connected to yourself or not really there.

"Losing time": not being sure how you got from one place to another, or what happened to minutes or hours.

Nightmares or bad memories that seem to push in to your mind.

TIP

Feeling helpless and overwhelmed can be a "trauma trigger" if you've had trauma in your past. Trauma doesn't have to keep hurting. Knowing about trauma—and getting treatment—can help you cope.

DID YOU KNOW

Therapy can feel unsafe if you start by opening up wounds. When you have gone through trauma, the first step in therapy should be how to calm down and feel safe and in control.

TIP

Being aware of what trauma is can help you cope and ask for help. Ask for a trauma screening and trauma-focused treatment if you think trauma is affecting you.



Jeanette Vega and her youngest son Joey

'Your Actions Are Setting You Back'

BY JEANETTE VEGA

When my oldest son was 2, he was removed because I hit him. Our first few visits were rough.

They felt like jail. Being watched and told how to talk or play with my own child drove me crazy. I felt so uncomfortable that I just wanted the visits to end.

I also felt as if I'd lost my son's love. He seemed scared of me. He would hesitate to hug me, or stay quiet, barely looking my way. I tried to imagine what was going through his little mind, asking myself, "Is my son rejecting me because he hates me? Does he think I'm a stranger?" I also blamed the agency and the foster mother for the change in my son. For so long at visits, I was so upset and angry that I found it hard to even try to engage my son.

To deal with my feelings, I tried to put up a front of "I am strong, nothing bothers me." But the pain and anger I had bottled up kept coming out. One time my son came in with stitches on his chin and I attacked the foster mother. Another time I cursed out a worker who threatened to end my visit. I was sent to "anger management class" three times.

Then, after a blow-up, a worker pulled me aside. "I am not here to argue with you," she said. "I just want you to understand that your actions are setting you back."

As we talked, it did sink in that the workers saw me as someone who would try to fix any situation with hitting, and my actions were hurting my case. I also knew that my son needed security. He was scared when I got angry.

It wasn't easy to get my feelings under control in visits, but I did it. I didn't want to be the cause of my son staying in care any longer.

Calming Your Body to Heal

Trauma is about feeling abandoned and scared, not having life feel safe or predictable, and not having a voice or control of even part of your life.

Trauma lives in our bodies. Our brains try to keep our bodies from feeling that trauma. But our bodies may continue to experience agitation, rage and heartache. Those are all pieces of the past that haven't been laid to rest.

LEARNING AND HEALING

Therapy can be an important part of trauma recovery, because when you've experienced trauma you need to find words for what happened to you. A therapist should help you feel safe to feel what you feel and encourage you to really be curious about yourself.

Healing is also about learning how to calm your body down. People who have experienced trauma often barely notice their bodies because their brains are used to cutting off their feelings. They may overeat or starve themselves. They may not notice when they're tired. Trauma resets the brain and makes many things harder, like concentration and calming down reactions. But it is possible to heal.

NOTICING HOW YOUR BODY FEELS

Ask yourself: What will help you begin to notice the sensations in your body? Anything you do is good. Just sitting quietly and paying attention to your breathing is a step in the right direction. Meditation, Tai Chi and yoga can help. A trauma-focused therapist can help you focus on the body.

Once you start paying attention to your body, it's easier in difficult moments to take steps to care for yourself instead of getting too angry, scared, or shut down.

From an interview by Plazadora Footman with Bessel Van Der Kolk, author of The Body Keeps Score.



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DO

- 1 Give your child affection and attention.
- 2 Plan a routine:
 - Arrive on time
 - Plan activities
 - Bring toys and supplies
 - Bring a snack for your child
 - Limit videogames, TV, videos so it's a bonding time
 - Warn your child when the visit is almost over
 - Say goodbye as calmly as you can
- 3 Use positive discipline:
 - Explain the rules to your child
 - Explain the consequences for breaking rules (you can take a toy away, or give a time out)
 - Use a calm voice to give a warning or two
 - Be consistent with consequences
 - Praise your child for good behavior
- 4 Ask your caseworker for feedback.
- 5 Ask for support if you are feeling sad, angry, sick, or shut down during visits.
- 6 Greet your child's foster parent. Showing respect to the foster parent can help your child feel safe.
- 7 Call in advance if you have to cancel your visit or will be late.

DON'T

- 1 Don't use your family time to talk about your case. Focus only on your child.
- 2 Don't break visiting room rules or let your child break rules:
 - No running
 - No shouting or screaming
 - No cursing
 - No threats – do not threaten to hit or hurt your child or agency staff
 - No hitting – this includes “popping” your child
 - No blaming or shaming
- 3 Don't have your caseworker discipline your child. Your child needs to see that you're still the parent and still in charge.
- 4 Don't bring frustration and sadness about your case into your visit.
- 5 Don't tune out: Put phones away and play.

Remember: You are still the parent! Your child is counting on you.

Time with your children while they are in foster care can feel loving and happy, but can also be sad and upsetting. You and your children are going through a difficult time. Focus on bonding and staying calm. You can succeed in reunifying!

Rise

Helping Parents Handle Painful Feelings in Visits



BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM

Fight or Flight

Coping when visits stir up reminders of trauma

Even though we love our children and want to see them, visiting children in foster care can bring up painful feelings for many parents. Sometimes visits are safe, warm, awkward, or odd. Our kids may not enjoy us, or like they don't care. Walking into the agency can make us feel like a failure. If you work in foster care or want to be a foster parent, visits can also bring up feelings of abandonment.

WHAT IS TRAUMA?
Trauma is an experience that makes a person feel that her life is threatened—or a loved one's life is in danger—and overwhelms a person's ability to cope. It's common in traumatic moments to freeze or feel unable to respond, to feel that you are apart from your own body, or to react with overwhelming fear, anger or even violence.
The most devastating trauma occurs when people who are supposed to love us and keep us safe do us harm. Things like physical or sexual abuse or domestic violence, especially in close relationships, can make it hard for people to trust anyone. Trauma can also hurt how people feel about themselves, even though the abuse is not their fault.

SIGNS OF STRESS RELATED TO TRAUMA
Trauma can affect us in so many ways, including how we respond to our children. There are some common reactions to trauma.

Avoidance: trying to avoid reminders of a trauma, like not going to a certain block, not seeing certain people, or not talking about it.
"Hypervigilance": staying "on alert" all of the time to try to stay safe, even if you're in danger.

TIP Feeling helpless and overwhelmed can be a "trauma trigger" if you've had trauma in your past. Trauma doesn't have to keep hurting. Knowing about trauma—and getting treatment—can help you cope.

DO YOU KNOW? Therapy can feel uncomfortable if you start by opening up wounds. When you have gone through trauma, the first step in therapy should be to calm down and feel safe and in control.

TIP Being aware of what trauma is can help you cope and not feel help. Ask for a trauma screening and trauma-focused treatment if you have trauma affecting you.



Overreacting: reacting with anger, sadness, worry, or fear that is out of proportion to the situation.
Under-reacting: "just going through" emotionally or physically despite danger, such as showing no emotion after bad news.
Changes in eating or sleeping: too much or too little are both warning signs.
Numbness: feeling like you're not connected to yourself or not really there.
"Losing time": not being sure how you got from one place to another, or what happened to minutes or hours.
Nightmares or bad memories: that seem to push in your mind.
In visits, trauma can affect you and your child. You may feel jumpy or angry from the get-go. You may do these without knowing, feeling unthinkingly or spaced out. You may forget what you were doing. These are signs of trauma.

Visiting children in foster care can bring up feelings of shame, rejection and failure in parents. As one mother described it:

"At home, whether my son was sitting, jumping, or playing, he was always interacting with me. During visits, though, he kept his distance and barely looked my way. I asked myself, 'Is my son rejecting me because he hates me? Does he not feel my love for him?' I was so upset that I found it hard to even try to engage my son."

Parents also may experience traumatic stress responses during visits. For some parents, visiting at an agency can be a reminder of the fear and abandonment they felt growing up in foster care themselves. Moments of feeling powerless, overstimulated, trapped, or under surveillance can remind parents of other threatening moments in their lives. Overreactions or lack of responsiveness may be signs of trauma. Missing visits may be avoidance.

[Handling Painful Feelings in Visits](#) offers parents a language to understand what may be happening to them -- and steps they can take to heal.



Educating Parents About Trauma

Trauma “triggers” are moments that remind a person—unconsciously—of a traumatic experience from the past and trigger a reaction meant to keep the person safe from harm.

Trauma also can leave survivors feeling unloved and unlovable, unworthy of care, and unable to protect themselves or their children from danger.

The TIPS story [Fight or Flight](#) describes trigger responses, and [Calming Your Body to Heal](#) explains how parents can cue in to their bodies to calm down.

Caseworkers can share these stories with parents to normalize the impact of trauma and open a conversation about treatment.

It can be a relief to parents to realize that their reactions are normal responses to trauma. Unexpected trigger responses can be frightening and confusing. Trauma survivors also may not realize how trauma has taught them to fear others and isolate themselves.

It can be difficult to find the time, privacy and tone for even a short talk to educate parents about trauma. You can say, "I wanted to give you this information about trauma. Sometimes being at the agency or talking about the past can affect parents."

Sharing a vocabulary to describe what’s happening can send a message of protection to parents and help parents take steps to protect themselves and their children.

Noticing Trauma in Visits

How caseworkers can respond to signs of possible trauma - an interview with Glenn Saxe, a developer of Trauma Systems Therapy and professor of child and adolescent psychiatry at NYU School of Medicine

Interview by Nancy Fortunato, Jeanette Vega and Robbyne Wiley

Q: How can you tell if a parent's actions are related to past trauma?

A: As a caseworker supervising visits, you may see surprising responses, like a parent getting very withdrawn in certain moments. Over time, you may see patterns to those times when a parent gets withdrawn. Maybe when you look at exactly what was going on, the parent felt like she was being forced to do something, and it may be that “feeling forced to do something” is related to trauma for that person.

In Trauma Systems Therapy, we use the term “survival state” to describe a traumatic stress reaction. What happens in the brain for someone with a trauma history is that something in their environment reminds them, even in a subtle way, of a time their survival was at stake, such as when they were sexually abused or they thought they were going to be killed. The reminder causes the brain and body shift dramatically into a survival state. You may not actually be threatened, but you're seeing everything around you as if you're about to be harmed. Everything is colored by threat.

If you're a caseworker in the room with someone who is shifting in this way, what that means is that the person suddenly perceives you as someone who is about to assault them or harm them.

If I'm sitting with someone and I think trauma might be in the mix, I'm always mindful of their emotional state. When I see a shift in their emotional state, especially if they seem to feel threatened, I'm very cautious about continuing. I don't want to make them feel even more threatened. I ask myself, “What might be going on?” It could be something small—a certain line of questioning, or even just