



SVN Standards for Supervised Visitation Practice  
Prepared by The SVN Standards Task Force  
Ratified by the SVN Membership December 10, 2022

Supervised Visitation Network, Inc.  
3955 Riverside Avenue  
Jacksonville, Florida 32205  
<https://www.svnworldwide.org>

## **1.0 Introduction**

### **1.1 Supervised Visitation Network (SVN)**

The purposes of the Supervised Visitation Network are as found in the [SVN by-laws](#).

### **1.2 Purpose of the Standards**

This document establishes minimum practice standards for professional supervised visitation and exchange services. These standards are also intended to serve as a resource to courts, educators, funding sources, and others interested in this field of practice.

### **1.3 Historical Development of the SVN Standards**

In 1994, SVN adopted a resolution to develop a draft document of Standards and Guidelines to be reviewed and accepted by the SVN general membership. The document was intended to serve as a best practice resource for professionals operating and administering child access/supervised visitation and exchange services. The current revision, effective December 10, 2022 is based on the SVN Standards document updated and approved by the general membership in July 2006.

### **1.4 Philosophy of the Standards**

Consistent with the mission and values of SVN, the general philosophy of the standards are:

#### **1. Quality and flexibility of service**

The standards are intended to be broad enough to be applicable to all supervised visitation providers operating and administering services and specific enough to ensure implementation of the core values of SVN.

#### **2. Safety and well-being**

The underlying premise of these standards is that the safety of all participants is a precondition of providing services. After safety, the well-being of the child is the paramount consideration at all stages and particularly in deciding the manner in which supervision is provided.

#### **3. Evolving standards**

The standards will be revised and updated periodically to reflect the evolving practice of supervised visitation services.

### **1.5 Applicability**

The standards apply to SVN members who provide professional supervised visitation and exchange services. Membership in SVN explicitly implies agreement to follow the standards to the extent that they do not conflict with applicable law.

## **1.6 Adoption and Implementation**

These standards were adopted by vote of the membership in December of 2022 but the effective date of implementation is December 10, 2022. SVN members agree to be in full compliance with the standards one year from the effective date of December 10, 2022. Additional sections of these standards are currently under review, and we anticipate further changes in the next 2 years.

## 2.0 Definitions

The following definitions clarify terms used in these standards:

**Assessment:** is a component of the planned change effort in which the mental health practitioner collaborates with the client to obtain information that provides the foundation for developing a plan of intervention (2005, Berg-Weger, M.).

**Authorized person:** is a person approved by the court, or by agreement of the parents and/or the provider, to be present during the supervised contact.

**Child:** refers to a minor, between the ages of birth and majority.

**Client:** is a child or parent or authorized person to whom services are rendered. See also child, custodial parent, and non-custodial parent in this list of definitions.

**Critical incident:** is an occurrence involving a client that threatens the safety or results in the injury of a participant and/or that requires the intervention of a third party such as child protection services or the police.

**Custodial parent:** is a biological or adoptive parent, guardian, or state agency or its representatives that has temporary or permanent physical custody of a child. A custodial parent may also be referred to as a "residential" parent.

**Domestic Violence:** refers to any form of physical, sexual, verbal, emotional, or economic abuse inflicted on any person in a household by a family or household member.

**Evaluation:** is a component of the planned change effort in which the mental health practitioner and the client assess the progress and success of the planned change effort (2005, Berg-Weger, M.).

**Group supervision:** is supervision of parent/child contact in which more than one family is supervised by one or more visit supervisors. Group supervision may also be referred to as "multiple-family" supervision.

**Intermittent supervision:** is parent/child contact in which a parent and child are supervised for part of the time and purposely left unattended by a visit supervisor for certain periods of time.

**Neutral/neutrality:** as used in the context of supervised visitation means maintaining an unbiased, objective, and balanced environment, and when providing the service, not taking a position between the parents in providing the service. Providing service in a neutral manner is intended to ensure respect for all individuals in their capacity as parents and to protect children who are attempting to remain in contact with their parents. Being neutral does not mean providers disregard behaviors such as abuse or violence of any kind.

**Noncustodial parent:** refers to a biological parent or other adult who has supervised contact with a child. A noncustodial parent may also be referred to as a "visiting" and/or a "nonresidential" parent.

**One-on-one supervision:** is parent/child contact supervised by at least one visit supervisor focused on overseeing that contact.

**Off-site supervision:** is supervision of parent/child contact that occurs away from a facility that is under the management of the provider.

**On-site supervision:** refers to supervision of parent/child contact at a facility that is under the management of the provider.

**Parent:** refers to a biological mother, father, or other adult, including an adoptive parent, guardian, or state agency or its representatives. See also sections 2.6 and 2.12 in this document.

**Parent/child contact:** is interaction between a parent or other authorized person and one or more children. Contact can be face-to-face, by mail and/or e-mail, telephone, video conference, or other means of communication.

**Participant:** is a client, authorized person, provider, agency staff, or other on-site person.

**Partner abuse:** refers to a form of family violence involving abuse by one adult of another when both share an intimate relationship.

**Provider:** is any professional person or agency, either paid or unpaid, that is experienced in and trained to deliver supervised visitation services.

**Recommendation:** is the drawing of conclusions and statement of a professional opinion concerning future visitation arrangements and/or child custody determination.

**Risk Assessment:** is the review and analysis of historical information and observation of behavior for the purpose of deciding whether there is a match between the probability that a client will exhibit dangerous behavior and the capacity of a provider to manage that behavior. Risk assessment as used in these standards is not a mental health assessment.

**Safety:** is protection from danger or risk of physical, psychological or emotional injury.

**Security:** refers to measures put in place to effect safety.

**Supervised exchange:** is supervision of the transfer of a child from the custodial to the noncustodial parent at the start of the parent/child contact and back to the custodial parent at the end of the contact. The supervision is usually limited to the exchanges, with the remainder of the noncustodial parent/child contact unsupervised. Exchanges may be supervised on-or-off the site. A supervised exchange may also be referred to as "exchange monitoring," "supervised transfer," "monitored exchange," "safe exchange," and "neutral drop-off/pick-up."

**Supervised visitation:** is a generic term that describes parent/child contact overseen by a third party. The primary focus is the protection and safety of the children and adult participants and providing a safe space/place and the opportunity for the parent/child relationship to grow.

**Supportive supervised visitation** is a term that describes parent child/contact that is overseen by third party. The primary focus of supportive visitation includes the protection and safety of the participants and includes active interventions that encourage consistent parent/child contacts that may lead to improving the parent/child relationship. Supportive supervision may also be referred to as "facilitated visitation" or "directed visitation"

**Educational Supervised Visitation** or Coaching Supervised Visitation are terms that describe parent/child contact that is overseen by a third party.

The focus is the protection and safety of the participants with a primary focus on interventions that provide information and support to improve a parent's parenting skills. This level of supervision includes using an evidence informed parent education curriculum as well as skill building activities (curriculum) prior to and after the actual visit and may lead to an improved parent/child relationship. Educational Services may be court ordered or agreed to voluntarily and in writing by participants.

**Therapeutic Supervision** is parent/child contact overseen by a licensed (Registered, State Certified) clinical practitioner who is trained both in supervised visitation practices and clinical work with families. A master's level clinician who is pursuing their licensure, or a master's level clinical intern, can also provide these services if they are being directly supervised by an appropriate licensed mental health professional. The primary focus is on establishing, maintaining, improving, or healing the parent/child relationship. Interventions are trauma informed and designed to address specific clinical needs. This level of supervised visitation, Therapeutic Supervision, may be court ordered or agreed to voluntarily, and in writing, by participants.

**Visit supervisor:** is any person who observes and oversees safe parent/child contact during visits and during transitions from one parent to another. A visit supervisor includes an independent contractor and any employee, trainee, intern, or volunteer of an agency provider. A visit supervisor may also be called a "child access monitor," "observer," or "visitation specialist."

## 3.0 Supervised Visitation Providers

### 3.1 Purpose

This section is intended to identify what constitutes a "provider" and to require providers to know what supervised visitation is and is not and what providers can and cannot do.

### 3.2 Providers

Professional supervised visitation services must be provided by a qualified independent provider, by a free-standing agency, or by a subdivision or program of a larger agency. Qualifications and training of providers are described under sections 11 and 12 of this document.

### 3.3 Role of the Provider

1. Providers must offer supervised visitation services that are consistent with the training and capacity of their staff and program.
2. Providers must know and understand the scope of their services and the limitations of their role, and explain their role(s) to both clients and users of their services.

### 3.4 Neutrality

A provider must be neutral in providing supervised visitation service. See definition under [section 2.0](#) of this document.

### 3.5 Conflict of Interest

Agency conflict of interest

- a. When supervised visitation services are provided or operated by an agency whose primary function is not supervised visitation, the agency is responsible for ensuring that staff or persons providing supervised visitation are trained and qualified according to these standards.
- b. When supervised visitation services are provided or operated by an agency whose primary function is not supervised visitation, the agency is responsible for ensuring that staff functions and roles remain clear and do not conflict with other interests when providing supervised visitation services.

Provider conflict of interest

Unless otherwise approved by the court, a provider must not be:

- a. Financially dependent on the person being supervised or any of the other clients in that family;
- b. An employee or employer of the person being supervised or any of the other clients in that family; or
- c. In an intimate relationship or have a personal relationship with the person

being supervised or any of the other clients in that family.

### **3.6 Program Services**

All providers must:

Offer only those services for which they and their staff have adequate education, training, and experience;

1. Clearly describe, in writing, the nature of the services provided and disclose to the parents and referring sources details about the program services; and
2. Seek consultation concerning service and client issues that are outside the scope of the provider's education, training, or experience.

## **4.0 Administrative Functions**

### **4.1 Purpose**

This section is intended to define the parameters for maintaining financial records, personnel policies, and client records.

### **4.2 Financial Management**

A provider must maintain financial records and follow generally accepted accounting principles. Financial records must be retained for the period required by local law.

### **4.3 Personnel Policies**

A provider with employees or volunteers must have written personnel policies and maintain personnel records.

### **4.4 Client Records**

A provider must keep client records in accordance with section 7.0 of this document. The collection and reporting of data based on client records must not compromise client confidentiality.

### **4.5 Case Review**

#### **Internal case review**

A provider must review the status of all open cases, both active and inactive, to monitor client compliance with the service, program preparation for court review dates, if any, and follow up on outstanding issues.

#### **Review by the court or referring agency**

Subject to each jurisdiction, providers must work with the court or referring agency to have written policies and procedures for case review to consider the status of the case, any needed changes to the court order, or whether participation in the service will continue or terminate. Resource information about how to access court services must be made available to clients.



## **5.0 Program Operations**

### **5.1 Purpose**

This section is intended to set forth basic operating requirements for providers.

### **5.2 Resources and Functions**

A provider must offer only those services and serve only the number of clients for which they have adequate financial and personnel resources.

### **5.3 Program Policies and Procedures**

Providers must have written rules and policies governing service delivery.

### **5.4 Premises**

For on-site supervised visitation services, the physical layout of the premises must be designed to protect the safety and security of participants.

### **5.5 Accessibility**

A provider must have policies and procedures about accessibility to supervised visitation services in terms of geographic location, transportation, hours of operation, American Disabilities Act and its equivalent legislation in the international jurisdiction, and sensitivity to the ethnic, cultural, and linguistic needs of the community.

### **5.6 Insurance**

A provider must obtain and maintain insurance coverage that is appropriate to their business operations and the nature of the work and services provided.

## **6.0 Evaluations & Recommendations**

### **6.1 Purpose**

This section defines the limits for providing an assessment, evaluation, and/or recommendation concerning the treatment, future visitation arrangements, and/or child custody determinations. Specifically, the section prohibits a provider from performing any mental health, custody, parenting, developmental and/or attachment assessment and evaluation that more appropriately should be provided by a licensed mental health professional. This includes drawing conclusions and/or making recommendations about future visitation arrangements or child custody determinations.

### **6.2 General Policy**

1. A provider must not perform any mental health or other evaluations or assessments unless as specifically noted in sections 6.3 and 6.4 below.
2. Supervised visitation services must function independently from a licensed or certified mental health professional or other professional who is performing a mental health, custody, parenting, developmental and/or attachment assessment and evaluation.
3. A provider must not make recommendations or state opinions about future visitation arrangements and/or child custody determinations.
4. This policy does not prohibit a provider from providing factual information based on observations of clients which may be used by others who are conducting an evaluation and/or assessment.

### **6.3 Risk Assessments**

A provider may review and analyze client information and behavior to determine whether services can be provided safely and/or to deny or suspend services because of potential risks of harm to a client or staff member.

### **6.4 Therapeutic Supervised Visitation Addition:**

A qualified professional (See 2.32) who is providing therapeutic supervised visitation services may prepare a written report describing each parent's and each child's readiness and ability to participate in these services. In addition, the report can include the progress being made to the stated goals along with specific recommendations for the next phase of the therapeutic visitation process. Any such report, however, must NOT include opinions or recommendations about child custody/access outside of the therapeutic visitation process.

## **7.0 Records**

### **7.1 Purpose**

This section sets forth the obligations of maintaining client files and case records, guidelines for release and disclosure of client information, and types of provider reports to the court and/or referral source.

### **7.2 Client Files**

1. A provider is responsible for maintaining, storing, and destroying records in a manner consistent with applicable government statutes and regulations.
2. A file must be created for each family and kept according to standards of confidentiality under section 21.0 of this document. The client file must include:
  1. Names of each parent and child;
  2. Dates of birth;
  3. Address;
  4. Telephone number;
  5. Emergency contact and telephone number;
  6. Referral date;
  7. Source of referral;
  8. Reason for referral;
  9. Provider agreement with clients for use of the service;
  10. If applicable, other persons authorized to visit;
  11. Relevant court orders or signed agreement between the parents;
  12. Consents for release of information (if any); and
  13. Observation notes, reports, and records of the visit (if any).

### **7.3 Records of Parent/Child Contact**

A provider must maintain a record of each parent/child contact. The record must be factual and must contain at a minimum, but not be limited to:

1. Client identifier;
2. Who brought the child to the parent/child contact;
3. Who supervised the parent/child contact;
4. Any additional authorized observers;
5. Date, time, and duration of parent/child contact;
6. Who participated in the parent/child contact;
7. An account of critical incidents, if any; and
8. An account of ending or temporary suspension of the parent/child contact, including the reasons for ending or suspending the visit.

### **7.4 Protection of Client Information**

1. A provider must set forth in writing, implement, and maintain policies and procedures regarding the release of case information. Case files must not be released except as provided by law, court order, or consent of the parents.
2. When a request for a case file is received, the file must be reviewed and personal identifying information must be redacted (covered over), except as required by

law, as required by the court or subpoena, or when reporting suspected child abuse.

3. When a client is staying in a shelter or other confidential location, especially in domestic violence cases, the provider must not disclose the shelter location or other confidential client identifying information, except as required by law or court order.

### **7.5 Protection of Provider Identity**

A provider must establish policies concerning confidentiality and the protection of staff and volunteers identification in the client file.

## 8.0 Safety & Security

### 8.1 Purpose

This section sets forth general safety and security requirements for providers of supervised visitation.

### 8.2 General Policy for Safety

1. A provider must have written policies and procedures that seek to provide safety for all participants. The central criterion of safety is that there is a match between the capacity of the provider, the service being provided, and the needs of and the risk presented by the family.
2. A provider cannot guarantee safety; adult clients remain responsible and accountable for their own actions.

### 8.3 Declining Unsafe Cases

A provider must refuse to accept any case when the safety needs and risks presented by the family cannot be managed.

### 8.4 Client Relationship

The physical safety measures described in this section are not a substitute for maintaining a relationship with each client that will help reduce potential risks of harm. This means treating each client with respect and fairness.

### 8.5 General Policy for Security

A provider must make reasonable efforts to ensure that security measures are provided. Providers must have written policies and procedures that include, but are not limited to:

- a. Intake and case review;
- b. Collaborating with local law enforcement to facilitate a rapid response;
- c. Reviewing security measures on a regular basis;
- d. Ensuring that the facility meets all state and local fire, building, and health codes; and
- e. Establishing written protocols for emergency situations.

### 8.6 Additional Security Measures in High-Risk Situations

When there is any risk of violent behavior or highly conflicted interaction by one parent against the other or between parents, providers must have:

- a. Written policies and procedures that describes the layout of premises or other arrangements that keep parents physically and visually separate;
- b. Written procedures so that contact or interaction between the parents does not occur;
- c. Copies of relevant court documents readily available;
- d. A safety response plan for the agency; and

- e. A plan for safe arrival and departure and safe use of the service for the client at risk.

### **8.7 Case Screening**

A provider's safety policies and security measures are not a substitute for screening for potential risks of harm. Providers must maintain policies and procedures to screen for risk in each case.

### **8.8 Staff to Client Ratio**

The ratio of supervisor to child must be tailored to each case. In cases requiring supervision of more than one child, a provider must consider having more than one visit supervisor present during visitation (also see [section 9.4\(1\)](#)). Visit supervisor to client ratio will depend on:

- a. Level of the supervision necessary for needed safety in each case;
- b. Number of children and/or families being supervised;
- c. Duration and location of the visit; and
- d. Expertise and experience of the supervisor.

### **8.9 Critical Incidents**

A provider must have written policies and procedures regarding critical incidents including recording, reporting, and actions taken to resolve the incident. See also section 17.0 in this document.

## **9.0 Provider's Responsibility For The Child**

### **9.1 Purpose**

This section is intended to clarify the boundaries between parent responsibility and provider responsibility for children during the provision of service.

### **9.2 General Policy**

A provider must have clearly defined policies and procedures for parental and provider responsibilities.

### **9.3 Parental Responsibility**

1. While parents are responsible for their own behavior during supervised visitation, a provider may hold a parent accountable for their behavior by ensuring that the parent follows the program policies and procedures, the court order, and the signed service agreement.
2. Parents are responsible for the care of the child and the child's belongings during supervised visits, subject to any contrary order of the court.

### **9.4 Provider Responsibility**

1. Children must not be left unattended with a noncustodial parent (their own or any other custodial or noncustodial parent) any time during visitation services. An exception to this rule is during intermittent supervision as defined under [section 2.10](#).
2. Providers must have written policies and procedures for parent/child contact not covered by court order or agreement of the parents. These policies for the parent/child contact must not delegate authority entirely to one of the parents.
3. Providers are responsible for the care and protection of a child during the transition of the child from one parent to another.

### **9.5 Off-Site Supervised Visitation**

1. A provider of supervised visitation or exchanges off site is responsible for working with the parents and/or referring sources to arrange in advance where the visit will take place and who can participate in the visit.
2. Providers must consider and take into account the safety of all participants in determining whether to offer off-site supervision.
3. In addition to the above, a provider of supervised visitation or exchanges must follow sections 9.4(1) and (3) above.

## **10.0 Fees**

### **10.1 Purpose**

This section sets forth the duties and obligations of providers regarding program fees and the collection of fees.

### **10.2 General Policy**

- a. All providers must establish written policies and procedures regarding fees for service, including the amount and collection of fees and consequences for failure to pay.
- b. The provider's policies regarding all fees must be discussed with each parent prior to the beginning of service.

### **10.3 Allocation of Fees**

When there is no court order, or decision by the referring source, or the parent's do not agree with the provider's policy regarding allocation of fees, the provider must deny service until a fee agreement is put into place.



## **11.0 Staff**

### **11.1 Purpose**

This section sets forth the general requirements and qualifications for providers.

### **11.2 General Policy**

1. Service delivery must be staffed in a manner that is consistent with and promotes the mission and core values of safe supervised visitation services for all participants.
2. All providers must demonstrate that they meet the general and special qualifications, skills, knowledge, and training and education to provide service to the types of cases referred to the provider.
3. The central criterion of competencies and training is that there is a match between the capacity of the provider, the service being provided, and the needs of and the risks presented by the family.

### **11.3 General Staff Screening**

All applicants, both paid and unpaid positions, must complete a criminal background check and child abuse and neglect screening and clearance or the equivalent screening in each local jurisdiction before a final decision to hire the applicant is made.

### **11.4 General Qualifications for All Providers**

All staff, including paid and unpaid personnel, must meet the following minimum qualifications:

1. Maintain a neutral role;
2. Have no conflict of interest as outlined in section 3.5;
3. Have no conviction of child molestation, child abuse, or other crimes relating to children;
4. Have no conviction of a violent crime and/or on probation or parole during the last five years;
5. Have had no civil or criminal restraining order issued against him or her within the last five years;
6. Have no current or past court order in which the provider is the person being supervised;
7. Be at least 18 years of age;
8. Be in compliance with local health requirements for direct contact with children; and
9. Be adequately trained to provide the supervised visitation services offered by the provider (see section 12 in this document).

### **11.5 Special Qualifications**

A provider transporting a client must:

1. Hold a valid operator's license for the state/country in which he/she will drive and appropriate for the vehicle being used;
2. Have or be the employee of a person or entity who has liability insurance for the vehicle being used; and

3. Ensure that the vehicle is equipped with seat belts and/or child restraints in accordance with local laws.
4. Have no conviction within five years of operating a motor vehicle under the influence of an intoxicant;
5. Providers who use security personnel must ensure that they are trained for the functions that they will provide and have liability insurance.
6. A provider must be able to speak and understand the language being spoken by the parent and the child being supervised. If the visit supervisor cannot speak and understand the language being spoken by the parent and the child, they must be accompanied by a neutral interpreter over the age of 18.

## 12.0 Training & Education

### 12.1 Purpose

The long-term goal of SVN is to develop and approve an international training curriculum, which will become the standard for supervised visitation providers and will cover each of the topic areas listed below. Until such time that this curriculum is developed and approved, the minimum required training and education requirements are defined by the number of hours for the topic areas listed below.

### 12.2 General Training Principles

1. The training of a provider must correspond with the services offered by the provider.
2. The training specified below must be completed within 12 months of employment.
3. Any person who has not completed the required training, may provide direct service only under the supervision of a person who has completed the required training.

### 12.3 Training for Visit Supervisors

Practicum training for trainees must include:

- a. Direct observation of parent/child contact performed by a trained visit supervisor (shadowing);
- b. Co-supervision of the visit by the trainee with a trained visit supervisor; and
- c. Direct observation by a trained visit supervisor while the trainee independently supervises the visit (reverse shadowing).
- d. New or geographically isolated trainees may substitute using a video of parent/child contact and telephone consultation from a trained visit supervisor for shadowing and reverse shadowing. Once there is a trained visit supervisor on site, the requirement of section 12.3(1) must be followed.

Any person who provides direct service to a client or who does clinical supervision of a person providing direct service must complete 24 hours of training covering at least:

- a. SVN Standards and Code of Ethics when developed;
- b. Provider policies and procedures;
- c. Safety for all participants;
- d. Mandatory child abuse reporting;
- e. Professional boundaries, conflict of interest, confidentiality, and maintaining neutrality;
- f. Basic stages of child development;
- g. Effects of separation and divorce on children and families;
- h. Grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
- i. Cultural sensitivity and diversity;

- j. Family violence, including domestic violence and the effects of domestic violence on children;
- k. Child abuse and neglect, including child sexual abuse;
- l. Substance abuse;
- m. Provisions of service to parents and children with mental health and developmental issues or other physical or emotional impairment;
- n. Parent introduction/re-introduction;
- o. Parenting skills;
- p. Assertiveness training and conflict resolution;
- q. How and when to intervene during visits or exchanges to maintain the safety of all participants;
- r. Observation of parent/child interactions;
- s. Preparation of factual observation notes and reports; and
- t. Relevant laws regarding child custody and visitation and child protection.

#### **12.4 Training for Supervised Exchange**

Notwithstanding the requirement of section

12.3 above, any person providing only supervised exchange services may meet these standards by completing 16 hours of training to include the following:

- a. SVN Standards (and SVN Best Practice Guidelines and Code of Ethics when developed);
- b. Provider policies and procedures;
- c. Safety for all participants;
- d. Mandatory child abuse reporting;
- e. Professional boundaries, conflict of interest, confidentiality, and maintenance of neutrality;
- f. Effects of separation and divorce on children and families;
- g. Family violence, including domestic violence and the effects of domestic violence on children;
- h. Cultural sensitivity and diversity;
- i. Child abuse, including child sexual abuse and neglect;
- j. Substance abuse;
- k. Provisions of service to parents and children with mental health and

- developmental issues or other physical or emotional impairment;
- l. Parent introduction/reintroduction;
- m. Assertiveness training and conflict resolution;
- n. How and when to intervene during exchanges to protect and maintain the safety of all participants; and
- o. Relevant laws regarding child custody and visitation and child protection.

### **12.5 Training for Provider Management**

Any individual provider or any person who is responsible for management of a program, in addition to the requirements of sections 12.3 or section 12.4 above, must complete an additional 16 hours of training covering at least the following topics:

- a. Receiving referrals;
- b. Conducting intake and orientation, including preparing children;
- c. Record keeping and confidentiality;
- d. Establishing a visitation contract with clients;
- e. Setting fees;
- f. Setting conditions (rules) for receiving services;
- g. Setting up the physical space or location for safe visits/exchanges;
- h. Collaborating with the court, child protective agencies, and other referring sources;
- i. Referring clients to other services;
- j. Training and supervising staff, including volunteers and interns;
- k. Reporting to the court or other referring sources;
- l. Testifying in court;
- m. Suspending and/or terminating services; and
- n. Managing and reviewing cases.

Any person in management who has no direct contact with clients and does not supervised direct service staff is not required to fulfill the requirements of sections 12.3 or 12.4.

Any person who provides clerical functions and who has no direct contact with clients is not required to fulfill the requirements of sections 12.3, 12.4, or 12.5.

### **12.6 Training for Supportive Supervision**

In addition to the above, a visit supervisor providing supportive visitation must complete additional training on the following topics:

1. Child Development
2. Trauma Informed Interventions to promote (change;) positive visits.
3. Parenting skills
4. Communication Skills
5. Behaviors that facilitate positive attachment, separation, and reconnection

### **12.7 Training for Educational or Parent Coaching**

In addition to the above, a visit supervisor providing parent coaching/parent education must complete additional training on the following topics:

1. Recognized parent education curriculum
2. Lesson plan development
3. Assessment process

### **12.8 Training for Therapeutic Supervision**

- a. Any person providing therapeutic supervised visitation services must be a licensed mental health professional with experience in both family therapy and supervised visitation. A master's level clinician who is pursuing their licensure, or a master's level clinical intern, can also provide these services if they are being directly supervised by an appropriate licensed mental health professional. All providers must complete the training specified in section 12.3 above.
- b. Any clinician providing therapeutic supervised visitation services must have education and experience in areas to meet the specific needs of each family. These may include domestic violence, substance abuse, child abuse, mental health issues have had training in trauma informed interventions. In addition, the professional must also have knowledge and expertise in working with their local CPS services and their local probate and family court.

## **13.0 Referrals**

### **13.1 Purpose**

This section sets out the general criteria for accepting or declining cases by a provider.

### **13.2 Accepting Referrals**

1. Referrals may be made by order of a court, a child protective service agency that has taken custody of a child, other sources such as mental health professionals, attorneys, or from parents themselves. Parents must indicate their agreement to participate in services and must do so in writing.
2. Referral information must include the reasons for the referral and information on any family issues that may impact on the parent/child contact or the safety of the participants.
3. If a provider receives a referral that does not cover frequency and duration of parent-child contact, type of service, and the parents disagree about provisions of service delivery, the provider must send the issue back to the court or referring agency for clarification. While waiting for a clarification by the referring agency or court, a provider may set temporary conditions for the use of service provided that the parents consent.

### **13.3 Declining Referrals**

1. A provider must refuse to accept any case when the safety needs and risks presented by the family cannot be managed. Reasons for declining a referral may include that the provider is not adequately trained, resources are insufficient to provide the type of service requested, or there are safety and/or security risks that the provider cannot manage.
2. A provider must inform the referral source in writing of the reasons for declining any referral.

## **14.0 Intake & Orientation**

### **14.1 Purpose**

This section defines the duties and obligations for conducting intake and orientation.

### **14.2 General Policy**

A provider must include a face-to-face interview with each parent separately during the intake or the orientation.

### **14.3 Intake**

1. A provider must conduct interviews with each of the parents prior to the beginning of service. Providers may collaborate with the court or referring agency in conducting the intake.
2. Parents must be interviewed separately and at different times so that they do not come into contact with each other.
3. A provider must inquire during the intake process about the reasons for the referral and information on any family issues that may impact the parent/child contact or the safety of the participants.
4. A provider must inquire about ongoing or chronic medical conditions of the participants that could affect the health and safety of the child, or the parents, or other participants during parent/child contact.
5. A provider must inform each parent about the limits of confidentiality and request a release of information from each parent allowing the provider to communicate with other individuals and/or agencies designated on the release.
6. A provider must explain the program rules and policies with each parent prior to the beginning of service.
7. A provider must have a service agreement signed by each parent prior to the commencement of service.

### **14.4 Orientation by the Provider**

A provider must conduct an orientation for each client prior to the beginning of service that includes, but is not limited to, the following:

1. Familiarization with the staff and the site/location of the visits;
2. Discussion of the safety arrangements;
3. The plans for service;
4. The reasons for the supervision and that supervision is not the child's fault; and
5. An opportunity for the clients to express concerns.

### **14.5 Child Preparation by the Parent**

1. A provider must give parents written information about preparing their children for supervised visitation services prior to the first visit and in accordance with the child's age and stage of development.
2. The provider's written information for the preparation of the child must include the plans for service, the reasons for supervision, and that supervision is not the child's fault.



3. An exception to describing the plans for service, the reasons for the supervision, and safety arrangements may be made for infant

## **15.0 Staff Preparation For Services**

### **15.1 Purpose**

This section is intended to describe how staff is to be prepared for service delivery and conditions of parent/child contact not covered by a court order.

### **15.2 General Policy**

Providers, including staff or volunteers supervising a visit, must know the reasons for referral, the safety risks associated with the service provision, and the terms and conditions of the service being provided.

### **15.3 Conditions for Parent/Child Contact**

1. A provider must have written policies and procedures regarding conditions of supervised visitation, including, but not limited to, issues such as visitors, toys, food, gifts, photo/video/audio recording, cellular phones, pagers, and toileting. Provider's policies and procedures must not delegate decision-making authority over these conditions entirely to one parent.
2. A provider must be able to speak and understand the language being spoken by the parent and the child being supervised. If the visit supervisor cannot speak and understand the language being spoken by the parent and the child, they must be accompanied by a neutral interpreter over the age of 18.

## **16.0 Interventions And Ending A Visit Or Exchange In Progress**

### **16.1 Purpose**

This section defines the parameters for staff interventions and ending a parent/child visit in progress.

### **16.2 General Policies**

A provider must have written policies and procedures for intervening in and ending parent/child visits in progress. The policies must include situations in which the provider determines:

1. A child is acutely distressed;
2. A parent is not following the program rules set out by the service agreement; and
3. A participant is at risk of imminent harm either emotionally or physically.

Ending a client's parent/child contact may be a temporary measure and is not the same as termination of services.

## **17.0 Provider Functions Following Supervised Visitation**

### **17.1 Purpose**

This section clarifies for staff when to provide feedback to parents and when to conduct staff debriefing.

### **17.2 Feedback to Parents**

1. A provider must inform a parent if there has been an injury to their child, a critical incident during supervised visitation, or an incident that presents a risk to that parent's safety. An exception to section 17.2(1) is if a critical incident involves a mandatory report to child protective services and child protective services instructs the provider to not inform the parent.
2. A provider must inform a parent if he/she has violated a provider rule which may lead to the suspension or termination of services.
3. A Therapeutic Supervised Visitation Provider must review progress on the agreed upon goals, on an ongoing and agreed upon basis in a summary of services report. Such reports must NOT include recommendations concerning child custody or parent child contact arrangements.

### **17.3 Discussion of Cases with Staff**

Providers, other than private providers with no employees or volunteers, must provide supervision and an opportunity for visit supervisors to discuss visits or exchanges they have supervised.

## **18.0 Termination of Services**

### **18.1 Purpose**

This section sets forth the procedural parameters for termination of supervised visitation services.

### **18.2 Reasons for Termination**

A provider must have written policies and procedures that set forth the reasons for which services may be terminated, including, but not limited to:

1. Safety concerns or other case issues that cannot be effectively managed by the provider;
2. Excessive demand on the provider's resources;
3. The parent's failure to comply with the conditions or rules for participation in the program;
4. Nonpayment of program fees; and
5. Threat of or actual violence or abuse.

### **18.3 Refusal of Child to Visit**

1. A provider must have written policies and procedures for situations in which a child refuses to participate in parent/child visits.
2. If a child refuses to visit with the noncustodial party in such a way or for such a period of time that it raises concerns that continuation of services may be detrimental to the child's safety and emotional well-being, then a provider must suspend services pending resolution of the issue.

### **18.4 Procedures for Termination of Services**

When a provider terminates services, the provider must:

1. Inform each parent in writing of the reason for termination of services;
2. Provide written notice to the court and/or referring source stating the reason for the termination; and
3. Document the termination and reasons for termination in the case file.

## **19.0 Special Standards In Situations Involving Child Sexual Abuse And Domestic Violence**

### **19.1 Purpose**

This section is intended to set forth additional conditions for the delivery of services for situations involving child sexual abuse and domestic violence.

### **19.2 Child Sexual Abuse**

1. A provider must have written policies and procedures for the supervision of cases with allegations or findings of sexual abuse that provide for the safety of all participants using the service.
2. Any provider supervising the parent/child contact when sexual abuse has been alleged or proven must have specific training in child sexual abuse and its effect on children.
3. The contact between the visiting parent and the child must be supervised continually one-on-one so that all verbal communication is heard and all physical contact is observed.
4. If there is an allegation of sexual abuse that is under investigation, providers must not accept a referral or must suspend service unless there is a court order to the contrary or an opinion by a sexual abuse expert involved in the case.

### **19.3 Domestic Violence**

A provider must have written policies and procedures for supervision of cases with allegations or findings of domestic violence that provide for the safety of all participants using the service.

A provider must:

1. Develop and implement a plan for safe arrival and departure and safe use of the service for the client at risk;
2. Refer any victim of domestic violence to a resource expert that can assist and help the victim in developing a personal safety plan.
3. Develop and implement policies and procedures that address no shared decision-making, unless in a specific case shared decision making has been explicitly ordered by the court; and
4. Develop and follow policies regarding no contact or interaction between the parents, unless in a specific case contact or interaction is allowed by order of the court.

## **20.0 Reports To Courts And Referring Sources**

### **20.1 Purpose**

This section sets forth standards for submission of reports to the court and referring sources.

### **20.2 Factual Reports**

1. A provider must have written policies and procedures regarding writing and submitting reports to the court or referring source or other entity.
2. A provider who submits reports must ensure all reports are limited to facts, observations, and direct statements made by the parents and not personal conclusions, suggestions, or opinions of the provider.

### **20.3 Cautionary Note on All Reports or Observation Notes**

When submitting any reports or copies of observation notes, a provider must include a cautionary note stating the limitations on the way the information should be used.

## **21.0 Confidentiality**

### **21.1 Purpose**

This section sets forth the parameters and obligations of providers regarding confidentiality and exceptions to confidentiality, provider subpoena, requests from other parties to observe a visit, and parents' and attorney's review of the provider's file.

### **21.2 General Policy Statement**

1. Unlike clients of lawyers, clients of providers do not have a privilege of confidentiality, which protects against having client records subpoenaed by the court or by another party as part of a court proceeding.
2. A provider must have written policies and procedures regarding confidentiality and the limits of confidentiality, including but not limited to the submission of observation notes or reports.
3. A provider must maintain confidentiality and refuse information without written permission, except as set forth under section 21.3 in this document.

### **21.3 Exceptions to Confidentiality**

In the following situations, a provider may release client information without specific client permission:

1. In response to a subpoena request;
2. In reports of suspected child abuse and neglect to the appropriate authority as required by law; and
3. In reporting danger or threats of harm to self or others as required by law.

### **21.4 Parents Rights to Review Records**

1. A provider must have written policies and procedures regarding parents' right to review case files in accordance with local, state/provincial and federal laws.
2. A provider must respond to a parent's request to review the case file, while excluding personal and confidential information and any other information protected by law about the other parent or the child.

### **21.5 Requests to Observe or Participate in Supervised Visitation**

1. Requests from professionals to observe A provider must develop policies and procedures concerning requests from professional practitioners to observe a visit, including the conditions for the observation of the parent/child contact.
2. Requests from clients to participate
  - a. A provider must develop policies and procedures regarding clients' participation in supervised visitation.
  - b. Authorization to participate in a supervised visit must be by obtained by court order, or approval of a judicial officer, or by approval of both parents in writing.

1) The Supervised Visitation Network acknowledges that the concept of both parents may not be applicable because of dependency cases.

2) Face-to-face interviews may be problematic due to distance or geographical isolation; however, during the intake or orientation process, the provider remains responsible for obtaining all relevant information pertaining to the clients before the commencement of service. The gathering of information may be done without face-to-face contact.