



**Travis County
Standards and Guidelines
Neutral Drop-Off,
Pick-Up
and
Supervised Visitation
Services**

February 21, 2001

**Requirements to Provide Visitation Services as
Promulgated by the Travis County District Courts**

~PURPOSE ~

The Travis County District Courts may order persons in need of neutral drop-off and pick-up, supervised visitation and therapeutic visitation services to competent service providers in Travis County. An organization or individual interested in offering these services shall meet the Standards and Guidelines promulgated by the Travis County District Courts.

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CHAPTER I

PROGRAM ADMINISTRATION

STRUCTURE OF SERVICES

Providers

Neutral drop-off, pick-up or supervised visitation services can be provided by a qualified individual, a qualified independent free-standing agency, or by a qualified sub-division or program of a larger agency. The Independent Provider or governing board is responsible for compliance with these Guidelines.

Advisory Board

Regardless of whether neutral drop-off, pick-up or supervised visitation services are provided by an independent or larger agency, the Provider shall establish and report to an Advisory Board. In the case of an agency, this may be the governing board or a separate body composed of individuals with knowledge of neutral drop-off, pick-up or supervised visitation issues. It is likely that a Provider of supervised visitation services will benefit from input and support from such a group. In addition, it is crucial that Providers remain focused on their role and quality of service.

Conflicts of Interest

Neutral drop-off, pick-up or supervised visitation services may be provided by or may be operated by agencies that have other functions. However, the mission of such agencies shall be compatible with neutral drop-off, pick-up or supervised visitation. In an agency whose primary mission is not neutral drop-off, pick-up or visitation services, then these services shall be a separate program within the agency. When these services are provided by an agency whose primary mission is not neutral drop-off, pick-up or supervised visitation, the agency will be responsible for ensuring that staff or persons providing these services are trained and qualified according to these Guidelines and shall mandate the provision of services in conformity with these Guidelines. Because staff must understand the neutrality and confidentiality philosophies and meet these training requirements, caution should be used in mixing staff between the agency's programs, especially between programs offering advocacy services as opposed to therapeutic services.

Insurance

All Providers of neutral drop-off, pick-up or supervised visitation services shall provide adequate general and liability insurance for staff and families utilizing the services.

Affiliations

Providers are encouraged to establish affiliations with agencies such as, but not limited to: child mental health clinics, child protective services, legal services, substance abuse counseling and treatment, and batterers treatment and battered victims services which provide services and expertise complementing neutral drop-off, pick-up or supervised visitation.

ADMINISTRATIVE FUNCTIONS

Organizational Responsibilities

The Travis County District Courts are interested in referring clients to organizations that are controlled by a strong and vibrant Board of Directors, that holds the Executive Director accountable and exhibits stringent financial controls. An agency receiving court referrals shall be able to provide the following:

- ❖ Clear job descriptions that detail the responsibilities of the Executive Director and staff (if applicable).
- ❖ Written periodic performance reviews of the Executive Director by the Board of Directors (if applicable).
- ❖ Written policies and procedures for the operation of services.
- ❖ Published monthly/yearly financial statements (if applicable).
- ❖ Proof of 501 (c) (3) status (if applicable).
- ❖ An independent financial audit conducted annually (if applicable).
- ❖ Copy of a published sliding scale fee schedule for services that reflects the Travis County economy.
- ❖ Statement of how organization can provide low, or no-cost services, for indigent clients.
- ❖ Written complaint procedure.

Resources and Functions

The Provider's budget, financial viability, competence, and the training and experience of the program staff will largely determine the type of services the Provider can offer and the number of clients who can be assisted. Providers should not overextend themselves, but shall ensure that the services they provide are of high quality. Providers shall identify the type of assistance that is most urgently needed in order to target available resources to the area of greatest need.

Parental Responsibility

- ❖ Responsibility for the care of the child and the child's belongings, subject to any contrary order of the Court, rests with the clients.
- ❖ Prior to the beginning of neutral drop-off, pick-up or supervised visitation, the Provider shall establish a plan about which client has responsibility for ensuring the essentials for the visit are available (i.e. food, medication, clothing, car restraints, etc.). These arrangements shall be noted in the client file.

Provider Responsibility

The Provider will be temporarily responsible for the care of the child:

- ❖ where the child is collected from the Custodial parent (CP) or joint managing conservator (JMC), and taken to the Non-custodial parent (NCP), possibly at a different location,
- ❖ where the Non-custodial parent terminates the visit and leaves before the CP or JMC has arrived to collect the child, or
- ❖ Where the CP or JMC drops off the child and leaves prior to the arrival of the Non-custodial parent.

FEES

General Policy

Neutral drop-off, pick-up or supervised visitation shall be available to all that need it. Within the limits of available funding, the Provider is encouraged to make services available to all families regardless of ability to pay. If costs of the service are not otherwise covered, a Provider may charge fees-for-service. The organization shall have a published sliding scale fee schedule for services that reflect the Travis County economy. The organization shall make every effort to provide low or no-cost services for indigent clients.

Allocation of Fees

If fees are charged, the Provider shall:

- ❖ charge each family fees for the services provided on a sliding scale basis according to ability to pay;
- ❖ apportion fees among the users of the service, unless otherwise agreed on by the users of the service, determined by the referring agency, or ordered by the Court; and
- ❖ have policies and procedures regarding consequences for clients who refuse to pay fees.

Fees in Cases of Family Violence

- ❖ When there has been a determination that family violence (partner abuse or child abuse) has occurred but the family has been referred without an order that establishes who shall pay the fee, a Provider shall have written guidelines indicating how fees will be allocated. These shall be shown to clients and attorneys as soon as the referral has been made. Providers may select among the following alternatives, as relevant to their service:
 - Require the abuser to pay all fees, or
 - Charge each client according to ability to pay regardless of who committed the abuse.
- ❖ When there are contested allegations of abuse and there is neither an order setting forth how the fees shall be apportioned, nor a determination of whether abuse has occurred, Providers may select among the following alternatives as relevant to their service:
 - Require the alleged abuser to pay the entire fee,
 - Reject the case until a determination about family violence has been made and/or there is a Court order or agency determination that includes the allocation of fees,
 - Send the family back to the Court or referring agency for a

determination about the allegation of abuse or an order on the fee, but begin visits pending the response, with each party paying a fee, which is held in escrow until a determination has been made. The alleged abuser shall pay the full fee in escrow; the abused client (or the non-abusive client in the case of child abuse) shall pay that portion of the fee that would be allocated if the fee were split according to ability to pay, or
-Charge each party according to ability to pay.

CHAPTER II

CASE RECORDS, CONFIDENTIALITY, REPORTS TO COURTS AND/OR OTHER REFERRING AGENCIES

CASE RECORDS

Client Files

Relevant information shall be recorded during intake and a file shall be created for each family, including at a minimum, the following identifying information on each client:

- ❖ name,
- ❖ date of birth,
- ❖ address,
- ❖ telephone number,
- ❖ referral date,
- ❖ source of referral,
- ❖ reason for referral,
- ❖ arrangements for supervised contact,
- ❖ lawyers name, address and phone number,
- ❖ other agencies involved (if applicable),
- ❖ any authorized persons.

Records of Visits

A Provider shall also maintain a record of each contact (Observation Notes) which includes at a minimum:

- ❖ identifying client information,
- ❖ a means of identifying staff who provided visit supervision,
- ❖ the date, time and duration of contact,
- ❖ who attended (e.g. authorized person),
- ❖ account of critical incidents,
- ❖ summary of activities during visit,
- ❖ comments, requests made by children and/or clients, and
- ❖ interventions made during the contact including early termination of the visit with the reason for the intervention.

Either as part of the Conditions for Participation or in a separate document, for each family, the Provider shall document the frequency, duration, number of supervised visits (if known); and any special conditions applying to the visits.

Statistics

Statistics shall be kept for evaluation and monitoring, and to account to funding sources, as per the statistical requirements of the individual funding entity. Statistical reports shall not compromise client confidentiality.

Completeness of Records

Written standards shall be established by the Provider to include but not be limited to the following:

- ❖ all contacts in person, by telephone or correspondence concerning each family,
- ❖ contacts with the clients and child(ren),
- ❖ contacts with the court,
- ❖ contacts with attorneys,
- ❖ contacts with health Providers, and
- ❖ contacts with referring agencies.

All contacts shall be documented in the client file. Entries shall be dated and signed by the person recording the entry.

CONFIDENTIALITY

Safety Concerns

Identifying information, including addresses, telephone numbers, schools, and places of work, shall be kept confidential to prevent unintentionally revealing where any victim of family violence, works or goes to school. This can be done with separate files for children and each client, but Providers may submit an alternative plan to maintain confidentiality.

Protection of Supervisor's Identity

Some Providers will choose to protect the identity of staff or volunteer Visit Supervisors. In this case, there shall be procedures so that a Provider can determine on the records of visits, who provided the supervision of each visit.

No Privilege of Confidentiality, Subpoenas

Unlike clients of lawyers, clients of Supervised Visitation Programs do not have a privilege of confidentiality that protects them from producing client records requested by the Court, or by another party as part of a Court proceeding. By requesting the Court to issue a "subpoena", any client may require a Provider to grant the client all records and/or require that a Provider come to a Court proceeding and bring the records. **Providers shall explain this fact to clients before commencing services and give each client this information in writing (see also page 20). A copy of signed by each client stating that they are aware of this policy shall be kept in the client file by the Provider.**

Subpoenas follow different rules in different jurisdictions. It is recommended that Providers have access to a legal consultant in cases where they are subpoenaed and required to become involved in a Court proceeding.

Confidentiality That Can Be Offered/ Exceptions

Even though a Provider cannot stop a legal demand to produce records as part of a Court proceeding, a Provider can and shall commit to keep records confidential in all other situations. Whenever possible, Providers of Supervised Visitation shall maintain confidentiality and refuse to release information without the permission of the client, with the following exceptions:

A) At intake, Providers shall obtain consent for release of information from clients for the requests stated in B) and C).

B) Providers shall respond to requests from referring agencies for factual information about the participation of clients in Supervised Visitation, including the number and duration of contacts, what occurred during contacts, and the need, if any for interventions and/or termination of visits.

C) Providers shall respond to requests for information from court-appointed evaluators, Guardians ad litem and/or a psychotherapist treating a child whose contacts with a client are supervised.

D) Providers, as required by law, shall report evidence of child abuse to the appropriate state agency. Providers shall inform clients of their obligation and commitment to report.

Client's Review of Records

Client files are available only by subpoena. In family violence and sexual abuse cases, information about where a parent or child lives, works or goes to school shall be kept confidential.

Copies of Records for Attorneys in Preparation for Litigation

Upon presentation of a subpoena or client release, Providers shall allow an attorney, a Guardian ad litem or a parent to examine or obtain a copy of his/her client's records in preparation for a court proceeding.

Requests to Observe a Supervised Visit

A Provider may be asked to permit observation of a client and child(ren) during a supervised visit by a mental health professional appointed by the Court to evaluate a family. The observer shall bring some form of identification to the visit. **Visitation centers shall not become assessment facilities.** A Provider may permit such observation if:

- ❖ The observation is requested/ordered by the Court; or
- ❖ Both clients agree to allow the observation.

The observation shall not:

- ❖ Unduly interfere with the operation of the supervised visitation service,
- ❖ Violate the confidentiality of other clients, and
- ❖ Prove upsetting to the child.

REPORTS TO COURTS AND/OR OTHER REFERRING AGENCIES

Factual Reports

Providers can best serve their clients and the public by providing clear factual reports. *A Provider shall not provide a report that expresses opinions, and specifically an opinion about the appropriate future course of access between a child and a client who have been supervised by the Provider, unless the report is prepared by a qualified person and requested by a guardian ad litem or by a court order in preparation for a subpoenaed appearance in court.* In cases of reunification, Providers may be required by the court to make future visitation recommendations. Providers shall have adequately trained staff to report to the court when subpoenaed or requested to do so by the court.

Cautionary Note on All Reports or Observation Notes

When submitting any reports or copies of Observation Notes, a Provider shall include a clear introductory notice stating the context in which the observations occurred and the need for caution in making decisions about future adult-child access based solely on these reports or notes. The following is sample language that may be used:

This report is based on observation notes that have been prepared by volunteer observers in training, as well as by paraprofessional and professional staff. Observers are instructed to record what happens during parent- child contacts and may not include opinions and judgments. (Name of Provider) does not provide evaluations of the families who use the program's services or make recommendations about future arrangements for parent-child access.

The observations are of parent-child contacts that have occurred in a structured and protected setting. No prediction is intended about how contacts between the same parent(s) and child(ren) might occur in a less protected setting and without supervision. The users of these observations in making such predictions should exercise care.

CHAPTER III

OPERATIONS

SCOPE OF SERVICES

Services

Providers shall offer only those services for which their staff is adequately trained. Services provided by a supervised visitation and exchange program may include:

- ❖ On-site supervision
- ❖ Off-site supervision
- ❖ Exchange monitoring
- ❖ Therapeutic supervision
- ❖ Telephone monitoring
- ❖ Transportation to and from visits
- ❖ Recording observations of visits
- ❖ Reports (factual)
- ❖ Referrals to other services
- ❖ Facilitation of client communication and/or scheduling changes

Evaluations

Under these Guidelines, ***Providers shall not perform evaluations or make custody recommendations.*** In order to preserve the objectivity of the visitation setting, different people shall perform the function of supervising parent-child contacts and the function of evaluating those contacts. This is particularly true where supervised visitation continues over an extended period.

A Provider shall be subpoenaed or be directly requested by the Guardian ad Litem or court to make a recommendation. In that situation the Provider shall make statements of opinion about a family member or the contact between a child and adult ONLY IF:

- ❖ the Provider is specially trained to provide an evaluation of the type requested, AND
- ❖ the Provider informs both clients that the evaluation is occurring, AND
- ❖ the Provider follows procedures generally accepted as adequate for an evaluation.

Recommendations affecting visitation arrangements in cases with a history of family violence or sexual assault will not be made without a full custody evaluation by a qualified Guardian ad Litem appointed by the court. This section does not apply to cases litigated by the Department of Protective & Regulatory Services.

Therapeutic Supervision

Therapeutic supervision, combining the functions of observing contacts between adult(s) and child(ren), seeking to provide safety and therapeutic intervention, shall be provided only by a mental health professional licensed by the State of Texas. Providers may offer internship programs leading toward a mental health professional license or certificate. Interns shall be under the direct supervision of a licensed or certified mental health professional.

INTAKE

Face-to-Face Interviews

A Provider shall conduct a face-to-face interview with each of the clients and separately with the child(ren) before services are offered. After interviewing the clients, the Provider shall provide children with an orientation before services begin. Children should never be present during the intake interviews with the clients. Clients should be interviewed separately and at different times, so that they do not come into contact with each other.

Intake Information

Whether or not family violence has been identified as an issue in the referral, a Provider shall routinely assess during the intake process whether there has been a history of family violence or sexual abuse.

Both clients should make available to the Provider all protective orders. The special conditions imposed by any current protective order shall be reviewed with each client. Each client should indicate his/her understanding and acceptance of the rules, by signing them in the presence of the staff person conducting intake.

Necessary Intake/Referral Information

A Provider shall obtain all relevant information about the person(s) being referred, including specifically:

- ❖ a copy of the court order
- ❖ reasons for supervision of visits
- ❖ type of service requested (i.e. one-on-one supervision, exchange monitoring, off-site supervision)
- ❖ the requested frequency of visits
- ❖ the arrangements for payment of fees, if any, including apportionment among the person(s) referred
- ❖ special needs of the child(ren), and
- ❖ any information concerning family violence or sexual abuse.

A Provider may send a family that is referred with inadequate information back to the referring agency or may continue to gather the necessary information during the intake process.

Preparing Children For Visits

The child(ren) may be informed, according to age and stage of development, about the purpose of the supervised visits and the arrangements for the visits, i.e., frequency, duration, procedures and safety. Children shall be oriented to the setting, introduced to the staff and reassured that the staff will be available to him/her during the visit. When supervised visits or exchanges will occur on-site, the child(ren) shall have the opportunity to visit the site before the first visit and an opportunity to meet the visit supervisor before the first visit.

Inviting Others to the Visit

During intake or prior to a visit, the clients shall specify who will be included in the supervised visits. Only those visitors agreed upon by both clients or specified by court order shall be permitted to attend a supervised visit. The Non-Custodial Parent (NCP), Possessory Conservator (PC) or Joint Managing Conservator (JMC) without primary custody and control, shall ensure that authorized visitors understand the *“Conditions for Participation”* and are prepared to abide by them.

CHECKLIST OF INFORMATION TO BE GATHERED DURING INTAKE

At a minimum, the following information shall be requested during intake with each of the parties:

- Name, address and telephone number
(***THIS INFORMATION SHALL BE KEPT CONFIDENTIAL***)
- Names and ages of child(ren)
- Copies of current relevant Court orders (including Protective Order or agreements signed by both parties)
- Court proceedings in progress; upcoming court dates; criminal actions pending against either client; prior Protective Order(s)
- Information regarding any previous supervised visitation arrangements
- Details of the reasons for the request for supervised visits or exchanges
- Risk factors, including risk of abduction and details of family violence
NOTE: This item is required information.
- History of parental dysfunction, including mental illness, developmental delay, or substance abuse (specify substances)
- Concerns about issues that may arise during visits or exchanges with the child(ren)
- Requests for special restrictions during visits (e.g., no photographs, close attention to negative statements)
- Information on practical arrangements for visits, such as diet, medication, toileting, and clothing
- Details for scheduling visits, such as where, when, who can visit and /or duration of visit
- Information on prior or current evaluations relevant to visitation
- Releases of information for contact with referring agency, relevant therapists, court appointed evaluators, attorneys, and others
- Information adequate to set and/or apportion fees, if not already determined by Court or referring agency

CHECKLIST OF INFORMATION TO PROVIDE DURING INTAKE

The following information shall be provided to parties in writing during Intake and a copy signed by each party kept in the client file.

- ❖ The Provider shall explain that Provider maintains a stance of neutrality between the CP and NCP. ***Maintaining neutrality does not, however, mean that the Provider shall accept or condone prior or current behavior of any family member that has been abusive or harmful.*** Instead, the principle of neutrality is intended to convey respect for the potential importance of each parent to his/her child(ren) and to make the Provider staff and place of business a safe place for the child(ren), where contact with the NCP involves as little conflict of loyalty for the child as possible.
- ❖ Describe records kept by the Provider, reports that may be provided to referring agency or others, confidentiality and the limits of confidentiality.
- ❖ Explain communication the Provider will have about the family with others, including therapists and the referring agency.
- ❖ Explain the steps the Provider can and will take to promote the safety and welfare of the child.
- ❖ Explain that the use of the service is not a right, and that the Provider can decline to continue providing services. Explain the reasons, which may include the Provider's judgment that continued contacts present unacceptable risks, that a client has failed to comply with the Conditions for Participation, or that a child appears significantly distressed by the contacts.
- ❖ Review the Conditions for Participation and provide each client with a signed copy.
- ❖ Provide information on fees that will be charged, including fees for cancelled sessions and any special fees, i.e., for preparation of reports or appearance of staff at Court proceedings.
- ❖ Explain how to prepare a child for the supervised visits or exchanges and how the Provider will assist.
- ❖ Provide information regarding office hours and availability of staff outside of visiting hours.
- ❖ Provide intake form addressing rules and regulations to each client. The original form stays in the case file.

CONDITIONS/RULES FOR PARTICIPATION IN THE SUPERVISED VISITATION PROGRAM

Conditions/Rules shall be provided to each client in writing and explained before visits begin. Each client should indicate his/her understanding and acceptance of the rules by signing them in the presence of the staff person conducting the intake interview.

The Conditions for Participation in the Supervised Visitation Program shall include, but are not limited to the following:

- ❖ Clients shall arrive punctually at the arranged times for the start and end times of the visits.
- ❖ Except in an unavoidable emergency (such as sudden illness, or accident), the relevant client will inform the service as soon as possible, and at least 24 hours in advance, if a visit must be cancelled. The Provider shall notify the other client that the visit has been cancelled. (A Provider may require medical verification if there are repeated incidents of sudden illness.)
- ❖ Unless there has been a specific agreement and a court order allows contact, clients agree that they (and, if applicable, authorized persons approved for inclusion in supervised visits) will remain separate, physically and visually.
- ❖ Arrivals of the Non-custodial and Custodial parent will be at different times.
- ❖ At the end of the visit, the NCP and CP will have different departure times so that they may avoid contact with each other.
- ❖ Clients will obtain appropriate authorization before bringing an additional visitor.
- ❖ No participant in the neutral drop-off, pick-up or supervised visitation program may follow or harass another party before or after a scheduled supervised visit.
- ❖ Clients may not bring weapons or dangerous implements of any kind. Security staff has a right to search clients for weapons.
- ❖ Clients in the neutral drop-off, pick-up or supervised visitation program may not use illegal substances or alcohol before or during supervised visits or exchanges. Provider may test for drugs or alcohol as specified in the court order.
- ❖ No client may make any threat of violence or threat to violate any court order during a supervised visit or exchange, including the transitions before and after the visit.

- ❖ No client may commit any violent act or violate any court order during a supervised visit or exchange, including the transitions before and after the visit or exchange.
- ❖ No adult may physically discipline, or threaten to physically discipline a child during supervised visitation or exchange whether the locale of the visit is on- or off-site.
- ❖ Neither client may make negative comments to a visiting child about the other client, his/her partners or family members.
- ❖ Neither client shall ask a child or staff member to deliver support payments or legal documents to the other client.
- ❖ In cases with an active protective order, neither client may take photographs or make audio or visual recordings onoff-site, during supervised visitation or exchanges without prior approval of the child, the other client and the Provider, or court order.

DECLINING REFERRALS

Declining Cases

A Provider shall review the services requested by the referring agency and determine if the Provider can provide those services. If a referring agency requests services, such as evaluation, which the Provider cannot or is not trained to provide, or if there are security risks which the Provider cannot appropriately manage, then the Provider shall notify the referring agency and decline the referral, stating the reason(s).

Declining Unsafe Cases

Resources and security needs will affect the decisions about the type of cases a Provider will accept. A Provider shall refuse to accept any case if the Provider cannot reasonably ensure the safety of the child(ren) and adults. Specifically, where there is risk of parental abduction or violence, a Provider shall not provide services if a family appears too volatile, if the staff is not adequately trained to manage the situation, or if the facilities are not adequately secure. Providers shall furnish the court with a clear set of criteria regarding appropriate referrals.

Visitation Procedures

A Provider shall have procedures for arrival and departure of clients so that contact between them does not occur. Specifically, the following arrangement or some appropriate variation shall be used:

Option A

The NCP should arrive at least 15 minutes before the visit and be taken to a space visually separate from where the CP will arrive.

The CP should arrive with the child at the time of the visit. The CP should leave first, and the NCP should remain at the site for at least 15 minutes.

To reduce risk, it may be appropriate, after the child(ren) has/have arrived for the visit, according to the above procedure, to have the NCP and child(ren) remain at the exchange location for a further 15 minutes while the CP leaves.

At the end of the visit, it may be appropriate to have the non-custodial parent and child(ren) return to the site 15 minutes before the end of the visit, so the CP can arrive with a lowered risk of contact with the NCP.

Option B

NOTE: Option B is not allowed for cases with family violence or sexual abuse history.

The CP and child should arrive at least 15 minutes before the visit. The CP should then go to a designated area or leave the premises. This allows the child to have a 15 minute transitional , tension-free period between parents, giving him/her the opportunity to play and talk with staff.

The NCP should arrive promptly at the designated visiting time.

To reduce risk, it may be appropriate, after the child(ren) has/have arrived that the CP remain in a designated area separate from the exchange area until 15 minutes after the NCP has picked up the child(ren).

Non-custodial parents shall leave the premises upon completion of supervision or return exchange.

Option C

Provider may submit an alternative plan that demonstrates adequate security procedures.

INTERVENTIONS DURING AND TERMINATION OF SUPERVISED VISITS OR EXCHANGES

Intervention

In addition to interventions specified elsewhere in these guidelines, a supervisor may stop any visit during which:

- ❖ a child becomes acutely distressed,
- ❖ the supervisor considers that the child is in a situation of possible emotional or physical risk,
- ❖ the client acts in an inappropriate manner towards the child, staff or others present, or
- ❖ the client becomes distressed and is unable to regain emotional control.

Depending on the child's reaction and the supervisor's assessment, the visit or exchange may be temporarily interrupted, with the visit resuming when the child or client has calmed, or the visit may be ended entirely. Terminating an individual visit or exchange does not necessarily mean that services for the family will be stopped permanently.

Termination of Services

A Provider may decide to terminate services for the following reasons:

- ❖ Safety or other issues cannot effectively be addressed by the Provider
- ❖ The case places an excessive demand on the Provider's resources
- ❖ One or both clients failed to comply with the Conditions for Participation in the program
- ❖ Failure to pay fees as ordered or agreed, and/or
- ❖ Clients agree that they can manage visits without assistance unless a court order, including a protective order, prohibits such agreement.

Procedure for Termination

When termination of services is being considered, the Provider shall advise the clients separately about the issues. Once a decision has been made, both clients shall be advised of the reason(s) for termination. These reasons shall be confirmed in writing to both clients and the referral source. At times it is appropriate for the Provider to document a warning of termination in written form to both clients, with explanations for why services may be terminated.

Chapter IV

FACILITIES

PREMISES

- ❖ On-site services shall be provided in a building accessible by public transportation and to the handicapped.
- ❖ Premises shall be suitable for the age of the children and the degree of supervision required.
- ❖ Waiting areas shall be located so that a waiting client cannot be seen by a client entering the facility and so that a waiting client cannot hear or see a visit in progress.
- ❖ If separate waiting areas are not provided, the timing of clients arrival shall prohibit interaction. (See Appendix A)
- ❖ Premises, including parking areas, shall be safe and secure.

HOURS OF OPERATION

- ❖ Hours of operation will depend on the resources of the Provider and the types of cases the Provider accepts.
- ❖ Hours for providing services shall include evening and weekend hours.
- ❖ Though services may be provided evenings and weekends, a Provider shall be available by telephone at other times.

SECURITY POLICY

A Provider shall have written security policies that provides protection to all clients in a program. Security procedures shall be applied equally for all clients, staff and volunteers.

Reasonable Security

A Provider shall take reasonable precautions and provide security measures outlined in these guidelines. However, a Provider cannot absolutely guarantee the safety of all clients. The adults involved remain responsible for their own actions.

NOTE: This section is required for Providers handling family violence cases but if these specifics are not possible, the Provider shall submit a plan addressing these safety concerns.

Security arrangements shall include, but are not limited to:

- ❖ layout of premises shall physically and visually separate clients,
- ❖ scheduling arrival and departure of clients should prohibit contact,
- ❖ presence of security personnel,
- ❖ use of a metal detector, if available to the Provider, and
- ❖ relationship with local Police Department.

The Provider shall inform the local Police Department of the existence of its service. If applicable to the community, a Provider shall seek to establish a written protocol with the Police that describes what assistance and responses the Provider can expect from the Police, including the priority Police will accord to requests for assistance from the program while the service is operating.

Additional Administrative Security Procedures

- ❖ Intake and case review process.
- ❖ Staff orientation and ongoing in-service training.
- ❖ Periodic review and evaluation of security arrangements, policies and procedures.

Clinical Screening and Client Relationship

Specific security procedures and equipment shall not be a substitute for careful clinical screening of the security risk of each family or for maintaining a relationship with clients which will reduce risk. Providers shall maintain policy/procedures to assess risk.

Security for Providers

Providers of services shall either provide security measures described above or should not accept referrals of cases where there is a high risk of violence, parental abduction, or a risk of violence between the clients.

Security in Off-site Supervision

Since metal detectors, security personnel, and the protection of a secure facility are not available in off-site supervision, Providers must be very cautious in assessing the risks involved in providing services off-site.

Identity of Volunteers and Interns

A Provider may decide not to reveal to clients the full name of volunteers and student interns providing supervision services. Clients will be introduced to volunteers and interns on a first name basis. This security measure shall not prevent a Provider from complying with an order of a court to name a volunteer or student intern or to have that person appear as a witness in a court proceeding.

Emergency Procedures

A Provider shall have written protocols for how to handle emergency situations including, but not limited to:

- ❖ Critical incidents such as violent or dangerous behavior on the part of an adult or child.
- ❖ Evacuation procedures in the case of a fire or other emergency.
- ❖ Medical emergencies.

SUPERVISOR TO CHILD RATIOS

Criteria

Supervision can be of one family (a client and his/her children) or of several families at a time in a group setting. The ratio of supervisors to children will depend on:

- ❖ the nature of the supervision required in each case
- ❖ the number of children and/or families being supervised
- ❖ the duration and location of the visit
- ❖ the expertise and experience of the supervisor

Ratios

The ratio of supervisors to children should be tailored to each case. In cases requiring intensive supervision of more than one child, it may be appropriate to consider more than one supervisor. A ratio of 1:6 is required for exchanges, with 1:4 preferred. A ratio of 1:3 is required for supervised visits. Additional supervision may be necessary for over three siblings, if children need more guidance, or if the children's safety is an issue.

CHAPTER V

STAFF

GENERAL POLICY

The type of cases that a Provider decides to take will determine the functions that staff will be required to perform and consequently the competencies and training that staff will be required to have. Providers may use volunteers, provided they meet relevant Staff Qualifications and Training Guidelines.

GENERAL STAFF QUALIFICATIONS

All staff members, volunteers or interns providing Supervised Visitation:

- ❖ shall be at least 18 years of age, and
- ❖ shall have successfully completed a thorough background check, including screening for prior criminal record and CPS involvement, and
- ❖ shall be in compliance with local staff health requirements for direct contact with children under the age of six.

Criteria for Staff Selection

The following qualities and experience are desirable for staff, volunteers or interns who will supervise visits:

- ❖ experience in a care giving-role in relation to children,
- ❖ ability and willingness to relate to all cultural, ethnic and socio-economic groups and life styles
- ❖ understanding of child development needs and issues
- ❖ supportive and positive attitude
- ❖ maturity, diplomacy, non-judgmental behavior and common sense
- ❖ ability to express authority and consideration
- ❖ ability to maintain an independent role and draw boundaries
- ❖ ability to assist clients, where necessary, with parenting skills
- ❖ capacity to be observant
- ❖ good oral communication and writing skills
- ❖ capacity to be insightful and reflective concerning personal issues relevant to Supervised Visitation
- ❖ basic understanding of the laws governing separation, divorce and child welfare
- ❖ training in family violence and sexual abuse is required
- ❖ understanding the dynamics of separation and divorce including their impact on children and their parents

Specific Staff Qualifications

Coordinator (Program Director)

Training and experience in relevant areas of specialization equivalent to a certified mental health professional. Experience in management and program administration.

Case Managers

Training and experience in supervised visitation services or related services, knowledge of emotional and practical ramifications of separation, divorce, family violence and sexual abuse.

Visit Supervisors

Substantial experience working with children and demonstrated writing proficiency.

Drivers

All persons who transport children for a supervised visitation program shall:

- ❖ be at least 18 years of age
- ❖ hold a valid operator's license for the State of Texas and appropriate for the vehicle being used
- ❖ consent to a check of his/her driving record, not have a record of impaired driving
- ❖ have or be the employee of a person who bought liability insurance for the vehicle

NOTE:

Vehicles shall be equipped with seat belts in good repair.

Children under four years of age or under 40 pounds shall not be transported without age-appropriate individual restraints that meet state standards.

Security Personnel

Training in a security related area, (i.e. security guard, investigator) preferably with experience in a social service agency. Security staff shall be included in family violence and sexual abuse training.

STAFF RESPONSIBILITIES

Some programs will require one person to assume several titled responsibilities but the Provider shall be able to demonstrate that the staff is meeting all requirements for the program.

The Coordinator (or Program Director)

While the role of the Coordinator (or Director) will differ between Providers, the key role is to ensure the overall quality of the supervised visitation program. The Coordinator/Director is responsible for public relations, securing funding, managing all administrative aspects of the program, and ensuring that the community is aware of service.

The Case Manager

The key role of the Case Managers is to link the clients to services, problem solve with clients, address concerns, follow progress of cases, and, if appropriate, report to Court.

The Visit Supervisor

- ❖ The key role of the Visit Supervisor is to supervise visits or exchanges according to Court orders or other relevant agreements.
- ❖ The Supervisor shall relay information between the clients relevant to the child's welfare at the commencement and conclusion of the supervised visit or exchange, (e.g., medication, diet, etc.) Supervisor shall be able to do this both in writing and verbally to and from clients.
- ❖ The Supervisor shall be able to intervene when appropriate to seek to ensure the safety and welfare of the child.
- ❖ The Supervisor shall terminate a supervised visit when necessary.
- ❖ The Supervisor shall provide feedback or correction to the relevant client.
- ❖ The Supervisor will document supervised visits or exchanges as required by the Provider.

Volunteers and Interns

Volunteers or interns training to become Visit Supervisors may perform the same functions as Visit Supervisors providing that each volunteer and/or intern is under the direct supervision of a staff member responsible for his/her work, and has received adequate training.

Security Personnel

The key role of security personnel is to seek to ensure a reasonable degree of safety and security of children and adults.

CONSULTANTS

A Provider shall have on its staff or advisory board, available as consultants:

- ❖ a person trained in mental health and licensed to provide clinical mental health services, including clinical social work clinical psychology, or
- ❖ a person trained in child mental health
- ❖ a person trained in issues of family violence
- ❖ a person trained in issues of child abuse (including child sexual abuse and maltreatment)
- ❖ a person trained in issues of substance abuse
- ❖ a lawyer with experience in domestic relations

One person or separate individuals may provide these areas of expertise.

Providers will utilize the above to provide program support, assistance and problem solving with program policies and procedures. Consultants may also be utilized to assist with staff and volunteer education and training.

THERAPEUTIC SUPERVISION STAFF

Therapeutic supervision combines the functions of observing contacts between adult(s) and child(ren), seeking to provide safety and therapeutic intervention. Therapeutic supervision shall be provided only by a licensed or certified mental health professional, licensed by the State of Texas. Individuals enrolled in a certified training program leading toward a mental health professional license or certificate and under the direct supervision of a licensed or certified mental health professional shall also be approved to provide therapeutic supervision.

TRAINING

General Training Principles

Providers shall train their staff appropriately for the services offered by the Provider. If the training of a Provider is limited to a specialized population, that Provider shall serve only that population.

Training for Visit Supervisors, Contract Personnel, Volunteers and Interns

A Visit Supervisor shall complete a minimum of 10 (ten) and preferably at least 15 (fifteen) hours of training covering the following mandatory topics:

- ❖ General ethical principles for supervising visits, including confidentiality, avoiding dual roles with client systems and objectivity, and focusing on the child's best interest;
- ❖ Supervised Visitation Program Policies and Procedures;
- ❖ Family violence and its differing forms and the dynamics of partner and child abuse, including child sexual abuse
- ❖ The emotional and economic effects of divorce
- ❖ Stages of Child Development
- ❖ Separation Issues in Supervised Visitation
- ❖ Intervention to prevent physical or emotional harm
- ❖ Observation of child/adult contacts
- ❖ Recording observations
- ❖ Reflective listening, giving feedback
- ❖ Maintenance of physical safety for children and adults
- ❖ Substance abuse education and detection

A Visit Supervisor shall also complete at least 5 and preferably 10 hours of training covering the following mandatory topics:

- ❖ Preparation of children and adults for contacts
- ❖ Keeping boundaries
- ❖ Legal context, court procedures, and relevant local/state agencies procedures in the jurisdiction
- ❖ Court testimony
- ❖ Securing the visits
- ❖ Reporting to referring agencies
- ❖ Assertiveness training
- ❖ Psychiatric/psychological disabilities

Providers and persons in a management role in a Supervised Visitation and Exchange Program shall complete a minimum of an additional 10 (ten) hours of training covering at least the following topics:

- ❖ Receiving referrals and the intake process
- ❖ Establishing a visitation contract
- ❖ Setting fees
- ❖ Explaining Conditions (Rules) for Participation in the Supervised Visitation Program to clients
- ❖ Relations with Courts, police, attorneys, referring agencies and therapists
- ❖ Termination of Providers' supervised visitation services
- ❖ Referrals of families to other services
- ❖ Supervision and training of staff including volunteers and interns
- ❖ Use of consultants and affiliated groups.

STAFF PREPARATION FOR VISITS

Staff Briefing

A Visit Supervisor shall be fully briefed about each family s/he will supervise before each visit, including details about any recent developments in the case.

Alcohol and Drugs

Use of alcohol and drugs is not permitted during supervised visits.

Activities During Supervised Visits

Any activities proposed or contemplated during supervised visits shall be consistent with the type of supervision that is required in the particular case. Requests for non-standard activities during a supervised visit shall be approved by the Provider and both clients and/or through appropriate counsel prior to the activities.

STAFF FUNCTIONS FOLLOWING THE VISITS

Feedback to Clients

If requested or required, staff shall provide feedback about the supervised visit to the CP and NCP, including observations of the client's or child's behavior and reactions, as long as policies of confidentiality are not violated.

Staff Debriefing

The Case Manager shall debrief the visit supervisor on issues relating to the visit, and the client file shall be updated.

Post Incident Follow-up

If there is a significant problematic incident involving the Supervised Visitation Program, the Provider shall document the incident and the relevant authorities/agencies (*e.g.*, court, police, child protective agencies) shall be notified.

CHAPTER VI

FAMILY VIOLENCE AND CHILD ABUSE

SPECIAL PREPARATION IN CASES OF FAMILY VIOLENCE

- ❖ If abuse of either child(ren) or a client has been **DETERMINED**, the staff person shall explain to the child in the presence of the CP, or with the child alone, with permission of the CP, the safety aspects of the service provided.
- ❖ If there are allegations of abuse which have been denied by the non-custodial client and there has been **NO DETERMINATION** of whether abuse has occurred, then without going into the allegations or taking sides, the staff member shall explain the safety aspects of the service provided.
- ❖ If there is evidence that a child has been abused or is afraid of the non-custodial client, the Visit Supervisor shall arrange a sign with the child for use if s/he wants the visit to end. In this prearranged way the child can signal discomfort, with less risk of angering the client perceived as powerful and/or scary.
- ❖ If there is any question of physical or sexual abuse of a child, both clients and the child(ren) shall be informed before the first supervised visit that physical contact is to be initiated only by the child(ren). Both clients and child(ren) shall be informed that inappropriate physical contact initiated by the child will be redirected. If an allegation is deemed unfounded by a court or by CPS, then this provision does not apply.
- ❖ When abuse of a child or client has been confirmed, there shall be a clearly stated acknowledgment to the child in the presence of the CP, or with the child alone with permission of the CP, that the visits will be supervised because of what the non-custodial client has done and in order to protect the child and/or the CP.
- ❖ When sexual abuse has been alleged and is still being evaluated, Supervised Visitation shall not begin without a court order and consultation with the evaluator, if available, to make sure that contact between the child(ren) and the alleged abuser will not interfere with the evaluation or traumatize the child(ren).
- ❖ In situations involving sexual abuse of the child, whether confirmed or alleged, the NCP shall not accompany the child to the bathroom, or be responsible for changing diapers.

SPECIAL CONSIDERATIONS IN SITUATIONS INVOLVING SEXUAL ABUSE

Child Sexual Abuse

- ❖ Any person supervising contacts between a client and child when sexual abuse has been alleged or proven shall have specific training in child sexual abuse, and shall either be a licensed or certified mental health professional or under supervision of a licensed or certified mental health professional.
- ❖ The contact between the visiting client and child(ren) shall be monitored continually and in a manner that allows all verbal communication between the client and child(ren) to be heard and any physical contact to be observed.
- ❖ Physical contact shall be initiated only by the child and shall continue only as long as the child wants.
- ❖ The Visit Supervisor shall intervene to stop any physical contact that appears inappropriate or sexualized; even if the child does not appear distressed.
- ❖ The visiting client shall not deny any statement by the child about the alleged or confirmed abuse.
- ❖ Because Supervised Visitation is not psychotherapy and because contact with an alleged or confirmed abusive adult can stir powerful emotions for a child, except where the supervision is therapeutic supervision by a licensed mental health professional, it is recommended that the child be in concurrent psychotherapy, unless or until a determination has been made by the child's therapist with the agreement of the custodial adult or by a court of competent jurisdiction, that such psychotherapy is not necessary.

Partner Abuse

Where contact is to be supervised between a child and an adult in a family in which a court of competent jurisdiction, or a social service agency, has determined that there has been partner abuse of any form, OR where there have been allegations by either parent of such abuse, OR where the intake process has revealed concerns about such abuse, the following additional guidelines shall be followed:

- ❖ Before any contacts begin, the NCP shall be told that if a child makes any statement or reference to any abuse, s/he is not to deny the child's statement, but to listen to what the child says.
- ❖ During visits with the child, if the NCP does deny any statement by the child about alleged or confirmed abuse, then the Visit Supervisor shall intervene to stop the denial and, if necessary, to terminate the visit.

APPENDIX : TERMINOLOGY

"Authorized Person" is a person who has been authorized by court order or agreement of the parties to be present in addition to the non-custodial parent during supervised contacts.

"Child" means a minor, age birth to majority.
More than one child may be involved in Supervised Visitation.

"Custodial Parent" (CP) means managing conservator or joint managing conservator with primary custody and control and may refer to a biological parent, adoptive parent, legal guardian or state agency and its representatives who have temporary or permanent legal custody of a child.

"Joint Managing Conservatorship" (JMC) is defined in the Family Code, Section 101.016. "Joint managing conservatorship means the sharing of the rights and duties of a parent by two parties, ordinarily the parents, even if the exclusive right to make certain decisions may be awarded to one party."

"Neutral Exchanges" (Supervision of Transfers) is supervision of movement of the child from the CP to the NCP at the start of the Non-custodial/child contact and from the NCP back to the CP at the end of the contact. Exchanges may be monitored On- or Off-site.

"Family Violence" is any form of physical, sexual, or other abuse inflicted on any person in a household by a family or household member. Family violence includes abuse of both adults and children.

"Partner Abuse" is the particular form of family violence involving abuse by one adult of another with whom he/she has a relationship.

"Intern" or "Trainee" refers to a person training to become a Visit Supervisor working under the supervision of a staff member responsible for his/her work.

"Non-custodial parent" (NCP) means possessory conservator or joint managing conservator without primary custody and control, and may refer to a biological parent or other adult, who is authorized to have contact with child.

"On-site Supervision" refers to supervision of a NCP and child(ren), on a site under control of the Provider. On-site Supervision may include a range of closeness of supervision from continuous, close monitoring to periods of time during which the NCP and child are intermittently monitored by video. On-site supervision may occur in a group setting or on an individual basis.

"Off-site Supervision" is supervision of contact between the NCP and child(ren) which occurs away from a site which is under the control of the Provider and Visit Supervisor. Off-site supervision may occur in a group setting or on an individual basis.

"Provider" is an individual or organization providing neutral exchanges, supervised visitation services and/or therapeutic visitation.

"Supervised Visitation" means contact between a NCP and one or more children in the presence of a third person responsible for observing and seeking to ensure the safety of those involved. "Monitored Visitation" or "Supervised Child Access" are other terms with the same meaning.

"Visit Supervisor" (Child Access Monitor, Observer) is the person responsible for observing the contact and seeking to ensure the safety of the child(ren) during the visit or the transition between the parents.

"Therapeutic Supervision" is the provision for supervision of contacts between the child and parent, as well as therapeutic intervention and modeling to help improve the parent-child interactions. This service may be offered only by a certified or licensed mental health professional. Because this service is provided by trained, therapeutic professionals, evaluations and recommendations for further parent-child contact may be made.

Specific Requirements for Provider to Receive Court Ordered Referrals

The Travis County District Courts has designated the Travis County Domestic Relations Office with oversight responsibilities for any individual or organization wanting to receive referrals from the District Courts for court ordered neutral drop-off and pick-up, supervised visitation and/or therapeutic visitation.

Any organization or individual wishing to receive these referrals shall provide the following information to the Director of Domestic Relations.

- ❖ General Information about the individual or organization.
- ❖ Name, address and phone number of board members and/or advisory board, updated annually (if appropriate).
- ❖ Copy of by-laws of organization, updated annually (if appropriate).
- ❖ Proof of general and liability insurance, updated annually.
- ❖ Job Descriptions of all staff, updated annually (if appropriate).
- ❖ Training plan for employees if appropriate.
- ❖ Written policies and procedures for operation of services, updated annually.
- ❖ Monthly financial statements (if applicable).
- ❖ Proof of non-profit status (if applicable).
- ❖ Copy of independent financial audit annually, (if applicable).
- ❖ Fee schedule, update annually.
- ❖ Plan to provide services to indigent clients.
- ❖ Complaint procedure.

The Family Services Manager, Domestic Relations Office, will conduct at least an annual program review to determine compliance with published guidelines.

Travis County Domestic Relations Office
201 W. 5th St.
Austin, Texas 78701

Director
Cecelia Burke
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Mailing Address:
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Austin, Texas 78767

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These guidelines were developed on behalf of the Travis County District Courts by a task force composed of the following members:

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During the month of October, 2000 comments were solicited by a direct mailing of the proposed guidelines to the members of the Travis County Bar Association, Family Law Section, providers and potential providers. Comments have been incorporated into the guidelines and are a part of the final document.