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*Supervised Visitation*  
*An Annotated Bibliography*



*Center for Families, Children, and the Courts*  
*Judicial Council of California*  
*Administrative Office of the Courts*

*February 2000*

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# **Supervised Visitation: An Annotated Bibliography**

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**Prepared for:**

**Statewide Office of Family Court Service  
Administrative Office of the Courts  
Judicial Council of California**

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## Table of Contents

1.	TABLE OF CONTENTS .....	I
2.	CATALOGUE OF THE LITERATURE.....	III
3.	ANNOTATIONS.....	1
4.	<i>Baker, E. (1997). Assessing and managing allegations of child sexual abuse: An Australian perspective. Family and Conciliation Courts Review, 35(3), 293-299.</i> .....	3
5.	<i>Berrick, J. D., Barth, R. P., &amp; Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. Children and Youth Services Review, 16(1/2), 33-63.</i> .....	5
6.	<i>Cantos, A. L., Gries, L. T., &amp; Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. Child Welfare, 76(2), 309-329.</i> .....	9
7.	<i>Clement, D. A. (1998). A compelling need for mandated use of supervised visitation programs. Family and Conciliation Courts Review, 36(2), 294-316.</i> .....	13
8.	<i>Davis, I. P., Landsverk, J., Newton, R., &amp; Ganger, W. (1996). Parental visiting and foster care reunification. Children and Youth Services Review, 18(4/5), 363-382.</i> .....	19
9.	<i>Duryee, M. A. (in progress). Therapeutic Supervised Visitation: An Integrated Approach. Judicial Council of California, Administrative Office of the Courts, 455 Golden Gate Avenue, San Francisco, California 94102-3660.</i> .....	23
10.	<i>Erera, P. I. (1997). Foster parents' attitudes toward birth parents and caseworkers: Implications for visitations. Families in Society: The Journal of Contemporary Human Services, 78(5), 511-519.</i> .....	25
11.	<i>Fields, L. F., Mussetter, B. W., &amp; Powers, G. T. (1997). Children denied two parents: An analysis of access denial. Journal of Divorce and Remarriage, 28, 49-62.</i> .....	29
12.	<i>Grigsby, R. K. (1994). Maintaining attachment relationships among children in foster care. Families in Society: The Journal of Contemporary Human Services, 75(5), 269-276.</i> .....	33
13.	<i>Halliday, E. (1997). The role and function of child contact centres. The Journal of Social Welfare and Family Law, 19(1), 53-60.</i> .....	35
14.	<i>Hausman, B. &amp; Hammen, C. (1993). Parenting in homeless families: The double crisis. American Journal of Orthopsychiatry, 63(3), 358-369.</i> .....	37
15.	<i>Healy, J. M., Malley, J. E., &amp; Stewart, A. J. (1990). Children and their fathers after parental separation. American Journal of Orthopsychiatry, 60(4), 531-543.</i> .....	41
16.	<i>Herrenkohl, E. C., Herrenkohl, R. C., Rupert, L. J., Egolf, B. P., &amp; Lutz, J. G. (1995). Risk factors for behavioral dysfunction: The relative impact of maltreatment, SES, physical health problems, cognitive ability, and quality of parent-child interaction. Child Abuse and Neglect, 19(2), 191-203.</i> .....	45
17.	<i>Hodges, W. F., Landis, T., Day, E., &amp; Oderberg, N. (1991). Infant and toddlers and post divorce parental access: An initial exploration. Journal of Divorce and Remarriage, 16, 239-252.</i> .....	49
18.	<i>Jacobsen, T., Miller, L. J., &amp; Kirkwood, K. P. (1997). Assessing parenting competency in individuals with severe mental illness: A comprehensive service. Journal of Mental Health Administration, 24(2), 189-199.</i> ...	53
19.	<i>James, B. &amp; Gibson, C. (1991). Supervising visits between parent and child. Family and Conciliation Courts Review, 29(1), 73-84.</i> .....	57
20.	<i>Jenkins, J. M., Park, N. W., &amp; Peterson-Badali, M. (1997). An evaluation of supervised access II: perspectives of parents and children. Family and Conciliation Courts Review, 35(1), 51-65.</i> .....	59
21.	<i>Johnston, J. R. &amp; Girdner, L. K. (1998). Early identification of parents at risk for custody violations and prevention of child abductions. Family and Conciliation Courts Review, 36(3), 392-409.</i> .....	63
22.	<i>Johnston, J. R., Kline, M., &amp; Tschann, J. M. (1989). Ongoing postdivorce conflict: Effect on children of joint custody and frequent access. American Journal of Orthopsychiatry, 59(4), 576- 592.</i> .....	69
23.	<i>Johnston, J. R. &amp; Straus, R. B. (November, 1998). Traumatized children in supervised visitation: What do they need? First International Conference on Child Access Services, Plenary Paper. Paris, France.</i> .....	73
24.	<i>Johnston, J. R. &amp; Straus, R. B. (1999). Traumatized children in supervised visitation: What do they need? Family and Conciliation Courts Review, 37(2), 135-158.</i> .....	75

25. Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., & Weiss, D. S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 60(6), 916-926. .... 77
26. Lee, C. D., Shaughnessy, J. J., & Bankes, J. K. (1995). Impact of expedited visitation services, a court program that enforces access: Through the eyes of children. *Family and Conciliation Courts Review*, 33(4), 495-505..... 83
27. Lieberman, A. F. & Van Horn, P. (1998). Attachment, trauma, and domestic violence: Implications for child custody. *Child and Adolescent Psychiatric Clinics of North America*, 7(2), 423-443..... 87
28. Loar, L. (1998). Making visits work. *Child Welfare*, 77(1), 41-58..... 91
29. Lowery, C. R. & Settle, S. A. (1985). Effects of divorce on children: Differential impact of custody and visitation patterns. *Family Relations*, 34, 455-463..... 93
30. Magura, S. & Laudet, A. B. (1996). Parental substance abuse and child maltreatment: Review and implications for intervention. *Children and Youth Services Review*, 18(3), 193-220..... 95
31. McMahon, M. & Pence, E. (1995). Doing more harm than good? Some cautions on visitation centers. In E. Peled, P. B. Jaffee, & J. L. Edleson (Eds.), *Ending the cycle of violence: community responses to children of battered women* (pp. 186-206). Thousand Oaks: Sage Publications, Inc. .... 99
32. Neugebauer, R. (1989). Divorce, custody, and visitation: The child's point of view. *Journal of Divorce*, 12, 153-168..... 101
33. Nicholson, J., Sweeney, E. M., & Geller, J. L. (1998). Mothers with mental illness: I. The competing demands of parenting and living with mental illness. *Psychiatric Services*, 49(5), 635-642. .... 103
34. Norton, K. & Dolan, B. (1996). Personality disorder and parenting. In M. Goepfert and J Webster (Eds.), *Parental Psychiatric Disorder: Distressed Parents and Their Families* (pp. 219-232). Cambridge, England: Cambridge University Press..... 107
35. Nordhaus, B. F., and Solnit, A. J. (1998). Foster placement. *Child and Adolescent Clinics of North America*, 7(2), 345-356. .... 109
36. Oyserman, D. & Benbenishty, R. (1992). Keeping in touch: Ecological factors related to foster care visitation. *Child and Adolescent Social Work Journal*, 9(6), 541-554. .... 111
37. Pagani-Kurtz, L. & Derevensky, J. L. (1997). Access by noncustodial parents: Effects upon children's postdivorce coping resources. *Journal of Divorce and Remarriage*, 27, 43- 55..... 115
38. Pearson, J. & Thoennes, N. (1997). *Supervised Visitation: A Portrait of programs and Clients (Executive Summary)*. Center for Policy Research. Denver, CO. .... 117
39. Peterson-Badali, M., Maresca, J., Park, N. W., & Jenkins, J. M. (1997). An evaluation of supervised access III: Perspectives from the legal system. *Family and Conciliation Courts Review*, 35(1), 66-78..... 119
40. Rosenhan, D. L., Keller, F. O., Cordell, L., & Cannata, K. (1993). *A Program for Providing Supervised Visitation: Report on a Demonstration Project Using Senior Citizens as Supervisors (Executive Summary)*. Statewide Office of Family Court Services, Administrative Office of the Courts, State of California. San Francisco, CA..... 121
41. Scherer, D. G., Melloh, T., Buyck, D., Anderson, C., & Foster, A. (1996). Relation between children's perceptions of maternal mental illness and children's psychological adjustment. *Journal of Clinical Child Psychology*, 25(2), 156-169..... 125
42. Silverman, M. M. (1989). Children of psychiatrically ill parents: A prevention perspective. *Hospital and Community Psychiatry*, 40(12), 1257-1265..... 129
43. Stott, M. W. R., Gaier, E. L., & Thomas, K. B. (1984). Supervised access: A judicial alternative to noncompliance with visitation arrangements following divorce. *Children and Youth Services Review*, 6, 207-217..... 133
44. Straus, R. B. (1995). Supervised visitation and family violence. *Family Law Quarterly*, 29(2), 229-252. .... 135
45. Straus, R. B. & Alda, E. (1994). Supervised child access: The evolution of a social service. *Family and Conciliation Courts Review*, 32(2), 230-246..... 139
46. Straus, R. B., Blaschak-Brown, N., & Reiniger, A. (1998). Standards and guidelines for supervised visitation network practice: Introductory discussion. *Family and Conciliation Courts Review*, 36(1), 96-107..... 141
47. Supervised Visitation Network (1998). Standards and guidelines for supervised visitation network practice. *Family and Conciliation Courts Review*, 36(1), 108-135..... 143
48. Tucker, M. B. & Johnson, O. (1989). Competency promoting vs. competence inhibiting social support for mentally retarded mothers. *Human Organization*, 48(2), 95-107..... 147

49. Wah, C. R. (1997). Evaluating "nontraditional" religious practice in child custody cases. *Family and Conciliation Courts Review*, 35(3), 300-316..... 151
50. White, M., Albers, E., & Bitonti, C. (1996). Factors in length of foster care: Worker activities and parent-child visitation. *Journal of Sociology and Social Welfare*, 23(2), 75-84..... 153
51. Zuravin, S. J. (1989). Severity of maternal depression and three types of mother-to-child aggression. *American Journal of Orthopsychiatry*, 39(3), 377-389..... 157



## Introduction to the Annotated Bibliography

This bibliography was prepared to examine the research and theoretical literature pertaining to supervised visitation. Literature searches were conducted using Psych-Info, ERIC, Medline, and Sociological-Abstracts databases to identify articles written about supervised visitation or access to child visitation by noncustodial parents. Initial searches using the keywords “supervised visitation” and “supervised access” yielded a surprisingly few articles, many with a focus on child support payments and denial of access as a result of failure to pay support rather than on the theory, practice, and effects of supervised visitation. Articles from the initial searches that appeared to address (a) current visitation programs, (b) program evaluations of access services, and (c) aspects of supervised visitation decision making (e.g., what are the “best interests of the child?”) were extracted from the search results. Search criteria were expanded to include articles with keywords of “child,” “access,” “visitation,” “custody,” or “arrangements.” The results were then evaluated against the above criteria and decisions made about which articles to include in the bibliography. Additional articles were obtained from the files of the Judicial Council of California, Statewide Office of Family Court Services. Finally, the literature was searched for articles that would provide guidance about the needs of certain populations of parents that are likely to be referred to supervised visitation and how visitation could be most appropriately structured to meet their needs. Again, the literature directly addressing the particular demands of supervised visitation when specific parenting challenges are present is sparse. The articles included in this bibliography often speak more to a central issue (e.g., parental psychiatric illness) than directly to supervised visitation.

This document is organized into two sections. The first section catalogues the articles included in the annotated bibliography. It serves as a quick overview and helps the reader identify particular articles of interest and organizes the literature into background, program evaluations or critiques and practice guidelines, visitation and child effects, and parenting challenges/special consideration areas. This provides the reader with a method of determining articles pertaining to a particular area of interest. The actual annotated bibliography begins with the next section and is organized alphabetically.

It is hoped that the information provided in this annotated bibliography will inform the understanding of the courts, providers and policy makers of the complex needs of parents and children so that better service delivery is possible. It also is hoped that the bibliography will help illuminate areas that need further research and help in planning research programs in the area of supervised visitation.





## **Catalogue of the Literature**



## I. Background

Clement, D. A. (1998). A compelling need for mandated use of supervised visitation programs. Family and Conciliation Courts Review, 36(2), 294-316.  
*Basic position argument paper*

Duryee, M. A. (in progress). Therapeutic Supervised Visitation: An Integrated Approach. Judicial Council of California, Administrative Office of the Courts.  
*Identifies aspects needed to make supervised visitation "therapeutic;" some program review*

- *Also reference Program Evaluations/Critiques, Practice Guidelines*

Straus, R. B. & Alda, E. (1994). Supervised child access: The evolution of a social service. Family and Conciliation Courts Review, 32(2), 230-246.  
*Purpose of supervised visitation, elements, why it evolved, objectives of supervision*

## II. Program Evaluations/Critiques, Practice Guidelines

Danridge, Shelly (undated) Final Report on the Uniform Standards of Practice for Providers of Supervised Visitation. San Francisco: Judicial Council of California.  
*Standards of practice and the history of their development.*

Duryee, M. A. (in progress). Therapeutic Supervised Visitation: An Integrated Approach. Judicial Council of California, Administrative Office of the Courts.  
*Identifies aspects needed to make supervised visitation "therapeutic;" some program review*

- *Also reference Background*

Halliday, E. (1997). The role and function of child contact centres. Journal of Social Welfare and Family Law, 19(1), 53-60.  
*Describes program of "supported" visitation centres in the United Kingdom and their effects on children and parents.*

James, B. & Gibson, C. (1991). Supervising visits between parent and child. Family and Conciliation Courts Review, 29(1), 73-84.  
*Objectives and guidelines for supervision; also importance of parent-child relationship*

Jenkins, J. M., Park, N. W., & Peterson-Badali, M. (1997). An evaluation of supervised access II: perspectives of parents and children. Family and Conciliation Courts Review, 35(1), 51-65.  
*Research article: Population, families using supervised access (parent n=121, child n=29); describes both attitudes towards centers and parental attitudes towards one another; largely descriptive in nature*

Johnston, J. R. & Straus, R. B. (November 1998). Traumatized children in supervised visitation: What do they need? First International Conference on Child Access Services, Plenary Paper. Paris, France.

*Suggestions for structuring visitation based on child needs; review/summary of research data; explaining supervised visitation to children*

Johnston, J. R. & Straus, R. B. (1999). Traumatized children in supervised visitation: What do they need? Family and Conciliation Courts Review, 37(2), 135-158.

*Description of traumas children may bring to supervised visitation and how programs can be responsive*

Loar, L. (1998). Making visits work. Child Welfare, 77(1), 41-58.

*Practice suggestions, application, clinical examples*

McMahon, M. & Pence, E. (1995). Doing more harm than good? Some cautions on visitation centers. In E. Peled, P. B. Jaffee, & J. L. Edleson (Eds.), Ending the cycle of violence: community responses to children of battered women (pp. 186-206). Thousand Oaks: Sage Publications, Inc.

*Critique: Based on review of a program, general critique*

Pearson, J. & Thoennes, N. (1997). Supervised Visitation: A Portrait of programs and Clients (Executive Summary). Center for Policy Research. Denver, CO.

*Research article: Descriptive research, survey data from multiple sources, some observational data and case review, parent interviews.*

Peterson-Badali, M., Maresca, J., Park, N. W., & Jenkins, J. M. (1997). An evaluation of supervised access III: Perspectives from the legal system. Family and Conciliation Courts Review, 35(1), 66-78.

*Research article: Population, lawyers and judges (small n); semi-structured phone interviews*

Rosenhan, D. L., Keller, F. O., Cordell, L., & Cannata, K. (1993). A Program for Providing Supervised Visitation: Report on a Demonstration Project Using Senior Citizens as Supervisors (Executive Summary). Statewide Office of Family Court Services, Administrative Office of the Courts, State of California. San Francisco, CA.

*Research article: Program evaluation focusing on post-divorce adjustment of children; random assignment and control group used; self-report, supervisor ratings, and custodial parent interviews; small n (20 and 10 for experimental and control groups respectively)*

- *Also reference Visitation and Child Effects*

Stott, M. W., Gaier, E. L., & Thomas, K. B. (1984). Supervised access: A judicial alternative to noncompliance with visitation arrangements following divorce. Children and Youth Services Review, 6, 207-217.

*Program description*

Straus, R. B. (1995). Supervised visitation and family violence. Family Law Quarterly, 29(2), 229-252.

*Overview of supervised access and particular issues raised by domestic violence*

- *Also reference Parenting Challenges/Special Considerations - Domestic Violence*

Straus, R. B., Blaschak-Brown, N., & Reiniger, A. (1998). Standards and guidelines for supervised visitation network practice: Introductory discussion. Family and Conciliation Courts Review, 36(1), 96-107.

*General history of development of guidelines, definitions, explanations, etc.*

Supervised Visitation Network (1998). Standards and guidelines for supervised visitation network practice. Family and Conciliation Courts Review, 36(1), 108-135.

*Guidelines adopted in April 1996*

### III. Visitation and Child Effects

Healy, J. M., Malley, J. E., & Stewart, A. J. (1990). Children and their fathers after parental separation. American Journal of Orthopsychiatry, 60(4), 531-543.

*Research article: longitudinal study (n=121), main and interaction effects for child's age, gender, frequency and regularity of visitation with fathers, father-child closeness, and legal conflict on children's self-esteem and behavioral adjustment*

Hodges, W. F., Landis, T., Day, E., & Oderberg, N. (1991). Infant and toddlers and post divorce parental access: An initial exploration. Journal of Divorce and Remarriage, 16, 239-252.

*Research article: children under 3 (n=45), measures include visitation patterns, attachment style, psycho-motor development*

Johnston, J. R., Kline, M., & Tschann, J. M. (1989). Ongoing post-divorce conflict: Effects on children of joint custody and frequent access. American Journal of Orthopsychiatry, 59(4), 576-92.

*Research article: frequency associated with poor outcome when conflict high (n=100)*

Lowery, C. R. & Settle, S. A. (1985). Effects of divorce on children: Differential impact of custody and visitation patterns. Family Relations, 34, 455-463.

*Review/critique of research literature*

Neugebauer, R. (1989). Divorce, custody, and visitation: The child's point of view. Journal of Divorce, 12, 153-168.

*Description of children's perception of divorce, custody and visitation from child interviews*

Pagani-Kurtz, L. & Derevensky, J. L. (1997). Access by noncustodial parents: Effects upon children's postdivorce coping resources. Journal of Divorce and Remarriage, 27, 43- 55.  
*Research article: Canadian study (n=35), stratified sampling, measures include child self-esteem (Harter), overt marital hostility, and visitation patterns*

Rosenhan, D. L., Keller, F. O., Cordell, L., & Cannata, K. (1993). A Program for Providing Supervised Visitation: Report on a Demonstration Project Using Senior Citizens as Supervisors (Executive Summary). Statewide Office of Family Court Services, Administrative Office of the Courts, State of California. San Francisco, CA.

*Research article: Program evaluation focusing on post-divorce adjustment of children; random assignment and control group used; small n (20 and 10 respectively)*

- *Also reference Program Evaluations/Critiques, Practice Guidelines*

#### IV. Parenting Challenges/Special Considerations

##### A. Access Issues

Fields, L. F., Mussetter, B. W., & Powers, G. T. (1997). Children denied two parents: An analysis of access denial. Journal of Divorce and Remarriage, 28, 49-62.

*Research article: focus on access by noncustodial fathers (n=73)*

Johnston, J. R. & Girdner, L. K. (1998). Early identification of parents at risk for custody violations and prevention of child abductions. Family and Conciliation Courts Review, 36(3), 392-409.

*Presents 6 different profiles of risks and suggests interventions*

Lee, C. D., Shaughnessy, J. J., & Bankes, J. K. (1995). Impact of expedited visitation services, a court program that enforces access: Through the eyes of children. Family and Conciliation Courts Review, 33(4), 495-505.

*Research article: explored children's perceptions of conflict/impact of conflict (n=70)*

##### B. Domestic Violence

Lieberman, A. F., & Van Horn, P. (1998). Attachment, trauma, and domestic violence: Implications for child custody. Child and Adolescent Psychiatric Clinics of North America, 7(2), 423-443.

*Research article: preschool-aged children; bind children put in; clinical examples*

Straus, R. B. (1995). Supervised visitation and family violence. Family Law Quarterly, 29(2), 229-252.

*Overview of supervised access and particular issues raised by domestic violence*

- *Also reference Program Evaluations/Critiques, Practice Guidelines*

### C. Foster Care

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. Children and Youth Services Review, *16(1/2)*, 33-63.

*Research article: survey research comparing kinship and foster care; large n (600), measures on caregivers, service provision, and child adjustment*

Cantos, A. L., Gries, L. T., & Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. Child Welfare, *76(2)*, 309-329.

*Research article: examines relationship between visitation and child adjustment; multivariate analyses*

Davis, I. P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. Children and Youth Services Review, *18(4/5)*, 363-382.

*Research article: development of logistic regression model predicting family reunification*

Erera, P. I. (1997). Foster parents' attitudes toward birth parents and caseworkers: Implications for visitations. Families in Society: The Journal of Contemporary Human Services, *78(5)*, 511-519.

*Research article: descriptive study with foster parents in Israel; both foster mother and father report*

Grigsby, R. K. (1994). Maintaining attachment relationships among children in foster care. Families in Society: The Journal of Contemporary Human Services, *75(5)*, 269-276.

*Research article: review and coding of closed case files; poor results description*

Nordhaus, B. F., and Solnit, A. J. (1998). Foster placement. Child and Adolescent Clinics of North America, *7(2)*, 345-356 *Review of history of foster care and current foster care placements, parents, and families in North America*

Oyserman, D. & Benbenishty, R. (1992). Keeping in touch: Ecological factors related to foster care visitation. Child and Adolescent Social Work Journal, *9(6)*, 541-554.

*Research article: descriptive study; national sample of children in foster care in Israel (n = 590)*

White, M., Albers, E., & Bitonti, C. (1996). Factors in length of foster care: Worker activities and parent-child visitation. Journal of Sociology and Social Welfare, *23(2)*, 75-84.

*Research article: review and coding of closed case files (n = 41); descriptive design, compares children in foster care over and under 20 months*

### D. Homelessness

Hausman, B & Hammen, C. (1993). Parenting in homeless families: The double crisis. American Journal of Orthopsychiatry, *63(3)*, 358-369.



*General article reviewing factors similar for homelessness and poor parenting, ways of supporting parents suggested*

#### **E. Multiple Determinants**

Herrenkohl, E. C., Herrenkohl, R. C., Rupert, L. J., Egolf, B. P., & Lutz, J. G. (1995). Risk factors for behavioral dysfunction: The relative impact of maltreatment, SES, physical health problems, cognitive ability, and quality of parent-child interaction. Child Abuse and Neglect, 19(2), 191-203.

*Research article: abused and control group (total n=206), child Bx outcomes, discriminant analysis*

#### **F. Nontraditional Religious Practices**

Wah, C. R. (1997). Evaluating "nontraditional" religious practice in child custody cases. Family and Conciliation Courts Review, 35(3), 300-316.

*Model for evaluating nontraditional religious practices in child custody evaluations*

#### **G. Parental Developmental Delays**

Tucker, M. B. & Johnson, O. (1989). Competence promoting vs. competence inhibiting social support for mentally retarded mothers. Human Organization, 48(2), 95-107.

*Qualitative research article: ethnographic research with African-American and Caucasian families*

#### **H. Parental Psychiatric Problems**

Jacobsen, T. & Miller, L. J. (1997). Assessing parenting competency in individuals with severe mental illness: A comprehensive service. Journal of Mental Health Administration, 24(2), 189-199.

*Critique of assessment strategies; outlines proposed evaluation method; program description*

Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., & Weiss, D. S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. Journal of Consulting and Clinical Psychology, 60(6), 916-926.

*Research article: interview; large, nationally-representative sample*

Magura, S. & Laudet, A. B. (1996). Parental substance abuse and child maltreatment: Review and implications for intervention. Children and Youth Services Review, 18(3), 193-220.  
*Program description, gender-specific programming, family systems perspective*

Nicholson, J., Sweeney, E. M., & Geller, J. L. (1998). Mothers with mental illness: I. The competing demands of parenting and living with mental illness. Psychiatric Services, 49(5), 635-642.

*Qualitative research article: based on focus groups with mothers (n=42) and case managers (n=55)*

Norton, K. & Dolan, B. (1996). Personality disorder and parenting. In M. Goepfert and J. Webster (Eds.), Parental Psychiatric Disorder: Distressed Parents and Their Families (pp. 219-232). Cambridge, England: Cambridge University Press.

*Book chapter; clinical examples, focus on problematic relating*

Scherer, D. G., Melloh, T., & Buyck, D. (1996). Relation between children's perceptions of maternal mental illness and children's psychological adjustment. Journal of Clinical Child Psychology, 25(2), 156-169.

*Research article: direct observation, self-report measures teacher ratings, children aged 8 to 12 (n=57)*

Silverman, M. M. (1989). Children of psychiatrically ill parents: A prevention perspective. Hospital and Community Psychiatry, 40(12), 1257-1265.

*General article discussing risk factors for children of psychiatrically ill parents to develop own psychiatric illness*

Zuravin, S. J. (1989). Severity of maternal depression and three types of mother-to-child aggression. American Journal of Orthopsychiatry, 39(3), 377-389.

*Research article: sample = low-income, single mothers*

### I. Sexual Abuse Allegations

Baker, E. (1997). Assessing and managing allegations of child sexual abuse: An Australian perspective. Family and Conciliation Courts Review, 35(3), 293-299.

*Discusses intersection of abuse allegations and access issues and impact on BIC*



## Annotations



Baker, E. (1997). Assessing and managing allegations of child sexual abuse: An Australian perspective. *Family and Conciliation Courts Review*, 35(3), 293-299.

**Affiliation Information:** Appeal Division of the family court in New South Wales, Australia.

**Correspondence Information:** Not available.

**Objective:** To examine the procedures involved in the assessment and management of custody and access when child sexual abuse has been alleged. To examine the role of supervised visitation in cases such as these and its interaction with the “best interest of the child” criterion.

**Perspective:** The author takes a strong pro-child stance in this article and heavily critiques the notion that access to both parents is always in the best interests of the child, especially in the case where a child may be at risk from a parent.

**Article Summary:** The author begins by outlining the steps involved in investigating an allegation of child sexual abuse by a parent, namely a forensic investigation, carried out proximal to the complaint and with as few interviews of the child as possible; a medical examination of the child by an experienced practitioner; and provision of therapy services to the child. It is noted that this process takes place away from the family courts. Allegations brought before the family court are, in the author’s opinion, more likely to be those cases in which the evidence is nonconclusive and the child too young to provide helpful testimony.

Family courts may find themselves asked to rule on custody and access issues during the time an investigation is being made and/or a case is being prepared for trial. The author lists three conditions under which he believes supervised access should take place: (1) “when there has been a regular pattern of access prior to the allegation having been made,” (2) “when the child wishes to have contact” with the accused parent, and (3) “when suitable supervisors are available on a short-term basis and are able to protect the child during any access visits that may be ordered” (p. 295). The author recommends “in cases where (a) no suitable supervisors are available, (b) access prior to making the allegation has either been infrequent or generally unsatisfactory, (c) the child does not wish to go on access, and (d) there is considered to be little benefit to the child having access” (p. 295) that the best interests of the child suggest that access be suspended until resolution of the allegation.

Next, the author discusses the fact that in Australia family courts operate under the demands of a civil standard of proof, rather than a criminal burden of proof. In this setting, proving or disproving an allegation of child sexual abuse does not necessarily have to be the determining factor in access orders. Rather, the author states that determination of guilt or innocence should be the purview of criminal courts while the family court should concern itself with the assessment of risk to the child during access

and in the context of this risk-assessment the appropriate level (supervised or unsupervised) of access. The difficulty in determining “acceptable” and “unacceptable” levels of risk to the child for being sexually abused versus the risk of detrimental effects from denied access to a parent is illustrated in this article by a portion of a ruling by the High Court of Australia. The Court held, in the case of M and M (1988-1989) that “[t]o achieve a proper balance, the test (of unacceptable risk) is best expressed by saying that a court will not grant custody or access to a parent if that custody or access would expose the child to an unacceptable risk of sexual abuse” (p. 297).

The author ends the article with a discussion of the use of supervised visitation and argues strongly against uncritical acceptance of this practice. While pointing out that supervised access represents a compromise position between familial self-determination and child protection, the author raises the questions of what is the true best interest of the child and whose interests are being served by supervised access if visitation must be supervised to ensure the physical, emotional, and sexual safety of the child. He suggests that supervised visitation is appropriate under the following circumstances:

1. When a child is to be reintroduced to a parent following a long absence or lack of contact
2. When an inexperienced parent (usually a young father) does not have sufficient parenting skills to manage a very young child
3. When access continues following the making of sexual abuse allegations in circumstances where there has been a previous ongoing relationship of quality between parent and child, or the child himself or herself is desirous of access (pp. 297-298).

In cases other than those outlined above, the author calls the notion of supervised access to task for often being used in the service of one or both parents rather than what may truly be the best interests of the child. He raises the question of the benefit of access in a climate of hostility and accusations and takes a strong stance that courts must protect children and regard children’s interests as paramount even if this means suspending access by one parent for a time or altogether.

Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review*, 16(1/2), 33-63.

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**Objective:** To provide information comparing kinship care and foster family care on a number of variables, including demographic, services received, types of children served, and visitation patterns with biological parents. To use this information to assist in public policy discussions of kinship versus foster family care for children.

**Literature Review:** The authors begin their literature review by situating the concept of kinship-based foster homes in the larger context of kinship care networks found in Hispanic and African-American communities and note the movement over the past decade or so to the utilization of kin as foster care providers. They highlight the lack of adequate language to describe the types of care available to children whose own parents cannot adequately care for them. They describe the three terms that will be used in the article to differentiate types of care: kinship caregivers (kin providing care outside the formal foster care system), kinship foster parents (kin providing formalized foster care), and foster care (care provided by non-relatives). Statistics are provided that describe placement with extended family as a normative experience, with over 31% of all children in the United States being placed with extended family and the figure rising to 48% in the state of New York. In California, "two-thirds of the growth in foster care from 1984 to 1992 could be accounted for by the dramatic rise in kinship foster care" (p. 34). The authors report that there is a movement in many states to encourage social workers first to attempt familial placement before seeking alternative placements for children.

Next, the authors examine special issues related to kinship foster care. These included: 1) worries about adequate child protection by relatives and systemic problems that might lead to abuse/neglect in a kin placement; 2) lack of supervision and support provided by caseworkers; 3) the preponderance of older, single, women of color with limited incomes in the general population of kinship foster parents and caregivers. The availability of financial and social supports for family caring for children in the role of foster parents is critiqued strongly. Another issue discussed is the relationship between kinship foster care and adoption when a child is unable to be reunified with her or his parents. Studies seem to indicate that the adoption procedure is more likely to take longer, if it occurs at all.

**Methods & Design:** The study was designed as a two-tiered survey. The initial survey was demographic in nature and invited participants to participate in a second, more in-



depth survey, for which they would be financially compensated. The initial sample was drawn from the University of California at Berkeley-Foster Care Database. Response rates were 28% for the first survey and 51% elected to participate in the in-depth survey. The first survey was a questionnaire completed by participants and mailed to the researchers. For the second survey, participants had the option of completing the survey either in questionnaire format or via a telephone interview with a research assistant. Data were analyzed using descriptive and group comparison statistics.

**Setting:** California.

**Subjects:** The authors outline in detail their method for drawing a random sample from the existing data set to begin data collection. The reader is referred to the article for this background. The final sample (those completing the in-depth survey) consisted of 600 providers of care, 246 kinship care providers and 354 foster care providers. The children served in this sample were representative of children in foster care in the state of California with respect to gender. Sample children were somewhat older than the overall population of foster children, with sample children in kin and traditional foster care having, respectively, a mean age 7.9 and 7.7 years, compared to a mean age of 5.3 and 5.9, respectively, in the state population. Sample children's ethnicity also varied somewhat from the state population, with the sample containing fewer children of Caucasian descent in the foster care sample, fewer children of Hispanic descent in the kinship care sample, and more children of African-American descent in the kinship care sample than the state population.

**Main Outcome Measures:** The survey questionnaire included demographic information; items assessing caregiver attitudes toward the foster care system, types of services received from agencies, and satisfaction with their social worker; items assessing the physical and mental health and educational needs of one of the foster children in their care; and finally, items from the Behavior Problems Index (Zill & Peterson, 1989) to be completed on the same child for whom physical, mental, and educational information was provided.

**Results:** This article contains explicit reporting of demographic statistics for the sample, which, at least for these sample children, is thought to be fairly representative of the foster care population in California.

The authors report several between group differences for kinship and foster care providers on demographic variables. Kinship caregivers were more often single parenting (chi-square = 46.70,  $p < .001$ ); female kinship caregivers were more often employed outside the home (chi-square = 7.10,  $p < .01$ ), and worked more hours than female foster caregivers ( $t = 2.01$ ,  $p < .05$ ). Relative to male foster care providers, male kinship caregivers were underemployed (chi-square = 19.41,  $p < .001$ ). Both female ( $M = 48$ ) and male ( $M = 50$ ) kinship caregivers were significantly older than their counterparts ( $M = 46$  for females and 47 for males) in the foster caregiver group, with 29% of female kinship caregivers (compared to 19% of female foster caregivers) being 55 years of age or older (chi-square = 7.3,  $p < .01$ ). Kinship caregivers were, as a group, less

educated, made less money, less likely to own their own homes, more likely to have moved in the past three years, and more likely to have health problems than foster caregivers. The groups also differed on ethnic composition, with far more African-Americans providing kinship care and more white Americans providing foster care. Kinship homes tended to care for large sibling groups more often than did foster care homes.

A variety of demographic analyses are reported for the child identified by the caregiver as the one for whom they would provide health, educational, and behavior information on the survey. In general, the results indicated that children in kin and foster care are similar as a group. Ethnic differences between groups were demonstrated in line with the ethnic differences found for providers of each type of care. Children in kinship care tended to have been in care longer ( $t = 5.00, p < .001$ ) and were reported to have fewer behavioral problems ( $t = -2.25, p < .05$ ) than children in foster placements. Children placed in kinship care were less likely to have experienced placement in some other form of care (e.g., residential home) before entering kinship care than were children placed in foster care (chi-square = 43.30,  $p < .001$ ).

With regards to visitation, children placed with kinship caregivers were far more likely to maintain contact with their birth parents than were children placed in foster care (80% and 58% respectively; chi-square = 34.21,  $p < .001$ ) and this contact was likely to be more frequent (chi-square = 55.99,  $p < .001$ ). Visitation within the context of kinship placement was more often to be construed as “family-like” and arranged informally with the birth parents rather than through the courts or social service agencies (chi-square = 40.26,  $p < .001$ ).

Foster caregivers were more likely to be offered services than kinship caregivers. These services included respite care (chi-square = 31.26,  $p < .001$ ), support groups (chi-square = 129.03,  $p < .001$ ), training (chi-square = 224.17,  $p < .001$ ), and specialized training (chi-square = 179.32,  $p < .001$ ). The level of services provided foster care parents varied by ethnicity ( $F = 3.28, p < .05$ ), with Caucasian receiving the most support services. This finding did not hold for kinship caregivers. Financial aid to those providing care differed between kin and foster families, with foster caregivers receiving significantly more aid ( $t = -8.34, p < .001$ ). Kinship caregivers and the children in their care experienced less contact with their social workers than did caregivers and children in the foster care group ( $t = -4.37, p < .001$ ; ( $t = -2.76, p < .01$ ). Although they received fewer services and had less contact with their social workers, kinship caregivers rated their satisfaction with their social worker higher than did foster parents ( $t = 2.78, p < .01$ ). Both kin and foster caregivers reported that their relationships with their social workers could be improve, however, by more contact, better communication, and being treated with more respect by social workers.

Significantly more children residing in foster care were receiving mental health services than those children residing in kinship care were (chi-square = 22.53,  $p < .001$ ). Respondents expressed the desire for “more family counseling, children’s counseling, or counseling with the birth family” (p. 55).

With respect to the children’s futures, kinship caregivers were more likely to expect that a child would remain in care until emancipation (chi-square = 21.66,  $p < .001$ ) and further that the child would remain in their care (chi-square = 10.80,  $p < .01$ ). As a

group, kinship caregivers did not view adoption as necessary when a child could not be returned her or his birth family because the child was already “family.” In terms of expectations for the child’s functioning in the future, kinship caregivers had higher expectations of the children in their care in the domains of relationship formation, self-care, and economic viability ( $t = 4.41, p < .001$ ).

**Conclusions:** The authors conclude the article by reviewing the results, calling attention to (and challenging) the inequalities in service delivery and resources provided to kinship and foster caregivers, and outlining future areas of research. They argue for better needs assessments to be carried out with kinship providers and that it is “incumbent upon social services agencies (not the kinship foster parents alone) to assure quality of care for children” (p. 59). They call for more research on the relationship between kinship care, long-term placement, and lack of adoptions into kin’s families, as well as the benefits and risks to children in these settings. The authors end the article with a discussion of the racial and ethnic discrimination in service delivery demonstrated by the data and call society to task for the presence of such discrimination.

Cantos, A. L., Gries, L. T., & Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. *Child Welfare, 76*(2), 309-329.

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**Objective:** To explore the effects of parental visitation on the emotional, behavioral, and educational adjustment of children in foster care. To examine these effects in children referred to therapy while in a foster placement and in children without therapy contact.

**Literature Review:** The authors review and critique the literature related to the impact of continued biological parent contact on children who are in foster care placements and the likelihood of reunification at a later date. They note that while the theoretical and research literature tend to support continued contact, caseworkers and foster parents often express that view that continued contact with biological parents is distressing to children. It is in this context that foster children often are referred to mental health professionals. The literature reviewed suggests that there is a correlation between visitation and reunification, visitation and gains in child nonverbal IQ and emotional adjustment in the short-term. The results are not unequivocal, however, with variability reported about the impact of visitation on child emotional tension and hostility. The degree of emotional attachment to the biological parents is posited as a variable that might influence the observed relationship between visitation and child adjustment.

**Methods & Design:** Data were collected utilizing structured interviews and testing with foster children, a foster parent-completed questionnaire, and review of the child's placement file. Data were analyzed utilizing MANOVA, ANCOVA, and MANCOVA analysis procedures.

**Setting:** New York City, New York.

**Subjects:** Forty-nine children in family foster care who were referred to therapy and 19 children in family foster care who had not been referred to therapy were recruited for this study. Study children were placed due to child abuse or neglect and were between the ages of five and 18 at the time of data collection. Foster parents of these children also provided data for the study.

Of the 49 children who had been referred to therapy (22 girls, 27 boys), the mean age was 10.5 years, the mean time in foster care was 34 months with an average of 2.1 placements during that time, having been placed, on average when they were 7.7 years old, and with an average of 16 months in their current placement at the time of data collection. The ethnic composition of the therapy-referred sample was 73% African-American, 18% Latino, and 9% Caucasian. Forty-five percent of these children had their

initial return to home goal changed to adoption or independent living and 18% had biological parents whose parental rights had been terminated. Of the children referred to therapy, 25% were visited regularly, 27% were visited irregularly, and 48% had no visitation by their biological parents.

Of the 19 children who had not been referred to therapy (9 girls, 10 boys), the mean age was 7.9 years, the mean time in foster care was 54 months with an average of 1.5 placements during that time, having been placed, on average when they were 3.5 years old, and with an average of 48 months in their current placement at the time of data collection. The ethnic composition of the therapy-referred sample was 74% African-American, 21% Latino, and 5% Caucasian. Sixty-eight percent of these children had their initial return to home goal changed to adoption or independent living and 48% had biological parents whose parental rights had been terminated. Of the children not referred to therapy, 32% were visited regularly, 37% were visited irregularly, and 32% had no visitation by their biological parents.

**Main Outcome Measures:** The Child Behavior Checklist (CBCL; Achenbach, 1991) was completed by one foster parent to assess the emotional and behavioral adjustment of study children. Scores were grouped into internalizing (withdrawn, somatic complaints, anxious/depressed), externalizing (delinquent behavior, aggressive behavior), and total problem behaviors (overall sum). The authors also utilized the number of items on which a child was scored as “deviant” as a measure in data analysis. The Wide Range Achievement Test - Revised (WRAT-R) was used as a measure of educational functioning and adjustment. Information about placement variables and parental visiting was obtained from the child’s foster care file and from the caseworker.

**Results:** Placement Variables and Parental Visiting in the Referred Group. Data were analyzed using a MANOVA with post-hoc univariate ANOVAs. Visitation category (regular, irregular, and no visitation) functioned as the independent variable with child age, total length of placement outside the home, number of placements, length of time in current placement, and age at first placement as dependent variables. The omnibus test was significant ( $F(10,78) = 2.85, p < .01$ ) and post-hoc analyses revealed that “children who were visited regularly had spent significantly less time in care ( $F(2,43) = 4.08, p < .02$ ) and had been in fewer placements ( $F(2,43) = 8.93, p < .001$ ) than those children who were not visited” (p. 314). School Achievement and Parental Visiting in the Referred Group. The omnibus MANCOVA with visiting as the independent variable, WRAT-R reading and math scores as dependent variables, and length of time in care and number of placements as covariates was not significant. Visiting and Child Behavior Problems in the Referred Group. ANCOVAs with planned contrasts between children who were visited regularly and those who were visited irregularly or not at all were conducted with the various scores from the CBCL as dependent variables and using length of time in care and number of placements as covariates. Significant omnibus tests were obtained for total problem behaviors ( $F(2, 38) = 6.13, p < .01$ ), number of items rated as “deviant” ( $F(2, 38) = 5.13, p < .01$ ), and internalizing behaviors ( $F(2, 38) = 3.87, p < .03$ ). Significant differences were found between those children who were visited regularly and those who were visited irregularly or not at all on measures of total problem behaviors and number

of deviant items ( $p < .01$ ) and between children who were visited regularly and who had no visitation on measures of internalizing behaviors ( $p < .01$ ). There was no significant effect of visitation on reported child externalizing behaviors.

**Placement Variables and Parental Visiting: Referred and Nonreferred Groups.** A factorial MANOVA was conducted using visiting status and referral status as independent variables and child age, total length of placement outside the home, number of placements, length of time in current placement, and age at first placement as dependent variables. The omnibus test revealed a significant interaction effect ( $F(10, 110) = 1.92, p < .05$ ) and post-hoc analyses revealed that while children in the referred group who had been visited regularly had fewer placements than those who had been visited irregularly, children in the nonreferred group who were visited regularly had more placements than those who had no visitation ( $F(2, 29) = 7.07, p < .01$ ). **Visiting and Child Behavior Problems: Referred and Nonreferred Groups.**  $2 \times 3$  ANCOVAs (therapy status by visitation) with planned contrasts between children who were visited regularly and those who were visited irregularly or not at all were conducted with the various scores from the CBCL as dependent variables and using length of time in care and child age as covariates. The authors report significant omnibus interaction effects for internalizing behaviors ( $F(2, 56) = 3.14, p < .05$ ) and number of deviant items ( $F(2, 56) = 2.96, p < .04$ ). Planned contrasts revealed that “whereas in the referred group, the children who were visited more frequently were rated as exhibiting fewer problem behaviors in each category relative to those children that were either not being visited at all or were visited irregularly, no such differences were observed in the nonreferred group” (p. 315). Between group comparisons revealed that referred children who were not visited ( $p < .04$ ) or were visited irregularly ( $p < .02$ ) had higher rates of internalizing behaviors than the children in the nonreferred group who had the same visitation patterns.

**Conclusions:** The authors conclude that the effects of visitation with biological parents on foster child adjustment and well-being is complicated and cannot be viewed as a simple, one to one relationship. They note that visiting may decrease externalizing behaviors but, if the children have also formed an attachment to the foster parents, visitation by the biological parents may cause some anxiety and dysphoria for children due to possible guilt feelings. Given this, the authors suggest that a thoughtful handling of the issue of “loyalty” by the children to their biological parents may help reduce internalized distress by helping the children to learn that positive feelings for both biological and foster parents are acceptable.



Clement, D. A. (1998). A compelling need for mandated use of supervised visitation programs. *Family and Conciliation Courts Review*, 36(2), 294-316.

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**Objective:** To advocate for widespread availability of supervised visitation programs, accomplished through state legislation which would mandate use when specific risk factors are present, and provide guidelines for program development, regulation, and funding.

**Article Summary:** The author describes the value of supervised visitation services, as an "equitable remedy" for parents (p. 296) and as a safe situation for children, and highlights the dramatic need for services. The article contrasts this need with the lack of funding for programs, their struggles to exist, and the opposition they face. With this as background, an argument is made that legislative standards should be defined that would mandate the use of supervised visitation programs under specific conditions.

Supervised visitation is presented as a useful alternative to completely barring parental access to children in situations where total lack of contact is deemed unnecessary. Similarly, it can be of assistance in family violence and child abuse cases, since children can be transferred in a safe environment for the parents. Overall, supervised access preserves the parent-child relationship, simultaneously protecting the child (and sometimes a parent) from harm.

Although the courts allow an individual chosen by the parents to conduct supervised visitation, such private arrangements typically fail, according to research cited. Disagreement between parents on the individual, lack of availability and training of the selected party, and difficulties with threats or intimidation plague these arrangements. In contrast, structured programs offer security, trained staff, and a neutral setting. The limitations of structured programs are also discussed, and disadvantages include a lack of privacy for the families, a restriction of visit locations, and a lack of activities for older children.

The author demonstrates the need for supervised access by citing the increase in child abuse, domestic violence, and divorce. Also emphasized are several studies documenting locales in which the demand for supervised visitation exceeds the availability of services. In New York City, for example, family court judges reported that approximately 100 families per week would be likely to need supervised visitation services, while the eight programs in the city could handle a total of only 100 cases (usually over a 6-month period).

Despite the need for services, programs are struggling with lack of funding, which typically translates to fewer staff and service options, and less qualified supervisors. According to the author, nearly all programs are non-profit organizations. Examples of a



non-profit program and a private, for-profit program are presented. Notably, fees for the private program are high, excluding low-income families from participating.

Current efforts to promote supervised visitation programs and to obtain funding have reportedly come from the Supervised Visitation Network (SVN) and from limited initiatives at the state and federal level. The SVN has presented guidelines and standards for programs, and enlists members to advocate for supervised access funding. According to the author, the 1994 Violent Crime Control and Law Enforcement Act listed supervised visitation centers as possible recipients of federal funds, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 provides state grants for visitation programs. Both sources of funding are limited and inadequate for program administration, according to the article. A more recent attempt at comprehensive legislation, the Massachusetts House Bill 3670, would provide large amounts of funding for the creation of new programs, and would establish guidelines for services.

According to the article, opposition to supervised visitation programs has come primarily from fathers' rights groups, which argue that programs are part of a feminist movement which will "subject fathers and children to a hostile, anti-male environment" (p. 307). Although the majority of restricted parents are fathers, the author contends that this is a result of the fact that women suffer from domestic violence at a rate three times that of men. Another difficult issue for fathers' groups is that visitation is barred when there are only allegations of inappropriate conduct with children. Balancing the dilemma of falsely accused parents against the safety of children has typically resulted in the courts erring on the side of the child's safety.

Legislative standards, according to the author, should be defined for supervised visitation services. Mandated services are recommended in cases involving child abuse, neglect, domestic violence, mental illness, alcohol or drug abuse, child abduction, and continual interference in custody arrangements. Modification of visitation rights could occur when parents complete a treatment program, when there is documentation by a program of a positive parent-child relationship, and when the change would not harm the child physically or emotionally. Allegations involving the listed circumstances should be investigated by the courts within six months, to avoid prolonged visitation, and sanctions should be imposed on parties who cause delays.

The article recommends that all state legislatures mandate the development of supervised visitation programs in every district, provide state funding, define operational standards for programs, and determine criteria for mandating families to participate. Use of the SVN's guidelines is suggested. Overall, the article concludes that supervised access programs should be expanded, and that services should be available for all families regardless of income.

Danridge, Shelly (undated) *Final Report on the Uniform Standards of Practice for Providers of Supervised Visitation*. San Francisco: Judicial Council of California.

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**Objective:** To define “the duties and obligations for providers of supervised visitation as set forth in Family Code section 3200” of California law (from Section 26.2.a).

**Article Summary:**

The public policy of the State of California is to assure that children have frequent and continuing contact with both parents after the parents have separated, divorced, or ended their relationship, except where such contact would not be in the best interest of the child (Family Code §3020). Statutes 1996, chapter 387 (Senate Bill 1643 [Solis]) became Family Code section 3200, requiring the Judicial Council to develop standards of practice for supervised visitation providers in accordance with specified guidelines. The Uniform Standards of Practice for Providers of Supervised Visitation adopted by the Judicial Council became effective on January 1, 1998 as California Standards of Judicial Administration, section 26.2. The governing principle upon which these standards are construed is the health, safety, welfare, and best interest of the child.

The standards reflect the intent of the Legislature that the safety of the child, adults, and supervised visitation providers be a precondition to the provision of visitation services and that the best interest of the child is the paramount consideration in deciding the manner in which supervision is provided. These standards are intended to address the critical need for quality visitation services, as well as to assist centers, agencies, and independent supervised visitation providers in delivering safe, accessible services to parents and children.

This report is a section of the California Standards of Judicial Administration and provides information about the duties and obligations of supervised visitation practitioners.

The standards include the following main topic areas:

1. Scope of Service
2. Definition
3. Qualifications, Experience, and Training of the Provider
4. Safety and Security Procedures
5. Ratio of Children to Provider
6. Conflict of Interest
7. Maintenance and Disclosure of Records
8. Confidentiality
9. Delineation of Terms and Conditions
10. Safety Considerations for Sexual Abuse Cases
11. Legal Responsibility and Obligations of a Provider

12. Additional Legal Responsibilities for Professional and Therapeutic Providers
13. Temporary Suspension or Termination of Supervised Visitation
14. Additional Requirements for Professional and Therapeutic Providers

Each topic area contains specific information and guidance to the court and practitioners, although each court is “encouraged to adopt local court rules as necessary to implement these standards” (Section 26.2.a).

The Scope of Service section sets out the objectives of the standards and states that the standards apply to all who provide supervised visitation, regardless of their relationship to clients. That is, whether a provider is a friend or relative, or is a paid professional, these standards are designed to govern service provision. This section also states that the first goal of the standards is to ensure the safety and welfare of all participants and the second goal is to attend to the best interests of the child.

The Definition section defines a “provider” as “any individual or any supervised visitation center who monitors visitation,” and “supervised visitation” as “contact between a noncustodial party and one or more children in the presence of a neutral third person” (Section 26.2.b). The standards do not govern exchange services.

The section on Qualifications, Experience, and Training of the Provider notes that many factors impact who is chosen to provide supervision services. These factors include local resources, parental financial resources, and the degree of risk to the child(ren). Three types of supervisors are discussed: nonprofessional, professional, and therapeutic. Major definitional differences between the three groups and the specific qualifications and training needs are discussed in-depth for each group. Particular focus is placed on professional and therapeutic supervisors.

The Safety and Security Procedures section details specific policies and procedures that must be followed by providers. The standards stress the importance of working closely with local law enforcement officials, having written policies and contingency plans, performing a thorough intake with the parents and children, and providing a comprehensive explanation to parents and children of supervised visitation and the reasons for suspension or termination of visitation during intake.

According to the section on Ratio of Children to Provider, multiple factors should be considered when deciding on the appropriate ratio. The standards do not give specific ratios, but state that courts should consider the degree of risk, nature of supervision required, number and developmental needs of children being supervised, number of adults visiting the children, duration and location of visits, and the experience level of the provider.

The section on Conflict of Interest details the conditions that constitute a conflict of interest for the provider. The standards note that “all providers should maintain a neutral role by refusing to discuss the merits of the case, or agree with or support one party over another” (Section 26.2.f).

The Maintenance and Disclosure of Records section is written for professional and therapeutic supervision providers. The section details what information should be maintained for each visit. This information should be factual and objective, not the opinions of the supervisor. If asked to produce a report by the courts, parties participating in the visitation, or by an attorney associated with the case, the standards

direct the provider to produce a report that contains only facts, observations, and direct statements and is free of opinions or recommendations. Such reports should be sent to all parties related to the case.

The section on Confidentiality states that “communications between parties and providers of supervised visitation are not protected by an privilege of confidentiality” (Section 26.2.h). However, providers are encouraged to maintain general confidentiality whenever possible. The exceptions to general confidentiality are detailed in this section.

The Delineation of Terms and Conditions details 12 conditions of supervised visitation that should apply unless otherwise specified by a court order. The conditions are designed to ensure the physical and emotional safety of the child, a neutral environment (for children and parents) in which visitation may occur, and the enforcement of the court orders.

The section on Safety Considerations for Sexual Abuse Cases provides addition terms and conditions of visitation that should be enforced when there are allegations of sexual abuse between a child and the visiting parent. In general, these conditions prevent physical contact and the exchange of gifts between the child and the accused parent.

The Legal Responsibilities and Obligations of a Provider are outlined next in the standards. These responsibilities are primarily concerned with implementing the standards already outlined in the document. The standards discussed included the reporting of child abuse, enforcing the terms and conditions of visitation, advising participants that there is no confidential privilege in supervision, and the appropriate termination or suspension of visitation.

The section Additional Legal Responsibilities for Professional and Therapeutic Providers requires supervisors to prepare written contracts, review relevant court orders, and perform intakes and screening with potential clients.

The Temporary Suspension or Termination of Supervised Visitation section provides standards for when visits should be suspended or terminated. Visitation should generally be stopped, either temporarily or permanently, when visitation rules have been broken or when the safety of a child or provider is in jeopardy.

The final section of the standards is the Additional Requirements for Professional and Therapeutic Providers. This section requires these providers to place the reasons for suspension or termination of visitation in writing and provide copies to all affected parties.



Davis, I. P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review, 18*(4/5), 363-382.

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**Objective:** “[T]o correlate parental visiting with permanency planning outcomes and to develop a logistic regression model predicting family reunification” (abstract).

**Design & Methods:** Data were collected as part of a larger study, the Permanency Planning Outcome Study (PPO), in which children age 12 and younger were followed for 12 months beyond a permanency planning decision. The PPO study was cross-sectional in design and descriptive in nature.

**Setting:** San Diego, California between 5/1/1990 and 2/28/1991.

**Subjects:** Subjects were 922 children between the ages of birth and 12 years, residing in San Diego county, who had been removed from their homes and placed in foster care for more than 72 hours, and who had, by the end of the study period, formed permanency plans. Of these children, 865 had permanency plans that included some form of reunification. These children comprise the focus of much of the analyses and paper. The authors do not report demographic statistics for this sample.

**Main Outcome Measures:** Data were abstracted from case files by trained raters using a structured data collection instrument. Information was gathered on “child and family characteristics and reasons for removal; placement experience, contents of reunification and other service plans in regard to parental visiting and recommended services; number and types of court hears, the permanency planning outcome decision by the court after up to 18 months of care; and disruption of permanency plans 12 months after the decision was made” (p. 366).

**Results:** The authors present detailed descriptions of their data analysis procedures and results, including pictorial representations of models predicting permanency (pp) outcomes. The authors also present a summary of their main findings. The results indicate:

1. parental visitation was included in the large majority of reunification plans for both mothers (84%) and fathers (76%);
2. more mothers of children in kinship care (89%) than in traditional foster homes (82%) had visitation plans;

3. overall, more mothers and fewer fathers visited at the recommended than at the less than recommended level;
4. visits at the recommended level by mothers, but not fathers, were higher in kinship than in traditional foster homes;
5. reunification was much more likely than other pp-outcomes in cases without maternal and paternal visiting included in the reunification plan;
6. reunifications were strongly associated with maternal and paternal visits at the recommended level;
7. among children visited by mothers and fathers at the recommended level, Hispanic children had the highest percentage of reunifications compared to Anglo-American and African-American children;
8. African-American children were reunified at significantly lower levels than Hispanic and Anglo-American children in cases with less than recommended paternal visits;
9. no significant relationship was found in this sample between parental visiting patterns and pp-plan disruptions of reunified children (quoted from p. 376).

Construction of a logistic regression model to predict family reunification, demonstrated that a child was most likely to be reunified with her/his biological family if the child was: Hispanic or Anglo-American; living with two parents at the time of the removal (one or more being a biological parent); was removed due to sexual abuse, and had a mother who visited at the recommended level during foster placement. A child was least likely, according to the model, to be reunified if the child was: African-American; living with only one parent or adult (non-parent) at the time of removal; was removed for a reason other than sexual abuse; and had a mother who visited less frequently than was recommended.

**Conclusions:** The authors systematically discuss their findings, noting areas of convergence with the literature and suggesting interpretations for findings that seemed “surprising.” One such “surprising” finding is the high percentage of children who were reunified with their parents without the benefit of a visitation plan during placement. The authors suggest that it may be the case when quick reunification is planned, visitation plans are not viewed as an important part of case planning. Equally surprising to the authors, especially given the strong relationship between actual visitation and eventual reunification, is the finding that 44% of mothers and 38% of fathers with visitation plans were not reunified with their children. The authors interpret this finding as possibly stemming from different uses of visitation: in one case to work toward reunification and in other cases to test the resolve of a parent with whom reunification is questionable. In the later case, including specific visiting plans would provide caseworkers with a means for evaluating parents’ commitment to their children and reunification. It is noted that the two objectives of visitation – sustaining of relationship or evaluating parental competency and commitment – require different approaches and interventions by professionals, with

the first needing more therapeutic skills and the second focus on documentation and evidence gathering.

The authors spend considerable time discussing the interaction of ethnicity and visitation and note that African-American children are at a disadvantage for likelihood of both visitation and reunification. This finding held even when the most powerful predictor – material visitation – was held constant in the regression equation. There is a call for further research into this finding to determine the driving force behind the disadvantage.

The results indicate that even children who were not slated for reunification still received some visitation with their parents. This is interpreted as supporting a recent movement in the field calling for a redefinition of reunification as “helping the child and family establish and maintain an optimal level of connection not only for re-entry into the family but other ways of affirming the child’s membership in the biological family” (p. 379).





Duryee, M. A. (in progress). *Therapeutic Supervised Visitation: An Integrated Approach*.  
Judicial Council of California, Administrative Office of the Courts, 455 Golden Gate  
Avenue, San Francisco, California 94102-3660.

**Affiliation Information:** Not available.

**Correspondence Information:** Judicial Council of California, Administrative Office of  
the Courts, 450 Golden Gate, San Francisco, California 94105.

**Objectives:** To develop a model of therapeutic supervised visitation, a recent form of  
intervention with families involved with the court system, and to examine the theoretical  
rationale for and tasks involved in instituting a therapeutic supervised visitation program  
within the legal system.

**Perspective:** While advocating an integrated approach that intervenes with families on  
multiple levels and with multiple strategies, the author's therapeutic understandings are  
heavily informed by psychodynamic object relations theory. Issues of parallel process,  
creating a holding environment via service delivery, and other psychodynamic concepts  
underlie many of the suggested interventions. Because she also advocates working  
systemically, a family systems approach also informs the author's proposed model of  
supervised visitation.

**Article Summary:** The author first examines the definitions, history, and available  
research literature on the topic of supervised visitation, and explores the importance of  
maintaining parent-child relationships. As defined by the author, therapeutic supervised  
visitation involves an intervention designed to improve negative family situations,  
coupled with monitored interaction between parent and child within the legal system.  
Key elements include: 1) flexibility by legal and psychological systems in order to deal  
with the variety of difficulties faced by families; 2) multi-level interventions to address  
the often severe and complex situations; and 3) regular progress checks with parent and  
child.

Supervised visitation was first implemented in the legal system, to "create a  
holding pattern for a parent-child relationship while the Court made a decision" (p. 2).  
Perhaps due to its short history, little direct research has been conducted on the topic.  
Related research includes publications on difficult situations faced by children, such as  
"divorce, parental conflict, domestic violence, abuse, parental alienation, substance  
abuse..." (p. 3-4).

In exploring the benefits for maintaining parent-child relationships, there is  
historical support for courts to place children with a "primary caretaker" in custody  
situations. More recently, there have been arguments for the rehabilitation of all parental  
relationships. Working to improve a child's relationship with a parent may be a difficult  
task, but may relieve guilt experienced by the child at separation and afford him/her a  
chance for an additional caring relationship.

The author presents an integrated approach to therapeutic supervised visitation, which addresses the multiple risk factors within the family, the multiple levels for intervention within the family, and the implications of the approach. Addressing multiple risk factors faced by families implies providing careful monitoring and resources, and improving relationships and processes between parents and children. Addressing multiple levels indicates intervening with the individual, with pairs of family members, or with many family members. The implications of this approach include the concept that the provider of therapeutic supervised visitation will be key in the process, and that there are specific premises upon which this service would be developed (e.g., a focus on supporting family competence).

The final sections of this report provide a thorough discussion of how therapeutic supervised visitation can be of service to families, how such a program can be implemented, and how the court might be involved. The author contends that supervised visitation is therapeutic when it involves setting and working to attain goals, and that an appropriate goal would be to achieve "good enough" parenting and functioning (p. 15). The "good enough" parenting standard and its possible defining features is discussed, but involves dimensions such as parenting knowledge and attitudes, parent-child interactions, child functioning, and parent response to previous intervention. Also considered are the conceivable limits of the approach, including possible stressing or overburdening of a child. Three categories of goals for therapeutic supervised visitation are outlined: "1) Achieving attainable, modest changes, which result in good enough parenting; 2) In the absence of the ability to remediate a relationship, providing the child with a therapeutic experience; and 3) Providing a parent with a last chance to remediate a relationship with a child" (p. 19-20). The author also provides information on more specific goals for families with identified difficulties (e.g., domestic violence, child abuse, substance abuse, or mental illness), clinical considerations, and program examples. Lastly, in rethinking the role of the court in therapeutic supervised visitation, the authors recommend a "family integrated court calendar," which would combine the "services and interventions provided to families with the legal remedies available" (p. 38), and advocate for the court to be considered a "holding environment" for families under stress (p. 39-40).

Erera, P. I. (1997). Foster parents' attitudes toward birth parents and caseworkers: Implications for visitations. *Families in Society: The Journal of Contemporary Human Services*, 78(5), 511-519.

**Affiliation Information:** School of Social Work at the University of Washington, Seattle, Washington.

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**Objective:** To describe the relationship between foster parents' attitudes toward both birth parents and caseworkers and the impact on visitation between birth parents and their children. To provide implications for visitation and reunification based on the attitudes and visitation patterns described.

**Literature Review:** The author begins the article by reviewing the benefits associated with continued contact between birth parents and their children when the children have been placed outside the home. This discussion occurs in the context of planned reunification or at the very least when reunification has not been ruled-out as a possibility. The benefits of visitation are reported to include: increased chance of family reunification, maintenance of a sense of identity in the children, better emotional and school adjustment, decreased use of abusive language and defiant behavior with peers, and help children "retain a realistic picture of their birth parents by avoiding fantasies of a preplacement ideal and blaming themselves for their removal from the home" (p. 511). For birth parents, visitation is reported to provide an opportunity to practice parenting skills without the overarching responsibility for the children that a parent might not be ready to accept. Caseworkers are allowed, via visitation, to observe birth parents and children interacting and assess parenting strengths and weaknesses.

To ensure visitation, the author outlines the literature as supporting the need for "developing a permanency plan and establishing a schedule for parental visitation" (p. 512), parent skill training and other help to resolve the situation that precipitated placement, emotional support and guidance for the children in placement, and supervision and training for foster parents. There is some debate in the literature as to whether the role of modeling appropriate parenting, facilitating access to community resources, and making determinations about the children's ability to emotionally cope with visitation are largely the responsibility of the caseworker for the family or the foster parents. The author notes that there is some move to utilize foster parents as paraprofessionals to fulfill this role. However, there is also some evidence that foster parents "tend to dislike parents, perceiving them as neglectful or abusive and morally and behaviorally repulsive...compete with the birth parents for the affection and loyalty of the child...and that the relationship between foster parents and birth parents is inherently conflicted" (p. 512). Further, the author notes that even with the caseworker serving as an intermediary, the level of cooperation by the foster parents influences the frequency of the birth parents' visitation.

The remainder of the literature review is devoted to providing the reader with information about the Israeli foster care system, highlighting points of convergence and divergence with the United States' system of foster care. One major difference is the decreased importance of permanency planning in the Israeli system relative to the U.S. system. In addition, the Israeli system emphasizes institutional placement as a means of preserving the child's relationship with the birth parents, whereas foster parents become a permanent family to the child.

**Methods & Design:** This study is a descriptive design and data were collected via interviews with both the foster mother and father (interviewed separately). The interviews were conducted by social work students and the Foster Parents Role Performance Questionnaire served as the basis for the interview.

**Setting:** Northern District of Israel.

**Subjects:** The sample consisted of 162 foster care couples (total N = 324) randomly chosen from foster care parents registered with case management agencies in the Northern District of Israel. Demographically, 59% of the foster parents were Jewish, 24% Arab Muslim, and 17% Arab Christian. The majority of the foster parents (73%) lived near one or more of the foster child's birth parents, and 34 of the foster care couples were relatives of the child and birth family. Sixty-two percent of the foster parents were first time foster parents. Demographically, the foster children were largely between the ages of 6 and 17 at the time of the study (86% of the sample children) and had been in foster placement an average of 5.7 years.

**Main Outcome Measures:** The Foster Parents Role Performance Questionnaire served as the outcome measure. The questionnaire was developed by the author, consisted of 55 items, and assessed foster parents attitudes and behaviors toward birth parents, caseworkers, and foster children.

**Results:** The majority of the sample children had little or no contact with their birth parents. Forty percent of the birth mothers and 32% of the birth fathers had never, according to the foster parents, come to visit their children (29% of the mothers and 24% of the fathers visited their children "every few months"); 34% of children had never gone to visit their birth mothers and 39% had never gone to visit their birth fathers, according to the foster parents' report. Eighty-six percent of the foster parents reported that they did not initiate visits between the birth parents and their children in the foster home and 72% did not initiate visits in the birth parents' home. Twenty-five percent of the foster parents reported that the caseworkers initiated visitation between birth parents and their children.

Foster parents also had little contact with birth parents and took little active part in helping birth parents increase their parenting skills. Eighty-four percent reported never discussing problems, parenting challenges, or potential reunification with the birth parents. Foster parents tended (> 50%) to view themselves as solely responsible for all major decisions in the foster child's life. Despite this pattern, the author notes that foster parents tended to want birth parents to visit more frequently (32-40%) and believed that

birth parents had either a positive (34-38%) or neutral (24-29%) influence on the child's life. Birth mothers tended to be viewed in a more negative light by foster parents with 42% believing birth mothers had a "bad" influence on the child as opposed to 32% of birth fathers being viewed in this way.

Foster parents reported meeting with caseworkers an average every 4.7 months and 51% did not desire regular meetings with the caseworker. "More than 90% of the foster parents stated that the caseworkers were not responsible for the children and were not involved in important decisions concerning them" (p. 516). Foster parents were split on their attitudes toward caseworkers, with 60% finding the caseworker's guidance helpful and the remainder either not receiving advice (10%) or not finding the advice helpful (30%).

The vast majority (76%) of foster parents viewed the foster children as either "belonging to them" (51%) or "belonging more to them than to the birth parents" (25%; p. 516). Seventy percent reported that they wished the child to remain with them permanently.

**Conclusions:** The author notes that rather than acting as paraprofessionals who are helping birth parents maintain and strengthen parenting skills and relationships with their children, the foster parents were operating independently and functioning as a "substitute family rather than a complementary family, forgetting that they were not the parents" (p. 517). The lack of contact between birth parents and their children may also be a function of birth parents' own reticence to visit their children for their own intrapsychic reasons. The author suggests that, given the support in the literature for the positive effects of birth parent/child visitation, and the findings that visitation is not occurring in this sample, that agencies must create policies that support consistent contact between foster parents and caseworkers and foster parents and birth parents. In addition, the author lists several supporting factors, including "sufficient funding, incorporation of parental visits in the service plans, a case review system, well-staffed services, trained caseworkers, flexible application of family reunification, placement of children in geographic proximity to their birth families, and trained foster parents who are willing and able to collaborate with birth parents and caseworkers" (p. 518). Training for foster parents in how to cooperate and interact positively with birth parent, form an empathic stance toward birth parents, and help coping with the emotion strain and conflicts that are often inherent in foster parenting is suggested.



Fields, L. F., Mussetter, B. W., & Powers, G. T. (1997). Children denied two parents: An analysis of access denial. *Journal of Divorce and Remarriage*, 28, 49-62.

**Affiliation Information:** Lynda Fox Fields & Beverly Mussetter, Indianapolis, Indiana. Gerald T. Powers, Indiana University School of Social Work.

**Correspondence Information:** Not available.

**Objective:** To test whether noncustodial fathers who are in compliance with court ordered child support payments experience denial of access by custodial mothers.

**Literature Review:** The authors begin by briefly reviewing the incidence of divorce in the United States and the consequences of parental conflict and divorce on children's adjustment. The authors present information from the literature supporting the detrimental effects of a child not having contact with their noncustodial parent and argue that the courts do not do enough to ensure this contact will occur (e.g., placing provisions that would ensure access in the court order). It is noted that in Indiana, where the study was conducted, denial of access to the child by the noncustodial parent is a misdemeanor. The law, however, usually is not enforced. The authors go on to state, "It is not surprising, therefore, that existing statutes dealing with custody and child support issues are perceived by many NCPs [noncustodial parents] as patently unfair and unresponsive to both their needs and those of their children" (p. 50). The effects of denial of access on the NCP - who are most often fathers - are outlined briefly. These include feelings of sadness, depression, and emptiness, a sense of personal loss, and decreased self-esteem. Reportably, some fathers in the study reviewed found periodic visitation (as opposed to on-going, consistent visitation) was too emotionally painful for them to sustain. The literature review is concluded by noting that the prevailing attitude by parents and courts is that there is a direct, positive correlation between NCP payment of child support and the degree of child access facilitated by the custodial parent. It is from this finding that the authors draw their study objective.

**Methods & Design:** Data for this study were derived from a larger existing pool of data collected by the Coalition for Children's Access to Parents. From the larger data pool, 2,000 noncustodial parents participating in a voluntary Electronic Fund Transfer program for payment of child support were identified. A 25% random sample was identified from this pool and mailed questionnaires. Total response rate, after disqualifying 23 questionnaires that were completed by someone other than the NCP, was approximately 20%. The original study was a survey design and the current analysis is descriptive in nature.

**Setting:** Indiana



**Subjects:** Subjects were 73, primarily Caucasian, divorced or remarried men residing in Indiana and participating in a voluntary Electronic Fund Transfer program for payment of child support. The authors report “typical” rather than exact demographic statistics. Subjects had, in general, been married eight years and the marriage had produced an average of two children. Children of study fathers were, on average, 9.33 years old at the time of data collection. Weekly child support payments averaged \$117 for this sample and fathers reported an average yearly income of \$30,913.

**Main Outcome Measures:** Study fathers completed a questionnaire developed by the Coalition for Children’s Access to Parents designed to elicit the perceived needs of NCPs in the areas of “judicial reform revised visitation schedules, improved legal counsel and the availability of emotional support groups” (p. 52), as well as collecting information about child access, denial of access, and attempts at remediation. The questionnaire consisted of 67 closed and open-ended items.

**Results:** The results indicated that the majority of NCPs were dissatisfied with their current access to their children as ordered by the court. Fifty-four percent had attempted to have the order modified in the past. Approximately half (54.3%) of the NCPs reported following custody orders “religiously.” Of the remaining NCPs, 23% stated that they visited their children more frequently than designated in the court order; the remainder saw their children “less frequently” or “not at all.”

NCPs described feeling vulnerable about their relationships with their children and attribute these feelings to a belief that the custodial parent has more support by the courts in custody disputes. The authors describe an overall sense of powerlessness for NCPs in relation to both the courts and the custodial parent in the arena of child access. Sixty-eight percent of study NCPs reported having regular, serious disagreements with the custodial parent about visitation, with 55% alleging access denial occurring over the past year (43% report that such denial occurred seven or more times during the past year). Experiences of having “stories” made up about them to justify access denial, having lies told to the children about them, and threats by the custodial parent to move out of their area were reported by 33%, 69.7%, and 41% of the sample, respectively. Thirty-seven percent report that their ex-spouse had hidden their children from them in order to deny access.

The results indicate that there was no relationship between the amount of time the NCP spends with his children and the amount of child support paid ( $r = -.04$ , n.s.) or the perceived fairness of the custody order ( $r = .03$ , n.s.). Study NCP reported fairness of access as a central issue that is related to the tenor of the entire visitation experience. Things such as conflict during child transfer, disagreements about visitation in general, and the custodial parent’s support (or lack of support) of the child-NCP relationship set the tenor of visitation and appear to impact a NCP’s ability to remain engaged and active in his child’s life.

**Conclusions:** The authors conclude that “the data do not support the prevailing assumption that the primary reason for access denial is non-payment of child support” (p. 59, emphasis in original). The experience of powerlessness in relationship to the

custodial parents' access control and lack of court support is highlighted as severely impacting a NCPs to parent effectively and maintain a quality relationship with the child. Future research on interventions that may ameliorate this perceived power imbalance and increase communication and problem solving skill between parents is called for by the authors. These include the use of parenting classes and the use of mandatory mediation rather than traditional adversarial methods of dispute resolution. The authors end the article with a call for legal reforms that would enforce custody orders equitably and suggest that presumptive joint legal custody and mandatory mediation may be ways of ensuring access.



Grigsby, R. K. (1994). Maintaining attachment relationships among children in foster care. *Families in Society: The Journal of Contemporary Human Services*, 75(5), 269-276.

**Affiliation & Correspondence Information:** R. Kevin Grigsby, Department of Psychiatry and Health Behavior, Medical College of Georgia, Augusta, Georgia.

**Objective:** To determine caseworker support for parent-child attachment relationships and whether caseworkers are supporting other attachment relationships for the child.

**Literature Review:** The author reviews three areas of literature: social-attachment theory, attachment relationships in families, and the relationship between attachment theory and child welfare practice. Social-attachment theory derives from the work of Bowlby (1969) and is based prospective, observational research. "Attachment behavior is any form of behavior that results in a person attaining or retaining proximity to another individual" (p. 270). Care-giving is viewed as a "complementary" task to the formation and retention of attachment. Threat of loss of attachment bonds leads, according to the theory, to anxiety, and actual loss of attachment leads to sorrow and anger. When bonds are well maintained, joy often results. Attachment and attachment behaviors are, from an evolutionary perspective, vital to survival because of the close proximity seeking, protective, and care-giving behaviors to which attachment gives rise. Attachment relationships usually develop first between the newborn infant and its biological parents. When a child is adopted early in life, these bonds may first form with adoptive parents. The author goes on to discuss the attachment relationships between siblings, especially when appropriate parenting is lacking. They note that the key to sibling attachment may be "mutual access and lack of parental influence" (p. 270). In relation to foster care placements, the authors review literature supporting the idea that placing siblings in the same foster care home may increase attachment bonds between siblings.

The author argues, in the last section of the literature review, for the utility of social-attachment theory to the foster care system in general and social workers in particular. Child abuse is conceptualized as a failure of the normal parent-child attachment bond. Placement in foster care, even though done for the child's protection, can constitute an additional break in the attachment bond (even one that has not been healthy) and cause anxiety and sorrow responses in children. The author states that the "trauma of separation and placement generates feelings of abandonment, helplessness, anger, fear of abandonment by the parent, and fear of death of the parent" (p. 271). Those working with the children, biological parents, and foster parents are called to work with these feelings rather than to discourage their expression. The author concludes by arguing for the use of visitation that is supported and facilitated in order to continue and strengthen the parent-child bond while the child is in placement. If a parent cannot be remediated, then removal of the child and placement with facilitative parents is advocated.

**Design & Methods:** Closed case records were reviewed and data gathered using qualitative and quantitative methods. The study design is retrospective in nature.

**Setting:** Eastern United States. Exact information on the location was not made available by the author under a stipulation imposed by the child welfare agency that provided the case files.

**Subjects:** Case files were reviewed that met the following criteria: (a) child was between the ages of birth to 17 years, (b) child had been placed in foster care for a period of 10 days or more, (c) child was returned to the care of the biological parents after placement, (d) the file was closed at the time of the review, (e) cases were determined not to be “atypical” by the author. A total of 46 files were reviewed.

**Main Outcome Measures:** The author culled demographic, history of child protective agency involvement, foster care placement (i.e., number and duration of placements), relationship and attachment quality in the biological family, and visitation information from the case files. Information on attachment relationships was obtained using the constant comparative method.

**Results:** The results are reported more in the context of what could not be found rather than actual results. The results reported that caseworkers did not tend to document visitation between biological parents and their children (87% of the files did not contain this information). In two cases where visitation did occur and was documented, the attachment bond was found not to have been maintained as evidenced by permanent out-of-home placement for the children. The author notes that there was a trend for shorter foster care placement when siblings were placed together (13 months) than when they were placed separately (17.9 months). Overall, the author sums up the results by stating “it appears that the principles of social-attachment theory were not considered...” (p. 275).

**Conclusions:** The author concludes that overall, social workers working within the foster care placement tend to not utilize the principles of social-attachment theory in their work and may not perceive the importance of maintaining and facilitating the parent-child bond (with biological or foster parents or extended family) through careful case management. The author calls for training in this area for professional working in foster care.

Halliday, E. (1997). The role and function of child contact centres. *The Journal of Social Welfare and Family Law*, 19(1), 53-60.

**Affiliation Information:** Network of Access and Child Contact Centres (UK).

**Correspondence Information:** Not available.

**Objective:** To describe child contact centres' programming. To examine child contact centres in England, Scotland, and Wales to understand how visitation in a neutral setting helps or hinders child adjustment.

**Article Summary:** The author begins by outline the various types of supervised child contact that can occur under the United Kingdom (UK) system. A distinction is made between supervised contact and supported contact. Supervised contact is defined as "one-worker/one-family visitation" where the worker has specialized training in providing supervision to high-risk families. Supported contact is defined as contact where support staff (often volunteers without formal training) monitor visitation in a general way to promote positive parent-child interactions (p. 53). Supported contact may occur via the creation of multiple family groups. The majority of the centres are described as providing supported contact and being run by church, volunteer groups, or other community service groups. The goal of contact centers is to provide a place that is a "child-friendly environment where the child's right to friction-free positive contact is the main concern of the centre's workers" (p. 53). Volunteers are trained to anticipate tensions and outbursts between parents and intervene accordingly. Visits are structured to reduce friction by keeping conflicted parents from interacting and using the volunteers to transfer the child from one parent to the other. The objections offered by parents (especially noncustodial parents) concerning the use of contact centres is discussed. Highlighted is the observation that many parents have difficulty playing with their children and may feel threatened by the number of child-friendly activities available and the presence of other families who may be perceived as judging their interaction with their child. Centre volunteers can help the parent by encouraging him or her to join in the child's play. Volunteers are trained to observe child nonverbal cues and gently intervene using distraction and task reorientation if the parent begins inappropriate lines of questioning (e.g., about the other parent's romantic life).

The author discusses the intense desire and need often felt by children for their parents to reunite or at least to be able to continue contact with both parents. The conclusions of Weyland (1992) on the harmful effects of severed contact with one parent are listed. These include:

1. Feelings of rejection and loss leading to depression and low self-esteem;
2. Idealization or deprecation of the absent parent;
3. Feelings of guilt and blame for the divorce;

4. Deprivation of positive developmental contributions by the absent parent; and
5. Difficulty with identity formation and cohesion.

Arguments against the use of contact centres are discussed by the author. The largest fear is that such centers may be utilized when a child is at risk for abuse but the court is reluctant to terminate contact with the potentially abusive parent. Child contact centres are ill equipped to handle the supervised visitation needed in these cases but their existence may encourage their inappropriate use by the courts. Centers may, in these cases, refuse services to a family it does not believe it can adequately support and ensure safety for parent, child, and centre volunteers. Another fear expressed about contact centres is that families will become “dependent” on the services and not move forward to solve their own relationship and access problems. The author notes that the average family in 1994 had 9.09 visits over the course of the year. The infrequency with which extended use occurs is attributed to 1) the staff encouraging parents to view the centres as a temporary solution and to move on when appropriate, and 2) that a majority of families use the centre while a Family Court Welfare Officer’s report is being prepared. Long-term use of the centres generally result from some intractable situation such as ongoing parental mental illness or fear of violence toward an ex-spouse or child abduction.

The case of divorce before a child’s birth is discussed as a situation in which child centres can intervene. Drawing on a description of client interactions at a centre in Durham, the author suggests that contact centres can facilitate attachment between infant and father that likely would not occur with a less formalized and structured visitation arrangement.

The article ends making an argument for the very real need for contact centres by reviewing the number of centres in the UK and their utilization rates. The author also discusses the ways in which contact centres benefit children. These benefits include:

1. Providing contact without parental conflict;
2. Reduced parental stress;
3. Increased parental cooperation;
4. Helping the child to integrate positive and negative views of parents

Hausman, B. & Hammen, C. (1993). Parenting in homeless families: The double crisis. *American Journal of Orthopsychiatry*, 63(3), 358-369.

**Affiliation Information:** Bonnie Hausman, Better Homes Foundation, Newton Centre, Massachusetts. Constance Hammen, Department of Psychology, University of California, Los Angeles.

**Correspondence Information:** Not available.

**Objective:** To review the psychosocial characteristics of homeless mothers and their children, argue for social support for these families, and provide guidance to caseworkers interacting with homeless mothers and their children.

**Perspective:** The authors frame this article from the perspective that homeless mothers experience a double crisis and are in need of support both in the immediate and long-term circumstances. They believe that the focus of practice must be on strengthening mothers in their role as a parent.

**Article Summary:** The authors begin by discussing, in general, the impact homelessness can have on parents and children, including a decrease in the parents ability to protect and support their children and respond to children's needs. They go on to organize basic tasks of appropriate parenting along two polls, demandingness and responsiveness, and note that the best parent incorporated both elements into parenting. Demandingness denotes the amount of control over a child the parent has, while responsiveness represents how well the parent's actions address the child's needs and actions. The environment of homelessness can impinge on a parent's ability to accomplish these tasks. The authors outline factors such as interaction with social welfare agencies and residence in transitional housing programs and shelter as important environmental impingements. Both parent and child characteristics can also affect the parent's ability to be appropriately demanding and responsive.

Next, the authors review the context of homelessness, especially residing in a shelter that can effect parenting ability. At this point, the authors move from discussing parents in general and move to discussing mothers in particular. The complex nature of research on homelessness and child outcomes is noted, especially the difficulty teasing apart the effects of homelessness, extreme poverty, and/or residential instability. Parenting in the context of a shelter environment is discussed as potentially detrimental to children, due to the public nature of the parenting in shelter, decreased parenting autonomy, the mother's fear of judgement for her child's behaviors, and a perceived need to distance oneself from one's child if the child represents past "shameful" behavior (such as a child with fetal alcohol syndrome of a mother who was alcoholic and is now sober). The authors argue that such circumstances are "instances in which the pillars of successful parenting – responsiveness and demandingness – are fractured" (p. 361).



The article then moves on to outline psychosocial characteristics of homeless mothers. The authors organized these characteristics into (1) social networks, (2) psychological distress, and (3) pregnancy and childbearing. Before beginning this discussion, however, the authors note that “most homeless families are headed by single women who are disadvantaged by ethnic, educational, and income status; lack advanced education or job training; and are hampered by poor family functioning in their families of origin” (p. 361).

In terms of social networks, the authors note that supportive social networks can enhance parenting skills and reduce stress. Homeless mothers are often thought to have inadequate skills at creating and maintaining social networks. However, the authors suggest that this may not be the case. Rather, the relationships that mothers who are homeless have available to them may be victimizing rather than supportive. A series of experiences in such networks may lead the mother to view strangers, relatives, and acquaintances with suspicion and thereby reduce their ability to access services and support (e.g., she may fear leaving her children in child care due to her own history of being victimized by caregivers). Additionally, mothers who are homeless as a result of an abusive marriage may fear their children will be abducted and circumscribe their and their children’s contact with others for the sake of safety. Psychological distress has been shown in the literature to impact parenting abilities, and therefore child outcomes, and the authors note that homeless mothers and their children are no exception to the rule. The authors pay attention to the impact of drug and alcohol abuse on parenting abilities and child behavior and psychiatric outcomes. This section is ended with a discussion of the relationship of pregnancy and homelessness. They note the strong correlation between homelessness, multiple pregnancies, and the interaction of substance abuse. The demands of attending to daily existence needs such as food and shelter make attending to other parenting responsibilities difficult. Issues such as improved parent-child communication, cognitive stimulation, and help with homework must take a backseat to survival issues, however, the children are argued to suffer as a result of this needed prioritization.

The psychosocial characteristics of homeless children are discussed briefly by the authors. They note the interaction of child and mother temperament in influencing the quality of the parenting relationship, with “difficult” children being more likely to overwhelm the stressed coping resources of mothers who are homeless. Findings in the literature are reviewed and can be summarized as suggesting that homeless children are at risk for developmental delays, poor general health, depression, anxiety, behavioral problems, and school failures. Despite the distressing picture painted by the literature, the authors note that “there is a growing body of literature that offers an optimistic assessment of the potential for resilience...the more resilient children appear to be those whose mothers were older at the time of their first birth, had developed social networks in the service community, and were more emotionally resilient themselves” (p. 365, emphasis added).

The article is concluded with a presentation of dilemmas and recommendations. The authors open this section by stating that “the unfortunate conclusion of this brief review is that virtually all the high risk conditions that have been studied for their negative impact on mothers and children come together in the situation of homelessness”

(p. 365). This, they suggest, creates a series of ethical and practical dilemmas for practitioners working with this population. First, is the balance of intrusiveness/prescriptiveness versus supporting parents own ideas and values about parenting. It is suggested that practitioners take a developmental stance with regard to parents as well as their children, facilitate discussions of underlying values and beliefs about parenting, and encourage brainstorming of variety of approaches to achieve the same goals. This, the authors suggest, is also an important context in which mothers can be strengthened by helping them to understand how their own background impacts their current parenting and the presence of choices to do something different rather than repeat their parents (possible) mistakes. However, practitioners are warned against taking a completely relativistic stance at the risk of not giving a parent who feels at sea a much needed anchor and direction. Second is the issue of whether or not participation in parenting classes should be a condition of shelter. Both sides of the argument are summarized without suggesting a course of action. No matter which tact is taken, the authors encourage shelters to find ways to provide “positive reinforcing experiences” for the mother and child (p. 366). Third, is the issue of how service providers can manage and cope with large caseloads of high-risk, high-need families. The need to provide multiple services for these families – from shelter and food, to education, exercise, and therapy to combat traumatization – are highlighted. It is suggested that providers find ways to adapt existing community programs (e.g., literacy programs) to the needs of homeless families the increase the availability of resources and encourage the development of a social services support network. Finally the authors discuss the issue of how to provide long-term support, in the context of resource scarcity, for not only chronically homeless mothers, but also for those mothers who, with enough support, are likely to move out of homelessness. The authors suggest that case management may not be the appropriate modality through which to deliver long-term support and encourage case managers to connect clients with other community resources that can provide support and encouragement over the long-term.



Healy, J. M., Malley, J. E., & Stewart, A. J. (1990). Children and their fathers after parental separation. *American Journal of Orthopsychiatry*, 60(4), 531-543.

**Affiliation & Correspondence Information:** Not available.

**Objectives:** To present research that indicates that there is no single best recommendation regarding the relationships of children with their noncustodial fathers.

**Literature Review:** The authors discussed previous research on the age and gender of children who must adjust to divorce and on different types of relationships maintained with noncustodial parents. Regarding age and gender, some literature noted that children's characteristics might alter parent involvement and visitation after divorce. Conflicting results have been found regarding children's age, with some studies finding that younger children are more affected by divorce long-term, and others finding no differences between older and younger children. Similarly, in considering gender as a factor, some researchers have found boys to have more adjustment problems, while others have argued that distress may be expressed differently in girls, due to gender role restrictions on behavior, and that clinical research may focus more on boys. Still other researchers found no relationship between gender and long-term adjustment, or with opposite-sex custodial parenting.

**Methods & Design:** The study was designed to examine effects of age and gender of the child, the father-child relationship, and parental legal conflict. The authors note that several demographic and relational variables were not studied in this investigation, in order to focus on specific effects of certain elements of the situations faced by children and parents. Data was collected from all family members, but the authors reported that the "most complete" data was from questionnaires and interviews with the custodial mothers and the target children (p. 534). The questionnaire and interview items focused on the target child. Administration of the measures was repeated at one year after the first interview. Multiple regressions were conducted on the child adjustment indicators at Time 1 and Time 2. Main effects and interaction effects were considered for each of the indicators.

**Setting:** Not available.

**Subjects:** 121 children, whose mothers retained custody, were participants in the study. Some changes in this dataset were noted, such as the effect of attrition (n=28), and that fathers were granted physical custody (n=17). Families had one child between the ages of 6 and 12 years of age, who was selected as the "target child" (p. 534). The mean age of the target children was 8.61 (SD=1.99). The younger group (ages 5 to 8) included 29 boys and 30 girls, and the older group (ages 9-12) included 34 boys and 28 girls.

**Main Outcome Measures:** Interviews with mothers and children, focusing on the father-child relationship and the child's behaviors, were used. The Perceived Competence Scale was utilized as a measure of children's overall self-esteem. The mothers completed the Child Behavior Checklist (CBCL), Parent Form, to evaluate child behavior problems.

Three aspects of the father-child relationship were examined via the interviews with mother and child: frequency of visits, regularity of visits, and the closeness of the father and child (from the child's viewpoint). Frequency and regularity were assessed by the descriptions of the father's visitation schedule. Frequency of visits was coded into four categories ranging from "never" (0-1 visits) to "frequently" (once per week) (p. 535). Regularity was coded as either regular or irregular. Interrater reliability for both coding schedules was .85. Closeness was coded as "close," "neutral," or "not close," based on a priori definitions of the terms. Interrater reliability was .90 for these ratings.

Parental legal conflict was assessed at three time periods by the number of motions filed by either parent. A total legal conflict score was obtained by summing the number of motions from each time period.

**Results:** The children scored in the normal range for self-esteem, but were reported by their mothers to have elevated levels of behavior problems. Only legal conflict was significantly related to children's level of self-esteem, at both Time 1 and Time 2 ( $p < .05$ ). None of the child adjustment indicators were significant predictors as main effects.

Age and gender of children significantly interacted with visit frequency and regularity to predict self-esteem at Time 1 ( $p < .001$ ). Younger children and boys appeared to have higher self-esteem than girls do when visits with fathers were frequent and regular. Frequency and regularity of visits were related to higher self-esteem, but only when legal conflict was low. Similarly, closeness was associated with high self-esteem, but only when legal conflict was low.

Girls reportedly had fewer behavior problems when fathers visited more frequently, while boys were reported as having more behavior problems with more frequent visits. Children who experienced visits that were both frequent and regular, on average had the fewest behavior problems. Behavior problems also interacted with legal conflict and visit schedules; children had more behavior problems if there were few and infrequent visits, *and* there was high conflict between the parents. Older children and children with close relationships to their fathers had fewer behavior problems if visits were frequent and regular. If children were not experiencing much legal conflict, father-child closeness predicted fewer behavior problems.

**Conclusions:** In general, the authors conclude that there are many aspects of children's relationships with their fathers that may impact their adjustment post-divorce. As was hypothesized, there were few simple, direct effects that could be measured. Rather, there were "different implications for different kinds of children and for children in different situations" (p. 540).

For young male children (ages 6-8 years) or for children who are particularly close to their fathers, this study indicated that frequent visits by the father immediately after separation may be beneficial for a child's self-esteem. The authors postulate that

these children may be most likely to view the separation from their fathers as a loss. However, since “every contact also brings a new loss” (p. 540), there may be more behavior problems reported.

Alternatively, for female children, the period immediately post-separation was associated with low self-esteem if visits were frequent and/or regular. The authors hypothesize that the visits may cause more conflict for girls, who may identify strongly with their mothers. Girls had fewer behavior problems than boys, but had lower self-esteem.

Regularity of visits was generally good for self-esteem in younger children, but not for older children, females, and for children whose parents were in legal conflict.

After a year, the findings above remained, but others were added. Early visitation frequency (measured at Time 1) became related to fewer behavior problems for older children (at Time 2), and for those who had close relationships with their fathers. In addition, father-child closeness was related to fewer behavior problems, depending on the amount of conflict. The authors argue that these findings indicate that parent-child closeness may have longer-term effects on children’s behavior, while visit frequency and regularity are beneficial in the short term.

Overall, age and gender were found to be important factors relating to fathers’ visit frequency and regularity. However, the authors point out that their many interactive findings indicate the “importance of attention to the psychological meaning for the child of each parent, and of the particular postseparation situation” (p. 542).



Herrenkohl, E. C., Herrenkohl, R. C., Rupert, L. J., Egolf, B. P., & Lutz, J. G. (1995). Risk factors for behavioral dysfunction: The relative impact of maltreatment, SES, physical health problems, cognitive ability, and quality of parent-child interaction. *Child Abuse and Neglect, 19*(2), 191-203.

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**Objective:** To identify risk factors present at preschool age that are related to school-age child behavior dysfunction. To identify the relative contribution of child maltreatment to child behavioral dysfunction in the context of other sociocultural and relational variables.

**Methods & Design:** This data set is a subset of a larger longitudinal study. Data were collected on children from five groups: abusive families, neglectful families who were not physically abusive, Head Start families with no known abuse, children placed in traditional daycare with no known abuse, and middle income families with no known abuse. Data were collected via paper and pencil report, parent interviews, and in-home observations. Data analyses consisted of one-way ANOVAs and Discriminant Function Analysis.

**Setting:** Preschool age data were collected between 1976 and 1977; school age data were collected between 1980 and 1982. The authors do not list the area of the country in which the data were collected.

**Subjects:** The group of abused children (n = 49) were recruited from families identified as abusive by child welfare agencies and in which there was evidence of physical injury to the child. Neglected children and their families (n = 54) also were identified and recruited through child welfare agencies. Another group of children were recruited from Head Start programs and comprise of group of children from very low income, non-abusive or neglectful families (n = 40). A fourth group of children (n = 25) was recruited from local daycare providers, from a variety of SES levels and with no record of being victims of abusive or neglectful behaviors. The final group of children (n = 38) were recruited from private nursery school programs serving middle income families. This group also had no known history or abuse or neglect. Total N was 206.

The children in this sample were 49% female and 51% male, with an average age at the preschool assessment of 51.8 months and 103.9 months at the school age assessment. At the first assessment (1976-1977), 69% of the families reported a monthly income of less than \$700 per month; the remainder of the sample reported monthly incomes ranging to over \$3000. Sixty-five percent of the sample was constituted of male-headed households. The authors only report the mothers' ethnic and religious backgrounds. Of the sample, 94.7% of the mothers were Caucasian and 5.3% were African-American; 67% of the mothers were Protestant, 25.7% were Catholic, and the remainder from other religious traditions.



**Main Outcome Measures: Behavioral functioning:** A "significantly modified version of an original Achenbach (1978) and Achenbach and Edelbrock (1979) measure" (p. 193) was used to assess child behavioral functioning. The authors added items to the original instrument to cover areas of: (a) positive self-image, (b) positive behavior toward others, (c) positive task orientation, (d) ability to express feelings appropriately, (e) physical problems, and (f) response to frustration. A total of 200 items were included on the modified instrument. Four factors were identified based on the face validity of the items and confirmed via principle components analysis. Of the four factors - cognitive/educational, emotional, social, and physical - only the first three were used in the analyses. The "emotional" factor contained three scales, "angry/negative," "self-respecting/happy," and "withdrawn/anxious." The "social" factor contained two scales, "acting out/destructive" and "affectionate/friendly." The cognitive/educational factor was unidimensional. For the purposes of analyses, a total score for each factor was obtained by standardizing the scores for each scale and summing the scales for each factor. Cut-off scores were then obtained by designating the "high functioning" group as those children scoring at the top 40% on all three factors, the "low functioning" group as those children scoring at the lowest 40% on all three factors, and "middle functioning" group as those children not meeting criteria for either group.

**Discipline:** Information on parent discipline practices was assessed for each parent or caregiver during an interview that took place during the preschool-aged data collection period. Respondents used a three-point Likert-type scale to rate the frequency with which they utilized various discipline methods. The items were factor analyzed. A nine-factor solution was identified, with two factors representing forms of child maltreatment that the authors name "severe physical punishment" and "severe emotional punishment."

**Neglect:** Neglect was assessed by observer rating. Rating categories were comprised of "parental emotional neglect of the child, physical neglect of the child, child's lack of cleanliness, and harsh treatment of the child" (p. 194).

**Parent-child interactions:** Two observers coded parent and child behaviors during an interaction task designed by the experimenters. Both verbal and nonverbal behaviors were coded. Codings were classified into two categories representing positive and negative behaviors by the mother toward the child.

**Birth status:** Information about problems at birth was taken from the child's hospital birth record and information provided by the child's parent.

**Illness/health:** Information about the child's health status at two time points (birth to age 1 and age 1 to age 5) was collected from parents at interview to develop two indices of illness frequency and severity.

**Cognitive ability:** Child cognitive ability was assessed using the McCarthy (1972) scales of cognitive ability.

**Presence or absence of male head:** Assessed at via interview at the preschool-age assessment.

**SES measures:** SES was measured using a combination of parents' occupations, level of educational achievement, family income, and number of rooms in the home.

**Results:** One-way ANOVAs were conducted to determine which of the variables differentiated between the three levels of behavioral functioning. The following variables differentiated the groups ( $p < .05$ ):

1. hitting of child hard enough to cause a bruise;
2. threatening the child with a spanking or being sent away;
3. emotional neglect;
4. harsh treatment of the child;
5. negative behaviors of the mother toward the child during the interaction task;
6. positive behaviors of the mother toward the child during the interaction task;
7. hostile behaviors of the mother toward the child during the interaction task;
8. number of health problems at birth;
9. child's physical health at preschool age;
10. cognitive ability of the child at preschool age;
11. presence of a male head in the household;
12. educational achievement of the mother;
13. mother's occupational status;
14. income level of the family;
15. combined variables of isolation and treats (emotional discipline);
16. combined variables of illness and number of hospitalizations (physical health);
17. combined variables of hostile and aversive behaviors (negative interaction);  
and
18. combined variables of education, occupation, and income (SES).

A discriminant function analysis was conducted to determine the relative ability of variables of interest from the above list to differentiate between levels of behavioral functioning. The first function discriminated the best between the three groups ( $p < .0001$ ) and was comprised of following variables (correlation with function is given in the parentheses; p. 199):

1. SES (.87)
2. Negative interaction (-.48)
3. Physical health problems (-.44)
4. Positive interaction (.35)
5. No male head present (-.31)
6. Hit so as to bruise (-.29)
7. Observed neglect (-.25)
8. Emotional discipline (-.23)
9. Birth problems (-.19)

The second function did not reach statistical significant, but the authors note that the function approached significance ( $p < .06$ ). Whereas the first function was more heavily characterized by "socioemotional" climate variables, the second function was more heavily characterized by physically related variables, with hitting so as to bruise the child loading most heavily on the second function (correlation of .70).

**Conclusions:** The authors conclude the article with a discussion of the variable loadings on the two functions as described above. They note, with respect to the first function, that

the ordering of the variables...reflected the extent to which the behavioral functioning of the child was associated most closely with those factors that reflect the degree to which a positive, supportive climate exists in the home...SES is...consistently associated in a positive direction with overarching patterns of stimulation, language development, quality of health care, and availability of social, intellectual, and other cultural development (p. 200)

The authors do not make solid recommendations for intervention based on their study results. Rather, they argue for further research on individual variables such as SES and the ways in which they relate specifically and through their interactions with other variables to behavioral functioning. Understanding “the mechanism by which each of these factors increases the child’s risk of poorer functioning in school can provide a basis for choosing ways to intervene which can truly reduce the risk of developmental damage” (p. 201). Finally, the authors note that it is important to realize that a wide variety of variables can impact children’s behavioral development and that it can be a mistake to focus solely on physical maltreatment as an indicator of future problems or for identifying at risk children in need of supports. A sole focus on maltreatment or abuse also renders invisible the resiliency of some children who grow-up in abusive environments and block the understanding of resiliency.

Hodges, W. F., Landis, T., Day, E., & Oderberg, N. (1991). Infant and toddlers and post divorce parental access: An initial exploration. *Journal of Divorce and Remarriage*, 16, 239-252.

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**Objective:** To attempt prediction of father access patterns postdivorce based on predivorce father-child bonding (via mother's report). To examine how the pattern of visitation with custodial and noncustodial parents, and its consistency with extant child development theory and research, influences infant and toddler attachment and perceptual-motor development.

**Literature Review:** The authors review clinical wisdom, research findings, and developmental theory relevant to optimal visitation patterns between noncustodial parents and their infants and toddlers. Both the clinical literature and developmental theory are highlighted as supporting visitation patterns that allow frequent contact with both parents so that the attachment bonds are not disrupted in either relationship. Both literatures argue for changes in the visitation schedule as the developmental needs and accomplishments (e.g., separation-individuation) change. The research literature reviewed is notably lacking in studies with children under three years old and the authors highlight conflicting findings on visitation and child adjustment.

**Methods & Design:** A sample was recruited from the local community by sending a solicitation letter to custodial mothers with a child under three years of age who had recently filed for divorce. Measures were administered at the authors' university lab.

**Setting:** Boulder, Colorado

**Subjects:** Forty-five children (18 boys and 27 girls) aged 3 and under and their custodial mothers participated in this study. The authors report that of the study children, "4 were under one year of age, 18 between one year and two years of age and 23 were over two years of age" (p. 244) and 22 were only children. Study mothers had been married an average of 5.87 years, had an average annual income of just under \$20,000, and had an average educational attainment of 15 years. Study fathers, by the mother's report, averaged just over \$32,000 in annual income and had, on average, completed two years of college.

**Main Outcome Measures:** Study mothers completed a background questionnaire containing items about child visitation with the noncustodial father (frequency, duration, consistency, and changes in scheduling of visits), pre-separation interparental conflict, child sleeping and eating patterns, and child separation and stranger anxiety. From this

information, visitation patterns were coded as “poor” (relatively infrequent, long duration) and as “good” (longer than 1 1/2 days/visit, occurring once/week or less). All information about the study father was obtained from the custodial mother’s report. Study children were administered the Denver Developmental Screen Test, which measures five areas of development: personal-social, fine motor, gross motor, language, and separation from mother. Developmental delay was defined as “failing a test that 90% of children of that age group were expected to pass,” while “precocious behavior was defined as passing a test that 75% of children that age group were expected to fail” (p. 245).

**Results:** The authors cluster their results into six sections evaluating specific domains of inquiry. For the analyses evaluating demographics and parent access, the father’s educational attainment was positively related to the duration of visits ( $r = .32, p < .05$ ) and his income level positively related to frequency of visitation ( $r = p < .01$ ). No other father demographics significantly correlated with visitation patterns. Demographic variables for custodial mothers were not significantly related to visitation variables; number of siblings in the family was similarly unrelated to visitation pattern.  $t$ -tests for independence with the four visitation variables demonstrated a sex difference for regularity of visitation, with visitation for girls reported to be more regular than for boys ( $t = 2.85, df = 37, p < .01$ ). Analyses for pre-separation father involvement and post-divorce access indicate a positive relationship between pre-separation involvement and frequency of visitation ( $r = .57, p = .001$ ) with individual behaviors of feeding, playing with, talking to, and taking on of child care activities by the father correlating positively with frequency of visitation (coefficients ranged from .39 to .54). For pattern of visitation and the child’s attachment to the mother and father, frequency of father visitation was positively related to *both* affectionate ( $r = .42, p < .01$ ) and tension ( $r = .45, p < .01$ ) responses to the father when the mother was present. Frequency and regularity of visitation were positively associated with greater dependence on the mother post-visit ( $r = .45, p < .01$  and  $r = .33, p < .05$ ). Regularity of visitation with the father was negatively associated with stranger anxiety ( $r = -.34, p < .04$ ). Pre-separation conflict was negatively related to regularity of visitation ( $r = -.33, p < .05$ ) and positively related to the number of changes made in the visitation schedule ( $r = .37, p < .05$ ). Finally, the authors analyzed the association between pattern of visitation and post-separation child development. A correlation matrix was obtained for the four visitation variables and the six domains of development. A negative correlation was obtained between irregular visitation and personal-social development ( $r = -.37, p < .04$ ) and a positive association between changes in visitation and personal-social development was also evidenced ( $r = .42, p < .02$ ). The authors, however, did not use a Bonferroni correction to control for Type I error and the significant results may be due to chance. Linear regressions performed using type of visitation (poor or good) and number of contact hours per month as predictor variables and the various domains of development as dependent variables, resulted in a significant result for language development ( $F(1,31) = 4.27, p < .05$ ), with poor visitation patterns predicting greater language delays. Similarly, the regression (which also included the child’s sex as a dependent variable) for gross motor development approached statistical significance ( $F(1,31) = 3.65, p < .07$ ) and gender

would have (according to the authors) contributed unique predictive variance if the model had been significant, indicating a great impact on boys' gross motor development.

**Conclusions:** The authors do not, in the main, draw specific conclusions from their results, but instead summarize their findings in non-statistical language. It is noted that higher frequency of visitation was related to both positive and negative child affect towards the father and it is postulated that greater frequency of visitation may result in greater emotionality in the child. The authors also discuss the possibility of a moderator variable such as interparental conflict that may be influencing the child's emotional reaction. The finding that the father's level of pre-separation involvement with his infant or toddler is positively associated with frequency of visitation postdivorce is pointed out to be inconsistent with extant research at the time and that the finding may be related to the younger age of the sample children and changing social norms about father involvement with child care activities. Finally, the authors interpret the results for pattern of visitation and developmental delay as supporting the "theoretical proposal that visitation interacts with developmental needs of children" (p. 251). The article ends by cautioning that the results are preliminary and derived from a small sample and, as such, should be considered an initial exploration of the topic rather than definitive guidelines for visitation.



Jacobsen, T., Miller, L. J., & Kirkwood, K. P. (1997). Assessing parenting competency in individuals with severe mental illness: A comprehensive service. *Journal of Mental Health Administration, 24*(2), 189-199.

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**Objective:** To critique current methods of assessing child risk and parenting competency when parents are diagnosed with a severe mental illness. To outline a comprehensive evaluation approach that seeks to identify both risk factors for and protective factors against child abuse and maltreatment. To describe the functioning of a Chicago-based parenting assessment team employing the describe assessment approach.

**Article Summary:** The article begins by arguing that uniform criteria for evaluating risk of child maltreated are needed to prevent the use of unsound evaluations by the courts and social welfare workers and decrease the likelihood of contradictory reports being submitted to the courts. From here, the authors begin by outlining the methodological challenges in assessing parenting adequacy in individuals with mental illness. General issues that make assessment difficult include questionable self-report information from parents, children who may be too fearful to reveal maltreatment, lack of opportunity for direct observation of parent-child interactions in a naturalistic setting, and lack of training for professionals in conducting parenting evaluations. Specific methodological problems are outlined as (p. 190):

1. Instruments measuring psychological functioning (e.g., Rorschach, MMPI) may not be related to actual parenting capacity;
2. Use of inappropriate standards, for example using optimal parenting as a standard against which to compare the parent rather than using minimal parenting competence;
3. Most existing parenting instruments have not been normed on psychiatric populations and may be unfairly biased against parents with mental illness (the authors provide the example of emotional expressiveness toward one's child being an important item on an evaluation that a parent on neuroleptic medication likely could not meet due to medication side effects rather than poor parenting);
4. Failure of instruments to consider cultural differences in parenting practices and the impact of sociological factors such as economic deprivation; and



5. Evaluations that only view the parent in one context rather than a variety of contexts.

Case examples illustrating these common methodological problems are provided and discussed.

Next, the authors outline the components of an adequate assessment of parenting competency. Methodologically, adequate assessments are thought to (p. 192):

1. Assess parenting knowledge, skills, and attitudes directly rather than by inference;
2. Use multiple sources of information;
3. Use valid and reliable assessment tools;
4. Take cultural context and diversity issues into account;
5. Minimize bias by not being employed by either side in court proceedings;
6. Be conducted by an assessor knowledgeable about chronic mental illness;
7. Include an evaluation in the home setting;
8. Integrate a variety of sources of information from collateral sources;
9. Use parenting adequacy rather than optimal parenting as the final criterion; and
10. Seek additional information, when needed, to make a decision.

Nine risk factors that should be assessed in an evaluation are outlined next. The authors state that these factors should not be considered singularly, but their interaction with one another to elevate risk should be evaluated. The risk factors are (p. 192):

1. Active psychiatric symptoms, denial of problem/need for treatment, and angry parental outbursts;
2. Active drug addiction;
3. Parental history of childhood abuse;
4. Parental social isolation;
5. Gross misperceptions about the child and child rearing;
6. Problems reading and responding to child cues;
7. High levels of parental stress;
8. Hazardous home environment (physical environment); and
9. History of violent behavior.

Factors that protect against possible abuse also are outlined. These include (p. 193):

1. Adequate social support;
2. Ability to read child accurately;
3. History of having good parental role models;
4. Insight into illness;
5. Adherence to treatment regimens;
6. Understanding of illness' effects on the child and taking steps to minimize impact; and
7. Ability to recognize the effects of prior abuse/neglect on self and parenting.

With the foregoing sections as background, the authors move to describing the Parenting Assessment Team program of comprehensive parenting assessment. They begin by describing the inception of the program from governmental response following an incident where a mother with schizophrenia killed her children shortly after parental rights were reinstated. In setting up the assessment program, the methodological shortcomings addressed above were identified and protocols to address the problems were developed. Referrals to the program are made by child welfare workers and priority is given to previously hospitalized parents and cases where prior evaluations have not helped in the disposition of cases. Total cost of the assessment and recommendation is stated to be approximately \$1,700.00. The components of the evaluation are outlined and follow closely the recommendations made by the authors in earlier sections of the paper, with the addition of child as well as parental interviews, an assessment for expressed emotion (EE) in the family, and the use of video-taped observations. The full assessment is outlined on page 194 of the article. The evaluation is conducted by a team whose members have specialties in various areas of the evaluation. Separate component evaluations are written and then a summary report is written by the coordinator. The entire summary and evaluation is then presented to the court and other affect parties. When appropriate, the report includes specific recommendations for remediating parenting difficulties and risk factors and a plan for follow-up by agency staff.

The article is concluded with a call for greater integration and collaboration between child welfare and mental health delivery agencies. Toward this end, mental health care providers are challenged to (pp. 196-197):

1. Become able to conduct appropriate parenting assessments;
2. Become knowledgeable about the impact of mental illness on parenting capacity and the risk and protective factors associated with child maltreatment;
3. Become knowledgeable about methods and interventions for remediating parenting difficulties in this population;
4. Collaborate with child welfare workers to develop integrated, complimentary treatment plans for parent and child; and
5. Pool resources with child welfare services and act proactively to assess at-risk parents.



James, B. & Gibson, C. (1991). Supervising visits between parent and child. *Family and Conciliation Courts Review*, 29(1), 73-84.

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**Objectives:** To provide guidelines and objectives for supervised visitation, to emphasize the importance of parent-child contact while still noting situations in which contact is not advised, and to outline qualifications of supervisors.

**Article Summary:** Supervised parent-child contact can be an essential element in maintaining important parent-child relationships and avoiding further distress to a child. To facilitate this process, the authors outline probable and common objectives for supervised parent-child contact, reasons to maintain and discontinue contact, and aspects of the supervisory process and facilitators. The common objectives include: (1) providing an opportunity for a relationship, while protecting against abuse or other distressing behaviors; (2) assuring the custodial parent of the child's safety during contact; (3) protecting the noncustodial parent against false accusations; (4) documenting the parent-child interaction for evaluation purposes; (5) providing feedback and interventions to supervised parent(s) to improve the relationship; and (6) possible re-establishing of contact between parent and child in a secure environment (p. 73-74).

The authors list reasons why maintaining parental contact is important for children, such as the phenomenon in which children experience abandonment feelings upon the disruption of a parental relationship, even a poor or abusive relationship. Parental contact despite a negative relationship or abusive parent can dispel false beliefs the child may have, such as parental death, and can relieve burdens on the child to protect himself/herself. "Coming to terms with an abusive parent" (p. 75) is also cited as a possible positive reason for maintaining contact, as is the opportunity to experience more positive parenting while the parent has a role model or guide available. The authors also note instances in which parental contact is not advisable, such as during the investigation of serious abusive behavior, or if there is evidence that the child has been traumatized by the parent and would not be reassured by the monitor. Similarly, if the child explicitly refuses contact, or if the parent cannot follow guidelines for contact, supervised visitation is not recommended.

Regarding the structuring of visitation, the authors recommend specifying conditions in writing for the supervised visitation, and such a document should include objectives, guidelines, the role of the supervisor, decision making, gift giving, and any other issues that arise. Contract examples are provided in appendices. The role of the supervisor is described as "neutral" (p. 77) and includes such tasks as facilitating or enforcing the court order or contact agreement, planning the contacts, supporting the child and the parents, and intervening on the child's behalf. Activities for supervision

should be suggested by the supervised parent, and discussed with the supervisor. The tasks of supervision require skilled facilitation and intervention by the supervisor. Intervention skills that can be used with parents and the difficulties involved in doing so are discussed. Direct, calm, interventions are recommended, with predetermined plans for cases of dangerous behaviors. Training of supervisors is viewed as key since the position of neutrality may be difficult to maintain.

- Jenkins, J. M., Park, N. W., & Peterson-Badali, M. (1997). An evaluation of supervised access II: perspectives of parents and children. *Family and Conciliation Courts Review*, 35(1), 51-65.

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**Objectives:** To examine whether users of supervised access services (both parents and children) were satisfied, and to evaluate how the service could affect family relationships.

**Methods & Design:** This article utilized data gathered during the evaluation of the Supervised Access Pilot Project, which served 14 communities. Two studies, one targeting parents and the other focusing on children, were reported in this article. The authors wanted to focus specifically on the perspectives of fathers, who more frequently report negative experiences with supervised access, on possible changes in parental behavior due to the services, and on the perspectives of the children experiencing visits.

For the study on parental perspectives, telephone interviews were conducted with parents who agreed to participate in the study. The interview was conducted in two parts, and parents were given the option of not continuing for Part 2 (an additional 15-20 minutes, and a follow-up in 5 months). Part I of the interview, which all parents completed, discussed: access arrangements, employment, education, income, referral process, and preferred arrangements for visitation. Satisfaction was also assessed regarding general and specific aspects of the program, the court system, and their lawyer. Prior expectations for the service were assessed.

Part 2 of the interview was completed by a subsample of parents (n=47), and included questions such as those about frequency of contact with the ex-spouse, and whether communications passed through the child. Custodial parents also rated the behavior of one of their children, using the Child Behavior Profile. This part of the interview was repeated with the parents after 5 months.

For the study on the perspectives of children who experience supervised access, children were interviewed from two visitation centers. Custodial parents provided written consent for the interviews, which lasted about 15 minutes.

**Setting:** Ontario, Canada.

**Subjects:** For the study with parents, 67 custodial parents and 54 noncustodial parents were interviewed for Part 1; 32 custodial and 19 noncustodial parents completed Part 2. Thirty-one custodial parents completed the behavior ratings of their child.

For the study with children, 29 children, ages 4.5 to 14 years, were selected to be interviewed. Approximately half of the children were from 4 to 6 years of age and half were 7 years or older. On average children had attended the program for 10 months (range was 2 to 36 months).

**Main Outcome Measures:** In Study 1, semi-structured telephone interviews were used with all parents. Satisfaction was assessed with a 5-point Likert scale. Achenbach's Child Behavior Profile was used in the ratings of children ages 2 to 3 years, while the Child Behavior Checklist was administered for children ages 4 to 16 years.

In Study 2, an interview protocol consisting of 12 open-ended questions was developed for the study. Questions were designed to measure children's experiences and perceptions regarding the program, and included topics such as their understanding of the purpose of the visits, the rules at the center, and the roles of the staff.

**Results:** In Study 1, conducted with parents, results can be summarized by topic area:

1. **Background and Demographics:** Parents averaged 12 years of education, and less than half were employed. Demographic differences in employment were found between custodial and noncustodial parents. 61% reported that they had previously used other types of visitation arrangements. The most common reason given for using the services was concern about child abuse.
2. **Parental Satisfaction:** Over 90% of custodial parents and 70% of noncustodial parents were satisfied with the service. All parents were much less satisfied with the legal system. The difference between the custodial and noncustodial parents' satisfaction levels was significant.
3. **Organizational factors:** Few demographic variables were related to satisfaction, with the exception of education level. Higher education attainment was associated with greater satisfaction among custodial parents.

Supervised access did not seem to have an effect on ex-partners' attitudes toward one another. Similarly, relationship dysfunction did not appear to diminish after attending supervised access.

For Study 2 on the children's perspectives, the following results can be summarized:

1. **Understanding of reasons for access and center rules:** Three-quarters of the children had little or no understanding of why they attended visitation services. Approximately half of the older children and none of the younger children were accurate in their understandings. One quarter of the older children and none of the younger children exhibited an understanding of the rules at the centers.
2. **Dissatisfaction:** 68% of children were mildly dissatisfied with the toys or activities at the centers. Older children were more likely to be dissatisfied. One-quarter of the children did not like the rules at the center.

3. Staff: Children were primarily positive about the staff members and how they felt about them, but did not appear to understand the role of the supervisors.
4. Center structure: Over half of the children reported that they would prefer to visit with their parent with other children present, while one-quarter preferred to be alone with the parent.

**Conclusions:** Parents, custodial and noncustodial, seem to be generally satisfied with supervised access services. Children also seem generally satisfied. Certain aspects of supervised visitation that cause dissatisfaction include the fact that reports are written about visits and that appropriate toys and activities are not always available. Organizational factors related to the center did not appear to predict satisfaction, but the authors point out that this does not signify irrelevance to client satisfaction. Most families remained in the program for a short time period, and some moved on to unsupervised visits.

The children involved in supervised access demonstrated higher levels of disturbance than the general population, as might be expected due to higher levels of stress. Few children understood the reasons for the service, causing unease for some. The authors recommended that staff assist parents in discussing why they are coming to the centers, and why the supervisor is there.





Johnston, J. R. & Girdner, L. K. (1998). Early identification of parents at risk for custody violations and prevention of child abductions. *Family and Conciliation Courts Review*, 36(3), 392-409.

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**Objective:** “[T]o describe preventive interventions - counseling, conflict resolution, and legal strategies - that aim to settle custody and access disputes with families identified as at-risk for violation of custody and visitation orders” (p. 393).

**Perspective:** The authors take a preventive perspective, attempting to identify the particular issues associated with particular risk groups and to develop targeted interventions.

**Article Summary:** Statistics on the number of children living in single-parent homes, number of “unilateral action[s] to deprive the other parent of contact” (p. 392), and the intent of such deprivation, published between 1988 and 1991, are presented. These statistics indicate that in the late 1980’s 60% of all children in the United States spend some portion of their time in a single-parent home. Three hundred and fifty-four thousand of these single-parent homes in the U.S. have had the experience of one parent acting to deprive the other parent of contact (data published in 1988). Of these, in 163,200 the reported intent was to “permanently alter custodial access by concealing the child or taking the child out of the state or country” (p. 392).

Against this background the authors profile six types of parents who can be considered at risk for abducting their children and suggest preventive interventions. The profiles and interventions were developed through a series of previous research, conducted primarily by the first author. An overview of this process is provided in the article.

Common characteristics of parents who abduct their children are outlined. These include (a) an extreme inability to view contact with the other parent as necessary for the child, (b) are likely to have very young children (mode 2 - 3 years of age) or older children who are vulnerable to influence in some manner, and (c) the presence of social support by important others for the abduction. While both mothers and fathers are about equally likely to abduct their children, fathers are more likely to do so when there is no custody order in place and mothers are more likely to do so after a formal custody has been issued.

The first profile of an abducting parent is described as one who previously has made a threat to or actually has abducted the child. This profile is usually found in combination with other profile types and the underlying psychological and social dynamics for the parent must be understood to intervene appropriately. The risk of

abduction is increased when parents fitting this profile are “unemployed, homeless, and without emotional or financial ties to the area” or “has divulged plans to abduct and has the resources to survive in hiding or the support of extended kin and underground networks to stay hidden” (p. 396).

Several legal interventions are suggested for parents who fit this profile. These include very specific custody and contact arrangements, described in detail, in the court order (to the point of detailing times, dates, place of exchange, holiday plans, consequences of violation of the order, etc.) so that the order can easily be interpreted and enforced by authorities. Marking of the child’s passport to prevent travel out of the country without written approval by the custodial parent also may be helpful. The authors suggest involving other adults and systems that have contact with the child (e.g., schools) and providing explicit instructions against the release of the child or information about the child to the noncustodial parent. Impressing family members or other people who might support an abduction of their criminal liability should they do so, may decrease the support a parent receives for abducting. Supervised visitation is proposed as an option, but not seen as particularly viable due to the difficulty and expense of obtaining these services over long periods of time, the reluctance of judges to order supervised visitation in the absence of substantial proof that a crime has already been committed, and the lack of clear guidelines about how long supervised visitation should be used in what circumstances. The authors suggest that parents who have previously abducted their children bear the responsibility of rebuilding trust with the custodial parent and should be willing to submit to monitoring (e.g., telephone check-ins when they are with the child, having a neutral party present at all visitation) for extended periods.

The second profile is of a parent who suspects or believes that a child has been abused by the other parent, has social support for these concerns, and believes that the authorities are not acting to protect the child from further abuse. The authors note that often the suspicions of these parents are correct and, particularly in the case of child sexual abuse, complaints can often be dismissed by protective agencies as the product of a malicious divorce and therefore are not adequately investigated. Alternatively, the abuse perceived by the parent is of a form (e.g., witnessing domestic violence) that does not meet the criteria of direct harm to the child. This profile can interact with membership in an oppressed, disenfranchised group (e.g., low-income ethnic minority parents) when parents do not have the skills to interact with authorities in the most effective manner.

Interventions with this type of parent should begin with a thorough investigation of abuse allegations during which the child is protected from the possibility of additional abuse and the accused parent is protected from spurious accusations. In this case, supervised visitation may be appropriate, especially if the child is “very young, clearly frightened, or distressed and symptomatic in response to visits” (p. 398). When both parents display significant psychopathology and are unable to support the child appropriately during the investigative process, placement of the child with a neutral third party and the provision of supervised visitation with both parents may be necessary. Educating the accusing parent and important others in the social support network about how to respond to the child who may have been abused is important. This education helps adults to support the child while discouraging the development of attention getting

dynamics and the confounding of the investigation by leading behaviors on the parent's part. All professionals working with the family should have releases to communicate freely as deemed appropriate so as to provide coordinated services. Even when abuse allegations have been deemed "unsubstantiated," interventions with the family need to continue to protect the child from the emotional impact of angry, hurt parents, and ensure future physical safety as well. These interventions may include mandated counseling for one or both parents to increase appropriate parenting skills when there is evidence of poor boundaries or decision making, appointment of an arbitrator to coordinate contact and facilitate communication, provision of therapy for the child, and/or the appointment of a guardian *ad litem* for the child.

The third profile is that of a parent who is paranoid delusional and possesses psychotic delusions that either the child or they have been harmed by the other parent. The inability of a parent in this state to view the child as a separate entity, but rather only as an extension of one or the other parent. In the context of a fixed delusional system, the parent is at risk for acting unilaterally either to rescue the child from the perceived harming parent or to reject a child who is perceived as part of the harming parent. These parents, especially when they have a history of domestic violence, prior psychiatric hospitalizations, or substance abuse, can be particularly dangerous and frightening abductors and are at risk for the commission of murder/suicide while delusional.

A thorough evaluation of lethality is recommended to help courts determine the danger level when a parent is delusional. Other interventions include the use of supervised visitation in a setting where high security is possible and should be conducted by a mental health professional. The suspension of visitation may be necessary if there are repeated violations of the custody order, the child is overly distressed by visitation, or if visitation is used to denigrate the other parent, obtain information that may be used in a latter abduction attempt, or to threaten the child or the parent. Custodial parents should be helped to develop a safety plan for themselves and their children. If the delusional parent is the custodial parent, the child is at increase risk for abduction or harm during times of extreme parental stress such as relitigation. Family courts may need to utilize emergency psychiatric evaluations and *ex parte* hearings to remove temporarily the child to a safer household during court procedures. Ongoing case management is recommended with these parents.

The fourth profile is that of a parent who is severely sociopathic. The hallmark features of sociopathy are a long history of disregard for the law and authorities, an interpersonal style that is exploitative and highly manipulative, and a strong sense of entitlement. These persons are often perpetrators of domestic violence, do not view child (or any person) as having separate needs and rights, and are willing to use their children as instruments of revenge and punishment.

Interventions with this group of parents should not be therapeutic in nature because people who are sociopathic lack the crucial ability to form a working alliance. Rather, interventions should be legal in nature, with clear, swift, consistent consequences for disregarding court orders. The institution of supervised visitation, or the suspension of visitation altogether is recommended when parents ignore custody and access orders with the return of visitation only in graduated steps that are contingent on the parent's compliance with the conditions of the court order. The authors recommend the use of a

parenting coordinator with arbitration powers, who is prepared to testify in court, be used when long-term monitoring of the family is necessary.

The fifth profile is that of a parent who is a citizen of another country, has strong ties in the country of origin, and is ending a marriage with a partner who does not have shared ties in the country of origin. The risk of abduction is increased at times of stress such as divorce because the foreign-born parent may feel the need to return to extended family and their ethnic and/or religious roots to find emotional support. Parents at risk for abducting their child out of the United States tend to be parents who “idealize their own family, homeland, and culture, and depreciate American culture” (p. 402).

Interventions with this group of parents tend to be largely instrumental, legal, and potentially expensive. They include placing provisions on the child’s passport, restricting removal of the child from the state or country without authorization, and enlisting the help of the foreign parent’s country of origin to enforcement of passport restriction. Parents may petition a foreign government to issue a custody order that mirrors the order issued in the U.S., providing some legal recourse if the child is abducted. These measures are more difficult to implement in countries that have not ratified the Hague Convention on the Civil Aspects of International Child Abduction. More importantly, perhaps, is the use of culturally sensitive counseling and mediation that will help parents work through the psychological issues likely to trigger an abduction and help identify and put into place extra supports for the parent who is away from his or her country of origin and therefore major sources of support.

The sixth profile includes parents who, for various reasons, feel disenfranchised by the legal system and have family and social support in another community. The reasons for feelings of disenfranchisement include: possessing few economic resources and low educational attainment; a history of negative and unresponsive experiences in civil and criminal courts; belonging to a ethnic, religious or cultural group that holds values about child raising that are at odds with the dominate culture; being an unwed mother and not viewing the child as belonging equally to the other parent; and being the victim of domestic violence and having legal authorities fail to provide adequate protection.

Interventions with this diverse group of parents are thought by the authors to have the best chance of success. Interventions should be preventative in nature and address the particular needs that lead to feelings of disenfranchisement. The implementation of legal counseling and advocacy for parents in the areas of custody and access, restraining orders, and general court process are needed. Changes in court systems to make them more user friendly (e.g., language translation services, friendly staff, the presence of support people) also may help parents utilize appropriate measures to resolve disputes and therefore not resort to abduction. The authors also recommend the provision of psychotherapy to support parents and children during divorce and encourage the development of effective parenting skills. There may be appropriate times to include persons from the parent’s larger social network in these interventions to obtain their help in supporting the family over time.

The authors conclude the article by noting that the risk profiles can only be used as general guidelines, their predictive validity having not been demonstrated, and that many of the recommendations are simply good standard of practice. They acknowledge

that in some instances they have recommended the conscription of parental rights to access and visitation in the interest of child safety, and argue that these measures should be implemented when the risk of abduction is great, the likelihood of recovering the child is small, and the risk of harm to the child while in the care of the abducting parent is great.

Resources for obtaining additional information and assistance on family abductions included in an appendix. This information includes books, web sites, organizations, and a listing of countries that have ratified the Hague Convention on the Civil Aspects of International Child Abduction.



Johnston, J. R., Kline, M., & Tschann, J. M. (1989). Ongoing postdivorce conflict: Effect on children of joint custody and frequent access. *American Journal of Orthopsychiatry*, 59(4), 576- 592.

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**Objective:** “[T]o examine the incidence of joint and sole physical custody awards, the stability of custody and access arrangements, child adjustment, and the relative levels of communication and conflict between parents in litigating families who have been unable to settle their differences within periods between one and four years after the legal dispute” (p. 579). From this general objective, the authors pose several hypotheses centered on how the factors enumerated above influence and interact to influence child adjustment.

**Literature Review:** The issues related to the social policy moves toward joint custody arrangements, especially in California, and the variability of research findings on the benefits and risks of both joint and sole custody arrangements are reviewed. The inconsistent and mixed findings on the effect of joint custody on child adjustment are noted and extant research is critiqued.

**Methods & Design:** Data were collected utilizing standardized measures, parent questionnaires, and clinical ratings at baseline and three-year follow-up. The design is longitudinal and correlational in nature; the authors utilize path analysis to evaluate causative factors in the development of child adjustment difficulties.

**Setting:** San Francisco, Marin, San Mateo, and Alameda counties of California between the years 1981 and 1983.

**Subjects:** Subjects were families in the San Francisco Bay Area who had been referred by the family court in one of four counties to counseling or mediation services at either Children’s Hospital, San Francisco (70%); Center for the Family in Transition in Marin county (20%); or Jewish Family and Children’s Services in San Francisco (10%). Participation in this research project was required of all families who accepted a referral to one of these programs from the courts. Study children were selected from all intakes administered by choosing the eldest child from each family who was between the ages of one and 12. A total of 129 children were recruited with the final sample, after attrition, being comprised of 50 girls and 50 boys. Of the 100 children, 44 were between the ages of one and five and 56 were between the ages of six and 12. Demographically, the sample was comprised of 62% white, 23% bi- or multi-racial, 8% Hispanic, 4% Asian, 2% Black, and 1% who did not identify with any of these ethnic categories. Median



income for both sample parents was between \$10,000 and \$18,000 per year. At follow-up, study children were between the ages of 4 and 15 years and their parents had been separated an average of 4 years and 5 months. Twenty percent of study fathers and 17% of study mothers had remarried by follow-up and another 13% of fathers and 12% of mothers were living with a partner in a marriage-like relationship.

**Main Outcome Measures:** Custody and access arrangements (e.g., type of custody, visitation schedules, etc.) were collected via parental questionnaires and interview. Both parents completed the Conflict Tactics Scale (Straus, 1979) at baseline and follow-up and each parental couple's answers were averaged to obtain a "couple" score for the combined verbal and physical aggression subscales. In the combining of these subscales, the physical violence items were weighted more heavily than other items. Clinicians rated the extent to which a child was entangled in parental conflict on using four items and a five point Likert rating scale at baseline and follow-up. Child adjustment was measured using the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1981, 1983) factors scores for Depression, Withdrawn/Uncommunicative, Somatic Complaints, Aggression, Social Competence as well as the Total Behavior Problems score. Raw scores on the CBCL were converted to T-scores "to control for sex and age differences expected in a 'normal' population" (p. 581).

**Results:** In general, the type of custody arrangement in place at baseline continued at follow-up. The majority of children (80%) in joint physical custody had split week, alternate week, or weekday/weekend visitation schedules whereas for sole custody children, this was not the norm (6%). Therefore, children in joint custody, on average, had significantly more contact with the "less seen" parent ( $M = 12.11$  days/month) than sole custody children ( $M = 4.05$  days/month;  $t = 8.16$ ,  $p < .001$ ) and significantly more transitions per week ( $t = 2.45$ ,  $p < .05$ ) at follow-up. Parents utilizing a joint custody arrangement demonstrated a significant gain in their reported use of verbal reasoning tactics from baseline to follow-up ( $t = 3.29$ ,  $p < .01$ ). Sole custody couples did not demonstrate this gain. Neither group demonstrated a significant decrease, over time, in their use of aggression tactics.

Study children were classified as "clinically disturbed" and "nonclinically disturbed" based on their scores on the CBCL. This was done using two different criteria. The first criterion was if the child scored above the 90th percentile on the Total Behavior Problem (TBP) scale. The second criterion was if the child scored below the 10th percentile on the Social Competence (SC) scale. The authors conducted separate analyses for each criterion. At follow-up and using the TBP criterion, the clinically disturbed group had more frequent access to the "less seen" parent ( $t = 2.49$ ,  $p < .05$ ), more transitions ( $t = 2.47$ ,  $p < .05$ ), and had parents who used more verbally aggressive conflict tactics ( $t = 2.05$ ,  $p < .05$ ) and more physically aggressive conflict tactics ( $t = 5.34$ ,  $p < .001$ ) than did nonclinically disturbed children. When using the SC criterion, the only the number of transitions per week significantly differentiated the clinical and nonclinical groups, with clinically disturbed children experiencing more transitions ( $t = 2.46$ ,  $p < .05$ ).

The authors conducted preliminary multiple regression analyses to determine if there was a predictive relationship between follow-up custody and access arrangements and the various measures of child behavior problems. The regression equations were constructed to control for the effects of child age and sex differences on the various scales before examining the effects of custody and access and the interaction between custody/access and age/sex. Of the regression equations, significant proportions of the variance was explained (predicted) for study children's scores on TBP ( $R^2 = .16$ ,  $p < .05$ ), Withdrawn/Uncommunicative ( $R^2 = .21$ ,  $p < .01$ ), Somatic Complaints ( $R^2 = .19$ ,  $p < .01$ ), and SC ( $R^2 = .17$ ,  $p < .05$ ). In general, type of custody and frequency of access provided unique explanatory variance in each of the significant regression equations.

A path analysis was conducted to test the authors' theoretical model about the ways in which access was associated with child emotional and behavioral disturbance. In general, the resulting model indicated that (pp. 586-587):

1. "Children with higher frequency of access at baseline also had higher frequency of access at follow-up."
2. "Verbal and physical aggression between parents at follow-up was predicted jointly by interparental aggression at baseline and by the frequency of access at follow-up and was inversely related to time since the custody dispute."
3. "Children were more likely to be caught and used in the parental conflict when higher interparental aggression existed at follow-up, depending upon the child's age and gender (older children and boys were caught and used more)."
4. "Children showed more behavior problems to the extent that they were caught and used in the conflict and that they had more frequent access at follow-up."

This model was demonstrated for both emotional and behavioral disturbance measures and accounted for 22% and 16% of the variance respectively.

**Conclusions:** The authors summarize the above results, noting in particular that while no form of custody was related to child outcomes, joint custody was related to more frequent access and more frequent access (and therefore transitions) is related to child emotional and behavioral disturbance. And while parental verbal and physical aggression impacts children, it is noted that "children of severe divorce disputes appear to be more symptomatic in response to living in and making transitions between parental homes, even when their parents are not fighting" (p. 588). The authors note that the models explain less than one-fifth of the variance in the child outcome variables. They caution that courts and mediators must take into account factors such as the parents' psychological functioning, quality of parent-child relationships, and the individual child's temperament in designing custody and access arrangements that are beneficial to the child's functioning. The authors encourage court personnel not to make custody decisions (i.e., joint versus sole) based on ideology alone, but in the context of a multitude of variables that are carefully considered for each individual family.



Johnston, J. R. & Straus, R. B. (November, 1998). Traumatized children in supervised visitation: What do they need? *First International Conference on Child Access Services, Plenary Paper. Paris, France.*

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**Objectives:** To describe how children may experience trauma during supervised visitation, how such experiences subsequently affect their personalities, and to provide suggestions for structuring and explaining visitation to reduce the potential for retraumatizing the children via visitation.

**Perspective:** The author takes the stance that children who are participating in supervised visitation as a result of traumatic family events bring to the experience a wide range of trauma-related cognitions, reactions, and perspectives. Supervised visitation is seen as potentially retraumatizing for these children and an argument is made that programs must incorporate a child trauma perspective into their policies and procedures.

**Article Summary:** This article reviews situations in which vulnerable children who have experienced trauma in their families are retraumatized by supervised visitation, and identifies the common clinical concerns and themes for personality development, and proposes programmatic changes. Possible familial traumas experienced by children are described, including the experience of living with a parent diagnosed with a personality disorder, witnessing domestic violence, being abused, witnessing parental incarceration, choosing between parents, dealing with battling parents, and meeting previously absent parents.

The authors explored research from clinical observations and psychological testing to illustrate how traumatic experiences impact children. Rorschach data, using the Exner system, were obtained from several samples of traumatized and nontraumatized children. Based on observations and Rorschach results, the study reported that previously traumatized children exhibited, compared to nontraumatized children, "distrust and poor reality appraisal" (p. 7), "preoccupation with control and safety" (p. 10), hypervigilance, and a "paranoid-like stance or hostile world view" (p. 9). In addition, a tendency to withdraw and avoid social support was noted in the Rorschach data. Clinical examples were provided to illustrate the finding that the children in the sample were preoccupied with control and safety, becoming highly concerned and anxious for the emotional state of their parents, and feeling responsible for negative events were emphasized.

The authors discuss the finding that children experiencing trauma perceive the world as unpredictable, and are entrenched in beliefs and perceptions that are not easily altered. They argue that the consequences of trauma on children must be considered in

+supervised visitation programs. The authors make two general suggestions for integrating a child trauma perspective into supervised visitation: (a) re-structuring programs to minimize “the risk of re-traumatizing the children” (p. 13), and (b) implementing practices with non-clinically trained staff to focus services on children’s psychological safety. Practices such as encouraging appropriate referrals for issues not under the purview of child access programs, responding to children’s distrust by fostering a sense of predictability or control, supporting reality testing in children by clearly and truthfully stating reasons for the visit, and recognizing when a child is not coping well with the visits are proposed as means of meeting these goals.

Considerable time is devoted to providing specific examples of how supervisors of visitation can support a child’s reality testing. One instance in which the supervisor’s response can be particularly influential is how supervised visitation is explained to the child. The article provides concrete examples for explaining visitation, but, in general, an explanation takes the following form:

1. a statement regarding the facts of the situation (e.g., “Your mom says your dad hit her. Your dad says he didn’t do anything. But your mom did have a black eye, and the police came and took your dad to jail for the night.”);
2. a statement about what will happen and how supervised visitation will help the situation (e.g., “...another adult will be with you all the time to make sure that no one will get hurt.”); and
3. a statement that supervised visitation is not the result of the child’s actions (e.g., “It’s not your fault!”; p. 19).

Suggestions for coaching parents to appropriately explain supervised visitation to their children are also provided.

The article concludes with a listing of signs and symptoms that a child may not be coping well with visitation. The authors note that the listing is “non-exhaustive and non-prescriptive” but includes such symptoms as refusal to attend visitation, continual distress during multiple visits, decline in child functioning in multiple areas over several weeks, and loss of achieved developmental milestones (p. 26)

Note: This paper is the basis of a 1999 article by the same name that appeared in *Family Conciliation and Courts Review*, 37(2), 135-158, which also is annotated in this bibliography. Some of the information presented, therefore, is similar, if not an exact duplication. Because the conference paper included additional information not presented in the journal article, both were included in this bibliography.

Johnston, J. R. & Straus, R. B. (1999). Traumatized children in supervised visitation: What do they need? *Family and Conciliation Courts Review*, 37(2), 135-158.

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**Objectives:** To describe how children may experience trauma during supervised visitation, how such experiences subsequently affect their personalities, and how supervised visitation might be re-structured to avoid further trauma to the child.

**Perspective:** The author takes the stance that children who are participating in supervised visitation as a result of traumatic family events bring to the experience a wide range of trauma-related cognitions, reactions, and perspectives. She views supervised visitation as potentially retraumatizing for these children and argues that programs must incorporate a child trauma perspective into their procedures.

**Article Summary:** This article reviews situations in which vulnerable children who have experienced trauma in their families are retraumatized by supervised visitation, and identifies the common clinical concerns and themes for personality development, and proposes programmatic changes. Possible familial traumas experienced by children are described, including the experience of living with a parent diagnosed with a personality disorder, witnessing domestic violence, being abused, witnessing parental incarceration, choosing between parents, dealing with battling parents, and meeting previously absent parents.

The authors explored research from clinical observations and psychological testing to illustrate how traumatic experiences impact children. Several samples of children, from previous research, were reviewed for the current article. All samples were composed of children from "highly conflictual and violent families in custody disputes, all referred by family courts, some of whom had supervised visitation at one point in time" (p. 138). The samples of children who were clinically observed were taken from studies conducted by Johnston and Campbell (1988), Johnston and Girdner (1998), and Johnston and Roseby (1997); the total number of subjects observed is not provided in the current article. Rorschach results were provided for a subsample of the children observed. Forty-eight children, ages 7 to 13 years, were included in the subsample. A comparison sample of 63 children, ages 7 to 17 years, from a study conducted by Holaday, Armsworth, Swank, and Vincent (1992) also was utilized. The comparison group had been referred to school psychologists, and was reported as experiencing a range of traumas such as molestation, abuse, parental death, or war. Rorschach data were obtained using the Exner system. Rorschach results were provided for the two groups of

children, and were analyzed “somewhat differently and not all variables were examined” for both groups (p. 140).

Based on observations and Rorschach results, the study reported that the children exhibited “distrust and poor reality appraisal” (p. 140) and “preoccupation with control and safety” (p. 142). Qualitative examples of distrust and poor reality appraisal were provided from clinical observations with the children, highlighting the unpredictable mood shifts and availability of parents, or the confusion of conflicting parental statements or claims. According to the authors, the Rorschach data described “hypervigilant” children who perceived the world as “an uncooperative place,” and were “developing a paranoid-like stance, or even a hostile world view” (p. 141). In addition, a significantly higher Superintroversive problem-solving style on the Rorschach when compared to a norm group indicated a tendency to withdraw and avoid social support. High Lambda scores indicated a tendency to simplify experiences and perceptions in order to manage feelings, and high frequencies of X- and Xu responses implied distorted interpersonal perceptions.

Clinical examples were also provided to illustrate the finding that the children in the sample were preoccupied with control and safety. Becoming highly concerned and anxious for the emotional state of their parents, and feeling responsible for negative events were emphasized. Rorschach results showed emotional constriction (Low Affective Ratio scores and few color responses), alienation and compliance (Rorschach Space Responses >2), low self-importance (Low Egocentricity), and low inner resources (Coping Deficit, lower D Scores, and more Passive Responses).

According to the review of the research, children experiencing trauma perceive the world as unpredictable, and are entrenched in beliefs and perceptions that are not easily altered. These consequences of trauma on children must be considered in supervised visitation programs.

Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., & Weiss, D. S. (1992). Problems in families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 60*(6), 916-926.

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**Objective:** To “compare the prevalence rates for marital, relationship, family role, and adjustment problems in the families of male Vietnam theater veterans who have Posttraumatic Stress Disorder (PTSD) with the rates for families of male Vietnam theater veterans who do not” (p. 917).

**Literature Review:** The authors provide a short literature review covering the possible impact of PTSD on those persons close to the veteran. Combat-related PTSD has been associated with problems in family cohesion and expressiveness; veteran difficulty with intimacy, sociability, self-disclosure, expressiveness, and physical aggression toward others; veteran deficits in interpersonal problem-solving abilities; and with relationship adjustment problems. Wives of veterans with PTSD are described as having difficulties with increased levels of stress due to coping with their husbands' symptoms, social isolation, loneliness, self-blame, a loss of identity, and a loss of control over one's life. Two studies cited (Matsakis, 1988; Williams, 1980) suggest that “50% of all Vietnam veterans' wives (treated in the researchers' practices) have been battered” (p. 916). Problems reported in the literature for children of veterans include low self-esteem, aggressiveness, developmental difficulties, impaired social relationships, and symptoms of PTSD (p. 917). Children of Vietnam veterans may also be at risk for “secondary traumatization” and developing behavioral or psychiatric problems.

**Methods & Design:** Data were collected as part of the larger National Vietnam Veterans Readjustment Study (NVVRS), a nationally representative study of Vietnam theater veterans, Vietnam era veterans, and a civilian control group. The data collection protocol consisted of in-depth, face-to-face interviews conducted in the participants' homes, and paper and pencil measures for both veterans and their spouses or partners (living as though married). Data analyses consisted of chi-square and Wald-tests (an extension of the Mann-Whitney U). The authors note that despite the large number of analyses conducted, the Bonferroni correction procedure was not utilized due to the utilization of



planned contrasts, and the consistency of and low p-values ( $< .01$ ) associated with the results.

**Setting:** A nationally representative sample of United States veterans. Data were collected during the period from November 1986 through May 1988.

**Subjects:** Participants consisted of male Vietnam theater veterans (i.e., veterans who had been stationed in Vietnam or surrounding areas between August 5, 1964 and May 7, 1975), and a subsample of spouses or partners (S/P) of Vietnam theater veterans. Children of Vietnam theater veterans were indirect subjects, as the S/P from each family with children provided information about child functioning, but the children did not provide direct data for the study.

The sample consisted of 1,190 male Vietnam theater veterans, 319 of whom were diagnosed with PTSD (871 did not display symptoms of PTSD). Of the total sample, 967 were married or living with a partner at the time of the interview. Of these, 231 men displayed symptoms of PTSD while 736 did not. The PTSD group had a mean age of 39.8 years and an average of 12.37 years of education; 69.4% of this subsample was employed and 62.7% were married at the time of interview. The non-PTSD group had a mean age of 41.81 years and an average of 13.27 years of education; 94.5% of this subsample was employed and 77.8% were married at the time of interview.

The subsample of S/Ps consisted of 374 women with 122 being partnered with a veteran expressing symptoms of PTSD and 252 being partnered with a veteran who did not have symptoms of PTSD. The S/Ps of veterans with PTSD had a mean age of 36.51 years, an educational achievement of 12.58 years, and had been married to or living with their partner for an average of 9.66 years. The S/Ps of veterans without PTSD had a mean age of 39.33 years, an educational achievement of 13.29 years, and had been married to or living with their partner for an average of 15.79 years. All of the women in this sample had at least one child.

**Main Outcome Measures:** PTSD was diagnosed using the Mississippi Combat Scale for Combat-Related PTSD (Keane et al., 1988) with an adjustment for instrument bias determined from a multimethod, multisource assessment conducted in the larger study.

The Marital Problems Index was comprised of items from several instruments and included items about relationship happiness, problems getting along, and number of quarrels. The items were coded on a 6-point Likert-type scale and data were collected from both the veteran and the S/P.

The Parental Problem Index was also derived by combining items from several scales and coded on a 5-point Likert-like scale. These items asked about the degree to which children were perceived as problems and degree of enjoyment derived from parenting. The veteran was the informant for this instrument.

The Family Adjustment Index was included as part of both the veteran and S/P interview and was comprised of 30 items from the Family Adaptability and Cohesion Evaluation Scales (Olsen et al., 1978, 1983).

Socioeconomic status of the S/P's occupation was coded using the 1990 census classification system, which ranges from zero to 100.

The Level of Life Functioning Index was measured by 14 items included in the S/P interview and assessed the S/P's view of veteran functioning in several life areas (e.g., dispute resolution, accepting responsibility, showing affection) over the previous few weeks. Items were coded on a 5-point Likert-like scale.

Family violence was measured by a "standard" and "alternative" Family Violence Measure. The "standard" measure was comprised on the Violence subscale of the Conflict Tactics Scale (Straus, 1979). The "alternative" measure was compiled using "the total number of violent acts committed in the past year" (p. 918) plus the number of times the veteran threatened to hit or throw something. These items were part of both the veteran and S/P interviews.

The Index of Subjective Well-Being contained two items designed to assess the S/P's overall perceived happiness and life satisfaction and were taken from instruments designed to tap these constructs.

The PERI Demoralization Scale is a 27-item scale used to nonspecific emotional distress in S/Ps.

The Social Isolation Index was comprised of items from various scales that were adapted for the present use. The index measures social isolation in S/Ps and assessed life situations such as having no close friends or relatives, and not being able to discuss problems with others.

Alcohol problems for the S/P were assessed using the brief form of the Michigan Alcoholism Screening Test (Pokorny et al., 1972). Based on their score on this test, S/Ps were classified as "nonalcoholic" or "probably alcoholic."

Drug problems were so infrequent in this sample of S/Ps that rather than measure addiction versus no addiction, respondents were classified as either using drugs or not using drugs without respect to possible addictive processes.

The authors included what they term a Nervous Breakdown measure in the S/P interview consisting of a question asking if the S/P had ever felt like she was going to have a nervous breakdown. This item is suggested to be predictive of future mental health service seeking behavior.

Child behavior problems were measured using the total score from the Child Behavior Checklist (CBCL; Achenbach, 1978) as completed by the S/P. Two measurements were derived from this data. One measurement was the CBCL score, transformed into a T score, of the child in the family between the ages of 6 and 16 who had the most behavioral problems. The other measurement was the mean T score for all children in the family aged 6 to 16. The measures were then classified into four groups, two groups indicative of nonclinical behavioral problems (no/few problems and some problems) and two groups indicative of clinical behavioral problems and reflecting more or less behavioral disturbance.

**Results: S/P's Assessment of Problems of the Children.** The child with the most behavioral problems from a family with a veteran with PTSD was reported to have significantly more symptoms than the child with the most behavioral problems from a family with a veteran without PTSD (chi-square = 4.15,  $p < .042$ ). This significance was derived from the proportional differences between the percent of veterans with PTSD whose most disturbed child had few or no behavioral problem (11.8%) and the percent of

veterans without PTSD whose most disturbed child had few or no behavioral problem (27.8%). This difference was statistically significant (chi-square = 7.09,  $p < .008$ ). The mean behavioral problem scores across children indicate that children with a father with PTSD were significantly more likely to score in the clinical range than child with a father who did not have PTSD (chi-square = 4.48,  $p < .034$ ).

The Couple's Relationship. The only significant difference between the PTSD and non-PTSD groups were in mean years of marriage or living together. Veterans with PTSD ( $M = 9.66$  years) had been in their current relationship a significantly shorter period of time than veterans without PTSD ( $M = 15.79$  years; chi-square = 36.5,  $p < .001$ ).

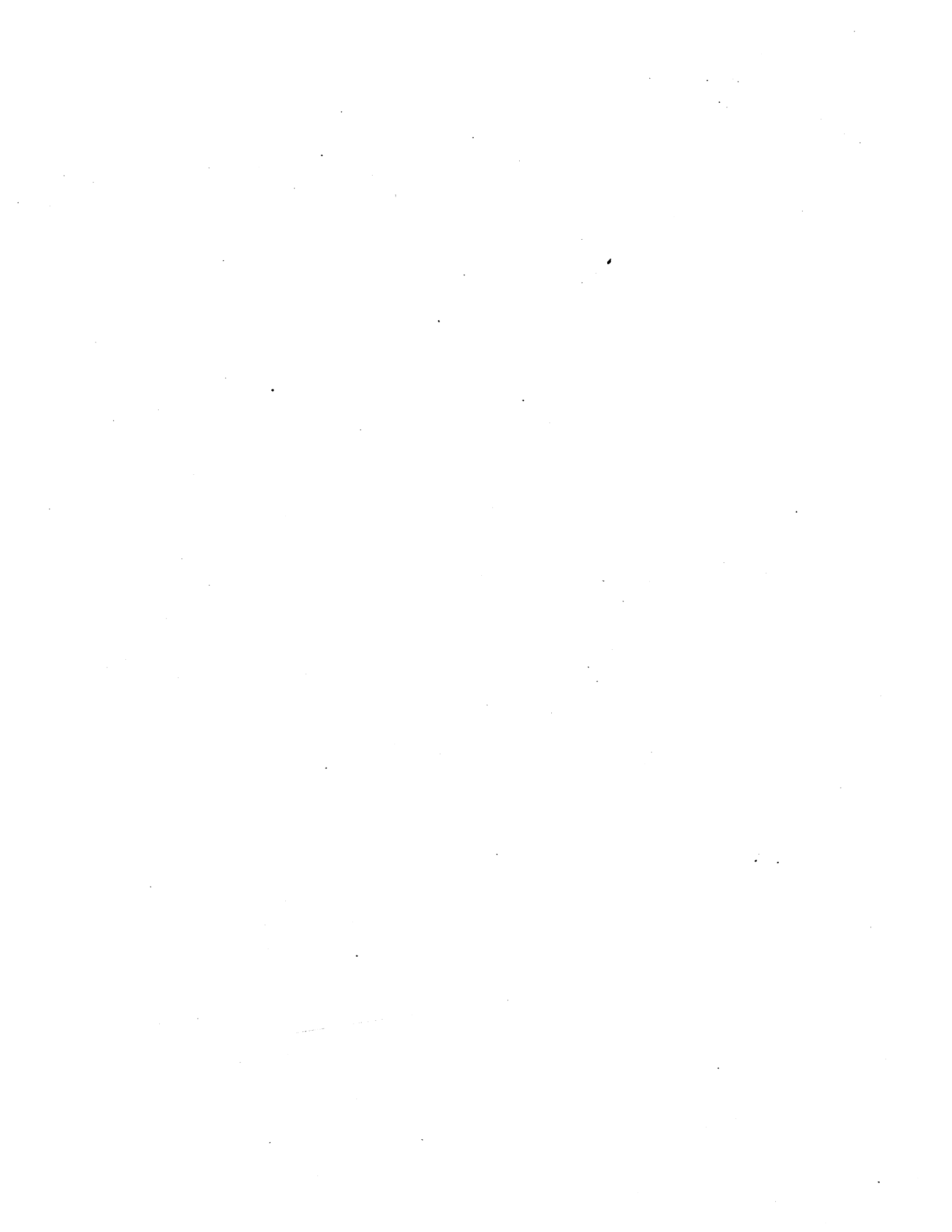
Veterans' Assessment of Marital and Family Problems. Veterans with PTSD were significantly more likely to report marital problems (chi-square = 42.34,  $p < .001$ ), higher levels of parenting problems (chi-square = 76.06,  $p < .001$ ), and poorer family adjustment for both families with children (chi-square = 109.7,  $p < .001$ ) and across the entire sample, irrespective of child status (chi-square = 58.39,  $p < .001$ ).

S/P's Assessment of Marital and Relationship Problems. S/Ps involved with veterans displaying PTSD symptoms reported significantly more marital problems (chi-square = 14.0,  $p < .001$ ). Families including veterans with PTSD had significantly greater levels of violence perpetrated by the veteran (chi-square = 9.3,  $p < .002$ ) and more frequent use of violence and threats of violence by the veteran (chi-square = 8.13,  $p < .004$ ) than did families including a veteran without PTSD. The S/Ps of veterans with PTSD were significantly more likely to utilize violence toward their partners and S/Ps of veterans without PTSD (chi-square = 28.86,  $p < .001$ ). Veterans with PTSD were reported by their S/Ps to have significantly poorer life functioning than veterans without PTSD were (chi-square = 18.7,  $p < .001$ ).

S/P's Assessment of Her Own Problems. S/Ps of theater veterans with PTSD were more likely to report lower levels of happiness and life satisfaction (chi-square = 19.55,  $p < .001$ ), higher levels of demoralization (chi-square = 28.86,  $p < .001$ ), and more frequently reported feeling as if they were going to have a nervous breakdown (chi-square = 10.94,  $p < .001$ ) than S/Ps of theater veterans without PTSD. There were no significant differences between the two groups of S/Ps on measures of social isolation or alcohol problems.

**Conclusions:** The authors point out in their conclusions that it is important to remember, and their data supports, that not all families with a member who is a Vietnam theater veteran are chaotic or disturbed, even if the veteran suffers from PTSD. They also raise the issue that while the family environment can be stressful for all involved, and children of veterans with PTSD do exhibit more behavioral problems than children of veterans without PTSD, the majority of the children did not score in the clinical range on the CBCL. The elevated levels of family violence, perpetrated by both the veteran and the S/P, is highlighted as an important finding. The authors outline implications for working with Vietnam theater veterans and their families when symptoms of PTSD are present. They suggest targeting relationship problems and the symptoms of PTSD that impact a veteran's ability to function in relationships. Skills training for family members for coping with the veteran's symptoms, family, couples, and individual therapy are

suggested interventions for the family system. Skills training for veterans with PTSD to promote interpersonal problem solving, anger management, assertiveness, and stress reduction.



Lee, C. D., Shaughnessy, J. J., & Bankes, J. K. (1995). Impact of expedited visitation services, a court program that enforces access: Through the eyes of children. *Family and Conciliation Courts Review*, 33(4), 495-505.

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**Correspondence Information:** Not available.

**Objective:** To measure the impact of an enforced access program from the participating children's perspectives.

**Program Review:** The central components and processes of the Expedited Visitation Service (EVS) are discussed. EVS has its inception in Arizona law that includes provisions for the "expedited enforcement of access orders in divorce decrees" (p. 496). Parents may access services at EVS by petition or through referral from a judge. Within seven working days a conference is set with the parents and a "special master," who has a graduate degree in human services. The conference serves as a medium for assessing access problems, parental communication problems (or strengths), the gathering of information needed to make a recommendation to the court, and attempted mediation of the access dispute. Following recommendations to and orders from the court, EVS monitors families for compliance for six months. Monitoring is accomplished via telephone contact and additional conferences as needed.

**Methods & Design:** The authors report using a "preexperimental, one-group pretest-posttest design" (p. 497). For the pretest, parents completed a survey before their meeting with the "special master" and children were interviewed "within 2 weeks of their parents' involvement in the service" (p. 497). The posttest evaluation consisted of interviews with the parents and children six months later. Data were analyzed using multiple regression techniques.

**Setting:** Denver, Colorado

**Subjects:** Study subjects were comprised of 70 children (38 girls and 32 boys) between the ages of 7 and 12 ( $M = 9$ ,  $SD = 1.4$ ) whose families were participating in Expedited Visitation Services. Only one child per family participated in the study (i.e., 70 different families were represented by the study children). Potential participants with severe developmental delays or mental retardation were excluded from participation as were children receiving physically supervised visitation due to domestic violence or other abuse concerns. The sample was largely Caucasian (76%). Children of Hispanic descent comprised 21% of the sample; only one child each of African-American and Asian

descent were included in the sample. Median household incomes were \$14,000 for the residential parent and \$21,000 for the nonresidential parent.

**Main Outcome Measures:** Program variables were comprised on “compliance” with and “frequency” of visitation over a 6-month period. A compliance index was calculated by “dividing the total number of hours of actual visitation by the number or ordered hours reported by the parents each month for six months” (p. 499). Frequency was the actual number of visits in the six-month period, by parent report. Standardized measures of children’s adjustment included the Children’s Depression Inventory, Braver Aggressiveness Dimension Scale, Baltimore Self-esteem Instrument, Teacher Child Rating Scale, Parental Perception Inventory, Children’s Perception of Interparental Conflict Frequency and Intensity Subscales, and Zill’s Behavior Problems Index.

**Results:** Over the six month study period, there was a statistically significant drop in the child’s perception of parental conflict ( $t = 6.43, p < .001$ ). No other standardized measures administered to the children demonstrated significant changes from pretest to posttest. The authors report effect size of changes ranging between .18 and .14 on measures of child adjustment, depression, aggression, self-esteem, and one subscale of the teacher rating scale. They suggest that, given the effect size, the sample size may not have been large enough to detect statistically significant changes. Although the compliance rate from visitation was high, compliance did not predict changes in the child outcome measures.

Separate multiple regression analyses using overall behavior and acting out at school as criterion variables found that, for both variables, pretest scores and frequency of visitation explained significant portions of the variance in posttest scores. Compliance with the visitation order did not contribute significantly to either equation. Pretest scores were, by far, the largest contributor of explanatory variance and were positively related to posttest scores. Frequency of visitation contributed small amounts of explanatory variance for both overall adjustment and acting out at school (effect sizes of .07 and .03 respectively) and were negatively related to posttest scores. The same patterns of findings were demonstrated for children’s perceptions of parental conflict with the exception that frequency of visitation was positively related to perceptions of the level of parental conflict. In turn, child perceptions of interparental conflict were predictive of level of self-reported child aggressiveness. The regression model predicting child depression, demonstrated a significant, negative relationship between level parental attachment with each parent and level of child depression. Finally, attachment level with each parent is significantly and negatively related to the child’s perceived level of interparental conflict at posttest.

**Conclusions:** The authors conclude from their results that the access program had beneficial results for children. They note the reduction in child perception of interparental conflict and suggest the program’s emphasis on the harmful effects of conflict may have contributed to this change. The results did not support the clinical worry that enforced access would be detrimental to the child when conflict between the parents was present. This finding is interpreted as related to decreased anger in the parent

previously denied access and that having a court-imposed structure may be helpful for some families. The consistent finding that frequency of visitation is related to child outcomes is discussed. The authors argue for “the importance of a child spending quality time with both parents to ensure good psychological health” and that “if quality relationships are allowed to flourish between a child and the nonresidential parent, the child will perceive less conflict, which in turn enhances his or her adjustment” (p. 504). The article ends with two recommendations: First, that unless a child is in danger of being abused, more frequent visitation appears to be beneficial to the child, and second, that parents need ongoing education about the harmful effects of conflict on their children and in some instances external help complying with access orders.

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Lieberman, A. F. & Van Horn, P. (1998). Attachment, trauma, and domestic violence: Implications for child custody. *Child and Adolescent Psychiatric Clinics of North America*, 7(2), 423-443.

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**Objective:** To “examine how children and parents [mothers] involved with domestic violence experience family relationships and child custody issues through the lenses of traumatized and traumatizing patterns of attachment” and to “consider the implications of domestic violence for child custody decisions” (p. 424).

**Methods & Design:** Data were collected from children aged three to six and their mothers, who were engaged in a program of child-parent psychotherapy. Child-parent psychotherapy focuses on the child’s play and the child-parent interaction as the source and place of intervention rather than focusing on the parent’s report and behaviors. A comprehensive assessment for the children and their mothers was conducted at entry into the treatment program and at completion one year later. Clinical observation and notes during the year of treatment also provided a data source. The study is qualitative in nature, with results being presented as descriptions of relationship and attachment issues that are illustrated with case examples.

**Setting:** Child Trauma Research Project of the San Francisco General Hospital, San Francisco, California.

**Subjects:** Subjects were 26 children between the ages of 3 and 6 and their mothers. Study children had witnessed violence by a male partner towards their mother. To qualify for study inclusion, the perpetrator of domestic violence must have been residing outside of the family home. The majority of study children (16) were diagnosed with traumatic stress disorder. The other primary diagnoses reported in the sample were depression (3), anxiety (3), reactive attachment disorder (1), mood disorder of mixed emotional expressiveness (1), prolonged bereavement (1), and gender identity disorder (1). Of the 23 mothers who participated in the study, 15 were diagnosed with posttraumatic stress disorder and all mothers met criteria for a depressive disorder.

**Main Outcome Measures:** Children were assessed using the Zero to Three Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early

Childhood manual, the Child Behavior Checklist, and the Weschsler Preschool and Primary Scales of Intelligence-Revised. Mothers were assessed using the Center for Epidemiologic Studies-Depressed Mood Scales, the State-Trait Anxiety Inventory Form Y, and the Life Stressors Checklist. The main source of data, however, were the observations made by clinicians working with the child-parent dyads.

**Results: Attachment and Trauma.** In accordance with clinical wisdom that witnessing domestic violence is a traumatic experience for children, the results indicate that a large percentage of the study children met diagnostic criteria for posttraumatic stress disorder. Study children demonstrated traumatic play, hyperarousal, numbness, emotional constriction, sleep disturbances, aggressive behaviors, regressed development, disturbed peer relationships, among other symptoms. These findings are interpreted from an attachment perspective, suggesting that being the victim of domestic violence renders the mother incapable of providing her children the safe, soothing attachment figure they need to process feelings of fear and find comfort. The fact that the perpetrator of violence is also an attachment figure is interpreted as creating confusion for the child about who is safe and prevents the development of integrated internal representations of attachment figures and impairs the development of self-soothing and the ability to metabolize affect. The authors go on to discuss the psychodynamic implication of traumatic attachments and the cycle of victim-perpetrator that traumatized children often play out with the mother.

**Relationship with the Father.** All the children in the study were reported to express a longing to be reunited with their father. When contact had been completely disrupted over a long period of time, the child's memory and cognitions about the father tended to take on an all or nothing quality that colored the father as hero or villain. Children who had some contact with their fathers were able to develop a less idealized, more complex view of their fathers. Study children's play was reported to evidence themes of fear of the father and identification with the aggressor. It is noted that most often the identification with the aggressor is expressed towards the mother, and less frequently toward peers. Case examples illustrating the above-discussed dynamics are provided.

**Relationship with the Mother.** Study children also expressed, through their play, fear of their mothers. Study mothers report that, although they were the victims of domestic violence, they would engage in slapping, pushing, throwing things at, and yelling at their husbands or partners. Mothers also reported inflicting severe physical and emotional punishments upon their children. All 26 of the study children manifest symptoms of separation anxiety in relationship to their mother, demonstrated most dramatically by an inability to sleep alone. The authors discuss the function served by the anxiety such as expressing worry that "something terrible will happen to her in the child's absence" (p. 432), which may have been a reality in the child's life. Study children also expressed a protectiveness toward their mothers, stemming, in the authors' view, from the knowledge that the mother was unable to keep herself and her child safe during domestic violence events. This knowledge raises anxiety in the child and protective, solicitous behaviors can serve to reduce anxiety. Attendant behaviors can range from a loss of spontaneity, to somatic complaints, to an overly controlling

interpersonal manner, to depression. Finally, in comparing the mothers' descriptions of their domestic violence incidents with the material enacted by the children in their play, the authors observe that "the child's anger at the mother is often displayed in an uncontrolled, frenzied manner, and it can mimic the exact forms of aggression perpetrated by the father against the mother" (p. 433). Case examples illustrating the above-discussed dynamics are provided.

The Mother's Experience. The context of study mothers' lives is described as highly stressful and pervaded with the distress of posttraumatic stress, depression, and anxiety symptoms. In this context, the mother must manage child care tasks, a most difficult one being facilitating contact between the child and her/his father while maintaining her own distance from her former spouse or partner. The authors report that a central, unresolved issue for most study mothers was their continued feelings of love and physical attraction for their ex-partners, which can turn into feelings of regret and guilt over the failed relationship. These feelings can lead to conflict about the separation that is most clearly felt when some additional form of separation from the ex-partner is achieved (e.g., being granted sole custody of a child). If a mother also has unresolved issues from domestic violence in her family of origin, these dynamics may be triggered and expressed in ways that are severely traumatizing to the child. In these instances, the authors note the need for separate individual or group trauma work for the mother so that the child-parent psychotherapy does not become traumatizing.

The Father's Experience. The authors identify from descriptions provided by the mother and child and information gleaned from written sources (e.g., notes, court reports, restraining orders) four major themes for fathers of study children. These themes are "uncontained aggression, denial of violence, fear of abandonment, and a sense of victimization through loss" (p. 436). Typical acts of aggression by study fathers are described and contrasted with their repeated denial of engaging in such acts. This denial is discussed from psychoanalytic, substance abuse, and sociopathic personality points of view. Even given the foregoing dynamics, the fathers are described as being able to be intensely devoted to their children and parent well. Unfortunately, the authors also describe this ability as sporadic and contrasted with long absences, failure to fulfill promises, and reckless behavior that places the child at risk.

**Conclusions:** The authors conclude the article by discussing the various therapeutic concerns and legal dilemmas of working with families in which domestic violence has occurred. They note the mercurialness of all family members and the impact of the development of appropriate recommendations for child custody. Historic attempts at solving the problem of maintaining a primary attachment with a primary caregiver as well as preserving attachment relationships with other important adults are discussed, including the "tender years doctrine" (p. 438) and the presumptive use of joint physical custody. These historic prescriptions are challenged in the context of domestic violence, especially the idea that joint physical custody is in the best interests of the child in high conflict families. Factors for mental health professionals working with this population of children and families and potentially serving as experts in the courts are outlined. They note the primacy of ensuring the physical safety of both mother and child following separation or divorce as it is a time of increased risk for violence. The authors also point

out that although fathers who have been domestically violent can, and often do, use the court and custody agreements as a way of threatening and terrorizing former spouses, there exists for many fathers a simultaneous desire on the part of both fathers and children to maintain some relationship. Mental health experts are discussed as being able to provide the court with valuable information about “children’s age-appropriate needs, the psychological complexities of the family relationships in individual cases, and the implications of different course of action for children’s safety and well-being” (p. 441).

Loar, L. (1998). Making visits work. *Child Welfare, 77(1)*, 41-58.

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**Objectives:** To argue that supervised visitation programs should offer guidance to parents on how to play with and enjoy their children, as well as simply provide a safe setting for an interaction.

**Perspective:** The author views the ability to parent as a developmental process that involves parents not only learning effective parenting strategies for their children, but also learning the interpersonal art of empathy, perspective taking, and basic relating to children. She does not assume that all parents know how to parent and advocates parent education and meeting parents at their developmental level when designing visitation.

**Article Summary:** This article surveys the literature on family reunification and supervised visits, noting the importance of visits to support the family. The author notes the lack of applied research on therapy with families in supervised visitation situations. The author cites several sources which indicate that visiting "supports families coping with changes in relationships, reassures the child about the parent's well-being, helps the child deal with reality, empowers parents and allows them to practice new behaviors, facilitates transitions to new living arrangements, and affords staff opportunities to observe and assess parental capacity accurately" (p. 43). For these positive elements to occur, the article explains that safe surroundings and accessible hours are necessary but not sufficient.

In general, the common assumption made in visitation arrangements is that parents are more capable at interacting positively with their child than they actually are. The author states that "honest recognition and acceptance of what people can and cannot do is the key to effective intervention" (p. 47). Examples of specific assumptions include: that parents know how to talk politely to their child, that they understand what the child feels if they do not show up for a visit, or that they can separate themselves from the shame related to visitation to enjoy the visit. Such assumptions do not allow clinicians to develop realistic visiting plans or useful interventions. Principles for effective visitation are centered on the general concept of structured, enjoyable activities that are within the capabilities of both parent and child. Such activities can best be found by assessing the interests of both parents and children and by evaluating the parents' abilities to interact positively with the child. Structured, shared activities (such as taking a class together) are recommended when the parent's style of interacting with the child is "harsh" (p. 52). Structured visits with familiar rituals ease transitions for children. In addition, it is important to continually re-evaluate and modify activities as children grow older and needs change.



Lowery, C. R. & Settle, S. A. (1985). Effects of divorce on children: Differential impact of custody and visitation patterns. *Family Relations*, 34, 455-463.

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**Objective:** To review and critique the research literature on children's experience post-divorce, identify problematic methodological issues, locate apparently consistent research findings in a cumulative stress and family systems theoretical framework, and identify custody and visitation arrangements that may minimize the potentially deleterious effects of divorce on children.

**Perspective:** Two models of how divorce impacts children underlie the conclusions put forth in this article. The first, cumulative stress, views divorce not as a discreet stressor for children but a series of stressors that, when taken in combination, may exceed the threshold of stress for which the child has coping resources. In other words, it is not the divorce *per se* that causes difficulty for children but the accumulation of stresses over time. The second model, family systems, posits that relationships among family member do not end with divorce but are altered. This model would then advocate for viewing child problems in the continuing context of family relationships and process. From these perspectives, the authors argue for continued parent-child contact in ways that reduce the stressful effects on children post-divorce.

**Article Summary:** The authors begin by reviewing the history of research on the effects of divorce on children and note that the research literature has increased as the divorce rate in the United States has increased. Popular social myths about "father-absent families" (p. 455), such as the development of delinquent sons and promiscuous daughters are noted and then disputed by recent research. The remainder of the literature review is devoted to a critique of research methodology in this area and then to identifying variables that appear consistently in the literature as mediating the effects of divorce on children.

The authors critique the extant research literature on several dimensions. They note that by failing to develop a consistent method of inquiry and measurement, the field has created a situation in which it is problematic to compare effects across studies and, in conjunction with the small number of replication studies, makes identifying consistent research findings difficult. They also identify the following sampling problems that may significantly bias results: (a) small sample sizes, (b) samples consisting primarily of the extremes of SES and educational levels, (c) samples are recruited primarily from mental health or guidance clinic referrals, and (d) samples are usually comprised of custodial mothers and their children. Problematic study design issues include: (a) studies often do



not include a control group; (b) the use of retrospective designs; and (c) the use of parental and teacher reports rather than direct reporting by, observation of, or contact with study children to evaluate their experience of divorce and its effects on them.

Despite the problems noted in the research literature, the authors identify five variables for which they believe some consistent findings exist: (1) the child's age, (2) the child's sex, (3) level of parental conflict, (4) stability of the post-divorce family structure, and (5) quality of parent-child relationships. Younger children are suggested "to have more severe reactions to the divorce of their parents" (p. 457), but that older children do not escape without effects. They present stress reactions by children in various age cohorts. Their review of the effects of the child's sex on her or his reaction to a divorce focuses on boys' reactions and the difficulty boys experience with externalizing behaviors. High parental conflict is implicated in child difficulties, particularly behavior problems. The authors suggest that "a crucial factor may be whether the separation and divorce function as a mechanism to reduce the parental tension or...as a respite for each parent to regroup and rearm for a continuing battle" (p. 458). The life structure experienced by children and their families following divorce, most prominently income level, the age of the parents, and the number of moves post-divorce, impacts children's subsequent adjustment. The authors go on to discuss social structures associated with divorce that increase the likelihood of poor adjustment. Finally, the quality of a child's individual relationship with each parent is put forth as an important variable moderating the effects of divorce on the child.

The article is concluded by a discussion of custody arrangements that may help reduce the problems children experience following a divorce. Continued contact with (if not placement with) the same-sex parent is advocated as important for children of both sexes. The authors also argue for the use of joint custody - except in cases of high parental conflict - as a method of continuing availability of contact with the same-sex parent, increasing the stability of the children's life structure following divorce, and potentially reducing parental conflict over custody and access issues. Finally, there is brief discussion of aspects of custody arrangements that may facilitate noncustodial father involvement with his children's lives post-divorce.

Magura, S. & Laudet, A. B. (1996). Parental substance abuse and child maltreatment: Review and implications for intervention. *Children and Youth Services Review, 18(3)*, 193-220.

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**Objective:** To review the factors linking substance abuse and child abuse and neglect; to highlight the special needs of women who abuse substances and parent; and to "review selected family preservation programs and family-oriented drug abuse treatment programs" (from the abstract).

**Perspective:** The authors take the perspective that factors associated with substance abuse and child abuse are systemic, involving more than just the individual parent, and, as such, must be addressed systemically. They argue strongly for preventative programs, for gender-specific programming, and for integrated, family-centered treatment.

**Article Summary:** The authors begin by locating the problem of substance abuse and concomitant child abuse and neglect in the context of various epidemiological and incident rate studies. This is done to demonstrate both the relationship between substance abuse and child abuse and the extent of the problem in the United States. In the studies reviewed, reports of parental perpetrators of child abuse who also had a substance abuse problem range from 18 to 40 percent of substantiated child abuse and neglect cases. Especially worrisome, the authors report, is the rise in cocaine and crack use and the increased risk of abuse in which use of these drugs places children.

Next, the authors discuss the implications of fetal drug exposure for child care and development. Again, they review incident rate studies and report that a 1989 survey concluded that, nationally, "11% of newborns had been exposed to illicit drugs in-utero" (p. 196). The literature on the effects of prenatal exposure are conflicting, especially for cocaine and crack exposure. Some studies report significant nervous system and behavioral problems in "crack babies" while other studies find no immediate effect, but suggest higher level cognitive impairments may manifest as the child ages. The effects of a deprived environment - often associated with parents who use illegal drugs - may interact with prenatal drug exposure to produce developmental delays or failures. Regarding the relationship to child care, the authors discuss the impact on child temperament, in addition to developmental skills, that fetal exposure to substances may have, creating children who are "difficult" in temperament and require special parenting. These children are born to parents who, generally, may lack good parenting skills, and therefore may be at increased risk for maltreatment and abuse.

The effects of parental drug abuse on children can be multiple and profound. The literature reviewed suggests that "parenting skills, child-rearing practices and family life

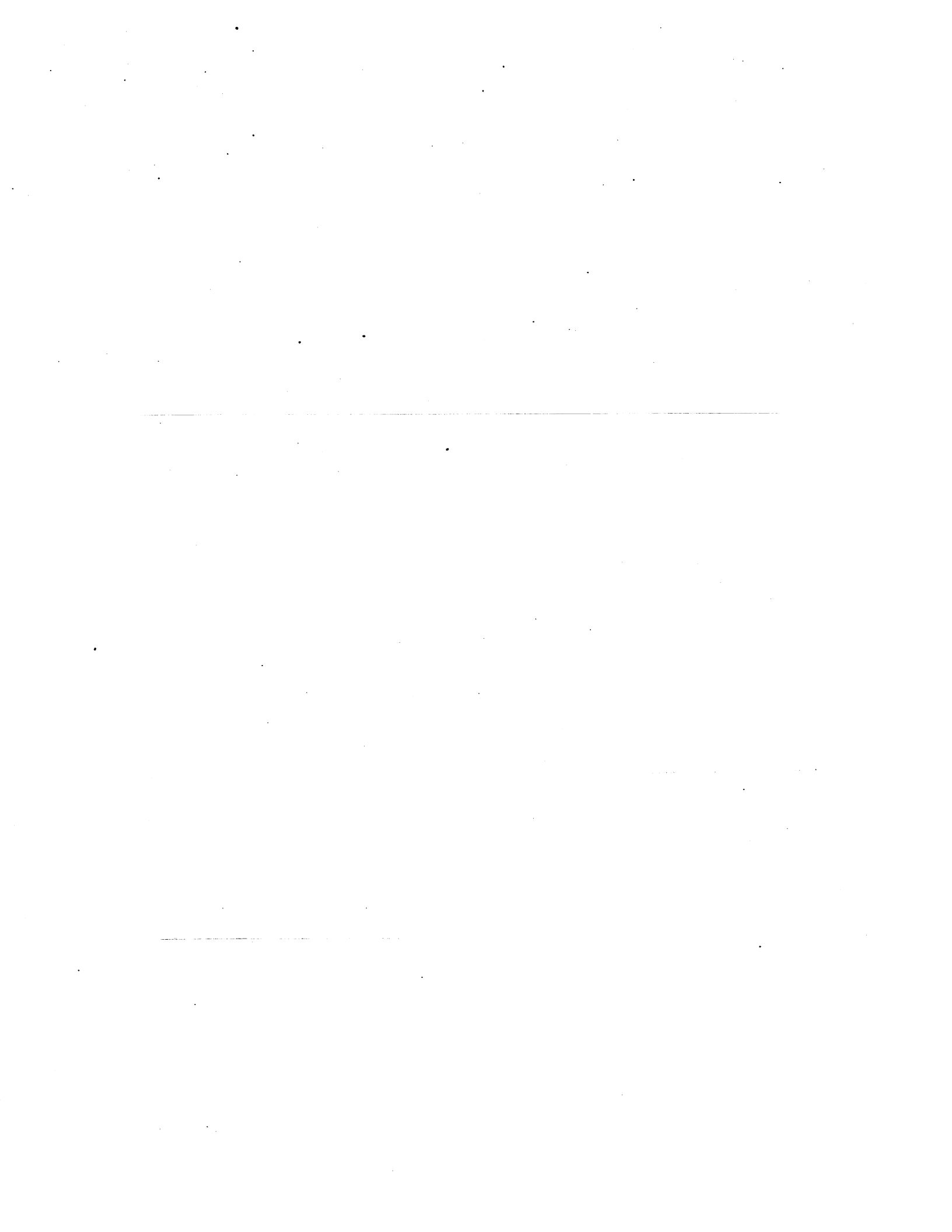
are likely to deteriorate when parents abuse drugs” (p. 198). Parents who are abusing drugs may have more difficulty reading infant and child cues and responding appropriately, may be less affectionate and responsive to their children, and may use inconsistent parenting practices. The association of illicit drug use with criminal activity is reviewed by the authors as another factor impacting the well-being of children. The emotional and psychological life of the child can be impacted by parental drug and alcohol abuse. The impact on attachment behaviors is reviewed in depth, along with the resultant emotional and cognitive difficulties. Finally, the authors discuss the increased violence in the lives of parents who abuse substances and the associated child risk of abuse. This increased risk for abuse may derive from both the effects of stimulant drugs increasing irritability and decreasing impulse control as well as from distorted parental views of their children.

The increased risk that children of parents who abuse substance are at for abuse, neglect, and maltreatment also increases the risk that they will be placed in protective care. Statistics supporting this proposition are reviewed by the authors. They note that children who are placed in foster care because of abuse related to parental substance abuse are less likely to be either reunified with their parents or freed for adoption. These children, therefore, are more likely to have very long-term foster placements, multiple placements, and attendant adjustment problems.

Having defined the problem and its magnitude, the authors move to critiquing extant substance abuse treatment paradigms and outcome research as impractical for use with parents and heavily gender biased toward men. They note the multiple barriers to treatment for women, including misdiagnosis by medical professionals, women’s shame and guilt over their use and its impact on their parenting, fear of losing custody of children, the lack of gender specific programming. There is a call for treatment programs that address the multiple needs and social disadvantages that impact women and their children. These needs include “lack of marketable job skills, single parenthood and lack of social support, as well as emotional problems, periodic homelessness, and deficits in the fulfillment of basic needs such as food, clothing and shelter” (p. 203). Women’s needs for therapy and parenting and family skill building also are discussed. Based on these identified needs, the authors call for an integrated treatment approach that addresses “a woman’s substance abuse in the context of her health and her relationship with her children and other family members, the community and society” (p. 204). The components of such a program are outlined, with an emphasis on integrating children and parenting into the program.

The last section of the article is devoted to discussing two programs that approximate the gender specific, integrated treatment approach called for by the authors. Examples include the Family Recovery Center, which was developed as part of a 5-year drug treatment and research project for “pregnant/postpartum women or women of childbearing age” (p. 205) and funded by the National Institute on Drug Abuse (NIDA) during 1989-1990. Examples of other gender-specific programming the Clinical Infant Development Program of the Mental Health Study Center (treatment of mothers at high risk for abuse while they are still pregnant), Project Together (long-term, residential care for substance abusing mothers and their children), and the Maternal Addiction Program (in/outpatient program designed to serve lower income African American, pregnant

women). One additional program, the Family Rehabilitation Program of New York City, is reviewed in depth. The program is designed to address the mother's substance abuse, the potential for child abuse and out-of-home placement, and to preserve the family unit if at all possible. Clients are referred by child protective workers and the most common reason for referral is an infant born with crack cocaine in its system. Participating agencies in this multi-approach program were selected for their ability to provide culturally-sensitive services. Home-based prevention interventions, out-patient substance abuse treatment (with childcare provided), and referrals for child health care are all important components of the program. Treatment and support for fathers also is available and attempts to make these interventions gender specific and family focused are present. Preliminary results of its program evaluation suggest that the Family Rehabilitation Program is success in meeting its goals. Over 50% of the families served by the program either completed the program and had closed files or were judged to be at decreased risk of foster care placement at the end of the one-year assessment period. The authors conclude, "In sum, available evidence suggests that pregnant and parenting women who are substance abusers benefit from treatment and social programs...[that] offer an integrated mix of services where parental recovery is addressed in the context of the family's total needs" (p. 210).



McMahon, M. & Pence, E. (1995). Doing more harm than good? Some cautions on visitation centers. In E. Peled, P. B. Jaffee, & J. L. Edleson (Eds.), *Ending the cycle of violence: community responses to children of battered women* (pp. 186-206). Thousand Oaks: Sage Publications, Inc.

**Affiliation & Correspondence Information:** Not available.

**Objectives:** To submit that programs for battered women should be connected with the development of child visitation programs, and that visitation centers can be integral to preventing further violence on children and women.

**Article Summary:** This article presented information on the Duluth Visitation Center in Minnesota, including how it was created and the unanticipated issues it faced. In addition, statistics were provided which indicate a relationship between battering and child abuse situations, along with some evidence indicating that many domestic difficulties arise during the process of visiting children.

Power differentials between husbands, wives, and family members exist, and the ways in which men and women view custody issues may differ. The authors reviewed literature stating that men often perceive custody and visitation in terms of "rights to children" or establishing control, while women view the relationship as one of responsibility (p. 10). Understanding the culture that either supports or fosters these ideas may assist programs in working with families. The authors pointed out that the ways in which legal systems act toward battered women "shifts the site of struggle" for the women from the home to the courtroom (p. 11). Similarly, women must often struggle with the fear that they will be declared unfit as a mother.

In addition, the article noted that the "best interests of children" may cause custody evaluators to ignore the effects of domestic violence on a parent and choose simply based on current status indicators of "fitness." These indicators, such as employment or chemical dependency, may be heavily influenced by domestic violence situations. The concept of neutrality as it applies to visitation programs was also discussed, and the idea of abandoning neutrality in favor of interventions for children and battered parents was suggested.

The Duluth Visitation Center has worked to address the implicit assumptions about battered women and their children, and to discover how different interventions may help. While visitation programs can become sites of further violent situations, they may also provide "opportunities for a broader response to violence that resists reproducing social relations of domination and violence" (p. 17). The authors stated that those involved in battered women's programs should assist in designing and operating visitation centers, so that interventions can be improved.



Neugebauer, R. (1989). Divorce, custody, and visitation: The child's point of view. *Journal of Divorce, 12*, 153-168.

**Affiliation & Correspondence Information:** R. Neugebauer, Sociology Department, York University, 4700 Keele Street, North York, Ontario, Canada M3J 1P3.

**Objective:** To illuminate children's perceptions and interpretations of divorce, custody, and visitation; to fill out the picture of what is the "best interest of the child" in the case of divorce.

**Methods & Design:** In-depth interviews were conducted with children age 7 to 18 whose parents had divorced. The overall design is descriptive.

**Setting:** Not available.

**Subjects:** Forty children, age 7 to 18, comprised this sample. Subjects were between the ages of 2 and 11 at the time of their parents' separation and their parents had been separated a minimum of 4 years at the time of the study. At interview, 31 of the children were in the custody of their mothers, three in the custody of their fathers, and six lived in joint custody arrangements. No demographic information was provided about this sample.

**Main Outcome Measures:** There are no formal outcome measures in this study. The author organizes the information culled from the interviews into the categories of (a) perceptions of and adjustments to divorce, (b) children's understanding of divorce, (c) evaluations of divorce, and (d) perspectives on custody and visitation.

**Results:** Perceptions of and adjustments to divorce. The author discusses the impact of separation on children via their perception (and often the fact) that marital separation means, to the children, separation and loss in an on-going parent-child relationship. This interpretation is supported by the finding that children living with joint custody arrangements did not report feeling a sense of parental loss. In general, the children interviewed reported feelings of anger, sadness, anxiety, and depression following parental separation, although the author states that all of the children described the separation as a "relief" and "a solution to an unhappy home life" (p. 156). It is also noted that separation from one's siblings as a result of custody arrangements can be distressing to a child. A decreased level of contact with the extended family belonging to the non-custodial parent, especially grandparents when the relationship with the child has been close, can also be distressing to the child and impede adjustment.

Children's understanding of divorce. The majority (approximately 66%) of the children interviewed reported that they were not directly informed about the reasons for their parents divorce and over 75% of the children reported receiving no explicit advance warning that their parents were going to separate and divorce. The author notes that even



without direct communication from their parents, children age 9 or older at the time of the separation largely attributed the separation to “parental incompatibility or marital problems” (p. 159). Some of the younger children, however, attributed the divorce to their own actions and blamed themselves for the separation. Children who reported talking with their parents about separation and divorce also reported fewer symptoms of distress and better adjustment than children who did not talk with their parents did.

Evaluations of divorce. The results of the interviews suggest that children’s evaluation of the divorce (positive or negative) are related to their satisfaction with the custody arrangements and how well the arrangements meet their relationship needs with the non-custodial parent.

Perspectives on custody and visitation. The majority of the children in the study (35) reported having consistent visitation with the non-custodial parent and that in-person contacts were often supplemented with telephone contacts. The predominate visitation pattern was every other weekend. The author reports that the study children preferred flexible visitation arrangements and unrestricted contact with the non-custodial parent. The children’s expressed desire for amount of contact varied by age, with younger children desiring more frequent contact and teenagers preferring more flexible contact so that visitation can be coordinated with the teens’ social lives. Over half the sample reported that the custodial parent interfered with their contact with their non-custodial parent, either by expressly denying visits or by limiting telephone or written communication. Children residing in joint custody arrangements reported fewer problems with contact with both parents, including reporting, in the main, being able to contact the parent with whom they were not residing whenever they desired. The author notes that the relationship quality between the parents and their ability to set aside hostilities for the sake of the children impacts the availability of each parent to the child.

**Conclusions:** This article ends with a summary of the above findings and then a call to action for a reformation of how “best interest of the child” is construed, advocating that children’s perspectives should be considered in the construction of custody arrangements. The author also argues for a greater consideration of the role of the father post-divorce (most often the non-custodial parent), more flexible visitation, and an exploration of joint custody viability.

Nicholson, J., Sweeney, E. M., & Geller, J. L. (1998). Mothers with mental illness: I. The competing demands of parenting and living with mental illness. *Psychiatric Services*, 49(5), 635-642.

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**Objective:** “[T]o understand the parenting experience of women with mental illness from the perspectives of mothers and case managers employed by the state department of mental health” (abstract).

**Literature Review:** The authors begin their review by highlighting the lack of research on mentally ill mothers’ experiences of parenting and the need for research to give voice to the mothers’ “grief, fears, and fantasies about motherhood” (p. 635). They note that mothers with mental illness are more likely to lose custody of their children than a parent without mental illness. At the same time, they review a literature suggesting that 80% of mothers diagnosed with a severe mental illness may be raising or helping to raise at least one of their children and nearly 25% of these mothers may have at least one child living with them. The authors review two studies that suggest mothers with mental illness struggle with appropriate discipline methods for their children, general parenting skills, and a fear that if they ask for help with their difficulties they risk losing custody of their children.

**Methods & Design:** Data were collected through the use of focus groups. Focus groups were conducted separately for mothers and caseworkers. A total of six focus groups for mothers with mental illness and five focus groups for caseworkers were held. Data were analyzed using qualitative procedures.

**Setting:** Focus groups were conducted across Massachusetts during the spring and summer of 1994.

**Subjects:** Study mothers were between the ages of 22 and 48 ( $M = 35$ ), living in the community, and consumers of case management services at one of the Massachusetts Department of Mental Health (DMH) offices. In order to participate in the study, mothers need to be either “living with, communicating regularly with, or involved in custody proceedings with at least one biological child under the age of 13” (p. 636).

Demographically, study mothers were predominately Caucasian and derived their main income from Social Security; close to 50% were married at the time of the study; 76% had completed high school; and had, on average, 2.2 children. By self-report, the majority (54.7%) of mothers were diagnosed with an affective disorder. A total of 42 mothers participated in the focus groups. Study caseworkers were randomly recruited from staff at the various DMH offices. The only requirement was that the caseworker was, or had in the past, worked with women clients who had children. The caseworkers were largely college educated (76%), with over half having some graduate education. Sixty-two percent had been caseworkers with the DMH for five or fewer years and the mean caseload was 25 clients. Upwards of 80% had provided services to mentally ill mothers who were providing care for their children. A total of 55 caseworkers participated in the focus groups.

**Main Outcome Measures:** Focus group members were asked to discuss the following questions: 1) "What are the problems facing mothers with mental illness?" and 2) "What are some solutions or recommendations you would make? (p. 636). Transcripts of the focus groups were then coded for common themes and analyzed qualitatively. The four thematic categories used for final analyses were: (a) stigma of mental illness, (b) day-to-day parenting, (c) managing mental illness, and (d) custody of and contact with children (p. 637).

**Results:** Both mothers and case managers reported that mothers with mental illness suffer societal stigma ranging from the view that they should not be allowed to have children, the assumption that mothers with mental illness will abuse their children, an a priori view that these mothers are incapable of caring for children adequately, a need to "prove" one's parenting ability, and a tendency to hold the mothers responsible for all of their children's behavior - even "normal" adolescent acting out behavior.

Study mothers report experiencing the role strain common to mothers in general, with associated feelings of stress and guilt for taking time for self-care. Mothers with mental illness may experience the additional stress of not knowing if their frustration and stress stems from normal parenting pressures or from their illness and may evaluate their parenting (and their children) against unrealistic standards. If a child has special challenges such as a disability, a mother with mental illness may find her own resources taxed beyond her coping ability.

Mothers with mental illness often, by their own and caseworkers' report, find themselves in a care conflict, seeming to have to choose between self-care and child care in the face of few supports or community resources. This may lead mothers to stop medication (e.g., because of pregnancy or because the sedating effects make keeping up with a two year old so difficult). Children can also be, for the mothers, a catalyst for self-care and recovery or an additional stress that taxes over-stressed coping resources. Both are reported in this sample.

The worry over losing their children emerged as a theme for both the mothers and caseworkers. Custody loss is feared through "voluntary placements when they are hospitalized; through the involuntary removal of children when abuse or neglect is assumed, suspected, or documented; or as a consequence of divorce" (p. 639). When

mothers do not have day-to-day custody of their children, there is the stress of “fight[ing] around maintaining some involvement and some decision making and some say in the child’s life.” (p. 629). The focus group also brought to light the theme that lack of contact, and the concomitant worry about her children, may impede a mother’s recovery and speed with which she can bring her illness under management. Termination of parental rights is also powerfully impactful for these mothers.

**Conclusions:** The social stigma surrounding mental illness was highlighted as background factor influencing many aspects of mothers’ decision making, including a possible impact on family planning and the utilization of prenatal care. Mothers may fear custody loss is the logical end to disclosing either her pregnancy or mental illness to physicians and case managers, leading to a failure to access prenatal care or an unnecessary discontinuation of medication. Once a parent, mothers dealing with a mental illness are noted by the authors to be at risk for “myopic” vision about their own parenting behaviors and the actions of their children, tending to view every interaction through the lens of mental illness. It is important for these mothers to have access to good parenting support that will normalize the wide variety of experiences faced by parents as well as to normalize the attendant stresses and frustrations. The authors raise the issue of non-compliance with treatment recommendations and note:

Women without resources or plans for child care during hospitalizations may delay obtaining necessary help until a full-blown crisis develops. Mothers may be non-compliant with treatment recommendations or resistant to using services if their ability to parent is jeopardized as a consequence. This seeming non-compliance may work against them when question of parenting capacity are raised. (p. 641)

As such, the authors recommend that the needs, responsibilities, and functions of a mother be incorporated into women’s treatment planning and illness management strategies so that they are given the greatest opportunity to succeed. When a mother is unable to parent her child without the help of some kind of placement, the authors recommend support for the mother around visitation stress and emotions and encouraged to find ways to continue contact in some meaningful way with their children.



Norton, K. & Dolan, B. (1996). Personality disorder and parenting. In M. Goepfert and J Webster (Eds.), *Parental Psychiatric Disorder: Distressed Parents and Their Families* (pp. 219-232). Cambridge, England: Cambridge University Press.

**Affiliation & Correspondence Information:** Not available.

**Objective:** “[T]o outline aspects of personality disorder that may contribute to deficits and difficulties in the parenting-parented process” (p. 219).

**Article Summary:** The authors begin by discussing the key constructs of “parenting” and “personality disorder” and highlighting that parenting is not an isolated process and “it is difficult...to isolate the influence of personality disorder on parenting from that of social class, poverty, other social disadvantages and mental health problems” (p. 219). The clinical criteria for a diagnosis of a personality disorder are reviewed, along with information on prevalence rates. They note that, by definition, people diagnosed with a personality disorder manifest a pervasive pattern of interpersonal disturbance, in addition to a number of psychiatric and health symptoms. The authors also note that the central challenge and task of parenting is viewed as the ability to understand that the needs of the person being parented change, requiring different responses from parents at different times, the ability to accommodate to and change with the child’s needs, and to relinquish forms of parenting that are no longer needed by the developing child. The discrepancy between the disturbed interpersonal functioning and the highly interpersonal nature of parenting demands becomes the main focus of the article. The damaging parenting often suffered by adults diagnosed with a personality disorder, can lead to severe disruptions in the ability to form adult attachments, to communicate needs appropriately and effectively, and to access social supports from outside the family. An overly narrow emotional repertoire also can prevent parents with personality disorders from providing their children with developmentally appropriate responses.

The middle section of the article is comprised of three case presentations of parents with various personality diagnoses and issues. Following each case presentation, the authors comment on the person’s history, psychological issues, and how these impact parenting ability. The impact of treatment and how the resolution of psychological conflicts and defenses increased appropriate parenting skills also are discussed.

Finally, the authors discuss central issues related to working with clients with personality disorders. First, they note the relationship between having a childhood history of abuse (emotional, physical, sexual) and adult personality disorder. As a result of abuse experiences parents with personality disorders may experience profound levels of distrust towards authority figures. An essential component of working with this group of parents is an understanding of this basic mistrust, in addition to understanding of the effects of low self-esteem, and the ways in which acting out behaviors serve an important psychological function (usually stabilization of emotions) for the parent. The authors also note the tendency of these parents to be rejecting and deprecating of professionals’ offers of help, often engendering very angry and rejecting responses from those

attempting to help them. Professional caregivers, working in the context of intense, often negative and dramatic, emotions need to guard against being caught in this dynamic, acting pejoratively toward the parent, and “perpetuating the cycle of negative impact” (p. 229). Helping professionals are advised that major developmental transitions, such as adolescence, may be especially difficult for this group of parents and extra support for both parent and children may be needed.

Nordhaus, B. F., and Solnit, A. J. (1998). Foster placement. *Child and Adolescent Clinics of North America*, 7(2), 345-356.

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**Correspondence Information:** Not available.

**Objectives:** To describe foster placement, foster parents, and foster families currently in North America, and to ground the practices in a historical perspective.

**Article Summary:** A history of the concept of foster care is provided, covering the early Roman society, Western Europe, and the United States. Foster care was reported to have its roots in such practices as slavery, foundling homes, and indentured servitude. In the United States, the states granted courts the power to remove children from parental custody via "parens patriae power," or the state's responsibility to protect the interests of children and those not of legal capacity (p. 346). Also highlighted is the case of "Mary Ellen," a child mistreated in 1874, who was the impetus for the creation of the Society for the Prevention of Cruelty to Children in New York City. In 1909, the first official foster families were named, with the convening of the White House Conference on the Care of Dependent Children.

The authors point out the contradictory effects of foster care in the United States. The use of foster homes and families were borne out of society's concern for the well-being of children in dysfunctional families, but children have great difficulty leaving foster care and obtaining adoptions or guardianships.

The article reports that the use of foster care is grounded in a preference, legally and socially, for maintaining the family, and for respecting family privacy and autonomy. Foster care is only to be used "if the family fails in its function" (p. 348). Children in foster placements now are primarily young, possibly abused, and drug-exposed, and the authors question the ability of the current foster care system to respond to the complex needs of these children.

Patterns of foster care include three distinct placement types: 1) brief care; 2) care intended as temporary, but becoming permanent; and 3) multiple placements without permanency in one, also called foster care "drift" (p. 349). Each type is discussed thoroughly. The second and third types are considered risks to a child's psychological well-being, education, employment, and social abilities.

The authors also provide some recommendations for the foster care system, which they describe as focusing on the "least detrimental alternative" (p. 350). For children with special needs, such as children who have been exposed to violence or drugs, it is important that they be placed with foster families who can meet those needs. According to the authors, child welfare workers should be trained in determining a child's needs and placing them with the most appropriate family and with outside resources.



Also recommended are improved recruitment and selection processes for foster parents. The education and life experiences of parents should indicate competence in the specific area if they are assigned children with special needs. Similarly, parents should receive support, supervision, and even training if necessary, throughout their term of parenting. Also provided are illustrative case studies of children in foster placements.

Oyserman, D. & Benbenishty, R. (1992). Keeping in touch: Ecological factors related to foster care visitation. *Child and Adolescent Social Work Journal*, 9(6), 541-554.

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**Objective:** To describe the patterns of visitation and contact with biological and foster parents in a national sample of children in foster care in Israel. To examine relationships between child, family (biological and foster) characteristics, and the nature of the child's contact with biological parents.

**Literature Review:** The literature review frames the article by beginning with the statement "Foster care has been conceptualized as a temporary home for children who cannot live with their biological families for a variety of reasons...this...implies that children in foster care should return to their biological homes eventually" (p. 541). From this starting point, and the stance that continued emotional bonding between biological parents and their children is vital for reunification, the authors review literature supporting the importance of parent-child visitation for child well-being and the relationship between visitation and length of stay in foster care. Next, the authors review the factors that influence visitation between biological parents and their children. Early on in a child's placement, these include: (a) the reason the child was placed, (b) family ethnicity, (c) caseworker's evaluation of the biological mother, and (d) the intensity of attention and activity the caseworker devotes to the case. As a child's time in placement lengthens, visitation appears to be influenced by a "combination of child's age, worker evaluation of the child's mother, and the worker's own activities" (p. 542). The lack of research on how the setting of visitation (i.e., in the foster home or in the biological parent's home) influences visitation patterns and parent-child relationship is discussed. This distinction is seen as important because of the subjective meaning parents and children may associate with each setting. Another area that has been inadequately researched, in the authors' opinion, is the interaction between the foster parents and the biological parents (e.g., level of hostility) and how this influences visitation. Another potential influencing variable is whether a foster family is composed of family members of the parent and child or of strangers. Again, the subjective meaning that may be associated with each situation for both the parent and child are hypothesized as potentially impacting visitation.

**Method & Design:** Data were collected as part of the ongoing tracking information kept on families participating in foster care in Israel and not as part of a particular research project. Data were collected between 1988 and June of 1989 and are gleaned from

structured, standardized forms completed by each family's caseworker. Data are analyzed utilizing descriptive statistics and chi-square statistics to test for independence.

**Setting:** Israel between 1988 and 1989.

**Subjects:** Subjects were 590 children, residing in Israel, who were in foster care placements. The sample represents approximately one third of all children placed in foster care in Israel. The sample was comprised on 295 girls and 295 boys, 91% of whom were Jewish. The children ranged from 1 to 18 years of age at the time of the study ( $M = 10$  years), had on average been placed in foster care at age 5.9, and had been out of the home for an average of 5.4 years. Approximately 63% of the study children were placed in non-relative foster care homes. Of those children placed with relatives, 57% were placed with their grandparents.

**Main Outcome Measures:** Information about the extent of contact between parent and child, future plans for the child (e.g., reunification or permanent placement), type of foster family, the relationship quality between biological and foster parents, and the quality of parent-child relationship were obtained via social worker evaluation and report. The social workers provided this information in quantitative form through the use of a standardized, structured questionnaire.

**Results:** Some form of physical visitation (either in the foster or biological home) was the norm for children in this study. Only 39 children had no visitation. In general, the frequency of types of contact (foster, biological, or phone) were related to one another, suggesting that parents who were likely to engage in one type of contact also were likely to contact their child via other methods as well. Children who were placed with relatives generally received more stable and regular visitation and telephone contacts with their biological parents as compared to children placed with nonrelatives.

Caseworkers generally believed that visitation was positive for the children (44%), that it contributed or contributed significantly to the child's well-being (60%), and they would recommend continued contact at the current level (71%). The caseworker's positive evaluation of the impact of the parent-child relationship and visitation were significantly related to the frequency with which a parent made contact in one form or another with their child.

When evaluating the impact of child characteristics on type and frequency of visitation or contact (as measured by chi-square statistics), the results indicated that "younger children, children more years out of the home, and those with few problems were in more frequent telephone contact with their parents" (p. 547). There were not significant effects of child characteristics on parental visitation in the foster or biological home. Older children placed with nonrelatives had more frequent visitation with their parents than did younger children placed with nonrelatives.

Results indicated that when one parent had been restrained from visiting the child, visitation with the non-restrained parent was effected, with over 40% of the children in this category receiving no visitation. This effect was not demonstrated when one of a child's parents was deceased and the child was placed with nonrelatives. Visitation with

the surviving parent remained at a level similar to those children whose parents were both living. However, for children placed with relatives, visitation increased when one parent was deceased.

Attitudes of foster parents and biological parents toward one another were classified as “hostile and critical,” “mutually accepting,” “sharing knowledge,” “indifferent,” or “ambivalent.” The relationship between these types of relating and type of child contact with biological parents was analyzed. Results indicated that the mutually accepting and sharing knowledge categories facilitated contact of all varieties, while hostile and critical relationships decreased the number of telephone contacts and visits to the biological home, but did not impact visitation occurring at the foster home. When examined by type of foster care placement (relative or nonrelative), results indicate that ambivalent and sharing knowledge categories impact the frequency of visits of the child at the foster home; the hostile and critical category of relationship was related to decreased visitation at the foster home and decreased telephone contact.

Finally, foster children, as might be expected, visit their parents more if placed in the same local as their biological parents and go home (to the biological parent’s home) for visitation and have more frequent telephone contact if placed with nonrelatives residing in the same area as the biological parents.

**Conclusions:** The strongest finding of this study was the relationship between quality of the foster-biological parent relationship and the frequency of visitation and contact. The authors note that “[t]his suggests that work with the foster parents may be an important means of strengthening the bond between the child and his or her biological parent” (p. 552). The need for future research on the impact of relative-based foster care is highlighted in light of the increasing number of grandparents that are utilized as caregivers when a child’s parents are incapacitated in some way. The importance of caseworker attitude also is discussed. The authors assert that many children entering foster care come from multi-problem families that will not improve their functioning without significant intervention and they question whether or not foster care should continued to be viewed as a short-term, crisis intervention. In light of this question, they raise the additional questions for further research such as when and for who is continued visitation beneficial. Finally, the authors provide the caveat that research conducted with this sample of Israeli children may not be generalizable to other ethnic-racial groups or in other cultural contexts. Replication studies are called for.



Pagani-Kurtz, L. & Derevensky, J. L. (1997). Access by noncustodial parents: Effects upon children's postdivorce coping resources. *Journal of Divorce and Remarriage*, 27, 43- 55.

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**Objective:** To examine the relationship between visitation with noncustodial parents and children's self-esteem and self-efficacy. The relationship between visitation practices and children's exposure to interparental conflict was also examined.

**Methods & Design:** The reported study took place as part of a larger study examining the effect of family structure and environment on child adjustment. A stratified sampling technique was used to obtain the current sample in order to ensure that the sample was equally distributed across the six elementary school grade levels. Parental data were obtained via self-report measures mailed to custodial parents' home after informed consent was obtained. Child data were obtained via a self-report measure administered during school hours after parents had given permission for their children to participate in the study.

**Setting:** Community sample from a middle-class section of Montreal, Canada.

**Subjects:** All subjects were voluntary participants in a larger study being conducted by the authors and their data were selected for inclusion in this study via a stratified sampling technique (see Methods & Design section). Subjects were 35 middle-income children (18 boys and 17 girls) currently enrolled in grades one through six residing in sole physical custody families following their birth parents' divorce. The average age of sample children was 9.1 years, with a SD of 1.6 years. Eighty-eight percent of the children lived in maternal custody homes and 12% lived in paternal custody homes. Parents, on average, had been divorced 4.4 years at the time of data collection. Visitation patterns with noncustodial parents varied considerably within the sample. No other demographic information is reported about the sample.

**Main Outcome Measures:** The parents completed the Family Background Survey (socio-demographic information including information about child visitation with the noncustodial parent) and the Overt Marital Hostility Scale, both of which are self-report measures. Children were administered the Harter Self-Perception Profile for Children (HSPP). Child self-efficacy was measured by the Cognitive, Social and Behavioral

subscales of the HSPP, while self-esteem was measured by the Global Self-Worth subscale of the same measure. The HSPP is also a self-report measure.

**Results:** The data were analyzed using separate stepwise multiple regression models to test the authors' various hypotheses. For every analysis, frequency and duration of contacts between the child and noncustodial parent were used as predictor (independent) variables. The authors failed to report statistics other than the ANOVA for the overall regression model. Taken together, the visitation variables predicted significant proportion of the variance of child self-esteem [ $F(2,32) = 4.72, p < .05$ ], with duration of the visitation contributed unique predictive variance and being positively related to level of reported child self-esteem. The same regression was conducted separately for girls and boys. The girls' analysis evidenced an overall significant prediction effect for visitation [ $F(2,14) = 4.18, p < .05$ ] with the unique, positive explanatory variance deriving from the duration of visitation variable. The regression model for boys' self-esteem was not statistically significant. Visitation characteristics were not predictive of self-efficacy scores. The regression analysis examining the relationship between visitation variables and interparental hostility resulted in a significant overall prediction model [ $F(2,23) = 5.33, p < .01$ ] with frequency of visitation contributing unique explanatory variance and being positively related to reported levels of interparental hostility. When the same model was conducted separately for boys and girls, only the model for boys was statistically significant [ $F(2,14) = 4.18, p < .05$ ]. The authors fail to report, however, which predictor variables (frequency, duration, or both) contributed uniquely to the model for boys. From the authors' discussion of the results, it appears that, as with the model for the entire sample, frequency of visitation was the significant predictor.

**Conclusions:** The authors concluded that "longer contacts with noncustodial parents may positively influence children's global estimates of self-worth through the strengthened quality of the parent-child relationship, especially for girls" (p. 49). The significant model for girls is interpreted as suggestive of longer visitations with their noncustodial fathers providing psychological support for girls' coping during what may be an increase in mother-daughter conflict as the girls approach adolescence. There is no discussion of the lack of significant prediction model for boys' self-esteem. The failure of frequency of visitation to contribute unique explanatory variance to the regression model for self-esteem is hypothesized to be related to the finding that frequency of visitation is associated with increased interparental conflict which, in turn, may undermine the self-esteem of children. In discussing the prediction models for interparental conflict, the significant, positive relationship of frequency of visitation to interparental hostility is interpreted as arising from the fact that times of child-exchange provide a perfect forum for conflict. The significant model for boys, but not girls, is interpreted as a resulting from parents being more willing to display open hostility for each other in front of their sons but not their daughters. No predictive relationship between visitation and measures of self-efficacy was found. This finding is not clearly interpreted by the authors except a suggestion that self-efficacy may be more context (i.e., domain) specific and based on actual ability rather than self-referent thought and as such is more resilient to familial disruption.

Pearson, J. & Thoennes, N. (1997). *Supervised Visitation: A Portrait of programs and Clients (Executive Summary)*. Center for Policy Research. Denver, CO.

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**Objectives:** To present empirical research on supervised visitation, document information such as the perceived need and existing configuration of visitation programs, and assess the usefulness of visitation services.

**Methods & Design:** This article presented information from multiple data sources. Survey data were included from 1) supervised visitation programs, 2) family court administrators and judges, and 3) child protective service agencies. Interview data from visitation programs and from parents using supervised visitation services were reported. The authors also provided results from a review of program files, as well as research observations conducted at supervised visitation sites.

**Subjects:** Supervised visitation programs were surveyed nationally; data for 94 programs were provided. Fifty-one family court administrators and judges responded to a survey about supervised visitation services and related difficulties under their authority. Forty administrators of child protective services agencies responded to a survey about supervised visitation. Observations and interviews with program staff and legal personnel were conducted at five supervised visitation programs. Program files from 1,049 supervised visitation cases handled at the five sites were analyzed for information on characteristics, treatment and outcomes. Of the cases, 373 were child protection cases, and 676 were involved with family court. Lastly, interviews were conducted with 201 parents who had used supervised visitation services.

**Main Outcome Measures:** National survey of visitation programs, local surveys of family court administrators, judges, and administrators of child protective services. Interviews with program staff, legal personnel, and parents.

**Results:** According to the authors, the required services for the U.S. population would involve 427 programs handling 300 cases per year, while the actual capacity reported is 300 programs handling 50 cases per year. Administrators generally reported lack of funding as a "major problem" (p. iii). Supervised visitation programs may provide services for child protective services, divorced/separating families, families with children in foster care, and/or child welfare agencies.

The effectiveness of the different programs was reported as similar, based on low variation in client attendance, behavior patterns, failure to appear for intake, scheduled and actual visits, missed visits, negative parent-child interactions, and inappropriate parental behavior. Although most cases (92%) were ordered into supervised visitation by the court system, rates of continued monitoring by the courts varied by site. While



most cases involved fathers coming for supervised visitation, visiting mothers were not infrequent.

Families in programs faced difficulties such as unemployment, low incomes, and little contact with children prior to visitation. While additional intervention and support services were considered essential to "exit the child protection system" (p. vii), such additional services were not commonly provided across the five sites. Although judges and court personnel reported a desire for visitation supervisors to provide them with evaluations of the family situation, program directors were hesitant to allow this, due to the lack of qualifications required of supervisors, the possible loss of neutrality, and liability issues.

Reasons for ending visitation were not clear, and in about half of the cases, parents simply stop attending. Parents gave the legal system low ratings, but many were generally pleased with services provided in supervised visitation (71-75% on different items). About one quarter of visiting parents felt that the programs were too strict, were biased toward custodial parents, or did not allow for enjoyment of the visit. Overall, supervised visitation programs were reported as to working best in conjunction with additional therapeutic interventions and supports, including assessment and treatment by qualified individuals.

**Conclusions:** This research report included 13 conclusions regarding supervised visitation (pp. ii-xii):

1. Supervised visitation services fill an important need
2. Supervised visitation programs struggle to survive
3. Supervised visitation programs take many forms
4. Many different service formats are effective
5. There are significant differences in court involvement
6. Supervised visitation programs assist both mothers and fathers
7. Supervised visitation families have entrenched problems and few resources
8. The amount and type of additional services that families receive varies dramatically by site and case type
9. The lack of additional services for families has serious repercussions for programs, courts, and families
10. Many family court cases exit the programs in ambiguous circumstances
11. Supervised visitation programs allow contact that might not otherwise occur and receive high satisfaction ratings from parents
12. Satisfaction remains elusive for a substantial proportion of family court parents who use supervised visitation programs
13. Supervised visitation is an extremely valuable service, but is not a substitute for therapeutic interventions and judicial oversight.

Peterson-Badali, M., Maresca, J., Park, N. W., & Jenkins, J. M. (1997). An evaluation of supervised access III: Perspectives from the legal system. *Family and Conciliation Courts Review*, 35(1), 66-78.

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**Objectives:** To present results of interviews conducted with lawyers and judges regarding supervised child access and their assessments of a specific pilot program in Ontario.

**Methods & Design:** This article utilized data gathered during the evaluation of the Supervised Access Pilot Project, which served 14 communities. A semi-structured telephone interview protocol was used to gather information from 14 lawyers and 13 judges involved in supervised visitation cases with each of the sites. Each site recommended 2 judges and 2 lawyers for an interview; 1 lawyer and 1 judge were chosen at random to be interviewed. The other judge or lawyer was considered an alternate if the first was not available. Interviews were conducted by telephone and lasted 30 to 45 minutes. Either one of two authors (one a psychologist and the other a lawyer/mediator) conducted the interviews.

**Setting:** Ontario, Canada.

**Subjects:** Of the fourteen lawyers interviewed, 8 were males and 6 were female. Of the judges, 11 were male and 2 were female. All were somewhat familiar with the supervised access centers being evaluated.

**Main Outcome Measures:** Two interview protocols were developed, one for lawyers and one for judges. Each was designed to cover material specific to the interviewee's role. Both protocols included questions regarding "community awareness of, and demand for, supervised access services" (p. 67). Background information on the types of cases seen and legal experience was assessed. In addition, satisfaction with specific aspects of the supervised access program was rated on a 5-point scale ranging from "Very satisfied" to "Very dissatisfied."

**Results:** Both lawyers and judges were familiar with the supervised access program and had experience in family court cases. Lawyers reported frequent referrals to the centers, while the responses of the judges implied that referrals are made for a small percentage of

cases. Most (70%; n = 19) of the judges and lawyers felt that the center was meeting the demand for services in their jurisdiction, but about a quarter reported that the community needs were still too great for the center to address. All interviewees reported an increase in the frequency of supervised access orders by the court system since the center opened. Most explained that a center "offers a short-term workable solution that provides a sense of security to those involved" (p. 70).

Judges indicated that without the center, access would have been completely denied, or the case would have immediately been heard. They also reported that cases were more likely to circumvent the court system and agree to a supervised access referral, resulting in possibly lower court-related costs.

Interviewees agreed that supervised access generally results in higher court costs, due to the complex family difficulties, but reported that the supervised access center pilot program specifically decreased court time and costs, as well as hostility in the family. Most attributed this to the centers' neutrality, its supervisors, and its structure. Judges and lawyers both reported high satisfaction with the program, and specific aspects of the center were also rated well. Recommendations by the interviewees included expanding the centers and service hours, as well as adding support programs.

**Conclusions:** This study was not able to provide objective measures of court costs, a point noted by the authors as a limitation. Both lawyers and judges, however, reported that the program saved time and money, and was of great benefit to all family members involved.

The authors integrate the findings of this study to related articles on the same program, highlighting areas for future research. Examining alternative models of service delivery was recommended as an area for research, specifically addressing instances in which supervised access is restricted, or time-limited. Another option would be to explore the effects of providing more than monitoring during visits. A study of reporting issues was discussed as valuable, as there is much disagreement about the use of supervisor evaluations in the courts. An examination of factors that affect parents' acceptance and use of supervised access was suggested. Lastly, concerns about how services are provided to different cultures prompted the authors to recommend further research on appropriate methods with different cultural groups.

Rosenhan, D. L., Keller, F. O., Cordell, L., & Cannata, K. (1993). *A Program for Providing Supervised Visitation: Report on a Demonstration Project Using Senior Citizens as Supervisors (Executive Summary)*. Statewide Office of Family Court Services, Administrative Office of the Courts, State of California. San Francisco, CA.

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**Objective:** To assess the effectiveness of a demonstration program, which trained senior citizens as visitation supervisors, by evaluating the psychological adjustment of the child and comparing visitation patterns of participating families with a control group of families.

**Methods & Design:** To recruit senior citizens as supervisors for the program, seven San Jose senior citizen centers were contacted and volunteers were requested. Thirty-three seniors participated. Training for the supervisors involved information provision, role playing, and discussion periods, and consisted of two three-hour sessions followed by ongoing, bimonthly meetings. Overall, seniors were instructed to be non-intrusive and neutral, but were also educated regarding appropriate responses to parental intoxication, threats, crises, and violence. Seniors were provided "honoraria," or payments of \$10 for each hour of supervising visits. Compensation was considered key in recognizing the seniors' contributions.

Over a two-year period, 127 families participated in the program. The average length of time spent in the program was six months, and parents terminated participation for a variety of reasons. Parents were charged \$10-15 per one-hour visit in order to support the cost of the supervisor honoraria. Fees were waived or decreased for parents with low incomes, but generally, there was great difficulty in collecting fees.

Families were randomly assigned either to the structured visitation group with the senior citizen supervisors, or to a control group in which parents were to arrange for visitation services themselves. Procedures included an intake session with the custodial parent in which demographic, financial, and legal information was gathered, and consent and disclosure forms were signed by the parent. Parents were provided with outcome measures to complete with their child(ren) within one week, and were instructed as to how to administer the measures. Initial supervised visits with the non-custodial parent were scheduled within one to two weeks after the intake session. Custodial parents were asked to complete outcome measures (mailed the parent) with their child three to four months after the intake. Interviews with custodial parents were also scheduled upon return of the completed measures.

Visits were held at the senior citizen centers, and visitation rooms were equipped with toys and stuffed animals. Supervisors completed an evaluation form after each visit with the noncustodial parent and child.

Although it was intended that families in the control group not receive assistance in arranging supervised visitation, the authors report that this did not occur as planned. Control group participants were referred to "a private party" (p. 5) who received payment for supervision services.

**Setting:** Family Court Services for Santa Clara County, California.

**Subjects:** A total of 33 senior citizens participated as supervisors, including 29 women and 4 men. Efforts were made to match the diverse population of families using visitation services in the area, by recruiting African-American, Hispanic, and Vietnamese seniors. The article reports that the group of 33 seniors was ethnically diverse.

Participating families were selected from families mandated into supervised visitation by the Santa Clara County family court system. Age of children was a factor in the selection process; children were required to be between the ages of 4 and 12 years. While 127 families were involved in the program over a period of two years, the final treatment group included 20 children (9 boys and 11 girls), and the final control group consisted of 10 children (6 boys and 4 girls). Both groups primarily consisted of Caucasian children, and the mean age was 7 years. Socioeconomic status of the families was bi-modally distributed.

**Main Outcome Measures:** Four measures were utilized in the study. The Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) assessed behavioral problems and social competence of the children. The How-I-Feel Test, also called the State-Trait Anxiety Inventory for Children (Spielberger, Edwards, Montuori, & Lushene, 1970) measured state and trait anxiety in the children, but results were not analyzed "due to a low response rate among the control group participants" (p. 4). Also not analyzed were the supervisor evaluation forms, which were completed by the senior citizens after each visit and were designed to provide general information on the nature of the visit. Custodial parent interviews were conducted with a fixed interview schedule after the second round of data collection, and were designed to provide more qualitative information on each case.

**Results:** Although the authors note that this was a "small-scale, exploratory study" (p. 5), some differences were found between the treatment and control groups. On average, families in the program had a higher number of visits per month than did families in the control group. When treatment and control group scores on the CBCL were combined, frequency of visits was found to correlate with improvement on the social scale (marginally significant correlation), but did not correlate with improvement on the behavior scales. In examining the treatment group's scores on the CBCL, the authors divided the children into three groups: 1) the Substantial Improvement Group (n=6) which showed large positive changes; 2) the Mixed or Modest Improvement Group (n=9)

which had a mix of positive and negative changes or only minor positive changes; and 3) the Negative Change Group (n=5) which showed only negative changes.

Post-hoc examinations resulted in two explanations for the development of these distinct groups. First, self-involvement ratings (applied post-hoc) of the custodial parent interviews indicated that children who had shown substantial improvement were less likely to have a parent who was rated as "self-involved" than did children who showed mixed or negative change. Second, children in the Mixed or Negative Change groups included children visiting a parent who had allegedly abused them, while the Substantial Improvement Group did not. The authors do note the importance of interpreting post-hoc examinations and interpretations with caution.

**Conclusions:** The authors conclude that the study supports providing structured visitation services that utilize the expertise of senior citizens. According to the authors, the Santa Clara County Supervised Visitation Project has been used as a model for other programs, and has gained significant financial and referral support. The study also identifies areas which merit further study, including the possibilities of developing criteria for classifying families not likely to benefit from supervised visitation, profiling service users to design programs, and designing feedback and evaluation systems that involve the families.



Scherer, D. G., Melloh, T., Buyck, D., Anderson, C., & Foster, A. (1996). Relation between children's perceptions of maternal mental illness and children's psychological adjustment. *Journal of Clinical Child Psychology, 25*(2), 156-169.

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**Objective:** To evaluate the relationship between children's subjective experience of their parents' psychiatric symptoms and parents parenting skills relate to children's overall psychological adjustment.

**Literature Review:** The authors note that research on child adjustment to parental psychiatric illness has focused on a variety of factors including child characteristics, family processes, and broader environmental factors with informants more often than not being adults rather than the children themselves. They note the lack of research on children's perceptions of their parent's psychiatric illness and provide examples of this type of research in other areas such as the divorce literature. Children's perceptions are influenced by the child's developmental level and sophistication of social cognition abilities. Poor social cognition skills can result in children mis-perceiving and attributing a parent's behaviors to themselves rather than their parents' illness. When children are not well differentiated psychologically from their parent with mental illness and tend to believe the parent's delusions, poorer child outcomes are noted in the literature. The authors state that it is unclear from the literature how the accuracy of a child's perceptions affects overall child adjustment.

**Methods & Design:** Data were collected during a visit by the mother and child to a laboratory setting. Data sources included paper and pencil questionnaires and videotaped observation of parent-child interaction tasks. The design is correlational and data are analyzed using primarily regression techniques.

**Setting:** The authors state that subjects resided in a "medium-sized Southern city."

**Subjects:** A total of 58 mother-child dyads were recruited for this study either through mailings sent to women who had utilized a local community mental health center (target sample) or through the use of flyers and community advertisements (comparison sample). Study children (26 girls, 32 boys) ranged from eight to 12 years of age ( $M = 10.11$ ), were of African-American (84%) and Caucasian (16%) ethnic backgrounds, and mostly resided in families of lower SES status. Fifty percent of the sample dyads were single-parent households. Study mothers, in the main, were high school educated, unemployed, and



received state financial assistance. For inclusion in the target sample, study mothers must have had a history of chronic mental illness, including a diagnosis of a psychotic disorder that required at least one hospitalization for treatment and have resided with the study child for the three months prior to the evaluation. Most study mothers in the target sample (78.6%) were receiving outpatient psychotherapy and taking antipsychotic medications. For inclusion in the comparison sample, study mothers could not have previously received mental health services.

**Main Outcome Measures:** The Child Behavior Checklist (CBCL) parent and teacher forms were utilized to assess child problem behaviors and social competence. The Self-Perception Profile for Children (SPPC) and Social Support for Children (SSSC) were used to assess children's perceptions of their own self-competence and social support and regard by others. The Brief Symptom Inventory (BSI), a 53 item self-report instrument was used to measure children's perceptions of their mother's psychiatric distress. Observers also rated the mother on the BSI. The Parent Perception Inventory (PPI) was used to assess study children's perceptions of parental behavior. The 16 items are rated by children on a five-point Likert scale and assess both positive (e.g., comfort, nonverbal affection, involvement in decision making) and negative (e.g., privilege removal, yelling, ignoring) parenting behaviors. For the current study, the positive items were summed to form an "encouraging parenting" score. Likewise, the negative items were summed to form a "discouraging parenting" score. Parents and observers also completed the PPI so that children's perceptions could be compared to others' perceptions. Finally, each dyad participated in a 30 minute task that included free play, a drawing exercise, a puzzle construction task, and clean-up time. This interaction was videotaped and coded by raters using the PPI.

**Results:** Children in the target sample were reported by their mothers to have significantly more problematic behavior than comparison sample children [ $F(1,56) = 6.93, p < .01$ ]. Children in the target sample also were more likely to be rated as having clinically significant behavior problems than were children in the comparison sample ( $\chi^2 = 4.03, p < .05$ ). These between group differences were not demonstrated on teacher ratings of the CBCL.

Children's Subjective Perceptions of Parent Behavior. Regression analyses were conducted using the child perception measures (PPI-Child encouraging, PPI-Child discouraging, BSI-Child) as independent variables and behavioral adjustment (CBCL parent and teacher forms) and self-competence as dependent variables. Separate regression equations were computed for each behavioral adjustment measure and for the self-competence measure. Measures of parental psychopathology were statistically controlled for in the analyses to ensure that only the amount of variance explained by child perceptions would be evaluated. After controlling for parental psychopathology, child perceptions of mother psychiatric distress and use of discouraging behaviors respectively accounted for 21.4% and 7.2% of the variance in mother-rated child behavior problem score. The same variables, respectively, accounted for 7.8% and 11.7% of the variance in mother-rated child social competence score. The regression model predicting teacher-rated child social maturity scores accounted for 26% of the variance in the

dependent variable, but only the BSI-Child contributed significant explanatory variance ( $R^2$  change = .082;  $p < .05$ ).

Child perceptions of parental distress and behaviors were significantly related to child self-competence in the areas of scholastic ability, physical appearance, athletic ability, behavioral conduct, and global self-worth. For scholastic ability, the overall model accounted for 16% of the variance, with PPI-Child discouraging contributing significant explanatory variance (14.8%) beyond the variance explained by actual parental psychiatric distress. For physical appearance, the overall model accounted for 19% of the variance, with BSI-Child and PPI-Child discouraging contributing significant explanatory variance (9.6% and 14.7%, respectively) beyond the variance explained by actual parental psychiatric distress. For athletic ability, the overall model accounted for 14% of the variance, with PPI-Child encouraging and PPI-Child discouraging contributing significant explanatory variance (10.2% and 9%, respectively) beyond the variance explained by actual parental psychiatric distress. For behavioral conduct, the overall model accounted for 16% of the variance, with BSI-Child contributing significant explanatory variance (15.7%) beyond the variance explained by actual parental psychiatric distress. For global self-worth, the overall model accounted for 18% of the variance, with BSI-Child and PPI-Child discouraging contributing significant explanatory variance (7.7% and 14.8%, respectively) beyond the variance explained by actual parental psychiatric distress.

Child perceptions of parental distress and behaviors were significantly related to child self-perception of social support in the areas of parental support, classmate support, teacher support, and close friend support. For parental support, the overall model accounted for 15% of the variance, with PPI-Child discouraging contributing significant explanatory variance (13.5%) beyond the variance explained by actual parental psychiatric distress. For classmate support, the overall model accounted for 14% of the variance, with BSI-Child contributing significant explanatory variance (13.5%) beyond the variance explained by actual parental psychiatric distress. For teacher support, the overall model accounted for 11% of the variance, with PPI-Child encouraging and PPI-Child discouraging contributing significant explanatory variance (8.1% and 6.9%, respectively) beyond the variance explained by actual parental psychiatric distress. For close friend support, the overall model accounted for 31% of the variance, with BSI-Child, PPI-Child encouraging, and PPI-Child discouraging contributing significant explanatory variance (13.5%, 22.1%, and 19.1%, respectively) beyond the variance explained by actual parental psychiatric distress.

Parent-Child Discrepancy in Perceptions of Parent Behavior. Disparity scores were calculated by subtracting the child-perception-based score on any given measure from the mother-perception-based score on the same measure. Disparity scores were obtained for PPI-discouraging, PPI-encouraging, and BSI measures. As with the child perception analyses discussed above, the disparity scores were regressed, in separate analyses, on CBCL (parent and teacher), self-competence, and social support and results evaluated after statistically controlling for the effects of parents' psychiatric distress. For parent ratings, the regression equation accounted for 12% of the total variance in CBCL problem behavior scores, with only PPI-discouraging disparity scores contributing significant explanatory variance (9.9%) beyond the variance explained by actual parental

psychiatric distress. For teacher ratings, the regression equation accounted for 20% of the total variance in CBCL problem behavior scores, with only PPI-discouraging disparity scores contributing significant explanatory variance (14.8%) beyond the variance explained by actual parental psychiatric distress. For teacher ratings of social maturity, the regression equation predicted 18% of the variance, with BSI disparity scores contributing 12.6% of the explanatory variance. For child ratings of self-competence in the domain of physical appearance, the regression equation predicted 15% of the variance with BSI disparity and PPI-discouraging disparity contributing significant explanatory variance (9.5% and 10.7% respectively). The regression models for the other domains of self-competence were not significant. For child ratings of social support in the domain of close friend support, the regression equation predicted 19% of the variance with BSI disparity and PPI-discouraging disparity contributing significant explanatory variance (11.6% and 13.3% respectively). The regression models for the other domains of social support were not significant.

Although ANOVAs conducted on observer ratings of parental psychiatric distress and parenting styles revealed significant differences between the target and comparison samples on all measures, child perceptions and mother perceptions did not differ significantly. In other words, children and mothers, regardless of whether or not the mother was diagnosed with a psychotic disorder, rated the mother similarly on the BSI and PPI measures, which suggests that children are accurately perceiving their mothers' behaviors.

**Conclusions:** The authors conclude the article by summarizing the research results. They highlight that children's perceptions of their mothers' psychological functioning and parenting styles do impact children's adjustment in the manner one would expect. That is, the more distressed and discouraging a mother's behavior is perceived to be by the child, the more at risk the child is for increased problem behaviors and decreased social competency, perceived social support, and perceived self-competence. They note that these effects are likely magnified when there is a greater disparity between the child's perceptions and the mother's perceptions of the mother's overall functioning and parenting style. Interventions that help children to become more accurate in their perceptions of parental psychiatric symptoms and functioning, as well as help developing social support systems and feelings of self-competence are suggested. The authors suggest that interventions involve the mother as a change agent in her child's life to increase the likelihood of the mother being able to empathize with her child's experience of her illness as well as the likelihood of triggering systemic changes that may facilitate both child and parent growth.

Silverman, M. M. (1989). Children of psychiatrically ill parents: A prevention perspective. *Hospital and Community Psychiatry, 40*(12), 1257-1265.

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**Objective:** To review the evidence for genetic transmission of psychopathology and “to highlight those psychosocial, behavioral, cognitive, and environmental preventive interventions that might delay the onset or attenuate the expression of psychopathology in children of parents with psychiatric illness” (pp. 1257-1258).

**Perspective:** This article takes a prevention perspective. A prevention perspective is outlined as an attempt to understand which risk factors are modifiable, what are the appropriate types, duration, timing of interventions for specific factors, and which aspect (child, family, environment) that the intervention should target and can modify. The article also argues for a high level of monitoring of and service delivery to at-risk children who are at risk and their families over an extend period of time.

**Article Summary:** The author begins his review by drawing a distinction between “biogenetic” and “psychogenetic” transmission of psychiatric disorders such as depression, schizophrenia, and alcoholism. Biogenetic research is concerned with “who is at risk for what conditions” (p. 1257) and psychogenetic research seeks to understand the environmental and psycho-social-familial factors place individuals at increased risk for expression of a psychiatric illness. This research had begun to focus on children, with the hope that early intervention might be able to prevent future psychopathology in children of parents with psychiatric illness. The author notes several factors that can influence a child’s risk for developing a psychiatric illness. These include: (a) intensity, frequency, duration and severity of parental dysfunction; (b) degree of genetic loading for a specific disorder; (c) availability of a healthy alternative caregiver; (d) intensity and duration of exposure to the parental dysfunctional behavior; and (e) degree of psychosocial stress experienced by the child (p. 1257).

In his review of the biogenetic transmission studies, the author notes that a genetic basis for schizophrenia and unipolar and bipolar affective disorders was postulated as a result of prevalence studies in children and first degree relatives of people with these psychiatric illnesses. The resultant literature positing genetic models of inheritance is critiqued for its diverse methods that produce diverse findings. The author concludes that although there is support for some form of genetic inheritance model, the mode of transmission is unclear. More recent research combines epidemiological and life-events perspectives, locating the unit of study in the family, and locating the family in the larger community. This research brings to light the interaction of biological and social factors in the development of psychiatric illness. In other words, the level of genetic loading for a particular disorder and the level of environmental stress influence one another. When both are high, according to this model, the chances of a person developing the illness for

which they are predisposed increase significantly. On the other hand, a quality environment may protect an individual from developing an illness for which they are predisposed. Interventions aimed at creating a more supportive and facilitate environment, as well as remediation of childhood deficits are proposed as possibly reducing a child's risk of psychiatric illness.

The author briefly reviews the literature on children of depressed, schizophrenic, and alcoholic parents. Four areas of parental impairment are noted in the case of maternal depression: (1) diminished emotional involvement and interest in their children's lives, (2) impaired communications skills, (3) lack of expressed affection for their children, and (4) increased hostility, friction, and irritability toward the children. The literature suggests that children of depressed mothers are at increased risk for delinquent (antisocial) behavior, substance abuse, accidents, and psychiatric illness. These child difficulties, however, may remit as a mother's depression lifts and she is able to parent more competently. Although the research into a genetic basis for schizophrenia is substantial, specific markers have not been identified. The author reviews some work that suggests children with greater risk of developing schizophrenia or another serious psychopathology when there is a history of parental schizophrenia, difficult pregnancy and birth, signs of neuropsychological and attentional deficits lasting past infancy, and poor affective control in peer relationships. (p. 1260). Poor parenting, such as communication disturbance by loose associations, when a mother or father is struggling with schizophrenia also may influence a child's adjustment. In his brief review of the literature associated with parents who are alcoholic and child outcomes, the author suggests that genetic and in utero environments may contribute to later alcoholism in the child. The research in this area, however, is relatively newly and the author draws no major conclusions.

The last half of the article outlines a prevention perspective and suggests possible preventive interventions. A prevention perspective is outlined as an attempt to understand which risk factors are modifiable, what the appropriate are types, duration, timing of interventions for specific factors, and which aspect (child, family, environment) the intervention targets and can modify. Preventive interventions can take many forms and target many biopsychosocial factors. Perhaps the most basic is early identification, treatment, and support for parents who are psychiatrically ill. This intervention must also include social and economic support for the person and their family as needed. Another intervention is the provision of education about a person's illness to the person and the family in order to increase understanding of vulnerabilities, reactions, and symptoms of the illness and facilitate coping for all family members. Education also increases the likelihood that signs of distress in a child will be recognized and intervention sought before the development of child psychopathology. Parenting education, beginning with prenatal care and nutrition, and including instruction in child-bonding activities also may be helpful. With respect to children with parents who have schizophrenia, social skills training and information processing training may be especially important preventive measures.

In general, interventions aimed at helping children develop competencies in "health management, stress management, social problem solving, critical thinking, assertiveness, humor, planning and goal setting, communication skills, and learning

skills” (p. 1261) are thought to be important facets of a protective environment. Helping children develop outside interests and abilities is suggested as interventions that increase children’s exposure to supportive social networks and decrease their exposure to parental psychopathology. Service providers such as physicians and schools can provide means of intervention by identifying at risk children, providing on-going monitoring for psychiatric symptoms and signs of distress, supporting the development of competencies, and helping families access support services. These support services may include the utilization of foster care placements if a parent is unable to parent competently during certain periods of a child’s development.

The author ends the article with a call for continued research in the area of matching interventions to risk factors. He also argues for clinicians to take a complex view of parenting strengths and weaknesses and the full spectrum of risk factors into account when designing preventive interventions for children of psychiatrically ill parents.



Stott, M. W. R., Gaier, E. L., & Thomas, K. B. (1984). Supervised access: A judicial alternative to noncompliance with visitation arrangements following divorce. *Children and Youth Services Review, 6*, 207-217.

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**Objectives:** To present difficulties and issues regarding visitation as a legal, sociological, and psychological phenomenon, and to describe a program offering both mediation and supervised visitation services in order to address the complex visitation problems.

**Article Summary:** This article outlined problems, patterns, and expert opinions of visitation, and presents themes of effective visitation programs. Problems with visitation included complicated, hostile divorces, children being asked to "spy" on parents, negative reactions of extended family members, and the emotional turmoil of the noncustodial parent. Four common types of access arrangements in families were listed by the authors: (1) free or unrestricted access, (2) regulated or regularly scheduled access, (3) occasional or sporadic access, and (4) lack of access (p. 209).

The authors reported that experts are not in agreement regarding the benefits of access to a noncustodial parent. While some felt that visiting parents would have difficulty being "a true object for love, trust, and identification, since this role is based on being available on an uninterrupted day-to-day basis" (p. 210), others felt that a relationship with both parents was essential to psychological health in children.

Themes of successful visitation included: (1) instituting a time period for "cooling off" between court hearings and initial clinic visits; (2) holding individual parent interviews at different times to avoid hostile encounters; (3) mandating early and continual mediation; and (4) providing instruction in parenting and play equipment (p. 212-213).

The article describes program data from the Salvation Army/Family Court Visitation Program in Erie County, New York. Most of the original data presented in the article was gathered in 1983. In addition to supervised visitation services, the program provides mediation and counseling services to families. Information was obtained from the program regarding the use of mediation, types of families in supervised visitation, and the amount of time spent in the program. Out of 200 referrals in 1983, over half (57%) successfully utilized mediation rather than supervised visitation. Following mediation, parents can access telephone counseling, and each family called an average of three times in the first 6 months. The remaining 43% of families (n=85) who received supervised access services were categorized into three groups: (1) Parents in conflict (48%); (2)



Abusive or neglectful parents (40%); and (3) Alienated Parents (12%) (p. 215-216). The majority of families utilized supervised access for 4-6 months, although amount and time span of use varied greatly. Families stopped using services when they either (1) returned to court; (2) agreed among themselves about visitation arrangements; or (3) violated program rules. In discussing the program, the authors reported that although the Salvation Army/Family Court Visitation Program is not universally successful, it assisted family court judges as well as parents and children in the majority of cases by providing mediation, safe access, and opportunities for relationships between parents and children. In addition, through the use of supervised visitation, noncustodial parents were afforded opportunities to disprove allegations or act with integrity in the process of visitation. Lastly, the authors noted the usefulness of visitation services in establishing a regular pattern for parents and children, which may reduce tension and lead to communication and flexibility.

Straus, R. B. (1995). Supervised visitation and family violence. *Family Law Quarterly*, 29(2), 229-252.

**Affiliation Information:** Robert B. Straus, Meeting Place: Supervised Child Access Service, Cambridge, MA.

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**Objective:** To review the need for supervised visitation services, the current state of practices, services, and funding, and to investigate supervised visitation in cases that involve family violence.

**Article Summary:** The author argues that the need for supervised visitation has increased, and that family violence cases present distinct risks and difficulties for visitation programs. At the same time, the article points out that the volume of cases requiring services is far greater than the available programs can handle, and that the growth of visitation services has been extremely slow. Different approaches to supervised visitation are reviewed, and the author concludes by presenting practical guidelines with an emphasis on the issues related to family violence and visitation.

The article reports an increased need for supervised visitation stemming from the increases in divorces and separations, out-of-wedlock births, initiatives enforcing child support, and other initiatives mandating visitation. The complexity of child access in such cases is also emphasized, and the author cites research that discusses the importance of maintaining all parental relationships while also avoiding negative and harmful effects to the child and parents.

Special risks are associated with family violence since conflict typically occurs with parent-to-parent contact, which is often required in the transfer of children for visitation purposes. The author reports that the "highest risk of violence is the period immediately following an abused woman's move to end a relationship" (p. 232), and the drop-off or pick-up of children is often the only time that a batterer can access the former partner. In addition, research is cited which notes a frequent co-occurrence between partner and child abuse.

While assessments cited in the article indicate that the demand for supervised visitation services far outweighs the availability, the addition of new programs and expansion of existing programs does not seem to have occurred. This article provides multiple reasons for this lack of growth in the field, such as the fact that families are difficult to work with, competencies required of supervisors fall between those of psychotherapists and mediators, programs are not lucrative, and public funding is not easily obtained.

Services themselves vary greatly from site to site, but almost all are non-profit organizations. Supervised visitation programs can differ in terms of: (1) the level of direct observation; (2) the training of the supervisor; and (3) the type of site in which visits occur. Services such as "exchange supervision," in which only transfers of children

are observed, and “off-site monitoring,” in which a supervisor accompanies the parent and child in an activity away from a visitation center, also exist as possibilities for supervised visitation. Such services are not the norm, and most programs rely on the typical model of a visitation center in which parents come to a site for a controlled visit with the child.

Programs have developed varying approaches to service provision, and the author outlines the major areas in which programs typically differ. First, visitation providers struggle with the question of whether to allow child access to a parent who has been abusive. Emphasis is placed on assuring the safety of the child, but there are many risks to the child if visitation occurs and if supervision is not handled well. The author notes that there are some situations in which visitation should not take place (such as when a parent is unwilling to follow program guidelines), but also indicates that whether or not a parent is granted access is not controlled by visitation programs. Courts do allow contact with abusive parents, and the focus of visitation practitioners must then be on making contact safe.

Another essential issue for programs is that of neutrality. The author argues that visitation programs with a neutral stance can be helpful to children who must transition between the vastly different perceptions and views of their parents. The benefits and disadvantages of this approach are considered, including the contradictory possibility that children may need “active support of views that challenge the abuser’s perceptions” (p. 241).

The role of programs in evaluating parent-child access for future custody arrangements is also discussed. Since supervised visitation services are less expensive than evaluation by a single trained clinician, courts may pressure programs for opinions on parental fitness. Overall, the article takes the stance that programs should offer factual materials (such as notes from observations) to the courts, but should not provide opinions regarding fitness, future access, or custody arrangements. Reasons for this stance are noted, including the consideration that supervisors are not typically (or adequately) trained in evaluation.

Payment for services and funding policies are reviewed, and the author indicates that there is little consensus on the best methods. Punitive types of payment (such as requiring the abusive parent to pay all fees) are encouraged from a victim’s perspective, but not from a child-centered perspective. The author recommends that public funding not be restricted to programs serving specific populations, but instead to the individual clients served (such as battered women) by any program.

The author concludes with a summary of practical supervision procedures for families with a history of violence:

1. Program and Staff Qualifications: adequate training of all staff in family violence is essential, as is screening for prior criminal records. If this cannot be accomplished, programs should limit their clients to those who “fit the competencies of their staff” (p. 244).
2. Referral by Court or Agency: referring agencies should decide if abuse is an issue in the family, and if so, should specify visit frequency and payment arrangements between the parents.

3. **Program Intake:** considerations include assessing the program's ability to handle the family; obtaining knowledge of restraining orders and parental criminal actions; keeping identifying information confidential; having a fee allocation policy for instances in which courts do not specify (suggestions included); providing written program guidelines to parents; and reviewing security procedures with both parents.
4. **Conducting the Visits:** recommendations include explaining the reasons for the visits to the child during intake; clarifying rules for physical contact with parents and child in cases of abuse; and guarding confidentiality by disallowing questions that might indicate where the child lives, plays, or attends school.
5. **Reports:** programs can provide "careful, objective reports of observations" (p. 248), but must caution readers not to assume that a parent's behavior in a supervised setting is indicative of future behavior in extended, unsupervised contact. Programs are also advised to charge fees for court appearances.
6. **Lack of an Organized Program:** if no supervised access programs are available, the involved parties (courts, attorneys, families, agencies) should consider the selection of a supervisor, the use of untrained volunteers, written arrangements, and visitation exchanges (pick-up and drop-off transfers of the child). In cases of family violence, having a grandparent act as a supervisor is not recommended. More neutral supervisors (such as churches, child-care facilities, schools, and child protective agencies) should be approached for workers who may charge a fee. Untrained volunteers should be investigated, and may present other difficulties. Written arrangements for visits, and for the supervisor's responsibilities and authority to intervene are recommended. Guidelines for transferring children are also included.



Straus, R. B. & Alda, E. (1994). Supervised child access: The evolution of a social service. *Family and Conciliation Courts Review*, 32(2), 230-246.

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**Objectives:** To review the development of supervised visitation, or supervised child access, to describe programs, and to discuss key issues. The article focuses on supervised visitation in the specific circumstances of separation and divorce.

**Article Summary:** The authors review literature on supervised visitation, noting that there is little available regarding separated or divorced families. The article outlines the need for supervised child access, especially in cases of separation and divorce. Supervision is recommended when there is an alleged risk to the child, but the child still wants to see the parent or positive contact is possible. Similarly, if a child has refused to see the noncustodial parent, a neutral monitor may ease the difficulty of a visit and can be necessary to assess the reasons for this refusal. In paternity cases, when previously uninvolved fathers wish to have contact with a child, supervision can provide a reassuring setting for an unfamiliar interaction. In domestic violence cases, the courts have faced either terminating contact with noncustodial parents, or allowing contact with the risk of harm.

As the authors state, "Supervision of parent-child contacts creates a third alternative" (p. 234). Overall, the authors claim that the assumption of supervised visitation is that "the interests of children are served by maintaining contact with the noncustodial parent..." (p. 234). Objectives for supervised access are: 1) to provide a setting in which a relationship with a noncustodial parent can be supported; 2) to assure a custodial parent of the child's safety; 3) to protect parents against false allegations; 4) to evaluate parent-child interactions; and 5) to improve the child's relationship with the supervised parent (p. 235).

Limitations of visitation are also discussed. Generally, the article describes increases in disputes over child access, and the resultant burden on the court system. As the authors explain, there are limited alternatives for response due to the lack of supervised visitation programs. Difficulties lie in the lack of qualified supervisors, the hardships of working with "seriously dysfunctional" families (p. 237), and the lack of insurance reimbursement for the services. A brief history of the development of child access services is also provided.

Based on their review of research and practice, the authors argue that supervised visitation needs and services have increased due to the issues of separated parents involved in the court system, and that the specific difficulties of these families created a need for supervised access. A range of different program models is presented, along with a review of the basics of supervised visitation practices. "One-on-one" supervision (p. 239), in which a monitor can see and hear all aspects of the parent-child interaction, is

used when the safety of the child is of great concern, and can include therapeutic intervention or conjoint treatment. "Transition monitoring" (p. 240), or "exchange supervision," requires the monitor to observe the transfer of a child between parents for visits, and is used when parents display much conflict on interacting. Lastly, there is "loose monitoring," in which only minimal observing or occasional listening in occurs, for families in which there is some confidence in the parent's behavior. Other programs have experimented with adding new services, such as off-site monitoring and transportation provision.

The authors conclude that supervised child access program models must consider the distinctions among observation, evaluation, and intervention. Evaluation implies that the observer is trained or skilled to evaluate the quality of the parent-child interaction, and intervention indicates that the monitor will act to prohibit behavior or provide therapy. Staffing of such programs then becomes crucial. Fees and costs are not yet readily available from many programs, but some estimates of cost range from \$50 to \$80 per hour. As families are typically able to pay minimal fees, the need for public funding is growing.

Straus, R. B., Blaschak-Brown, N., & Reiniger, A. (1998). Standards and guidelines for supervised visitation network practice: Introductory discussion. *Family and Conciliation Courts Review*, 36(1), 96-107.

**Affiliation Information:** The Supervised Visitation Network.

**Correspondence Information:** Not available.

**Objectives:** To present standards and guidelines previously developed by the Supervised Visitation Network to legal practitioners working with clients who require supervised visitation for review and feedback.

**Article Summary:** The Supervised Visitation Network (SVN) is "an association of agency and individual providers of supervised visitation services" (p. 96) formed in 1991. The group has over 180 members, internationally. Their standards and guidelines were approved in May 1996 at an annual meeting, and are provided in this article to generate further debate for their improvement. Group members created the guidelines to promote and assess quality services.

The guidelines were meant to describe the current "good practice" of supervised visitation, rather than "minimum standards" of practice (p. 97), since the field is so new and broad-based. The wording of the guidelines indicates that they are applicable to members of SVN, and are meant to be advisory and educational to other individuals and organizations. The present article reviews the general content of the guidelines, and describes current efforts to improve them further.

The standards and guidelines cover a comprehensive volume of aspects, such as principles, services, security, fees, staffing, training, referrals, intake and termination procedures, and record keeping. Several aspects of the guidelines are highlighted for readers. In section 1.4, the guiding principle of safety for all persons involved in supervised visitation is stated. In section 5.2(a), the principle of having adequately trained staff to provide services is detailed. The range of services is presented in section 5, issues regarding referrals are covered in section 12, and intake procedures are in section 13. Standards for records and reports are located in sections 21-22, and both "emphasize providing objective, factual information" (p. 99).

The authors have suggested revisions in several areas. Including directions for proposing changes is recommended for section 1.4. Changes in terminology were recommended, such as including "volunteer" in the definitions for "trainee," and "visit supervisor" (p. 100). Similarly, the authors proposed changing the word "neutral," which can imply a lack of values or action, to "independent" (p. 100).

The authors also address the complex area of whether or not supervisors should provide evaluations of families to the court. While the position of this article is that generally, supervisors should not give evaluations, the active debate is acknowledged. Confidentiality and records requirements in the guidelines are also reviewed, and are considered too broad and unreasonable. The debate about how fees should be paid is also



discussed, although no specific recommendations are made to restrict the range of possibilities presented in the guidelines.

The authors note that a definition for therapeutic intervention is not provided in the section on therapeutic supervision, leading to confusion as to what constitutes an intervention. Similarly, it is not clear in the guidelines who can provide mental health or supervision services. Although this differs by state, the article indicates that this may assist in discovering how practice differences affects outcome. The authors also request additional detail about familiarizing children with the reasons for supervised visitation, perhaps added in an appendix. Also under consideration are items such as 1) adding a code of ethics; 2) creating protocols for interaction between courts and programs; and 3) designing accreditation procedures for programs.

Supervised Visitation Network (1998). Standards and guidelines for supervised visitation network practice. *Family and Conciliation Courts Review*, 36(1), 108-135.

**Affiliation & Correspondence Information:** Not available.

**Objective:** To present the specific standards and guidelines for supervised visitation developed by the Supervised Visitation Network (SVN).

**Article Summary:** This article presents the exact guidelines from the SVN, in outline form. The goals of the SVN are provided as well, and include providing a forum for sharing information, developing standards, advocating for funding, educating others and promoting awareness about supervised visitation.

The guidelines include the following main topic areas:

1. Introduction
2. Terminology
3. Structure of Services
4. Administrative Functions
5. Operations -- Preliminary Issues, Structure of Services
6. Security
7. Supervisor to Child Ratio
8. Responsibility to the Child
9. Fees
10. Staff
11. Training
12. Referrals
13. Intake
14. Conditions for Participation in the Supervised Visitation Program (Rules)
15. Initial Familiarization of the Child(ren)
16. Staff Preparation for Visits
17. Interventions During Supervised Visits, Terminating a Supervised Visit
18. Staff Functions Following Visits
19. Termination of Services
20. Special Considerations in Situations Involving Family Violence
21. Records
22. Reports to Courts and/or Referring Agencies
23. Confidentiality

Following the outline of standards, the standards are discussed in general and more specific information is provided.

The Introduction section covers the formation of the Supervised Visitation Network and its proposed mission, along with the purpose and development of the guidelines. Principles guiding the standards are outlined, and include: a) Quality and Flexibility; and b) Safety and Welfare. A discussion of the applicability of the guidelines

is included, specifying that SVN members agree to follow the standards and that others can use them as an advisory resource.

The Terminology section provides definitions for the following terms: authorized person, child, custodial parent, exchange monitoring, family violence, partner abuse, intern (or trainee), noncustodial parent (or visiting parent), on-site supervision, off-site supervision, provider, supervised visitation (or monitored visitation, child access, supervised access), visit supervisor (or child access monitor, observer), and therapeutic supervision.

The section on Structure of Services covers the structures of visitation providers (i.e., independent agency or subdivision of larger agency), and the need for an advisory board as part of the program's organization. Also discussed is the need to avoid conflicts of interest in agencies that perform functions other than supervised visitation. Providers are required by the guidelines to have "general and liability insurance for staff and families using the services" (p. 112).

The section on Administrative Functions provides brief information on the maintenance of financial records, files, and statistics. The topic of Operations is detailed, providing information on resources and functions, services, premises, and hours of operation. Overall, the section recommends that providers not "over-extend" themselves to ensure quality services, and that staff be adequately trained for any services offered. Common services offered by programs are described, and evaluative services are generally discouraged (except under certain circumstances).

The topic area of Security covers the development of a general policy, reasons for declining unsafe cases, reasonable security, common security arrangements and other administrative security procedures. Also discussed are procedures for screening, for various services offered, and for emergencies.

Recommendations for the ratio of supervisors to children are provided in the next section, and the authors note that this ratio depends on several factors. Overall, the ratio should be determined on a case-by-case basis. The section on Responsibility for the Child describes the differing sets of responsibilities of the provider and the parents. The section on Fees recommends a general policy regarding fees, which states that all families should be able to receive services, regardless of ability to pay. It also offers suggestions for allocation of fees, and fees in cases of family violence.

General policies regarding staffing, along with specific guidelines for qualifications and selection criteria, are provided in the Staff section. Responsibilities of staff are outlined for the many types of staff members, and the distinct role of consultants is noted. The practice of therapeutic supervision is described, and approved only for qualified staff members. The section on Training covers general principles as well as specific types of training for the various staff members.

The section on Referrals describes the processes of requesting and declining referrals. Specific suggestions regarding the type of information to obtain when receiving a referral are provided. Intake procedures are described in the following section, and a face-to-face interview protocol is recommended. Children should not be present at the interviews of parents, and parents should be interviewed separately. Useful assessment measures are provided in the Appendices, including an Assessment for Family Violence,

**a Checklist of Suggested Intake Questions, and a Checklist for Information to Provide During Intake.**

The section on Rules outlines the conditions parents must adhere to in the program, as well as the details of the visit schedule. A thorough list of recommended conditions are available in the guidelines. Written rules/conditions are recommended, as is obtaining parental signatures on the form.

Familiarizing the children to the visitation is the topic of the next section, and describes the practice of explaining the purpose of the supervision. Special steps and preparations to take in cases of family violence are offered, and generally involve further explanation to the child and parents of procedures. The section on Staff Preparation may assist programs in developing a protocol for each visit, since it details the need for staff to be briefed about the family and any recent occurrences prior to each visit. Similarly, guidelines for visit activities, alcohol and drug use by parents, inviting others to the visit, and conversations with the children are provided.

Reasons for supervisor interventions and termination of a visit are provided in the section on Interventions During Supervised Visits. When a child becomes acutely distressed, when there is a possible emotional or physical risk to the child, or when a noncustodial parent acts inappropriately during the visit, the supervisor is directed to intervene or stop the particular visit.

The section on Staff Functions Following Visits describes recommended post-visit procedures, such as providing factual feedback to parents, staff debriefing, routine case review, and follow-ups after problematic incidents. The section on Termination of Services covers both reasons and procedures for termination.

The section covering family violence situations discusses recommended practices for cases involving child sexual abuse and partner abuse. In general, guidelines call for supervisors trained in the area, careful monitoring of all parent-child contact, and concurrent therapy.

Guidelines related to Records include suggestions for client files, visit records, protection of information, and completeness of records. The section on Reporting to Courts emphasizes the need to offer factual, clear reports, without presenting opinions regarding future child access. In addition, the guidelines recommend including an introductory note of caution for interpreting observations made in structured situations.

Lastly, the section on Confidentiality describes the clients' rights to confidentiality in supervised visitation programs. Although records of visits are available at the request of the courts or other parties as part of proceedings, they are not universally available in other situations. Specific rights of the parents, programs, and other agencies are outlined.



Tucker, M. B. & Johnson, O. (1989). Competency promoting vs. competence inhibiting social support for mentally retarded mothers. *Human Organization*, 48(2), 95-107.

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**Objective:** To propose a model describing the impact of social support on parenting competency for parents with mild mental retardation.

**Literature Review:** Literature situating the current study in the broader context of anthropological and sociological theory and research in the area of social support is reviewed. The lack of research on the impact of social support on family systems is noted, as is the minimal nature of research with adults who are mentally retarded. An argument for distinguishing between the competence enhancing and the competence inhibiting nature of social support is constructed. Research findings on the relationship between being mildly mentally retarded and parenting capacity are reviewed. The authors note that much of the research has focused on the impact of parental retardation on a child's intellectual functioning and not on the quality of caretaking. The literature is summarized as demonstrating that

Overall, the predominant profile of retarded parents is that of social isolation, poverty, dependence on public assistance, a history of emotional and physical deprivations, and problematic childrearing behavior. Yet, retarded parents show a great deal of affection for their children, although they understandably harbor fears that their children will be taken away from them. (p. 97)

Research on social support and its impact on child caretaking is also reviewed. The lack of research in this area also is noted. The relationship between having an adequate extended support network and the decreased incident of child abuse is discussed in some depth.

**Methods & Design:** This study is both qualitative and quantitative in design, utilizing "naturalistic participant observation and narrative fieldnotes" (p. 97) and multiple regression analyses with the coded observations to develop a model describing the impact of social support on parenting competency.

**Setting:** Los Angeles, California.

**Subjects:** Subjects were either part of a larger research project being conducted at UCLA or through private contacts generated by members of the research team. Subjects

selected for participation all had IQ scores between 50 and 70. Potential participants with serious physical or emotional problems were excluded from participation. The final sample was comprised of six African-American and six Caucasian families in which at least one parent was diagnosed as mildly mentally retarded. Children of study parents (N = 25), ranged from age six months to 15 years at the completion of the study, with all but one child being "under nine years of age, and 21 children [being] under age six" (p. 98). Nine of the 12 families lived independently and seven of the couples were married and living together. The modal number of children per family was three. A grandparent or benefactor provided interview data but were not primary subjects in the research project.

**Main Outcome Measures:** Interview data collected from both parents and from at least one grandparent or what the authors term a "benefactor" provided information on "social support, relationships with significant others, stress and coping and parenting" (p. 97). Information from participant observation in home and public settings (length of observation ranged from nine months to four years) also was utilized to assess how well parents were parenting their children. When available, assessments and test results for children in the study were used to evaluate the children for developmental delays.

**Results:** When evaluating the support people in the parents lives, most parents have one of their own parents as a primary support person who is willing to step in as the need arises. Most families had others in their lives that provided instrumental support on a sporadic basis. The fathers in the sample were reported to play a significant role in the provision or inhibition of support whether or not the father was also mentally retarded. Family members who gave competence supporting assistance were described as (1) having a strong sense of personal responsibility to the family, (2) committed to teaching the parent(s) skills and promoting self-sufficiency, (3) demonstrating patience in their teaching and support, (4) actively involved with the parent so they can intervene before problems get out of control, and (5) having clearly defined areas of support that they provide the parent. Benefactors (i.e., group home supervisors and operators) who gave competence-supporting assistance also displayed the above characteristics with the addition of being able to facilitate access to social service agencies and supports for parents. The authors provide two case examples, drawn from their observations, to illustrate the range of support provided to parents and how support facilitates competent care for the children.

Family members who gave competence inhibiting support were those who assumed that "the retarded parents are incapable of managing on their own and that intervention is necessary for the child's sake" (p. 100) and whose experience of providing care and support is especially burdensome. These support members were also more likely to have multiple other obligations and stresses (e.g., being single, financial insecurity, etc.) and appear to be suffering from considerable role strain. Further, family members who were perceived as competence inhibiting by the parents were those who directed help to the child rather than to the parent. The authors provide two case examples, drawn from their observations, to illustrate competence inhibiting support and its potential to place a child in danger of abuse.

Finally, an overall model of the influence of social support on caretaking is outlined. Components of the model include: social support, parental caretaking competence, perception of parental competence, and environmental strain. The direction of influence is described as 1) Environmental strain impacting social support for both parents and children, as well as perceived parental competence; and 2) Perceived parental competence impacting the level of social support provided to the children and the parents. Data analyses tend to support this model, however the small N and skewed data distributions preclude definitive model testing.

**Conclusions:** The authors conclude the article by discussing the implications of their model. Specifically, these implications have to do with

1. the relationship between environmental strain, for both the parents and support people, and the type of support received;
2. the relationship between belief in the parent's abilities and the type of support given; and
3. the impact of encouraging or inhibiting support behaviors on the expression of a parent's full capacity to parent competently and effectively.

The article ends with a call for more attention and research on the role of social supports and their relationship to both positive and negative parental competency outcomes.





Wah, C. R. (1997). Evaluating "nontraditional" religious practice in child custody cases. *Family and Conciliation Courts Review*, 35(3), 300-316.

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**Objective:** To propose "a model for objectively evaluating 'nontraditional' religious practices in child custody and visitation rights cases" that allows evaluators to approach the family "in an unbiased, objective, and respectful manner," and provides a procedure that "simultaneously protects the fundamental rights of parents and children and the children's best interest" (from the abstract).

**Perspective:** The author presents this article from a perspective that values objectivity and the eradication of personal bias in assessment. Her perspective also includes a value on deconstructing the dominate "religious" belief pervading American culture and intervening against institutional bias while simultaneously protecting children from abuse.

**Article Summary:** The article begins by reviewing the history of the separation between church and state in the United States and the high regard with which the First Amendment has been held. The author then goes on to describe what she considers to be, even in the absence of a formalized national religious, an "American culture or an American religion" (p. 301). The key concepts of the "American religion" are 1) the celebration of holidays, 2) the attendance at religious services (but not more than once a week), 3) a belief that "education is the key to success," and 4) a belief that "individualism is more important than community loyalty" (p. 301). Nontraditional religious practices are defined as those practices that deviate in some way from the described, dominant model. The author provides an example of how marginalization of a nontraditional religion occurs and the impact it has on child custody decisions through a case example of a custody dispute between a Catholic father and a Jehovah's Witness mother.

Given the increased immigration from a variety of countries and the rise in intercultural and interracial marriage in the United States, the author argues that a model for handling the evaluation of nontraditional religious practices when they are raised in regard to the best interests of the child in custody evaluations. She goes on to propose an evaluation model that "simultaneously protect[s] the child's best interests and the parents' fundamental rights by creating a framework that leaves stereotyping, generalization, and polarization outside the evaluation process" (p. 304).

The first component of the evaluation model is to determine the difference between parental religious belief and actual parenting practices. This discrimination is especially important because what is professed as religious belief via affiliation with an organized religion does not always translate into family practices. The author uses the

example of the oft cited proverb “he that spareth his rod hateth his son” to demonstrate how to interview a parent to determine if the parenting practice that derives from this religious belief constitutes child abuse. Evaluators do not engage the religious belief as right or wrong. Rather, the focus of the interview is determining the observable behaviors that constitute parenting practices. In the example provided, the interviewer focuses on the behaviors, the appropriateness of the behaviors given the age of the child and the circumstances of the incident, and production of harm or benefit from the behavior. From this set of objective information, rather than from the view of a parent’s motivation for the behaviors, the evaluator is to make a judgment regarding the best interests of the child. The author suggests that when the observable behaviors run contradictory to the evaluator’s personal beliefs, bias is a danger. In these instances, the evaluator is counseled either to withdraw from the case or to use objective child measures to determine the impact of the behaviors on the child.

After the actual parenting practices used by a parent who is part of a nontraditional religion are fully described and understood, the effects on the child’s physical, mental, and emotional life should be evaluated. Again, this investigation should be based on observable effects, for good or for ill, and not the evaluator’s subjective opinion. If an objective evaluation of a parenting practice and its effects on the child determines that the child is being harmed by the parenting practice, the type of harm should be characterized and quantified, according to the model. Harm is divided into three categories: present harm, imminent harm, and future harm. The author argues that state intervention is only warranted when substantial harm to the child is present or imminent. In taking action to protect the child from harm, the author argues for the “least restrictive” intervention and states that a finding of harm should not necessarily lead to revocation of custody or restrictive visitation. Evaluators are encouraged to find ways of maintaining the parent-child relationship on the least restrictive terms with the least state involvement needed to assure the child’s safety.

The author discusses in some depth two facets of some nontraditional religious practices that are more likely to create a negative impression in the dominant culture. The first is any practice that is thought to circumscribe a child’s opportunity for education, both formal and cultural. The other is any practice that appears to limit the child’s exposure to different groups of people and teaches religious separatism. Children sharing time between two parents with differing religious beliefs and practices may be the object of concern because of a belief that this exposure will “test the child’s loyalty or...lead to a confusion that is harmful” (p. 312). The author examines and debunks this concern in detail, noting the opportunity for exposure to great cultural diversity and opportunities. Evaluators faced with assessing the impact of bireligious education are encouraged to focus on the secular benefits of this exposure and avoid arguments based on theology. Finally, the author suggests that a model of evaluation should consider the child’s age and level of spiritual development and maturity. Decisions made by the child who is of an age to decide upon and participate in initiation rituals in a particular religion, thereby making her or his religious preferences known, should be respected and considered strongly by the evaluator.

White, M., Albers, E., & Bitonti, C. (1996). Factors in length of foster care: Worker activities and parent-child visitation. *Journal of Sociology and Social Welfare*, 23(2), 75-84.

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**Objective:** To investigate factors, particularly social worker activities and parent-child visitation, that may be associated with length of foster care placements.

**Literature Review:** The article is introduced by a discussion of the field's concern with what is termed the "foster care drift" (p. 75), a phenomenon in which the longer a child is left in foster care, the more likely are parental rights to be terminated before the child reaches majority. Associations between visitation, location of child placement (relative to where the parent resides), and contact between the social worker and a child's birth parent(s) and placement duration are reviewed. The literature supports the interpretation that less frequent visits, infrequent contact with the social worker, and living a distance from one's child all increase the length of the child's placement in foster care.

**Methods & Design:** The study is retrospective in design and employed the coding of closed case files as its data collection method. For the purposes of data analysis, the sample was split by those children placed in foster care for 20 months or more and those residing in foster care for less than 20 months. This split was based on the mean number of months children in the state of Nevada reside in foster care. Data analyses are primarily descriptive in nature.

**Setting:** Las Vegas, Nevada.

**Subjects:** The authors utilized 41 case files of children (15 girls and 26 boys) under the age of 10 that had been closed between June 1990 and June 1991. The children had been clients of the Nevada Division of Child and Family Services, Las Vegas District Office. All case files reviewed were for children who had been reunified with their parents following six or more months of placement. Thirty-one children had been placed in foster care while the remaining ten had been placed with family members. Study children were predominately African-American (51%); Caucasian children comprised 41.5% of the sample. Of the remaining children, one was Hispanic and the other two were Asian American. Study children were, on average, 2.5 years of age at placement, with ethnic minority children slightly younger than average (2.1 years) and Caucasian children being slightly older (3.09 years). Mothers of study children were, on average, 25.5 years of age and fathers were, on average, 30.89 years of age. Demographically, study participants of ethnic minority backgrounds were more likely to be single parenting, experiencing

economic strain, and be either unemployed or on public assistance than study participants of Caucasian backgrounds.

**Main Outcome Measures:** Data from the review of closed case files included demographic information, information about the placement history of the child (e.g., time in care, number of placement changes while in care, visitation information), and information about social worker activities with regard to the case. Average monthly visitation was calculated by dividing the number of parental visits by the length of time the child was in care.

**Results:** The results indicated that ethnic minority children remained in foster care longer than Caucasian children (33.67 months compared to 17.89 months), experienced more placement changes (1.6 vs. 1.35) and changed social workers more frequently (2.6 vs. 1.9). Study children received an average of .759 visits per month. Children in placements for 20 or more months received significantly fewer visits than did children in foster care for less than 20 months (.51 vs. 1.02;  $t = 3.70$ ,  $p < .001$ ). In addition, children in longer term care were less likely to have visitation with their parent in a setting other than a social service agency ( $t = 4.01$ ,  $p < .001$ ). Ethnic minority children had less frequent visitation with their parents than did Caucasian children ( $t = 5.04$ ,  $p < .001$ ), and were less likely to be visited at a non-agency site ( $t = 2.84$ ,  $p < .01$ ).

Concerning contact with their social worker, parents averaged 2.008 contacts per month. As with child visitation, parents whose children were in longer term placements (20 or more months) had less contact with their social workers than parents whose children were in shorter placements (1.55/month vs. 2.49/month;  $t = 3.13$ ,  $p < .003$ ). Further, frequency of contact with the social workers was strongly and positively related to frequency of visitation with one's children ( $r = .8395$ ,  $p < .001$ ). Children who were in longer term foster care also had social workers who less frequently directly encouraged visitation with their parents ( $t = 2.61$ ,  $p < .019$ ). While not differing significantly on measures of visitation encouragement, children of ethnic minority backgrounds had social workers and parents who had less frequent problem-solving interactions ( $t = 4.91$ ,  $p < .001$ ).

**Conclusions:** The following recommendations are made based on the study results:

1. Increased efforts by social workers to encourage visitation and engage in problem-solving with parents is needed;
2. Visitation at sites other than the social service agency should be facilitated;
3. Outreach and prevention programs targeting problems of substance abuse and economic strain are needed, as are social programs to address sociological variables;
4. Development of equitable service provision and support for ethnic minority children and their families;
5. Attention to the impact placement with a family member has on length of placement and resultant effects on the child;

6. Further research on the nature and effects of the worker-parent relationship.



Zuravin, S. J. (1989). Severity of maternal depression and three types of mother-to-child aggression. *American Journal of Orthopsychiatry*, 39(3), 377-389.

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**Objective:** Two specific objectives were identified for this study: 1) to test the effect of various levels of maternal depression on three types of maternal aggression towards her child(ren) and 2) to test the effect of a mother's status with child protective services on three types of mother-to-child aggression with via a main effect or in interaction with severity of depression.

**Methods & Design:** Data were collected during an in-home interview with the mother utilizing self-report and structured interview techniques.

**Setting:** A community sample from women living in the Baltimore, MD area between September 1984 and June 1985.

**Subjects:** 518 single, very low-income mothers receiving Aid to Families of Dependent Children (AFDC) who were the birth mothers of one or more children aged 12 or younger during the month of January 1984 (the sampling month). Two hundred and thirty-seven of the women had been referred to the local child protective services (CPS) for child maltreatment and were currently in treatment secondary to their abusive behavior. The remaining 281 women, while receiving AFDC services had never been reported to CPS or received services from any child welfare agency. All participants were self-selected volunteers who had been solicited via letter and/or telephone contact. Demographically, the average subject was 28 years old with 10.6 years of education and 2.5 children living at home at the time of data collection. "Forty-three percent had never been employed, 64% had never been married, and 22% were white" (p. 832). At the time of data collection, 62% were not depressed, 23.8% were moderately depressed, and 13.9% were severely depressed as measured by the BDI.

**Main Outcome Measures:** The three types of aggression are measured using indices from the Conflict Tactics Scale: The Child Abuse Index to assess child abuse; The Physical Aggression Index to assess physical aggression; and The Verbal/Symbolic Aggression Index to assess symbolic/verbal aggression. Depression severity was measured using the Beck Depression Inventory and items from the Diagnostic Interview Schedule (used to determine the time frame of the mother's depression). CPS status was derived from agency records and coded as a dummy variable for data analysis.

**Results:** The authors used logistic regression with maximum likelihood estimates to analyze the data. They report no interaction effect between CPS status and severity of



depression on any of the three types of maternal aggression. They do not, however, report the actual statistics in association with this finding. There was no main effect for CPS status on likelihood of aggression in any category (chi-square = .56, n.s.). There was a main effect for severity of depression on all three types of aggression. For child abuse, moderate depression (but not severe depression) effects were shown (chi-square = 7.89,  $p < .05$ ); both contrasts were significant (.287,  $p < .05$  and .452,  $p < .05$ ). The contrasts were converted to relative risk estimates with moderately depressed mothers 1.35 times more likely to manifest child abuse behaviors and 1.57 times for likely to behave in these ways with a high frequency. For physical abuse, moderate depression (but not severe depression) effects were shown (chi-square = 6.34,  $p < .05$ ); only the contrast associated with high frequency of physical aggression was significant (.341,  $p < .05$ ). The contrast was converted to a relative risk estimate with moderately depressed mothers 1.41 times more likely to be frequently physically aggressive. For verbal/symbolic abuse, both moderate (chi-square = 8.13,  $p < .05$ ) and severe (chi-square = 12.32,  $p < .01$ ) depression effects were shown; only the contrasts associated with high frequency of verbal/symbolic aggression were significant for both moderate (.426,  $p < .01$ ) and severe (.525,  $p < .01$ ) depression. The contrasts were converted to relative risk estimates with moderately depressed mothers 1.53 times, and severely depressed mothers 1.69 times, more likely to be frequently verbally/symbolically aggressive.

**Conclusions:** Three main conclusions are presented. First, moderately depressed mothers are at increased risk for child abuse and acting in physically aggressive ways that are most likely to cause injury toward their children. “[S]everely depressed mothers may be less likely to abuse their children physically and to use physically aggressive behavior than are moderately depressed mothers” (p. 385). Both groups of depressed mothers are at increased risk for verbal/symbolic aggression towards their children. Second, mothers, regardless of depression severity, were similar in their likelihood to demonstrate low levels of physical and verbal/symbolic aggression, but moderately depressed mothers were more likely to use high level aggression in these areas. For child abuse, “depression increases the likelihood of both high and low levels of child abusive behavior” (p. 385). Third, past interactions with CPS, and therefore evidence of past abusive behaviors toward a child did not increase a mother’s risk of using any of the three types of aggression measured by the study. In summary, the authors suggestion, “these findings could be interpreted as suggesting that child abusive behavior in general, and high levels of physically and verbally aggressive behavior in particular, may be state-dependent...occur[ing] only when the mother is depressed” (p. 386).