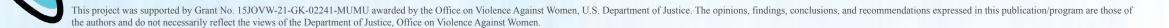


Inspire Action for Social Change Inspired Boost

Considerations for Addressing Confidentiality, Mandated Reporting, and Information Sharing in Supervised Visitation with Young People

Part 2: October 24, 2022





Confidentiality

- How is it defined?
- When is it required? (Legally, ethically)
- When is it disallowed?
- What is covered and not covered? (conversations, personal info, documents)



The Duty to Disclose (Mandated Reporting)

- Legal obligation to report reasonable suspicions of child maltreatment
- Designated reporters vary by state
- Visitation centers should have transparent, written policies
- Challenges and inequities

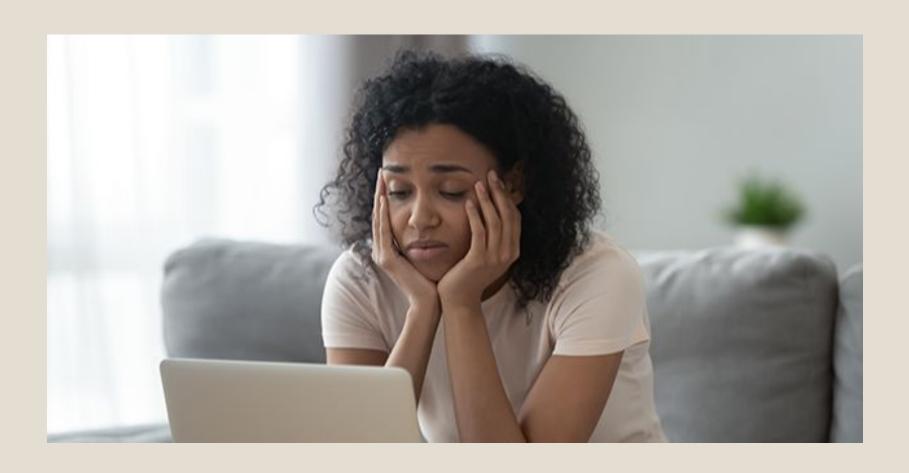


Documentation: Special Considerations

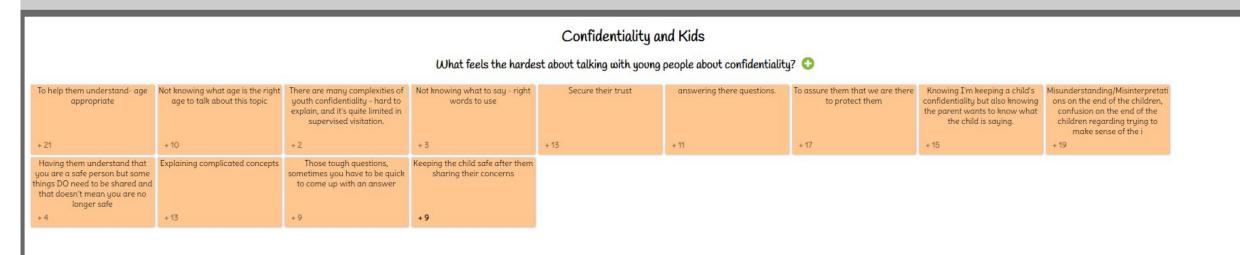
- Generally confidentiality guidelines apply to documentation
- Written records may become a part of legal processes
- Carefully consider what to document



Check In: What Feels the Hardest?



Live Collaboration Board Responses



Talking with Children About Confidentiality and Mandated Reporting

Consider:

- Age
- Developmental stage
- Cultural background



Potential Points to Cover

- Your role as a mandated reporter
- Your role in keeping the child safe
- Your inability to keep secrets or private information



Tips and Approaches

- Create an environment that maximizes comfort
- Provide the child with a non-verbal way of expressing confusion
- Avoid sarcasm, irony, and abstraction
- Pause between phrases, sentences, and after questions
- Use common words and phrases but specific names and places
- Express only one idea per comment or sentence

Sample Script

This is a safe place for you to talk and visit. When you tell me something I won't tell other people what you've said. But my job is also to make sure you have a safe visit, so I will share information you tell me if:

- You ask me to
- I believe you or a family member is in danger
- You or another child is being hurt
- I am told I have to by the law, like in a court case

Sample Script

I will stand nearby and watch you and [caregiver name] play. It is also my job to share information about how the visit goes and about your safety. Do you have any questions for me about this?



Cultural Considerations and Anti-Bias Training

- Attend anti-bias training workshops
- Read about reducing bias and increasing cultural humility
- Utilize supervision to explore personal biases
- Create a support network with trusted colleagues
- Develop a Diversity, Equity, and Inclusion Committee within your organization



Reflective Questions: Info Sharing

- What are the ramifications of sharing the information (or not) for the child? Survivor?
- What are my organizational policies regarding information sharing? How do these decisions support or endanger children and survivors?
- How might my personal biases influence my decisions?
- What supports are available to me to aid in making decisions about information sharing?

Case Example

Jenise has a court ordered supervised visitation with her father. During one visit, the visit supervisor listens as Jenise and her dad talk about the school year ending. Dad asks Jenise if she is excited for summer and what her plans are. Jenise tells her dad that she is excited to spend part of the summer on the Cape with her cousins at Aunt Nicole's house. Dad is not privy to Jenise's physical location since the court ordered supervised visitation has started.

Case Example

Tabitha has court ordered supervised visitation with her father. During a scheduled visitation time, Tabitha explains to the visit supervisor that she is afraid to visit with her dad because he has been calling and saying scary things to her and her mom over the phone. Tabitha refuses to go into the visit room and her father, Chad, demands that he see his daughter because he has a court order to do so. The visit supervisor does not want to violate the court order, but she also wants Tabitha to feel safe during the visit.

Case Example

Jeremiah has court ordered supervised visitation with his mother. Before a scheduled visit, he shares with the visitation supervisor that it really bugs him when his mom calls him "Jer-bear" and pulls his hair. He went on to share that he has asked her not to call him that nickname and not to touch his hair but she won't stop. Jeremiah asks the visitation supervisor to keep his feelings a secret because he doesn't want to create more problems with his mom. Today, he is reluctant to go into the visit with his mom and paces around the office.

Wrap Up and Next Steps

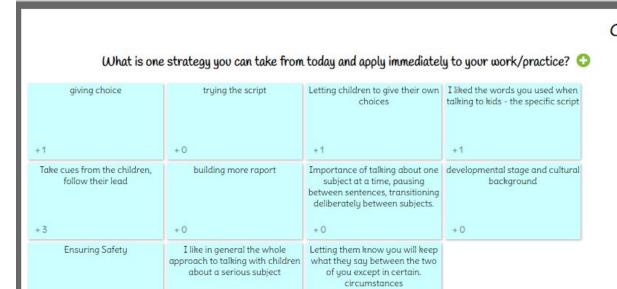
 What is one strategy you can take from today and apply immediately to your work/practice?

What would you like to learn more about or receive

additional training on?

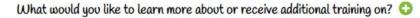


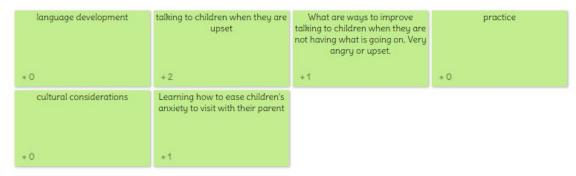
Live Collaboration Board Responses



+0

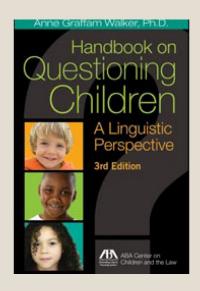
Confidentiality and Kids





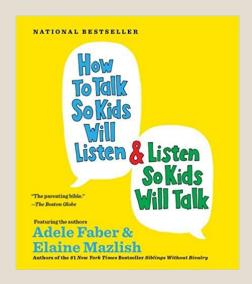
Resources

Handbook On Questioning
Children: A Linguistic Perspective
By Anne Graffam Walker



How to Talk so Kids Will Listen...And Listen So Kids Will Talk

By Adele Faber & Elaine Mazlish



Resources

Milestone Checklist - CDC

https://www.cdc.gov/ncbddd/actearly/

pdf/checklists/all checklists.pdf

theory / stage	0-6 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9-11 years
developmental theory: Sequential stages, defined by physical, cognitive and emotional milestones theorists: Sheridan M, 1997 Fahlberg V, 1994	Lifts leggrasps foot. Lifts head. Rolls over front to back. Eyes move in unison. Turns to carer's voice. Vocalises, laughs. Puts everything to mouth.	Sits and crawls. May stand alone. Picks up small objects. Uses both hands. Knows and turns to own name. Babbles. Drinks from cup. Stranger anxiety likes to be within sight and hearing of familiar adult/ caregiver.	Runs and climbs on furniture. Can walk backwards. Walks down stairs. Builds tower of six bricks. Uses 50 words. Uses 5 words. Uses 5 words. Uses 6 words. Uses 6 words. Cannot share.	Walks up stairs. Turns while running and pulling toys. Walks on tip toe. Draws person with head. Cuts with scissors. Knows full name and uses 'l'. Asks what, where and who questions. Uses fork and spoon. Dry at night. Can share.	Turns sharp corners, running, pushing and pulling. Hops and climbs. Draws person with head, trunk, legs and often arms. Speech intelligible — 1500 words. Gives name and address. Appreciates past, present and future. Helps with dressing.	Skips, dances and hops. Copies square and triangle. Writes a few letters. Draws a house. Counts fingers on one hand. Gives name, age, address and birthday. Dresses/ undresses alone.	Very active physically. Developing concentration. Wants to take on more than can manage. Often regresses to an earlier stage under pressure. Responds to praise. Co-operative but needs help.	Concentration much improved and gets very absorbed. More likely to sulk and be withdrawn when in difficulties. Easily frustrated by own failures. Learning about 'fairness' and 'luck'.	Eager but impatient with self and others. Better at group games and at losing. Has more developed sense of time. Interested in own past. Developing sense of humour and interest in jokes and riddles.	Quick and extreme emotional shifts Increasingly independent an cooperative but can be critical. Integrates learning from multiple source: Outside home and peer friendships important. Worried by mistakes and school failure.
cognitive theory: Ways of thinking about interactions with the surrounding world theorist: Piaget J. 1896-1990	sensory- motor stage Although language development and thought begins, the major developmental tasks in this stage relate to experiencing the world through the five senses (sensory): learns to crawl and walk (gross motor) and to grasp and manipulate small objects and simple 'tools' (fine motor). Learns how to learn through exploration and manipulation of surroundings, linking cause and effect for instance, understands that shaking a rattle produces noise or that sucking produces milk. Understands that objects are permanent and exist even when not visible. Beginnings of self-identity.		pre- operational stage	Capable of symbolic representations of the world in play and language. Uses toys to represent something else. Not yet capable of sustained systematic thought. Develops language and drawing to express self and experiences. Becoming less egocentric.		concrete operational stage	Able to think logically to solve problems and organise information learned. Able to: > understand that some things remain unchanged despite changes in appearance: eg. liquid in different shaped cups > mentally reverse a process or action > concentrate on more than one aspect of a situation at a time > deduce new relationships from earlier ones: eg. if pencil A is longer than B and B is longer than C, then A must be longer than C > order things in sequence > group objects on the basis of common features Begins to think logically about concrete events but difficulty understanding abstract concepts or general principles applied to specific events.			
psychosocial theory: Specific developmental stages or social 'crises' which need to be resolved in a pre-determined sequence although uncompleted stages can be resolved at any time theorist: Erikson E, 1902-1994	trust vs mistrust First feelings form about the world and whether or not it is a safe place, based on the level of familiarity, consistency and continuity of carers and care-giving. Positive experiences lead to a belief that people are reliable and loving. Trust, security and hope or the strong belief that the world is a good place develop. Unreliable or inadequate care leads to fear and inner mistrust of the world. May be apprehensive, insecure and mistrustful.		autonomy vs shame and doubt Increasing self-awareness and desire to do things themselves. Will power develops; defiance, tantrums and stubbornness may appear. Needs safe space for experimenting without shame or ridicule as new skills are tried out (eg, food choices, toy preferences, clothing selection). Displays pride in assertion of choice and autonomy. Failure to manage transitions lead to feelings of worthlessness and inadequacy, doubting own ability to act autonomously. Low self-esteem and a tendency to be overly dependent on others can develop.		initiative vs guilt Conscient and imagination develops. Understanding of what people expect of them and with some responsibility for own actions. Begins to assert power and control over the world through directing play of all sorts, including fantasy. Learns to cooperate with others and to lead as well as to follow. Initiative grows when encouraged to make plans and express fantasies safely, developing new skills and abilities to learn, enjoy, and achieve mastery. Has sense of purpose and feels capable. Attempts to exert too much power lead to experiences of disapproval, and feelings of guilt develop. Can become fearful, hang on the fringes of groups, continue to depend unduly on adults. Displays limited play skills and imagination. Initiative is squashed where carers interfere with, interrupt or control free play, create too many strict boundaries or force too much responsibility.		industry vs inferiority Wants to learn, stick to tasks, do things well and learn from others. Possibly competitive. Consciously putting problem-solving and language skills to work. Through social interactions, begins to develop pride in accomplishments and abilities. Encouraged and commended by parents, teachers and peers, a sense of competence and belief in skills develops. Prior mastery of trust, autonomy and initiative provides the basis for increasing self-discipline, application and industry. Repeated failure and criticism leads to frustration and inadequacy. The mistrusting child will doubt the future; the shame-and-guilt filled child will experience defeat and inferiority which can be exacerbated by racism and sexism.			

www.rip.org.uk/frontline

This chart should help you to understand the development stage of children you are working with and whether there are grounds for concern and further investigation. It shows the stages of typical development. You will of course need to consider it alongside the specific circumstances of each child, and will want to consider abilities as well as needs. It is important to note that the sequence of attaining development milestones is important as well as the age.

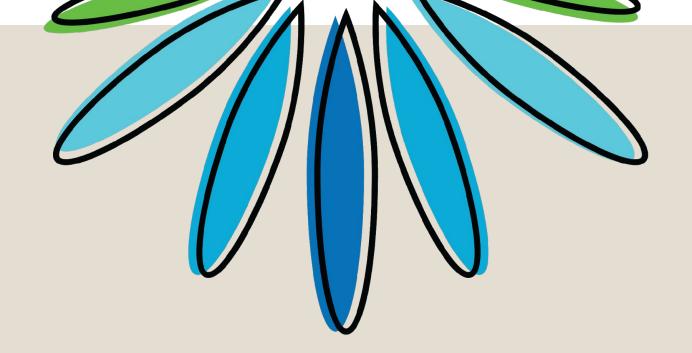
Presenters Contact Information

Aurora Smaldone

aurora.smaldone@gmail.com

Jasmyn Brown

Jasmyn.Brown@mainehealth.org



We are here to provide you support - please contact us anytime!

Amrita Hanjrah (she/her): amrita@inspireactionforsocialchange.org
Beth McNamara (she/her): beth@inspireactionforsocialchange.org
Jennifer Rose (she/her): jennifer@inspireactionforsocialchange.org