

Parent Engagement in Supported Supervised Visitation in Child Welfare

Jooree Ahn

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Clarence Spigner

Susan Barkan

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Jooree Ahn

University of Washington

Abstract

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Jooree Ahn

Chair of the Supervisory Committee:

Professor Clarence Spigner

Health Services

Background: Much attention is being paid to how workers can successfully engage child welfare involved parents early on in their dependency cases. Increasingly, parent engagement approaches are being recognized as the foundation of good casework practice. These approaches mark a shift towards including, even featuring, parent input and perspectives and provide insight into how greater parent involvement in services can be achieved.

Intervention: From June to November 2015, the University of Washington, School of Social Work partnered with Department of Social and Health Services, Children's Administration and a visit provider agency in Pierce County, WA to conduct a pilot study of *Strive*, a parenting support program founded upon child welfare practice knowledge and research evidence on client engagement. The program is structured around supervised parent-child visits for families with children in out-of-home or foster care.

Methods: Five families, consisting of six parents and six children met the eligibility criteria and were recruited for a 15-week pilot study of the program. Two *Strive*-trained Visit Supervisors delivered the program. Parents participated in three structured phone interviews with open-ended questions investigating the quality of the parent-Visit Supervisor relationship within the *Strive* program and any impacts on the parent-child visit.

Results: Findings from a qualitative analysis of the data suggest that parents formed positive relationships with their Visit Supervisors and that client engagement, conceptualized as four dimensions: receptivity, buy-in, working relationship, trust, was achieved. Overall, parents affirmed that family connection and visit stability was enhanced due to the influence of the *Strive* program. No limitations were stated about the involvement of the Visit Supervisor and important curricular revisions were recommended.

I. Background

Parent Engagement in Child Welfare Services

Client engagement, defined by Yatchmenoff (2005) as “the positive involvement in a helping process,” has been established as a critical topic in the child welfare discourse and practice literature with regard to the parent-worker relationship (p. 86). Engagement may also be more generally known as “commitment and active participation,” and is often contrasted with perspectives of involvement that are defined primarily by compliance, attendance, or usage of services (Cunningham et al., 2008; Larsen-Rife & Brooks, 2009). Perspectives on engagement, on the other hand, tend to encompass both the client point-of-view as well as entail a productive and largely positive partnership between client and worker. Though definitions and conceptualizations may vary widely around this, engagement is most often characterized by the initial phase of a client and worker’s involvement with one another and is considered an important period for forming successful helping relationships that determine important family outcomes in child welfare (Cash & Berry, 2003).

Barriers to Engagement

Parent engagement in child welfare and related services has been connected to the promotion of safety and well-being of children and the reunification of families that have been separated as a result of child welfare involvement. However, there has been little empirical evidence firmly establishing this link, which may be some indication that it is not yet well understood and may manifest in a broad range of attitudes and behaviors. Engagement may difficult to understand also because of the hardships related to child welfare involvement, such as poverty, homelessness, mental health issues, substance abuse, and domestic violence, which create barriers to active involvement, and may continue to affect parent’s ability to participate in child welfare services. Foremost, families involved in the child welfare system often face economic insecurity and lack access to supportive resources (Marcenko, Hook, Romich, & Lee, 2012). The Children’s Defense Fund reports that “children who live in families with an annual income less than \$15,000 are 22 times more likely to be abused or neglected than children living in families with an annual income of \$30,000 or more” (2005). Indeed, by 2014, the Children’s Defense Fund reported that poverty

was the single strongest predictor of child abuse and neglect, especially when parents also face challenges such as substance abuse, untreated mental health problems, and domestic violence, and don't have access to the services they need (p. 36). This does not mean, however, that most poor parents maltreat or neglect their children – in fact, a very small percentage of families ever interact with the child welfare system.

While not establishing a causal link, child welfare research continually associates child maltreatment with poverty, demonstrating that children living in families with fewer economic resources are at greater risk for abuse or neglect than those from a higher socioeconomic status (Cancian, Slack, & Yang, 2010).

Poverty is a factor that may persistently impede successful parent engagement, and is also a condition that commonly co-occurs with substance abuse issues, mental health problems, and domestic violence--all negatively associated with engagement (Littell et al., 2001). Indeed, the greatest barrier to treatment and services for these latter factors has been identified as poverty (Rockhill et al., 2008).

A lack of skills, information, and parenting knowledge may also serve to reduce parent engagement. In a study conducted by Brown (2006), mothers involved in the child welfare system reported needing support in navigating the system and its policies and practices, communicating effectively, and managing their emotions so that they can be present for their children and meaningfully engage with their workers. In her research, Azar (2009) suggests that child welfare involved parents may also need to develop social cognitive processing, impulse control, social skills, and stress management skills, and that these abilities are crucial for supporting and sustaining healthy parenting in the long term, and decreasing the chances of re-entry into the child welfare system (p. 127).

The emotional and interpersonal complexities that child welfare involvement and parent-child separation evoke for clients also pose significant barriers for achieving parent engagement. In a study investigating the perspectives of parents of children recently placed in foster care, researchers found, unsurprisingly, that many of the parents interviewed described feelings of grief, trauma, and rage with regard to the forced separation from their children (Haight et al., 2001). Child welfare involvement also often entails interpersonal tensions between foster or relative caregivers and biological families, and the pain, anger, fear, and humiliation that parents feel about the loss of their child to foster or relative care

and the supervised visiting plan (Loar, 1998). The complexity of emotional trauma and stressed relationships are significant dimensions that characterize “non-voluntary clients”, and they illustrate some of the difficulty in engaging parents with children in out-of-home care in a working relationship.

The “Gold Standard” of Practice

Despite these profound obstacles to active parent involvement, there is strong evidence to suggest that these barriers may still be mediated by a consistent and comprehensive engagement approach. Indeed, the child welfare field is beginning to respond. Much attention is being paid to how workers can successfully engage difficult to reach clients early on in their cases, and the use of engagement approaches have become known as the “foundation of good casework practice” (Child Welfare Information Gateway, 2010). Kemp, Marcenko, Hoagwood, and Vesneski (2009) recommend six overlapping engagement strategies developed from a review of relevant research and practice knowledge. These include: “(1) early outreach and responsiveness to parents’ identified needs and priorities; (2) practical help; (3) knowledge, skills, and efficacy in engaging, understanding, and navigating complex issues and systems (education and empowerment); (4) supportive, respectful, culturally relevant, and available relationships with birthparent peers, foster parents, and child welfare workers; (5) consultation and inclusion in planning, decision making, and service provision; (6) policy, organizational, and administrative practice that supports inclusive, family-centered, and culturally responsive practice” (p. 110-111).

As these “gold standard” approaches above may reflect, current conceptualizations of engagement tend to represent a shift away from understanding parent involvement solely from the perspectives of professionals and providers, who tend to focus on compliance or usage of service. Instead, engagement practices mark a shift towards including, even featuring, parent input and perspectives—considering parent attitudes (e.g. hope, motivation, buy-in) and experiences within the system (e.g. whether they feel valued, respected, and cared for) and providing insight into how these factors impact parent involvement (Littell et al., 2001, p. 3). Understanding parent experiences is singularly important; a major challenge that child welfare workers have long faced is meaningfully engaging “non-voluntary”

clients in a process that is predominantly driven by parent compliance and concerns for child-safety rather than family preservation. An engagement approach that acknowledges and is responsive to the effects of child welfare involvement holds substantial promise. It is a realistic strategy for achieving and sustaining parent involvement when the child welfare field is so often viewed as the primary cause of tremendous pain and trauma for families. Research and practice knowledge firmly establishes that an inclusive and supportive strategy is simply good practice for creating positive and productive worker-parent interactions (Dawson & Berry, 2002). The 2007-2008 Child and Family Services Reviews (CFSRs) reported that a qualitative study of the three highest performing metro sites found that child and family involvement in case planning was correlated with the following outcomes: 1) active engagement of noncustodial and incarcerated parents, 2) family-centered and strength-based approaches (e.g., team meetings, mediation) effective in building working relationships, and 3) strong rapport developed between workers and parents (U.S. Department of Health and Human Services, 2009).

Supervised Visitation

Supervised visitation is face-to-face contact between parents and their children in foster care that is scheduled in advance in a neutral setting and often supervised by a worker, known as a Visit Supervisor, who is present to ensure child safety and document concerns (National Resource Center for Permanency and Family Connections, n.d.). As far back as 1992, Hess & Proch referred to family visiting as the "heart of reunification". Visits between parents and children have long been identified as important for permanency planning and increasing the likelihood of family reunification. The association between supervised visitation and family reunification is also strongly supported in the child welfare literature (Ansay, Perkins, 2001). At the case level, it is often a requirement of family reunification plans that parents maintain consistent contact with their children by attending visits (Davis et al., 1996), and courts will also lay down this condition as a way for parents to demonstrate a level of "fitness". Visits are also seen as opportunities for child welfare professionals to assess parent-child interactions and the quality of the relationship (Kessler and Green, 1999). For families, positive visit experiences are important for child well-being and maintaining and strengthening family relationships (Davis et al., 1996).

Research on parent-child visits demonstrates that children in out-of-home care who have frequent visits (once a week or once every two weeks) show fewer behavioral issues than those who have infrequent visits (once a month or less or not at all). Children who had frequent visits also showed less anxiety and depression than those who had infrequent visits (Cantos & Gries, 1997). Children in foster care who were visited frequently by their parent(s) were more likely to experience: higher well-being ratings, better adjustment to placement, shorter stays in foster care, and family reunification (Hess, 2003). Evidence on the efficacy of parent engagement practices and the particular importance of regular visitation on child well-being and permanency outcomes strongly suggests that the parent-child visit is a promising setting for delivering timely parenting support that is likely to increase the chances of positive family outcomes.

Strive Parenting Support

Strive is a parenting support program developed by Partners for Our Children (POC), a research affiliate of the University of Washington out of the School of Social Work, in collaboration with the Washington State Department of Social and Health Services (DSHS), Children's Administration (CA). The program was conceived as a model that bridges research evidence on client engagement in social services and the practice knowledge of the child welfare field with the aim of supporting the positive involvement of families in parent-child visits. The primary goals of the intervention are to introduce and strengthen parenting skills to improve family functioning and promote child safety and well-being. The program consists of 15 one-on-one sessions that are delivered by a Visit Supervisor who is trained in the *Strive* curriculum. Visit Supervisors deliver tailored, one-on-one parenting sessions to parents right before the parent-child visit, provide support parents during the visit as they supervise, and offer feedback right after the visit. Each *Strive* session and visit is organized in three main parts as follows:

- 1) One-hour, one-on-one session between parent(s) and Visit Supervisor
- 2) Visit Supervisor-supported parent-child visit (typically 2 hours)
- 3) 15-minute visit debrief between parent(s) and Visit Supervisor.

The *Strive* program model is based partly on four basic principles, derived from the research literature and practice knowledge, that form the foundation for a helping process that is centered on parent-child visits. It is comprised of approaches that are: strengths-based, relationship-focused, evidence-informed, and trauma-informed practices (see Table 1). These principles have shaped the *Strive* curriculum, as well as informed Visit Supervisor practices in engaging parents in visits:

Table 1.

<i>Strive</i> Principals of Supporting Parent-Child Visits	Definition
Strengths based	Practice that acknowledges each parent and family's unique set of strengths and challenges, and engages the parent as a partner in developing and implementing a visit plan. (National Technical Assistance and Evaluation Center for Systems of Care, 2008)
Relationship focused	Practice that acknowledges that client change and satisfaction with the outcome of services occur within the context of a supportive, empathic and engaging relationship with the worker. (Clinical Counseling in Child Welfare Committee, 2010).
Evidence informed	Practice that uses the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to families' cultural backgrounds, community values, and individual preferences. (Child Welfare Information Gateway, 2011)
Trauma informed	Practice that responds to the impact of traumatic stress on parents and children who have contact with the child welfare system. Programs and agencies infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with parents, using the best available science, to facilitate and support the recovery and resiliency of the parent and child. (The National Child Traumatic Stress Network, n.d.)

Designed for Child Welfare

The program consists of an array of topics, each one designed for a specific set of circumstances commonly faced by child welfare-involved families, such as how to respond to child cues, developmentally appropriate parent-to-child communication, guidance, and expectations, stress reduction, and positive communication with people involved in the child welfare case. It also responds to the fact that current evidence-based programs are not well developed for use with child welfare involved families, and are also cost-prohibitive. Instead, *Strive* is intended to be affordable and responsive to the needs of child welfare populations. *Strive* is also a feasible model for serving all Washington state families with

children in out-of-home care simply because it builds upon an existing service and workforce. The fact that *Strive* utilizes the parent-child visit as its setting is very important also because it is the only time parents have contact with their children. Taking advantage of this, *Strive* is designed to be comprehensive—as described above, it is delivered before, during and after visitation. *Strive*-trained Visit Supervisors prepare parents for the visit, provide help in the visit when needed with just-in-time support, and debrief with parents after children leave the visit site. Thus, the program structure is highly amenable to parents' limited contact with their children.

Strive Pilot Study

From June to November 2015, POC partnered with DSHS, CA and a visit provider agency in Pierce County, WA to conduct a pilot study of the *Strive* program to assess the feasibility of program implementation, the appropriateness of the curriculum for a child welfare population, and parent receptivity to the curriculum. Due to the intensive collaboration with the child welfare field, the pilot study was exempted from Internal Review Board (IRB) review. The program was initially tested with two *Strive*-trained Visit Supervisors and five child welfare involved families (six parents and six children) with children in out-of-home care, early on in their dependency cases. POC requested that participating parents provide feedback in a 10-20 minute phone interview about how each session and visit went immediately after their parent-child visit and visit debriefing with their Visit Supervisor.

In the full study, researchers were interested in whether parents (1) responded positively to the curriculum, (2) were able to or attempted to apply the parenting skills covered in the session during their visits, and (3) were positively involved in a helping process with their Visit Supervisors, and whether this relationship was associated with receptivity to the program and positive parent-child visits. This paper will focus on this last aspect of the research interests, or parent's involvement with a Visit Supervisor. The following research questions were developed specifically to investigate the quality of the parent-Visit Supervisor relationship within the *Strive* program:

Research Questions:

1. Is the involvement of parents with a Strive-trained Visit Supervisor positive?
2. What do these parents perceive as the benefits of their involvement with a Strive-trained Visit Supervisor?
3. What do parents perceive as the limitations of their involvement with a Strive-trained Visit Supervisor?
4. Do parents perceive the Strive-trained Visit Supervisor as helpful to their parent-child visits?

II. Methods

Eligibility criteria

Families needed to meet the following eligibility criteria in order to be enrolled in the *Strive*

Program pilot study:

1. Have a child(ren) who will be or has been placed in out-of-home care and is expected to remain there long enough to complete a 15 week program.
2. Have at least one child between the ages of birth and 8, preferably no more than 2 children total that would be visiting at the same time.
3. Able to speak English
4. Parent eligible for visits (eg. Parent doesn't have no-contact order)
5. Parent available to visit with child(ren) over a 15-week period and able to visit during the hours of operation of the visit provider

Families that did not meet all of these criteria at the time of consideration were excluded from entry into the service referral process.

Referral and Recruitment

Enrollment in the Strive pilot study was open from June 8 to July 17, 2015. When a family with children that entered out-of home-care in the Peirce South CA office met the eligibility criteria outlined above, the following recruitment procedure was enacted:

1. The Family Team Decision-Making (FTDM) meeting¹ facilitator² alerted the caseworker about the Strive program, and the family's eligibility.
2. The caseworker invited the family to participate in the Strive program pilot study during the FTDM meeting.
3. If the family was interested in participating, the caseworker sent a referral to the Children's Administration's (CA) parent-child visit (PCV) Regional Gatekeeper³ for the family's assignment to the Visitation Provider piloting the Strive program.

¹ **Family Team Decision-Making (FTDM) meeting** is a facilitated team process which can include birth/adoptive parents, guardians, extended family members, youth (as appropriate), community members, service providers, child welfare staff and/or caregivers. These meetings are held to make critical decisions regarding the placement of children following an emergent removal of child(ren) from their home, changes in out-of-home placement, and reunification or placement into a permanent home. (DSHS, CA)

² **FTDM meeting facilitator** is a trained process expert who works with the caseworker to lead the group through the decision making process. The facilitator is a full team member who, like other agency personnel, is responsible for high quality decisions. (DSHS, CA)

4. The Visit Supervisor notified the Gatekeeper whether a Strive-trained Visit Supervisor was available to take the case. If no Visit Supervisor was available, the referral was sent back out for the normal parent-child visit vid process.
5. For families successfully referred to the Strive program, the assigned Visit Supervisor contacted the parent to complete the informed consent process to participate in the Strive program and phone interviews and were informed of the \$10 gift card incentive after completion of each of the 15 phone interviews.

Five families, consisting of six parents and six children met the eligibility criteria and were recruited for the pilot study. One family consisted of two parents that attended visits together. Parents were 50% female, 50% male. Four parents were White, one was African American, and one was White and Hispanic. Two parents reported homelessness. Parents' mean age was 29 and children's was 3.5. Two Visit Supervisors delivered the program, both female—one African American, the other White.

Data Collection

After each weekly session and visit, parents were directed to a room at the visit site to be interviewed by phone. Using an on-site landline phone, parents called a dedicated Skype phone number that connected them to a Strive interviewer. Phone interviews were approximately 10-15 minutes long. The final interview was approximately 20 minutes long. Some interviews were conducted a few hours or days after the session took place, in cases where parents had conflicting schedules. Interviews were not conducted for weeks where no session took place. Parents received a \$10 gift card from their Visit Supervisor for every interview completed, and a \$20 gift card for completing the final 20-minute interview.

Engagement-Focused Interview Questions

The interview questions pertaining to the research questions stated above appeared in the interviews that followed three sessions and their corresponding visits: Sessions 3, 8, and 15. There were a total of 28 interview questions over these three time points that focused on aspects of parent engagement. In developing the interview questions, researchers drew heavily from the work of Yatchmenoff (2005), who developed and tested a multidimensional measure of client engagement in child welfare services

³ PCV Regional Gatekeeper receives referral requests from the caseworker for parent-child visits and puts out bids to Visit Providers. (DSHS, CA)

consisting of five dimensions: receptivity, expectancy, investment, working relationship, and mistrust.

Through factor analysis, this measure was modified to include only the following four dimensions:

receptivity, buy-in (combination of expectancy and investment), mistrust, and working relationship.

Findings from her work suggested that the instrument demonstrated good potential for measuring aspects of client engagement. These are defined as follows:

Table 2.

Yatchmenoff (2005) Dimensions of Client Engagement	Definition
Receptivity	Openness to receiving help, characterized by recognitions of problems or circumstances that resulted in agency intervention and by a perceived need for help
Buy-in	The perception of benefit and commitment to the helping process; a sense of being helped or the expectation of receiving help through the agency's involvement, characterized by active participation in planning or services; a feeling that things are changing (or will change) for the better, characterized by goal ownership, and initiative in seeking and using help.
Mistrust	The belief that the agency or worker is manipulative, malicious, capricious, with intent to harm the client
Working relationship	Interpersonal relationship with worker characterized by a sense of reciprocity or mutuality and good communication

Adaptation

For the pilot study, open-ended interview questions were adapted from Yatchmenoff's closed-ended, Likert-scaled questions developed to measure the four engagement dimensions. Below is sample of the questions from the interview that followed Session 8, which was about half-way into the program:

Table 3.

Strive Session 8 Engagement Interview Questions	From Yatchmenoff (2005) Client Engagement in Child Protective Services Measure
A. So far, how has it been working with your Visit Supervisor to get ready for visits?*	
B. To what extent do you and your Visit Supervisor agree on what's best for your child(ren)?	My worker and I agree about what's best for my children. (Working relationship)
C. To what extent is there mutual respect between you and your Visit Supervisor?	I think my caseworker and I respect each other. (Working relationship)
D. To what extent do you trust your coach to be fair and see your side of things?	I feel like I can trust CPS* to be fair and see my side of things. (Mistrust)
E. How do you feel about asking your Visit	

Supervisor for help like services or resources? How about your caseworker?*	
F. To what extent can Strive help you and your family get what they need from visits?	I believe my family will get help we really need from [CPS]. (Buy-In)
G. To what extent do you think participating in Strive is doing your child(ren) any good?	I think things will get better for my child(ren) because [CPS] is involved. (Buy-In)
H. To what extent do you believe the Strive program is helping your family get stronger?	I believe [CPS] is helping my family get stronger. (Buy-In)
*these questions were developed independently	*CPS: Child Protective Services

Yatchmenoff's measures were originally designed for parents to rate the qualities of their involvement with their Child Protective Services (CPS) workers. However, the position held by a Visit Supervisor in relation to a parent is qualitatively different both within the context of traditional visits and even more dramatically so within the context of Strive-supported visits. For example, the primary role of the CPS worker is to determine whether a child's safety is at risk and whether intervention is necessary to protect the child from harm; the role of the Visit Supervisor is to monitor the parent-child visit in order to ensure the safety and well-being of the child; and the role of a Strive-trained Visit Supervisor, in addition to the original duties, is to support the parent in having positive visits by equipping parents with the tools necessary for safety and overall child well-being. Therefore, as some questions were not sufficiently relevant to parent-Visit Supervisor interactions, they were omitted and were not adapted into open-ended questions used in the final interview tool (See Appendix A).

Questions were also developed and added to the interview to supplement the Yatchmenoff-adapted questions. For example, questions were asked to allow parents to speak generally about their experience with their Visit Supervisor, without being prompted to answer about a particular aspect of their relationship (Question A). Parents were also asked to comment on how their relationship to their Visit Supervisor in relation to asking for help differed or did not differ from that of their CA caseworker (Question E). Finally, qualitative methods were used in order to explore the emerging dynamics and potential effects of what is a relatively new client-worker relationship within a child welfare setting and is yet in its infancy of being understood. A *Strive*-trained Visit Supervisor represents a dramatic shift in child welfare practice, particularly in the provision of visitation services, and its potential effects and

limitations are still unknown. Thus, exploratory qualitative research methods were employed to more comprehensively capture parents' full experience of the program.

III. Analysis

Calls were audio recorded, and then transcribed after each phone interview. A qualitative analysis plan based primarily in grounded theory was implemented to analyze a total of 14 interviews from six parents at three different time points. No qualitative software package was used. Coding was done by hand and using Microsoft Word.

First, the primary analyst employed open-coding—dividing the data into similar groupings that emerged, which served to form a preliminary grouping of the data. Then, axial coding was performed on these preliminary groupings to form categories for the development of an initial codebook of open codes. Codes were defined and guidelines were written to instruct coders when to use each code. At this juncture, a second coder was introduced to code the data using the codebook, and matched these against that of the first coder (primary analyst).

Finally, both coders collaboratively revised the codes—including new codes and eliminating or collapsing codes. Through successive integrations of categories, 16 themes emerged. Using the finalized codes, the primary analyst organized the codes by their relevance to the four research questions. Finally, in a process of selective coding, the themes were used to form a theory of change.

IV. Results

Parent responses to the qualitative interviews produced the following themes. Themes were grouped according to their relevance to the research questions. To reiterate, interview questions were developed to answer the research questions, using Yatchmenoff's client engagement measure as a guide for adaptation.

Positive Relationship

The first research question investigates whether the involvement of parents with a Strive-trained Visit Supervisor is positive. This question may comment on the concepts of “working relationship” and “mistrust” described by Yatchmenoff since the presence/absence of these dimensions likely show signs that a positive relationship has been formed. Thus, we asked parents to characterize their Visit Supervisor asking questions related to their working relationship with their Visit Supervisors and level of trust. The responses that emerged related to how parents perceived their Visit Supervisor’s role, what they saw as being important components of a working relationship, and their level of trust and agreement. We took the quality of these responses as markers of a positive or negative relationship. The following responses emerged as a result of investigating this first research question:

Roles

A clear indication of the nature of the parent-visit supervisor relationship seemed to be how parents described and characterized the role and purpose of the Visit Supervisor, which was further defined by how parents compared and contrasted their Visit Supervisor’s role with that of their caseworker. The “role” that parents described seemed primarily to be a helping role.

“From Day 1, [the Visit Supervisor] told me she was here to help me. The social worker seems amazing, but I don't think she's there to help me.

To me, it just seems like the [Visit Supervisor] is there for helping the kids and me together, and the social worker, I don't know that they are there to help me. I don't feel that.”

Working relationship with a Visit Supervisor

The concept of a “working relationship”, from parents’ point-of-view, seemed to consist of the following elements: power-sharing⁴, respect, family-centeredness⁵, non-judgment, and motivational support. Parents made the following comments and ones like these about their Visit Supervisor with regard to their working relationship:

Power-sharing:

⁴ **Shared power:** Families are their own best advocates. They are decision-makers on a collaborative team. Confident and competent families empower their children to achieve success and well-being. (Alaska Office of Children's Services, 2009)

⁵ **Family-centered:** Working with the family *unit* to ensure the safety and well-being of all family members. (Child Welfare Information Gateway, n.d.)

They show you, they actually do it with you, and you understand it. And if you don't agree with it, you say, you know in my experience, there is other ways.

Respect:

I'd say there's a lot of respect there. I can just tell by the way she talks to me--her tone of voice, just the way she presents herself.

Family-Centered:

I thought [the Visit Supervisor] did a good job getting to know us as people and parents and so was able to guide us into areas of improvement, right off the bat.

She asks how are we doing personally. She asks for me personally, she asks how my work is going, how my counseling is going. She cares, and we appreciate that so much.

Non-judgment:

I never felt [the Visit Supervisor] judge me.

Motivational support:

She has a way of building you up and telling you how great you're doing.

Someone has got your back, and is on your side, and wants you to win and succeed, and to help you. Almost like she is in the fight with you rather than doing it all by yourself.

Trust

When asked about whether mutual trust existed between parents and their Visit Supervisors, trust was described as a component that interacts with or is demonstrated by other aspects of a working relationship:

Yeah, I can trust her. It's pretty much her actions, just the way she is in general, it's not any one thing. I can tell she's pretty much there for the best of everything...the kids...myself. She's there to help, not judge or make decisions for me, but she's there to help if I'm having problems. If I couldn't trust her, she wouldn't be able to help at all.

In this comment, the parent relates trust with a sense that the Visit Supervisor's approach is family-centered, and non-judgmental, and as a whole confirms to the parent that the Visit Supervisor's role is a helping role.

I don't keep any secrets from her. Because I trust that even if I used this morning or last night, I would tell her. Because even if I were going to get in trouble, she would still stand beside me, fighting with me. She's the only one rooting for me; she's the only one telling me what I'm doing good and believing in me, so I would never lie to her...I'm bad at asking my caseworker for things I need, I don't communicate with her.

In this comment, the parent relates trust to the motivational support that the Visit Supervisor provides.

The parent's trust in this support allows her to ask for help, which is implied by the parent's admission

that she is unable to ask for the caseworker's help due to the suggested the lack of trust in that relationship.

Agreement

Assuming that agreement is necessary for a functional dynamic, mutual agreement was taken as another aspect of a working relationship that was specifically asked about, and also further indicative of power-sharing. When asked the extent to which parents agreed with their Visit Supervisor about what was best for their children, all parents in all three interviews confirmed that they consistently agreed with their Visit Supervisor. Two parents elaborated:

I'd say we pretty much agree on everything. She understands what's going on...she understands how hard it is. You know, she's there so, she helps out. For example, we do a stress reduction thing before every visit, and she just asks me which one I'd like to do and would work for me. She pretty much just gives me choices.

This parent relates agreement with the parent's ability to make choices.

I'm happy with the way we make decisions. Our sessions are always positive. She gives you good feedback, and she steps in when she needs to step in, and lets things go when she can, you know. She gives me time and room to make little mistakes if it's safe, so I can grow, and I'll catch myself. So she's very respectful. I'd say we pretty much agree on everything.

Here, agreement is related to the Visit Supervisor's respect for parents' ability to be their own guide unless safety becomes an issue.

When asked the following question after parent's third session with a Visit Navigator, "So far, how has it been working with your coach to get ready for visits?" four parents responded positively, and one parent remarked more neutrally, "I guess it's okay, like I tell her, to me, it's just like a normal day with my kids. I don't do anything different that I haven't done in the past."

Program Benefits

The second research question investigates parents' perception of the benefits of their involvement with a *Strive*-trained Visit Supervisor in the *Strive* program. Parents articulated the following as the benefits they perceived from the program: receiving or anticipating help parents want, gaining new or reinforced learning, being informed about the roles and expectations that are a part of visiting, connection to resources, and hopefulness about reunification. Parents' naming of benefits were taken as indicators of

parents' receptivity to help and some level of their buy-in. The following comments were made by parents on this subject:

New Learning

Certain visits I might have had challenges on, depending on how my daughter was acting that day. Honestly, probably the very last visit was the hardest one with her. She didn't want to eat her food, which is fine, but she wasn't going to get her treat if she didn't eat her food. Normally, I would probably just go ahead and give her the cookie anyways, but being in the program, it just made me realize that if I do that, that's what she's going to expect all the time. So, I didn't and I let her deal with her issues on her own while me and my son played a little bit, and so she decided to get up and go eat her food on her own.

She gives extra insights to things. I didn't realize a lot of the stuff if you repeatedly saying things to kids they're going to get it, not just once in a while.

There is some stuff that we did know and, little things, some stuff that we didn't know. Any information to help us take better care and be better parents to our kids is the best information.

Being Informed about Visits

I was going through not feeling prepared, and like I didn't have the right information about visits, and that I was not being set up to succeed. I think Strive is meeting those needs for me now; they've been great.

Resources

She turned me on to this lady. She's like an advocate lady. She's going to court with me. That was another big fear of mine, going to the courtroom by myself and stand there alone. [The Visit Supervisor], she couldn't come. If I asked her, and she was able to, she'd probably go, but she couldn't stand next to me; she could only be there. That lady is going to refer me to a treatment program.

I was homeless at one point, so she was helping me, and so she got help, and the other Strive coach too. Because I don't have Internet, she helped me over the phone apply for housing.

Reunification

She said we have four more sessions to go. It's been great. I feel like I have improved tremendously. Hopefully, this goes a long way towards helping us getting our kids back.

Cognitive Processing

Another benefit, not explicitly articulated by parents as benefit, but gleaned from responses, may include greater social cognitive processing, which describes the pathways between parenting schemas, parent attributions of children and child behavior, and ultimately parental responses to children. Schemas include parental perceptions of levels of control and efficacy as well as understandings of their children's developmental needs and parental attributions of children (Azar, 2009). Elements alluding to greater

social cognitive processing appeared repeatedly in parents' in the comments regarding the new knowledge they had gained.

It helps me be a better parent and it helps with myself too. Like today, it really helped give me ideas and [baby] cues to look up. Other times it helped me to recognize a lot of things with my babies. Also when I see my two year old, what is a tantrum and what are different cries? It helped me figure out what do my kids want what do they need, why are they acting like this, what do I need to do to take care of them. It's helped me become 10 times of a better parent. It helped me realize how much I miss them; I just want to get them back.

I am paying attention to him and what he wants. The cues, if I am not paying attention, I won't realize he is hungry or whatever. It kind of wakes you up to pay attention a little more to what he is telling you. At this point we feel we are ready. Strive has been tremendous for us. Learning the psychology of being a parent and the whole mental aspect. It shined a light on what I was doing wrong. I can't do those things anymore. I learned to be a better [parent] from the program.

*It's a program that helps you take steps toward becoming a better parent and make better choices as parents. And basically how to take care of mostly your child's emotional needs, which is how I see it, which is mostly emotional stuff. And the stuff in your life that will affect your child in general. I would describe it as an essential thing to help you learn how to cope with everyday situations that you're going to have to be faced with. And it gives you...it makes you **think** for visits. You can't just have a fun time, you still have to be thinking about, like, am I doing it right?*

Just the help with recognizing certain emotions with my kids that maybe I wasn't really. . . I mean, not that I wasn't really aware of, but maybe didn't know how to deal with.

Most of the stuff, like the reading and crying, I really didn't know the difference between cries. I would pick my baby up and just think they were crying because they wanted attention.

Acknowledgement

Another dimension of “receptivity” may be parents’ acknowledgement of the parenting concerns their caseworkers may have and the actions necessary to address these. This latter benefit, may provide some important implications about the importance of an engagement approach in a parent’s willingness to address these concerns. Similar to social cognitive processing, this kind of acknowledgment requires parents to understand the extent of the control and efficacy they have. However, these statements more explicitly recognize problems and may provide important implications about engagement and parents’ readiness to change or seek solutions to the difficult problems they face.

I thought I was a perfect mom, but then I realized with this Strive, it does help.

It's been a while since we've been [in visits]. I can see my daughter's eyes start to lose trust. Like, 'why are we still coming to visits?' That's not the program's fault, that's me.

Every parent in this situation thinks they haven't done anything wrong and that the state is against them. I would tell them that just give it a shot at first. Just give it a shot. It will make you not just a better parent, but person and put you right track to get kids back.

I probably could use more [of the resources provided by Strive] than I do. I'm very ashamed to say that I haven't really done any of that [other services], so I can't really answer that. I've gotten close, like real real close, but I haven't done any.

Program Limitations

The third research question investigates what parents perceive as the limitations of their involvement with a *Strive*-trained Visit Supervisor in the *Strive* program. Parents were asked to identify where they perceived that the role of their Visit Supervisor or the program was limited. These limitations may simply be inherent to the limited scope and authority of the visitation service or Visit Supervisor—namely, it may be more an articulation of what the *Strive* program is inherently not rather than its quality.

Most of the critical comments about the program overall related to the curriculum and particularly the need to provide more material for parents with infants and babies, fine-tune information and activities to be more age-specific, and accommodate siblings in visits. Parents with babies in their visits made the following comments:

Limitations

To help improve the program you need to pay attention to the age gaps. This is not a good fit for younger babies. It's a good program, don't get me wrong, it's going to help a lot of people.

I know it's a pilot program, so learning stuff that wasn't quite for his age group wasn't useful, but other than that, I liked everything about it.

There should be different age groups. 15-week program for infants, one for toddlers and so on.

Parents with siblings in visits made the following comment:

Everything is comfortable, just trying to get the kids doing things together. The only hard part is their ages are so different, so getting them to interact and do things together, finding activities to do together is tough.

Some of the criticisms related not to the Visit Supervisor or program, but to relationships with caseworkers. In some cases, parents described how their Visit Supervisors helped or attempted to help mediate strained relationships or inconsistent communication with caseworkers. In these cases, there is evidence that another *benefit* of the parent-Visit Supervisor relationship may be the increase of positive or

more regular communication between parents and other people involved in their cases. Parents made the following comments about their caseworkers, which were consistently about breakdowns in communication or parents' perception of a lack of timeliness.

I'm bad at asking my caseworker for things I need; I don't communicate with her. I should. . . I have to. . . I'm required to, but I'm really scared to meet with her.

It's an issue when working with my caseworker. There's quite a few ways that honesty is an issue. They just don't seem to follow through with what they say.

Today actually, I haven't really been in communication with the social worker, I've been avoiding and scared, because I didn't know if I was going to be in trouble. And she's been pushing me and being like you got to make that phone call. Today, I showed up really early, and she said, all right well we got to make that phone call, and I was like, but I'm scared. And she sat right down next to me, and it was fine.

I'd feel comfortable to ask my caseworker for things too. But they drag their feet, they're really slow on doing so.

My caseworker is annoying, and I don't like working with her. She's brand new, just hired into the position and any time I call, I get her voicemail. I just tell my CASA worker and it gets to her eventually I have no problem talking to the [Visit Supervisor] at all about anything. But not really with the caseworker, but I have to do what I need to do move forward so...

It's not that hard talking to the foster parent, who I trust, but the social worker [caseworker], I don't ever talk to her really. So, but, she'll get things done eventually.

[The Visit Supervisor] was like, you got to call, you got to call. [The Visit Supervisor] had my back, she stood up for me. She let my worker know the kind of person I am, and I'm not bad with the kids. And it gave her insight into who I was and was willing to work with me. And now she comes here and she sees me. Because she knows that I'm scared. And I don't have a car. And [the Visit Supervisor] made that call luckily. She comes here, and she'll email me important things but she'll also send [the Visit Supervisor] a copy because she knows [the Visit Supervisor] will make sure that I get it because she knows that I'm in contact with her for sure. She sat there while I talked to my SW and told her why I felt the way that I felt, and we had a great conversation. [The Visit Supervisor] didn't have to interrupt me or anything like that. Just her being there, I felt good enough to talk to her.

In one case, in which two parents were attending visits together, the comments mentioning the caseworker were much more positive:

We've already been granted extra visitation [by our caseworker]; we just got to wait for that to kick in. We just had our fact finding last week and that went great. Everybody is on the same page: get our treatment done so we can get our kids back. Everybody is working together. Even the judge said the goal is have this end as quickly as possible in a positive manner.

Critical comments were made that were outside of the domain or control of the Strive program to address or exert any authority over. Many of the comments from parents were to this effect related to the size and conditions of the visit room.

I think the only issue is that I would have about the program itself, is just being in a room. My son's a little older and active, so when we're trapped in a room like that for four hours, he gets bored and antsy and wants to jump around, so for him it's a little tougher. But for my daughter it's fine. Older kids don't want to be locked in a room for that long, especially when it's nice out. When it's raining and nasty out you don't have a choice, but if it's 80 degrees, you want to have an option to do so; it would be nice. Even if your facility had a playground at the facility, that would be nice.

The tiny rooms. Even that, I never really noticed it too much.

One parent expressed a limitation of the program that she attributed to herself, but may provide some insight into how impactful the program is likely to be given a parents specific combination of challenges:

I think that Strive is willing to do everything they can do for me, but their hands are tied as far as what I'm doing outside of Strive; you guys can only help me so much. I can't ask for more visits, since I'm not doing what they want me to do, what I need to do. I need to get my ass into gear for you to help me more.

Interestingly, many of the neutral comments about the Visit Navigator or the Strive program were in conjunction with parents' assertion of their own existing parenting efficacy, suggesting where Visit Supervisors should limit their own intervention based on the specific needs of parents and families and recognize parents' existing strengths. However, comments like these were seen mostly in the first interview.

We try to come as prepared as possible. We try to provide as much for our kids and for our foster parents as much as possible.

There is some stuff that we did know and, little things, some stuff that we didn't know.

I guess it's okay, like I tell her, to me, it's just like a normal day with my kids. I don't do anything different that I haven't done in the past.

We haven't really asked for anything. They offered use of the kitchen for coffee. They make sure if we need anything, we can help ourselves. But we come prepared.

Impact on Parent-Child Visits

The final research question investigated whether parents perceived the *Strive*-trained Visit Supervisor as helpful to their parent-child visit in order to gain some indication of whether and how the Visit Supervisor may have influenced parent-child visits.

Visit Supervisors in Visits

Researchers wanted to understand how the presence of a Strive-trained Visit Supervisor may be different from the role of the Visit Supervisor in the traditional model of visits. The following comments were made about parent's experience of visits:

Just as far as her being in the room, and actually with us interacting also, not just in the room. That makes us more comfortable.

We had one or two [visits] at DCFS. Yes. The social worker where we visited first and they had double mirrors and cameras, they just watched us. I think it's better here than at the other place. I think because of their concerns, they weren't out to get us, but they were just watching and waiting for something bad to happen. Here, everyone is caring, understanding and helpful. Not just with parenting, but with personal stuff. They ask how our week has been going. We developed some personal relationships and friendships.

Parent-Child Connection in Visits

Parents were also asked specifically about parent-child connection in visits in order to understand any effects on the bonds between parents and children during visits. Parents seemed to relate family connection with being able to provide a structure for their children that offered stability.

It's been great, like before, when we have the little meeting before our visitations, basically the normal things, like welcome ourselves, wash our hands, check to see if they have a dirty diaper, see if they need to be fed, you know. We come to the point before every visit we have a game plan, we have a schedule down, I mean it might not go that way because the twins are on different feeding and sleeping schedules. We come up with a game plan for the visit and we adapt as it goes along. I think it's really helped us to work on our teamwork in taking care of the babies. It's like a conveyor belt, feed a baby, pass it on, and work on next baby.

It started to rebuild the trust between the kids and I, especially the oldest. It's something she can depend on every day and Strive helped me to keep that for her. Like, "hey, every Monday, we're going to see each other." And it's very important that the next program we're going to is also Mondays. [The oldest] was really happy about that today, she asked is it going to be the same time? As long as everything's the same in that girl's world, she's okay. That's what she finds in being safe and Strive helped me to do that.

Oh yes, this is a godsend, if it wasn't for Strive, I don't know. . . I think I would have failed by now. My older daughter, it helped her to get her to trust me; it helped our relationship get a lot better. Just being together, close together. Just being able to be there for each other. It's different when you're at home--they're doing one thing, you're doing something else; you're not playing with them. So, when they come to see me, they know we're going to play. When I do get my kids and I'm home with them, I need to play with them a few hours a day when I can. Not just let them go out and play. That's taking care of them but not being engaged with them.

It's like a gateway. Not only does it help, but it also provides visitation. Our kids are young; every time they come in this room with us, they are happy that they get to see us, and we're blown away excited that we get to see them.

The findings suggest that parents formed positive relationships with their Visit Supervisors, which were exhibited by the level of trust that they expressed having with their Visit Supervisor, and the qualities of that working relationship. All parents stated that they trusted their Visit Supervisor, and the descriptions of the working relationship were predominantly positive. Also, parents described the primary role of the Visit Supervisor as being helpful. Parent responses also indicate that they perceived important benefits to their involvement with the Visit Supervisor in the Strive program. The benefits articulated were highly suggestive of parents' overall receptivity and buy-in to the relationship and curriculum. Collectively, these findings demonstrate that client engagement was achieved. Further, parents commented on the quality of their parent-child visits while in the program. Parents commented positively on the involvement and support of Visit Supervisors during the visit. In addition, parents affirmed that family connection and visit stability was enhanced due to the influence of the Strive program. Lastly, in order to assess the strength and extent of the positive findings, parents were asked to provide feedback about any limitations they perceived during their participation. No limitations were stated about the involvement of the Visit Supervisor. However, important curricular revisions were recommended. Parents also provided important insights about the quality of the physical visit setting, and how this could be enhanced to provide a more suitable environment for children and families. They also expressed the potential for the Strive curriculum and Visit Supervisor to provide helpful communication skills and support to mediate relationships with other people involved in their case.

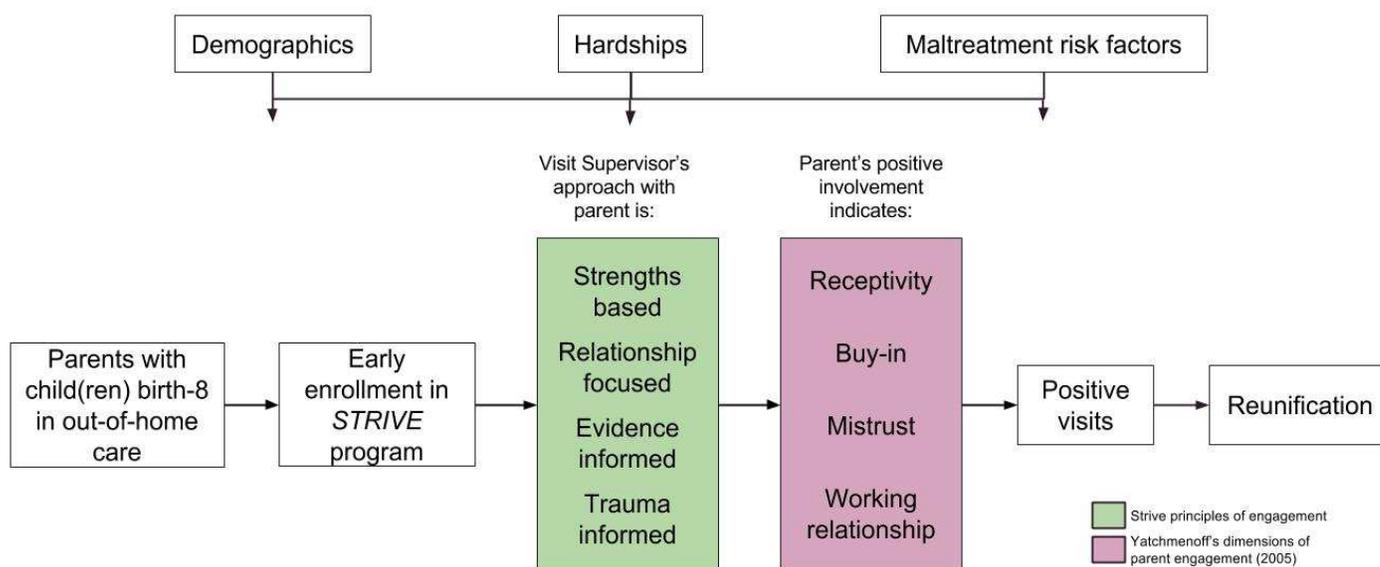
Theoretical Saturation & Reliability

Data triangulation was used in this study as a method of attaining data saturation. Fusch and Ness (2015) state, "To be sure, the application of triangulation (multiple sources of data) will go a long way towards enhancing the reliability of results (Stavros & Westberg, 2009) and the attainment of data saturation." Specifically, Denzin (2009) suggested data triangulation for correlating people, time, and space. To this end, researchers also questioned the two Strive-trained Visit Supervisors on a weekly basis throughout the 15 weeks of the program. Their responses to questions about the parent-Visit Supervisor relationship, benefits to parents, limitations of the program, and impact on parent-child visits corroborated

parents' responses. Please refer to the Appendix B for some key quotes from Visit Supervisors. In addition, Visit Supervisors noted the particular importance of the visit debrief, which is the time at which children leave the visit and the parent remains with the Visit Supervisor to receive feedback. They emphasize how eager parents are to hear how the visit went from the Visit Supervisor's point of view and receive positive reinforcement, and that it is a time when parents can show difficult emotions and process feelings.

Conceptual Model

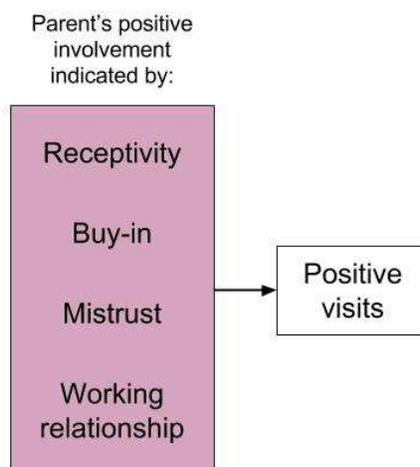
Based on the findings of this study, researchers believe we have the preliminary basis for developing a conceptual model. For this model, we incorporate the basic principles of Strive that characterize Visit Supervisor practice (i.e. strengths-based, relationship-focused, evidence-informed, and trauma informed), and link these principals with Yatchmenoff's four dimensions of client engagement (i.e. receptivity, buy-in, mistrust, and working relationship), which serve as the indicators of an approach that successfully involves parents in a helping process. We theorize that the *Strive* basic principles implemented by the Visit Supervisor (see below) positively engage parents in a helping process, which is demonstrated by the presence or absence of Yatchmenoff's dimensions of client engagement. The model connects parent's positive involvement in the process with achieving positive parent-child visits, and as we have evidence to believe, to eventual reunification.



As the model demonstrates, the Strive program enrolls parents who have children in out-of-home care, early in their dependency cases. Visit Supervisors begin building a positive relationship with parents using an approach that is guided by the basic principles of Strive, defined as practice that is 1) strengths based, 2) relationship focused, 3) evidence informed, and 4) trauma informed. We hypothesize that this approach influences parent's positive engagement in a helping process with the Visit Supervisor, which is demonstrated by Yatchmenoff's four dimensions of engagement and articulates client engagement as it is experienced by the client.

However, parents may eventually stop coming to visits due to multiple barriers posed by their social and environmental circumstances, risk factors, or disengagement with the agency or caseworker, which are the attenuating forces illustrated above the helping model. Kemp (2008) defines these as demographic characteristics that may result in economic or racial marginalization, maltreatment factors such as substance abuse, poor mental health, domestic violence, housing instability, etc., and other hardships. These factors can influence whether parents remain engaged in the helping process structured by the Strive program.

This study focused on the portion of the conceptual model (see below) that addresses whether parents exhibit the aspects of positive involvement defined by Yatchmenoff, and whether there is evidence to suggest that these influence the quality of visits.



V. Discussion

On one level, the pursuit of the parent perspective is highly important in its ability to empower and humanize parents in a context that may cause them to feel demonized and ashamed. On another level, parent perspective is important because knowledge about parent involvement will never be adequate if they are based solely on compliance in services. The strength of seeking open-ended feedback from parents is that it addresses both these levels; it allows parents to share what they think is important or concerning about their child welfare involvement for themselves, their children, and as a family, which can be an empowering experience, and the substance of what they say likely has everything to do with the particular challenges faced by the system in successfully engaging parents.

For example, for parents for whom a parenting program is recommended or mandated, active participation may be seen on the part of the parent as a tacit admission of parenting deficiencies, which they may have reason to believe can negatively affect their case. It may seem to parents that they must take a conflicted position in order to remain in custody of their children: they must participate in services that are intended to address some deficiency in order to demonstrate compliance, while also simultaneously demonstrating that they are still capable, adequate parents. This tension may be an aspect of parent engagement that is less explored. An interesting pattern emerged in the first interview when parents responded to questions about being helped or addressing needs. The majority of parents made notes of their existing or inherent ability to parent and provide for basic child needs, though this was not the question asked. It is reasonable to extrapolate that parents' assertions that they do not need parenting support is not necessarily an indication of non-compliance or even denial of the concerns that brought parents to the attention of the system. Though professionals may perceive it as such, parents may actually be affirming how important their role as a parent is to them. This may also be an affirmation that is important to sustain as parents go through what can be a demoralizing child welfare process. It is important to note that parents are placed in a conflicted position with their child welfare involvement of needing to demonstrate compliance as well as competence, and should be accounted for in a strengths-based approach.

Qualitative methods also allowed for the emergence of important information we did not intend to find. In particular, the Strive parent interviews provided key information about what needed to be revised in the curriculum. Interestingly, but perhaps not surprisingly, the majority of the critical feedback about the curriculum was child-focused—that is, parents provided feedback about areas of the curriculum that were not adequately responsive to their children’s age, developmental phase, gender, number of children, or age differences of the multiple children in the visit. Through these comments, parents also inadvertently revealed how highly attuned they were to the specific needs of their children and as a family, demonstrating a level of cognitive processing that may not be evident without seeking their perspective. Finally, because participants spoke to interviewers on a weekly basis, rapport was strong. But more importantly, this researcher believes that the strength of the Visit Supervisor-parent relationship couched within a strength-based parenting support program allowed parents to feel safe and respond to questions relatively honestly.

Limitations

Due to the fact that interviews were conducted over the phone, in most cases, parents never met the interviewer in person. It is unclear whether this helped or interfered with parent-interviewer rapport. Also, interviews occurred immediately after the parent-child visit. This could be a strength in terms of the reliability of the data. However, this raises some concerns as to the emotional vulnerability of parents after having just experienced separation from their children. Logistically, it made the most sense to try to interview parents immediately after visiting with their children, as it was unclear whether follow-up would be possible once parents left the visit center. Thus, interviews took place after a long day consisting of a session, visit, and debrief with the Visit Navigator. It is reasonable to believe that parents were likely fatigued by this point.

Parents called the interviewer from a landline YFC phone that was on site, and not their own personal phone. It is possible that this may have influenced responses to be more favorable. However, it was made clear to parents that, unless child safety was at risk, parent responses would remain confidential and would not have any influence on their cases. However, the single-most significant limitation to this

study was in its interview design. Full privacy of the interviews could not be guaranteed to parents, and it is unclear what level of privacy parents were given, depending on the visit sites adherence to their safety policy. Considering that child welfare involved parents can be difficult to reach on their personal phones or email, and the limited number of staff able to track parents as well as interview them, the research team made the decision to request that parents participate in phone interviews from the site at which they were also visiting. In addition, a common safety policy of Visit Providers is to ensure that families are monitored at all times while they are on-site. This may be the case even after the parents' children have left the premises. Given that visitation sites also have a shortage of staff, the person immediately able to monitor parents as they participate in on-site phone interviews is the Visit Supervisor. It is not unrealistic to assume that Visit Supervisors were in hearing distance of parents during interviews.

This has several consequences as to the integrity of the data collected. It is a reasonable possibility that the psychological phenomenon of social desirability is enhanced both by the interviews taking place in a visit site, a setting where safe parenting is overseen, as well as the presence of a Visit Supervisor, whose position mandates them to report problems and concerns to parents' caseworkers. Thus, as researchers, we are unable to say that the data is absent of reporting bias to an extent that is not insignificant. However, this does not preclude that reliable data was provided by parents about the efficacy of the program and the importance of the Visit Supervisor-parent relationship. As discussed earlier, parents offered candid criticism about what they found to be lacking about the program curriculum, or the limitations of the program. Some parents provided detailed examples of how they were supported by their Visit Supervisors in ways that were important to them that are highly unlikely to have been fabricated for the purposes of the interview. Finally, when parents were consented, they were informed that the interview was voluntary. They could stop at any moment or decline to answer any question.

Implications

This study largely supports previous investigations of parent engagement in a child welfare context, by providing reasonable evidence that parents in the Strive pilot study program exhibited

important dimensions of client engagement that positively affect parent-child visits and strengthen family connections. Given that regular and stable parent-child visits influence permanency outcomes for families in the desired direction, there is some preliminary support here to suggest that the *Strive* model can increase the likelihood and speed of reunification. However, it is important to note that this intervention does not exist in a vacuum, but can be affected by a multitude of protective and risk factors commonly encountered by child welfare populations. For example, there is much evidence to demonstrate that populations that come to the attention of the child welfare system are a marginalized group even before involvement—likely facing poverty and disconnection from resources and services. Subsequent involvement can be further alienating, and may even mean the eventual loss of welfare benefits such as Temporary Assistance for Needy Families (TANF) if children are removed from care. It is also well known that child welfare involvement can be highly stigmatizing and traumatic.

Finally, though parent engagement in visits alone has strong links with reunification, Children's Administration can make greater efforts to integrate related health and social services. Caseworkers need to have the capacity to engage systems beyond child welfare, such as public health, behavioral health, schools, housing, economic services, and community-based supports, to address the basic needs of families so that healthy parenting can be reasonably supported in a program like *Strive* (Westad, 2012, p. 29). One-fifth of child welfare involved parents in the state of Washington are economically disconnected—that is, neither employed nor receiving cash assistance (Berrick, et al., 2006). Almost half of child welfare involved mothers in Washington have an annual income of less than \$10,000 (Marcenko, et al., 2012). Thus, it is critical that families' most urgent needs for basic necessities such as food, clothing, and housing are addressed, which will greatly inform the level of family engagement with child welfare services and parent-child visits. The goal of this policy should be to achieve nearly full engagement in visit and parenting instruction services by all families with children in out-of-home care.

Appendix A.

Session 3 (Adapted from Yatchmenoff)	Session 8 (Adapted from Yatchmenoff)	Session 15 (Adapted from Yatchmenoff)
A. To what extent do you and your family need some help during visits? (Receptivity)	A. So far, how has it been working with your coach to get ready for visits? (Buy-In)	A. Overall, how satisfied are you with the support you received from your Strive coach in helping you accomplish your goals? (Buy-In)
B. What kind of help is most useful to you and your family? (Buy-In)	B. To what extent do you and your coach agree on what's best for your child(ren)? (Working relationship)	B. To what extent do you feel confident or optimistic that the plan you created for facing challenges will be useful in the future? (Buy-In)
C. To what extent can Strive help you and your family get what they need? (Buy-In)	C. To what extent is there mutual respect between you and your coach? (Working relationship)	C. Looking back, do you think the Strive strategies have helped you address some of the challenges you have had? (Receptivity)
D. So far, how has it been working with your coach to get ready for visits? (Buy-In)	D. To what extent do you trust your coach to be fair and see your side of things? (Mistrust)	D. Do you think you will continue to use the skills and strategies you learned from Strive? (Buy-In)
E. To what extent do you and your coach agree on what's best for your child(ren)? (Working relationship)	E. How do you feel about asking your coach for help like services or resources? How about your caseworker? (Buy-In)	E. To what extent has Strive helped you and your family get what they need? (Buy-In)
	F. To what extent can Strive help you and your family get what they need from visits? (Buy-In)	F. To what extent do you and your coach agree on what's best for your child(ren)? (Working relationship)
	G. To what extent do you think participating in Strive is doing your child(ren) any good? (Buy-In)	G. To what extent has Strive helped your family get stronger? (Buy-In)
	H. To what extent do you believe the Strive program is helping your family get stronger? (Buy-In)	

Appendix A. Continued

Session 15: Other Engagement Related Questions
A. If you have had supervised visits before starting Strive, how was Strive similar or different from those visits?
B. Would you recommend Strive to other parents?
C. How would you describe Strive to other parents?
D. What was most helpful about Strive?
E. What was least helpful about Strive?
F. Throughout the program, how confident were you that your coach understood the specific needs and strengths of you and your family?
G. To what extent was Strive useful for addressing issues outside of visits or seeking other services?
H. To what extent was Strive useful for knowing how to communicate and/or work with your CA caseworker?

Appendix B.

Key Visit Supervisor Quotes:

Positive Relationship

She was so excited. She liked the idea of the parent-[Visit Supervisor] relationship. Mom was like “she’s here for me.”

She was highly anxious and teary. She was late. It was really good using rapport building and some impression management.

Each time, I think she got what she needed. Our rapport was good and she had the confidence to come back. She said, “I didn’t think I could do it, but this lady is on our side.”

Just learning more about her yesterday, we talked about what kind of help she is looking for from me. She wants the positives, she has not gotten a lot of this in her life. I think she will take what she learns to heart.

With everything going on in the hour before, it has made the parent’s attendance better. Usually with this much going on in their lives, the built rapport with a parenting coach makes them feel safe and not judged. It’s an incentive for the parent.

I feel like for some families, the content is important because they don’t have the skills. For other families, it’s more the support aspect. “I don’t have anyone on my side.” “You are on my side, you’re on my team.” We are taking a different position.

Program Benefits

I am sowing seeds and giving them information that they will take with them through the process. Light bulbs go off. I think it’s really beneficial for parents to know these things. I can tell that some of these concepts have not been explored before.

They grasp the main concepts of this...I am really pleased. I cannot recall this early in visits parents talking about emotions and responding to them like these parents are.

I think it’s been Strive. She really takes the information and applies it. She will say, “This isn’t how I used to discipline. I used to get frustrated and spank.” I see her using the things and the lingo.

When I gauge her against other parents with similar barriers, other parents are not doing as well. For her to have a visit routine, coming early and prepared, and putting stability in place. It’s not the same for other parents in this situation. There are some people who never get a routine.

He said thank you [to the foster caregiver]. He completely followed the model. “When I see my daughter, I see she is taken care of.” He made a request to the foster parent. It was completely appropriate. I felt really good watching dad write the request. He did not know how to reach out until this point.

I am loving that the parents are using redirection and praise. You can see the parents using child-directed play. I hear the parents using the language. In other visits, when we staff them, these other

parents could use some Strive. Where is their parenting coach? Some people visit for a long time and don't get any support for their parenting in visits.

It makes my heart so happy to see parents apply what I just taught them. In other visits, I wish I could teach them these things as I think it would positively affect them.

From Session 1, parents come in and knowing roles. I have seen it makes such a difference from Session 1. Now they have food, now they are prepared, now they know my role. There is less fear and anxiety. I have seen parents get themselves tangled in a web even before they get services. This goes beyond just supervision and just taking notes and encourages parents.

I have been a visit supervisor for three years and the progress I have seen from these parents in the 18 weeks or so, I would like more parents to benefit from it.

[The debrief] is a nice recap. They are eager to know how it went. I give lots of encouragement. They do not seem pressed to walk out the door. The kids go and the parent stays and they are eager to get their emotions out. Parents have cried after the visits. The parents hold it together and hand off easily, and have the emotions afterward.

It's good to be able to have that dialogue or some kind of check-in at the end of the visit. Parents are not always sure how the visit went. They like to hear what the supervisor is thinking or feeling.

When we start with celebrate successes, I end with these too. When kids go, there is emotion. They ask if they did a good job. It's a good time to reaffirm and touch base on what we are going to work on.

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