A Therapeutic Supervised Parenting Time Program: Enhancing the Current Model

Presented to
The Faculty of the Adler Graduate School
In Partial Fulfillment of the Requirements for
The Degree of Masters of Arts in
Adlerian Counseling and Psychotherapy

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May 2011
Abstract

At-risk children in the United States are often subject to court-ordered, supervised parenting time as their primary method of contact with one or more of their caregivers. The current model fails to provide opportunity for growth and improvement in parenting time interactions with these children. Courts often base permanent placement or custody decisions on the reports of the minimally-skilled observer of this parenting time. Adding a therapeutic component, along with a skilled interventionist, provides the family with a valuable service and a more cost-effective opportunity for parents to grow and to heal the relationships with their children.
A Therapeutic Supervised Parenting Time Program: Enhancing the Current Model

Supervised parenting time, often called “supervised visitation”, is a commonly court-ordered service in two types of judicial cases: 1. child welfare, which is often heard in a juvenile court, and in which supervised parenting time is typically ordered when abuse and/or neglect of the child by the parent has been substantiated, and 2. family court, which hears custody disputes. Supervised parenting time is ordered in these cases when parental access is a concern due to allegations of abuse or violence in the home. Both of these situations could require a child’s primary interaction with the parent to be held at a supervised visitation center. These visits are monitored by visitation center staff, and qualitative assessments of the interactions are reported back to the court. Typically, the staff will intervene or participate in the visit only when safety becomes an imminent issue.

The current model of supervised parenting time is costly, inadequate, and fails to take advantage of a major opportunity to improve the parent-child relationship. In these instances where violence and/or trauma have occurred, supervised parenting time alone only addresses physical contact between the parent and the child. Although the courts will often order supervised parenting time simultaneously with parent education and/or mental health therapy, these services remain separate and disconnected from one another. Parents are left to apply their didactic learning of parenting skills in a setting which is unnatural (visitation center) and limited in duration (supervised visits are typically about 2 hours long).

Current supervised parenting time models do not provide an optimal qualitative assessment of parent child interaction. The supervised visit in a center typically takes place in an unnatural setting, vastly different from the home environment. The supervisors of these visits are usually community volunteers, college interns, or poorly paid community workers who are not
trained to handle the emotionally-charged situations common in supervised parenting time. These unskilled and minimally paid individuals have little or no background in parent-child interaction evaluation or assessment. Yet these workers report to the ordering court, providing the basis upon which custody and parental access decisions are made. Courts base life-changing decisions on the reports of supervised parenting time, as they are commonly used as evidence in custody disputes (Oehme & Maxwell, 2004).

The goal of the courts is to ensure the safety of the child while maintaining contact with the parent. An ongoing relationship with both parents is predictive of a child’s overall well-being when considering parental access in dissolution cases, and contact between the parents and children in child welfare cases is vital to maintaining and repairing their relationship. Ultimately, parents set a goal to reach a level of safe and appropriate interaction so that the contact can be unsupervised and less restricted (Brandon, 2006; Lieberman, 2011).

**Hypothesis**

Court-ordered supervised parenting time could be enhanced to create an integrated service to families. This integrated service would provide parent-child contact with a therapeutic component to address the issues which led to the initial separation. An integrated therapeutic supervised parenting program would be more cost-effective for welfare agencies and families, and lead to more safe, unsupervised interactions between children and parents with a history of abuse, violence, and neglect. According to Kemp, Marcenko, Hoagwood, and Vesneski (2009), a great need for integrated services exists due to systemic barriers in society such as poverty, cultural disparity, multiple chronic family stressors, domestic violence, substance abuse, and mental illness. Supervised parenting has untapped potential for offering such integrated services
including supervised contact, parent coaching and education, and family therapy and skills work (Kemp at al., 2009).

**Purpose of the Project**

The purpose of this project is to find a more effective and efficient solution to providing an integrated service to families dealing with physical separation due to children’s emotional and physical safety concerns. Specifically, the research leads to an integration of currently ordered service to nurture the parent-child relationship in the best interests of the family.

**Significance of the Project**

This integrative approach will provide courts and families with a money-saving and more effective means to address family violence, safety issues, and parental access to children. As increasing budget cuts to social welfare agencies occur, case managers are seeking the most cost-effective services for families now more than ever. Each year, several children in the United States are exposed to, or the victim of, family violence. According to the U.S. Bureau of Statistical Abstract (2011), almost 800,000 children fall victim to child abuse. According to the website www.children-and-divorce.com (retrieved 2011), as the current divorce rate approaches 50%, approximately one third of those cases are not resolved amicably in court (Birnbaum & Alaggia, 2006). The need for integrated services becomes increasingly apparent. The formulation of an integrated supervised parenting time program will lead to a more effective means to serve the best interests of children who are subject to supervised visitation with one or more parents.

**Definition of Terms**

In order to understand the concepts involved in an integrated supervised parenting time program, the terms “supervised visitation” and “supervised parenting time” must be clearly explained. According to the website for the Fathers and Families Network, www.mnfathers.org
THERAPEUTIC SUPERVISED PARENTING TIME

(retrieved 2011), parenting time is the legal term the state of Minnesota uses to describe visitation between a non-custodial parent and the child. Therefore, this paper will refer to “supervised visitation” as “supervised parenting time”. A family court may restrict parenting time and order supervision of contact if it determines in a hearing that parenting time is “likely to endanger the child’s physical or emotional health or impair the child’s emotional development.” Minn. Stat § 518.175, subd. 1(a) (2006).

Parenting education or parent training refers to a program in which parents actively acquire parenting skills through mechanisms such as group instruction, homework, modeling, or practicing skills (Centers for Disease Control, 2009). Parenting education is commonly ordered by the court in child welfare cases to aid parents in learning improved methods of parenting for their specific situation. Parent education is also helpful in creating positive change for families going through a marital dissolution process. “Marital dissolution” and “dissolution” are terms used when referring to a divorce in the courts (Minnesota Judicial Branch, 2007).

Literature Review

A comprehensive review of the literature is crucial in developing an effective integrated program for therapeutic supervised parenting time for families. Current parenting education programs and their effectiveness must be considered. Translating those programs to another target population such as in supervised visitation cannot be successfully accomplished without review of the current evidence-based practices in parenting education. Current approaches, as they are applied to court-ordered supervised parenting time, should be reviewed and examined in order to improve such practices. In considering a therapeutic component to supervised parenting time, attention is given to the importance of the parent-child relationship and common family problems associated with supervised parenting. Research supports the need for an integrated
program, with a skilled interventionist to work with families court-ordered to supervised parenting time. Finally, financing options for an integrated program should be considered.

**Need for an Integrated Program**

Supports and programs for families should be cost-effective and should integrate services for optimal efficacy. In child welfare matters, services provided to the families tend to be separate from one another, leaving opportunities for intervention underutilized (Kemp et al., 2009). Lee (2007) maintains that any obligation to service outside of the actual parenting time represents an additional burden to families. Integrating supervised parenting time with a therapeutic component will save time and money, and will maximize the benefit for the parent-child relationship long-term. According to Ansay and Perkins (2001), the rising costs of foster care prove there is a need for a more effective system of assessment, education, monitoring, and transition for reunification of families. Kemp et al. (2009) also state there is a need for integrated services due to systemic and practical barriers. These authors further noted that parenting time has an untapped potential for strengthening parent-child bonds (Kemp et al., 2009).

A ZERO TO THREE Court Team for Maltreated Infants, a group committed to increasing awareness about infant/toddler abuse and maltreatment, as well as advocating for the well-being of these individuals, has implemented programs in 11 jurisdictions in the United States as of March 2011. This team model has proven that integrated intervention yields positive results in preventing further maltreatment of young children. Additionally, the team suggests a system of care must integrate the varied interventions including parent education and early childhood education (Osofsky and Lieberman, 2011).

According to Bavolek 1989; and Crittenden, 1993, parental characteristics commonly encountered in working with child maltreatment include insensitivity to children’s cues,
inappropriate expectations, lack of empathy, and reliance upon physical discipline (Lee and Stacks, 2004).

Custody and parental access continue to be sources of contention for families involved in dissolution proceedings. Arguments and disputes over custody and parental access can linger for years and are found to leave lasting negative impact on the children involved. An Australian study using a program especially designed for families with long and troubled histories of conflict found that families’ rate of returning to court was reduced by as much as ninety-seven percent. Furthermore, families were able to successfully negotiate contact agreements without using the court, thus saving money (Brown, 2008).

**Need for a Skilled Interventionist**

According to Osofsky and Lieberman (2011), the outcomes for young children who have been exposed to maltreatment are greatly affected by a professionals’ lack of training regarding symptoms of traumatic exposure, as well as a lack of coordinated services. Mental health professionals are in a prime position to provide mental health support as well as therapeutic interventions for families dealing with issues surrounding child maltreatment and child issues in dissolution matters. Furthermore, meaningful connections between the parents and other supportive adults are vital to the efficacy of services in child welfare cases. In order for these court-ordered services to be effective, professionals must understand, validate, and engage the parents’ feelings as well as continually search for source of motivation (Kemp et al., 2009).

As stated earlier, visitation centers hosting supervised parenting time employ observers who are community volunteers, college interns, or minimally paid community workers. Observation reports are commonly used as evidence in court cases involving parental access and custody decisions. The observer is often ill-equipped to handle the highly contentious situations
which commonly arise in supervised parenting situations, especially those with a history of physical and emotional abuse (Oehme & Maxwell, 2004). Moreover, literature supports the idea that more highly-trained supervisors of these programs often bear a wealth of knowledge regarding healthy parent-child interaction (McWey & Mullis, 2004).

A skilled interventionist in an integrated program could contribute greatly to the efficacy of child welfare services of support. Therapeutic supervised parenting time could provide an opportunity for the practitioner to consult with all service providers involved with a family to create an individualized course of treatment and implement the plan in a safe and supportive setting. According to Lee and Stacks (2004), this consultation would simplify and expedite the delivery of needed services for the family. According to Oeheme and Maxwell (2004), “supervised visitation monitors are not substitutes for mental health professionals, and monitored visits are not replacements for formal custody evaluations” (p. 47). Lee (2007) recommends the parenting time supervisor should be a skilled professional in the field of psychiatry, psychology, or social work.

Studies have found that children exposed to interparental violence, common in child welfare cases, are considered to have more behavior problems and mental health diagnoses than those who have not been exposed to interparental violence (Timmer et al., 2010; O’Sullivan, 2006). A professionally trained therapist would be qualified to address behavioral problems and mental health diagnoses within the context of the parent-child relationship. Furthermore, treatment which focuses on the parent-child dyad versus the individual has been proven more effective in reducing stress and psychological symptoms for the parents and the child (Timmer, Ware, Urquiza, & Zebell, 2010; Osofsky & Lieberman, 2011).
Parent Education Programs

Parent education and training programs are commonly ordered by the courts in child welfare and dissolution matters. In fact, parenting programs have been one of the most highly brokered services in child welfare cases (Chaffin, Funderburk, Bard, Valle, & Gurwitch, 2011). These programs vary in length, target population, methods, and setting. The parent education programs serve to address the child’s wellbeing by including strategies to teach parenting skills and solutions to common problems in parenting. According to Dawson and Berry, (2008), children can potentially experience unstable and lengthy care in foster placement if services are not effective or provided to the family in a timely manner. Maltreating parents often possess limited parenting skills and strategies which include inconsistency and harsh punishment (Johnson et al., 2008). Maltreating parents often possess difficulty in the areas of cognitive processing, impulse control, parenting skills, social skills, and stress management (Azar et al., 2005; Johnson et al., 2008).

With regard to dissolution, a Tennessee court that required a minimum four-hour parent education course found that the class can improve knowledge, attitudes and behaviors of the parents. Although the study found that the four-hour class was insufficient to sustain long-term behavior change, Carr (1999) determined an intervention to be effective when it helps create a change in overall lifestyle versus a change in behaviors. Furthermore, Carr 1999 states that an effective intervention should strive for long-term changes (Brandon, 2006; Dawson & Berry).

There are four parenting programs which consistently meet criteria for empirically supported or evidence-based practice (Shriver, 2008). These interventions include: Living With Children Program, The Incredible Years, Helping the Noncompliant Child, and Parent-Child
Interaction Therapy. Evidence-based practices are often preferred, as they are endorsed by third-party payers for service reimbursement.

**Living with children.** Gerald Patterson pioneered behavioral parent training in the late 1960’s and early 1970’s by developing the Living with Children parenting program. The program was designed to help children ages 3 to 14 who were referred for intervention due to social aggression. According to the literature, this program operates under the premise that parents who understand the basic principles underlying behavior change will be able to affect change in the home setting by developing their own strategies to effectively manage their children’s behaviors. The Living with Children program requires parents to read Patterson’s book and necessitates close and frequent contact between the parents and the practitioner. According to Shriver, the program fails to thoroughly teach practitioners to implement the material with parents and lacks structure (Shriver, 2008).

**Helping the noncompliant child.** A second empirically supported parent training program is called “Helping the Noncompliant Child” (Forehand & McMahon, 1981). This training program uses a direct approach in an intensive, clinic-based format. Children ages three to eight who exhibit noncompliance participate in the program along with the parents. Parents are taught through a two-phase model to use their attention as a tool in changing child behavior, and how to conduct compliance training with the child. The program is flexible but typically consists of 10 to 12 sessions, each lasting 60 to 90 minutes (Shriver, 2008).

**The Incredible Years.** Commonly used in a group format, The Incredible Years uses a non-direct approach to teach parents how to play with their children (ages two to twelve) in ways that strengthen the parent-child relationships through child-directed play, effective limit-setting, non-punitive discipline, child-management and self-management skills (Webster-Stratton &
Reid, 2010). The goal of the Incredible Years program is to strengthen parent-child relationships, parents’ interpersonal skills and supportive networks. This program has been proven effective for use with families involved in child welfare because the program is group-based, therefore the costs of administering the program is less and the structure fosters peer support. Additionally, successful intervention and treatment programs designed to improve young children’s social and emotional health focus on the quality of the parent-child relationship and environmental influences (Osofsky & Lieberman, 2011).

Within the Incredible Years group, video-taped modeling of behavior is used and therapists then lead discussions about the videotapes. The strengths-based focus of the program promotes parent engagement, as well as provides a foundation for cognitive restructuring, emotion regulation strategies, and behavioral practice methods of learning (Webster-Stratton & Reid, 2010).

Findings of a randomized study (Linares et al, 2006), indicate significant gains in positive parenting and collaborative co-parenting when used with the child welfare population. This population also benefits from the Incredible Years because the parenting vignettes used allow for diversity, thus increasing parents’ ability to relate to the topics. The components of the Incredible Years program aid in individualizing the treatment for each family as well. (Webster-Stratton & Reid, 2010).

Parent resistance is common in court-ordered services such as parent training. However, the Incredible Years places emphasis on collaboration rather than didactic instruction. It supports a non-confrontational stance combined with a strengths-based approach which is designed to counteract parent resistance. (Webster-Stratton & Reid, 2010).
**Parent-Child Interaction Therapy.** Parent-Child Interaction Therapy is a manualized intervention founded on the theories of social learning and attachment which typically lasts from 14 to 20 weeks. This program is targeted at helping families with children ages 2 to 8 with externalizing behavior problems (Eyberg & Robinson, 1983). The goal of this parent training program is to provide parents tools for managing their child’s behavior without physical intervention. The program focuses on using positive incentives and improving the child’s emotional regulation (Timmer et al., 2010).

This program is taught to individual families in a unique, clinic-based setting. The 2 phases of Parent-Child Interaction Therapy are presented through a didactic portion of the session, followed by the coached, interactional latter portion of the session. The interactional portion is held in a separate room with a one-way mirror, preferably coached by the practitioner using bug-in-the-ear technology (Shriver, 2008). Due to the manner in which the coaching is typically administered, Parent-Child Interaction Therapy is considered to be a directive approach to parent training. Phase 1 consists of relationship building and phase 2 teaches basic discipline strategies for dealing with noncompliance (Hebree-Kigin & Bodiford McNeil, 1998).

Parent-child interaction therapy has been determined to be one of the most cost-effective models for reducing physical child abuse and studies show it is effective in making a positive impact on the abusive cycle (Lee, 2008; Chaffin et al. 2011).

According to Eyberg, Nelson, & Boggs (2008), the effectiveness has been clearly established for Parent-Child Interaction Therapy, and it has been proven effective in working with families of maltreated children (Webster-Stratton & Reid, 2010). Professionals suggest Parent-Child Interaction Therapy may be beneficial in child welfare matters where large behavioral changes are typically desired. Furthermore, findings of a study suggest that
combining Parent-Child Interaction Therapy with another motivational program may be most effective in working with the child welfare population. In regard to the reduction of physical child abuse, Parent-Child Interaction Therapy is considered one of the most cost-effective models of parent education available and studies show Parent-Child Interaction Therapy has a positive impact specifically on the parent-child interactions among the families involved (Lee et al. 2008; Chaffin et al., 2011). Results of one study found child welfare recidivism was reduced from 49% to 19% with implementation of Parent-Child Interaction Therapy versus a more didactic parenting program alone. Findings of the Chaffin et al study suggest that a combined Parent-Child Interaction Therapy-motivational program may be beneficial for parents involved in child welfare matters. This study also showed that the integrated Parent-Child Interaction Therapy program allowed parents to transfer their recently acquired knowledge into the appropriate parenting situation within the home more easily (Chaffin et al., 2011).

**Systematic Training for Effective Parenting.** The Systematic Training for Effective Parenting program, created by Don C. Dinkmeyer, Sr., is a highly-structured parent education program which consists of parent groups led by a trained professional (Adams, 2001). This leader uses approximately seven sessions to address eight different child management topics. Children are not included in the programming. Three sets of skills are provided to parents which increase parent awareness and encourage effective communication. The Systematic Training for Effective Parenting program emphasizes active listening and natural and logical consequences for behavior (Shriver, 2008).

According to Shriver (Shriver, 2008), the Systematic Training for Effective Parenting program is not designed to help clinically significant behavior problems. Reviews of studies on
the Systematic Training for Effective Parenting program have limited value, as these studies relied heavily on self-report (California Evidence-Based Clearinghouse for Child Welfare, 2009).

**Putting Kids First.** Putting Kids First (Shriver, 2008) is a parent education program specifically designed for persons court-ordered to complete a parenting class. However, no empirical data yet exists examining the effectiveness of the program with the targeted population.

**Love and Logic.** Another parenting education program called Love and Logic promotes new ways of communicating with children. According to the California Evidence-Based Clearinghouse for Child Welfare, the program lacks the necessary research evidence to be given a rating regarding effectiveness (California Evidence-Based Clearinghouse for Child Welfare, 2009).

**Common Themes of Effective Parent Training Programs**

Dawson and Berry (2002) report an 83% reduction rate in out of home placements with behavioral parent training. They found strategies in parent training programs which enhance family cooperation and engagement are crucial. They also assert that family-focused approaches which include reassigning role tasks and establishing appropriate boundaries can be beneficial to families (Dawson & Berry, 2002).

A study of the outcome data of 58 different parenting programs generated recommendations and highlighted several crucial components of an effective parent training program. The educational portions of the effective training programs included teachings on parenting styles, parental characteristics, and parenting context and resilience (Johnson et al., 2008). According to the Minnesota Association for Family and Early Education (2011), parent education curriculum should cover the domains of parent development, parent-child
relationships, early childhood development, family development, culture and community. According to Shriver (2008), all effective parent training programs are rooted in some type of behavioral therapy.

**Attrition and Effectiveness of Parent Training Programs**

Dore and Lee (1999) found that characteristics such as poverty, substance abuse, single parenthood, and social isolation which are commonly found in families of the child welfare system are often great predictors of attrition and poorer outcomes in parenting programs (Johnson et al., 2008). According to Dawson and Berry (2002), client attrition rates for all therapeutic services range from 35% to 70%, with higher rates for court-mandated services.

Mental illness, chemical dependency and poverty are suggested as barriers to successful participation in parent training programs (Dawson & Berry, 2002; Johnson et al., 2008). However, Dawson and Berry 2002 maintain that a parent education program which is able to successfully engage the parent’s participation would alleviate this problem. Kemp et al. (2009) suggests an early, responsive, and structured outreach to the family encourages parent participation as well.

**Supervised Parenting Time**

Supervised parenting time is sometimes ordered by the court in child welfare and marital dissolution matters when there is a history of abuse or violence in the family. According to the United States Department of Justice report, supervised parenting time is recommended when severe injury has occurred to the parent and the child has been exposed to severe threats (O'Sullivan et al., 2006). This supervised parenting time allows for the parent and child to maintain an ongoing relationship while maintaining safety in a structured environment and these visits are beneficial for the children (Oehme & Maxwell, 2004; McWey & Mullis, 2004). The
Florida Supreme Court went so far as to endorse supervised parenting time as one of the “12 essential elements” crucial to the proper functioning of a model family court (Oehme & Maxwell, 2004). Furthermore, a 2001 study found that an ongoing relationship with both parents is predictive of children’s overall well-being (Brandon, 2006).

**Child Welfare Matters**

One-to-three-fourths of all children in foster care display behavioral and emotional disorders (Bruce Webb & Jones Harden, 2003). That fact, in addition to the myriad of mental and chemical health issues that plague families in child welfare matters, demonstrates the necessity of providing a therapeutic component when considering services for the families. Child welfare services has the goal promoting child well-being and Bruce Webb and Jones Harden (2003) purport that providing appropriate mental health services is crucial to meeting that goal.

Because child abuse often occurs in the context of discipline where a dysfunctional parent-child relationship exists, it makes sense to focus treatment on establishing a healthy parent-child relationship while addressing developmentally appropriate behavior management techniques (Chaffin et al., 2011). Furthermore, children who have more routine and frequent contact with their parents have been found to have stronger attachments with their parents than those who lack the consistent and frequent visits (McWey & Mullis, 2004).

Permanency timelines can be more effectively addressed by allowing families to optimize their time by combining parent education, therapy, and supervised parenting time (Dawson & Berry, 2002).

**Dissolution Matters**

Children in families of divorce have often experienced contentious situations, arguments, and even violence. According to Hetherington & Kelly (2002), these children possess at least
twice the risk for lifelong emotional or behavior problems as compared to their peers whose parents remain in intact marriages.

A 2003 survey on judicial practices revealed that many judges are not familiar with the supervised parenting time programs to which they refer individuals (Oehme & Maxwell, 2004). Ultimately, a system of care which protects children who have been the victim of or who have witnessed violence must be protected by our judicial and social welfare systems. Social welfare workers, along with the court officials making the decision regarding custody and parental access must have information, knowledge and training about early childhood development, as well as the emotional, social, and cognitive needs of young children. Osofsky and Lieberman (2011) also suggest that judges could use information regarding the attachment relationship and the impact of trauma children and families to make effective decisions regarding custody and parental access.

**Funding**

Several options for financing such integrated programs may lie within existing sources used to fund court-ordered services. Child welfare uses federal grants and health insurance, including Medicaid, to support services provided to families (Bruce Webb & Jones Harden, 2003). Waivers and federal grants require program evaluation which could potentially lead to discovery of evidence-based practices through an integrated therapeutic supervised parenting time program. Bruce Webb and Jones Harden (2003) also suggest Medicaid could consolidate the cost of children’s mental health and the monies provided at the federal level and work with the family to resolve conflicts, nurture relationships, and increase effective parenting skills.

In essence, a therapeutic supervised parenting time program could incorporate funds currently set aside for individual and family therapy, parent education, and supervised visitation
and those services could be integrated into the therapeutic supervised parenting program. Integrating services would also increase the cost-effectiveness for individuals privately paying for individual services, such as dissolution matters.

**Parenting Time/Visitation Centers**

Although supervised parenting time is not always court-ordered to take place in a visitation center, this setting is preferred when considering reliability of supervision and accurate report to the court. The Supervised Visitation Network is an organized group of professionals who specialize in providing supervised parental access to children worldwide. This group has developed a 48-page guide outlining standards for supervised visitation practice. While these standards present detailed information regarding the practice of supervised parenting time, the guide does not address any parent education or therapeutic component (Supervised Visitation Network, 2006).

In many cases, the court may approve a family member as the parenting time supervisor. Although this allows the interaction to take place in a more natural environment, significant risks to the child’s safety are more likely. For example, family members approved to supervise parenting time may find it difficult to confront a parent regarding unsafe or inappropriate parenting behavior. Additionally, family members and friends who supervise visits are rarely asked to make a report to the court regarding the parenting time meetings and interactions.

According to Lee (2007):

participation in a supervised visitation program also requires a qualitative evaluation of the parent-child interaction, and graduating from supervised to unsupervised visitation requires a qualitative improvement in that interaction as assessed by a psychiatric, psychological or social work professional. In practice, however, many individuals are
unable to access such programs and must rely on informal supervised visitation arrangements (p. 652).

A study by O’Sullivan et al (2006) recommends, in order to best serve families ordered to supervised parenting time, an increase in the number of centers, week-end hours of center operation, longer terms, and more funding. Perkins and Ansay (1998) found that families who participated in parenting time at a center were more likely to achieve those visits. Additionally, the study indicated that as the number of visits achieved increase, so did the likelihood of closing the child welfare case (Ansay & Perkins, 2001).

**Adlerian Perspective**

Parent training approaches which are less directive and more encouraging are endorsed by many Adlerians. Parent education programs fitting the Adlerian model include the Systematic Training for Effective Parenting program and Active Parenting.

Shriver describes the Systematic Training for Effective Parenting model as a suitable program for professionals who want to feel more accepting of their children rather than controlling of them. Systematic Training for Effective Parenting, which is based on the parenting theories of Alfred Adler and Rudolf Dreikurs, supports active listening and natural and logical consequences versus planned rewards and punishments. Shriver (2008) describes the parent-child relationship being viewed as a “socialistic democracy” in the Systematic Training for Effective Parenting program. Because this program is designed to treat the challenges of average-functioning families, it may not be the best fit for the complex challenges presented in child welfare and dissolution matters.

Active Parenting, a video-based version of the Systematic Training for Effective Parenting program, consists of weekly group sessions for six weeks. According to Mullis (1999),
a significant change in parent perception and parent attitude was reported upon completion of the class. Faroq et al criticized the validity of Active Parenting studies, citing that only perceptions were studied (Faroq et al., 2005). Change in perception does not in itself constitute behavioral change. However, Johnson (1991) found that a parent training program based on Adlerian concepts significantly improved parenting skills (versus the control group with no parent education).

Summary of Literature Review

The above comprehensive review of literature was taken from areas which cover child welfare, divorce, parent training programs, mental health and court professionals, supervised parenting, and funding for court-ordered services. Although the current model for supervised parenting time fails to include a therapeutic component, a strong case is made for such a program. Development of a more effective, therapeutic program which integrates commonly provided services would clearly enhance the current model.

The evidence-based parent education programs share commonalities such as theoretical approach (family-focused models and behavioral therapy) and topics covered (parenting styles, parental characteristics, and parenting context and resilience). Some include an interactional component, which is considered valuable to the training programs (Johnson et al., 2008).

Methodology

Project Design and Target Population

With the goal of creating a therapeutic supervised parenting program, this project consists of two parts: an integrated parent education program, as well as an interactional parent coaching portion. The program is designed meet the needs of families court-ordered to supervised parenting time. It integrates commonly court-ordered services such as supervised parenting time,
parent training and parent education, and therapeutic support. While the parent education portion of the project is designed to serve families with children ages birth to 10, the curricula could be modified and adapted to be effective with other age groups. Furthermore, a skilled interventionist will be able to effectively make some modifications of the program content to create a more individualized program for each family.

Project Development

This program was developed based on evidence-based parenting programs combined with knowledge of current supervised parenting time protocol and judicial process. Establishing safety for children and enhancing parent-child relationships are two main goals of the program. Overall, a successful implementation of this program would result in the parent or caregiver being reunited with the child due to a significant improvement in the quality of the relationship and safety concerns being alleviated. Funding options for the proposed program are discussed based on current financial support options for the individual existing programs which are integrated in the project.

Summary of Findings

While this integrated program appears to provide a cost-effective means of combining services for families, there are some areas of needed improvement noted. First, most states do not allow an unlicensed practitioner to provide therapy. Therefore, the actual family therapy would need to be supervised by a licensed clinician, or the therapy would need to be outsourced to a licensed clinician. However, combining the supervised parenting time and parent training without the therapy could still provide the family with effective integrated support.

Possible improvements to this project include research-based enhancement to the parenting program in the areas of cultural diversity and qualitative data studies regarding effects
on the parent-child relationship. As more is learned about the mental health, well-being, and development of children, this program could continue to be refined. Finally, additional sources of program funding are essential to the operation of the service-based model.

**Future plans for the program**

Extensive study to program curriculum, especially that designed by the Minnesota Association for Family and Early Education (2011), should be used to create a more detailed parent training portion of the Therapeutic Supervised Parenting Program. The parent training component of the program could also contain suggested materials and activities for parents and their children for use during the supervised parenting time.

This program would be most effective and readily utilized when mandated by the courts in child welfare and dissolution matters. Therefore, the program would have to be presented to social service agencies, attorneys, and judges. Ideally, a contract for service would be implemented with the county and/or family court attorneys. Additionally, attorneys and social service workers could include the integrated service of a therapeutic supervised parenting program into their case plans and parental access agreements ordered by the courts.
References


