In-Person Visit Planning in the Time of COVID19

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1. Planning In-Person visits
	1. Include all the parties in making the plan.
	2. Follow the DCYF guidance.
		1. Parent:

<https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0057.pdf>

* + 1. Foster Parents and Caregivers:

<https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0058.pdf>

* + 1. Provider:

<https://www.dcyf.wa.gov/sites/default/files/pubs/CWP_0056.pdf>

* 1. Develop a relationship between parents and caregivers that will support visits.
	2. Visit plan should include all the normal information and:
		1. Whether parent and child can touch each other
		2. Transportation plans (car seat, food, toys, other necessary items)
		3. PPE – what is needed and who will provide
1. Discussing in-person visits during the time of COVID19
	1. Listen to their fear and acknowledge it.
	2. The goal is for everyone to make calm, reflective decisions. We are not trying to get someone to comply to our decision.
	3. Find a common goal regarding helping the child. If you cannot find a short-term goal that you can agree upon discuss long term goals for the child.
	4. Use solution focused questions.
	5. If the person are making their decision on misinformation.
		1. Avoid repeating the incorrect information. People believe the information is true when they hear the same information repeated, even when you say it is NOT true. People only remember the part that supports what they believe.
	6. Ask them questions about their ideas or solution. Help them convince themselves rather than trying to convince them they are not correct.
	7. Have a dialogue. Giving them something to read is not enough.
	8. Correct misinformation as early as you can.
	9. Give new information in bite size chunks. Many believe the misinformation because it is often stated in simple terms.
	10. Affirm and do not threaten their world views and values
	11. There is power in multiple corrections and getting the information from a source they trust.
2. Understand that COVID19 may be causing trauma for adults and children. When people are under threat they move from calm decision making to emotional, reactive or reflexive decision making.[[1]](#endnote-1)
	1. The Hyperarousal Continuum (How a person responds to trauma.)
		1. Your sense of time changes: hard to think about the future instead focus on minutes, seconds or not having any sense of time. Regression to more child/infant sense of time and ability to make decisions.
		2. Behaviors: vigilance, resistance, defiance, aggression
		3. Reactions to decisions: Avoidance, compliance, dissociation, fainting
		4. Actions: Flock, Freeze, Flight, Fight
	2. Modeling calm reflective decision making.
	3. Developing a relationship so you are seen as a safe and trusted person.
	4. Give information or suggestions in moderate, controllable doses. Watch the person for signs they are ready for the next step. Or ask the person to tell you when they need a break. The break may only need be a few seconds.
	5. Give the person control of the process. You cannot force them by pushing information or recommendations on them.
	6. Create or support the familiar and safe environment
	7. Minimize threats and stress.
	8. Help parents/caregivers learn to model calmness with the child.
	9. Be present, be next to them/parallel, be persistent. They come into the conversation, they engage, they need a break, and if you are available they come back for the next does. Just be there, be present, be quiet, let them come back when they are ready.
	10. Minimize the power differential
		1. Avoid standing too close, looking down on the person, being physically intimidating
		2. Non-verbal communication – open friendly expression, calm and understanding tone of voice
		3. Avoid using our authority to force a person to make a decision.
3. Expect that initial in-person visits will have negative behaviors before, during or after the visit.
	1. This is normal for visits, especially visits after initial placement or when there has been a long time between visits.
	2. Behaviors are hard to interpret. An upset child might be upset about having to say goodbye to his parent or because the parent did something on a visit that triggered the reaction. Close observation and progressive visits planning is needed to interpret the behaviors.
	3. During this time of stress; the negative behaviors may increase.
	4. Plan for how to handle behaviors and do not punish parent or child for their natural behaviors to a stressful situation. Negative behavior is a sign of fear, stress, worry and frustration. This applies to parents, children and caregivers.
	5. Toddler separation anxiety – stranger danger stage: this developmental period can create stress for the child and parent when the child relates to her parent as a stranger due to a long separation.
4. Take care of yourself so you can be self-regulate (Healthy self-regulation is related to the capacity to tolerate the sensations of distress that accompany an unmet need.) Be aware of secondary trauma and how it may be affect you. Here are some techniques that can be done in a few minutes.[[2]](#endnote-2)
	* 1. Breathing techniques (deep breathing, 4 7 8 breathing)
		2. Walking – 60 seconds, then 90 seconds breathing
		3. Bilateral tapping
		4. Mindfulness techniques
		5. Create a contact list of people you trust – check in with them regularly. Within an agency it can become a tree that everyone is contacted every day).
		6. Team building
		7. Remind yourself why you do this work, your values
		8. Determine what can you control and what you cannot control. Focus on what you can control.
1. Dr Bruce Perry – Series of videos on stress, reliance and how to help ourselves and others during this time.

<https://www.neurosequential.com/covid-19-resources> [↑](#endnote-ref-1)
2. Dr Bruce Perry, ibid [↑](#endnote-ref-2)