

# Out of Sight, Out of Mind?

## Perspectives on Parent-Child Contact During Residential Treatment

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# Study Purpose



- To compare parents' experience of parent-child contact during their child's placement in out-of-home care to the standards and administrative rules that guide out-of-home care policies.
- Documents reviewed included guidelines from:
  - major accrediting bodies,
  - United Nations rights of children,
  - administrative rules from selected states,
  - professional advocacy organizations.

# Rationale for Contact



- Parents of children in care have right to visit unless court has ordered otherwise.
- Theoretical support, including attachment and bonding theories.
- Studies demonstrating benefits to children and families across settings.
- Most children return home.

# Study Method



- In 1996 and 1997 focus groups of family members identified concerns regarding limitations on parent-child contact.
- A survey was designed to gather data on participation by parents while their child was receiving in- or out-of-home treatment.
- Measures of parent-child contact, parent empowerment, and involvement in decision-making were included.

# Data Collection



- Eligible participants were parents with youth aged 0-20 who received 3 or more months (in-home) or 30 or more continuous days (out-of-home) treatment between 9/1/96 and 8/31/98.
- Sample recruited from randomly selected chapters of Federation for Families Mental Health and mailing list of Research and Training Center at Portland State University.

# Data Collection (Cont.)

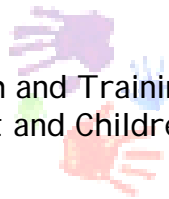


- Data collected in 1999-2000.
- 876 willingness forms returned; 646 in home version and 221 out of home.
- 486 usable surveys returned from 46 states, 56.6% response rate.

# Sample

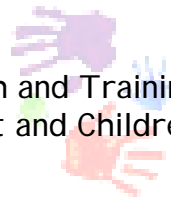


- Data collected in 1999-2000.
- 486 usable surveys returned from 46 states, 56.6% response rate.
- 102 responses from respondents with children receiving out-of-home treatment services:
  - Residential treatment 66.7%
  - Psychiatric hospital/unit 20.6%
  - Group home 12.7%



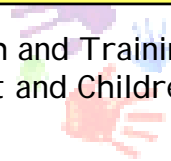
# Demographics - Child

Race	White	80%		
	African American	9%		
	Hispanic	3%		
	Native American	2%		
	Multiracial	6%		
Sex	Male	72.5%		
			Mean	SD
	Age	14 yrs.	3.1	7-21
	Onset age	6 yrs.	3.8	1-16
	Age Received 1 <sup>st</sup> Svcs.	7 yrs.	3.7	2-16
	Number of diagnoses	3.8	1.99	1-9
	Severity Index	13.6	4.9	5-25



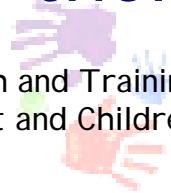
# Demographics - Caregiver

Age		Mean = 45 (6.8)
Education	H.S. diploma or G.E.D	46%
	≥ College Degree	53%
Gender	Female	92%
Race	White	90%
	African American	8%
	Native American	2%
Marital Status	Married	62%
Relatedness	Biological/Adoptive Mother	87%
Has Custody		79%
Income	Median	\$25K—\$34K
	Range	\$5K-75K+



# Research Questions

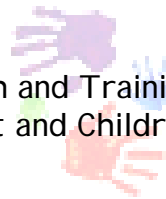
- What do the standards and guidelines say about:
  - Family-child contact during initial period
  - Contact frequency and satisfaction
  - Restrictions on contact
  - Quality of arrangements for parent-child contact
- How do these guidelines compare with parent reports of their experiences?



# Standards & Guidelines



United Nations	Child Welfare League of America
Council On Accreditation	Massachusetts Department Of Mental Health
Oregon-State Office For Services To Children And Oregon Department Of Corrections	Joint Commission On Accreditation Of Health Care Organizations
State Colorado Department Of Health Care Policy And Financing	The Rehabilitation Accreditation Commission



# Parent-Child Contact: Standards & Guidelines

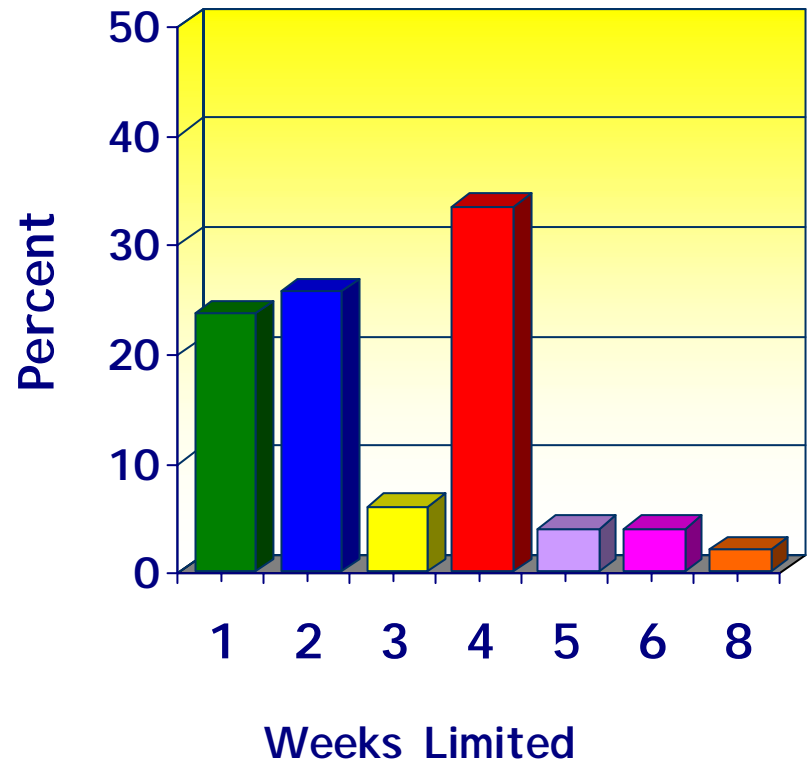


## ● CONTACT

- Every child has a right to private familial and significant other contact;
  - » Child Welfare League of America
- States parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact...
  - » United Nations On Rights Of The Child

# Family-child Contact During Initial Period: Family Responses

- Nearly 60% said contact was restricted for initial period of adjustment.
- Among those with restrictions on contact during the initial period, there were no significant differences in length of initial limits based on child age or type of treatment setting.



# Restrictions on Family-child Contact During Initial Period: Reasons given



- Child needed “time to adjust”
- Parent-child contact considered a privilege that had to be earned

# Telephone Contact and Visits: Standards & Guidelines



- TELEPHONE

- All children in out-of-home care have the right to have a telephone conversation with family members, as appropriate to the service plan.

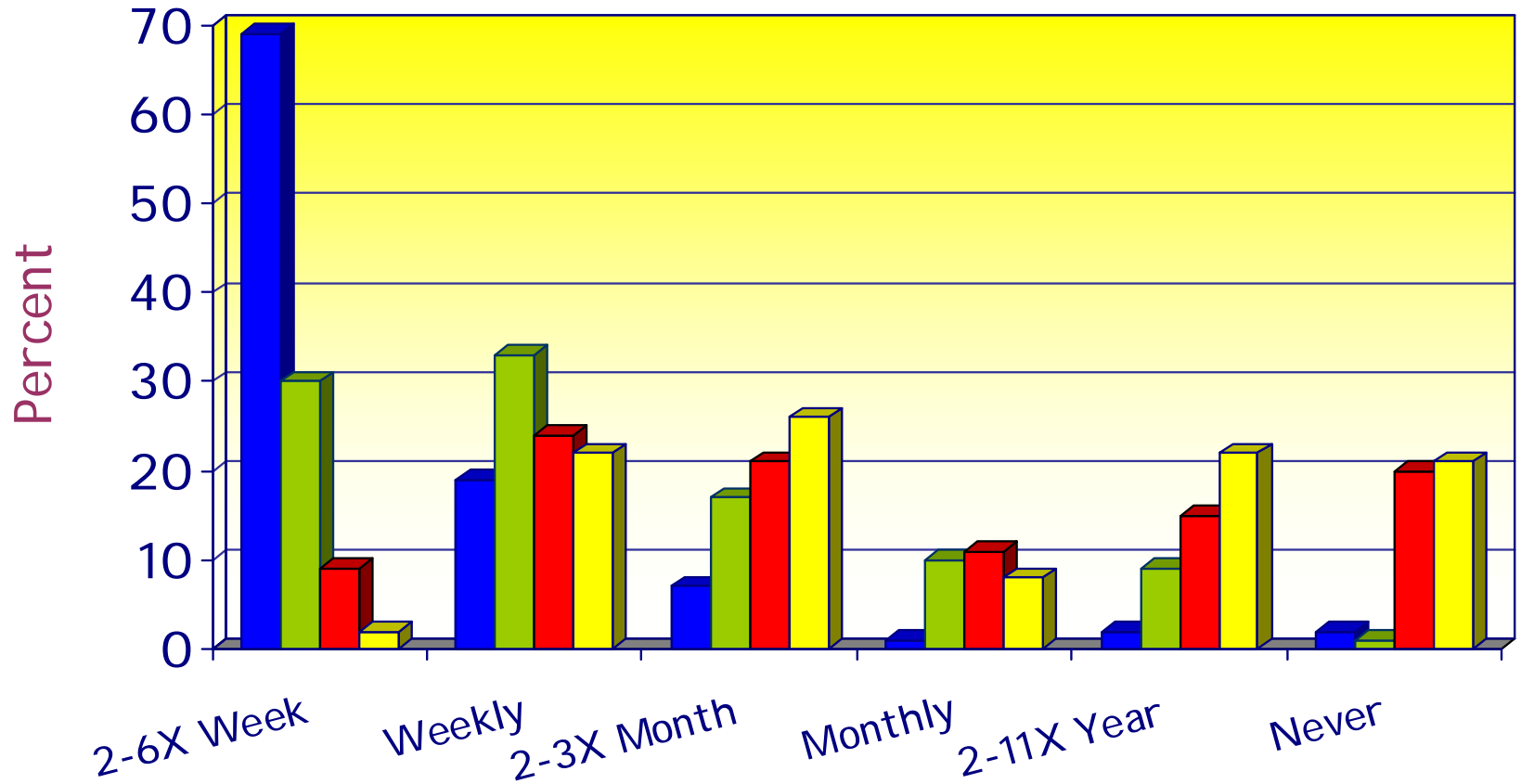
» Council On Accreditation

- VISITS

- Every client has the right to have frequent and convenient opportunities to meet with visitors. Each client may see his/her custodial parent or his/her children at any time.

» State Colorado Department Of  
Health Care Policy And Financing

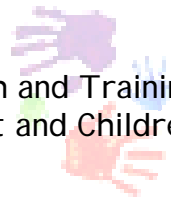
# Frequency of Contact by Type



■ Telephone ■ On-campus visit ■ Off-campus visit ■ Home visit

# Demographic Variables and Frequency of Contact

- Younger children had more contact than older children ( $r = -.289, p < .01$ )
- Children in facilities closer to home had more total contact ( $r = -.255, p < .05$ )
- Children with more restrictions had significantly less total contact with parents ( $r = -.299, p < .01$ )



# Restrictions on Contact: Standards & Guidelines



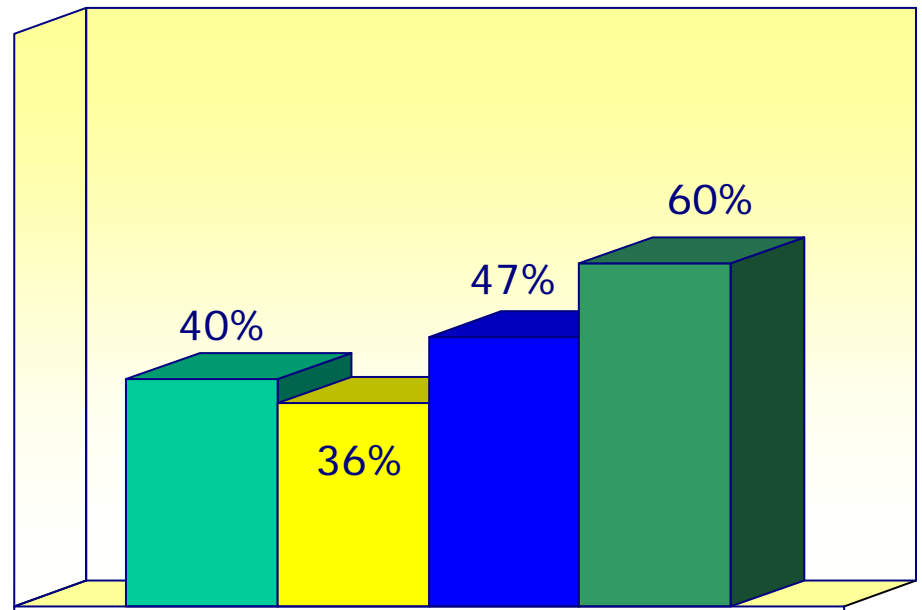
- **RESTRICTION**

- Restriction is: based on contraindications in the service plan and/or applicable court order; documented in the case record; approved in advance and reviewed monthly ... All such restrictions are fully explained and determined with the participation of the individuals served and when appropriate, the individuals family.

» Joint Commission On Accreditation Of Health Care Organizations

# Restrictions on Parent-Child Contact: Parent Reports

- 79.4% of parents reported at least one type of restriction on contact:
- 51% of parents reported restrictions based on point and levels systems.

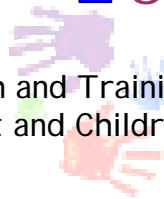


■ Telephone

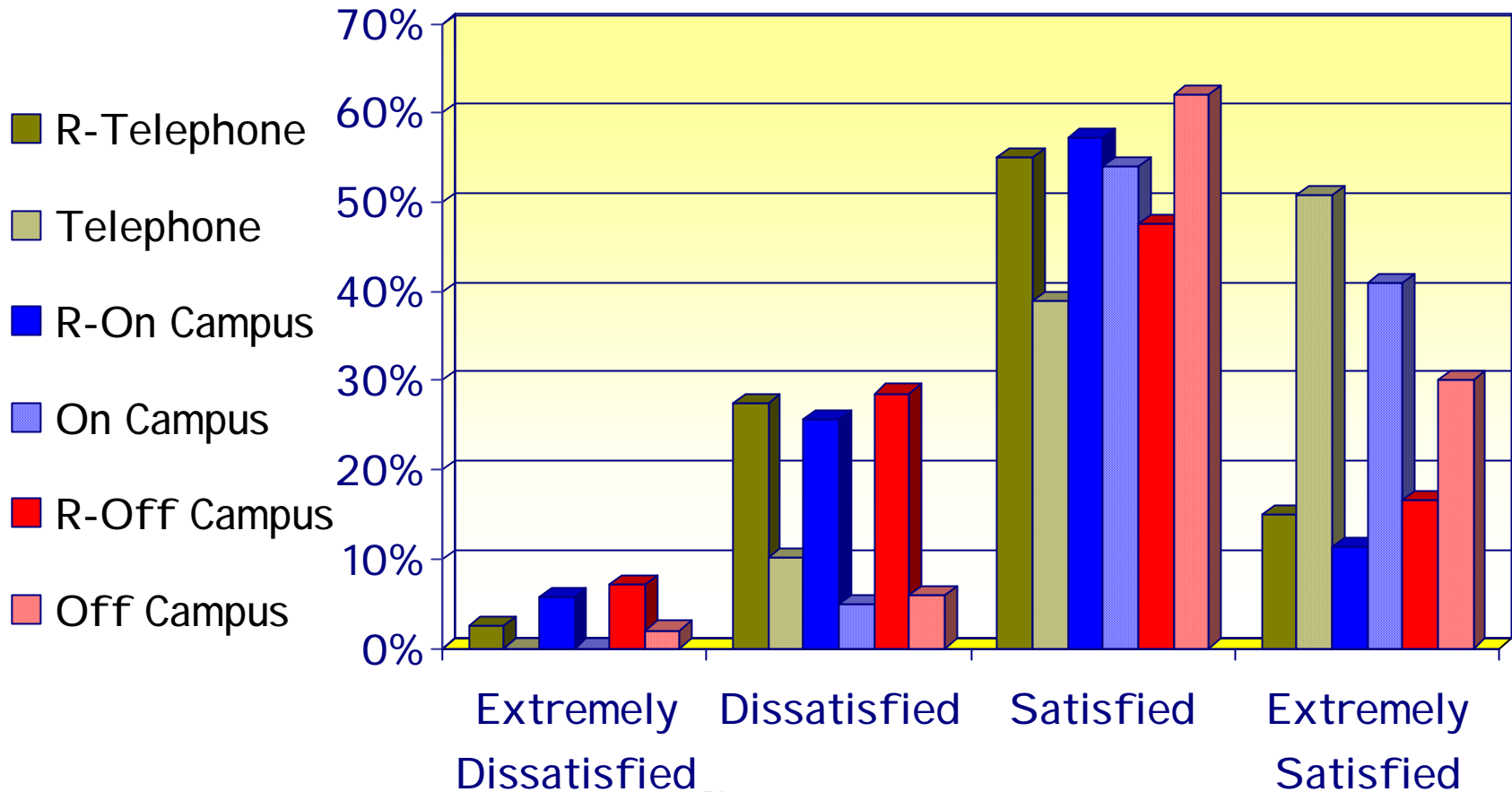
■ On Campus Visits

■ Off Campus Visits

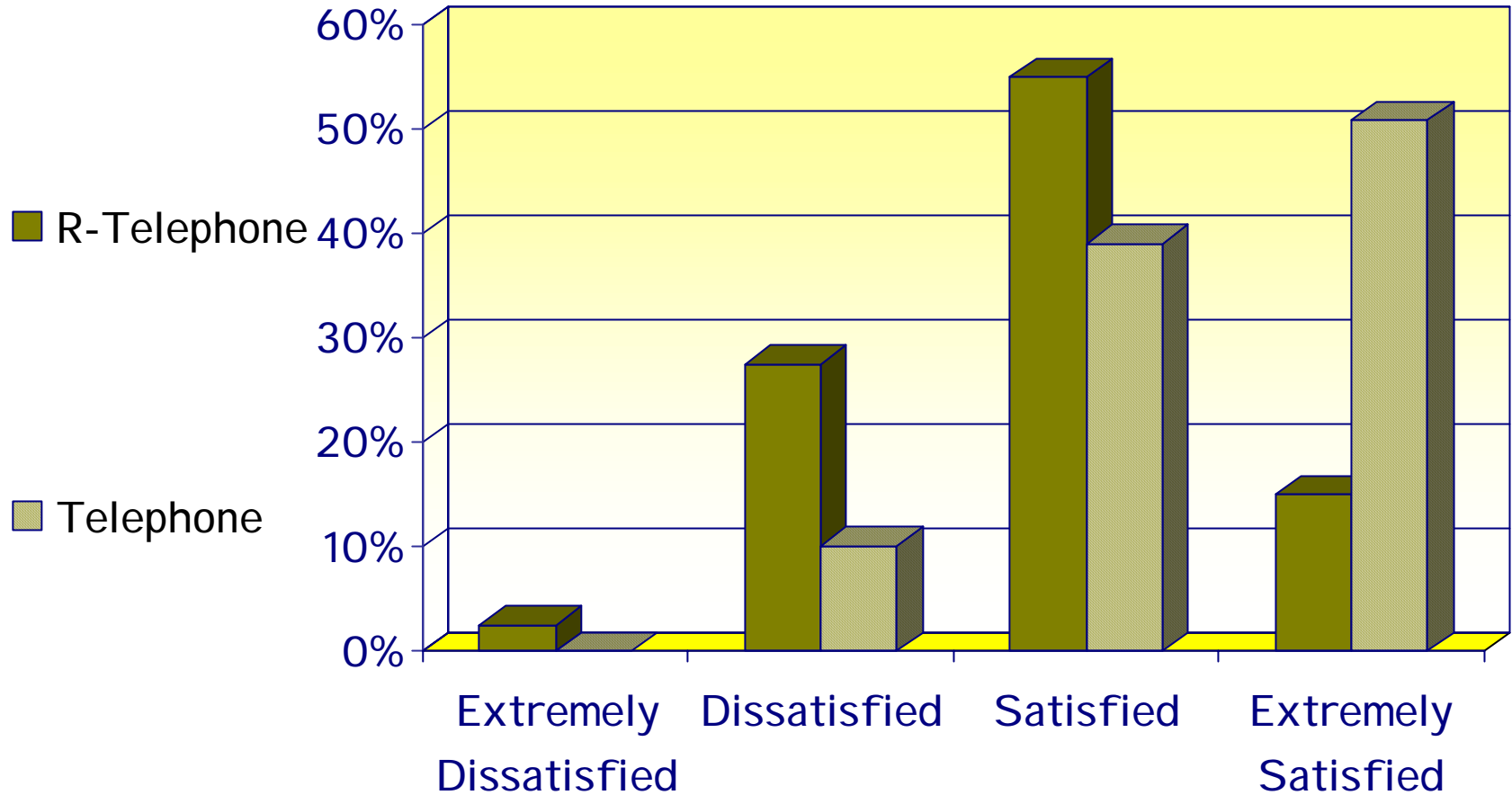
■ Home Visits



# Parent Satisfaction with Amount of Contact by Type and Restriction



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# Parent Reports re: Contingencies



- Overall, 59% reported contact dependent on child's behavior:
  - 93% of parents below poverty line had such contingencies;
  - Parents who reported these contingencies based on their children's behavior had children with less problem severity.

# Parent Reports re: Contingencies (Cont.)



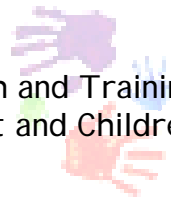
- 11.8% required to participate in education/therapeutic services as condition for contact;
- 16% reported that contact was dependent on behavior of child's peers in living unit.

# Quality of Arrangements for Contact: Standards & Guidelines

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- Some note responsibility of treating organizations to provide:
  - onsite locations for visits
  - overnight accommodations for families who travel long distances to visit

(MDMH, 2001)



# Satisfaction with Quality of Arrangements for Telephone Contact:

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## Parent Comments

“Only one pay phone for 16 girls and only certain calling times – limited availability to reach her sometimes.”

“We were allowed to talk to [our] son every evening to reassure him that we were still there for him.”

# Satisfaction with Quality of Physical Arrangements for Visits at the Facility:



## Parent Comments

“Would have visited more but could not afford car rental, meals, and hotel that distance necessitated.”

“Accommodations were crowded and noisy with other patients cursing and acting out. . . .”

“We were given a private room for family visits.”

# Implications for Future Research



- Need more representative samples of population (i.e, larger sample, more diverse families);
- Studies should examine influence of parent-child contact on child and family outcomes.

# Implications for Policy and Practice



- Policies and practices in out-of-home placements should be more closely aligned with current theory and research evidence:
  - Should be developmentally appropriate and designed to preserve and promote family bonds;
  - Should not discriminate (even indirectly) on the basis of the economic or other family circumstances;

# Implications for Policy and Practice



- Parent-child contact should not depend on child's behavior, parent's behavior, or other contingencies;
- Agency administrators and practitioners should use research findings to identify aspects of family-centered practice that facilitate parent/child contact.

# JCAHO Field Review



- At the time of admission the organization's use of behavioral support interventions including level systems, are made known to the individual served and as appropriate the family.
- Elements of Performance
  - Conditions under which an individual moves through the levels are individualized.
  - Group contingencies are not based on a single individual's behavior.
  - Group consequences may not impact an individual's rights.

# Questions for Caregivers



- Are there any restrictions on contact with my child while s/he is staying at the program? If so, what are they? How are restrictions determined?
- What support or concrete assistance does the program provide to family members to maintain regular contact with our children?
- Who should I talk to about parent-child contact?
- Is there a parent support group or other opportunity to meet other parents of children at the facility?