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Review Article

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MARVELOUS FAMILY TIME: Lessons from Family Time Coaches Who Build on Parent Strengths to Meet their Children's Needs

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Twenty years ago, the Visit Coaching Manual was published by the Administration of Children's Services to support the work of specially trained coaches in private foster care agencies in New York City. The idea of preparing and coaching parents for the best time possible with their children was, and is, in sharp contrast to standard visits, which could be retraumatizing for children and punishing for parents. Since 2004, coaches have been trained in more than half the states in the U.S., the Choctaw Nation, Canada, Bermuda, Australia and Belgium. Connecticut, Montana, Maine and Easterseals in Vermont have statewide implementations of Visit Coaching, now also called Family Time Coaching. Fifty trainers (certified to train new coaches in their own agency) from eight states are invited to quarterly virtual gatherings to share new ideas, tackle challenges, and suggest additions to the website visitcoachingcommunity.com.

Twenty years of implementing Visit Coaching/Family Time Coaching have been deeply rewarding. We have supported communities in moving from unproductive traditional supervised visits to parents and children delighting in each other in Family Time and families having speedier safe reunification. Among the lessons we have learned are:

- Family Time is an underutilized service that can be the most significant assistance the foster care agency provides
- Coached Family Time is a powerful opportunity to address the harm of separation
- Frequent and consistent Family Time is correlated with safe reunification
- Family and community culture are central to coached support for families
- Shared Parenting between parents and caregivers offers decreased loyalty conflicts for children, continuity of care, and a stronger sense of self
- The trusting relationship between the parent and coach leads to an improved parent-caseworker relationship which contributes to better outcomes
- When parents recognize they cannot meet their children's needs, they are supported to participate in planning for another permanent home

We have learned that building trust begins with listening to a parent describe what their children need from them as the coach supports the parent in taking charge of their Family Time. Parents create their own umbrella drawing, with a picture of their family under shelter, with the parent's strengths and each child's specific unique developmental, separation-related and safety needs. The parents' troubles are likened to a raging thunderstorm that will continue, but they are supported to put up their umbrella to keep their worries from getting in the way of being responsive to their children during Family Time. The coach builds on the parent's strengths and encourages attunement to each child. Parents tell us the umbrella drawing is empowering, and they adapt it when their children return home, modifying it as their children's needs change and their stressors are different. During each Family Time, coaches take notes on how a parent meets each of the needs of their children and how the coach can guide them in being more effective. Parents tell us that the specific child needs-focused feedback they receive at the end of each Family Time enhances their patience and attentiveness and motivates them to return despite the pain of repeated separations from their children.

Furthermore, coaches describe how child needs and parent troubles change over time, and progressive umbrella drawings shared with their caseworker effectively demonstrate increased parent competence [1].

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We have learned that Visit Coaching/Family Time Coaching contributes to safe reunification. A study of 106 parents in San Diego, California who were coached during Family Time found a statistically significant improvement in parenting skills on specific measures. Moreover, the participants were families who social workers had described as facing major obstacles to reunification. Families who were referred to coaching had lower odds of reunification, yet "although they started out at a great disadvantage, families who completed coaching had reunification outcomes that compared closely to the general foster care population. Interviews with program participants showed that parents who participated in the program, versus parents in the general foster care population, had improved relationships with their children, better practical parenting skills, and a greater sense of self-efficacy. Program participants were universally positive about Visit Coaching." [2].

A follow-up San Diego study by that research team found that children whose parents participated in coaching experienced significantly fewer recurrences of maltreatment within 12 months than children whose parents received services as usual. The authors concluded, "Family Visit Coaching approaches parenting education differently than many other models. This program teaches parents how to manage the reality of parenting in a stressful environment by preceding the Family Time with a process in which parents consciously acknowledge and set aside their life stresses so that they can be as fully present as possible during their time with their children…this program may be a better resource for parents in avoiding future maltreatment than the business-as-usual parenting education programs that parents usually attend while their children are in foster care. Another possible explanation for the reduction in child maltreatment after children return home may be that the support and positive experiences families received from the program made families more likely to seek and accept supports for concerns that could become general neglect if not addressed. Coupled with the high acceptability demonstrated with prior research and the critical role of positive visits in facilitating reunification, Family Visit Coaching should be strongly considered as a routine practice in supporting families in their reunification process."[3].

Endorsement of these research conclusions also comes from two Family Time Coaching programs. A Maine program found that more than half the families began reunification after four months of Family Time Coaching. Fewer than 10% of parents no-showed Family Time versus as much as 50% in traditional supervised visits.

In interviews of parents who participated in Family Time Coaching with Easterseals Vermont, parents emphasized the contribution of coaches to their progress citing:

- Regular feedback recognized skills and built trust
- A confidence-building sense of movement in the case plan with opportunities to demonstrate new skills
- Support for a strong identity as a parent and recognition as a family
- Increased awareness of child development
- Parents also reported adopting new habits, including patience, self-regulation, attunement, child behavior management, and accessing health care as a result of their experience with coaching.

Visit Coaching/Family Time Coaching begins with the parent and coach meeting to empower the parent to take charge of their Family Time. The parent talks specifically about what their child needs from them and in the process often describes their life stressors. This planning conversation begins the important relationship between parent and coach and produces the family's first umbrella drawing. Before the children arrive for each Family Time the parent and coach have a pre-meeting for the parent to prepare by thinking about their child's needs and putting up their umbrella so their stressors do not get in the way of focusing all their attention on their child. After the children arrive, the coach may actively guide the parent in meeting each child's needs or may be more quietly encouraging, depending on the parent's learning style. Coaches meet with parents after their children depart to encourage the parent's self-reflection and to give feedback about how they met their children's needs and what support they will benefit from in their next Family Time.

In addition to these four elements, Visit Coaching/Family Time Coaching also emphasizes Shared Parenting between parent and caregiver. Partnering with the caseworker by providing notes about how the parent meets the child's needs during each Family Time and encouraging a positive relationship between the parent and caseworker are also important aspects of the coach's role.

When coached Family Time starts soon after removal and parents are supported to visit consistently for several months, safe reunification may be able to occur relatively quickly. But completing their service plan may not be that rapid, and in subsequent months a parent requires continuing encouragement not to give up. Finding housing, looking for work, and attending treatment are draining. The loss of their children and the resulting instability and sense of guilt take a toll on parents. When children enter care because their parents' substance use impaired their attentiveness to their children, parents say that being clean and sober does not mean they are confident about how to tune into their children's current developmental, separation-related and emotional safety needs. When they come for visits, parents may be overwhelmed by their mixed feelings of pleasure, sadness, awkwardness and defensiveness as well as competitiveness with

the foster/kin caregiver [4]. As the coach and parent focus on strengthening attachment with their children, the process may be slow and painful. Coaching is especially effective in supporting fathers who may have been separated from their children for a long time. Parents are coached to make their Family Time as familiar as possible for their child, feeling close as a family, and doing what they have always done together. The coach guides while appreciating the unique ways the family shows love and gives each child a sense of belonging. Parents are encouraged to make Family Time a celebration of their family by taking pictures, making a family scrapbook, telling family stories and eating meals together.

It is optimal to have Family Time where the child is most comfortable. For active children, Family Time that includes coached time outdoors or in a place where they can run around is necessary. In some programs coaches join parents and children in the caregiver's home, and other programs have Family Time centers with kitchens and outdoor space. Many programs have shifted the default from office visits to Family Time in the family's home when it is safe, encouraging familiar surroundings for the child and opportunities for more natural parenting. In addition, despite the challenges of an unfamiliar location for the child, Visit Coaching/Family Coaching with incarcerated parents makes fun-filled Family Time focused on the child's needs and building on the parent's strengths possible in jails and prisons [5].

In 20 years of implementing Visit Coaching/Family Time Coaching, we have learned about how coaches can support parents in meeting their children's separation-related needs. Children experience many different kinds of trauma, sometimes beginning in utero, including loss, disrupted caregiving, emotional maltreatment, neglect, physical abuse, sexual abuse, and exposure to familial and community violence. A child's known trauma history is only a first step in identifying their unique separation-related needs resulting from removal in order to support family and caregivers to meet those needs.

A parent has an essential role in helping their child adjust to the loss of everything familiar. Comforting from their parent and feeling a sense of belonging to their family can dramatically improve a child's adjustment to out-of-home care. But parents report that being prohibited from talking about the separation with their child and feeling overwhelmed by their own shame, anger and powerlessness interfere with sensitive responses to their child's reactions.

Children need to understand what is happening to them. They want and ask for simple explanation and comforting from their parent that is different from what they learn from their caregiver or caseworker [6]. For example, the beginning and end of visits are especially hard on young children if they cannot ask for clarification about why they are visiting and why they are being separated again from their parent. If unmet, these separation-related needs slow down adjustment to the caregiver's home and school/daycare. Disruptions in their relationships are a source of continuing distress for children that interferes with developmental progress.

Children often cannot or do not talk about the separation-related needs behind their behavior, and it can be challenging to figure out what they need. Many children in care are described by their difficult behaviors, and they are often blamed for placement disruptions because of their behavior. They are called angry, defiant, uncommunicative, self-harming, or untrusting. Usually insufficient supports have been provided to caregivers and families to meet the needs behind the child's distress:

- The loss of everything familiar causes a range of behaviors in children, even when they are placed with an experienced and loving foster/kin caregiver
- Every move affects the child: disrupted caregiving in younger children interferes with many aspects of development and in older children contributes to relationship problems and school difficulties
- Emotional regulation needs, attachment needs, and self-esteem needs are usually connected to the trauma of separation and pre-removal adversity and moves in foster care

Fragile coping skills during distress are a major legacy of trauma in children removed from their families. Emotional regulation is not just a matter of self-control: often a child has not learned how to soothe themselves in distress. Emotional dysregulation affects the child physically— their behavior is just the tip of the iceberg of multiple internal experiences. Children who have difficulty with self-regulation have stress-response systems that are poorly organized and hyper-reactive. Coaches support parents to calm themselves so they can listen to their child's needs behind their frustrating behavior and co-regulate and model for their child.

Coaches respect the family culture by recognizing that their way of meeting their children's needs is comforting for their child. Parents attune to their child in their own way that we appreciate by supporting them in refining their understanding of their child's specific developmental and separation-related needs now that they are not living together.

Trauma

In the two decades since the Visit Coaching Manual was published, the field of interpersonal trauma has blossomed. From the perspective of the individual, the impacts of traumatic experience, especially adverse childhood experiences, have been better understood in terms of developmental trajectory, relational capacity and health outcomes. In terms of family, understanding has moved beyond the dynamics of an abusive relationship to the complex realities of intergenerational trauma. And, in terms of culture we have become more aware of the impact of historical trauma, both psychologically and physically, as evidenced in epigenetic exploration. We have also become more conscious of the traumatic impact and daily toll of discrimination, microaggressions and attacks on those in our society who have been marginalized.

In a parallel process, Visit Coaching/Family Time Coaching has been contextualized in the anticipated traumatic experience of both children and parents arriving for their Family Time. This context is necessarily a different approach than the "trauma-informed" stance sometimes taken by human services. Visit Coaching/Family Time Coaching does not add a trauma module

to a curriculum but instead teaches that trauma is the core of what coaches are working with. The separation of child and parent itself is traumatic. Learning about trauma response and co-occurring behaviors serves to reinforce that children need empathic responding and parents have to understand what their child is experiencing and displaying. At the same time, for many parents, the separation and various other related events can serve as trauma reminders and re-ignite their own trauma response from previous experience. Children and parents can be trauma reminders for each other, and we have seen the power of the parent as a healing catalyst for their child in this challenging time.

Coaches do not become therapists, although in some agencies they work alongside trauma therapists and child-parent psychotherapists. Coaches do, however, become trauma-responsive so that they can better recognize feelings and trauma-based reactions during Family Time and so that they do not unknowingly experience vicarious traumatization. Coach self-care (and collective care) has become more sophisticated in some programs.

The practice of Visit Coaching/Family Time Coaching focuses on child needs as the forum for guiding the parent's attunement to the often-specialized needs of their child related to the trauma they experienced. As the parent's understanding and exploration of their child's needs develops, they are able to be more curious than ashamed and able to find out how to provide or obtain the care their child needs. The umbrella is a consistent recognition of the parent's own needs and history and perhaps current traumatization as their thunderstorm rages outside Family Time. Pre meetings are the time necessary for the parent to practice their own self-regulation and identify their own trauma-related stressors. Post meetings allow time for positive reinforcement, hopeful planning, and when necessary, support for the parent re-entering their thunderstorm. Shared parenting is an opportunity (formalized in some programs and informally in others) to work on establishing the safety in relationship that can provide consistency of care and demonstration of cooperation needed by the children. In jurisdictions where foster parents receive training in specialized care for traumatized children but parents do not, it is an opportunity to talk together about what is being learned and applied. Parents, caregivers, and caseworkers have been able to work together on developing honest age-appropriate explanations and stories for the child, the meaning-making so desperately needed by children in care. Finally, the focus on partnering (the parent's collaboration with those working with their child and the family) in Visit Coaching/Family Time Coaching has encouraged parents to advocate for involvement in their child's treatment and encouraged caseworkers and providers to include parents or, at a minimum, inform them of how they might understand and support the treatment; for example, a therapist coming to Shared Parenting to share recommendations so the parenting team can implement them together. For many coaches, it has been their coaching practice that allowed a means of direct application of knowledge gained in training about trauma provided in their agency.

Cultural Humility and Cultural Responsiveness

The last 20 years in the U.S. has also been a time of accelerating diversity. In 2019, for the first time, more than half of the nation's population under age 16 identified as a racial or ethnic "minority." [7]. Black and Indigenous families continue to be overrepresented in the foster care system and racial disparities occur at nearly every point in the decision-making continuum; reporting, removal, services and reunification [8].

Training in Visit Coaching/Family Time Coaching involves various approaches to cultural competence. Visit Coaching/ Family Time Coaching builds upon those efforts through the application of a cultural humility/ cultural responsiveness model. Specifically, coaches have developed non-intrusive ways of learning from the family about their cultural traditions and beliefs. Coaches are encouraged to identify and engage cultural brokers to support their understanding of a particular cultural group. Using this understanding, coaches are reminded that any one parent or family might look, act, and believe differently from what they had just learned about the cultural community. Coaches discover, however, that they now know better what questions to ask or things to notice. As well, the family often feels supported by the coach's genuine effort to understand them.

The purpose of Family Time itself promotes cultural responsiveness. Coaches naturally support each family as they build and maintain their bonds, grow together, enjoy each other and incorporate family traditions. Learning about particular cultural routines, healing traditions, special occasions, and celebrations and working with families to approximate those in Family Time enriches the family's and the coach's experience. Coaches also learn first-hand about the discrimination and microaggressions experienced by families and the impact on parent and child well-being.

Cultural humility on the part of an agency, a coach, a foster parent, and a caseworker means recognizing that children are often living bi-culturally or even multi-culturally after removal. As the fields of infant mental health and child development have embraced the importance of positive identity development, this potential source of conflict and confusion has been illuminated. In situations where Shared Parenting is in place, families and foster families can share differences and make the child's experience an affirming one. Examples are the caregiver who learns to cook the child's favorite dish from their parent or families that invite one another to their cultural celebrations. Some programs have been able to hire bilingual coaches who can share language and, sometimes, cultural experience with families. Others learn to work with interpreters, virtually and in-person. Engaging the interpreter with the practice has proven helpful in many cases, and some state agencies pay for additional time for interpreters to understand what Family Time Coaching is before working with the family.

As coaches talk about cultural tradition, some working class white families have said "we have no traditions." Coaches are able to explore with those parents what their traditions might look like and, indeed, if there were none they wished to carry forward, the concept of creating some for themselves.

Coaches and programs recognize the Western European roots of prevalent child development and child rearing practices and are learning how some of those practices might be in conflict with a particular family or cultural group's beliefs. All this is within the

parameters of a foster care system based in Western European beliefs about child rearing, family systems, and child protection. With this awareness, coaches have found ways to facilitate understanding among parents, caregivers and caseworkers, or at least better clarified 'best practice.'

Cultural awareness can also extend to other aspects of each family's social location. Class differences have historically existed between families and foster families. During the height of the COVID-19 pandemic, this reality was sometimes in stark relief, as parents huddled in cars in parking lots for Wi-Fi watched their child play in a comfortable middle-class home. Most striking, however, during the pandemic was the focus on child needs from both parents and caregivers and the empathy and gratefulness that grew from attempting to meet those needs together virtually. For the first time, parents were able to sing lullabies (albeit through a device) to their baby in their crib. Foster parents were able to see some of the poverty-based struggles of parents whose child they were caring for. Caregivers and parents appreciated the love for the child they saw in each other.

Gender and sexual orientation are open topics for discussion among coaches, parents and caregivers, whether differences between family and resource or kin caregivers or attitudes towards a child who is exploring their identity. Coaches have had to examine their own beliefs in order to facilitate these discussions. Some programs invite LGBTQIA+ advocates to train and to think together about implications for coaching families.

Some programs have specific training or initiatives to examine biases, usually racial or ethnic, and work towards anti-racism. Visit Coaching/Family Time Coaching training addresses the concepts of explicit and implicit biases and encourages coaches to seek additional resources, such as Harvard's Project Implicit. One program has made participating in that project a part of their ongoing staff orientation. Coaches are confronted with all manner of intersectional identities in the children and parents they work with. Their ability to "meet parents, children and caregivers where they are" often means examining their own biases and preconceptions as part of the lifelong learning that cultural humility requires.

Coaching Parents with Intellectual/Developmental Disabilities or Serious Learning Challenges

During the past two decades, traditional means of assessing parenting capacity have been challenged and more adaptive methods created [9]. Providers are learning that parents are only as disabled as the inadequacy of their support. Parents with intellectual /developmental disability face everyday challenges related to implicit and explicit bias, isolation from other parents, poverty, poor health and health care, teams of providers whose roles are unclear, and parenting materials and classes that are difficult to understand or generalize. For parents of color, those challenges are further exacerbated by historical trauma and racial inequities.

The statistics are alarming. Although 9% of children in the U.S. have parents with disabilities, they make up 19% of the children in foster care. Removal rates for parents with an intellectual or psychiatric disability have been found to be up to 80% in some areas and duration in foster care is longer for these children [10]. While decades of research have shown that intellectual disability is unreliable as a predictor of parenting performance and that parents with ID can learn new skills, 35 states still include disability as grounds for termination of parental rights [11]. Coaches often receive referrals where the parent is regarded as having intellectual/developmental disability but has no diagnosis or services. Under ADA and Section 504, a person eligible for disability services and accommodations is anyone with a physical or mental impairment that substantially limits one or more major life activity, a record of such an impairment, or being regarded as having such an impairment. This knowledge is helpful for coaches working with parents to build the support systems critical to their success.

We have been fortunate to have coaches with previous experience working with parents with intellectual/developmental disability and to learn from parents associated with The Association for Successful Parenting (TASP). We thank them for their contributions to our training specifically designed to help coaches observe their own biases, learn about the experiences of parents with IDD, learn more about accommodation and adaptation in communication and learning, and hone their best relational skills. Coaches who have engaged with these teachings say that it has improved their service to everyone, and they are able to speak more clearly, be more creative, build better rapport, and understand the power of natural supports. Coaches in training are surprised to notice how many steps there are to making a bottle or planning a child's bike ride, and practice planning and problem solving with a parent, always making room for the creativity and alternative steps that a parent may propose. Attention to individualized ways of measuring and celebrating success is especially important to parents with intellectual/developmental disabilities. Most parents we coach are vulnerable when we meet them and their confidence must be restored. For parents with IDD, however, the removal of their children links with prior experiences of perceived failure and rejection and makes individualized ways of measuring and celebrating success critical.

Coaches and agencies are encouraged to develop cultural brokers with the disability community so that parents can have access to services and peer mentors. As described earlier in terms of cultural responsiveness, working with parents often reveals silos of service and sometimes even a clash of cultures. For example, the coach may be the first person to hear about the parent's trauma history or notice a trauma response. Hoping to refer, the coach must wonder whether the therapist is IDD aware. Do they know about methods that work especially well or have been adapted for people with IDD? How does the parent's cultural community we are hoping to access for support view disability? Is domestic and sexual violence information accessible? As Family Time/Visit Coaches, moving out of our comfort zone is part of the job. Working with parents with IDD is a gift, spurring us to examine our biases and learn to use language that is easier for anyone to understand. We learn to break down, with parents and their teams, risks, expectations, interventions, and tasks into manageable concepts, sentences, pictures, and activities. We learn to better measure and celebrate progress and success in ways that can be understandable and enjoyable to all.

Coaching When One Or More of The Children Presents as Neurodivergent or Developmentally Disabled

Parents whose children present as neurodivergent and/or have a developmental disability often need varying degrees of support to strengthen their child's ability to communicate with the world, to learn, to navigate the educational system, and to develop relationships. Their child's unusual, isolating, or even harmful behaviors can be a great source of frustration, grief and shame. For parents whose children are in the state's custody, these emotional responses are likely compounded by the situation they find themselves in. Parents may be unable to receive or understand the recommendations being offered by providers who, while experienced working with developmental disabilities, are often new to this child and this family. Historically in child welfare, providers such as physical therapists, occupational therapists, behavioral interventionists and speech and language professionals have worked only with foster parents and schools, often not even meeting the parent.

Family Time coaches have found themselves sometimes working on two fronts, often simultaneously. First, they recognize the unique ways of communicating that many parents and their neurodivergent children have developed, for example a fingertip greeting or celebratory dance. This acknowledgement then helps coaches talk with parents about their child's diagnosis and what it might mean for meeting their individual child's needs in Family Time and beyond. Secondly, they must help providers understand the benefit to the child of engaging with the parent. Coaches have been facilitators and even mediators as providers work with parents and foster parents, in shared, specialized parenting that will maximize this child's well-being. This may begin with separate meetings with providers for the coach to better understand the child's needs and diagnosis and the implications for parenting. Simultaneously, the coach is encouraging the provider to learn about and meet the parent. This means the provider joins the Family Time to demonstrate a therapeutic technique or give other in-the-moment-guidance, guidance that is likely already being provided in the foster home or school. Coaches have sometimes prepared providers to meet with and engage with the parents, of whom providers may have a stereotyped, fear-based image. Providers, while aware of the child's physical, cognitive, and social/emotional needs in the school or medical setting, may not have appreciated how living in an unfamiliar home without their parent(s) may lead to escalated or regressed behaviors. Bringing providers into Family Time to share what they are teaching in the foster or kinship placement can help provide the continuity the child needs. In the case of families with multiple children, this mean inviting the provider to a special Family Time with just that child, where needs and suggested interventions can be discussed in the pre-meeting and practiced in the Family Time. The result might be a Family Time book that shows in photographs and words each step in a particular physical exercise improved or integrated motor skills; or steps to safely intervening with unsafe behavior. A poster might be created of different ways the parent can build their child's vocabulary during Family Time or a social story everyone will use for saying goodbye.

For coaches, who are generally well versed in parent engagement, these situations have meant integrating three lenses, each of which serves as a critical guide for effective coaching when the child's needs are extensive. They are the lens of a desired developmental trajectory for each child in care; the lens of neurodivergence and developmental disability and how that impacts child needs and parent response; and the lens of traumatic experience and response, including the trauma of separation. For agencies providing Family Time Coaching, this may mean extended training for coaches so that they can more easily support parents to receive and understand complex diagnostic information, as well as adapt recommendations to the limitations of Family Time. Agencies prioritize their partnerships with the providers most commonly accessed, so that there is a baseline understanding of each person's role and how shared parenting and provider/parental relationship contribute to child well-being.

The engagement of providers to work with parents can empower the parent to make essential changes in their parenting and their lifestyle, based in a better understanding of their child. The commitment to meeting child needs allows a direct and visual way to talk about specific individual child needs and related behaviors (such as the umbrella drawing). The recognition of each child and family as unique encourages adaptation of the environment to child needs, for example, planning to avoid sensory overload with adjusted lighting and comforting sounds. The preparation and debrief times for parents allow for ongoing integration of new, often challenging, information about their child's needs, and coach support for parent efforts to meet those needs. Regular shared parenting meetings support consistency across the child's environment in a formal, proactive process.

Coaching With Families Impacted by Mental Illnesses (Including Pmad)

Visit coaches/Family Time coaches work with parents who experience a range of mental health challenges, diagnosed and undiagnosed, treated and untreated. Many programs have clinicians who either work beside or consult with the coaches to help their understanding of each parent's experience and how best to support and communicate with them. Coaches are often the bridge to treatment, because of the direct link parents are able to make between their child's needs and their own need for mental health support. For example, a needs list might include a parent's statement, "My child needs me to manage my anxiety so I can be there for her." One way that parents will meet that need is to pursue long-avoided treatment. As described above, foster care systems have been learning that children need words and story to make sense of what is happening to them and what has happened to their families. Otherwise, their confusion can lead to self-blame and identity challenges. Children benefit from adults finding the words to explain situations involving substance abuse or domestic violence. Coaches support parents to share the story of their mental illness in developmentally responsive ways so that the children can better understand some of the behaviors they have experienced and, crucially, not blame themselves. Coaches collect books specifically for children about parents diagnosed with mental illness and materials from organizations like Emerging Minds, and some have hired parents with mental illness to train staff and provide peer support.

Perinatal mood and anxiety disorders affect 1 in 5 mothers during pregnancy or postpartum regardless of their medical

history, including whether they have been pregnant before. The prevalence of postpartum depressive symptoms is higher among people identifying as American Indian or Alaska Native (22%), Asian or Pacific Islander (19%), or Black (18%) when compared with White people (11%) and children of color are disproportionately removed and placed in foster care. Seven percent of children in foster care are less than a year old [12]. For any child who comes into foster care at less than six months old, their mother should be evaluated for PMAD, yet this is seldom done [13]. PMAD symptoms include: loss of energy, irritability, sleeping too much or difficulty falling asleep, trouble concentrating, remembering things or making decisions, loss of interest in daily self-care, loss of appetite or overeating, frequent crying, not enough concern for the baby, loss of interest in activities, withdrawing socially from family or friends, feelings of guilt or worthlessness, racing and intrusive thoughts, and thoughts of harming the baby or self. Any one of these symptoms could result in neglect or failure to thrive of the infant.

Whether their child has been placed at birth or after the parent's depression and/or substance use have led to removal for neglect, parents in Family Time may be experiencing more than the typical reactions to loss because of perinatal mood disorder. Complicated grief symptoms interfere with the parent experiencing happiness with their infant and focusing on the back-and-forth communication necessary to build attachment. Some programs have included training in perinatal mood disorder, attachment and attunement, and in administering the Edinburgh Postnatal Depression Scale (EPDS) in their visit/family time coach training. One program developed an infant specialist position in each office in order to have an in-house resource when coaching families with infants.

Coaches help parents of children in care tune into their infant: each child, even as an infant, has their own temperament, including unique rhythm of engagement and level of activity. Each parent has their own style of responding, attention span, flexibility, and anxieties. Some infants entering care are first children so their parents are more anxious because of their inexperience. Postpartum hormonal states can also reduce mothers' coping skills. Many removals occur when the newborn tests positive for drugs and not being able to take the infant home from the hospital is painful for parents. Parents of infants entering care are likely to be grieving their loss, which may result in holding the infant tightly throughout the visit or distancing themselves from the feelings provoked by not being able to have the infant home with them.

Parents have to work hard to build the bridge of attachment to their baby so their baby recognizes their voice, scent, touch, patterns of speech, and songs. Their coach supports the parent in understanding that tuning into the baby and communicating back and forth with the baby are ways to meet the baby's needs. It is tempting to see the baby's needs as simply physical care (feeding and diapering) and while these activities build attachment, reciprocal communication is a crucial, often ignored need. The coach encourages the parent to imitate the baby and keep the baby's attention, through holding the baby, looking into the baby's eyes, talking and playing with the baby.

Coaching With Families Impacted by Substance Use Disorder

Over the past two decades, more and more communities have faced the devastating effects of drug use on families, and coaches have been working to understand and support parents experiencing substance use disorder and/or who are in early recovery. Fortunately, as Family Time/Visit coaches have stayed focused on child needs, most programs have avoided coaches being responsible for monitoring drug use, thereby allowing them to be supportive to the parent seeking help and the family finding safety. Coaches are alert to the fragility of early recovery, the reality of relapse, and the challenges of parenting sober. Through pre- and post- Family Time meetings and check-ins coaches become associated in the parent's mind with the possibility of a different trajectory for parent and child. Parents become focused on their child(ren)'s needs and begin to make connections between those child needs and the treatment the parent requires. Coaches accompany parents to meet a recovery coach, to an AA meeting, or to intake at a treatment facility. In some programs where SUD is openly discussed, parents have called in ahead of time to say it is a "using day" and they do not want their children exposed. Other parents have given their coach specific clues about what a relapse might look like, and have asked that their coach follow up when these signs appear. Many a parent has included "my child needs me to be sober" on their umbrella needs list and gone on to detail what sobriety will look like both in Family Time and between Family Times.

Some programs have engaged the Recovery Coach community in their Family Time/Visit coach trainings and developed ongoing supportive relationships for parents [14]. Several programs have incorporated motivational interviewing principles or have access to clinicians trained in motivational interviewing [15]. Coaches recognize that all change is difficult and that parents engaged in Visit Coaching/Family Time Coaching are being asked to change their lifestyle and/or parenting. Substance use is an example of that and motivational interviewing techniques coupled with the Family Time/Visit Coaching practice model allow coaches to understand where the parent is in the change process and to help them explore where they want to be and how to get there. All this can happen while supporting parents to stay present in Family Time and meet their children's needs.

Siloed or separated services interfere with support for families affected by substance use disorder. When providers are not familiar with the demands upon parents in recovery or the shame and stigma mothers in particular may experience, they may make recovery more difficult and retraumatization more likely. At the same time, substance-using parents may not seek services for fear their child will be removed and control they have over their lives and their families situation may be lost [16]. While efforts have been made in various communities to de-silo substance use disorder treatment, anecdotal evidence suggests that it has been the individual coach and parent who have been the most successful. It is not rare to learn that when a coach and parent contact the parent's treatment provider together, they discover that the treatment provider is not aware of the dire situation the parent is facing in the child welfare system, that they are in danger of losing their child permanently. Another example is the coach supporting a parent to talk with their provider about adjusting medication-assisted treatment so that, rather than

dozing off, the parent can be at their best during Family Time and can practice the attunement they are working on with their children.

Depending on the program and the community, some coaches have facilitated Family Time while the parent is in residential treatment and been able to participate in planning the transition back into the community. This parent will have a plan that recognizes the client with SUD as a parent, with the motivations and responsibilities that brings. For children this can mean less disruption and better meaning making of the changes that have happened and are happening around and to them.

Tragically, the rise in substance use disorders, opioid use and polysubstance use has meant that coaches and those supporting them, along with the children they serve, have faced sudden and devastating losses of parents to overdose. This has meant increased attention to crucial coach self and collective care required in this work. It has also meant increased attention to understanding and honoring grief, as coaches work with therapists and caregivers to support confused and grieving children. In a parallel process, losing a participating parent is also likely to trigger stigma and self-blame individually and programmatically: "What did I miss, what else could we have done?" Most programs have some clinical support available to help them plan for collective care and individual attention in these circumstances. Those rituals and follow-up trainings often deepen and strengthen the coaches, the programs as a whole, and their resolve to serve our most vulnerable families.

Coaching Parents Experiencing Interpersonal Violence

Family Time/Visit Coaches often work with families who have experienced or are presently experiencing domestic or interpersonal violence. For coaches this may mean developing additional collateral relationships within their own agency (co-coaching) or in the community (domestic violence specialists and victim advocates). Coaches working with families experiencing interpersonal violence require reflective supervision to manage the complicated reactions that arise.

In situations where the violence has been acknowledged or adjudicated, one coach may work with one parent and a second coach with the other. Both coaches then maintain regular communication to ensure that the children's needs are consistently addressed. Sometimes one coach works with both parents, in which case reflective supervision is imperative to help the coach maintain safety for all and not become embroiled in the patterns of conflict and manipulation that may be a part of a coercive relationship.

In situations where interpersonal violence is suspected but not acknowledged by the family or the agency, the coach is in a particularly challenging position. They may become aware of coercive or manipulative behaviors that impede one parent's ability to parent, are harmful to the relationship of that parent and the children or are threatening to the coach. If the agency/coach suspects interpersonal violence at the outset of the referral, sometimes individual parent meetings at the beginning may be an opportunity to hear from the parent being abused about what is happening. At that point, appropriate support can be found and separate Family Times arranged. In other situations where the parents are both determined to parent together, coaches (and the agency) have been able to incorporate a domestic violence specialist or advocate into the family's plan. Some foster care agencies use the Safe and Together model to help families create the safety they require to parent together [17].

As with every family, coaches think together with parents about the specific needs of each child. It is helpful for coaches to have a good understanding of the impact of domestic violence on children at different developmental stages and how those effects may manifest in certain behaviors. Excellent basic resources are available such as the National Child Traumatic Stress Network's Parent Fact Sheets that focus on children and domestic violence and cover a range of topics from impact to building child strengths, talking to your child, managing behaviors, and helping your child navigate their relationship with the abusing parent [18].

Working with parents experiencing domestic violence alerts coaches to the importance of intersectional identities and social locations and how both may impact a parent's ability to seek and receive services, as well as how interpersonal violence is defined. For example, people with disabilities have a higher lifetime prevalence of experiencing abuse, experience violent crime at twice the rate of people without disabilities, and are three times as likely to be sexually assaulted as their peers without disabilities [19]. The power and control wheel used to explain distinct types of interpersonal violence can be adapted to coaching parents. Project Peer created an alternative wheel for those with disabilities which not only points out types of abuse (such as withholding necessary physical support) but provides pictures making the wheel more accessible to those who benefit from visuals [20]. "Compared with White women, Black women are at heightened risk of experiencing intimate partner violence and are more likely to be killed by intimate partners as well as by the police."[21]. While domestic violence has been identified as a key health issue for Black women, reporting and response to reports are notoriously low due to systemic racism. A Black parent with disabilities may experience a kind of double oppression where a lack of culturally appropriate, accessible services and increased communication barriers result in a sense of isolation and shame [22]. Even in terms of peer support, a survivor parent may find their disability community supportive of disability-related struggles but not conscious of cultural difference, while their cultural and/or spiritual community may not validate their experience as a survivor. In all our efforts to meet parents where they are, coaches grow. We learn about dilemmas, conflicts and resources of which we were not aware, we develop partnerships that support this and future families, and we expand in our capacity as a Family Time/Visit Coach.

Shared Parenting

Children in the state's custody are best served when their parents and those currently responsible for the child's care are in a collaborative relationship. Over the past two decades, Shared Parenting, among parent, caregiver, and caseworker, has become an important component of Family Time/Visit Coaching. Shared Parenting recognizes that all three have relationships, information, and influence necessary to the well-being of the child in care. The historical practice of isolating parents and caregivers confused and distressed children, increased loyalty

conflicts, and made the child's care less consistent or even inadequate.

Shared Parenting means that the child's needs, including safety needs, are better understood and met more consistently across environments and relationships. Family Time/Visit Coaches describe children's decreased anxiety and loyalty conflicts as a result of Shared Parenting. There is more psychological room for the child to develop a stronger sense of self and, through the models around them, develop their capacity for positive relationships, even in the most difficult situations. When the adults responsible for a child are working together, they can also agree on a narrative and develop answers to child questions about the transitions, disruption, and loss the child is experiencing. We know that if children are not offered such answers, they will make up their own stories, often blaming themselves for what has occurred. The child, then, can potentially have a more solid base from which to follow a healthy developmental trajectory, even while in care.

For parents, being recognized as a parent, although their child is not in their everyday care, can go a long way towards maintaining that parent's interactions with all aspects of the foster care system, and making the changes necessary for reunification. Shared Parenting is an opportunity to share their child's and their family's history, culture and other important information, as well as better understand and accept their child's needs and accomplishments since being in someone else's care. Family Time/Visit Coaching programs that have implemented some form of Shared Parenting also find that there are increasing opportunities for long-term supportive relationships to develop which serve both the child and the family. In reunification, foster parents can remain important resources and relationships and conversely, in adoption, first (birth) parents can have a defined and ongoing role in the child's life.

Benefits in Shared Parenting for kin, foster and resource caregivers include smoother transitions to and from Family Time, potentially less re-traumatization of the child, better understanding of the needs and strengths of the child and better communication and clearer expectations all around [23]. Foster/kin caregivers may come to experience the parent in a new way, as real people, not just someone who has had their child removed. Regular interaction also promotes caregiver efforts to recognize cultural and other differences that can be supported so that the child can have access to all of who they are and of who they belong to. The decrease in stress and re- traumatization can help with the behaviors as they transition to and from Family Time so often reported by caregivers, especially dysregulation, behavioral challenges, and even dissociation. In some situations, through the facilitation by the coach of Shared Parenting meetings, extended families engaged in kinship care, are able to communicate and work together despite the inter-generational pain and betrayal they have experienced.

For the caseworker, Shared Parenting can mean that all of the communication between parent and caseworker does not fall to them. Improved communication and transparency can stabilize relationships and placements. And most importantly, when parent, caregiver and caseworker are working together, the child's needs are more likely to be met in a timely and consistent manner.

There are challenges to implementing a formal version of Shared Parenting though at least Vermont found it so helpful they made those regular meetings policy for all children in care. Shared Parenting meetings focus on child needs. Parents bring their needs list to share, and caregivers contribute their perspective on the needs of the child in their home. The emphasis is on building and/or deepening the relationship between the parent and caregivers, to increase the ability of both to understand and meet the child's changing needs. The key is preparation for all parties so they come prepared to share and prepared to receive information. Coaches are encouraged to have a photograph of the child in the center of the table or room for the Shared Parenting meeting to help all participants stay focused on their purpose. Child voice is also present, sometimes in person, sometimes in prepared words, reminders, and pictures.

Geographic and logistical demands are a large challenge for many and post-pandemic some families around the country continue to have Shared Parenting meetings virtually in order to minimize those barriers. Some families and caregivers have also found it emotionally easier to meet virtually. Coaches have noted, however, that virtual engagement suffers if the parties have not been in person first. In looking back at the virtual pandemic experience, one of the big differences noted by coaches was the experience of foster/kin caregivers and parents actually sharing moments in the child's life; not just sharing stories or concerns about moments but sharing the moments themselves. As uncomfortable as it was for the parent on the screen to see their child run to their caregiver for comfort or for the foster parent to ask the virtual parent for help, there were relational breakthroughs as people were vulnerable and problems solved together.

The most common form of drift in formal Shared Parenting is the involvement of other professionals in the meetings. Shared Parenting meetings are not team meetings and are not intended for lawyers or others to support individual attendees. Shared Parenting is for those directly responsible for the everyday care of the child to work together recognizing and meeting ever changing everyday needs. Sometimes those parenting need to hear from a provider, for example a child therapist. That person can come to the first part of a shared parenting meeting, share their information, and then leave the parties to grapple with the next parenting steps.

Creating opportunities for informal sharing of parenting is another way to increase cooperation. Many programs use journals, baby books (paper and virtual) and other ways of sending pictures and information back and forth, especially for infants and toddlers. When caregivers are involved in transportation to and from Family Time, shared parenting moments can be anticipated and planned for so that the child has the opportunity to see their parent and caregiver being appreciative and respectful of each other. Medical appointments, school meetings, and the child's sports games are all possibilities for shared parenting moments. Just as with formal Shared Parenting meetings, preparation of the parties to receive each other well is important and coaches often

serve a facilitative role. Celebrations are another opportunity; birthdays, holidays which may be different in each home, and celebrations of milestones and accomplishments all can be opportunities for the child to feel held by the important people in their life.

Coach Care

Just as the past two decades have taught us much about interpersonal, intergenerational, and historical trauma, we have also been learning about the impact on those who serve the victims and survivors of trauma. Descriptors like burnout, compassion fatigue, and vicarious trauma have become commonplace in the human service fields, together with the proclaimed antidote "self-care." For its part, self-care has been reified, commercialized, and finally, decolonized, as our colleagues of color speak to the need for collective care.

Visit/Family Time Coaches have been in a particularly vulnerable position relative to many of their social worker, therapist, and home visitor colleagues. For one thing, coaches may not have had previous training or experience with the concepts of boundaries, countertransference or vicarious trauma. Coaching is a relational model which leans heavily on the ability of the coach and parent to work together to build relationships in every direction. Coaches encounter and work with families at their most vulnerable at a time of intense crisis and loss. Feelings are raw and coaches are privy to the intimate moments for a family, usually their only time together since separation. Therefore, it is imperative that coaches have regular reflective supervision in which their own experience can be processed and their boundaries supported.

While individual programs have their own resources for supervision and psychoeducation for coaches, we have begun to outline basic concepts in coach self-care for all trainees. First, it is important for programs and individuals to build compassion satisfaction in the work from day one. Whether as individual coaches, local or statewide programs, or an international network, we must take a proactive stance in creating the best possible holding environment and support for ourselves as we strive to create it for the families we work with. This requires self and organizational awareness.

Just as we use self and group reflection to better understand the experience and behaviors of the families, we need to use it to look at ourselves. This might include observing the difference between toxic and healthy stress in our daily life, compassion fatigue and compassion satisfaction in our work experience, and the possibilities for vicarious trauma or vicarious resilience in our own worldview. Vicarious resilience, less widely known than the other terminology, is the idea that we can not only experience deep and negative change in our own belief system and world view as a result of our work with victims, but that we may be inspired to deep and positive change in response to the stories of survivors.

Programs establish various sources of coach supervision and support. Some have in-house or consulting clinicians to support staff and navigate the most complicated situations. Some programs are also connected to reflective supervision through their infant mental health, HeadStart or other programs. Coaches get lots of practice self-regulating and managing their own responses to the inevitable unexpectedness of Family Time. Sometimes coaches need additional support to share those responses and gain perspective. Those attracted to social work in general have been found to have much higher Adverse Childhood Experiences Scores (ACES) than the general population, so many of us can relate personally to what the children and families we work with are experiencing. That is why it is critical that coaches share their responses, possible traumatic reminders and resonances with a supervisor and/or colleague, friend, spiritual advisor or therapist.

Coaches often carry hope for families and for each other. Collectively and organizationally coaches can use the ethics of the social work profession, particularly around social justice, and be guided by diversity, equity, and inclusion wisdom to examine how institutional conventions or habits can oppress rather than support staff and families. Those in the radical healing community remind us to develop restorative self-care practices that will benefit ourselves and our communities. French and colleagues (2020) suggest that while hope allows us a sense of agency to change things for the greater good, radical hope is an act of courage which allows us to transcend our ability to understand what the future may hold and to envision new possibilities together [24].

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