

Supervised Visits: When Are They Needed?

Please read the following article realizing that your family fits into one of the categories below:

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Over 1,200,000 American children are affected each year by their parents' divorce or separation. Initially, adults' concern about these children focuses on custody issues, assuming that once legal custody is granted to one parent or the other, the members of these broken families can work out a visiting arrangement themselves. However, as Anne Reiniger of the New York Society for the Prevention of Cruelty to Children (NYSPCC) writes, "issues of visitation can be as acrimonious and difficult to resolve as those of custody." (A. Reiniger, "Supervised Visitation: Multiple Needs, Practical Proposals," Law Guardian Reporter, vol. 9, no. 2 (1993), pp. 1-4.)

These emotionally charged meetings between children and their divorced parents can create abusive situations, and only in the worst cases will most courts deny visitation rights. Recognizing this, some child welfare professionals and mental health practitioners have developed supervised visitation programs.

These programs offer the promise that children can be protected, while their right of access to both of their parents is preserved. However, it is not always clear when or where supervision is required. Ms. Reiniger argues that it is normal, even healthy, for children to feel some anxiety or confusion surrounding visits with their non-custodial parents. How can family therapists, social workers, attorneys, and others involved in visitation arrangements determine when supervision would be in the best interests of the child? Ms. Reiniger cites the work of Dr. Alan Levy to describe five categories of disorders found in relationships between children and their non-custodial parents. These five groups can help those involved in visitation arrangements assess the need for supervision in a variety of circumstances. The groups are summarized below:

* Group 1: This type of problem is generally known as "switch-over anxiety" -- a tendency, especially among young children, to heightened anxiety and acting out in the days just before and after a visit. The most common type of visitation problem, switchover anxiety is rarely serious enough to be considered a disorder. It often resolves itself as the children adapt to new circumstances, although professional help can provide insight for parents and help them to make visits calmer and less anxious for children.

* Group 2: This type of disorder stems from a parent's psychiatric or substance abuse problem, such as manic depression, schizophrenia, alcoholism, or other substance abuse. If this problem began very early in the child's life, it may have interrupted the bonding

process; if it began after the development of a secure parent-child bond, it could cause "great uncertainty, anxiety, and fear in the child. The custodial parent may have considerable realistic concern for the child's safety -- especially in the case of a younger child," Reiniger writes.

* Group 3: When a child is separated from one parent at a young age and no parent-child bond has been formed between the two, the child often feels a very rational sense of fear at being left alone with a "stranger." The custodial parent, too, is often worried about such visits, both because they upset the child and because of the danger of "a second rejection should the absent parent fail to follow through with regular visits." Supervision may be advisable in these situations to reassure the child (as well as the custodial parent), but for some children it could lead to even greater anxiety.

* Group 4: In these cases, the non-custodial parent and the child developed a good relationship when the family was together, but after the divorce or separation the custodial parent attempts to turn the child against the non-custodial parent. This type of "pathological alliance ... between the child and the custodial parent" is often "precipitated by remarriage of either parent," Reiniger writes. Supervised visits, in coordination with counseling and family therapy, could help prevent the psychological and emotional strain this type of problem inflicts on children.

* Group 5: This type of problem combines aspects of the previous four: the bond between the child and the non-custodial parent is, for some reason, weak; and the custodial parent interferes to prevent visits or to prevent the development of a stronger bond between the child and the non-custodial parent.

In some cases, the custodial parent may have well-founded fears that the non-custodial parent is unfit to care for the child alone, while in other cases such expressions of concern mask an underlying motive of "getting back" at the non-custodial parent. One way of identifying potential "group 5" situations is to see the child alone with the non-custodial parent, and then with both parents. If the child appears relaxed and comfortable when alone with the non-custodial parent, but shies away when the custodial parent is present, a "group 5" problem may exist. In such cases, supervised visits can not only help to ensure the child's safety and access to both parents, but also help counselors to identify and diagnose relationship disorders.

In all of the above situations, supervised visits must coordinate with counseling, family therapy, and other services to help children maintain healthy, stable relationships with both parents, regardless of the parents' relationship with each other.