



October 23, 2024

CSPT uses the ACCEPTS model as a framework for assessing and documenting the parent's progress toward enhanced caregiver protective capacities, such as:

- Demonstrating impulse control
- Setting aside his or her needs in favor of the child
- Having an accurate perception of the child's needs
- Understanding his/her protective role
- Expressing love, empathy, and sensitivity toward the child; experiencing specific empathy with regard to the child's perspective and feelings
- Clearly demonstrating that the number one priority is the well-being of the child
- Aligning with and supporting the child

For more information about the ACCEPTS model, please refer to the *Clinically Supervised Parenting Time ACCEPTS Model* guide.

Source: Sanders, Mary J., & Bursch, Brenda. (2019). *Psychological Treatment of Factitious Disorder Imposed on Another/Munchausen by Proxy Abuse* *Journal of Clinical Psychology in Medical Settings* (May 14, 2019).

Clinically Supervised Parenting Time

Description of Service

The purpose of the Clinically Supervised Parenting Time (CSPT) program is to provide parenting time supervision in cases where a trained clinician is needed to recognize and manage dangerous parent behaviors that could go unnoticed by a person without the necessary training and experience, and parenting time cannot be provided safely at a less restrictive level of supervision. CSPT is an appropriate safety management service for families with substantiated or alleged medical child abuse, and may be appropriate for families with substantiated or alleged sexual abuse or other circumstances where a specially trained clinician is needed to observe and manage safety threats that could emerge during parenting time.

Clinically Supervised Parenting Time is a service provided by a mental health clinician but is not a therapeutic intervention. CSPT is a safety management service provided by DCS-contracted service providers, whereas therapeutic services, such as family counseling and reunification therapy, are treatment services typically provided by behavioral health providers through the RBHA or the family's private insurance.

The goal of Clinically Supervised Parenting Time is to improve parent-child interaction so that parenting time can safely increase and parenting time restrictions can be reduced. CSPT helps the parent develop the skills necessary for a healthy parent-child relationship in a structured environment that is emotionally and physically safe and prevents trauma to the child.

Responsibilities of the CSPT professional include

- supervising parent-child interactions when dangers cannot be managed at a less restrictive level of supervision,
- recognizing physically dangerous and emotionally traumatizing parent behavior,
- immediately taking action to protect the child when necessary,
- coaching the parent on safe and healthy interaction with the child, and
- identifying concerning behaviors or circumstances to be communicated to the parent's or child's therapist.

Clinically Supervised Parenting Time services are typically provided for 90 days. If the family is making progress and would benefit from additional time, services for an additional 90 days may be provided.

Service Eligibility

Referral to CSPT may occur when a family is unable to be provided parenting time safely with a less restrictive level of supervision. Example of cases where parenting time could not safely occur without a clinician present include:

- Medical child abuse, as described in the DCS Policy and Procedure Manual, Chapter 2: Section 11.2
- Criminal conduct allegations where there is a need to protect a child from coaching by a parent
- Parent behavior that is physically or emotionally dangerous and unpredictable or difficult to recognize, so that dangers cannot be successfully managed in less restrictive parenting time
- Allegations of sexual abuse

Clinically Supervised Parenting Time shall be provided in any case involving medical child abuse until:

- the parent acknowledges the abuse he or she perpetrated, and demonstrates clarity in the physical and/or emotional harm caused to the child;
- the parent is able to authentically work toward refraining from perpetrating future abuse;
- the child is able to acknowledge the extent of harm that has been perpetrated on him or her; is making progress in treatment related to PTSD, anxiety, depression, and other associated disorders; and has an accurate understanding of their actual medical and physical condition; and
- the child is able to begin trusting the parent again, as assessed by the child's therapist.

Service Referral Process

The DCS Specialist shall consult with the Program Supervisor and Program Manager to determine if a referral to Clinically Supervised Parenting Time is appropriate. The Program Supervisor and Program Manager will:

- determine the need for CSPT – if the case is a possible Medical Child Abuse case, the Unit Consultant will consult with DCS's identified MCA expert; and
- provide a written summary of the rationale for CSPT related to identified safety threats, diminished protective capacities, and needed behavioral changes.

If CSPT services have been court-ordered, a summary of the rationale for CSPT related to identified safety threats, diminished protective capacities, and needed behavioral changes is still needed.

The DCS Specialist shall submit a referral packet to the Centralized Referral Unit. The Referral Packet includes:

- Request for Clinically Supervised Parenting Time (CSO-2366)
- Current confidential CSRA (no criminal history information) or C-CSRA
- Current court report (if applicable)
- Current case plan (if applicable)
- TDM Action Plan (if applicable)
- Recent psychological/psychiatric evaluations (if available)
- Relevant case notes or reports from previous parenting time sessions

All requests submitted for Clinically Supervised Parenting Time must include Program Administrator approval and signature, as required per the Service Matrix.

Timeframes for Outreach and Service Delivery

- The CSPT provider will contact the parent within twenty-four (24) hours of referral receipt to schedule:
 - ▶ intake Assessment/Orientation sessions for the parent within five (5) calendar days of referral receipt;
 - ▶ the first CSPT session, which is to be held within seven (7) calendar days of referral receipt.
 - If possible, the DCS Specialist should attend the Intake and Assessment/Orientation to provide information that is critical to setting up the family to successfully transition to less restrictive parenting time.

- During the Intake and Assessment meeting, the CSPT professional will complete the Clinically Supervised Parenting Time Intake and Assessment form by interviewing each parent alone and separately. The CSPT professional will also inform each parent about the limits of confidentiality and request a release of information from the parent to allow the provider to communicate with other individuals and/or agencies designated on the release, and explain the program rules and policies prior to the beginning of Clinically Supervised Parenting Time.
- During the Orientation, the CSPT professional will:
 - ▶ familiarize the client with the staff and the site/location of the sessions.
 - ▶ provide guidance on how the parent should handle transitions before and after parenting time.
 - ▶ give the client an opportunity to express concerns.
 - ▶ provide and review the written Clinically Supervised Parenting Time Guidelines.
- The CSPT provider will conduct a preparation meeting with children who are able to understand the parenting time process. The preparation meeting will occur at a different time than, and subsequent to, the parent's orientation. The purpose of the preparation meeting is to:
 - ▶ build rapport between the clinician and the child.
 - ▶ review what to expect before, during, and after parenting time.
 - ▶ allow the child to express his or her concerns, fears, emotions.
 - ▶ reassure the child that he or she will be safe.
 - ▶ demonstrate to the child the respect the clinician has for the parent.
- CSPT Session Logs will be submitted to the DCS Specialist by the clinician within three (3) calendar days of each completed CSPT session.
- CSPT Monthly Progress Reports will be submitted to the DCS Specialist within fifteen (15) calendar days from the prior month of CSPT to the DCS Specialist.
- The DCS Specialist review of each session log and monthly report will assist in determining the family's progress, the continued need for CSPT services, and safe transition to less restrictive type of parenting time.
- Clinically Supervised Parenting Time services are typically provided for 90 days. If the family is making progress and would benefit from additional time, services for an additional 90 days may be provided.