Understanding Reactions to Visitation

Decisions regarding people’s reactions to, and during visitation should be individualized and made only after exploring the following questions:

(Hess and Proch 1987)

Is the reaction normal given the stresses of placement, including separation from the parent(s)?

If the answer is yes, then an increase in the frequency and/or length of visits may decrease the intensity of the reaction to separation and should be considered. Other contacts between the child and parent, such as telephone calls or emails, may also be indicated.

Does the reaction reflect distress related to conflicting loyalties?

Unfortunately, their families and/or resource parents sometimes place children in a double bind. Children may be urged by their parents not to cooperate with their resource parents. On the other hand, children may be subtly or openly encouraged by resource parents to become a member of the resource family and disavow their wishes to visit or to return to their family. Whatever the source of the conflicting loyalties, immediate intervention with the adults involved is required to free the child from this painful dilemma.

Does the reaction reveal problems in the visiting situation?

Is the child upset due to the location or activity of a visit? Some aspect of the visitation plan may be troubling to the child. Sometimes children experience the visit as having insufficient structure to help them feel secure; sometimes they experience the visit as being unnecessarily restrictive. Discussion with the child regarding the problems may reduce the distress. The child may be reacting to a component of the visit unrelated to the parent, such as attending a doctor’s appointment or getting a haircut. In some instances, a change in the visitation plan may be required.

Does the reaction indicate problems in the parent/adult-child relationship?

When thorough assessment indicates that problems in the parent-child relationship are creating distress for the child, therapeutic interventions are indicated. Documentation of the parents and children’s behaviors is critical as well as of their use of and reactions to therapeutic interventions. Should continuation of visits be viewed as harmful, the burden of demonstrating the relationship between the parents’ behavior and harm to the child(ren) rests with the agency.