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VISITATION GUIDELINES FOR FAMILIES WHEN A DIAGNOSIS OF MUNCHAUSEN BY PROXY IS BEING CONSIDERED.

Catherine C. Ayoub, R.N., Ed.D.

Visitation is an issue to be considered very carefully in cases of alleged MBP; complete forensic assessment is often recommended before regular visitation is suggested. The child's victimization is typically significant and chronic. Current literature indicates that victimization is likely to continue occur even in this light of treatment with few exceptions. Even with the most conservative visitation, children have been re-victimized by their mothers during visits. In addition to the physical danger, psychological implications for visitation are great. Child victims of MBP tend to have long term and serious sequelae to their victimization. However, this is frequently difficult to fully identify without a comprehensive evaluation by professionals with knowledge of the disorder and the trauma it engenders in the child. A number of experts suggest that there be no direct or indirect contact between parent and child or other family members who might serve as proxys for mother until evaluation is complete, a treatment plan for the family is in place, and mother has made significant progress. If visitation is to be instituted the following general guidelines are recommended:

1. Visits should be regular; it is important for the child to know in advance when visits are scheduled. Visits should be scheduled to minimize disruption in the child's regular routine. For example, visits should not be scheduled during school or day care hours. It is quite important for younger children especially that visits be held on the same day each week for the same length of time; it is equally important for the child's mental health that visits not be changed or cancelled except for significant emergencies. In order to achieve this goal, a system of back up visitation supervisors is strongly recommended. In cases where there is considerable danger of physical or emotional distress to the child visits should be discontinued. Reduction or discontinuation of visits in cases in which over time mothers are unable to acknowledge perpetration is strongly recommended unless special circumstances warrant visitation in order to meet the child's best interests. Some therapists recommend that visitation with the perpetrating parent, spouse and the child not begin until treatment has been successful for a year or more. Visits usually begin infrequently and are increased as therapy progresses.

2. A consistent professional supervisor who is fully informed about the details of the case should supervise all visits. Visits may be supervised by the Department of Social Services or by a clinically trained supervisor. Visits should NOT be supervised by relatives or any other partial parties until approved by both the child's and mother's therapist and found to be

appropriate by the court. Supervisor should be able to observe and be within ear shot of the child at all times during the visitation process.

3. Visits should be held in a neutral setting. They should not be held at the biological home or at the foster home, or at the home of relatives. Mutually agreed upon neutral sites can be explored with the understanding that the child does need some predictability in his surroundings and sites should not be varied too often.

4. During the visits, parents and/or other relatives should be engaged with the child or free to focus on him at his request. Conversations about the child, including information pertaining to his general health and well being as well as conversation about visitation and legal issues should not be discussed during visits. Visitation supervisor/child protective worker and the parents are encouraged to set up a regular contact time separate from the visits; this may take place either by phone or in person and should precede the weekly visits. Such exchanges should be scheduled at a routine, consistent time, and offered to one or both parents.

5. The child's medical or psychological condition should not be discussed in his presence nor should he be asked medically-related questions except in situations in which an acute illness presents during the visit. Visitation supervisor/child protective worker should continue to relay current general information pertaining to the child in his routine encounters with the parents. All information about the children's condition should be relayed ONLY through the designated professionals and not by relatives.

6. Food should not be brought to the visits nor should the child be asked to engage in eating during this time except as mutually pre-arranged. Exceptions can be made for special occasions, for example, birthdays with approval from therapists and the team. All food brought to visits should be store-bought and brought to the visit packaged. Advances in this area should be made in conjunction with mother's progress in treatment.

7. Visits currently may include parents and in some cases siblings. Other relatives who wish to visit under supervision may be included, if mutually agreed upon by the parties following an evaluation of their interests and perspective on the child's victimization. NO unsupervised visitation should take place with relatives unless those individuals are fully cognizant and able to accept the child's victimization as described by the court finding and can abide by the agreements about information sharing developed by child protection with assistance from the team.

8. Exchange of gifts during visits is strongly discouraged. Exceptions may be pre-arranged for given holidays such as birthdays and Christmas; all gifts should be pre-screened by child protection and/or the Guardian ad Litem. Parents should be encouraged to provide the visitation supervisor with a list of holidays on which they routinely exchange gifts so that such practices can be pre-arranged to the mutual benefit of all involved.

9. In general ALL electronic or photographic recording of visitation should be discouraged. Any electronic or photographic recording during visits should be collected and maintained by child protection or a designee of the court and made available to all parties. No unilateral

photography or electronic records should be made. All electronic recording should be maintained with primary attention to maintenance of the child's privacy. The use of such material should be carefully agreed upon before any data is collected.

10. Other forms of direct communication between parent(s) and the child such as telephone calls are strongly discouraged as they cannot be monitored as safety as face to face or written communication. If they are to occur, they should be scheduled at regular intervals and should be monitored. Optimal monitoring includes audio recording for the protection of all involved. Expansion of contact to telephone calls should proceed with mother's progress in the latter stages of therapy.