**FAMILY De-Brief for Visitation**

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| Date of VISTATION |  | Youth Involved |  |
| Date of Debriefing |  | Staff PRESENT |  |
| STAFF WHO COMPLETED  |  | Family Member |  |

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| **DESCRIBE WHAT OCCURRED ON THE VISIT**  |
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| **REACTIONS ABOUT THE VISIT (EMOTIONS DURING OR AFTER) ANY TRIGGERS**  |
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| **WHAT CHANGES COULD OCCUR TO AVOID TRIGGERS**  |
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| **HOW CAN DAISY HELP TO IMPROVE YOUR VISITS AND SAFETY** |
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| **Resources to stabilize the child and assist the family, coping skills addressed with goal setting**  |
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| **Changes made due to the ABOVE COMMENTS : Policy Review and Comments**  |
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| Supervisor Reviewed |  Yes  | Signature of Supervisor |  |