

THE TRUST FACTOR IN SUPERVISED PARENTING PLANS: INCREMENTAL STEPS FROM SAFETY TO RELATIONSHIP REPAIR



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Containing Risk

- Supervision can:
 - establish boundaries
 - reduce opportunities for harm
 - create predictability
 - provide observation and intervention
- **But containing risk is not the same as rebuilding trust.**



Supervision is often ordered because trust has been damaged.

Trust may be damaged in relation to:



Safety



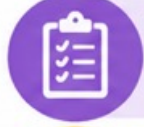
Parenting judgment



Emotional reliability



Boundaries



Accountability

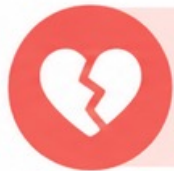


The child's lived experience



Trust as a Foundation

Consider supervised parenting through a **trust lens**:



Where has trust been damaged?



Between whom?



In what domain?



What would begin to rebuild it?



Trust Is Already Everywhere in Our Decisions

- We may not use the word **trust**, but we routinely ask whether we can rely on a parent to:



- **Trust is often implicit.**
- **The Trust Factor makes it explicit.**



The Central Proposition



**Supervision does not
require immediate trust.**



**It can provide a setting
in which trustworthiness
can be demonstrated
incrementally.**



**Safety
and consistency**



**Trustworthiness
demonstrated
over time**



Growing trust

Core Premise



Trust is not binary.



It is not simply:

- Trusted or not trusted
- Safe or unsafe
- Ready or not ready
- Compliant or non-compliant



Trust develops incrementally through observable behaviour over time.



A starting point
(low trust)



Emerging trust
(some positive experiences)



Growing trust
(consistent, observable behaviour)



Strengthening trust
(increasing reliability)



Greater trust
(over time)

What is Trust?



Take a moment to think about what trust means to you.



If you had to describe trust in just one word, what would that word be?



What is Trust?

“ Trust is often described as a fundamental ingredient of social interaction, but then treated as something too difficult to examine directly. ”

Gambetta (1988)



Trust Defined

Trust concerns (Robinson, 1996; Rousseau et al., 1998)

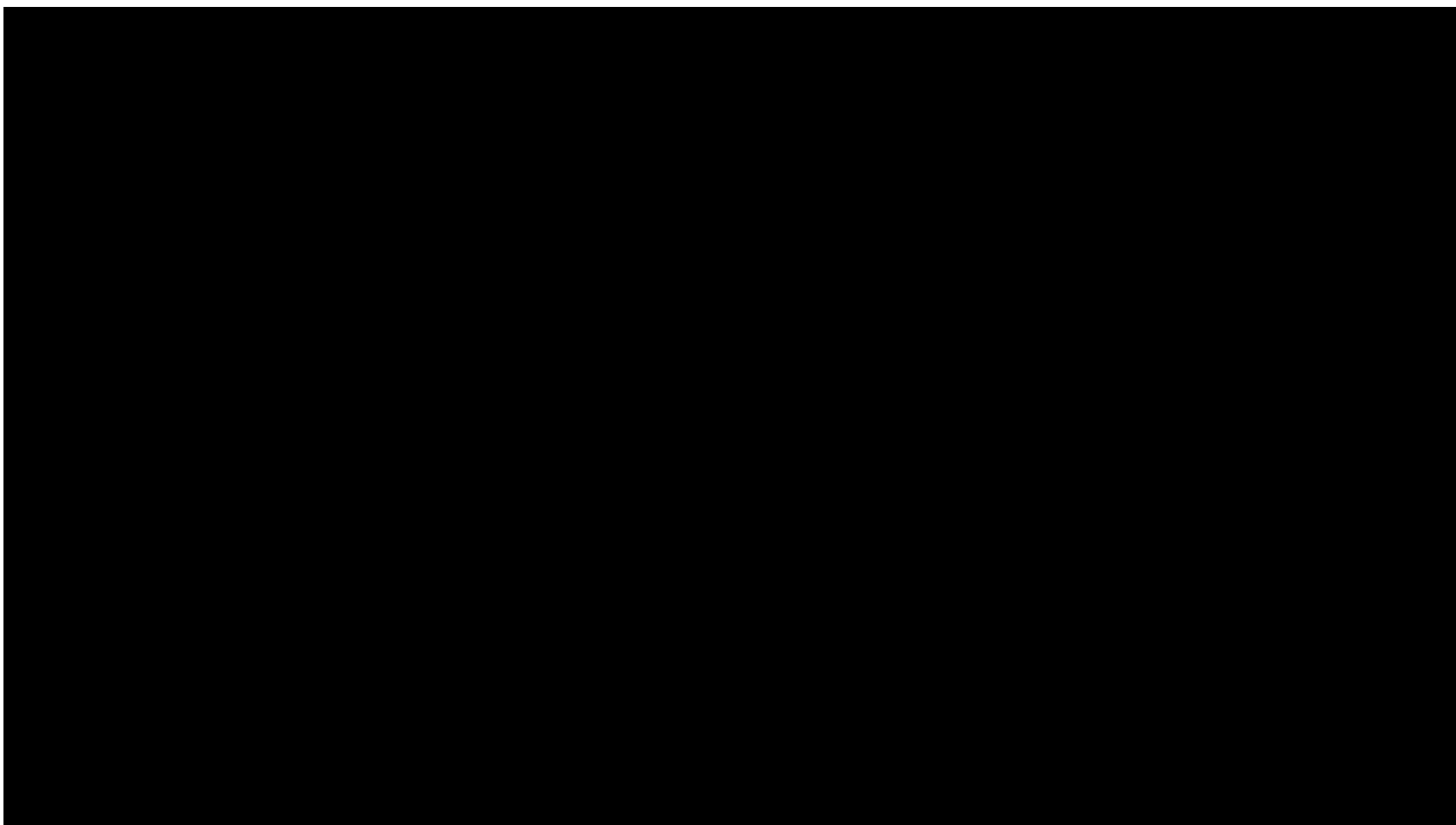


expectations about another person's future behaviour



willingness to accept some vulnerability based on those expectations.







**Past behavior
informs our
expectations...**



Past Conduct Predicts Future Trust

- A meta-analysis (Castaldo, 2008) gathered 72 published definitions of trust from various academic disciplines.
- Found that trust involves present decisions, often based on another person's past behavior, that require anticipating some action that has yet to happen.

Trust Is Dynamic

Trust can be:



built



maintained



violated



repaired



strengthened



weakened

It changes with experience.

Weakened

Violated

Repaired

Maintained

Strengthened

Built



Mechanisms of Trust



Mechanisms that Build Trust:

- Transparency
- Consistency
- Positive reinforcement



Mechanisms that Erode Trust:

- Broken promises
- Miscommunication
- Negative assumptions
- Fear / worry



Traditional View of Trust Formation



“Trust neutrality”



Also called the “zero baseline” assumption (Blau, 1964; Rempel, Holmes, & Zanna, 1985).



“Simply suspend(s) belief that the other is not trustworthy and behave(s) as if the other has similar values and can be trusted” (Jones & George, 1998, p. 535).



Default Skepticism of Trust Formation



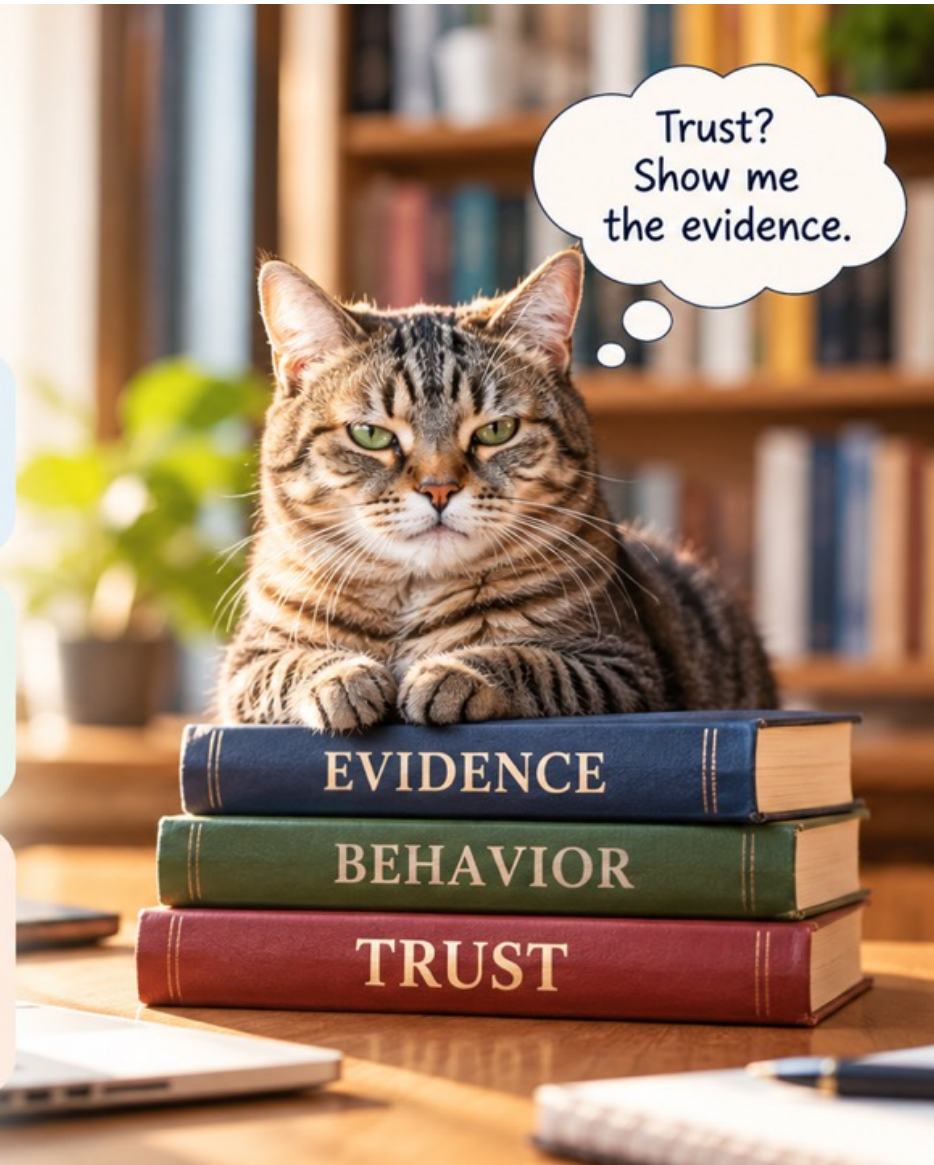
Suggests that individuals begin with an inherent caution or suspicion.



People require evidence or behaviors demonstrating trustworthiness before granting trust.



Different positive or negative starting points affect the time it takes to develop, maintain, or rupture trust.



Checking the Baseline of Trust



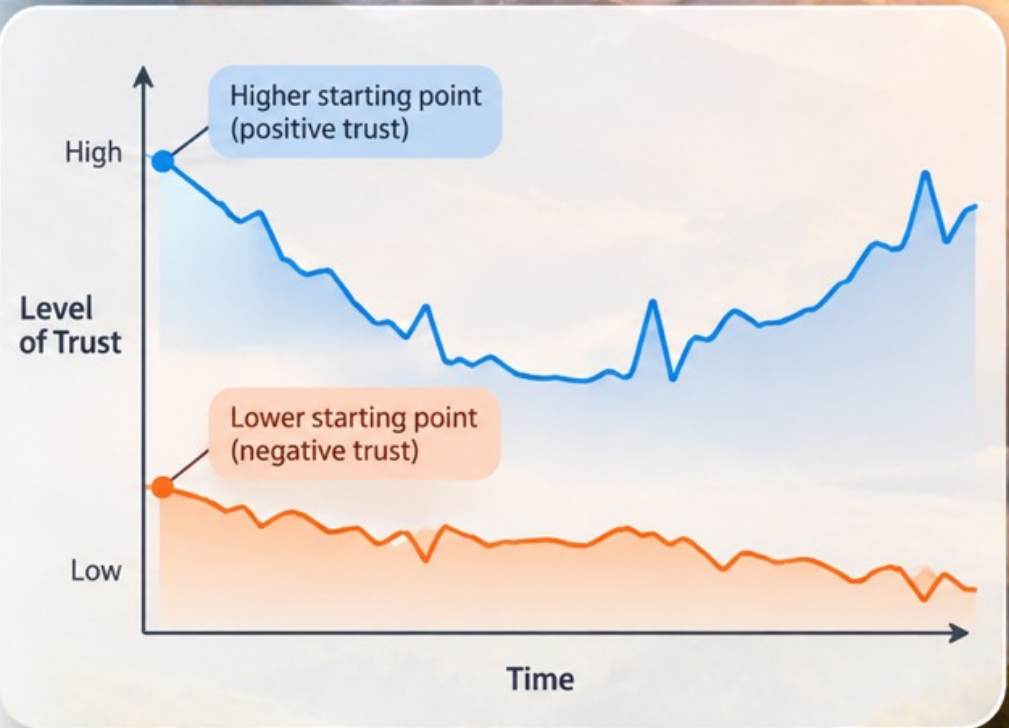
People begin trust not at zero baseline but at a higher (positive trust) or lower (negative trust) level.



The starting point is due to several psychological and cultural variables.



Any individualized starting point is affected by various factors (McKnight et al., 1998).



The Starting Point in Supervised Parenting

People may enter supervision with:



fear



skepticism



anger



shame



vigilance



mistrust of professionals



mistrust of the other parent



mistrust of the process



Default Skepticism Can Be Rational



In supervised parenting, trust should not be demanded simply because contact is occurring.



Supervised services require evidence of trustworthiness.





Developing Propensity to Trust

(Rotter, 1980)



Some people are more likely to trust than others (Thomas, 2005).



Trust, viewed as a stable trait over time, is a reliable and generalized expectancy on which individuals can depend (Lewicki et al., 2005).



Childhood is the foundation for trusting or distrusting future relationships (Erikson, 1963).

Propensity to Trust Scale (Frazier, et al., 2013)

Item	1 (SD) to 5 (SA)
1. It is easy for me to trust others	
2. Even if I am uncertain, I will generally give others the benefit of the doubt.	
3. I generally believe that others can be counted on to do what they say they will do	
4. I usually trust people until they give me a reason not to trust them	
5. I tend to trust others even if I have little knowledge of them	
6. I generally give people the benefit of the doubt when I first meet them	
7. Trusting another person is not difficult for me.	
8. My typical approach is to trust new acquaintances until they prove I should not trust them.	
9. I am seldom wary of others.	
10. I don't mind giving up control to others over matters which are essential to my future plans.	
11. I believe that people usually keep their promises.	
12. My tendency to trust others is high.	

Trust in Supervised Parenting Services

Please indicate how much you agree or disagree with each statement.

Trust Domain	Statement	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
Safety	I can rely on the supervised process to maintain the safeguards that are required.	☐	☐	☐	☐	☐
Boundaries	I can rely on relevant boundaries being respected.	☐	☐	☐	☐	☐
Consistency	I can rely on expectations being applied consistently.	☐	☐	☐	☐	☐
Predictability	I generally know what will happen if a concern or difficulty arises.	☐	☐	☐	☐	☐
Responsiveness	I can rely on concerns being noticed and appropriately addressed.	☐	☐	☐	☐	☐
Communication	I can rely on important information being communicated clearly.	☐	☐	☐	☐	☐
Fairness	I can rely on the process to treat participants respectfully and fairly.	☐	☐	☐	☐	☐
Follow-through	I can rely on people to do what they have agreed to do.	☐	☐	☐	☐	☐
Child focus	I can rely on the child's safety and needs remaining central.	☐	☐	☐	☐	☐
Repair	When something goes wrong, I can rely on efforts being made to address it appropriately.	☐	☐	☐	☐	☐

Different Reasons for Trust

We may say “I trust them,” but that trust can rest on different foundations.

Evidence



What have I observed?

Familiarity



What do I know about this person?

Relationship



What kind of relationship do we have?

Lewicki and Bunker (1995) describe three corresponding forms of working trust.

Dimensions of Working Trust (Lewicki and Bunker, 1995)

Calculus-based trust

- Refers to a rational calculation of the trustee's expected behavior
- "I trust because I believe I have a good reason."

Knowledge-based trust

- Grounded in a deeper knowledge about the other, about the other's values, and the other's predictability.
- "I trust because I know they won't hurt me."

Identification-based trust

- Refers to a close emotional attachment to the trustee driven by the perception of shared goals and values
- "I trust because we have a strong relationship."

Why Incremental?

When supervision can appropriately be modified, consider change through:



Observable behaviour

Look for consistent, prosocial and safe behaviour.



Repeated experience

Build trust over time through consistent positive contact.



Explicit review

Regularly review progress, risks and readiness.



Proportionate testing of uncertainty

Gradually increase independence as evidence of trust grows.



Not an arbitrary number of “good visits.”



The Trust Factor Framework

There are three forms of trust that develop over time and for different reasons.



1

Calculus-based trust

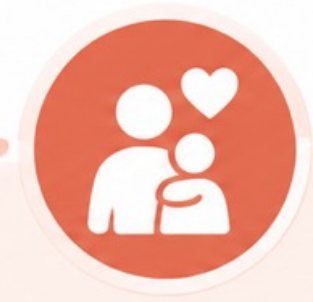
“Can I rely on this parent to follow expectations?”



2

Knowledge-based trust

“Do repeated experiences show predictable parenting?”



3

Identification-based trust

“Does the child experience the parent as attuned, accountable, and emotionally safe?”



Calculus-Based Trust

Trust through compliance and consequences

Calculus-based trust is built when a parent follows agreed expectations and understands there are consequences if they do not.

"I trust because I believe I have a good reason."

A parent demonstrates:



Arrival on time



Respect for rules



No coaching or interrogation



No intimidation



No boundary violations



Consistent follow-through





Calculus-Based Trust Indicators

Observable indicators include:



Attends consistently

Arrives on time and maintains agreed contact.



Follows exchange procedures

Adheres to agreed routines and processes.



Respects supervisor direction

Listens and follows agreed guidance.



Avoids adult conflict topics

Keeps conversations child-focused and appropriate.



Uses appropriate language

Communicates respectfully and without harmful content.



Accepts limits without escalation

Responds to boundaries appropriately, even when disappointed.



Calculus-Based Trust Is Necessary But Limited

Compliance is important, but it is not enough.



Calculus-Based trust is necessary

Following rules and expectations creates a baseline of safety.



Attends consistently



Follows exchange procedures



Respects supervisor direction



Uses appropriate language



Accepts limits without escalation



But it is not enough

A parent can follow rules and still be unresponsive or unsafe in other ways.



Miss the child's cues



Lack insight



Minimize harm



Pressure the child emotionally



Treat supervision as a test to pass



Calculus-based trust establishes a foundation, but deeper forms of trust are needed for a positive and supportive relationship.



Knowledge-Based Trust

Trust through repeated experience

Knowledge-based trust develops as the child, supervisor, and other parent learn how the parent behaves across different situations.

They learn:



How the parent responds to stress

Stays calm, seeks support, and keeps the child's needs in mind.



How the parent handles limits

Accepts boundaries, even when disappointed.



How the parent reacts to rejection

Responds respectfully and does not escalate conflict.



Whether the parent can regulate emotion

Manages strong feelings and models appropriate self-control.



Whether the parent is predictable over time

Shows consistent patterns of safe, respectful and reliable behaviour.





Knowledge-Based Trust Indicators

Trust through repeated experience

Knowledge-based trust develops as children learn how a parent behaves across different situations.

The parent demonstrates:



Predictable
emotional regulation



Consistent
routines



Age-appropriate
expectations



Responsiveness
to child cues



Repair after
minor missteps



Ability to tolerate
disappointment





What Supervisors Can Observe

Supervisors can document observable behaviours to understand how the parent and child interact across different situations.

Supervisors can document:



The child's approach and avoidance

How the child seeks or avoids the parent.



Parent response to distress

How the parent responds when the child is upset or distressed.



Parent use of pressure or patience

Whether the parent uses appropriate guidance and patience.



Transitions at beginning and end

How the parent and child manage changes in activities or routines.



Parent ability to shift activities

How the parent adapts when plans need to change.



Parent response to feedback

How the parent receives and uses feedback.





Identification-Based Trust

Trust through emotional safety and relational repair.

The child experiences the parent as:



Attuned

Notices and responds to the child's feelings and signals.



Accountable

Acknowledges impact and takes responsibility without blaming the child.



Respectful

Values the child's perspective, feelings and choices.



Curious

Seeks to understand the child's experience with openness.



Non-defensive

Stays open, listens, and remains calm, even when it feels difficult.



Able to place the child's needs first

Prioritizes the child's well-being and supports their growth.





Identification-Based Trust Indicators

Through repeated positive experiences, the parent and child form a shared sense of understanding, which strengthens trust.

The parent can:



Acknowledge impact without blaming the child

Takes responsibility and considers how their behaviour affects the child.



Validate the child's feelings

Recognizes and accepts the child's emotions, even when different from the parent's.



Avoid demanding forgiveness

Allows the child time and space to process and feel ready.



Support the child's autonomy

Respects the child's choices and encourages growing independence.



Show patience with ambivalence

Understands that the child may have mixed feelings and needs time.



Repair ruptures gently

Reassures, reconnects, and works to rebuild trust after mistakes.



Trust Building Within Supervised Parenting Time & Exchange Services

The provider supports conditions for trust without deciding who is “trustworthy.”

The goal is not to require reconciliation. It is to create a service environment where parents and children can experience greater predictability, clarity, safety, and consistency over time.



Provider can support

- Clear expectations and roles
- Predictable routines and transitions
- Respectful boundaries
- Child-responsive interactions
- Appropriate repair after minor missteps



Provider observes

- Behaviour and communication
- Arrivals, departures, and transitions
- Responses to redirection
- Child cues and parent responses
- Follow-through over time



Provider does not determine

- Who is “trustworthy”
- Whether contested allegations are true
- Custody or parenting recommendations
- Whether reconciliation should occur
- Whether a child must forgive or show affection



Neutrality and trust-building are compatible: the provider can structure safe, predictable experiences while documenting what occurs factually.



Incremental Trust Building in Supervised Parenting Time & Exchanges

Service providers support conditions that can help trust grow over time.



Provider role: Support the process, observe behaviour, maintain neutrality, and document factually.

1

Step 1 — Assess the Current Trust Context

Start with what is predictable, manageable, and observable in the service setting.

How service providers can support



Clarify each party's expectations and concerns about supervised parenting time or exchanges.



Identify what helps parents and children feel prepared for arrivals, visits, transitions, and departures.



Notice service-related patterns such as punctuality, communication, transitions, and adherence to rules.



Observe the child's comfort, hesitation, approach, or avoidance without interpreting motive.



Distinguish trust in the service process, trust in specific behaviours, and trust within the parent-child relationship.



The provider gathers a baseline of observable conditions—not a global judgment about whether one party should trust another.

1 Step 1: Questions to Consider

Use these prompts to keep discussion behaviour-focused, neutral, and connected to the service setting.



What aspects of supervised parenting time or exchanges currently feel predictable or manageable?



What situations tend to create uncertainty, tension, or difficulty?



What helps the child transition into and out of parenting time?



What specific behaviours would increase confidence in the service process?



What existing strengths, routines, or supports can be built upon?

2

Step 2 — Identify Events or Patterns That Have Affected Trust

Keep the discussion specific, behavioural, and connected to services.

How service providers can support



Invite parties to describe specific events or behaviours rather than characterize the other person.



Focus on examples such as missed arrivals, inconsistent communication, boundary concerns, or difficult transitions.



Clarify how those events affected participation in supervised parenting time or exchanges.



Ask whether current behaviour differs from past patterns and what appears to be changing.



Maintain neutrality when parties disagree about what occurred or why.



Use “events or patterns that affected trust” rather than presuming that a “trust violation” has been established.

2

Step 2: Questions to Consider

Use these prompts to keep discussion behaviour-focused, neutral, and connected to the service setting.



What specific events during visits or exchanges have made participation more difficult?



What happened before, during, and after those situations?



What observable behaviours appeared to increase or reduce tension?



Were service expectations or boundaries clear at the time?



What could make a similar situation more manageable in the future?

3

Step 3 — Establish Conditions That Support Trust

Create clear, realistic conditions for safer and more predictable service experiences.

How service providers can support



Clarify expectations established by the court order, service agreement, and agency policy.



Use predictable routines for arrival, departure, parenting time, and exchanges.



Identify communication methods and boundaries that reduce unnecessary conflict.



Support parents in noticing and responding to the child's cues in developmentally appropriate ways.



After minor missteps, support acknowledgement and repair without forcing forgiveness, affection, or reconciliation.



Expectations should be behavioural, realistic, and within the scope of the service—not conditions for reconciliation.

3

Step 3: Questions to Consider

Use these prompts to keep discussion behaviour-focused, neutral, and connected to the service setting.



What would help visits or exchanges feel more predictable?



What routines should remain consistent from one service contact to the next?



What communication boundaries would help reduce conflict?



What can the parent do when the child needs more time, space, or reassurance?



If something goes poorly, what would an appropriate next step or repair look like?

4

Step 4 — Identify Observable Indicators of Progress

Track concrete patterns that may signal greater consistency, comfort, and reliability.

How service providers can support



Arrives on time and prepared; follows established service routines.



Transitions become calmer, shorter, or more predictable.



Parent responds more consistently to the child's cues and needs.



Boundaries and service rules are respected, including after disappointment or redirection.



Patterns are documented across several contacts rather than inferred from a single visit or exchange.



Observable indicators describe behaviour; they do not establish parental fitness, custody outcomes, or the overall quality of a relationship.

4

Step 4: Questions to Consider

Use these prompts to keep discussion behaviour-focused, neutral, and connected to the service setting.



What specific behaviours would indicate that visits or exchanges are becoming more manageable?



What can the provider actually observe and document?



Are transitions becoming more predictable across multiple service contacts?



Is the parent responding more consistently to the child's cues and to redirection?



What patterns should be reviewed over time rather than inferred from a single contact?

5

Step 5 — Recognize Small, Observable Gains

Help parties notice what is working while preserving the provider's neutral role.

How service providers can support



Reflect specific improvements factually rather than offering broad praise.



Identify routines or behaviours that appear to support calmer visits, exchanges, or transitions.



Encourage continued use of strategies that appear responsive to the child.



Document both progress and continuing concerns objectively.



Use observed patterns to prepare for the next service contact or transition within the existing service plan.



Recognition should be specific and evidence-based—not framed as a recommendation about custody, access, or parenting arrangements.

5

Step 5: Questions to Consider

Use these prompts to keep discussion behaviour-focused, neutral, and connected to the service setting.



What specific improvements have been observed across recent visits or exchanges?



What behaviour or routine appears to have contributed to those improvements?



What has helped the child's transitions or participation go more smoothly?



How can positive developments be identified and reinforced without compromising neutrality?



What should continue at the next visit or exchange, and what still requires support?

Cautions and Application

Trust-building is not always the appropriate goal. Safety, role clarity, and neutrality come first.

WHEN NOT TO PUSH FOR MORE TRUST



Ongoing coercive control

Trust-building language must not minimize patterns of intimidation, control, or fear.



Lack of accountability

Avoid pressuring reconciliation when harmful behaviour is denied, minimized, or repeated.



Unresolved safety concerns

Safety planning and service links take priority over relationship repair.



Significant trauma

The child or adult may need time, specialized support, and control over pacing.



Major power imbalance

Do not treat unequal power as though both parties have equal freedom or responsibility.

Apply the model only within the provider's role

- Follow court orders, service agreements, and agency policy.
- Support safe process conditions—not forced trust, forgiveness, or reconciliation.
- Observe and document behaviour rather than deciding motives or credibility.
- Refer needs outside the service role to appropriate professionals.

Safety and neutrality are not barriers to trust-building—they are the conditions that make appropriate trust-building possible.

Applying the Model in Practice

A brief supervised parenting-time example shows how the five steps can work together.

PRACTICE SCENARIO

Situation

A parent arrives late. The child becomes distressed during the transition and initially resists entering the visit room.

The provider does not decide whether the parent is “trustworthy.” The provider responds to what is happening now.

1 Create Predictability Review the arrival routine and explain what will happen next.

2 Support Positive Interaction Give the child time to settle and allow connection at the child’s pace.

3 Address & Repair If tension rises, pause, redirect, and support an appropriate reset.

4 Notice Progress Track punctuality, smoother transitions, and responses to the child’s cues across visits.

5 Support Next Steps Continue routines that help and identify any needed service-plan adjustments.

Good practice is observable and repeatable: clarify, support, respond, notice patterns, and build on what helps.

What Trust-Building May Look Like in Practice

Look for gradual changes in predictability, responsiveness, and participation—not a single “proof” of trust.



For Children

- More predictable transitions
- Greater comfort expressing needs
- More willingness to engage at their own pace
- Faster recovery after minor stress



For Parents

- More consistent follow-through
- Respect for boundaries and routines
- Improved response to child cues
- Calmer response to redirection or disappointment



For Providers

- Fewer avoidable disruptions
- Clearer behavioural patterns over time
- More useful factual documentation
- Better ability to identify supports that help

Interpret change cautiously: patterns across repeated contacts are more informative than a single visit or exchange.

Key Summary Points

The core ideas to carry forward from the trust-building model.



Trust grows through experience

Repeated, consistent experiences matter more than assurances or promises.



Providers support conditions

The provider helps create predictability and safety; the provider does not decide who is trustworthy.



Behaviour is the focus

Document what was seen and heard rather than assumptions about motives or intentions.



Repair can matter

Appropriate acknowledgement and repair after minor missteps can support confidence over time.



The child's pace matters

Progress should remain developmentally appropriate and responsive to the child's cues and boundaries.



Neutrality remains essential

Support the service process without taking sides, forcing reconciliation, or making custody conclusions.

A useful question for providers: "What can I do within my role to make the next contact safer, clearer, and more predictable?"

Call to Action

Translate the model into one or two practical changes in your own service setting.

REFLECT • CHOOSE • APPLY

1 Predictability What is one routine you can make clearer or more consistent?

2 Observation What behaviour could you observe more carefully without interpreting it?

3 Documentation Where can your notes better distinguish fact from interpretation?

4 Caution Where might you need to avoid pushing for trust or reconciliation?

5 Practice change What is one small change you can implement this week?

Closing thought

“We do not manufacture trust.

We create conditions in which safe, consistent experiences can allow trust to develop.”

Choose one action and make it observable, realistic, and consistent.

Small, consistent changes in provider practice can improve clarity, safety, and the quality of the service experience.

For Further Information

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THE TRUST FACTOR
in Supervised Parenting Plans
Incremental Steps from Safety to Relationship Repair

SVN International Conference | Niagara Falls | October 6, 2026

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Supplemental Handouts

Purpose of this expanded handout: This handout reframes the Trust Factor for supervised services. The focus is not on using trust as a ladder toward unsupervised parenting time. The focus is on how trust operates across the supervised-services system, how trustworthy behaviour can be demonstrated incrementally, and how staff can make trust more visible, specific, and easier to discuss.

Notice: The practice tools in this handout are conceptual and educational. They are not validated psychometric instruments, forensic measures, risk-assessment tools, or substitutes for individualised professional judgement.

Workshop Agenda

Time	Focus	Activity / Application
1:00–1:10	Opening: containing risk and the trust lens	Activity 1: From “trust” to “Can I rely on you?”
1:10–1:30	Trust across the supervised-services system	Activity 2: Trust map
1:30–1:50	What trust is; vulnerability; starting points	Guided reflection
1:50–2:15	Three forms of working trust	Activity 3: Sort the evidence
2:15–2:30	Provider role and bridge to practice	Case prompt / questions
2:30–2:45	BREAK	
2:45–3:05	Incremental trust-building model	Case Study 1: Late arrival and distressed transition
3:05–3:25	Events, patterns, repair, and documentation	Activity 4: Observation vs. interpretation
3:25–3:50	Integrated application	Case Study 2: Surface compliance and emotional pressure
3:50–3:58	Cautions and limits of trust-building	Case Study 3: When not to push for more trust
3:58–4:00	Closing	Reflect–Choose–Apply

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1. Core Idea of Trust for Supervised Parenting Time and Exchanges

Supervised parenting plans are often used to manage risk, monitor behaviour, and preserve parent-child contact when concerns have been raised about safety, emotional harm, strained relationships, inconsistent parenting, poor judgment, or parenting reliability. Supervision can establish boundaries, reduce opportunities for harm, create predictability, and provide observation and intervention. Those functions are important, but containing risk is not the same as rebuilding trust.

A trust-informed approach therefore asks more than whether supervision is needed. It asks what kind of trust has been affected, between whom, in which domain, and what observable experiences would provide better information about what can reasonably be relied upon next. This keeps the focus on specific behaviour and current service conditions rather than on global judgments about a person.

The Trust Factor treats trust as layered, developmental, relational, and context-specific. Trust is not a single feeling, a global judgment, or a binary decision. A parent may demonstrate reliability in one area while still needing substantial structure in another. A child may become more comfortable with the supervised setting while remaining cautious with a parent. Staff may develop confidence in a parent's ability to follow procedures without concluding that all relational concerns have resolved.

Trust also changes through experience. Promises, explanations, and the passage of time can matter, but they do not by themselves establish trustworthiness. Repeated behaviour is more informative: following expectations, responding to the child's cues, tolerating disappointment, accepting redirection, maintaining boundaries, and repairing minor missteps can all contribute to a clearer picture of what can reasonably be expected.

The central question therefore becomes not only whether supervision is currently necessary, but what evidence would justify changing it. This creates a clearer connection between identified concerns, observed behaviour, and future parenting arrangements. It can also make expectations more transparent for parents, children, supervisors, professionals, and decision-makers.

Activity 1: From “Trust” to “Can I Rely on You?” (8 minutes)

Purpose: Move from a global label to a relationship- and behaviour-specific question.

Write one word you associate with trust.

Complete: “In supervised services, I need to be able to rely on _____ to _____.”

Compare your answer with another participant. Notice how the question changes when it becomes specific.

2. Why Trust Matters in Supervised Services

Trust is already at work in supervised services, even when the word itself is never used. Every participant forms expectations about whether other people and the service process can be relied upon. The child, supervised parent, other parent, and staff may each be asking a different version of the same basic question: Can I rely on you?

This makes trust broader than the parent-child relationship. It includes confidence in the program, in staff, in procedures, and in the fact that agreed safeguards will be applied consistently. These relationships may develop independently and should not be treated as though they rise or fall together.

Relationship	Possible trust question	Examples of what may matter
Child → Parent	Can I rely on you to respond safely and respectfully?	Boundaries, emotional regulation, responsiveness, freedom from pressure
Child → Program	Can I rely on this place and these adults to protect and listen to me?	Predictable rules, response to discomfort, voice, explanations
Supervised Parent → Staff	Can I rely on the process to be clear, consistent, and respectful?	Fair procedures, accurate documentation, predictable responses
Staff → Supervised Parent	Can we rely on the parent to work within the structure?	Following expectations, accepting intervention, using feedback
Other Parent → Program	Can I rely on the service to maintain agreed safeguards?	Consistency, role clarity, safety procedures, communication

These relationships may move independently. Staff may develop greater confidence in a parent's procedural reliability while the child still needs substantial emotional structure. A parent may develop stronger process trust in staff while trust between the parents remains very low. The other parent may trust the program while remaining cautious about the supervised parent. These differences are not necessarily a problem; they reflect the fact that trust is relationship-specific and domain-specific.

Activity 2: Build a Trust Map (12 minutes)

Purpose: Identify several trust relationships in the same case without collapsing them into one overall judgment.

Choose a current or composite case.

Identify at least three trust relationships.

For each relationship, write what one party is relying on the other person or process to do.

Identify what evidence currently supports or limits that expectation.

Who is relying?	On whom / what?	For what?	Evidence / uncertainty

3. What Is Trust?

For the purposes of supervised services, trust can be understood as an expectation about how another person or process is likely to behave when something important is at stake. Two ideas are particularly useful: future expectations and vulnerability.

Trust is future-oriented because people rely on previous and current experience to anticipate what is likely to happen next. It also involves vulnerability because the person relying on someone else cannot completely control what that person will do. A child who expresses discomfort to a supervisor is relying on the supervisor to respond appropriately. A parent who follows staff direction may be relying on the program to apply its procedures fairly. The other parent may be relying on the service to maintain safeguards they cannot personally oversee.

This makes trust more specific than a general opinion about whether someone is trustworthy. A more useful question is what can reasonably be relied upon in this particular relationship, in this particular area, and under these particular conditions.

Trust Domains

Trust domain	Illustrative question
Procedural trust	Can this person reliably follow the rules and structure of the service?
Emotional trust	Can this person manage difficult emotions without placing the child or others under pressure?
Relational trust	Can this person respond to the child's cues, boundaries, and needs appropriately?
Professional / process trust	Can participants rely on staff to act consistently, explain decisions, and document accurately?
Safety trust	Can agreed safeguards reasonably be relied upon to prevent or respond to identified concerns?

Using domains helps prevent progress in one area from being interpreted as proof that all concerns have been resolved. It also allows genuine progress to be recognized without overstating what that progress means.

Trust Is Dynamic

Trust can be built, maintained, violated, repaired, strengthened, or weakened. Repeated experience may change expectations, but it can also confirm distrust. One positive interaction may be encouraging without establishing a durable pattern. One difficult interaction may be important without necessarily erasing all prior progress. Seriousness, context, frequency, and response all matter.

The structure of supervision also matters. A parent may function well because expectations are explicit, staff can intervene, transitions are controlled, and the duration of contact is limited. This is meaningful information, but it is information about functioning under those particular conditions. Greater trust does not automatically mean fewer safeguards; sometimes the safeguards are part of what makes safe and constructive contact possible.

The Starting Point of Trust

People do not necessarily enter supervised services from a neutral baseline. They may arrive with fear, skepticism, anger, shame, vigilance, previous negative experiences with services, or strong expectations about another participant. Requiring evidence of trustworthiness may be entirely appropriate. The service should not demand trust simply because contact is occurring.

At the same time, initial expectations should remain open to new evidence. Referral information, court orders, service agreements, intake information, and safety concerns may appropriately shape the starting structure. Once contact begins, staff also acquire direct observational information, and their expectations should remain capable of changing in response to that information.

Concept	Meaning in supervised services
Propensity to trust	A person's general tendency to extend or withhold trust before substantial experience with the particular person or service.
Working trust	Confidence that develops from repeated experience with a particular person, relationship, or process.
Evidence-based caution	Continued restraint where available experience does not yet justify greater reliance.
Revised expectations	A change in confidence because new experience meaningfully supports a different expectation.

Practice implication

Caution should not automatically be interpreted as resistance. Cooperation should not automatically be interpreted as trust. A participant may comply with procedures while remaining uncertain about the process, and a child may participate while still feeling guarded.

4. Three Forms of Working Trust

The Trust Factor adapts Lewicki and Bunker's calculus-based, knowledge-based, and identification-based trust as a conceptual lens for supervised services. These are not validated stages of supervised parenting, a required sequence, or a ladder every relationship must climb. They describe different foundations on which people may come to rely on another person or process.

Form	Core question	Main source of confidence	Relevance
Calculus-based	What can I rely on because expectations, boundaries, and consequences are clear?	Rules, structure, predictability, accountability	Creates a workable and safe service environment.
Knowledge-based	What have repeated experiences taught me to expect?	Patterns, consistency, familiarity with responses	Supports increasingly evidence-based expectations.
Identification-based	Where deeper trust matters, does the person feel understood, respected, and held in mind?	Attunement, shared understanding, relational confidence	May deepen some relationships, but is not required in all.

Calculus-Based Trust: Trust Through Structure

Calculus-based trust is grounded primarily in structure. The central question is what can be relied upon because expectations, boundaries, responsibilities, and responses are sufficiently clear. This form of trust may develop before participants know one another well or feel personally confident in one another.

A supervised parent may not yet trust staff relationally but may learn that the same rules will be applied consistently. A child may learn that staff intervene when a boundary is crossed. The other parent may remain cautious about the supervised parent while developing confidence that the program will maintain agreed safeguards. Deep emotional trust is not required for a supervised service to become predictable and workable.

Knowledge-Based Trust: Trust Through Repeated Experience

Knowledge-based trust develops as repeated interactions produce recognizable patterns. The key question is what ongoing experience has taught participants to expect. A parent who repeatedly accepts redirection without escalating provides information about how future redirection may be handled. A child whose boundaries are repeatedly respected may become more able to anticipate that those boundaries will continue to matter.

The important factor is not simply that time has passed. Time without relevant experience provides little information. A shorter period containing repeated opportunities to observe the

same relevant behaviour may be more informative than a much longer period in which the relevant issue rarely arose. Repeated experience can also confirm distrust when the same concern continues despite clear expectations and opportunities to respond differently.

Observation over time	Possible effect on working trust
Similar situations are handled consistently	Expectations become more predictable.
Feedback is repeatedly incorporated	Confidence in responsiveness may increase.
Boundaries are repeatedly respected	Confidence in relational or procedural reliability may increase.
The same concern repeatedly reappears	Existing caution may be reinforced.
Behaviour changes only when closely monitored	Confidence may remain dependent on current structure.
Responses vary significantly across similar situations	Predictability remains limited.

Identification-Based Trust: Deeper Relational Trust Where Appropriate

Identification-based trust is more relational. In a parent-child relationship, it may involve the child experiencing the parent as increasingly attuned to emotional cues, respectful of boundaries, and able to hold the child's needs in mind even when the parent is disappointed. In a professional relationship, it may mean that a parent experiences staff as understanding their perspective while still maintaining professional boundaries.

Identification-based trust is not necessary in every relationship. Staff and parents do not need deep relational closeness. Parents may never develop mutual trust. The goal is sufficient trust for the task or relationship at hand.

Activity 3: Sort the Evidence (10 minutes)

Purpose: Practice identifying what a sign of confidence is resting on, and what it does not establish.

- For each example, identify the strongest form of working trust.
- Discuss whether another form may also be present.
- Identify what remains uncertain.

Example	Calculus	Knowledge	Identification	What remains uncertain?
Parent accepts staff redirection without argument				
Child's transitions become calmer across several visits				
Staff correct a documentation error and explain the correction				
Parent notices the child needs space and backs off without prompting				

5. The Provider's Role

Within supervised parenting time and exchange services, the provider supports conditions for trust without deciding who is globally trustworthy. The service can create clearer expectations, predictable routines, respectful boundaries, child-responsive interactions, and appropriate opportunities for repair. Staff can observe behaviour and communication, arrivals and departures, transitions, responses to redirection, child cues, and follow-through over time.

The provider does not determine whether contested allegations are true, make custody or parenting recommendations merely from the trust framework, decide whether reconciliation should occur, or require a child to forgive, show affection, or demonstrate greater trust.

Neutrality and trust-building are compatible when staff structure safe, predictable experiences and document what occurs factually.

Provider can support	Provider observes	Provider does not determine
Clear expectations and roles	Behaviour and communication	Who is globally “trustworthy”
Predictable routines and transitions	Arrivals, departures, transitions	Whether contested allegations are true
Respectful boundaries	Responses to redirection	Custody or parenting outcomes
Child-responsive interactions	Child cues and parent responses	Whether reconciliation should occur
Appropriate repair after minor missteps	Follow-through over time	Whether a child must forgive or show affection

Provider stance

The provider gathers a baseline of observable conditions and patterns, not a global judgment about whether one party should trust another.

6. Incremental Trust-Building Model for Supervised Services

Incremental trust-building is the systematic use of small, repeated, observable experiences to test and update expectations. The aim is not maximum trust or universal trust. The aim is sufficient working trust for the supervised service to operate safely, predictably, and constructively. The model is iterative rather than linear: new information may strengthen confidence, confirm existing caution, or show that a concern needs to be understood differently.

Step	Main task	Questions for practice
1. Assess the current trust context	Identify what is predictable, manageable, and observable.	What is working? Where is uncertainty? What helps the child transition?
2. Identify events or patterns that have affected trust	Move from global labels to specific events and behaviors.	What happened? What increased or reduced tension? Is current behavior different from past patterns?
3. Establish conditions that support trust	Clarify routines, boundaries, responsibilities, and communication.	What would make the next contact safer, clearer, and more predictable?
4. Identify observable indicators of progress	Specify concrete behaviors and patterns that can be documented.	What can staff actually see and hear? What should be tracked across contacts?
5. Recognize small, observable gains	Notice what is working without overstating it.	What improved? What appeared to help? What should continue next time?

7. Case Study 1: Late Arrival, Distressed Transition, and the Five-Step Model

Case purpose

This case is designed to show how the provider can apply the five-step model without deciding whether the parent is trustworthy or interpreting the child's distress as proof of a particular motive.

Case Narrative

Jordan is the parent of eight-year-old Maya. Parenting time takes place at a supervised visitation centre every Saturday afternoon. The referral information identifies concerns about conflict between the parents, inconsistent attendance in the months before supervision began, and difficult transitions for Maya. The service agreement requires Jordan to arrive 15 minutes before the scheduled visit so the child can enter after Jordan is settled in the room.

During the first three visits, Jordan arrives on time and the transitions are manageable. Maya is quiet at first but joins Jordan in an activity within several minutes. On the fourth visit, Jordan arrives 18 minutes late and appears flustered. Maya and the other parent have already arrived. Maya asks the supervisor twice whether Jordan is coming. When Jordan enters the building, Maya begins crying and says, "I don't want to go in yet." Jordan immediately says, "I'm here now. Come on, we're wasting our time."

The supervisor tells Jordan that Maya needs a few minutes and asks Jordan to enter the visit room while staff support the transition. Jordan sighs, but follows the direction. The supervisor sits with Maya, explains what will happen next, and gives her several minutes to settle. Maya eventually enters the room. Jordan begins the visit by saying, "Sorry I was late. Traffic was terrible." Maya does not respond. Jordan then shifts to a familiar card game. After approximately ten minutes, Maya begins participating.

Later in the visit, Maya loses the game and becomes frustrated. Jordan initially says, "It's only a game," but when the supervisor suggests acknowledging Maya's disappointment, Jordan pauses and says, "You really wanted to win. Want to try again or do something else?" Maya chooses another activity. The remainder of the visit is calm. At departure, Maya hugs Jordan briefly and leaves without difficulty.

What the provider can observe:

Observable information	What should remain uncertain
Jordan arrived 18 minutes late on this visit after three on-time visits.	The provider should not assume the lateness proves unreliability as a global trait.
Maya cried, said she did not want to enter yet, and needed several minutes to settle.	The provider should not assign a motive or conclude what Maya "really feels" about Jordan.
Jordan initially pressured the transition, then followed staff direction.	The provider can document both the initial response and subsequent compliance.

Observable information	What should remain uncertain
Jordan used supervisor feedback later in the visit and responded differently to Maya's frustration.	This is one example of responsiveness; it does not establish a stable pattern by itself.
Maya eventually engaged and left calmly.	A calm ending does not erase the difficult arrival, nor does it prove that all concerns are resolved.

Small-Group Questions

1. What aspects of the current trust context are predictable or manageable?

2. Is the late arrival best understood as an isolated event or part of a pattern at this point? What additional information would matter?

3. What service conditions could make future arrivals and transitions more predictable?

4. What specific observable indicators would you track over the next several contacts?

5. What evidence of calculus-based trust is present?

6. What would need repeated experience before knowledge-based trust could reasonably increase?

7. What did the provider do that supported Maya without forcing contact or interpreting motive?

8. Events or Patterns That Have Affected Trust

Supervised services rarely begin with a blank slate, and confidence can also be strengthened or damaged during the service itself. For provider practice, the phrase “events or patterns that have affected trust” is often preferable to presuming that a “trust violation” has been established, particularly where facts or motives are disputed. The analysis should remain specific, behavioural, and connected to the service setting.

Dimension	Questions	Examples	Possible repair evidence
Magnitude	How serious was the event? What was the actual or potential impact?	Minor boundary lapse versus serious safety breach	Repair should be proportionate to seriousness.
Frequency	Was this isolated, intermittent, or recurring?	One late arrival versus repeated non-compliance	Consistency over time becomes important.
Domain	What kind of confidence was affected?	Safety, boundaries, reliability, fairness, responsiveness	Repair should address the same domain.
Relationship	Whose expectations changed?	Child, parent, staff, other parent, program	The relevant relationship should be identified.
Context	Under what conditions did the event occur?	Transition stress, disagreement with staff, child distress	Context may clarify meaning but does not erase conduct.
Response	What happened after the event?	Escalation, acknowledgment, correction, repair	The response may provide information about future reliability.

Repair should match the damaged domain. If the concern is reliability, the relevant evidence is reliable conduct. If the concern is pressure on the child, repair requires sustained respect for the child’s autonomy and boundaries. If the program contributed to a rupture through inconsistent communication, repair should include clearer and more consistent communication. An apology or explanation may matter, but it is not a substitute for behaviour relevant to the original concern.

If confidence was affected in...	Relevant repair evidence may include...
Reliability	Consistent attendance, follow-through, and timely communication.
Boundaries	Repeated respect for limits without testing, pressure, or negotiation.
Emotional regulation	Tolerating frustration, disappointment, or correction without escalation.
Responsiveness to the child	Appropriate response to cues, discomfort, hesitation, and requests for space.

If confidence was affected in...	Relevant repair evidence may include...
Procedural fairness	Clear explanations, consistent procedures, accurate notes, and correction of errors.
Safety	Sustained adherence to protective conditions and appropriate response to risk.

9. Documentation: Observation Before Interpretation

Trust-informed practice is stronger when documentation distinguishes what was seen and heard from what was inferred. Notes can describe words, actions, timing, responses to redirection, child cues, and patterns across contacts. Interpretive labels such as “manipulative,” “unsafe,” “does not trust,” or “good visit” should be translated into the behaviour that led to the impression whenever possible.

Activity 4: Observation vs. Interpretation (12 minutes)

Purpose: Translate global or interpretive language into factual, service-relevant documentation.

- Rewrite each statement so another reader can distinguish observation from interpretation.
- Identify what pattern, if any, would need to be tracked over future contacts.

Interpretive / global statement	Behavior-focused rewrite
“The parent is manipulative.”	
“The child does not trust the parent.”	
“The parent cannot handle limits.”	
“The visit went really well.”	
“The child was rejecting the parent.”	

10. Case Study 2: Surface Compliance and Emotional Pressure

Case purpose

This case distinguishes procedural compliance from relational responsiveness and illustrates why different forms of working trust may develop at different rates.

Case Narrative

Nine-year-old Eli has attended supervised parenting time with his father, Marcus, once a week for approximately eight weeks. The visits are two hours long. Marcus has been punctual for every visit, follows the sign-in procedure, brings age-appropriate activities, avoids discussing the court case, and responds politely when staff provide routine instructions. Staff rarely need to intervene regarding the program rules.

Eli is usually quiet during the first 10 to 15 minutes of each visit. He often sits near the edge of the room and lets Marcus choose the first activity. Over several visits, Marcus has begun asking Eli repeated questions about whether he is enjoying the visit. Examples include: “Are you having fun now?”, “You know I would never hurt you, right?”, “You’re happy to see me, aren’t you?”, and “Can you tell everyone the visit went well?” Marcus often smiles while asking these questions and does not raise his voice.

At first, Eli answers with short responses such as “yeah” or “I guess.” During the seventh visit, after Marcus asks for the third time whether Eli is having fun, Eli looks down and becomes noticeably quieter. Marcus moves closer and says, “I just need to know you still love me.” Eli shrugs. The supervisor intervenes and says, “Let’s keep the visit focused on what Eli wants to do right now. Eli doesn’t need to answer questions about how he feels.” Marcus responds, “I’m just trying to connect with my son,” but stops asking the question.

Ten minutes later, Eli chooses to build with magnetic tiles. Marcus participates without further reassurance-seeking. Eli begins talking more and shows Marcus the structure he has made. At the end of the visit, Marcus asks, “Can I have a hug?” Eli pauses and says, “Not today.” Marcus looks disappointed but says, “Okay. See you next time.” The supervisor documents the exchange. At the following visit, Marcus does not ask Eli to report whether he is having fun and does not request reassurance. He asks Eli what he would like to do first.

Analysis Across Trust Domains

Domain / form	Evidence present	What remains uncertain
Procedural / calculus-based	Punctuality, compliance with rules, age-appropriate activities, respectful response to staff direction.	Procedural reliability does not by itself establish emotional responsiveness.

Domain / form	Evidence present	What remains uncertain
Knowledge-based	Eight weeks provide repeated observations of punctuality and rule-following. A new pattern of reassurance-seeking has also become visible.	More contacts are needed to know whether Marcus consistently uses feedback and reduces pressure.
Relational / identification-based	Marcus later accepts Eli's refusal of a hug and, at the next visit, follows Eli's lead in choosing an activity.	It is too early to conclude that Eli experiences Marcus as consistently attuned or emotionally safe.
Child experience	Eli becomes quieter after repeated reassurance questions and engages more naturally when the pressure stops.	The provider should document behaviour and cues without claiming to know Eli's internal motive.

Small-Group Questions

1. What evidence of calculus-based trust is strong in this case?

2. What behaviour raises a different concern even though Marcus is complying with the rules?

3. What observable child cues matter?

4. How can the supervisor redirect the reassurance-seeking without accusing Marcus of a motive?

5. What does Marcus's response to Eli declining a hug add to the picture?

6. What does the following visit add? Is it enough to call the concern repaired?

7. What pattern should staff track over the next several visits?

11. When We Should Not Push for More Trust

Trust-building should not become an expectation that people abandon appropriate caution. In some circumstances, the most trustworthy service response is to maintain clear boundaries and safeguards. Building trustworthiness and pressuring another person to extend trust are not the same thing.

Use particular caution when...	Practice implication
There is ongoing coercive control	Do not use trust-building language to minimize intimidation, control, or fear.
Serious safety concerns remain unresolved	Safety planning and service limits take priority over relationship repair.
Harmful behavior is denied, minimized, or repeated	Avoid pressuring reconciliation where accountability is relevant to the identified concern.
There is significant trauma	Respect pacing, the child's cues, and the need for specialized support.
There is a major power imbalance	Do not frame unequal power as though both parties have equal freedom or responsibility.

A child should not be required to show affection, comfort, forgiveness, or increased trust as proof that supervised contact is working. An affected parent should not be expected to become more trusting simply because another person has demonstrated some improvement within a structured setting. The focus remains on whether each participant and the service are behaving in appropriately trustworthy ways within their roles.

12. Case Study 3: When Not to Push for More Trust

Case purpose

This case highlights the limits of mutual-trust language and the importance of safety, pacing, role clarity, and unequal responsibility.

Case Narrative

Sofia, age 12, has supervised parenting time with her mother, Lena, every other week. The referral materials describe a history of intense conflict between the parents and allegations that Lena repeatedly pressured Sofia to take sides in adult disputes. The other parent reports that Sofia becomes anxious before visits. Lena disputes much of the history and says Sofia has been influenced by the other parent. The service does not determine which contested account is correct; it follows the court order and focuses on what occurs within the supervised setting.

During the first several contacts, Sofia participates but remains reserved. She sometimes chooses to sit at a table farther from Lena and prefers structured activities. Lena repeatedly asks staff when they think Sofia will “trust me again” and says the visits should become more affectionate if the process is working. Staff explain that Sofia will not be required to show affection or forgiveness and that the service will focus on safe, respectful interaction.

At one visit, Lena says to Sofia, “I know you’ve heard a lot of things about me, but you know in your heart what’s true.” Sofia becomes silent and looks toward the supervisor. The supervisor redirects: “We are not going to discuss adult disagreements or ask Sofia to decide what is true. Let’s return to the activity.” Lena becomes upset and says, “So I’m not even allowed to defend myself?” The supervisor repeats the boundary and offers Lena a brief pause. Lena takes the pause and returns to the room. She does not raise the topic again that day.

At the next two visits, Lena avoids adult-conflict topics. Sofia remains reserved but participates in a baking activity and later asks Lena a question about a family recipe. Lena responds without using the moment to discuss the conflict. Staff note the change factually. Lena later asks whether this means Sofia is beginning to trust her. Staff respond that they can describe the observed changes in participation and boundary-respect, but they cannot determine Sofia’s internal level of trust or require it to increase.

Small-Group Questions

1. Why would “mutual trust” be a problematic goal in this case?
2. What can the provider appropriately observe and document?
3. What would constitute trustworthy behaviour by Lena within the supervised setting?
4. How should staff respond when Lena asks whether Sofia “trusts her again”?
5. What does Sofia’s continued reserve mean? What should staff avoid concluding?

6. What role does accountability or boundary-respect play when the underlying history is contested?

7. Why is maintaining the current safeguard potentially consistent with progress?

8. What would be an appropriate service-level definition of success for the next several contacts?

13. Common Practice Errors

Common error	Why it is a problem	More useful practice question
Supervision without a clear purpose	The service can become static and difficult to evaluate.	What concerns and service conditions are we actually observing?
Treating trust as a global judgment	It obscures differences across relationships and domains.	What can currently be relied upon, by whom, and under what conditions?
Confusing attendance with progress	Showing up does not establish emotional responsiveness or reduced risk.	What has the parent demonstrated beyond attendance?
Treating time as evidence	The passage of time may not include relevant tests of the concern.	What repeated experiences have actually occurred?
Overinterpreting a single contact	A single event can be encouraging or concerning without establishing a pattern.	What happens across comparable contacts?
Pushing reconciliation or affection	It may burden the child or obscure safety and power concerns.	Are we supporting safe conditions or pressuring emotional outcomes?
Moving outside the provider role	It turns observation into conclusions about motive, credibility, or fitness.	What can we see, hear, document, and support within role?

14. Review Questions for Supervisors and Programs

- What relationship or process is the trust question about?
- What domain is relevant: safety, reliability, boundaries, emotional regulation, responsiveness, or process fairness?
- What has changed since the last review?
- What specific observations support that conclusion?
- What concerns remain, and are they isolated or patterned?
- What is the child's current experience of transitions and contact?
- What has the parent demonstrated consistently?
- Which positive behaviours appear dependent on the current structure?
- What safeguards remain necessary for the service to be safe and workable?
- What would justify maintaining, modifying, or increasing structure within the provider's role?
- What should the program itself do more clearly or consistently?

15. Practice Reflection Worksheet

Consider a supervised parenting case from your own work. Use a composite or de-identified example if discussing it with others.

Reflection prompt	Notes
What is the stated purpose of supervision?	
Which trust relationships are most relevant?	
What domains are involved?	
What is already predictable or manageable?	
What event or pattern has affected confidence?	
What observable indicators are being tracked?	
What is the child showing through behavior or cues?	
What can the provider support without interpreting motive?	
Where is caution still appropriate?	
What is one small practice change that could improve clarity or predictability?	

16. Key Takeaways

- Trust is relationship-specific, domain-specific, and shaped by context.
- Trust is future-oriented: people use current and past experience to decide what can reasonably be expected next.
- Providers support conditions for trust; they do not decide who is globally trustworthy.
- Clear structure can create functional working trust even when deeper interpersonal trust is absent.
- Repeated experience can increase confidence, leave it unchanged, or confirm the need for caution.
- Observable behaviour and patterns are more useful than global labels or assumptions about motive.
- The service itself must also behave in ways that are clear, consistent, accurate, and responsive.
- Repair should address the domain in which confidence was affected.
- Greater working trust does not automatically require fewer safeguards.
- Trust-building should never require affection, forgiveness, mutual trust, or reconciliation.
- The child's pace, cues, boundaries, safety, and developmental needs remain central.

17. Reflect – Choose – Apply

Closing Application (4 minutes)

Purpose: Translate the framework into one small, realistic change in practice.

- Predictability: What is one routine you can make clearer or more consistent?
- Observation: What behaviour could you observe more carefully without interpreting it?
- Documentation: Where can your notes better distinguish fact from interpretation?
- Caution: Where might you need to avoid pushing for trust, affection, or reconciliation?
- Practice change: What is one small change you can implement this week?
