STATE OF IOWA DEPARTMENT OF
Health and Human
SERVICES

Family Interaction Planning Tool

Purpose
This tool should be used to determine HHS' recommendation for the Family Interaction Plan which includes supervision level, interaction location, and interaction frequency and length.

Who is the tool used for?
This tool should be completed for each parent-child relationship. A separate tool may need to be completed for each parent depending on the family situation.

Who completes the tool?
The CPW and/or SWCM in collaboration with the family's team.

When is the tool completed?
Prior to completing the Family Interaction Plan. Family interactions should begin as soon as possible after a child's removal from parental custody. The interaction plan should be reviewed monthly to determine progress, update goals, and determine if it is appropriate to consider changes in supervision, location, and setting.

How is the plan documented?
In the Family Interaction Plan- form 470-5148

Use this process to determine recommendations for the family interaction plan.

1 INTERACTION SUPERVISION

Use the decision tree on reverse side to recommend the interaction supervision level for each identified parent-child relationship. Document the supervision level on the Family Interaction Plan. If supervision is required, document who is responsible to provide supervision during interaction. Consideration should be given based on the safety concerns and the developmental needs of the child.

Recommendations:

Unsupervised Interaction
No interaction supervisor is required.

Semi-Supervised
Supervisor should make multiple drop-ins during the interaction.

Relaxed Supervision
Interaction does not need to be fully supervised. (ex. Supervisor is in the home, but does not necessarily need to be in the same room during the interaction).

Supervised by Natural Supports
Relatives, kin/fictive kin, or foster parents should be explored as interaction supervisors until it is safe and appropriate for the family to have unsupervised interactions.

Professionally Supervised
Contracted provider, HHS worker or other child welfare professionals are recommended to supervise the interaction to address behavioral, developmental, relational, or safety needs in interactions until it is safe and appropriate to move to a less restrictive interaction supervision level. (ex. Unsupervised or supervised by relative, kin/fictive kin, or foster parents).

Therapeutic Supervised
Interactions supervised by therapist or other child welfare professional specifically trained to address the specific needs of the parent-child relationship.

NO Interactions
Discuss if interactions should occur.

2 INTERACTION LOCATION

Family Interaction should occur in the least restrictive, most homelike setting that allows for natural interaction while appropriately meeting the child's needs for safety. Every opportunity for family interaction needs to be considered including doctor visits, school activities, meetings, and other functions. Generally, the parental, relative/kin, foster family home will provide the best environment for interactions. Decisions about interaction location should be made in partnership with the family. When safety is an issue, a more secure setting should be chosen, and a safety plan developed for the interactions to continue.

Use the decision tree below to recommend interaction location:
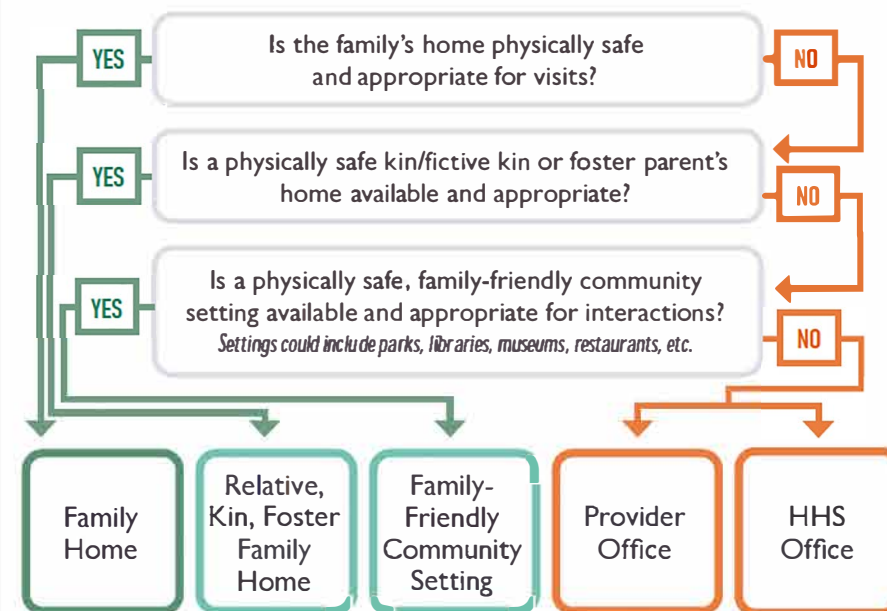
3 FREQUENCY & LENGTH OF INTERACTION

Interactions should be frequent and for as long as possible, unless harmful to participants and/or requested otherwise. Decisions should be made in partnership with the family and documented on the interaction plan. In determining how often and how long interactions should be, consider the following.

DEVELOPMENTAL AGE OF THE CHILDREN		
Infant/toddler (0-5 y/o)	Shorter, more frequent	3-4 times per week
Younger, school-aged (6-12 y/o)	Longer, more frequent	2-3 times per week
Adolescent (13-17 y/o)	Longer, less frequent	1-2 times per week

Interaction Supervision Decision Tree

Provide explanations for decisions on questions A-F on the Family Interaction Plan, Form 470-5148.

A Do any of the following interaction restrictions apply?

1. There is a current, restrictive contact order between the identified parent and child? (ie. "no contact" court order, restraining order, etc.)
2. There is a therapeutic recommendation for interactions not to occur.

YES → **NO INTERACTIONS**

NO ↓

B Do any of the following interaction safety and risk factors apply?

Review each factor to determine if it is present for the parent and/or child and would affect interaction specifically.

PARENT FACTORS

The parent has...

1. Attempted, or made attempts, to abduct a child during interactions.
2. Been, or there is significant risk that he or she will be, physically or emotionally abusive to a child making interactions unsafe.
3. Untreated mental health challenges and has behaved, or there is significant risk that he or she will behave in an inappropriate or unpredictable way impacting interaction safety.
4. Attended, or there is significant risk he or she will attend an interaction under the influence of substances impacting interaction safety.
5. A significant medical condition and/or limited developmental, cognitive or physical capabilities that make interactions unsafe without supervision.

CHILD FACTORS

The child has...

1. Stated, or shows signs, he or she is afraid of being alone with a parent during interactions.
2. A significant medical condition or limited developmental, cognitive or physical capacities that make interactions unsafe without supervision or parent support during interactions.
3. Severe behavioral, emotional or mental health challenges that make interactions unsafe without supervision or parent support during interactions.

YES →

NO →

C Do mitigating factors minimize risk to the child during interactions?

Review each factor to determine if it applies. Ask yourself if the mitigating factors reduce interaction safety and risk factors.

1. The child is of an age and developmental stage where he or she can take action to protect self from a threat of safety.
2. There have been multiple, positive interactions with no threats to the safety or welfare of the child
3. The parent or child is meeting treatment goals or demonstrating new, positive skills and behaviors.

YES →
NO →

D Is there significant level of intervention or clinical support needed to facilitate positive parent/child interactions?

YES →
NO →

E Are there relatives, kin or foster parents who are willing and able to safety supervise interactions?

YES →
NO →

F Has the family made sufficient progress toward case plan goals and demonstrated ability to provide basic safety to warrant relaxed or semi-supervised interaction?
Examples:

▸ Parents are actively engaged in substance abuse/mental health treatment.
▸ Parents consistently demonstrate sober behaviors during supervised interactions.
▸ Parents demonstrate emotional stability during supervised interactions.
▸ Parents demonstrate use of non-physical discipline.
▸ Parents' focus is on the children during interactions.
▸ Parents demonstrate ability to meet physical, medical, behavioral, and emotional needs of the children.
▸ Children seek and engage in activities with the parents during interactions.
▸ Children respond positively when parents engage with them during interactions.

Outcomes

NO INTERACTIONS

THERAPEUTIC SUPERVISED INTERACTIONS
by therapist or other specially trained professional

PROFESSIONALLY SUPERVISED INTERACTIONS
by HHS or other child welfare professionals

SUPERVISED INTERACTIONS
by natural supports or foster parents

UNSUPERVISED INTERACTIONS