**Iowa Department of Human Services**

**Family Team Decision-Making Meeting Resources**

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**Family Team Decision-Making**

# Agreement to Participate

Family Team Decision-Making (FTDM) meetings are an organized way for people who care about you and your family to meet and work together to help you find ways to solve problems and make plans for the future.

I will meet with the FTDM meeting facilitator or other coordinator to learn about the process before the Family Team Decision-Making meeting takes place.

* Together we will invite family, friends, helping professionals and others who care about my family to be a part of this meeting.

Information about my family will be shared during the meeting with the people I invite.

* Everyone involved will understand that this information is not to be shared outside the meeting.

There may be times when the agency is in the process of training new FTDM meeting facilitators in the Family Team Decision-Making meeting process to help them learn to conduct meetings or participate in meetings that will help families develop and meet their goals for a safe and healthy family. There may be one or two observers at the Family Team Decision-Making meeting, which are not directly involved with your family. You decide whether there are observers at your meeting:

[ ]  It is OK to have observers.

[ ]  I would prefer not to have observers.

My family and I are willing to participate in a Family Team Decision-Making meeting.

Signature Date

Signature Date

Signature Date

Iowa Department of Human Services



# Family Team and Youth Transition Decision-Making

# Meeting Agreement on Confidentiality

*A release of information form should be completed with the family for the purpose of a family team decision-making or youth transition decision-making meeting only.*

|  |  |
| --- | --- |
| Family/Youth Name | Facilitators |
| Date | Location |

Pursuant to the confidentiality provisions of the Code of Iowa, we the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending juvenile court or other court action.

The plan developed at the Family Team Decision-Making meeting or Youth Transition Decision-Making meeting will be shared with DHS and its contractors, the juvenile court, and legal parties to the Child in Need of Assistance (CINA) case and others present as identified by the family or youth.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Agreement on Confidentiality** | **Print Name, Address, Phone Number, and Email** | **Relationship** | **Date** |
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Use the back page if needed for additional team members.

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| **Signature of Agreement on Confidentiality** | **Print Name, Address, Phone Number, and Email** | **Relationship** | **Date** |
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Iowa Department of Human Services

**Family Team and Youth Transition**

# Decision-Making Meeting Referral

|  |  |
| --- | --- |
| Date of Referral      | Referred to      |
| Referred by      |
| Email      | Phone      | County      |

|  |
| --- |
| **Parent/Caregiver/Noncustodial Parent Information** |

| **Name (last/first)** | **Role** | **Phone** | **Address or Email** | **Race** |
| --- | --- | --- | --- | --- |
|       |       |  |       |       |
|       |       |       |       |       |
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| --- |
| **Child/Youth Information** |

| **Name (last/first)** | **Placement Information** | **Phone** | **Date of Birth(mm/dd/yy)** | **FACS ID #** | **State ID #** | **Race** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |
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|      470-5150 (9/13) Page 1 |       |       |       |       |       |       |
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|  |  |
| --- | --- |
| Check the boxes that apply. |  |
| Type of referral: | [ ]  FTDM [ ]  YTDM |
| Was there a prior FTDM or YTDM? | [ ]  Yes [ ]  No | Date: |       |  |
| Are the family and youth aware a facilitator will be calling them? | [ ]  Yes [ ]  No |
| Is court involved? | [ ]  Yes [ ]  No |
| Is there a *No Contact Order* in place? | [ ]  Yes [ ]  No |
| If yes, between who? |       |  |
| Need a translator or interpreter? | [ ]  Yes [ ]  No | Language: |       |  |
| Is there a current *Family Interaction Plan* developed and in place? | [ ]  Yes [ ]  No |
| Is there a formal documented concurrent plan? | [ ]  Yes [ ]  No |

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| **What is the desired outcome of this meeting?** |

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| --- |
| **Potential Team Members** |

| **Member** | **Name** | **Email** | **Phone** |
| --- | --- | --- | --- |
| Ongoing DHS Worker |       |       |       |
| FSRP Contractor |       |       |       |
| Child’s Attorney/GAL |       |       |       |
| CASA |       |       |       |
| Mother’s Attorney |       |       |       |
| Father’s Attorney |       |       |       |
| Parent Partner470-5150 (9/13) Page 2 |       |       |       |
| Foster Parent/ Relative Caregiver |       |       |       |
| Other/Role |       |       |       |
| Other/Role |       |       |       |

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| **When completing this section, consider and assess these safety and risk issues, at a minimum:** |

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| --- | --- | --- |
| * Children are under 5 years of age
* Children have been identified as a victim in the past
* Sexual abuse
* Physical abuse
* Denial of critical care
* Supervision
 | * Home environment
* Mental health issues
* Methamphetamine use or manufacturing
* Substance use or abuse (current or history)
* Domestic violence (current or history)
 | * Sex offender in the home
* Food, clothing, shelter and physical living conditions of the children
* Children in out-of-home placement with relative or nonrelative
 |

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| **Identify and document the safety and risk issues for the youth or family:** |

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| **Identify and document the cultural needs and any special accommodations that the facilitator should be aware of** |

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Family Team Decision-Making (FTDM)

Meeting Outline

The following outline of the FTDM meeting is consistent with development of the “Family’s Plan” part of the DHS Case Permanency Plan. The case plan section is referenced in brackets following the part of the meeting to which it corresponds.

* Welcome and team member introductions
* Discuss purposes for the meeting and FTDM purpose and philosophy [family may present the purpose; consensus of all team members is essential]
* Discuss the non-negotiables and confidentiality
* Develop ground rules
* Family story
* Define outcomes for the family
* Strengths to achieve outcomes
* Concerns and needs related to outcomes
* Private family time option
* Brainstorming how to meet needs
* Develop the plan [Action Steps: what, who is responsible, by when; and Safety Plan]
* Family Interaction Planning (If children are placed out of the home)
* Assess “What can go wrong”
* Next steps and closing

Family Team Meetings in Domestic Violence Cases[[1]](#footnote-1)

## Challenges to Family Team Decision-Making Meetings

The primary concern for **family team decision-making meetings** with families where there is domestic violence is the safety of all team members, before, after, and during the family team decision-making meeting. A thorough safety and risk assessment must be completed prior to a family team meeting being arranged. A critical piece of this assessment process is working with the adult survivor to determine what they believe will help ensure their and the children’s safety and well-being. If you don’t feel you have the specific domestic violence expertise necessary for a particular situation, it is necessary to involve an individual who has specialized knowledge and skills in the area of domestic violence as a team member, co-facilitator, or as a support person for a team member. In domestic violence situations, it is recommended that you engage one of our community partners or a domestic violence liaison for assistance.

This job aid is a summary of the Family Team Conferences in Domestic Violence Cases: Guidelines for Practice by Lucy Salcido Carter, The Family Violence Prevention Fund, The Child Welfare Policy and Practice Group, October 2003. It is recommended that social workers that conduct family team meetings use this guide as a reference in its entirety. This guide can be found online at: [**https://www.futureswithoutviolence.org/family-team-conferences-in-domestic-violence-cases/**](https://www.futureswithoutviolence.org/family-team-conferences-in-domestic-violence-cases/)

## Assessing for Family Team Meeting Preparation

If domestic violence is identified as a concern during the assessment, the following questions should be answered to determine if a family team meeting is an appropriate course of action[[2]](#footnote-2).

* Is the survivor afraid of the abuser?
* Is the abuser threatening to harm the survivor, the children, or themself?
* Are the severity and frequency of the violence escalating?
* Have the children been used to threaten the survivor or keep the abuser from inflicting further violence? How?
* Does the abuser or survivor have access to weapons?
* Have weapons been involved in prior assaults?
* Has the criminal justice system been involved? If so, are there pending charges or is there a probation or parole officer assigned to the case?
* If the abuser has participated in some type of education or treatment program, how have they responded to that intervention?
* What has been the extent of the survivor’s injuries? Have there been injuries requiring hospitalizations?
* Is the abuser or survivor chemically dependent?
* Is there a history of mental illness?

A “yes” to any of the questions does not eliminate the possibility of using a family team meeting. However, it does indicate the issues that must be addressed sufficiently during the preparation phase, or a family team meeting should not be held.

Clearly identifying the range of possible emotional responses typical for the family will assist the facilitator in contending with participants’ behaviors during the meeting.

## Preparation for a Family Team Decision-Making Meeting

*You must determine whether the abuser should participate or can participate safely.* If the survivor says “no”, it is too dangerous for them to be present, then the decision needs to be “no”.

Factors to consider include:[[3]](#footnote-3)

1. abuser’s access to the victim
2. the patterns of abuse
3. their state of mind
4. the suicidality of the survivor, children, or abuser
5. the presence of other stressors or risk factors
6. past failures of the system to respond appropriately.

As the facilitator you should also be able to answer the following questions:[[4]](#footnote-4)

* Is there a restraining order?
* Do they live together?
* Is domestic violence a topic that has been addressed publicly with the abuser, the police, a judge, the case manager, or other family members? How did the abuser react?
* What are the survivor’s goals for having the abuser there or not?
* What is the biggest fear if they don’t participate?
* What is the hope if the abuser *is* present?
* Is the abuser involved in any services? For how long?
* Are there any current stressors in their life that might make them more violent?

If the abuser cannot safely attend, you may be able to allow the abuser to participate without actually being present:[[5]](#footnote-5)

* Two separately family team meetings may be conducted
* A service provider who has worked with the abuser could be their representative, with their permission
* The abuser could write a letter, responding to questions being asked at the meeting
* They could videotape a response to the questions being asked; the tape should be reviewed prior to showing to ensure there is no hidden manipulation

*To prepare the survivor when the abuser is attending the meeting; safety is the first priority*. Safety planning should be done prior to the meeting:**[[6]](#footnote-6)**

* Are there any specific topics to avoid?
* Are there safety concerns about anyone else who may also be attending?
* Does the survivor want to discuss the domestic violence?
* How safe does the survivor feel discussing the domestic violence with the abuser present?
* If the children will be present, do they want to discuss the violence?
* What does the survivor want to do if the child or other parties bring it up?
* What have they already discussed with the children regarding the violence?
* How have the children been impacted by the violence?
* What will the impact be on the children if the abuser’s violence is discussed in the meeting without him/her present? With him/her present?
* How will the abuser react if the violence is brought up? By the survivor? By others?
* What has happened in the past when the violence has been discussed?
* Are there other community or family members that the abuser will want at the meeting? How will others feel about that?
* Does the survivor want someone who is an expert in dealing with domestic violence survivors or batterers present at the meeting? How will the abuser react to that?
* Does the survivor feel that they can safely speak out about their wishes and concerns if they are different from those of the abuser?
* How will the facilitator know if the survivor begins to feel afraid during the meeting? Can they plan to signal each other if she/he begins to feel afraid?
* Of all the people the survivor wants to invite to the meeting, with whom have they discussed the domestic violence? What have their reactions been?
* What do they think the reaction of people at the conference will be to disclosure of the violence? Will they support the survivor’s need to be safe and the abuser’s need to be non-violent?
* What do they fear could go wrong in the meeting? What would be the consequences?
* To avoid surprises, what else does the facilitator need to know about the survivor and their family? If, for example, an aunt is invited, what might she tell the group that would be a surprise?

*Preparation with the abuser includes*: Listening to the abuser and understanding their perceptions is vital to assessing safety and risk. Questions can probe the extent to which they have taken responsibility for their actions, and provides the facilitator with the opportunity to discuss how the abuser can be a constructive participant in the meeting. The following questions can be helpful to you in determining how the abuser might react in the meeting and how to conduct a safe meeting with them present:[[7]](#footnote-7)

* Are there any specific topics to avoid?
* Would it be helpful if a batterer intervention program staff person attended the meeting?
* If the survivor wants to discuss the domestic violence, how will the abuser manage that discussion?
* Are there other community or family members that they want at the meeting? How do they think the survivor will react to that? Will these other people support the survivor’s need to be safe and the abuser’s need to be non-violent?
* Have any of the people attending the meeting seen the abuser escalate situations when disagreements arose in the past? Will this be a fear or concern of others at the meeting? How can those issues be addressed?
* How can the abuser let the facilitator know that they need a break during the meeting because of topics being discussed?
* If it has been agreed that the domestic violence will not be discussed, how will they respond if another party brings it up?
* What has happened in the past when the violence has been discussed?
* What has the abuser discussed with the children regarding his/her violence?
* How have the children been affected by the violence?
* What might the impact be on the children if the violence discussed in their presence in the meeting?
* How can the abuser convey to the survivor that she/he can safely speak out about their wishes and concerns if they are different from the abuser’s?
* What do they fear could go wrong in the meeting? What might the consequences be of that?
* To avoid surprises what else does the facilitator need to know about the abuser and their family?

*Prepare other team members*: Determine who else should participate. If both the survivor and the abuser are to be present, speak with them about having an advocate for domestic violence survivors and a provider of batterer intervention services at the meeting. To participate effectively, these advocates will need to be given information about the family team meeting process, see its value for families, and discuss their role in the meeting. This is especially important given that they are not accustomed to working with the family all together.

As the facilitator, you will also want to have contact prior to the meeting with any extended family members who want to participate in the meeting. You will want to assess their motivation for participation, and the role they can play in developing an effective plan for meeting the goals of the meeting. If a member wants to bring up the domestic violence but the survivor does not believe it is safe, acknowledge their concerns but counsel them not to bring up the violence during the meeting to ensure the safety of everyone involved.

*Preparing children:* Determine whether the children should participate [see protocol for preparing children]. As the facilitator you will need to assess whether:

1. the children are developmentally capable of participating
2. the children will benefit from the meeting
3. the meeting will cause further trauma to the children
4. the children can help achieve the desired outcomes for the meeting.

As the facilitator, you will need to consider how the children’s presence may inhibit honest conversation by the adults, and how the children will feel about discussing the violence in front of the abuser, if they are there. You will also want to take into consideration that the children are likely aware of the violence, depending on age may want to be heard about how the violence has impacted them and they may be concerned for everyone’s safety. One option may be for the children to only participate in part of the meeting.

## Facilitating the Meeting

The facilitator must be vigilant regarding the verbal and non-verbal interactions during the meeting. Relying on survivors, survivor advocates, and the DV experts participating in the meeting to monitor these interactions can increase the level of safety. The survivor and facilitator can agree ahead of time on a signal that conflict is escalating or there is a threat.

*If conflict escalates during the meeting, implement a pre-determined plan that may include*:

* empathizing with the fear or pain the key players are expressing; do not confront the abuse directly; remind them that the meeting participants are there to provide them with support and resources;
* focusing on solutions for the future, without discounting harms past violence has caused;
* calling a break to allow de-escalation;
* have the person getting angry or escalating the conflict leave the meeting with someone who can help them manage their emotions; or
* stop the meeting

Family team meetings are emotional events. If you perceive that tensions are escalating to the point of danger, check with the survivor using the prearranged signal. The meeting does not necessarily need to be stopped, however, you will need to use your skills, or the skills of others on the team to manage the emotions and de-escalate the conflict. It may be necessary to call a break to allow for everyone to calm down. During the break, take the opportunity to assess with the survivor and the abuser, separately, whether or not the meeting can safely continue. Continue the meeting if:[[8]](#footnote-8)

* The survivor says they want to continue and they feel safe doing so
* The facilitator believes that reconvening will not jeopardize anyone’s safely.
* It appears that the abuser is constructively managing their anger
* The facilitator and survivor believe continuation of the meeting will be productive and
* The safety of the survivor will not be compromised

*During family team meetings, domestic violence may surface as an issue unexpectedly.* You may decide not to address it right away. You can defer the discussion to a later time, perhaps a future meeting. This will allow time to prepare the participants and address safety issues. You may also choose to pause the meeting so you can check-in with the parents and other team members separately, and then reconvene if it seems safe and productive to do so.

## Planning and Follow-up

*Planning and follow-up after the meeting:* The case plan should include a safety plan that specifically addresses the family safety issues. If the abuser was present at the meeting and the violence was discussed, someone should contact the survivor within 24 hours to assess whether or not there were any negative consequences from the meeting.

# Family Team Decision-Making Meetings with Meth Addicts

Things to keep in mind:

Don’t overload/frontload

* early in recovery addicts’ brains are still undergoing a healing process

Reframe

* this helps to insure they are understanding

Check in on how they are tracking

* short attention span is one of the effects of use
* it can be easy for them to become overwhelmed and frustrated

Keep lists short

* again attention is an issue

Assist in prioritizing

* this is an area of the brain impacted by meth use

Safety plans for kids as part of relapse plan

* safety of children is a focus of the FTM and relapse is often a part of recovery, plan for the
what–ifs as part of the what can go wrong with the plan

Day planners

* these help with organization and can assist in prioritizing

Encourage lots of support

* those that have support in recovery are most successful, early in recovery the addict may be limited in what they are truly capable of accomplishing on their own

Establish “circles of support”

* this spreads the tasks and has shown to be a great way to support those trying to make positive changes

Acknowledge and compliment

See more often; shorter time periods

* an effective strategy as demonstrated by successful meth treatment programs

Praise and compliment

Manageable pieces

* early recovery can be overwhelming for any addict, change is hard for anyone, many small accomplishments lead to larger ones over time

List concerns but don’t address all in first FTDM meeting – triage

* while there may be many issues to be addressed with the family, the primary one for the addict needs to be recovery, noting other longer term goals/changes is appropriate, but avoid expecting too much, that is a set-up for failure

Work on top 3 - recovery & safety of kids + one

Stage of change model - where are they at with each of the top 3

* this model is helpful in understanding how people change behaviors, applies to any change not just recovery

Help organize

* more help now creates greater success later, it also helps the addict with understanding the priorities of others

Concrete and specific plans and action steps

* being directive leads to the addict being clearer about what is expected and they in turn can be more successful, because of brain changes they are best able to be successful when the course is well mapped for them early on

Contingency management

* another proven effective strategy from treatment programs, can be quite simple rewards, but these are highly effective, an example of one way AA does it with the poker chips and sobriety medallions, another is applause as people announce their clean time

Talk, talk, and talk some more about relapse and safety of kids

Identify what can be done realistically in 30 - 45 days

* success will come is small pieces and recovery and it’s tasks need to take priority early on, once stable progress can be anticipated to occur quicker and in larger increments

Schedule next meeting 4 - 6 weeks out

# Substance Abuse and Family Team Decision-Making Meetings

Family team decision-making meetings can be a very powerful intervention for all families including those struggling with substance abuse issues. There are some key concepts that will be helpful for you to keep in mind as you consider whether or not a family struggling with substance abuse is ready for a family team decision-making meeting.

Key Concepts:

A true chemical dependency becomes the central organizing force around which the life of the substance abuser revolves, and that dependency affects every significant aspect of that person’s functioning. It is not possible to have a successful family team decision-making meeting with a caregiver who is actively abusing substances and not address the substance abuse issues. The child(ren) will not be safe with an active substance abuser, therefore the team needs to address alternative caregiver arrangements.

The abuse of alcohol or other drugs on the part of even one family member, particularly if that person happens to be a parent, has a profound impact on the lives of all members of that family. All members of the team need to be able to comment of the substance use to ensure all aspects have been discussed and can be factored into the plan that is developed by the team.

The chemically involved parent has a range of serious medical and/or psychiatric problems, some of which may predate his or her alcohol or drug use and some of which may be the consequence of the dependency. All of these problems need to be addressed if intervention is to succeed. Your initial assessment must be comprehensive and screen for substance abuse issues.

**Preparation**

The important consideration in determining whether a substance abuse problem exists is the examination of adverse consequences. Adverse consequences can occur in numerous areas, including the physical, psychological, and social domains.

* Adverse physical consequences include: blackouts, injury and trauma, or withdrawal symptoms
* Adverse psychological consequences include: depression, anxiety, mood changes, delusions, paranoia, and psychosis
* Adverse social consequences include: involvement in arguments and fights, loss of employment or intimate relationships or friends and legal problems

If you know the caregiver is an active substance abuser consider having an expert in the treatment of substance abuse as a member of the team or available for consultation.

**Facilitation**

Be sure to assess whether the substance abuser or any other family team member is using the day of the team meeting. Do not hold the meeting if you believe anyone has been using that is attending the meeting. If you feel the team member is not a critical member of the team and not one of the primary caregiver’s you may ask the family if the meeting could go forward without that team member. When you greet each team member you have the opportunity to be as close to them as you will ever be during the meeting. That is the time to smell their breath and check their pupils for inconsistent levels of dilation.

This information has been adapted from the Substance Abuse section of the Tough Problems, Tough Choices: Guidelines for Needs-based Service Planning in Child Welfare. These guidelines are available in each office.

# Conducting Family Team Decision-Making Meetings Where MentalIllness is an Issue of Concern

**Preparation**

Holding family team decision-making meetings with families where mental illness is a concern requires that you have completed a comprehensive safety and risk assessment upfront to determine whether or not there is enough support available to the mentally ill caregiver to ensure the safety of the child(ren).

Persons with mental illness are capable of caring for their children. However, individuals, parents or children with chronic, serious emotional disorders require a system of support that involves family, friends, professionals and the community. They are families where a family team meeting can be the difference between them maintaining custody of their children and the children being removed from their care or remaining in out of home placement.

**Facilitation**

It is important that you have members on the team who are knowledgeable about managing, and treating the mental illness that has been diagnosed, preferably the ones who are currently treating the diagnosed individual. There are some mental illnesses such as Borderline Personality Disorder and Munchausen Syndrome by Proxy where it is difficult for the individual to acknowledge their mental health problems. In order to be able to put together a successful plan to allow a child to remain in the care of the family there must be a caregiver who is able to demonstrate an understanding of the mental illness and acknowledges that their partner has the illness. They must be willing to monitor the interactions of the mentally ill caregiver and provide accurate information to professionals regarding their emotional state and resulting behaviors. If this is not present the child will not be safe in the home with the mentally ill individual.

There are a number of mental health diagnoses whereas the individual feels better they discontinue taking their prescribed medication, schizophrenia for example. There must be others involved with the caregiver who is willing and able to monitor the medication of the diagnosed caregiver. This might be family members; however, it might also be a community provider. Whoever is monitoring the medication needs to have the appropriate releases of information necessary to inform the psychiatrist or physician involved immediately of any non-compliance of medication.

**Follow-Up**

Any plan developed by the team needs to address what happens if the mentally ill individual becomes non-compliant with medication or treatment. If it is the child who has been diagnosed the parent must be willing to comply with all treatment and medications prescribed, any failure to do so should be addressed in the plan developed by the team.

# Attorneys and Family Team Decision-Making Meetings

**Preparation**

How to manage attorney involvement:

Carefully process with the family what they are hoping to accomplish by inviting their attorneys. Be sure to remind them the team meeting is not a fact-finding mission; we are not attempting to prove anyone’s guilt or innocence. We are trying to develop a plan that will that will ensure the safety of the child(ren) who are the focus of the meeting.

If the attorneys demand to be there or a family member really wants them there then you will need to be sure you prepare the attorney well for their role in the family team decision-making meeting. They are an equal participant.

Be clear about the mission of the meeting:

Family team decision-making meetings are not about assigning blame, they are about identifying a plan for the family and the team to help the family achieve their goals, address issues of concern and deal with issues of permanency.

**Facilitation**

Be clear about managing everyone’s participation:

The meeting will be managed by the facilitator, no one will be allowed to intimidate badger or blame others during the meeting. Be clear with the attorneys that in order for a family team decision-making meeting to be successful everyone needs to feel free to speak openly and honestly. Everyone needs to have an equal voice at the meeting and it is your role as facilitator to ensure that happens.

Help them to understand we will be identifying strengths, and we will use those strengths to address the issues that brought the family to the attention of the department and the court.

# Integrating Family Team Decision-Making Meetings into the Court Process

Family team decision-making meetings offer the best opportunity for the family together with a team they have agreed to and the Department of Human Services staff to develop a plan to resolve issues of concern that have been identified.

Key Concepts to Consider:

* The family has agreed to be part of the team meeting, knowing up-front that the purpose is to address issues of concern that have been identified.
* The family has agreed to identify and bring to the table anyone they feel can be helpful to them (this alleviates concerns that they didn’t have a support they needed or wanted).
* The family team develops a plan be consensus that the team agrees will address the issues of concern identified (this means everyone was on the same page – DHS, providers, family, etc.). No one was left out of any discussion so we can be clear that if it was an issue, the family heard it, was asked their opinion about it, and asked what they are willing to do to solve it, and if they are willing to commit to carrying out their part of the plan.
* A family team decision-making meeting ensures the family and other team members are clear about what needs to be done, who needs to do it and when they need to do it.
* A family team decision-making meeting ensures the family know what needs to be done to achieve the goals identified and have verbally agreed to do their part.
* The family team decision-making meeting will identify what the barriers are to accomplishing the plan and what the team will need to do if those barriers arise. This cuts short the process of needing to come back to court with explanations of what went wrong and therefore why goals weren’t achieved. If that should occur the team did not do their job!
* A family team decision-making meeting can develop a plan to address all of the issues of concern, plan for safety and crisis and look ahead to movement toward permanency. Any time the court is involved the facilitator will be clear with all team members that all orders of the court need to be considered as non-negotiables during the planning process.

# Working with the Defensive Parent

When a client is defensive it is because…

* 1. They are in denial they have problems
	2. They don’t want to change
	3. They want to blame others for their situation
	4. None of the above

Many times we frame a client as defensive when they don’t agree with our perception of the situation. We have a tendency to look at what they are not doing instead of what we haven’t done. When we find we are working with a client who seems to be taking a defensive position with us, we need to ask ourselves whether or not we have fully engaged with that client. As the professional involved, it is our responsibility to engage with the client. It is not the responsibility of the client to be willing to work with us when we may not have made the effort to engage with them, to fully understand their situation, to hear their story and understand their hopes for their family.

Defensiveness is a natural reaction to the difficult situations many families find themselves in when they become involved with the department. The best way to help families to move past those feelings is to allow them time to vent and tell their version of events, even if it does not cover all sides of the situation. Allow the client the opportunity to feel what they are feeling. The outcome we want for the family is not that they agree with our version of events but that we have developed a plan that ensures the needs of the child(ren) are met and they are safe from risk for abuse and neglect.

The Most Important Thing to Remember about Defensiveness is:

Do not take the defensiveness as a personal affront to you, it is not about you. It is about helping the family get through a difficult time and be able to develop a plan that will meet the needs of their children.

# Family Team Decision-Making Meetings and Conflict

**Preparation**

Family team decision-making meetings are emotional events. The best way to avoid conflict during the family team meeting is to fully assess the situation and adequately prepare all team members prior to the meeting.

Be sure you have fully assessed all aspects of the family’s situation as you prepare for the team meeting. Assess the situation for signs of domestic violence, substance abuse and mental illness in particular as those issues are likely to increase the chances of conflict arising if we have not adequately prepared the team. Assessing the situation means asking the tough questions of family members.

During your preparation interviews be sure to ask about potential conflict that may arise. Ask about surprises that may come up during the meeting. If conflict is a possibility, develop a plan with team members so they can signal you if they feel tensions in the room may be escalating. This will allow you to effectively manage the emotions in the room

**Facilitation**

Even with the best assessment, conflict may arise during a family team decision-making meeting. The team meeting can be stopped if necessary; however, it should not automatically be stopped just because conflict has escalated. The team meeting may be the first opportunity team members have to address and effectively manage the difficult emotions they are feeling. With sufficient planning, you as the facilitator can use the team meeting process to model the management of difficult emotions be de-escalating a conflict. It may be helpful for you to have other experts in the room who can help maintain control of the situation. This may be a domestic violence expert to help identify shifts in behavior, or a mental health expert to identify changes in behavior or mood. A comprehensive assessment is the key to having the right team members present.

When conflict escalates in a meeting, the facilitator must immediately assess what is happening in the room. Sometimes, empathizing with the fear or pain the key players are expressing can be enough to reduce the conflict in the room. Without discounting the harms past conflict has caused, the facilitator can encourage participants to focus on solutions for the future.

It may be necessary to take a break in the meeting if the conflict continues to escalate. During the break, you will need to assess whether or not the meeting can continue or if it should be ended for the day. Meet with the key members of the team separately to determine their willingness to continue with the meeting. The meeting can continue if:

* everyone is able to state they would feel safe if the meeting continues
* you as the facilitator feel comfortable that continuing the meeting will not jeopardize anyone’s safety
* team members appear to be constructively managing their anger
* team members believe the continuation of the meeting will be productive

**Planning and Follow-Up**

If the meeting cannot continue, the facilitator should end the meeting with some solution-based strategies in place, and with a plan for checking on the safety of team members if necessary. Remind team members to use the constructive coping skills they already have and prompt them to connect with the positive supports in their life as soon as possible.

\*Adapted from Family Team Conferences in Domestic Violence Cases: Guidelines for Practice

# Practice Options and Implications

### Different Models of Practice Utilize Different Techniques

**Protocol for Preparing the Child**

**No private family time**

**Private family time**

**Solo facilitation**

**Co-facilitation**

Keep in mind “Nothing About Me, Without Me” legislation. This legislation directs child welfare services to include youth who are age 14 or older into Family Team Decision-making Meetings and court unless there is a compelling reason not to have that youth present.

The following steps are recommended in preparing a child to participate in a family team decision-making meeting:

* Assess the child’s ability to participate.
* Explain the process in language the child understands, ask them if they want to participate, and ask for their concerns about attending.
* Offer to arrange an advocate for the child if the child has concerns about being able to share their opinion.
* Rehearse the child’s contribution to the family meeting.
* Affirm the importance of the child’s contribution.

Some children stay for part of the family decision-making meeting, for example through the discussion of strengths. Prior to the child leaving the meeting, the child should be offered the opportunity to give their opinion about what the family needs and what solutions they can contribute.

Not participating and contributing to a family decision-making meeting can be traumatic for a child, especially when decisions are being made that the child cares about. Children have a basic understanding of their family circumstances and can make a powerful statement about what should happen to assure safety and family unity. Careful preparation is absolutely required as well as the preparation of adults to be sensitive to the needs of the child during the meeting.

Family Team Decision-Making Meeting
Ground Rules Purpose and Sample

Developing ground rules with the family team is an important part of the family team decision-making meeting. The ground rules provide an orderly structure for FTDM meetings and enhance safety and respectful interactions. Ground rules contribute to the success of the meeting by:

* Offering the first opportunity for the meeting participants to practice working as a team, coming to consensus around a low-key subject, and making a commitment as a team; activities they will have to repeat as the meeting proceeds
* Allowing the facilitator to further engage team members in the process, establish team identity, and reinforce positive contributions and respectful behavior
* Providing a critical tool for managing the meeting

Ground rules need to include rules that:

* Promote respectful interactions
* Provide any limitations, e.g. on time or topics
* Reinforce the purpose of the meeting
* Emphasize confidentiality

Ground rule examples:

* Focus on the purpose
* Be respectful of each other
* One person speaks at a time
* Everyone has a chance to speak
* It is OK to disagree
* What is shared in the group stays in the group
* Safety concerns will be addressed and discussed in the group
* Speak to each other, not about each other
* Encourage honesty without blaming and shaming

# FTDM Meeting Guidelines for Supports

Transportation:

Child Care:

Refreshments:

Family Team Decision-Making Meetings

Protocol for Observers

This protocol is designed to inform and guide learners in the process of sensitively attending and observing a family team meeting. Family Team Decision-Making is a strength-based process where there is a focus on strengths to help families plan for change. Observing is the best way to become familiar with the family team decision-making meeting process. As a rule, there should never be more than two observers in a family team decision-making meeting.

Guide for Observers

As an observer, you may be asked by the facilitator to participate, to the degree you can, in the meeting. The following steps are recommended to make your observation successful:

1. You need a basic familiarity with strength-based practice. If you are not familiar with
strength-based practice, a course in engagement will enhance your understanding.
2. Review and be familiar with the Family Team Decision-Making Meeting Outline.
3. Get permission from the family [this may be part of preparation or can be completed at the meeting].
4. Talk with the facilitator prior to the meeting to ask about expectations of observers.
5. Thank the family for being allowed to observe. You might say something like: “*Thank you for allowing me to attend your family team decision-making meeting. I appreciate your willingness to help me learn.”*

Note for Facilitators: If you are aware that observers are interested, use the agreement to participate form to seek permission from the family. Prior to the meeting, clearly communicate your expectations to the observer.

****Iowa Department of Human Services

**Family Team and Youth Transition
Decision-Making (FTDM/YTDM)**

# Coaching and Mentoring Guidelines

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| **Roles and Responsibilities of Coaches** |

Family Team/Youth Transition Decision-Making (FTDM/YTDM) Coaching is teaching advanced facilitation skills through modeling quality practice, providing one-on-one instruction, and providing respectful, strength-based evaluation and feedback. It offers opportunities for the learner to:

* Partner with a skilled practitioner in preparing for and facilitating a family team or youth transition decision-making meeting, using the skills practiced in the classroom;
* Be evaluated by a skilled practitioner;
* Receive individualized coaching and strength-based feedback;
* Analyze their own practice;
* Develop a plan for continued learning; and
* Observe the coaching and mentoring process as a participant.

FTDM/YTDM Coaching is required to be an approved facilitator in Iowa and written feedback is completed on the approved form. FTDM/YTDM Coaching is the beginning of continuous personal practice improvement, not the end of learning.

A coach must know and understand their practice skills and abilities. They must know behaviors they demonstrate that contribute to positive outcomes for families, convey their intent to demonstrate, and once demonstrated, be able to point out those skills to a learner. A coach’s prerequisite skills and abilities should include:

* Advanced FTDM preparation and facilitation skills;
* Ability to instruct a learner in basic skills and processes;
* Ability to assess a learner’s strengths and needs;
* Ability to modify and individualize training to meet the needs of the learner; and
* Ability to provide strength-based feedback.

During the FTDM/YTDM Coaching process the coach is required to:

* Demonstrate the preparation phase, the facilitation phase, and the planning and follow-up phase of a quality family team or youth transition decision-making meeting completing a family’s or youth’s plan during the meeting;
* Provide individualized instruction of basic skills;
* Support and evaluate the learner’s demonstration of skills and plan for further learning; and
* Provide respectful, strength-based feedback.

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| **Grandfathering Clause** |

Experienced facilitators may request to be “grandfathered in” as a coach and mentor. Facilitators may request to be “grandfathered in” no later than January 1, 2014.

There are two different ways in which one may request to be “grandfathered in.” The first way to be “grandfathered in” requires the following to be submitted:

* Current FTDM approval number;
* Certificate of attendance for the refresher course before July 1, 2013;
* Evidence of at least six facilitated FTDMs in the past twelve months (For YTDM “grandfathered in” process, at least two of the six must be YTDM.); and
* Completed satisfaction surveys for three separate FTDMs completed by the parent or caregiver and youth. (For YTDM “grandfathered in” process, at least two of the three surveys must be YTDM.)

The second way to be “grandfathered in” requires the following to be submitted:

* Demonstrated completion of an approved coaching and mentoring class; and
* Completed satisfaction surveys for three separate FTDMs completed by the parent or caregiver and youth. (For YTDM “grandfathered in” process, at least two of the three surveys must be YTDM.)

Facilitators requesting to become coach and mentors after January 1, 2014, must comply with the following protocol.

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| **Protocol for Approving FTDM/YTDM Coaches and Mentors** |

The competency of a coach and mentor is determined by demonstrated knowledge and skills. At a minimum, coaches and mentors are approved by DHS when they have:

* Completed all of the requirements to be a DHS-approved facilitator;
* Completed the required training for coaches and mentors of FTDM/YTDM facilitators;
* Completed an application to be a coach and mentor for family team or youth transition decision-making meeting facilitators; and
* Submitted two recommendations from those who have participated in at least two FTDMs or YTDMs facilitated by the applicant.

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| **Request for Approval** |

* For FTDM/YTDM coach and mentor approval, send the application to:

[YOUR SERVICE AREA CONTACT]

* A statewide approval list will be maintained by the service areas that will include:
* Coach and mentor number, name, and contact information;
* Agency name, number, and phone (if applicable);
* DHS or private designation;
* Date of approval and name of the person approving; and
* Geographic availability to coach and mentor.
* DHS local office will receive and process applications within 20 working days. If approval is not given, reasons will be provided with an opportunity to resubmit the application for approval when the reasons are ameliorated.

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| **Application for Approval – FTDM/YTDM Coach and Mentor** |

***Application***

|  |  |
| --- | --- |
| Last Name      | First Name      |
| Mailing Address      |
| Phone      | Email      |
| Name of Agency (if applicable)      | [ ]  DHS [ ]  Private |
| Geographic Availability to Coach and Mentor[county names] |
| Signature | Date      |

***Attach***

* Training certificate or CEUs from required training.
* Two recommendation letters from someone who has participated in at least two FTDMs facilitated by the applicant.
* Evaluation form to meet the grandfathering clause.

***Approval***

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| Coach/Mentor Number      |
| Date Approved      | Approved By |

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| **FTDM/YTDM Coaching and Mentoring** |

**The Coach and Trainee together will:**

* Visit with the family to describe and explain the process and to identify ways the family team meeting could benefit the family;
* Help the family identify their desired outcomes;
* Help the family identify their strengths and needs;
* Identify additional team members;
* Prepare the family to tell their story at the team meeting;
* Help the family identify what supports they need and what barriers they might have (transportation, day care, etc.);
* Identify the best time and location convenient to the family to hold the meeting; and
* Check with the family to determine their willingness to have other learners and trainees present during the FTDM for their development as facilitators.

**Next, the Coach and Trainee together will:**

* Conduct preparation interviews with identified team members;
* Gain agreement with team members regarding their role and participation as team members;
* Help the team members identify family and child strengths and needs; and
* Determine their availability for a family team decision-making meeting at the family’s preferred time, date, and place.

**Before the Family Team or Youth Transition Decision-Making Meeting, the Trainee will:**

* Follow-up with the family and team members to remind them of the date, time, and place;
* Invite appropriate trainees to the meeting (for observation);
* Make arrangements for child care and transportation or other special needs;
* Arrange for a speaker phone, if one is needed;
* Arrange for having a flip chart, markers, tape, and tissues at the meeting; and
* Arrange for appropriate refreshments.

**The Family Team Decision-Making Meeting:**

* On average will last 90 minutes to 2 hours but the length of time may vary depending on individualized family needs; and
* Use the *Family Team Decision-Making Meeting Outline*.

**Follow-up**

* If the trainee is not the caseworker, they will have the responsibility to work with the group member who writes the plan developed in the FTDM;
* The trainee will follow-up on commitments made at the team meeting; and
* The trainee will arrange and invite members to the next meeting.

**Evaluation**

* The coach and mentor will initially have the trainee take on the role of co-facilitator during the family team decision-making meeting;
* The coach will provide feedback for the trainee regarding this FTDM;
* The trainee will then facilitate a FTDM with the coach taking on the role of co‑facilitator;
* The coach will provide feedback to the trainee regarding their facilitation; and
* The coach will complete an evaluation form for each FTDM and make a recommendation for approval as a facilitator.

# Family Interactions and Family Team Decision-Making Meetings

**What is Family Interaction?**

**Foundation**

Family Team Decision-Making meetings can be the foundation we use to fully implement Family Interaction Plans. Family interactions have to be an integral part of family team decision-making meetings and sometimes may be the reason we get together.

Let family interaction planning influence who should be included as part of the team (relatives, foster parents, friends, etc.). This is an opportunity to use the family’s strengths, supports, and resources.

Be clear with the team why the child was removed and what needs to happen before the child can be reunited.

Clearly identify the safety and risk factors present that necessitated the need for removal. Relatives and supports need to know the reason kids were removed.

Identify the safety and risk factors that necessitate the need for supervised interactions (why supervised, what looking for, etc.).

**Prep work may look different**

Facilitators may be assisting the family in developing a team that can help support their family interactions.

There should be some emphasis and discussion about informal supports as it relates to supporting interactions so the family is prepared to identify those supports they have at the meeting.

The family should be prepared to come to talk about things that are important for the children and the family such as girl scouts, 4-H, dance classes, friends of the children, family routines, special family traditions, etc.

The facilitator and the team may need to help the family look at participant roles differently (i.e. foster parents, relatives who are upset with the parents, friends, kinship relationships, etc.).

Additional care should be taken to engage the foster parents and discuss their comfort level with involvement and what they would feel comfortable doing to support family interactions.

**Identifying Strengths**

Prompt the team to identify strengths related to family interactions. How do we promote attachments vs. creating or adding to the family/child losses?

* Who can support interactions happening?
* Who can help with transportation?
* What goes well when the parents and children are together?
* What activities should be included in interactions (i.e. hobbies, sports, etc.)?
* What appointments or commitments are coming up and should be included in the interactions?
* What celebrations or traditions need to be continued during family interactions?
* How can interactions support the family’s unique culture?

**Identifying Concerns/Needs**

Be clear about what safety concerns exist related to family interactions occurring (consider safety constructs)

* Where can it take place?
* Who can be at the interactions?
* Who must monitor the interactions? What monitoring for?
* What support/education/intervention does the family need to successfully reunite (what are the family underlying needs)?
* What goals need to be accomplished before interactions can move to the next phase?

**Developing the Plan**

The interactions may be developed during the FTDM meeting. At times, a smaller “team” may meet before or after the meeting. At a minimum, the team should be having conversations regarding interactions to share in the responsibility. The plan should be doable. Plans fall apart when team members make commitments they cannot really keep. Ensure identification of any time or financial constraints for family and team members so they do not sabotage the plan later. Use the team to deal with constraints related to logistics.

Teams should challenge barriers and move toward what we can do vs. what we cannot do. Don’t settle for doing things “the way we have always done them.”

**Planning for What Could Go Wrong**

Make sure the team develops a strong crisis plan and communication plan for what happens if a piece of the interaction plan should break down - who talks to who, who reports to who, how will changes be made if needed? Follow meetings should be planned to monitor the interaction plan.

Move the next two pages to the handouts and put right after the Family Interaction Standards. There are two sets of standards so be aware of that. Take out of this document

Iowa Department of Human Services

**Family Interaction Plan**

# General Roles and Responsibilities

Carefully planned family interaction is a powerful family reunification intervention tool. Family interaction can help implement many essential family reunification goals, including:

* Maintaining the parent, child, and sibling relationships,
* Learning and practicing parenting skills,
* Helping family members work through issues and connect to resources, and
* Documenting progress towards reunification goals.

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| **Role of the DHS Worker** |

* Responsible for ensuring that a written family interaction plan is developed and revised with input from the family team,
* Abide by the *Family Interaction Standards* (Comm. 435),
* Work with the child and parent to help resolve setbacks in the family interaction plan, and
* Stress to all that safety is sole responsibility of the parent.

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| **Role of the Parent** |

* Ensure safety and well-being of the children,
* Attend family interaction as scheduled and engage in discussion regarding progress and concerns observed in their interactions,
* Call in advance to cancel,
* Be receptive to guidance provided during interactions, and
* Follow family interaction plan.

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| **Role of the Caregiver** |

Caregivers can be foster parents, resource families, relatives, kinship, suitable others, etc.

* Participate in the family interaction planning process,
* Communicate the daily activities and progress of the child,
* Collaborate with the family team and support the reunification process, and
* Recognize and understand separation and loss and how it affects child well-being.

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| **Role of the Provider** |

* Abide by the *Family Interaction Standards* (Comm. 435),
* Support and communicate to the parent, caregiver, child, and DHS worker to ensure that family interaction occurs in a safe manner,
* Ensure families are aware of their responsibilities within family interaction planning, and
* Assist families in overcoming barriers to meeting the family interaction goals.

Iowa Department of Human Services

**Family Interaction Plan**

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| **Background Information** |
| Children’s names      | Date of initial plan      |
| Placed with      | Placement date for children      |
| Why were the children removed from the home?      |

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| **Safety Concerns** |
| 1.       |
| 2.       |
| 3.       |

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| **Family Interaction Plan** (Based on developmental needs of the children and safety concerns.) |
| Types of Interaction | Frequency | Length of Interaction | Locations | Types of Supervision | Supervised By | Date Reviewed |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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| **Goals to be Accomplished During Family Interaction** |
| Desired Behavioral Changes | Demonstrated By | Date Accomplished or Revised |
|       |       |       |
|       |       |       |
|       |       |       |

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| **Transportation** (Describe how transportation will be provided.) |
|       |

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| **Expectations of the Family Interaction** (To be completed at initial family team decision-making meeting.) |
|  |

**\*Any behaviors that provide an unsafe situation may terminate a family interaction.\***

# Foundations Supporting Family Interaction

**Family Interaction Philosophy**

Children and parents have a right to spend time together. Family interactions should be a planned intervention central to the reunification process. Family interaction should only be restricted if there is a risk of harm to the child. The primary purpose of family interaction is to maintain the parent-child relationship and other family attachments and to reduce the sense of abandonment which children experience at placement. For parents, family interaction is the time to: enhance the parent’s ability to adequately and appropriately care for and relate to the child; help the parent(s) develop appropriate parenting behaviors; and identify and resolve problems before the child returns home. Family interaction should take place in the least restrictive, most homelike setting appropriate to meet the child’s needs for safety. It should minimize the harmful effects of family separation as well as nurture and enhance reunification. Frequent and developmentally appropriate family interaction benefits the child emotionally, and is the strongest indicator of family reunification and achievement of permanency. Interactions provide the opportunity for families to maintain relationships, enhance well-being, provide families with the opportunity to learn, practice and demonstrate new behaviors and patterns of interaction. Interactions should not stand alone but should be seen as an integral part of the family’s case plan. Interactions should be guided by a family interaction plan that encourages progressive increase in parent’s responsibility, is premised on case goals and on an assessment of family functioning and of risk to the child, (Hess & Proch, 1988, 1992). A written family interaction plan, tailored to meet the safety needs of the family will be provided to assure family interaction begins as soon as possible after removal from parental custody. Family interaction plans must never be used as a threat or form of discipline to the child or to control or punish the parent.

**Goals of Family Interaction**

* Reduce the child’s sense of abandonment and loss upon removal
* Resolve the threats of harm requiring that family interactions be monitored
* Interactions provide the opportunity for families to maintain relationships, enhance well-being, provide families with the opportunity to learn, practice and demonstrate new behaviors and patterns of interaction
* Maintaining meaningful contact consistent with the development and/or special needs of the child and family that will further progress toward achieving permanency for the child
* Maintain relationships with siblings, parents, and other individuals
* Provide opportunity to assess caregiver/child relationship
* Provide opportunity to assess caregiver needs:
	+ Parent Training
	+ Community Resources/Referral
	+ Concrete Supports

**Family Interaction Guidelines**

The first interaction should occur within 1-5 working days following out of home placement, unless otherwise restricted by the court. It is strongly recommended that interactions should be scheduled considering the attached developmental guidelines.

Interactions should occur in the least restrictive and most homelike environment that allows for natural interaction and provides for the child’s safety. Generally the parental, relative, or foster family home will provide the best environment. When safety is an issue, a more secure setting will be chosen. Interactions must endeavor to involve the parents in routine activities of parenting and provide opportunities to enhance their parenting skills.

Family interaction plans will be revised as the child’s and the family’s situations change. Family interaction should be shortened, lessened or denied only if such limitation or denial is necessary to protect the child’s health, safety or well-being, i.e. parental incarceration, parental institutionalization, domestic violence, sexual abuse, termination of parental rights, etc. Department of Human Services (DHS) should develop a preliminary written family interaction plan within ten (10) calendar days after placement, or by the time of the Removal Hearing, whichever comes first. When possible, the plan should be developed with parental and child’s input and other involved parties, such as relatives and foster parents and any provider of services contracted with the DHS. The family interaction plan will address, but is not limited to, such issues as:

1. ***how arrangements will be made, including transportation***

Transportation is key for interactions to be successful. Foster parents and other relative caregivers should be encouraged to transport children at least one way. Parents and extended family member should be expected to arrange their own transportation, they may be given temporary support when necessary to ensure there is not a gap in family interaction, however this will likely be accomplished by public transportation. Children in placement may have to be transported by agency staff one or both ways to interactions.

1. ***who will be present and/or participate in the interactions***

Any person may be present during the interaction unless they are specifically not allowed by DHS or Juvenile Court and clearly identified in the family interaction plan. Generally during the initial phase of family interaction only parents, extended family and siblings would be allowed to be present.

1. ***if and how interactions are to be supervised (supervised only in order to protect children, assess interactions or teach parenting skills)***

Interactions need to be supervised when there is a concern that a parent may be physically or emotionally abusive to a child during the interaction. Things to consider in determining if interactions should be supervised:

* The age of the child
* The severity and chronicity of the abuse
* The potential for abduction or continued abuse of the child
* The emotional reactions of the child to contact with the parent
* The progress of the parent in learning new skills or managing inappropriate behaviors, protective capacities displayed by the parent
1. ***tasks to be accomplished during interactions (appropriate to the developmental age of child and designed to facilitate natural interactions between parent and child)***
2. ***interaction conditions such as specific behaviors that must or must not occur***

Any indication of alcohol or drug use will terminate the interaction immediately.

If the parent is interrogating the child, threatening or harassing the child, demeaning others to the child (child, other parent, relatives, foster parents, DHS), or uses vulgar language – the interaction supervisor will remove the parent from the room, give them a verbal warning that another occurrence will end the interaction unless the child has become visibly upset in that situation the interaction will be ended. The parent should be given the opportunity to explain what information they were seeking or trying to give the child and they should be given the opportunity to demonstrate they are willing to end the behavior and return to the interaction.

If a parent loses emotional control during the interaction to the point that this behavior is upsetting the child, the interaction supervisor will remove the child to a neutral location the interaction supervisor or other professional will try and calm the parent down to allow them to continue the interaction. If the parent is unable to calm down the interaction will be ended.

1. ***plan for handling emergency situations***

Any concerns about abduction should be communicated to the interaction supervisor by the DHS worker and the DHS worker should discuss these concerns and the consequences to the parents. Should a parent attempt abduction, the interaction supervisor will call 911 immediately if needed and follow up with a call to the DHS worker.

1. ***procedures for handling problems with family interaction; and***

If the parent is not home or at designated interaction site, the supervisor at least 15 -30 minutes, unless the team has designated an alternative amount of time, then take child back to the foster home or relative placement. Late arrivals: If the parent is late, consider the reason and frequency and seek ways to provide the maximum time together if is determined the lateness was unavoidable or a reasonable occurrence. If the parent does not show or call within 15- 30 minutes the child should be returned to the foster home. If the child arrives late, the parent should be provided the full time of the interaction.

1. ***times, frequency, length, and supervision of telephone calls with child***

Telephone calls should occur within 48 hours after placement and continue on a regular basis, if age appropriate and seen as supportive to the child. Supervision levels regarding calls will be determined at time of placement, and consideration will be given to age, protective concerns and court restrictions.

1. ***how often interactions should occur***

The first interaction should occur within 1-5 working days following out of home placement, unless otherwise restricted by the court.

**Phases of Family Interaction**

 **(Adapted from Olmsted County, Minnesota, CFS Division, 2005.)**

As families move through the phases of interaction they also move through a continuum from fully supervised interactions, to semi-supervised interactions, to unsupervised interactions. It is important to have a range of supervision options that can be individualized to best protect the safety of children during interactions and can be responsive to families working to reduce risk and improve their functioning.

Determining what level of monitoring an interaction requires should be based on safety assessment principles. The current DHS Safety Assessment can aide DHS staff, FSRP partners and the family team to discriminate between safety threats and risk, prioritize utilizing supervision to control safety threats to children during interactions, and emphasize case planning and service interventions to manage and reduce ongoing risks to abuse.

The DHS Safety Assessment tool identifies immediate safety threats to children, assesses children’s vulnerability to abuse, and recognizes a family’s protective capacities to control immediate safety threats. The assessment weighs these factors to make a determination that children are: Unsafe, Conditionally Safe, or Safe. This determination can be used to suggest a corresponding level of supervision. For example:

**Unsafe** – There is an imminent safety threat the child(ren) would face without professional supervision of the interactions to control the threat.

**Conditionally Safe** – Safety threats are identified as present in the family, but the family has developed the protective capacities to consistently control the threat to the child, and/or the child is seen to have necessary age, maturity, communication skills, and social supports to be less vulnerable to the threat.

**Safe** – There is no imminent safety threat to the child. The DHS and FSRP functional assessments may have identified areas of risk, however the children are not in an unsafe situation currently.

Using the DHS Safety Assessment is intended as a guide for decisions made during the family team process in developing the family interaction plan during each phase of interaction.

**Initial Phase:** **(generally 4-8 weeks, progress should be reviewed at this time by the family team and completion of a safety assessment prior to moving to the next phase)** Family interaction should be initially supervised at the level necessary to ensure safety, but should occur in the most homelike setting possible. Family interaction should focus on allowing the most natural parent-child interactions such as cooking and eating a meal, reading stories, cleaning a room, playing a game, bath time, naptime or bedtime routines. The focus is on maintaining ties between the parent and child, assessing the parent’s capacity to care for the child and goal planning.

Interactions may be monitored by a professional, relative or others as appropriate and determined by the family team meeting when developing the family interaction plan. Interactions should occur in the home of the parent or relative if appropriate. If the child is transported to the interaction they should ride with the interaction supervisor, or an individual identified by the team. Others besides parents present during the interaction should be approved by the team and should be agreed upon prior to the interaction.

Sometimes, the safety threat in the home requiring removal was presence of another criminal adult, or the result of severely unsanitary conditions. These safety threats may be controlled when interactions occur at a neutral/out-of-home site, and may not require a professional or anyone else monitoring to manage the threat.

**Things to consider if a fully monitored interaction is required** -

* The child may not be removed from the presence of the person supervising the interaction (sight and hearing).
* The individual supervising the interaction must be proficient in the language used at the interaction, no whispering, no notes, etc.
* Parent remains in the interaction room, while supervisor escorts child to the bathroom, drinking fountain, etc.
* Does the interaction need to be held in a neutral setting?
* Attendance during the interaction should be limited to parents, grandparents, and siblings only, unless otherwise designated by the team.
* An example of the need to have a fully monitored interaction would be: a parent threatens to abscond with the child, a child expresses/experiences fear of revictimization, confusion/anxiety is experienced by the child as the result of erratic behavior by the parent due to active substance use or mental illness, a violent perpetrator attempts to threaten or intimidate. In these cases, the need for professional supervision during this initial phase may be necessary as the children are both *vulnerable* and the *family’s protective capacity* cannot adequately manage the threat. Involvement of other members of the team to monitor interactions should be continually assessed as the protective capacities are more thoroughly assessed.

**Central Phase: (usually occurs during the 2-6 month point in a case, progress should be reviewed routinely by the family team and completion of the DHS safety assessment prior to moving to the next phase)** Interactions are moving to semi or partially monitored, moving to overnights. Family interaction should focus on allowing the parent to learn and practice new skills and behaviors. Interactions typically occur more frequently, for longer periods, in a greater variety of settings.

**Characteristics of Semi**–**monitored or relaxed monitoring of interactions:** An interaction supervisor may be present for part of the interaction, or observe from a distance. The interaction occurs in the parents’ home, park, relative home or other location parent wishes. Child may usually ride with the parent. Any person may be present during the interaction unless they are specifically not allowed by DHS. Interactions could be of any length the supervised portion would be 1-2 hours.

* For example, a parent has successfully engaged in treatment and is currently effectively managing symptoms of depression or substance abuse. Both DHS and FSRP acknowledge the progress and reduction in risk, but also agree that the successful history of managing the symptoms is brief and sustaining the current successes is key to reducing risk further.

**Reunification Phase: (progress should be reviewed at this time by the family team and completion of the DHS safety assessment prior to reunification)** Emphasis is on a smooth transition home. Interactions should provide maximum opportunities for parent-child interactions.

**Unmonitored family interaction** – The interaction supervisor is not present for the majority or any of the interaction but rather may check in with those involved in the interaction through a phone call or receive feedback after the interaction. These interactions should occur in the family home.

* For example, unmonitored interaction may be indicated when a parent with mental health or substance abuse issues is actively engaged in treatment and the parent presents a relapse plan created in partnership with their family team that includes oversight by a grandparent committed to the safety of the children.

**Levels of Family Interaction**

**Intensity and Duration of Interactions**

Interactions should begin when children are well rested and move to increasingly difficult times such as bedtime. Initial interactions of short duration one to two hours allow parents to experience success. For some teenagers, a structured interaction of 30-45 minutes may be appropriate. Duration of interactions should increase to day long, overnight and weekend interactions when plans are being made to transition the child home.

***Infants and Toddlers:*** Infants and toddlers benefit from frequent family interaction. At the very least interactions should be every two or three days. Close proximity to the attachment figure is the goal of attachment seeking behaviors in very young children.

***School age children:*** School aged children can endure slightly longer periods of separation than infants and toddlers because their need is for the caregiver to be available rather than in close physical proximity. School aged children benefit from contact two or three times per week (Bowlby, J., 1969, Kelly, J.B. & Lamb, M.E., 200). Face to face interactions can be supplemented by appropriate telephone and email contact.

***Sibling Interactions*:** Siblings should be included in these interactions. If this is not possible, separate interactions should be scheduled. Siblings who are placed together are often better able to adjust to placement and be realistic about reunification. Efforts need to be made to maintain these relationships. Interactions and/or shared experiences should be arranged, shared experiences such as birthdays, holidays, recreational activities, etc. For younger children more frequent physical contact is recommended. For the older child less face to face contact may be needed but telephone contact and information interactions should occur in a regular basis.

**Developing a Family Interaction Plan**

Carefully planned family interaction is a powerful family reunification intervention tool. Family interaction can help implement many essential family reunification goals, including maintaining the parent/child/sibling relationships, learning and practicing parenting skills, helping family members confront reality, and documenting progress towards reunification goals.

A concrete written family interaction plan is the best way to ensure consistent family interaction occurs in a way that meets the needs of the child, parent and the court. The most effective way of developing a family interaction plan is during a family team meeting. Family members should be actively involved in developing family interaction plans which increases the probability that family members understand and will comply with the plan, it also takes into account the family members’ needs, resources and concerns. Involving the family in the development of the family interaction plan will ensure the family’s culture and rituals are respected. Family interaction plans need to include providers and foster parents in the development of the plans to address their role in the family interaction plan and to be able to address progress and the needs of the child.

The DHS caseworker carries the primary responsibility for assuring that the family interaction plan is developed, implemented and revised as needed. Parent/child family interaction will be a high priority of worker’s responsibilities. It is the worker’s responsibility to ensure the written family interaction plan is collaboratively designed in the context a family team meeting and copies are provided to all parties. The DHS worker should ensure the plan is followed by all parties.

In all family interaction situations there are certain responsibilities for which a parent should be held accountable. Parents will ensure the emotional and physical safety and well-being of his or her child; provide their own transportation; call at least 24 hours in advance to cancel interactions so a child may be less likely to feel rejection or disappointment from a no-show interaction; plan developmentally appropriate activities to participate in with the child during the interactions; take the parental role during interaction with his or her child; expect and respond to direction from the interaction supervisor when interactions are supervised; and follow the pre-established guidelines and rules in the written family interaction plan.

Foster parents or other legal custodians will agree, for each child placed in her/his home, to permit and support interactions between child and the child’s parents and/or siblings as recommended in the family interaction plan, both within and outside the caregiver’s family home. This includes, but is not limited to, having the child ready for each contact; providing transportation or a place to interaction as agreed to in the family interaction plan; helping the child accept each separation from his parent following contact; reporting the child’s reaction after contacts with his family to the caseworker; and notifying DHS of any unauthorized contacts between the child and the parent.

1. This job aid is a summary of the Family Team Conferences in Domestic Violence Cases: Guidelines for Practice; Lucy Salcido Carter; The Family Violence Prevention Fund; The Child Welfare Policy and Practice Group; October 2003. [↑](#footnote-ref-1)
2. Page 13 [↑](#footnote-ref-2)
3. Page 14 [↑](#footnote-ref-3)
4. Page 14 [↑](#footnote-ref-4)
5. Page 17 [↑](#footnote-ref-5)
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