

# FAMILY CENTERED TREATMENT®

Indiana Department of Child Services  
Comprehensive Home Based Services Bidders Conference.  
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*Presented by:*

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## An EBP Model for Home-Based Services

Family Centered Treatment® was developed as a model of treatment for use in the provision of intensive in-home services. FCT origins derive from practitioners' efforts to find simple common sense solutions for families faced with forced removal of their children from the home or dissolution of the family due to external and internal stressors and circumstances. Out of a desire and mission to create opportunity for lasting change for families that were seemingly stuck in a downward spiral, grew a practice approach that is non-traditional, yet grounded in the use of treatment components that are sound and research based. Eco-Structural Family Therapy, Emotionally Focused Therapy, and the Peers Helping Peers model provide the theoretical framework from which FCT has developed.

FCT is based upon what earlier employees did that worked, a.k.a. practitioner based.

Practitioner based model refers to the practice of clinicians using trial and error techniques in the field to determine what works with families. Later after the model developed, the staff practices known to work were linked to current research and best practices. This model is now known as Family Centered Treatment.

Typically, theories are developed through university based research and the hypotheses are then tried and tested in the field. FCT was developed in the reverse; tried and tested the strategies in the field, and then through analysis, identified theories that supported the treatment. Out of this research was developed a theoretical model for treatment.

## Clinicians/therapists observed:

- Families were stuck in a downward spiral
- How out-of-home placements weren't 'fixing' the problems within the home
- Children placed out of home tend to return to the family or  
community of origin (typically 80%)
- Compliance and cooperation wasn't enough
- Often lack of transportation etc prevented appointment fulfillment
  - Services required to assist again after a short amount of time



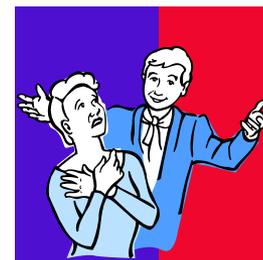
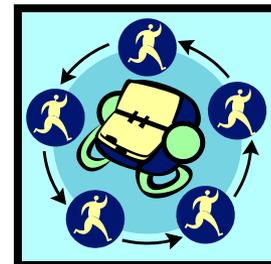
### ***An alternative approach was needed!***

*And...* it had to fit with a variety of population needs

- And it had to make sense to the family. Since its inception in 1988 and as FCT developed, FCT maintained fidelity to the fundamental best practice standards / components for intensive in home services: (*Definition of Home Based Family Centered Treatment - Stroul, 1988*).

# How does it work?

- With the whole family *as defined by the family*
- Meet in *their home* at *days* of the week and *times* of day that are *convenient for the family*.
- Session schedules get the clinician involved during the most troublesome and difficult times and as they occur.
- Provides **24/7** on call crisis support for the family with their known clinical staff. (not a universal on-call system)
- Multiple hour sessions several times per week become the norm for creating change.
- Provides opportunities for the family to *practice* functioning differently. These weekly “enactments” are integral to the process. (not just talk therapy)



# More than a Clinical Model of Treatment

- Effective delivery of FCT is also contingent upon a tripartite approach of management.
- All levels of management must support the value of effective treatment over business pragmatism.
  - This includes assuring that commitment is in place for:
    - **training** to ensure that each direct service staff demonstrates theoretical knowledge and field skills competency
    - **fidelity measures** built into the clinical process and the ensuing monitoring systems
    - rigorous **research** and **data collection** systems



# Licensing and Development

The FCT model is owned with licensing rights by FamiliFirst; a non-profit organization devoted to the furtherance of the field of family preservation.

FamiliFirst licenses family preservation agencies that meet the stringent criteria necessary to provide Family Centered Treatment.

Providing the training, implementation, licensing requirements, certification, research, monitoring and oversight.



# Licensing Standards

## **Training Component:**

- **Ensure successful FCT® Certification of all tenured staff within the region.**
- **Demonstrate that all new employees are enrolled in the FCT Certification process within the location (within 90 days).**

## **Supervisory Component:**

- **Successful certification of at least one FCT Supervisor for the location.**
- **Ability to produce and submit completed supervision documents for fidelity measurement.**

## **Fidelity to FCT® Model Component:**

- **Demonstrate the ability to submit FCT fidelity documentation for all families in receipt of FCT.**
- **Ensure that a minimum threshold of 95% of all active FCT families have fidelity documentation completed and submitted for last phase of treatment completed.**
- **Ensure that a minimum threshold of 95% of all discharged FCT families have fidelity documentation completed and submitted for the last phase of treatment completed.**

## **Data Collection and Research Component:**

- **Demonstrate that a secure electronic system is in place capable of collecting, sorting and producing accurate data and outcomes for the location.**
- **Demonstrated ability to generate and submit data for outcomes analysis and evaluation.**

# Management and Supervision

- **Assure implementation of the model for each FCT client**
- **FCT therapists receive an average of 5 hours per week of supervision**  
(combination of peer, individual, field and crisis support)
- **FCT requires a commitment by management to provide:**
  - Peer supervision via a weekly team meeting process
  - Supervision of the therapist to assure fidelity to the FCT model –  
(staff complete standardized forms requiring signatures of the supervisor and therapist)
  - Monthly staffing of each FCT case utilizing a family systems model of review (MIGS – mapping, issues, goals, and strategies)
  - 15 Key treatment related documents that must be produced for each case that are critical to each phase of FCT treatment.
- **Information management system**  
that provides a record review, tracking, and maintenance process producing the data necessary to assure fidelity to the model.



# Training and Implementation

- **Wheels of Change© Training Program**

- An intensive 90-hour standardized training process has been in place for FCT (titled Wheels of Change©; WOC) since 2004.
- WOC was revised in 2009, to include an on line, participatory course with testing.
- The training for Family Centered Treatment is a competency-based certification process that incorporates 3 phases:
  - 1) **an online knowledge and theory based participatory component,**
  - 2) **field based experience,**
  - 3) **an observed field testing of the skills needed to practice the core components of Family Centered Treatment.**



# Why train this way?

## *A Summary of a Meta-Analysis of Training and Coaching of Teaching Implementation in the Field*

<i>Method of Instruction</i>	<i>Knowledge Gained</i>	<i>Skill Demonstration</i>	<i>Use in the Field</i>
<i>Theory and Discussion Workshop</i>	10%	5%	0%
<i>Demonstration in Training Workshop</i>	30%	20%	0%
<i>Practice &amp; Feedback in Training Workshop</i>	60%	60%	5%
<i>Coaching in the Field</i>	95%	95%	<b>95%</b>

# Fidelity

## **Each FCT phase requires specific tools/documents**

- effectively assesses fidelity to FCT per client/family
- tracked via electronic information management systems
- enables evaluation of fidelity to the FCT model for each client and worker
- FamiliFirst monitors fidelity tracking as part of licensure requirement for organization

## **A consistency checklist: an overview of all the fidelity tools required**

- 15 Individually designed documents to record the distinct aspects related to each phase of the FCT model (Joining/Assessment, Restructuring, Value Change, and Generalization).
- These records must be used with each client/family and filed in the client record.
- FCT session planning document for the FCT supervision process,
- Video review forms to be used during supervision (1 per month by each therapist).
- Clinical Performance Reviews are conducted to audit the proficiency of staff and teams in FCT case staffings. The case staffing form (Maps, Issues, Goals, and Strategies – titled MIGS) is reviewed with directions for improvement and assignments given for follow up.

# Meaningful Outcomes

## Family Preservation-Out of Home Placement

- Abuse and neglect population – 90%
- Emotional and physical problems (primarily Axis 1 DX) – 92%
- Juvenile justice (majority of clients are what has been defined in the literature as crossover – in both the mental health system due to an Axis I DX and in the Juvenile Justice system due to delinquent behavior/charges) – 83% (significantly higher for some jurisdictions and contracts – as much as 100% in NC contracts with NC Juvenile Crime Prevention Council clients).
- Behavioral problems (school often cited as the place where the behavior received the attention to warrant treatment. – most often these clients also have an Axis I DX.) – 88%
- Family problems – 89%
- Child / Infant Mental Health – 89%

# Meaningful Outcomes

## Family Preservation-Out of Home Placement

### Engagement:

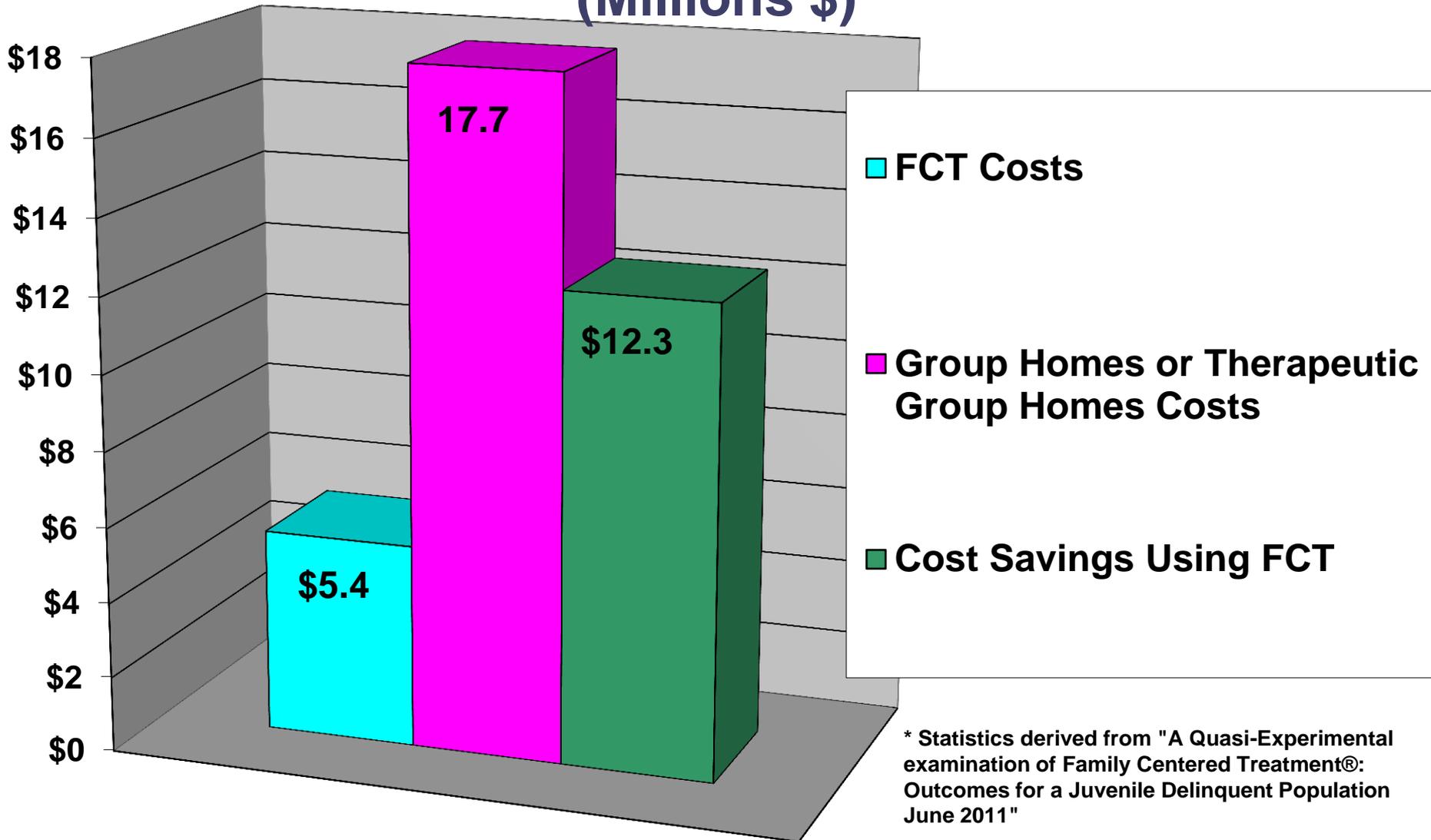
- ✓ Across all FCT licensed organization engagement remains above 90% after 5 contacts

In the first year following treatment, the following results for youth receiving Family Centered Treatment vs Residential Care:\*

- 24% fewer youth in residential placements
- 20% reduction in length of residential placement for average youth
- 30% reduction in length of average residential placement
- 39% reduction in days spent in pending placement for average youth
- 27% reduction in days spent in the average pending placement
- 23% reduction in length of average community detention

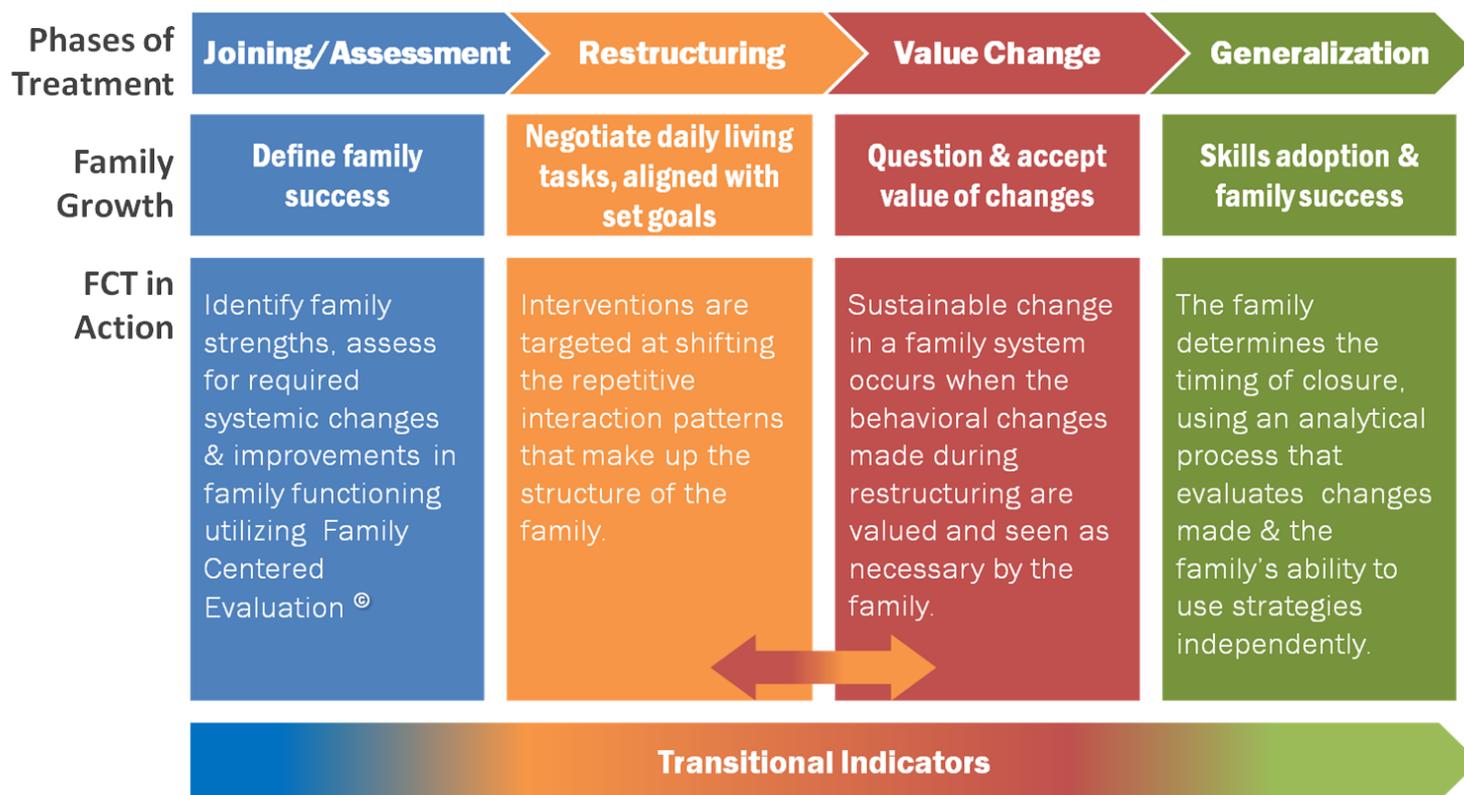
\* Statistics derived from "A Quasi-Experimental examination of Family Centered Treatment®: Outcomes for a Juvenile Delinquent Population June 2011"

# Family Centered Treatment vs Group Home Treatment Costs Over 2.5 Year Period (Millions \$)\*



# Methodology

## FAMILY CENTERED TREATMENT® METHODOLOGY



Unique to FCT are the elements of *transitional indicators* into the Four Phases of Treatment. Unlike many treatment models that strictly rely on time frames to determine when a family “should” move to another stage of treatment, FCT utilizes its clinical supervision process to determine specific indicators demonstrating that a family has successfully completed a phase of treatment. This process is documented as part of the fidelity to the FCT model and indicated by the families’ progress while guided by the clinician, *NOT* strictly relying on number of days or sessions.

# Joining

An icon of a human eye with a blue iris and black pupil, set within a white circular frame.

From inception, FCT clinicians have always had a clear vision of what the joining phase should look like.

An icon of a long, straight road stretching into the distance under a sunset sky, with a yellow dashed line down the center.

This involves respecting the uniqueness of each family and getting to know their world through their point of view

An icon of a family of four (two adults and two children) sitting around a table, looking at a laptop screen.

It includes a notion that “people are people” and with similar needs as we all possess. This approach requires the clinician to gain understanding for the reasons why the family has made the decisions they did. He/she may even feel if given the same resources and conditions, he/she would have come to the same conclusions as the family.

An icon of a cartoon illustration of a female clinician standing on a white box, talking to a family of four (two adults and two children) who are standing in front of her.

This process allows the clinician to develop an attitude of dignity and respect for the family that eliminates the “one up” position many professionals assume with clients. By doing so, the family opens up and allows the clinician “in”; also known as “joining”.

# Assessment



The Family Centered Evaluation (FCE) process is specifically designed to be attractive for families that are typically known as highly resistant to engage in treatment.



This is accomplished through the use of participatory assessment activities rather than a standard interview process.



The Family Centered Evaluation (FCE) enables the family to discover unhealthy dynamics on their own, as the activities provide an opportunity for them to pull the pieces together rather than expecting the therapist to dictate what needs are to be addressed. This process permits the family to be in “charge” (empowered) and enables their investment in their process for change.



As a reminder: clinicians with great interviewing skills may think that they do not need to use the FCE process to obtain a good assessment. If the clinician is permitted to by-pass the interactive tools and instead utilize a traditional interview style of assessment, the clinician and family lose the power of the FCE; the participatory approach for evaluation! Consequently, the therapist thinks they already know what the family’s issues are prior to hearing them from the family. Inevitably this process tends to increase resistance from the family.

# Partnering

Part of the secret of FCT effectiveness is that the partnering is with the families themselves, rather than the external system alone. This is viewed as a significant departure from traditional services.

FCT agencies solicit work with families that have frustrated other agencies.

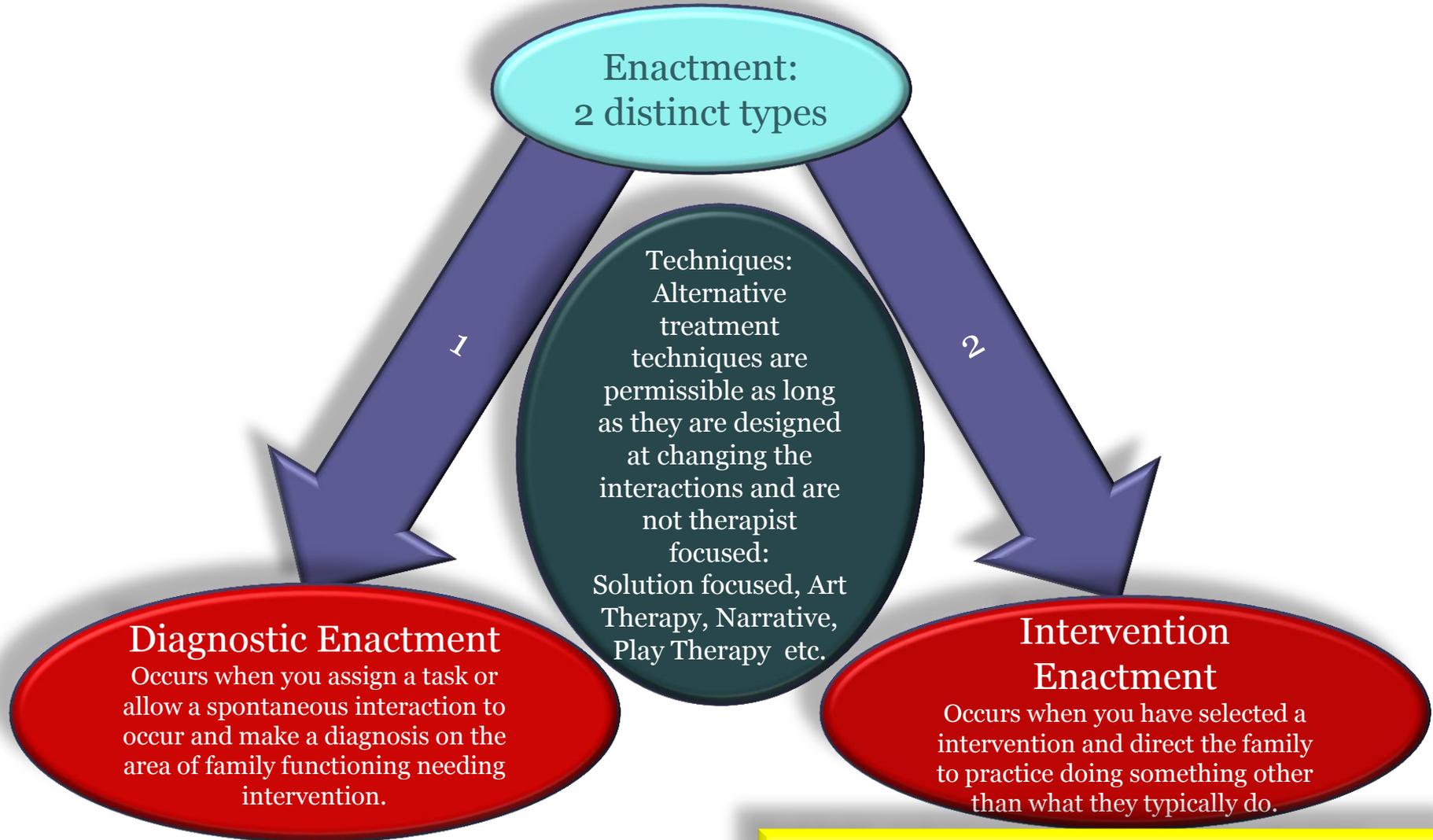
By partnering with the families *and* the collateral agencies, families are treated as the primary members of their treatment team. This provides the family with hope, while demonstrating to others their motivation to change when given a real opportunity to impact their own lives.

This collaboration with high stressed families also safe guards the clinician from becoming overly involved with the dynamics of the family. Often the families are highly skilled at rendering agencies ineffective as way to avoid the painful process of change. By having a team approach, FCT ensures that any indication of induction is monitored, thus a key aspect of FCT's effectiveness.

# Restructuring



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Highlight and process the alternative outcomes

# Restructuring

Evidence of successful engagement is indicated by the family's follow through on suggestions or directives. These assignments can include the therapist's efforts to get the family to vary their ways of interacting with each other outside of their norm.

This experiential attempt to behave differently is systematically analyzed by the family and the therapist so the family can learn, refine and attempt a new strategy for interacting differently that works for the family (meets their needs).

Once the right strategy is found, the family has the opportunity to practice it with the support and coaching of the therapist. The therapist corrects the family as they slip back into their "old way" of behaving; rapidly accelerating the change process.

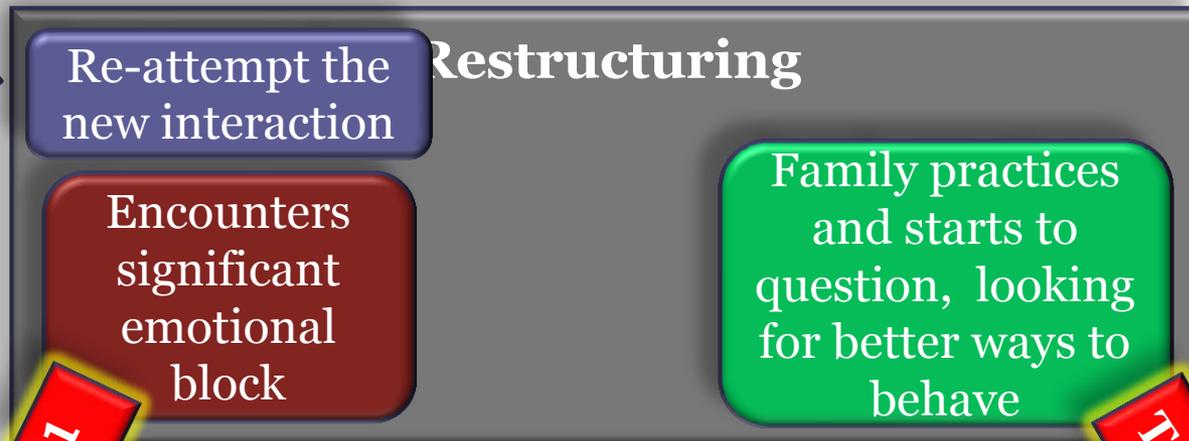
# Enactments

Beyond just behavioral change or compliance, FCT seeks to change the way the family internalizes the changes they are making. At the crux of this is when individuals in the family begin to feel reassured and secure with their family based on the changes that they have made and that they see in others.

**Effective enactments highlight problematic patterns and through experiential activities lead to different, more positive responses; thus facilitating change.**

A potential pitfall with this approach is that the family might have a significant emotional block that prevents them from behaving in the alternative way. When this is discovered, the therapist must process this emotional block to resolve it enough so the family can practice the alternative behavior.

# Alternative Paths to Value Change



Encountering an emotional block may require processing with techniques employed from the Value Change phase.

*Once the block is resolved to the point of completing an assigned task successfully, you can then return to the Restructuring phase and guide the family to practice the new behaviors.*

**With guidance from the therapist, the family will evaluate the value of the new behaviors versus the old ways of behaving. At this point the therapist guides the family back into the Value Change phase to take ownership of their changes.**

## Value Change

*Processing of the emotional block to the point of readiness to practice and internalize new behaviors*

## Value Change

*Desire to adapt family roles and functioning patterns*

# Value Change

A distinctive feature of FCT



- Family is guided to experience value conflict concerning the behavioral changes that they have made during treatment.
- Necessary for changes made during treatment to be sustained.
- Most models terminate services once compliance is achieved.
- Ironically it is at this juncture that FCT provides opportunity for the family to examine the reason/function of the behavioral changes, thereby increasing the chance that the behaviors will become internalized and sustainable.

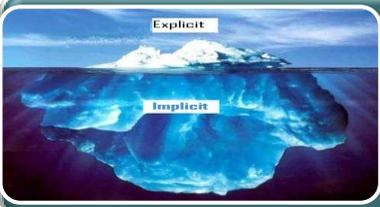
# Value Change

This stage is distinctive of FCT. Most models are satisfied with conformity and compliance; FCT goes beyond to assist the family in developing ownership for their new adaptive behaviors by asking them to examine the reasons for making changes *after the behavioral change / restructuring phase*. This leads the family to incorporate the changes into their value system; and therefore, the changes are long lasting.

**This ensures sustainability beyond treatment.**

Value change is accomplished by the therapist dramatically changing his/her style with the family from highly directive to questioning and shifting responsibility back to them, i.e. “how have you handled this in the past successfully?” “Why don’t you try that?”

# Generalization



In this final stage of treatment, the family is guided to make explicit their process of addressing and resolving problems. This phase may take up to one month.



Families that can effectively identify their problems, explore alternative solutions, implement their ideas/solutions, evaluate the effects and revise their responses, when needed, tend to negotiate through stages of family life well.



In this phase therapist must make this process of solution focused self determination (just described) very clear for the family. This must occur in order that the family can use this process to address the expected and unexpected future challenges effectively.



The Generalization phase also helps with sustainability by leaving the family with a clear problem solving process to follow when faced with future challenges. This furthers their growth, development and healthy functioning.



A common mistake made by therapist can occur if they succumb to the feeling that they need to address every problem the family presents. In fact, it is far better to address two or three of the most pressing problems, while teaching the family the process used to resolve the issues so they may apply it to other facets of their lives.

# Why FCT over other models?

- Increasing emphasis on home-based services for families experiencing functional difficulties often requires the use of an EBP
- Necessity and proven efficacy of incorporating family members and other supportive people into one's treatment
- Evidenced based and practiced based model designed to impact the family.
- Incorporates value change methods and practice experiences
- Emphasizes and values sustainable change
- Cost effective for providers and stakeholders.

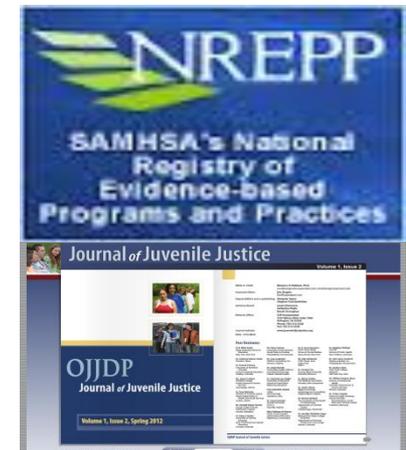


# Recognition

- **FCT is recognized as an EBP by the OJJDP Model Programs Guide <http://www.ojjdp.gov/mpg/mpgProgramDetails.aspx?ID=845>**
- **In addition FCT is listed on the Find Youth Info national website; <http://www.findyouthinfo.gov/programdetails.aspx?pid=845>**

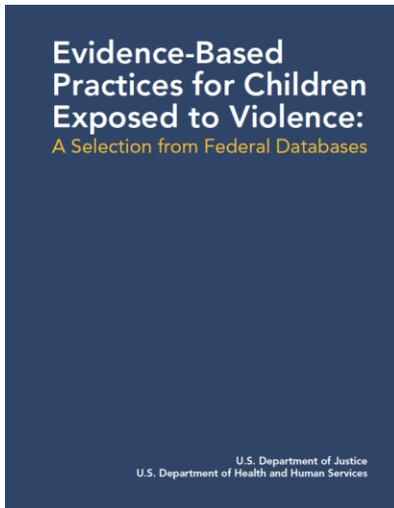


- In 2012, it was announced that FCT had been selected as an intervention for review by **SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)**.
- *Family Centered Treatment, An Alternative to Residential Placements for Adjudicated Youth: Outcomes and Cost Effectiveness*



Fall 2012 edition of the Journal of Juvenile Justice.

- **Recently the U.S. Departments of Justice and Health and Human Services have jointly released, "[Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases](http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf)." Family Centered Treatment is listed in the matrix of practices identified. Download and read the full document at [http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix\\_2011.pdf](http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf).**



- **As result of the effective work within Maryland, Family Centered Treatment is recognized by Innovations Institute. The Maryland Child and Adolescent Innovations Institute has recognized Family Centered Treatment ® as an Evidence Based Practice within Maryland and is publishing their own analysis and outcomes on the effectiveness of FCT with Maryland's client/families as well as the effectiveness of other EBP programs used within the state of MD. <http://medschool.umaryland.edu/innovations>.**



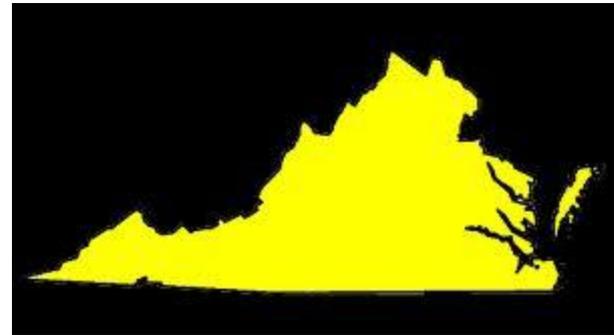
*In 2011, FCT was formally designated as a Family Therapy model option eligible for providers as part of the North Carolina Division of Medical Assistance Intensive In Home Service Definition*

In 2011 FCT was formally designated and listed with the Virginia Commission on Youth 4th edition Collection of Evidence Based Practices for Children and Adolescents with Mental Health Treatment needs.

Enacted in 1989, the Commission began operations in 1991. Information available at: <http://coy.state.va.us/about.asp>.



**North Carolina Division of  
Mental Health,  
Developmental Disabilities  
and Substance Abuse Services**





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*Further definition of the FCT model can be accessed on the web site:*

[www.FamilyCenteredTreatment.com](http://www.FamilyCenteredTreatment.com)

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