

SNAPSHOT

FAMILY CENTERED TREATMENT (FCT) IS AN EVIDENCE BASED FAMILY PRESERVATION MODEL OF HOME BASED TREATMENT OWNED BY A PRIVATE NON-PROFIT INCORPORATED ORGANIZATION DEVOTED TO THE PRESERVATION OF FAMILIES THROUGH RESEARCH, TRAINING, AND DEVELOPMENT.

Brief Description

FCT is designed to find simple, practical, and common sense solutions for families faced with disruption or dissolution of their family. This can be due to external and/or internal stressors, circumstances, or forced removal of their children from the home due to the youth's delinquent behavior or parent's harmful behaviors. A foundational belief influencing the development of FCT is that the recipients of service are great people with tremendous internal strengths and resources. This core value is demonstrated via the use of individual family goals that are developed from strengths as opposed to deficits. Obtaining highly successful engagement rates is a primary goal of FCT. The program is provided with families of specialty populations of all ages involved with agencies that specialize in child welfare, mental health, substance abuse, developmental disabilities, juvenile justice and crossover youth. Critical components of FCT are derivatives of Eco-Structural Family Therapy and Emotionally Focused Therapy which were enhanced with components added based on experience with clients.

Program Goals

The goals of Family Centered Treatment (FCT) are:

- Enable family stability via preservation of or development of a family placement.
- Enable the necessary changes in the critical areas of family functioning that are the underlying causes for the risk of family dissolution.
- Bring a reduction in hurtful and harmful behaviors affecting family functioning.
- Develop an emotional and functioning balance in the family so that the family system can cope effectively with any individual member's intrinsic or unresolvable challenges.
- Enable changes in referred client behavior to include family system involvement so that changes are not dependent upon the therapist.
- Enable discovery and effective use of the intrinsic strengths necessary for sustaining the changes made and enabling stability.

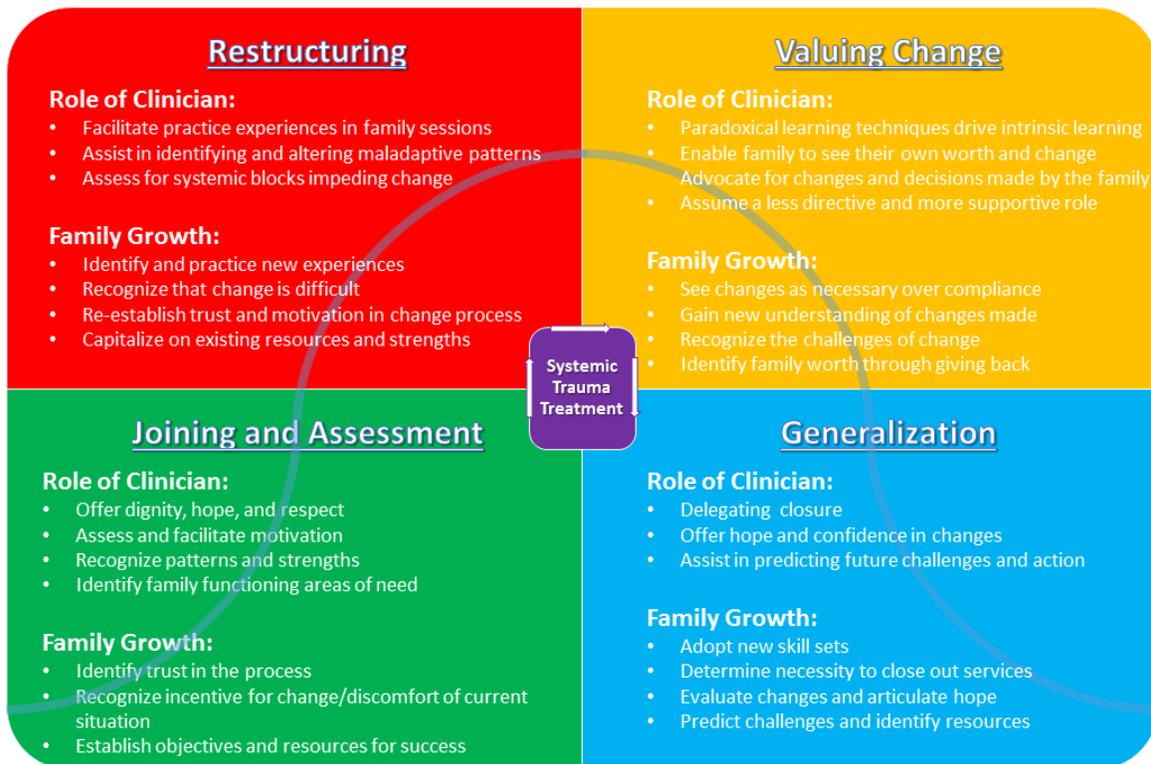
Essential Components

<u>Joining & Assessment</u> Gain family trust and identify strengths & areas of family need	<u>Restructuring</u> Identify maladaptive patterns and practice new skills	<u>Valuing Changes</u> See change as necessary over compliance	<u>Generalization</u> Skill adoption and predict future challenges
Systemic Trauma Treatment			

Services Involve Family/Support Structures

This program involves the family or other support systems in the individual's treatment: All phases of FCT involve the family intensively in treatment. The required phase-specific activities occur with the family and the documents produced from the activities require the family system to be involved. FCT is a family system model of home-based treatment and while the referred client is integral to the treatment process, the intensity of treatment can

and does occur with other members when their behaviors or roles are critical to the progress of the referred family member (client). In addition, during the assessment phase, the family defines their “family constellation” and those members are invited by the nuclear family members to participate in the structural family assessment. Other support systems are critical to the success of FCT and are, at minimum, informed and kept abreast of treatment progress, and can be integrally involved per the family’s expressed need.



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)
- Provides opportunities for the family to *practice* functioning differently. These weekly “enactments” are integral to the process. (not just talk therapy)
- A minimum of 2 multiple-hour sessions per week excluding the ramping up period (1st month) and the slowing down period (last month of treatment). Lengthier and more frequent sessions are available based on assessed need. On call support is available 24 hours a day every day of the year. For Indiana DCS comprehensive services the aggregate average direct face to face time with family members spent per week is 5-6 hrs. This can vary from week to week depending on factors such as need, safety, court orders, risk, etc. However, most cases should average approximately 140-145 direct hours across the length of the case.
- While the length of treatment is driven by family need and progress, the average length of treatment is 6 months.

Referring Families

- clearly identifiable parenting behaviors
- environmental stressors have deteriorated the family's resiliency
- prior treatment models indicate that the client's progress is thwarted by non-involved family members
- a family member is hospitalized or in out-of-home placement
- intervention due to crisis or the cumulative effect of caring for a family member with chronic physical or mental illness
- crime, abuse, domestic violence, substance use, or trauma
- family function has deteriorated because the family is transitioning between life cycle stages
- identify one adult or combination of persons to equal one adult who can provide 24/7 care/supervision.
- an adult caregiver with chronic mental illness
- permanency plan indicates a need to maintain current placement or stabilize youth in a transition from an out of home placement
- family system intervention due to Juvenile Justice System and/or Court Supervision Program involvement

What to look for

- Family systems work (however that's defined)
- Clinicians referencing family functioning work
- Joining with highly resistant families (sometimes slow)
- When warranted, clinicians have addressed immediate needs (safety, food, electricity, etc.)
- Clinicians are targeting functions of behaviors not just symptoms of behaviors
- Dosage: Amount, Frequency, Variance
- Progression through phases
- Indications that the family is learning/bought into changes (phases 3 & 4)
- Early setbacks or struggles are expected, predicted, and when part of joining, can be a sign of progression that the family is willing to open-up concerns

FCT has been independently researched and identified as an Evidence-based Practice

- [**SAMHSA's National Registry of Evidence-based Programs and Practices \(NREPP\)**](#)
- [**The California Evidence-Based Clearinghouse for Child Welfare**](#)
- [**U.S. Departments of Justice and Health and Human Services National Evaluation of Safe Start Promising Approaches**](#)
- [**Institute for Innovation and Implementation, University of Maryland School of Social Work**](#)