

*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. THE FAMILY CENTERED TREATMENT FOUNDATION IS A NATIONAL CHILD TRAUMA STRESS NETWORK CATEGORY II NETWORK MEMBER.*

Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Healing is possible.

Although exact prevalence estimates vary, there is a consensus in the field that most consumers of mental health services have experienced a trauma event and that their trauma experiences help shape their responses to outreach and services. Likewise, some form of systemic trauma to one or more individuals has been identified in >70% of referred FCT cases.

When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. \*

## **What are Trauma-Specific Interventions?**

FCT Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the following:

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

## **Taking Trauma Treatment out of the office and into the home for multi-generational usage; Family Centered Treatment® trauma components for the whole family**

Family Centered Treatment® is effective in working with families with experiences of multiple primary trauma types: exposure of victims of violence, neglect, emotional, physical and sexual abuse, abandonment, losses, complex trauma and domestic violence. Included are families with the effects of multiple placements including adoption disruption. Families with secondary trauma from medical complexities are included.

The Family Centered Treatment initial evaluation components are designed to enable the family member to experience being understood as their story is shared in a visual, participative and often pleasurable process. During these assessment activities opportunities are constantly provided for sharing of how past experiences have and are impacting current functioning which lead to sharing about the past events. Recognizing the behavioral evidences of trauma, developing the safety for the sharing of these experiences and providing experiential and sensory based focused trauma treatment activities for individual members of the family occurs within FCT during this process.

However, in addition to the support and treatment occurring with the individual member, Family Centered Treatment provides trauma treatment for the family as a unit by integrating the work around an area of family functioning that is of most concern and most likely affecting their ability as a system or unit to respond to each other's needs. These needs are often evidenced within the family by behavioral attempts by members to demand or create emotional or physical safety, efforts to find a place of belonging, express feelings and be heard and understood, and for acceptance and recognition.

FCT's theoretical framework is that behaviors are functions of needs. This perspective is used when assessing the family unit; not just individual members. Thus, the FCT perspective is that *the area of functioning* that led to the events of trauma are often the result of unmet needs of the family as a unit. Frequently during the *Family Centered Evaluation*<sup>®</sup>, it is determined that the traumatic events have occurred as a lack of effective role performance in the family; particularly that of the adults or caregivers.

Thus, in addition to the individual work with individual members of the family, the FCT process for the family system is focused on how to develop the caregiver's ability to respond to the needs related to emotional safety. During the participatory assessments that occur initially with the adult caregivers during the *Joining and Assessment Phase* their personal histories of trauma become evident particularly in use of the *Family Life Cycle*. Development of the awareness of how their own experiences are impacting their current parenting and relationships provides opportunity of work with them on their personal emotional blockages. Treatment for trauma in FCT is not phase dependent but can occur at any point that the information presented provides opportunity. Thus, in the *Joining and Assessment Phase* the disclosures and sharing of their own story enables determination of an immediate need that is often intrinsically connected to the parent / caregiver's own need for care of self and /or treatment of their own emotional blockage needs tied to past trauma. This step in the treatment process often precedes the development of the ability of the caregiver to create the emotional safety needed in the home for the other members.

The *Restructuring phase* becomes practice for the adult caregiver(s) to function in the roles handling responsibilities differently that are connected to both physical and emotional well-being.

Once the adult caregiver(s) is able, as result of some of their work on their past pain, they are guided through the specific and descriptive apology process that absolves the victim members of the family of any blame or responsibility tied to the event(s) that have been hurtful and traumatic for the member individually. This apology process is designed to redefine the adult as strong and able to step into the *role* to handle and validate all the feelings the children have from the past events. Although education and information regarding the effects and impacts of trauma on each family member's emotional, physical and social functioning is part of the treatment process, the primary methodology is practice and role play activities individually designed to prepare the adult to handle their role appropriate responsibilities to meet the needs of the other members of the family system. As change occurs in the

roles, safety is developed, and the area of family functioning focus of treatment can transfer to permit more emphasis on *affective responsiveness* or other areas of primary need.

Once the symptomatic behaviors of the trauma that have been displayed as resistance or avoidance have subsided as a family then the family is given opportunity to build on these new-found strengths. In this *Valuing our Changes Phase* they are challenged to explore what they are now doing that is working in their ability to provide emotional safety and why it is working in their functioning as a system. During this phase of treatment, the focus is not on continuing or developing an internal process of correcting or change making in every member's behaviors but rather in how they as a system respond to each other more effectively. The intent of treatment in this phase is for the family as a system to determine, as much as possible, how they can enable all members' needs to be met; not just the referred client. FOR many families the safety developed permits ongoing confidence building in their affective responsiveness for each other. A *Family Giving Project* focused on this newfound strength of responsiveness to each other's emotional needs often includes their sharing of their experience and story of change with others who are in settings of protection or are feeling hopeless or lost in the process.

As the family makes changes that indicate they are sustainable during the *Generalization Phase* they are guided to plan for the family life cycle or child development events where their previous natural trauma bond response would be to revert to resistance or avoidance of the painful life events. Roleplay and practice using the new found functioning skills becomes the final treatment process as they prepare to respond to both the predictable hard to handle life cycle events and the unpredictable and feared events.

## **Components of FCT Trauma Treatment**

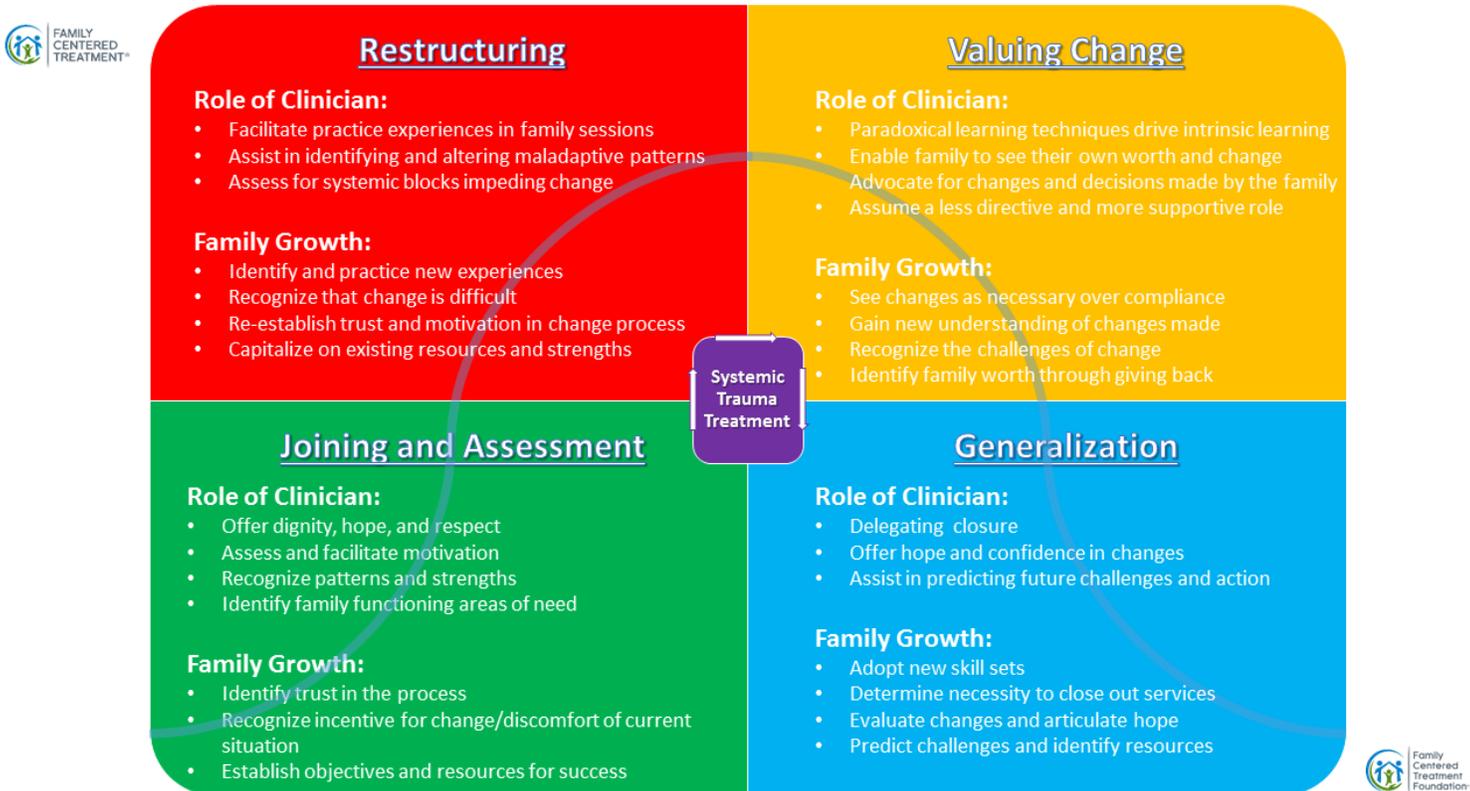
- Systemic assessments
  - Determination of primary area of Family Functioning that led to trauma or impedes healing
- Family Life Cycle
  - Connection of caregiver's past to their present parenting
- Treatment of the functions or needs rather than behaviors alone
  - Incidents as functions of behaviors and an area of family functioning need
- Parenting techniques to step out of the trauma bond and/or triangle
- Apology from caregiver or relevant person frame work – 4-part process
  - Permission for all feelings
  - Expression of feelings that work
- Sensory based scrapbooking
  - Re-authored narrative

## **Additional Elements of the FCT Approach**

- The team functions to serve as a response to empathy fatigue and secondary trauma. The FCT team process, in part, serves to provide the emotional support for staff that become secondary trauma recipients and experience trauma 'burn-out' as result of the intense work. One of the primary functions of the team meeting, the pairing of staff on cases, and the on-call support by supervisors is to provide that emotional support.
- 'Use of self' training is a large part of Trauma Treatment as it relates secondary trauma and trauma burn-out. Additionally, use of self training looks to identify preconceived bias's in staff working with trauma in families.

- The “Wounded Healer Paradigm” is an intricate approach to addressing and allowing trauma practicing FCT clinicians to understand how trauma impacts their service delivery and lives. The Wounded Healer Paradigm is presented in training during the Wheels of Change online training program.

The inclusion of additional trauma training is not contraindicated at all as FCT is a comprehensive service and much more than a treatment technique. Therefore, inclusion of MI, CBT, TIC, art therapy etc., as techniques is welcomed when indicated. They would not affect the EBP status as they have been used strategically since inception.



## Distinguishing points for FCT Trauma Treatment

The FCT Trauma Treatment training and curriculum was co-designed by the Family Centered Treatment Foundation and Dr. Richard Kagan, National Childhood Traumatic Stress Network (NCTSN) consultant and creator of the complex trauma treatment Real Life Heroes® certificate training program.

FCT trauma focuses on addressing the systemic dynamics of trauma on the family system as a whole not just the individual.

In identifying how individual traumas or emotional blocks are impacting the family system, FCT looks to address underlying feelings, attachment needs, and interactional patterns of the family system. The Family Centered Evaluation fidelity component of FCT utilizes three specific tools to identify individual,

family and generational patterns of trauma. This identification allows FCT clinicians to specifically create solutions for trauma that has impacted individual and family functioning.

## National Child Trauma Stress Network (NCTSN)

In 2018, The Family Centered Treatment Foundation (FCTF) was awarded a 5-year federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to become a NCTSN *Network Member*. This award identifies FCT as a recognized trauma treatment practice and provides funding to increase the distribution of Certified FCT trained therapists and outreach of the FCT model to additional sites and geographical locations across the US. Additionally, the award and recognition of FCTF as a Category II Network Member, provides an opportunity for FCTF to participate in national outreach and awareness campaigns that explore the capacity to train therapists around FCT Trauma components and assist in developing best practices in the field of individual and family trauma with leading experts across the country.

The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children’s Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children’s lives by improving their care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS).

Additional information can be found at [www.nctsn.org](http://www.nctsn.org)

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



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