



Family  
Centered  
Treatment  
Foundation®



FAMILY  
CENTERED  
TREATMENT®

# Partners Behavioral Health Management: Licensed Independent Practitioner Collaborative

## Family Centered Treatment

## Current Implementation:

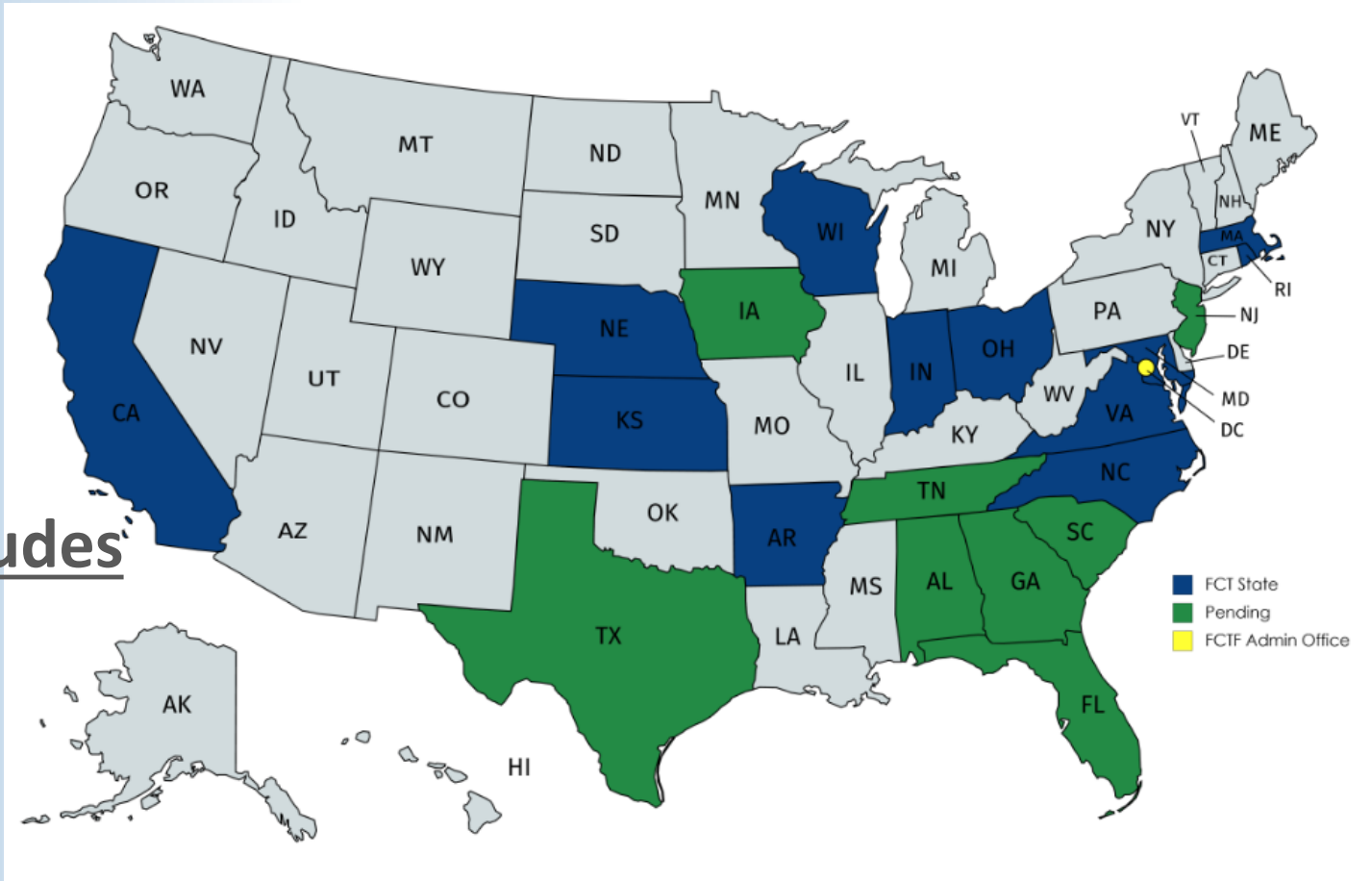
- 12 States
- 23 Licensed Organizations
- >65 'Sites'
- Statewide implementation: MD, RI, MA, IN, NC
- Urban, Rural, Mixed, Frontier

## Program Funding Includes

- Medicaid
- State and local grant/contract awards
- Federal grant funding
- Shared Risk/Incentivized

## Implementation Funding Includes

- Self-pay
- Grant funding
- State sponsored training



# Distinctive Features of FCT

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NOT a client centric model

Changes are made by identifying and working on the functions of behavior not the symptoms (AFF)

NCTSN Family Systems Trauma tx (with secondary trauma elements [team identification approach])

Use of EFT treatment components

Supervision Model

Structured Implementation Process

No Exclusionary criteria & no ejection/rejection

Most models terminate services once compliance is achieved.

The Valuing Changes phase of FCT is designed to develop value conflict concerning the behavioral changes made during treatment.

The family determines which changes are ones they want to sustain.

Giving Back Projects- (value, belonging, worth)

One Clinician Assigned to the Family

Fidelity and Treatment Intensity Critical for Success

# The Five Pillars of Family Centered Treatment

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- Treat Families with Dignity and Respect
- Honor the Function of Behavior
- Treatment that is Relevant and Useful
- Internalization over Compliance
- Power of Giving





# FCT Guarantees

The guarantees are how we manifest the Pillars of FCT

1. I promise that I will care and respect your family enough to give you direct and honest feedback.
2. Likewise, I will ask you for direct and honest feedback.
3. When I make a mistake, I will acknowledge it, take responsibility for it and make it right.
4. You are the expert on your family.
5. I promise to ask your permission first to do any activity with your child.
6. I promise to include you in any contacts that I have with other agencies involved with your family.

## Restructuring

### Role of Clinician:

- Facilitate practice experiences in individual, conjoint and family sessions
- Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered
- Assist in identifying and altering maladaptive patterns
- Assess for systemic blocks impeding change

### Family Growth:

- Identify and practice new experiences / emotional regulation / anxiety management
- Recognize that change is difficult
- Re-establish trust and motivation in change process
- Capitalize on existing resources and strengths

## Valuing Change

### Role of Clinician:

- Paradoxical learning techniques drive intrinsic learning
- Enable family to see their own worth and change
- Advocate for changes and decisions made by the family
- Assume a less directive and more supportive role

### Family Growth:

- Cognitive processing and reframing
- See changes as necessary over compliance
- Gain new understanding of changes made
- Recognize the challenges of change
- Identify family worth through giving back

## Joining and Assessment

### Role of Clinician:

- Offer dignity, hope, and respect
- Assess and facilitate motivation
- Recognize patterns and strengths
- Identify family functioning areas of need and personal safety training
- Build Therapeutic Alliance (trust)

### Family Growth:

- Identify trust in the process
- Recognize incentive for change/discomfort of current situation
- Establish objectives and resources for success including crisis planning
- Celebration of family resilience
- Development of a paradigm shift (from 1 member to ALL of us)

Systemic  
Trauma  
Treatment

## Generalization

### Role of Clinician:

- Delegating closure
- Offer hope and confidence in changes
- Assist in predicting future challenges and action

### Family Growth:

- Adopt new skill sets
- Determine necessity to close out services
- Evaluate changes and articulate hope
- Predict challenges and identify resources
- Resilience reinforcement

# 6 Areas of Family Functioning

## Problem Solving

1. Task or problem identification and communication about the problem
2. Exploration of alternative solutions
3. Implementation of selected approaches
4. Evaluation of effects

## Communication

1. Clear and Direct: concise, understood and to the intended recipient
2. Clear and Indirect: concise but spoke to another person
3. Masked and Direct: message clouded but target person is clear
4. Masked and Indirect: message and target person are ambiguous

## Role Performance

1. Allocation and Assignment to family members
2. Agreement and Willingness to fulfill role
3. Enactment to carry out behavior of role

## Affective Responsiveness

1. Content- broad range available to discuss
2. Intensity- good match of intensity to situation
3. Timing- given at appropriate time
4. Most likely to be a problem in time of stress

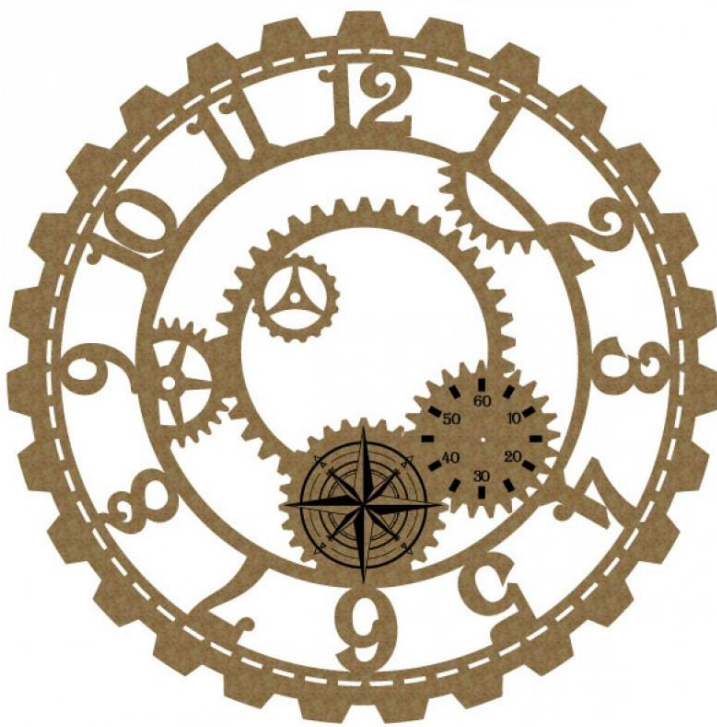
## Affective Involvement

1. Uninvolved family – devoid of feelings for one another
2. Narcissistic - some feelings for each other but for self-gain
3. Empathetic family- able to meet emotional/security needs of each other, flexible
4. Enmeshed- diffuse boundaries, over-involved

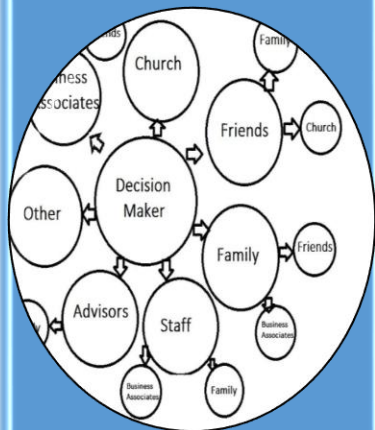
## Behavior Control

- Family's management style is dangerous, psychobiological needs & socialization behaviors
1. Predictive vs. Inconsistent
  2. Constructive vs. Destructive
  3. Responsible vs. Irresponsible
  4. Leading to one of these styles: Rigid, Laissez-faire, Flexible, Chaotic

# Blending FCT with Best Practices

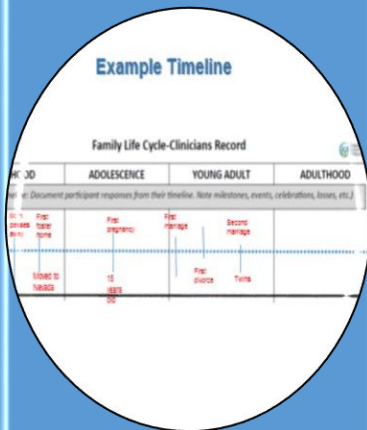


- Inclusive of the whole family *as defined by the family*
- Meet in *their home* at *days and times* that are convenient for the family
- Clinician schedules sessions to occur when the family struggles the most
- Provides **24/7** on call crisis support for the family with their known clinical staff. (not a universal on-call system)
- **Treatment Intensity:** 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).



## Systemic assessments

- Determination of primary area of Family Functioning that led to trauma or impedes healing



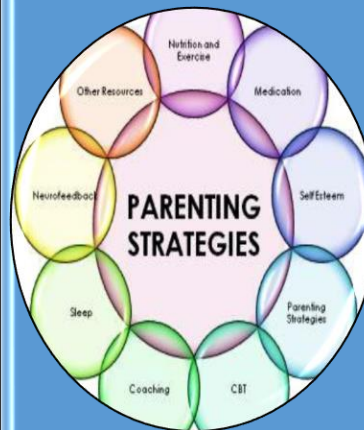
## Family Life Cycle

- 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

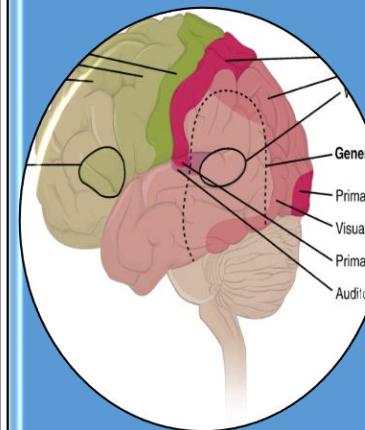


## Parenting techniques to step out of the trauma bond and/or triangle



## Apology from caregiver or relevant person frame work – 4-part process

- Permission for all feelings
- Expression of feelings that work



## Sensory-based creative work

- Re-authored narrative

FCT Systemic Trauma Treatment includes

# 2018



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## Annual Outcomes Report Highlights

### Positive Outcomes

# 86%

#### Placement Status:



- 86% of ALL FCT referrals had a positive placement at closure.
- Positive outcomes include youth remaining in the home with caregivers or family members, moving to independent living, reunifying with caregivers or other family members, maintaining a placement outside of their family of origin or transitioning to a predetermined placement.

### Completion Outcomes

# 97%

#### Program Completer Placement Status:



- 97% of FCT families that completed 4 Phases of treatment had a positive placement at closure.
- Positive outcomes include youth remaining in home w/ caregivers or family members, moving to independent living, reunifying w/ caregivers or other family members, maintaining a placement outside of their family of origin or transitioning to a predetermined placement.

### Engagement

# 96%

#### Engaged Families:



- Engaged families are those that had more than 6 Direct Contacts with their clinician, had at least 45 days of treatment, did not Run Away, and did not have a pending placement prior to treatment.

### FCT Improved Family Life

# 89%

#### Family Voice:



- 89% of families at closure reported that they Strongly Agree or Agree that "FCT Improved our Family Life"

### Goal

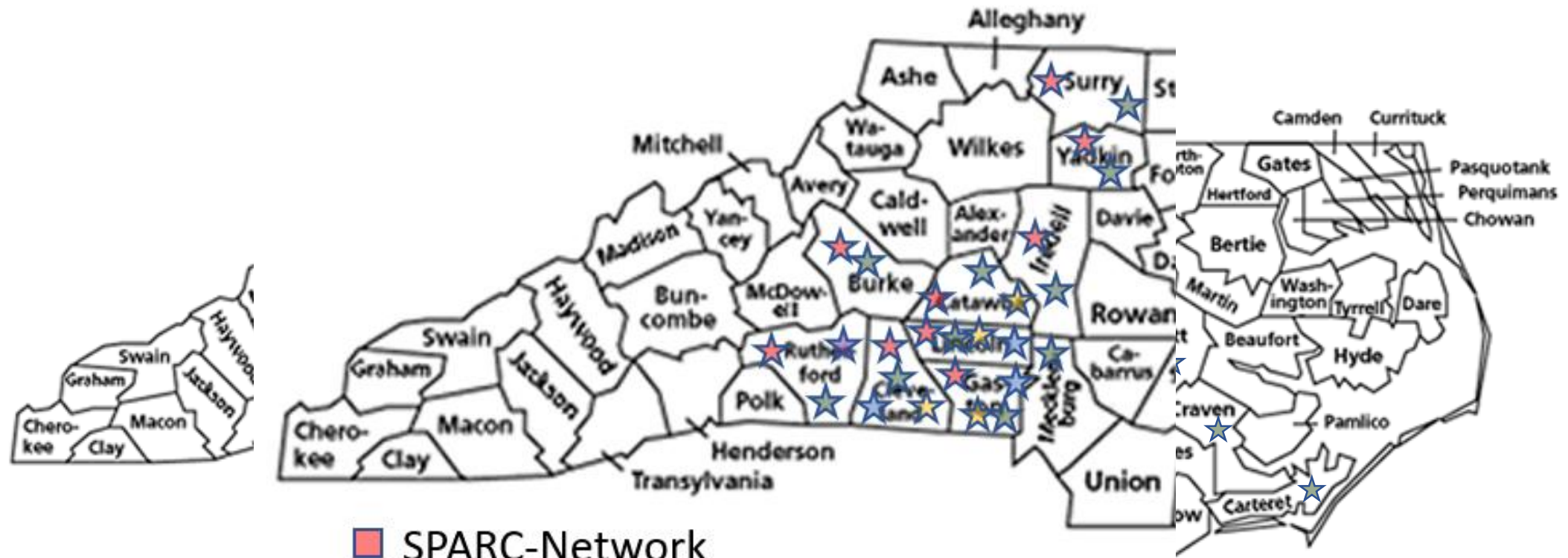
### Achievement

# 90%

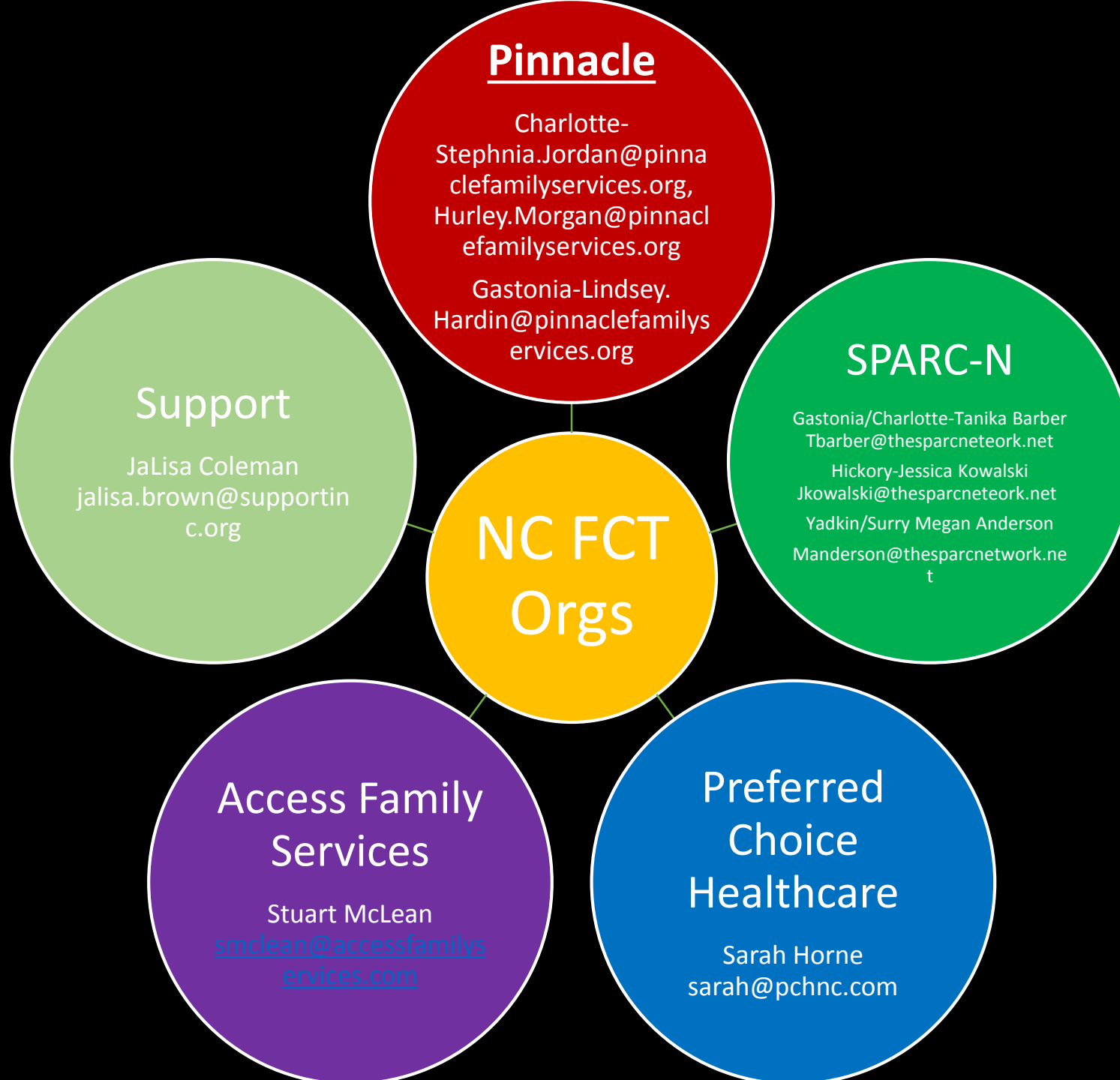
#### Treatment Goals:



- 90% of ALL FCT families reported positive progress at closure toward primary treatment plan goals.



- SPARC-Network
- Access
- Support
- Pinnacle
- Preferred Choice Healthcare



# What's Ahead:

- Randomized Control Study – Funded by The Duke Endowment and conducted by the Duke Center for Child and Family Policy and the Robert Margolis Center for Health Policy.
- Family Centered Treatment - Recovery – Funded by The Duke Endowment and Piloted by The SPARC Foundation.
- FCT Trauma Informed Research – *Adapting Juvenile Justice Interventions to Serve Youth with Trauma Histories* conducted by Dr. Charlotte Bright UM.
- FFPSA- FCTF working with state leads to determine funding and implementation of FCT utilizing FF funding.



# Q & A

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# Resources for additional information

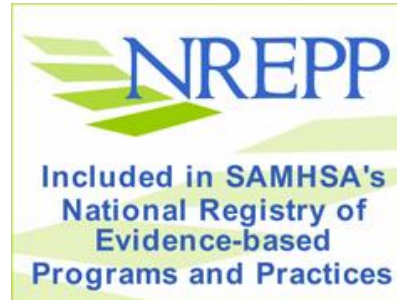
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