



# Family Centered Treatment®

*Presented by: William E Painter Jr and Darlene Dockins*



# Family Centered Treatment® - A New EBP Model for Home-Based Services



**2011 Northeast Family  
Strengthening Conference**

***Fit for the Future: Asset-building Strategies and  
Solutions for Families and Communities  
September 26 & 27, 2011 Richmond Marriott  
Richmond, VA***

- **Family Centered Treatment: Enabling Sustainable Change - Family Centered Treatment (FCT) is a best practice, tested and evidence based model of home based treatment developed by practitioners, that has practice based evidence and evidence based practice. FCT has been shown to lower rates of out-of-home placements and recidivism with “crossover” youth. This model incorporates value change methods and practice experiences for the families in care.**
- **Presenters: William Painter, Senior Director, Institute for Family Centered Services, NC; Darlene Dockins, Maryland State Director, Institute for Family Centered Services, MD Moderator: Paul Scott, Executive Director, Child Development Resources, VA**

# Part One – Overview of FCT

## Origins of FCT

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. IFCS did 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.

# Why use home based treatment?

- The home based service's clinician has an in vitro situation that provides a quantity and quality of significant family system information not available in traditional treatment venues.
- Opportunities for impacting the functioning of the family system are considerably increased with the clinician's treatment considerations changing from seeking relevant and factual material to use with the family to deciding what to use from so many presenting "scenarios".



# Why FCT over other models?

- Most states are placing an increased emphasis on the use of home-based services for families experiencing functional difficulties and are requiring the use of an EBP
- There is proven efficacy of incorporating family members and other supportive people into one's treatment
- Incorporates value change methods and practice experiences
- Emphasizes and values sustainable change
- Cost effective



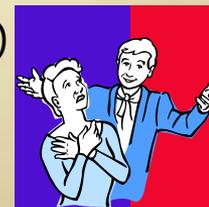
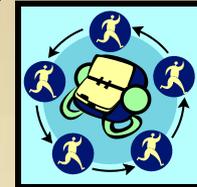
# History and Development

- Developed by Institute for Family Centered Services (IFCS) in the states of Virginia, Maryland, North Carolina, and Florida
- Licensing rights owned by FamiliFirst; a non-profit organization devoted to the furtherance of the field of family preservation.
- Practice and evidenced based model of treatment designed for use in the provision of intensive in home services.
- Origins derive from “street level” practitioners’ efforts
  - Needed simple, practical, and common sense solutions for families faced with forced removal of their children from the home or dissolution of the family due to both external and internal stressors and circumstances.



# 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)



# Essential Components

Primary phases of FCT are simple and common to other evidence based models:

Joining/Assessment, Restructuring, Value Change (distinctive to FCT),  
And Generalization

*The “Power of Giving” is an fundamental component. Positions families to give to others as a method for discovery of their inherent worth and dignity.*



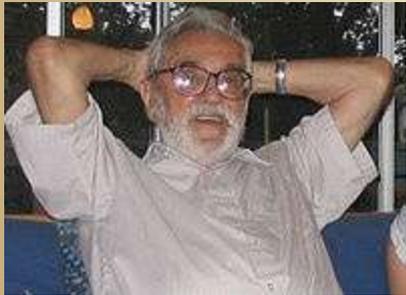
# Theoretical Framework

**Comprehensive and intensive home-based model**

**Developed over 20 years**

**Continuously refined through research, experience, and feedback from clients.**

Although developed from applied success, some of the critical components that provide the theoretical framework are recognizable as derivatives of major models of evidenced based practice such as:



**Eco-Structural Family Therapy**

**and**

**Emotionally Focused Therapy**

**And also incorporates components of**

**Peers Helping Peers**



**Sue Johnson**

**Salvador Minuchin**

- **Eco-Structural Family Therapy** model is based upon Minuchin's work (1981) and has been expanded by Aponte (1994), Szapocznik (2000), and Lindblad-Goldberg (1997) to incorporate the environment or larger social context of the family (Bronfenbrenner, 1977). The model most researched derived from the Eco-Structural agenda is the Brief Strategic Family Therapy (BSFT) (Szapocznik, 2000).
- **Emotionally Focused Therapy (EFT)** (Johnson, 2000). EFT is defined as a systemic model, relying heavily on *Structural Family Therapy* and particularly the practice of enactments.
  - Enactments utilize emotion to build attachments and stress the importance of emotional experience and expression.
  - Emotional enactments guide and give meaning to perception, motivate to action, and provide a method for communication with others. They provide both a target and act as an agent of change in FCT treatment.
- **Peers Helping Peers:** although not evidence-based, this is a practice base evidence model that focuses upon effective connection and engagement based upon conveying a sense of worthiness, dignity, and respect. These core values drive practical behaviors required of staff and are necessary to form an effective therapeutic alliance (Brendtro, Brokenleg, & Bocken 1990, 2002).

# FCT Clinical Components

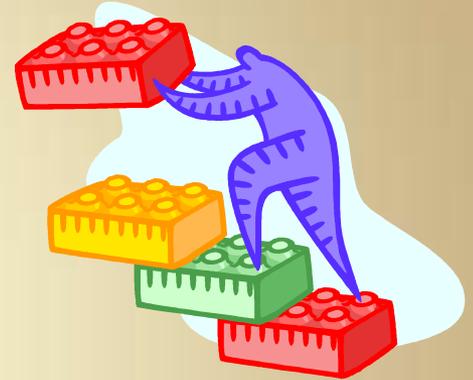
The primary stages or phases of FCT are:

**Joining and Assessment**

**Restructuring**

**Value Change**

**Generalization**



Typical length of treatment is 6 months

*although*

the process is individualized for each family to attend to their specific needs and the time frame can decrease or increase dependent upon need.

# 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.

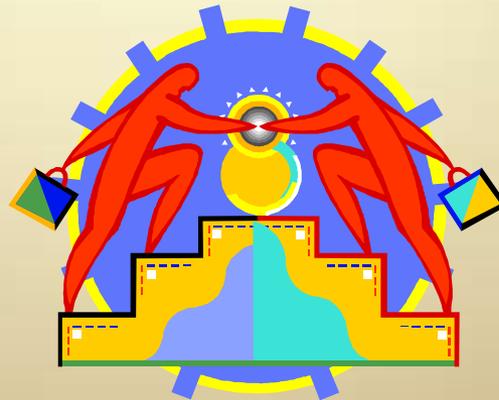
# More than a Clinical Model of Treatment

- 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 funding is in place for the:
    - **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



# Limitations of Practice

- Requires involvement of a family system, however “family” is defined  
(can be composed of non-related individuals living together as a family system)
- Primary focus is not psychiatric or medical.
- Nevertheless, FCT can be utilized effectively when illnesses, either medical or psychiatric, are affecting the short or long term functioning of the family system.

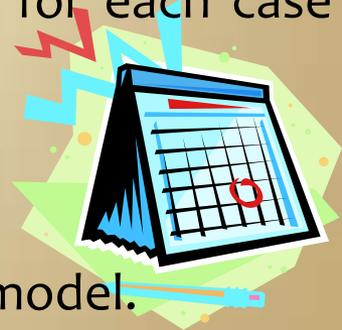


# Standardization of management and clinical practice in all locations



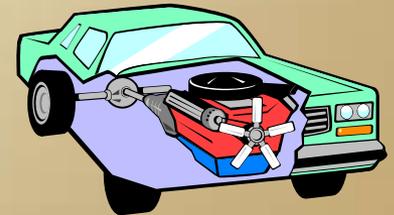
# *Standardization - Management and Supervision*

- **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
  - Weekly 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.



# Standardization - Training

- **Wheels of Change© Training Program**
  - An intensive 100-hour standardized training process has been in place for FCT (titled Wheels of Change©; WOC) since 2004.
  - WOC was revised in 2009 into an on line participatory curriculum with tests and discussion boards. It was field tested with trainers and management.
  - The FCT training 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 FCT.



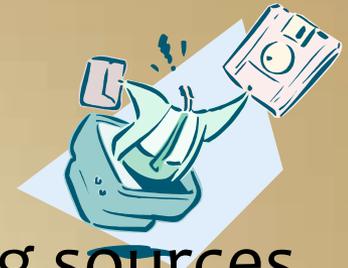
# Transparency



## Data Collection Forms

- Collected from FCT clients/families
- Instruments developed by researchers in the field of family preservation and children's services.
- Document observations on:
  - placement status at discharge,
  - primary theme of treatment,
  - number of direct contacts, and
  - progress toward individualized treatment goals as documented in treatment summaries as written by therapists and maintained in client files.
- Standardized on-line training is mandatory (annually) for all staff responsible for completing forms and data entry, and forms are audited by a designated operation's personnel for each state.

# Transparency



- Customized data requirements from funding sources
  - typically involves the use of assessment instruments that have been validated in the literature, such as CGAS, CFARS, and NCFIS.
- Specialty Population Outcomes
  - Ex. observed re-offending behaviors of juvenile offenders
  - Such observations are validated in cooperation with collaterals, e.g., probation officers.
  - These instruments and the standardized training are attached documents in the standardization section of this application.
- FamiliFirst – monitoring and oversight of providers
  - a private non-profit organization devoted to the advancement of family preservation practice provides annual peer reviewed analysis of Family Centered Treatment’s practice based evidence data. These reports are published on the FCT website

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

# Replication

- Replicated in 22 different locations in four states currently
- Research findings are defined in the research section and meaningful outcomes section of this presentation.
- Practice based evidence outcomes for FCT have been available since 1998, with the recent annual outcomes developed by FamiliFirst.



# 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

## 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. These audits are random and weekly. Reports are made to the team and the case staffing form (Maps, Issues, Goals, and Strategies – titled MIGS) is reviewed with directions for improvement and assignments given for follow up.





## FCT® Fidelity Indicator Check List



Family Name: \_\_\_\_\_ Client ID# \_\_\_\_\_  
FCS: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Fidelity Measures Check Off List

#### Joining and Assessment

- Solution Cards; Date: \_\_\_\_\_
- FCE Components; Date: \_\_\_\_\_
- Transitional Indicator Making Changes; Date: \_\_\_\_\_

#### Restructuring

- FCT Session Record; Date: \_\_\_\_\_
- Two MIGS showing shift in Dynamics; Date: \_\_\_\_\_
- Transitional Indicator – Making Changes we Chose; Date: \_\_\_\_\_

#### Value Change

- Fidelity Measure – Family Giving Project; Date: \_\_\_\_\_
- MIGS; Date: \_\_\_\_\_
- Transitional Indicator – We did it on Our Own; Date: \_\_\_\_\_

#### Generalization

- Fidelity Measure – our Plan for Difficult Times; Date: \_\_\_\_\_
- Acknowledgement of Family Satisfaction Survey; Date: \_\_\_\_\_

\_\_\_\_\_  
RD Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FCS Signature

\_\_\_\_\_  
Date

# FCT Phase II: Restructuring Fidelity Documents

**IFCS Case Review**

Client Name: \_\_\_\_\_ PCS Name: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 OPCS™ completed:  Yes  No  
 OPCS™ Model Criteria below:  
 Great initiative used to meet needs of family  
 All tasks & responses correct  
 Family involvement  
 New PCT

**IFCS Case Review**

Client Name: \_\_\_\_\_ PCS Name: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 OPCS™ completed:  Yes  No  
 OPCS™ Model Criteria below:  
 Great initiative used to meet needs of family  
 All tasks & responses correct  
 Family involvement  
 New PCT

Map  
(Print by X of box)

Code 1:  Model Criteria  
 Therapeutic  
 Map  
 Bookmarked  
 Notes checked

Therapeutic Themes: (one statement or more)

Shared Family Members: PCT

**The FCT®**

What was the family's evaluation of their enactment?  
 \_\_\_\_\_

What new behaviors (intervention / enactment) did you have them practice?  
 \_\_\_\_\_

What did you do to coach and support family's efforts to use the intervention?  
 \_\_\_\_\_

How did you convince the family to try the intervention?  
 \_\_\_\_\_

PCS's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 PCT's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FCT® Fidelity Measure Phase II Restructuring**

Family Name: \_\_\_\_\_ Client ID# \_\_\_\_\_  
 PCS: \_\_\_\_\_ Start Date: \_\_\_\_\_

What Family behavior or method for handling tasks have you decided (as a family) that needs to be adjusted? (Select something different than what your PCS chose for you previously):  
 \_\_\_\_\_

What made you decide that this particular behavior or area of your family life needed to change?  
 \_\_\_\_\_

Have you practiced or tried different behaviors or methods (as a family) with your PCS present to offer consult and support and if so what?  
 \_\_\_\_\_

Signatures of family members and date:  
 \_\_\_\_\_  
 \_\_\_\_\_

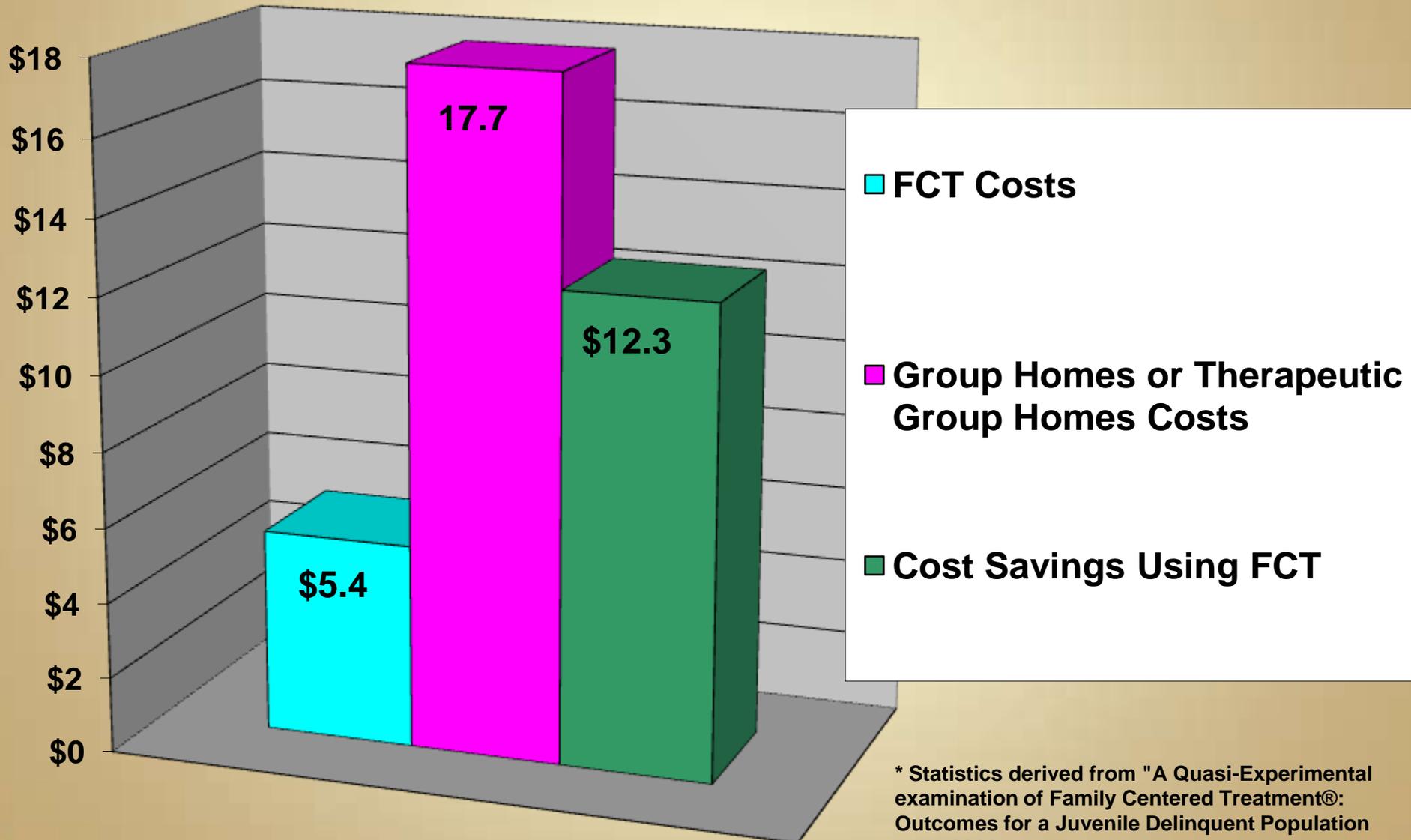
Signature of PCS and date:  
 \_\_\_\_\_

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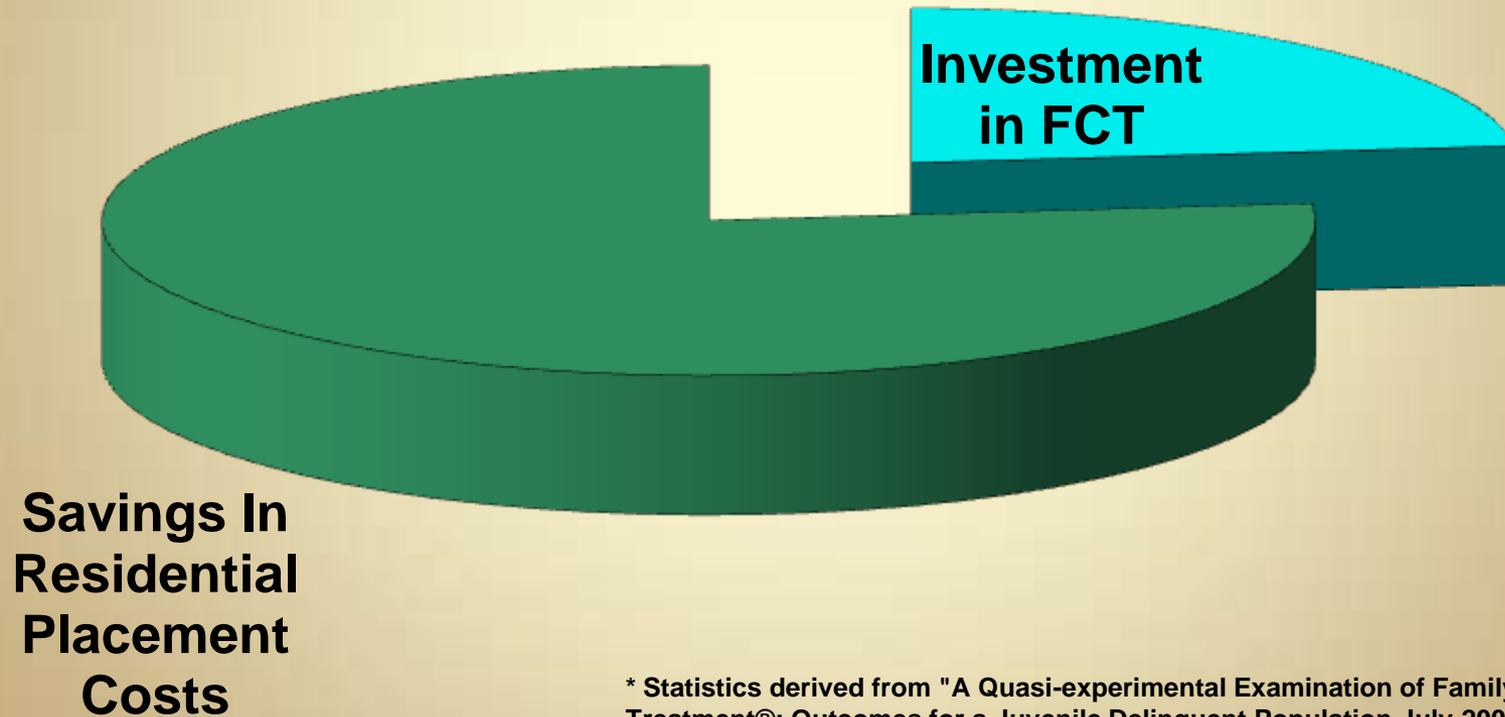
# Meaningful Outcomes

- 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 the 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%

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



**1 Dollar invested in FCT produces \$2.29 savings in Residential Placement Costs for the State of Maryland \***



**\* Statistics derived from "A Quasi-experimental Examination of Family Centered Treatment®: Outcomes for a Juvenile Delinquent Population July 2009"**

# Family Centered Treatment

*FCT developed from a vision and desire to provide services that are permeated with the ability to provide respect and dignity to families in need.*

*It is this central aspect of FCT that honors families and expects greatness from them.*



*Let's take a closer look inside of FCT...*



## 1. Joining/ and Assessment

During this phase the therapist engages the family and **gains acceptance** by them. The family centered evaluation is utilized to determine areas **of family functioning needing adjustment.**

**Indicator for Transition:** The family begins to carry out the therapist's suggestions and assignments.

## 2. Restructuring

The therapist and the family use **enactments** (experiential practice experiences) to **alter ineffective behavioral patterns among family members.** This process includes techniques to modify the crisis cycle to more effective and adaptive patterns of family functioning.

**Indicator for Transition.** Successful enactments lead to earnest questions by the family members regarding what they can do differently (ownership of responsibility) to change/break their maladaptive patterns. These questions are an indicator that the ownership of problems is now seen as a family issue, rather than placing the blame on an individual family member. Once enactments produce behavioral changes, the therapist moves to the next phase.

## 3. Value Change

The therapist adjusts their style and methods in order to challenge the intent and reason for the behavioral changes that the family has made. The family evaluates and defines the reasons for their changes. However, if emotional blocks, due to past or present trauma, prohibit compliance with practicing new behaviors, the therapist treats the impasse with emotion change techniques, not strictly behavioral approaches. The therapist guides the family back through the restructuring phase, focusing upon use of enactments related to the emotion laden issue. Reentering the Value Change phase, family members **integrate the new behaviors into their personal value system**

**Indicators for Transition:** The family is no longer merely conforming or complying with directions, but is following through on suggestions and expanding upon them to meet their own needs. Although crisis may still continue, the family tells the therapist how they handled the situation using their newfound skills, rather than asking the therapist what to do.

## 4. Generalization

With **new skills** for dealing with conflict and increased understanding of their own dynamics, the family continues its **work, but the treatment is less intense and frequent. The therapist's focus is continued "practice", review of what has "worked" previously, and use of "reversals."**

**Indicators for Transition:** New skills have become internalized and new responses to crisis are becoming patterns. Once in this phase the family will be ready for discharge within 30 – 60 days.

# Joining



## FAMILY CENTERED TREATMENT®

FCT  
is founded upon:

- Family Systems Theory
- Eco-Structural Family Therapy
- Emotionally Focused Family Therapy

*FCT integrates a distinctive approach for forming the therapeutic relationship. This approach is based upon values about dignity and respect defined when IFCS was founded and a distinctive participatory assessment process.*

# Joining

An icon of a human eye, symbolizing vision or perspective.

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

An icon of a road stretching into the distance under a sunset sky, symbolizing a journey or perspective.

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

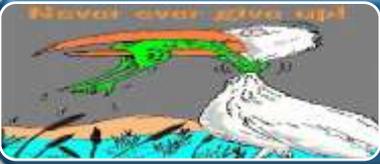
An icon of a family of four sitting together, symbolizing family and shared experiences.

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 clinician standing and talking to a family of four, symbolizing the joining process.

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.



For example; at the end of one of the FCE components , the Structural Family Assessment (SFA), the family is asked to identify goals that represent an honest and real need based upon their own assessment of their level of functioning (what is working and what is not).



As a reminder: therapists with great interviewing skills may think that they do not need to use the FCE process to obtain a good assessment. If the therapist is permitted to by-pass the interactive tools and instead utilize a traditional interview style of assessment, the therapist 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 with

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 therapist 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



FAMILY CENTERED  
TREATMENT®

Enactment:  
2 distinct types

Techniques:  
Alternative  
treatment techniques  
are permissible as  
long as they are  
designed at changing  
the interactions and  
are not therapist  
focused:  
Solution focused, Art  
Therapy, Narrative,  
Play Therapy etc.

## Diagnostic Enactment

Occurs when you assign a task or allow a spontaneous interaction to occur and make a diagnosis on the area of family functioning needing intervention.

## Intervention Enactment

Occurs when you have selected a intervention and direct the family to practice doing something other than what they typically do.

Highlight and process the alternative outcomes

# Restructuring

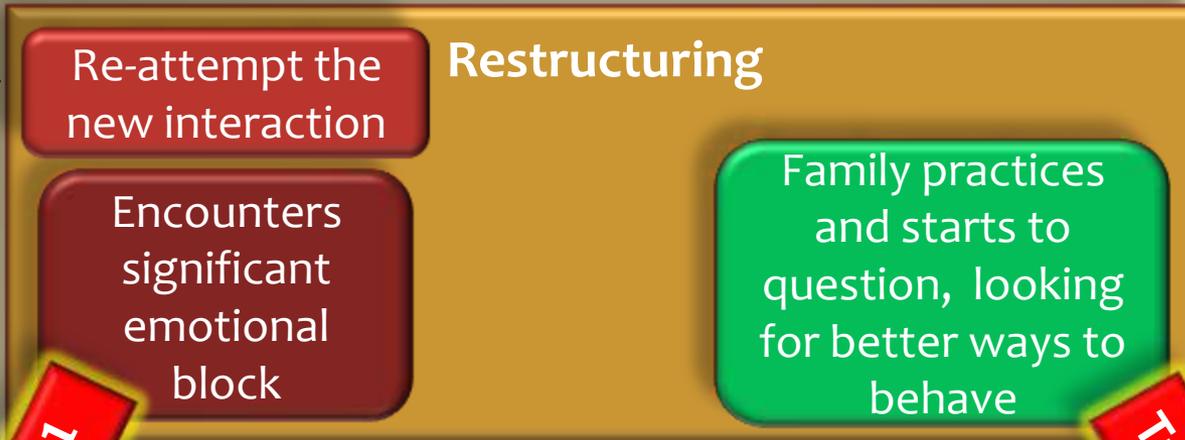
Evidence of successful engagement is indicated by the family's follow through on suggestions or homework. These assignments can include the therapist's efforts to get the family to vary their ways of interacting with each other outside of their norm.

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.

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



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

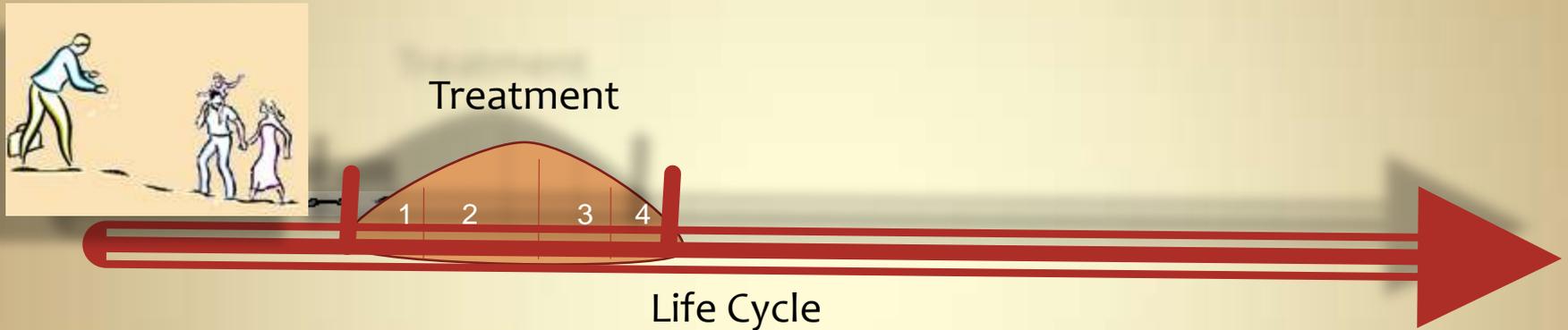
Encountering an emotional block may require processing with techniques employed from the Value Change phase.

*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**  
Desire to adapt family roles and functioning patterns

# Value Change



This is where the therapist style changes to one of more questioning the family how to handle situations instead of suggesting ways to handle them.

This dramatic shift in the therapist role creates opportunities for the family to examine and take ownership of their changes so they are 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



## FAMILY CENTERED TREATMENT®

Enactment:  
2 distinct  
types

Techniques  
integration.

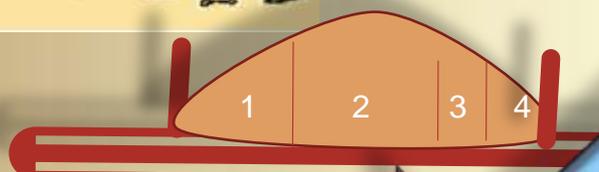
Intervention  
Enactment

When you have selected a  
intervention and direct the family  
to practice doing something other  
than what they typically do.

Diagnostic Enactment

When you assign a task or allow a  
spontaneous interaction to occur  
and make a diagnosis on the area  
of family functioning needing  
interventions

Highlight and process the  
alternative outcomes



# 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.

- Effective delivery of Family Centered Treatment is dependent upon the use of family systems approach to treatment rather than a client specific approach.
- However most of the defined or structured case review processes are client centered in design.
- FCT has taken a family system's model of case review designed by John Edwards PhD and tailored it to enable effective use for staffing of FCT cases

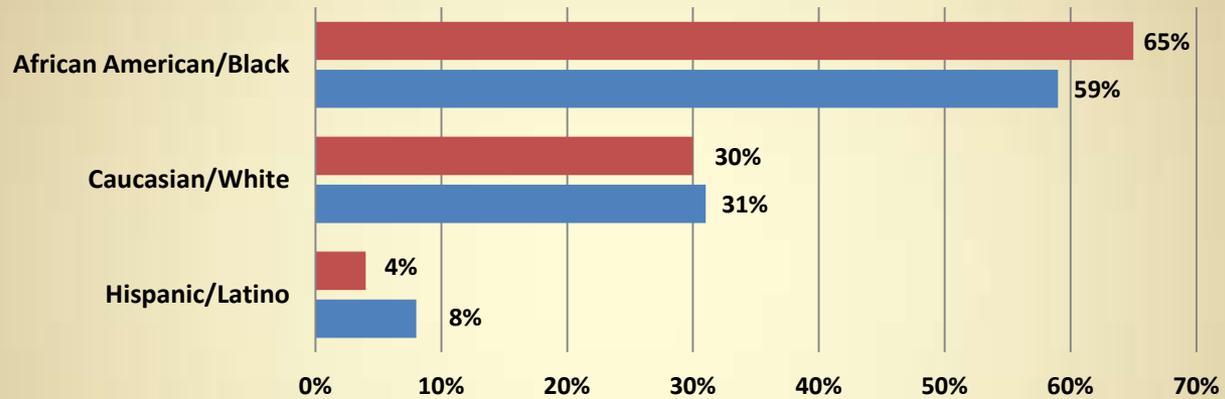
# In Maryland

The Institute for Family Centered Services, Inc. (IFCS) provides Family Centered Treatment® (FCT) to youth and their families through the *Maryland Department of Juvenile Services Non-Residential Community Based Program*, a program which supports adjudicated delinquents at risk of secure or locked detention or residential placements. The program also provides reunification services for youth returning from residential placements.

This is a population of high-risk youth, and IFCS accepts 100% of qualifying referrals. Since the program pilot was implemented in fiscal year 2004, IFCS has provided services to more than 2000 Maryland youth and their families.



### Race/Ethnicity of Youth Served by FCT 3rd Quarter FY11



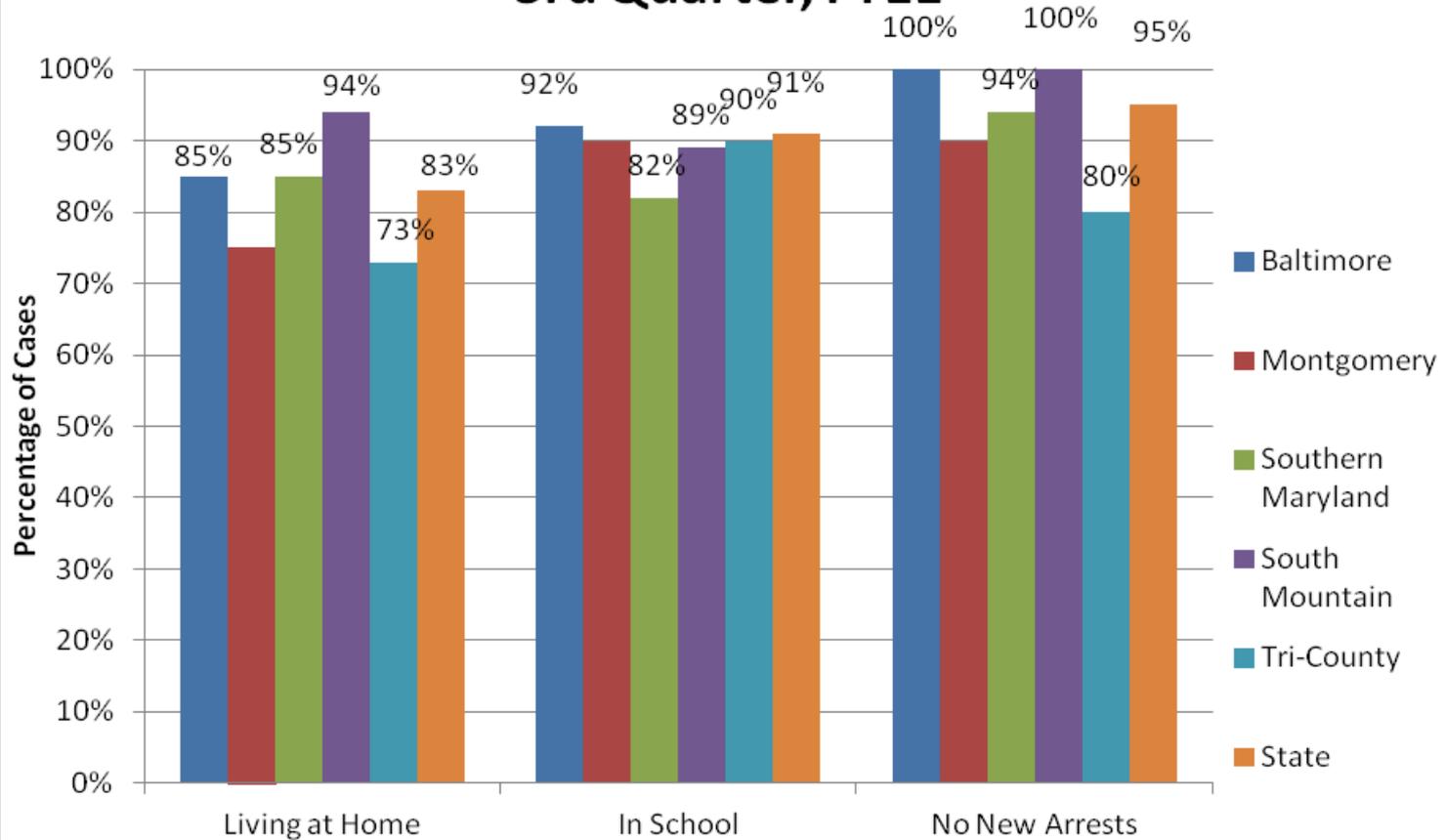
■ Discharged during quarter ■ Active at end of quarter

**N=223**

**Active n=134**

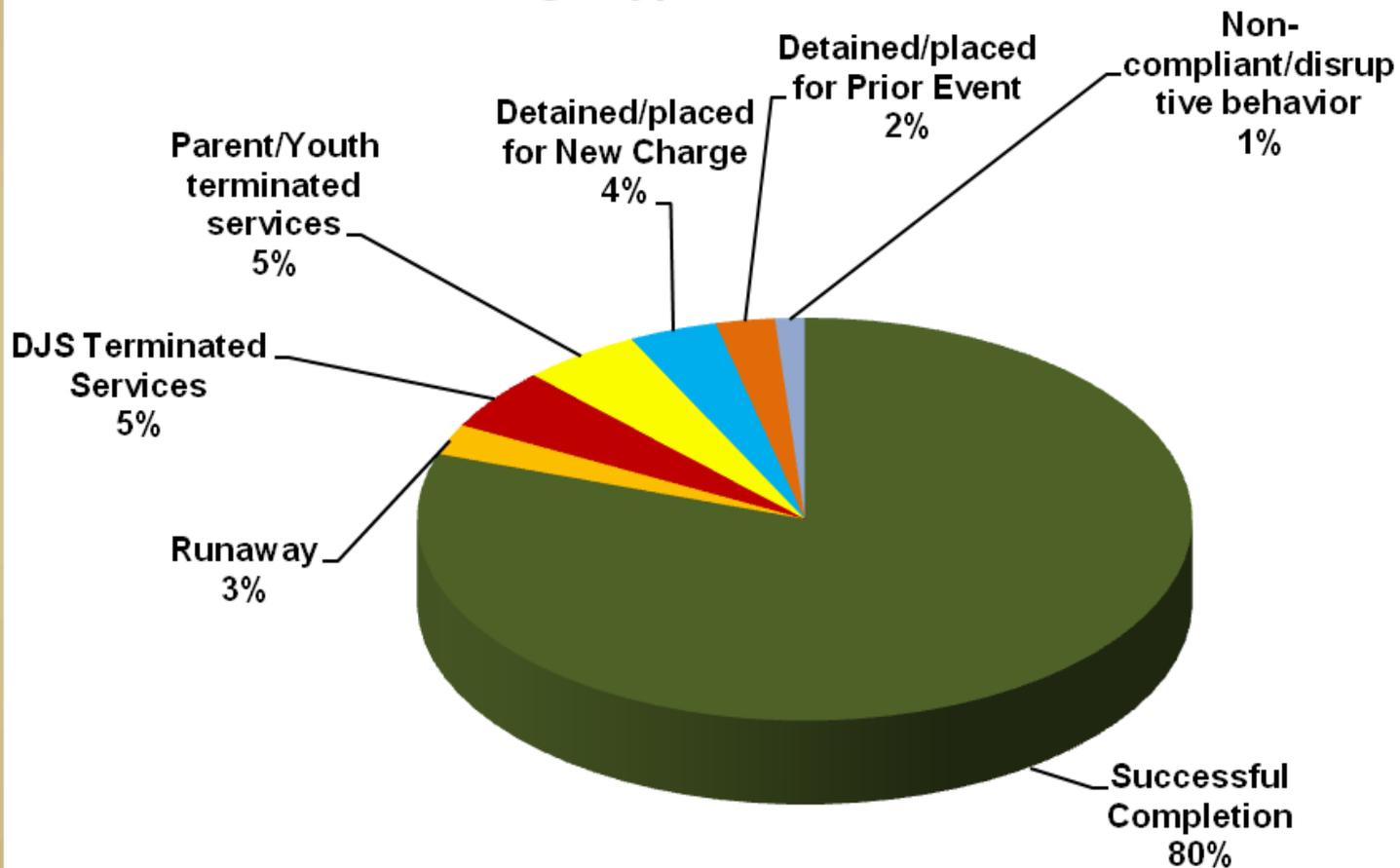
**Discharged n=89**

## FCT Outcomes at Discharge by Region & State 3rd Quarter, FY11



**N= 81**

## FCT Successfully Engaged Youth Discharges by Discharge Type - 3<sup>rd</sup> Quarter, FY11



N= 81

# Making the Connection for Change

## Joining

- \* People are People
- \* Connections



## Restructuring

- \* Behavioral Change
- \* Enactments



# Restructuring & Enactments

**“The multitude of studies..... that have emerged over the last decade tell us that the essence of love is not a negotiated exchange of resources (so why [only] teach negotiation skills?).”**

*-Sue Johnson, My How Couples Therapy has Changed! Attachment , Love and Science*

Intervention Enactments serve as a guide in the pivotal moments of the family interactions; the interactions offer a glimpse to into the family members needs and strong emotions.

The clinician helps to guide, developing safe emotional connections that help each family member deal positively with stress and distress, whether this stress arises from within or outside the relationship.

# 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.

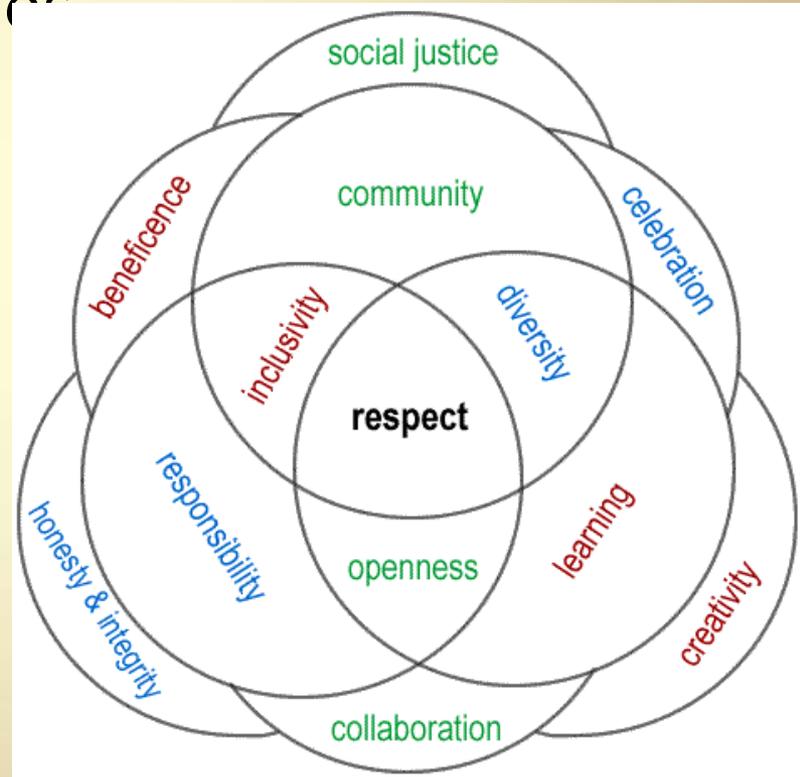
**Effective enactments highlight problematic patterns and through experiential activities lead to different, more positive responses; thus facilitating change.**

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.

# Making the Connection for Change

## Value Change

- \* Developing Ourselves
- \* Internalization
- \* Giving Back



**Generalization (*enabling the changes to become internalized*):**

**Developing a Plan for Difficult Times**

- \* Explore Alternatives and Solutions**
- \* Implement Ideas**
- \* Navigate through the changes of FCT**



## In Review

- Home Based or in home treatment does not necessarily ensure a family system's treatment approach.
- When providing or making a referral for home based treatment, utilize a model designed such that the training, supervision, adherence or fidelity measures and case staffing process requires use of family systems approach.
- Keep in mind Family Centered Treatment® as a model proven successful for both the juvenile justice and mental health population.

# Recognition

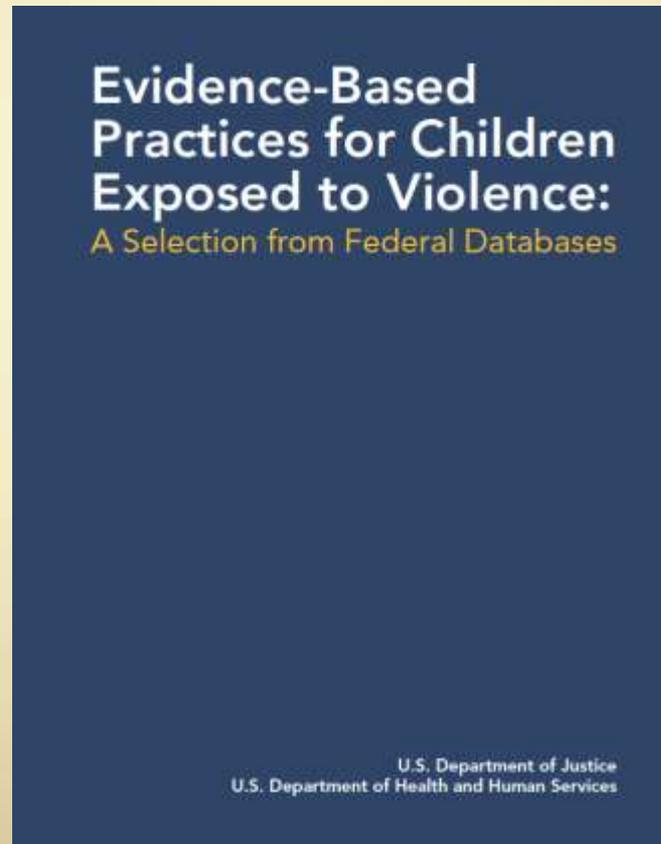
- **FCT is recognized as an EBP by the [OJJDP Model Programs Guide](http://www.ojjdp.gov/mpg/mpgProgramDetails.aspx?ID=845)**  
**<http://www.ojjdp.gov/mpg/mpgProgramDetails.aspx?ID=845>**



- **In addition FCT is listed on the Find Youth Info national website;**  
**<http://www.findyouthinfo.gov/programdetails.aspx?pid=845>**



- 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).



*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** (p.38).*



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

- **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>.**



**Promoting and supporting a fair and effective juvenile justice system  
for Maryland's youth and families.**



## **FAMILY CENTERED TREATMENT®**

*Since 2008, FCT, and specialty uses of FCT, have been presented in over 30 national conferences including CWLA, AAMFT, AAAEBP, NAMI, FFTA, Violence Prevention, Research Conference on Family Programs and Policy, Generations United, ACA, NASW, CMHS GAINS (SAMHSA), AMHCA, NCJFCJ and the Global Implementation Conference .*

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