

Family Centered Treatment®



Who is The Family Centered Treatment Foundation?

Non-profit
Owner/Purveyor of
FCT

Mission: Keep Families
Together and
Successful
Reunification

License FCT Providers

Model Development
and Innovation

Training and Coaching

Implementation
Science

Practitioner
Development

Supervisor and
Leadership
Development

Case Consultation

Data Collection,
Research and Quality
Assurance

Policy and System
Change



Training

Certification

Resources



• Wheels of Change® Certification Training Curriculum

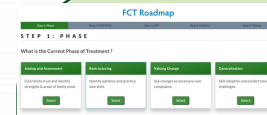
- 24+ hour standardized intensive training process
- 3-phase Certification Training Process
 - Online learning of theory and processes
 - Field-based observation and experience
 - Field testing of 16 core component skill demonstration



• 5 Levels of FCT Certification



- Recertification procedures commensurate with highest level of certification held



Provider Portal



- Provider Portal
- Monthly Foundation Updates
- Implementation Updates
- Intervention Toolbox
- FCT Roadmap
- FCT Family Workbook
- Leadership Cohorts
- Podcasts
- Let's Talk Series
- Skills Labs
- Grand Rounds

What is Family Centered Treatment?

- FCT is an evidence based, intensive trauma treatment model of home-based family therapy.
- Practitioner/Family Developed
- Simple, practical, and common-sense solutions delivered via experiential treatment.
- Designed to increase family health and well-being, promote attachment and resiliency and develop functional solutions for maladaptive patterns (behavior).
- Builds upon family strengths and addresses systemic trauma by addressing underlying causes, not just the symptoms.



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

Practitioners schedule
sessions to occur when the
family struggles the most

Provides **24/7 on call crisis
support** for the family with
their known clinical staff.

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).





Virginia Children's Services Practice Model

1. **Children do best when raised in families**, and every effort should be made for children to remain with their own families;
2. Youth should **not** be **housed** in institutional settings;
3. All children and youth need and deserve a **permanent** family;
4. Services should be **child-centered, family-focused and community-based**; and
5. **How** we do our work is **as important** as the work we do

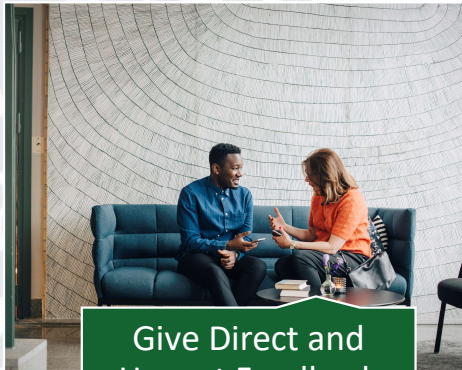


Goals of FCT

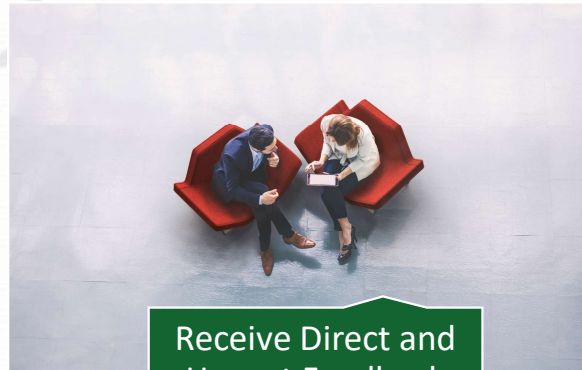
- Develop an emotional and functioning balance in the family so that the family system can cope effectively with any individual member's intrinsic or unresolvable challenges
- Empower changes in referred client behavior to include family system involvement so that changes are not dependent upon the practitioner
- Enable discovery and effective use of the intrinsic strengths necessary for sustaining the changes
- 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
- Reduce hurtful and harmful behaviors affecting family functioning



FCT Guarantees



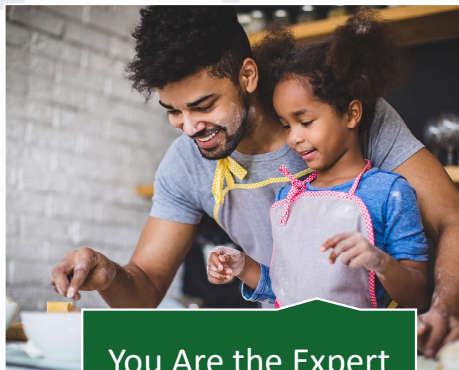
Give Direct and
Honest Feedback



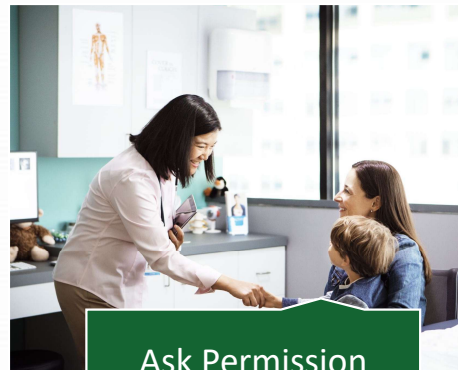
Receive Direct and
Honest Feedback



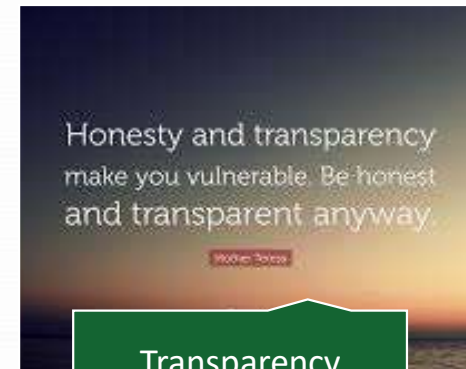
Take Responsibility
for Mistakes



You Are the Expert




Ask Permission



Transparency



The Four Phases of Family Centered Treatment



Joining/ Assessment

The practitioner engages the family and gains acceptance and trust. The Family Centered Evaluation is utilized to determine areas of family functioning that are needing adjustment.

Transitional Indicator: The family begins to carry out the practitioner's suggestions and assignments indicating trust.

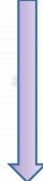


Restructuring

The practitioner and family use enactments to alter ineffective relational patterns. This process includes techniques to modify the crisis cycle to more effective and adaptive patterns of family functioning. If emotional blocks, due to the past or the present trauma prohibit compliance with practicing new behaviors, the practitioner engages the family or specific members into trauma-focused integrative treatment.

Transitional Indicator: Successful enactments lead to questions by family members regarding what they can do differently to change/break their maladaptive behaviors. The ownership of problems is now seen as a family issue, rather than placing blame on an individual family member. When the practicing of new interactions begins to produce relational changes, the practitioner moves to the next phase.

Emotional Blocks/Trauma Treatment: With practitioner guidance, the family determines coping and supportive behaviors to address traumatic histories. They are guided to identify and practice effective methods of meeting emotional needs.



Valuing Change

The practitioner 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 reason for their changes. Family members integrate new behaviors into their personal value system, determining changes to sustain based on what is working for them.


Transitional Indicator: 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 crises may continue, the family tells the practitioner how they handled the situation using their newfound skills, rather than relying on the practitioner to tell them what to do.



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 practitioner's focus is continued "practice" review of what has "worked" previously, and use of "reversals".

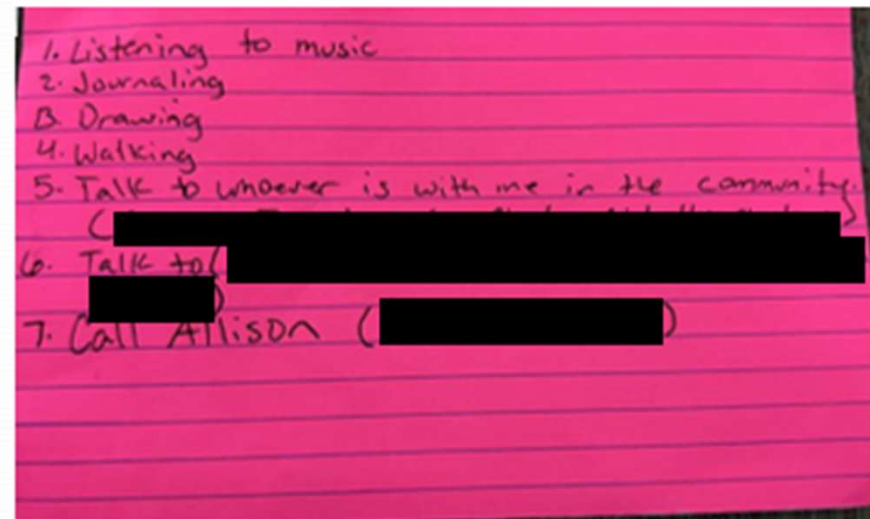
Transitional Indicator: New skills have become internalized and new responses to crisis are becoming patterns. Once in this phase the family will be ready for discharge within 30-60 days.



Solution Card

Completed with
everyone involved in FCT

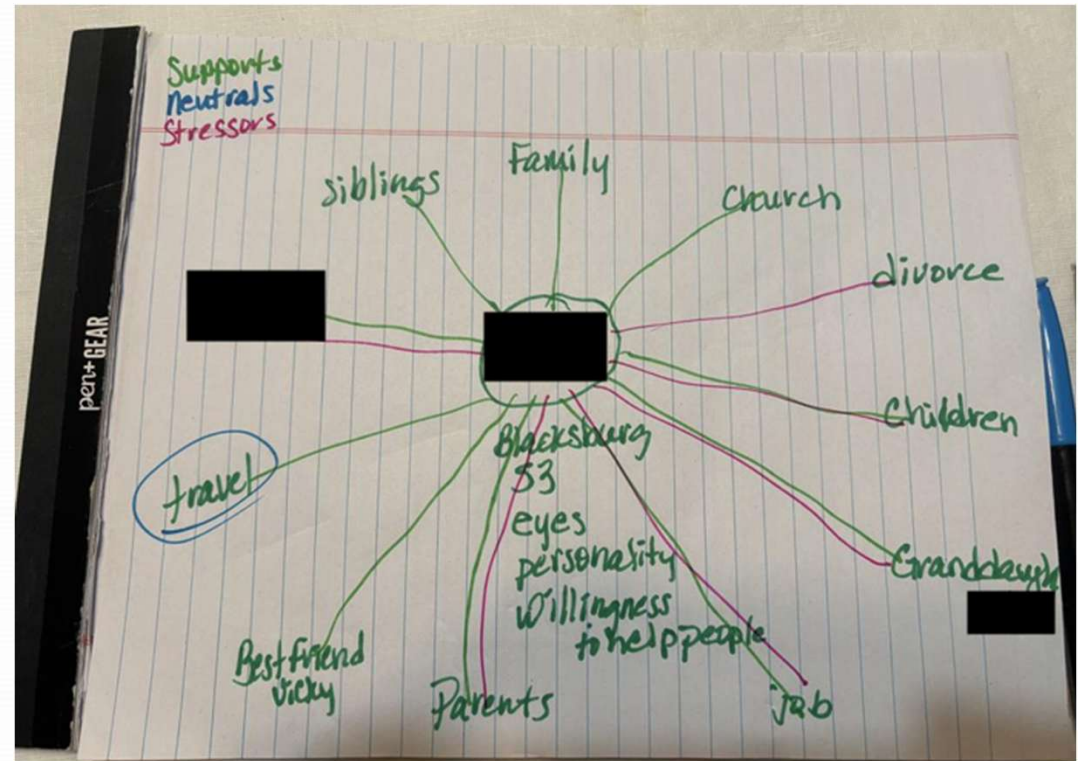
Purpose: create a pre-crisis plan
to help mitigate crisis and give
practical and individualized ideas
to utilize anytime/any place



Eco-Map

Completed with
everyone involved in FCT


Purpose: provide a visual depiction of everything in the person's life (school, work, husband, pets, shopping, church, etc.) and what energy it brings them (positive, negative, neutral)




Family Life Cycle-FLC

Completed with only adult caregivers

Purpose: layout a timeline of significant life events that may be impacting their current caregiving style

Family Life Cycle 

1.	CHILDHOOD	ADOLESCENCE	YOUNG ADULT	ADULTHOOD
Date:				
	2. How has your experience influenced your parenting?			
Name:	3. How was your FLC experience?			
	4. LETS MAKE A PLAN			
	What do you want to keep (do the same as you experienced)? What do you want to make different? What do you want to make new?			



Family Assessment Device-FAD

Completed with everyone
age 12yo and up

60+ question questionnaire
designed to identify areas of
need and ultimately provides
the AFF once all are compiled

This next section contains a number of statements about families. Please read each statement carefully and decide how well it describes your own family. You should answer according to how you see your family.

For each statement there are four (4) possible responses:

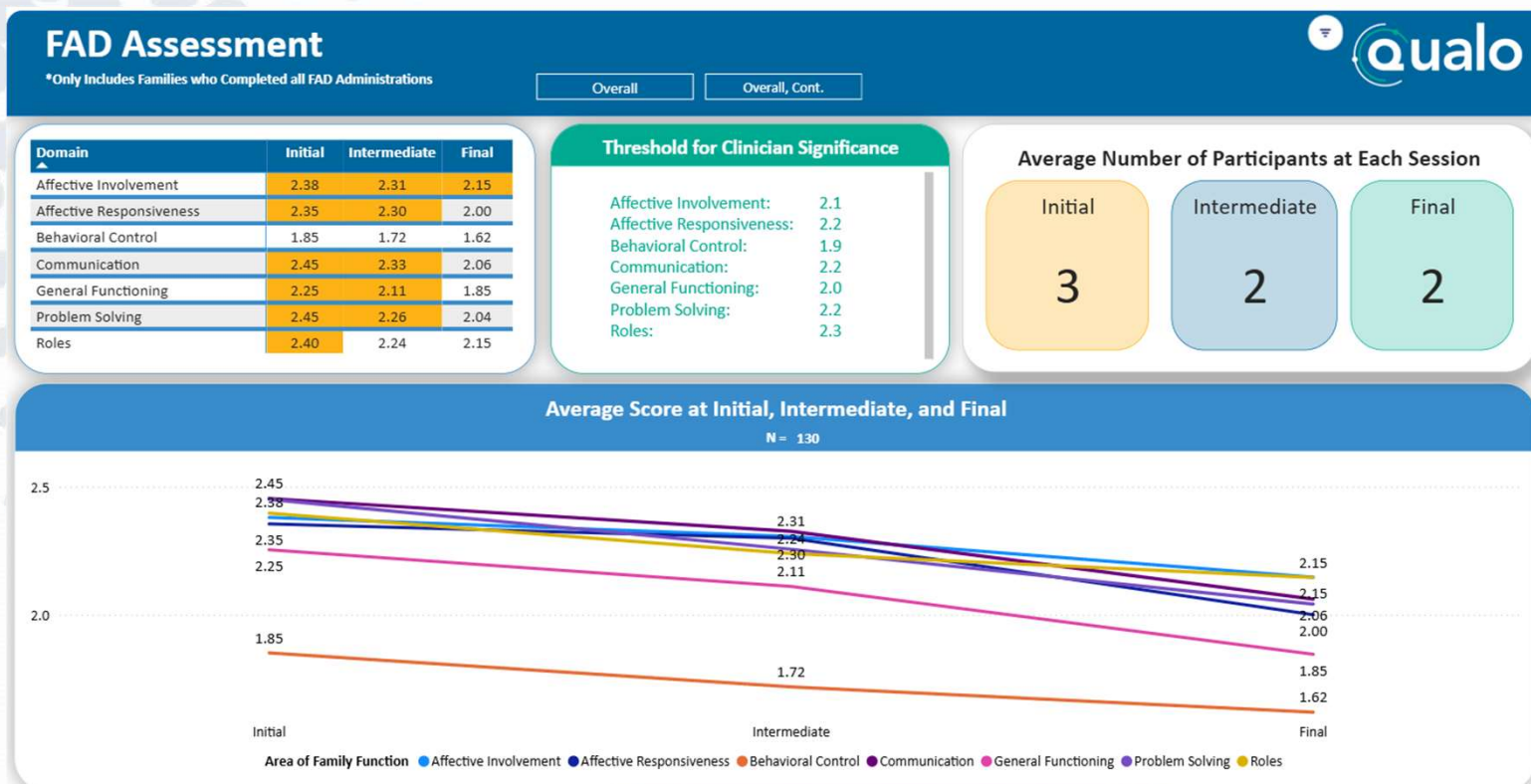
Strongly Agree (SA)	The statement describes your family very accurately.
Agree (A)	The statement describes your family for the most part.
Disagree (D)	The statement does not describe your family for the most part.
Strongly Disagree (SD)	The statement does not describe your family at all.

Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction. Please be sure to answer every statement and mark all your answers in the space provided next to each statement.

1. Planning family activities is difficult because we misunderstand each other. ☒ SA ☐ A ☐ D ☐ SD
2. We resolve most everyday problems around the house. ☐ SA ☐ A ☐ D ☒ SD
3. When someone is upset the others know why. ☐ SA ☐ A ☐ D ☒ SD
4. When you ask someone to do something, you have to check that they did it. ☐ SA ☐ A ☐ D ☒ SD



HTFS FAD results



Pediatric Trauma Assessment-CPM

Completed with identified client 11yo or older; if less than 11yo caregiver completes

Purpose: helps Practitioner to identify recent and past trauma

Sometimes violent or very scary or upsetting things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

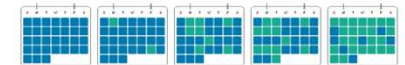
Has something like this happened recently? ☒ No ☐ Yes

Has something like this happened in the past? ☐ No ☒ Yes

If 'Yes,' what happened?

Car accident; 2022

Select how often you had the problem below in the past month. Use the calendars on the right to help you decide how often.



How much of the time during the past month...

1. I have bad dreams about what happened or other bad dreams. ☐ None ☒ Little ☐ Some ☐ Much ☐ Most

2. I have trouble going to sleep, waking up often, or getting back to sleep. ☐ None ☐ Little ☐ Some ☐ Much ☒ Most



HTFS CPM results

CPM-PTS - Overall

*Only Includes Families who Completed all CPM Administrations

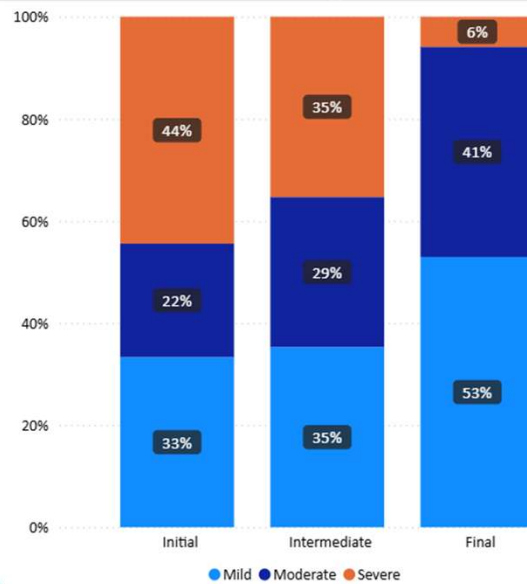
Overall

Overall Continued

Referrals

Trauma Stress Levels Through FCT Services for Families Completing all CPM Administrations

N = 16

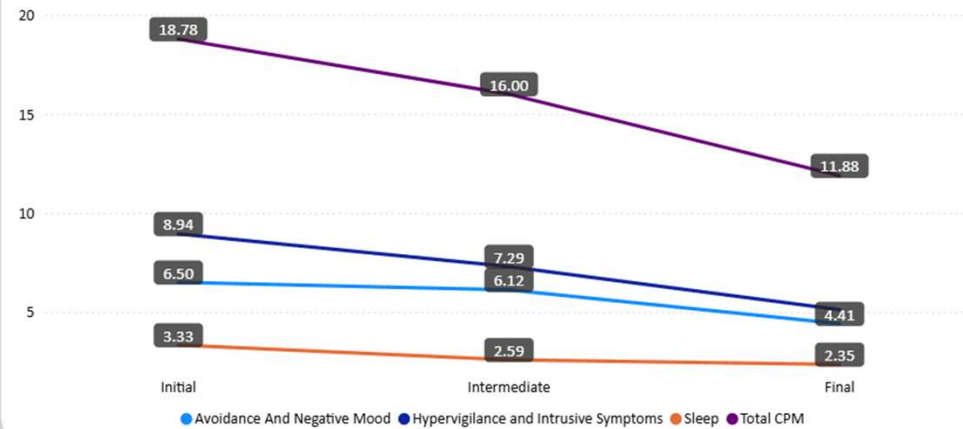


	Initial	Intermediate	Final
Avoidance And Negative Mood	6.50	6.12	4.41
Hypervigilance and Intrusive Symptoms	8.94	7.29	5.12
Sleep	3.33	2.59	2.35
Total CPM	18.78	16.00	11.88

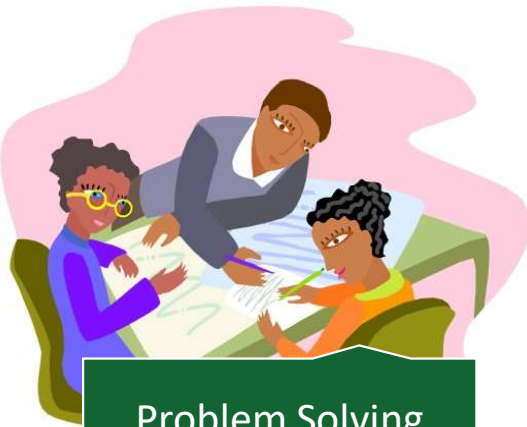
Trauma Stress Level Categories

Mild < 11
Moderate 11 to 20
Severe 21+

Score at Initial, Intermediate, and Final



Six Areas of Family Functioning



Problem Solving



Communication



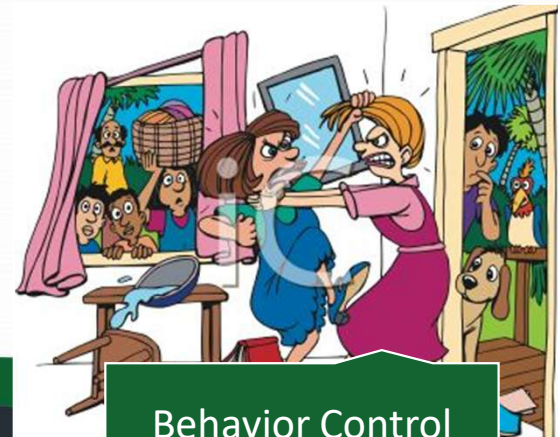
Affective
Responsiveness



Role Performance



Affective
Involvement



Behavior Control



FCT Document:	Date:
Joining and Assessment (10):	
Face Sheet (in Qualo)	Intake
Solution Cards	1 st session
Ecomap*	1 st week
Trauma Assessment (CPM-PTS) 1	1 st week
Family Assessment Device (FAD) 1	Within 14 days
Family Life Cycle (FLC)*	2 nd week
Structural Family Assessment (SFA)*	3 rd week
Case Introduction Form	3 rd week
Family Centered Evaluation (FCE)	30 days
Making Changes*	5 th week
Restructuring (5):	
MIGS (early in <u>phase</u>)*	2 nd month
Family Assessment Device (FAD) 2	3 rd month
Trauma Assessment (CPM-PTS) 2	3 rd month
MIGS (later in phase to show shift in <u>dynamics</u>)*	4 th month
Making Changes We Choose*	4 th month
Value Change (3):	
Family Giving Project*	5 th month
MIGS*	5 th month
We Did It on Our Own*	5 th month
Generalization (4)	
Our Plan for Difficult Times*	6 th month
Final Family Assessment Device (FAD)	6 th month
Final Trauma Assessment (CPM-PTS)	6 th month
Completion Summary Form (in Qualo)	Discharge



Enactment

Enactments are done with families during the second and third phase of treatment.

Families learn best by DOING and enactments are a great tool to help families practice the skills while also having the practitioner present to help guide and direct them.



Area of Family Functioning Goal



Issues Addressed

Additional Placement Info

Termination

Treatment Summary

Primary FCT Goal

Family Functioning...

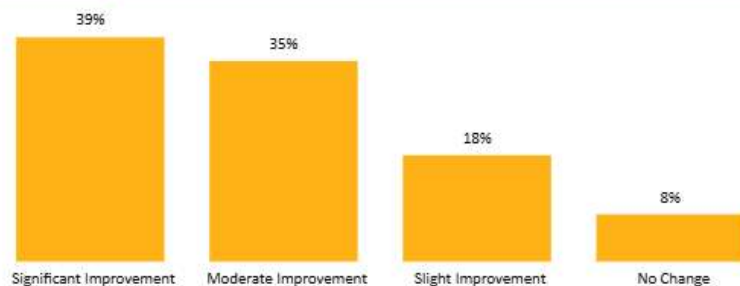
Additional Family Ratings

After Care Planning

Family Report As A Table

Family Report

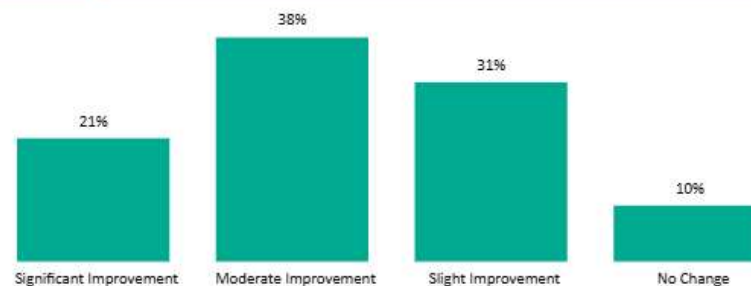
N = 49



Practitioner Report As A Table

Practitioner Report

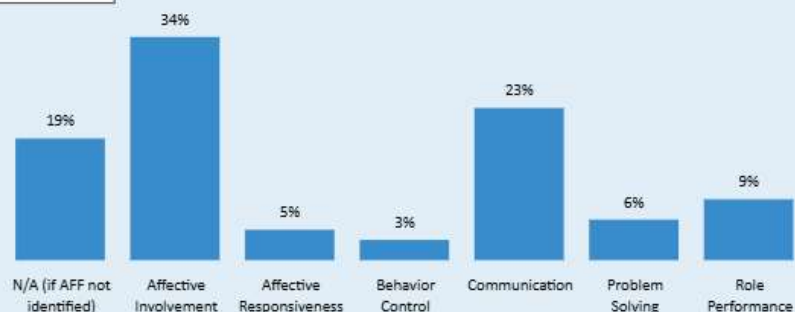
N = 52



Primary Area As A Table

Primary Area of Family Functioning

N = 64



Family Report Totals As A Table

Family Report Percentage

N = 52



Additional Family Ratings



Issues Addressed

Additional Placement
Info

Termination

Treatment Summary

Primary FCT Goal

Family Functioning G

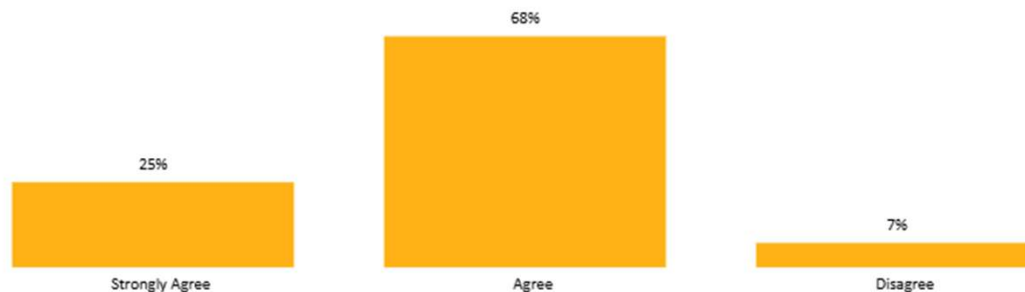
Family...

After Care Planning

Safety As A Table

Safety: We Created more safety in our family during FCT.

N = 56



How Many Family Members Participated
in 6 or More Sessions

N = 64

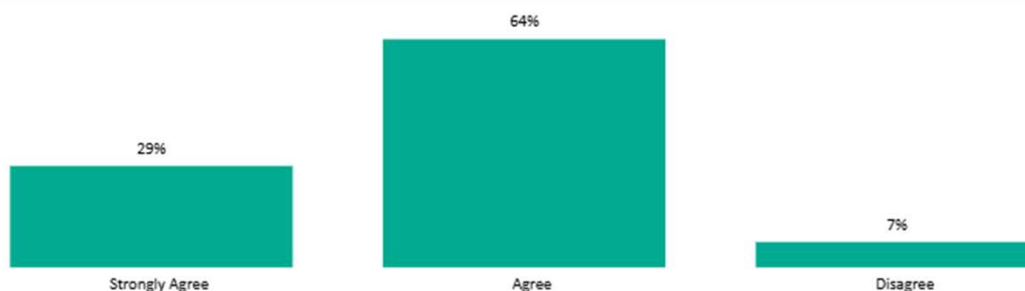
Members As A
Table

197

Treatment As A
Table

Treatment: What we learned in FCT has improved our family life.

N = 56



A Second Chance

Rebuilding Families Through Family Centered Treatment



In early 2024, one family found themselves at a crossroads, grappling with challenges that felt insurmountable and facing the heartbreaking possibility of losing a child. Struggling with drug abuse, self-harm, and behavioral issues, the family was desperate for a solution. Despite their best efforts with traditional counseling services, they received a chilling ultimatum: make significant changes or risk separation. It was then they were referred to HopeTree Family Services, where the Family Centered Treatment (FCT) program ignited a new sense of hope, offering them a chance to rebuild and heal.

What is Family Centered Treatment?

In order to understand how transformative this program can be, it's important to know what FCT entails. FCT is an evidence-based trauma treatment model committed to family preservation and reunification unless doing so is not in the child's best interest. Sessions are conducted in the clients' homes, which allows clinicians to engage the entire family. The treatment unfolds in four phases: joining and assessment, restructuring, valuing change, and generalization.

FCT recognizes that every family is unique, and each referral to the program comes with its own story. Yet, the common goal remains to identify the underlying factors contributing to a child's disruptive behavior and address them. For this family, it was their child's choices, such as using drugs, stealing, and missing school, which prompted a desperate need for change. These choices led to numerous hospital visits, instances of running away, and frequent family conflicts.

"I kind of felt like [my parents] were always just waiting for me to get in trouble," the child shared. "I was very secretive, so they had to look for stuff that could possibly put me in danger." During this time, the family felt like they were living in a constant state of chaos. "We barely talked to each other, and every time we saw each other we were pretty apprehensive," the child explained.

Although the family yearned for meaningful change, their previous experiences with traditional counseling left them skeptical about long-term success. "They worked for a small amount of time," the child shared. "I feel like I paid attention, but I was just very stubborn with changing myself."

Unlike traditional therapy models, FCT empowers families to take charge of their own treatment by setting and achieving their own goals. In collaboration with the clinician, families identify which methods are effective to help them reach realistic, sustainable goals for improvement.

Why a collaborative family approach?

A collaborative family approach allows practitioners to address a child's behavior while also identifying parenting behaviors that could thwart a client's progress. FCT acknowledges that each family member may have their own set of traumas and mental health needs, which, if left unaddressed, could contribute to the deterioration of the family's dynamics and resilience.

"A lot of times we want to change the children when really the change needs to happen with the parent first," said FCT clinician Allison Parker. "Once you make the change with the parents, it's going to trickle down to the children."

While the child fought their personal battles, they remained oblivious to the struggles their parents faced. One parent admitted to struggling with managing stress and communication before participating in FCT. In addition to concerns for their child, they had other children to care for, careers to manage, responsibilities to uphold, and a relationship to nurture. "I felt like my family was falling apart," they recalled. "I thought I was losing my child, and in turn, the stress was tearing us apart."

How does Family Centered Treatment work?

"My expectations for FCT were very low," the child shared. "I didn't expect it to work. I thought it was just going to make it worse." Initially, they imagined FCT would simply involve their clinician coming into their home to instruct them on "how to family." However, they soon discovered that FCT offered a transformative approach unlike any they had experienced before.

FCT depends on family involvement, so collaboration and engagement are essential for success. During the **joining and assessment phase**, practitioners focus on building rapport and understanding the family's needs. "We do an assessment with the family to identify their areas of family functioning," said Allison. "We do this three times during treatment, and the first time this family took theirs; the area they needed to work on was communication." This phase allows the family to individually express the changes they wish to see and enables the clinician to observe their family dynamics firsthand.

"You're at home, your guard is down more, and it allows her to see our interactions as a family and in a home setting," one parent noted.

Once everyone is familiar with one another, the FCT model transitions to the second phase: **restructuring**. This phase focuses on implementing changes through engaging activities that foster effective family interactions. "If your butt is sitting in the chair for longer than 15 minutes, then you're not doing FCT," said HopeTree Family Services Family Centered Treatment Program Director Maggie Cox.

"I really, for the most part, thought it was just going to be a lot of sitting and talking, but Allison always comes with the supplies and everything she needs for the enactment that is most beneficial to us," the parent explained.

The family openly acknowledges that they weren't on board with every activity suggested by their clinician. However, FCT is all about discovering what practices resonate best with each family. "It almost gives us second chances," the child shared. "Just because this one thing won't work doesn't mean nothing will."

Eventually, the family uncovered activities that became their favorites. One memorable exercise involved shattering a pot and writing on each piece things that could tear a family apart. "As a family, you put it back together, tape it up, and write on the tape the different activities and things you can do to put a family back together. That was awesome," the child recalled. Another activity involved each family member documenting their traumatic experiences year by year from childhood to gain insight into how those events shaped who they are today.

While FCT focuses on the entire family, practitioners also assign individual activities. "I had to use I statements because I wasn't speaking up for myself enough and putting forth what I needed," the parent shared. "It allows us to hear what we're not saying to each other and also shows us that it's okay to speak and to be heard."

For this family, each activity became a steppingstone toward improved communication. It allowed them to appreciate each other's perspectives and recognize what triggers misunderstandings. "As soon as Mom started being more open, the child started to be more open and listen, which was really nice to see," Allison shared.

The next phase of FCT, **valuing change**, encourages families to apply their new skills and implement activities without the clinician present. This phase is critical because it sets the stage for the family to sustain the changes made during treatment. "This allows us to make habits that we didn't have in the past and break some bad habits," the parent expressed. "Instead of just talking, we're doing part of the work too."

Recognizing communication as a challenge, the family set their own goals, such as having regular family dinners and implementing a chore chart to ensure accountability and minimize conflict.

"It saved my family,"

FAMILY-CENTERED TREATMENT PARTICIPANT

The final phase of FCT is **generalization**. During this phase, the family is preparing to successfully end the program and must create a plan to continue their progress independently. They noticed the small yet meaningful ways they were sustaining the lessons learned. "It went from us being able to talk to each other in front of Allison to becoming a routine almost," the child shared. "Now I feel like I get kind of anxious whenever I don't tell [my parents] something, even if it's minor."

With improved communication, they discovered that their family dynamic flows more smoothly, has less tension, and more compromise. "The child took responsibility and apologized for the things they had done that got us here," the parent shared. "Now we don't have to fight them tooth and nail to do what they should do as a child."

Transformative Outcomes

The family is excited to complete their treatment program. They're ready to apply the lessons learned, habits formed, and communication skills acquired to support one another through future challenges. Their transformative journey with the FCT program has not only fostered resilience but also reignited a profound sense of love and connection that will forever reshape their family dynamic. They look forward to carrying these insights into their daily lives and nurturing an environment where each member feels valued and heard. "I am extremely proud of them because they have done so well," Allison expressed. "I'm also sad because I don't get to work with this amazing family anymore. It's kind of bittersweet."

As they prepared to complete the program, the family reflected on their journey with gratitude. They credited the FCT program with not only saving their family but also helping them emerge stronger than ever. "It saved my family," the parent expressed. "I believe it's because of our struggles and the support from FCT that we've emerged stronger than ever."

FCT Necessitates:

- Identification of one adult or combination of persons who are responsible for 24/7 supervision to any participating children inclusive of foster placement and pre/post adoption
- Family is defined by the members themselves. It does not necessitate biological relationship and does not necessitate the inclusion of a child in the immediate family unit

A Referral can be made to FCT if one or any combination of the criteria below are impacting the family:

Trauma	Systemic Involvement	Mental Health/Substance Use/Crisis	Family Functioning/Family Reunification	Need for Alternative Services
<ul style="list-style-type: none">• Exposure to traumatic experience (acute, chronic, and/or complex) inclusive of crime, abuse, neglect, domestic violence, natural disaster, etc.• Societal trauma exposure inclusive of immigration, asylum seeking, human trafficking, systemic/institutional racism, poverty, etc.	<ul style="list-style-type: none">• Involvement with the child welfare system• Juvenile Justice System, Department of Correction, and/or Court Supervision Program involvement for any family member.	<ul style="list-style-type: none">• A behavioral/mental health diagnosis for any participating family member• Exposure to and/or experience with substance abuse**• Crisis or the cumulative effect of caring for a family member with chronic physical, mental, and/or behavioral health illness	<ul style="list-style-type: none">• Family Function deterioration (parenting/co-parenting problems, behavior concerns, poor patterns of attachment, adjustment to blended family, etc)• A family member, child or adult, is in an out-of-home placement with a plan to return home, is hospitalized or is incarcerated	<ul style="list-style-type: none">• Less intensive treatment has proven unsuccessful• Challenges adjusting to new life transitions inclusive of pregnancy, addition of foster/adopted child, grief, military member deployment or return, and/or severely impacting new medical/behavioral health diagnosis



Q&A



@fctfoundation



Family Centered Treatment
Foundation



@Familycenteredtreatment



Family Centered Treatment
Foundation, Inc



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CENTERED
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Family Centered Treatment Supervisor

Referrals can be made at:

hopetreefs.org/referrals

