

## Strengthening Family Coping Resources (SFCR): AT-A-GLANCE

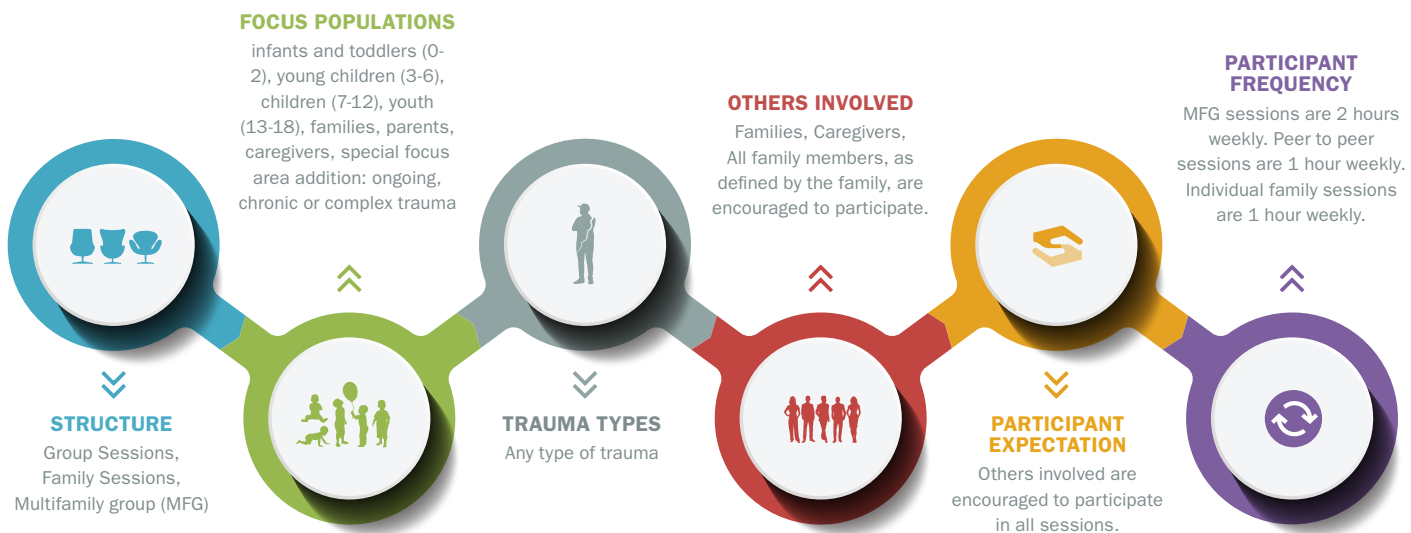
### What is SFCR?

SFCR is a manualized, skills-building intervention designed for families living in traumatic contexts, with the goal of reducing the symptoms of trauma-related experiences of children and adult caregivers. Specific to families who experience daily threats to their sense of safety, personhood, and future, the intervention also increases coping resources of children, caregivers, and the family system to help families boost their sense of safety, function with stability, regulate their stress reactions, emotions, and behaviors, and make use of valuable supports. Strengthening Family Coping Resources (SFCR) is an intervention model that was developed and prioritizes participation of Black people, Indigenous People, and People of Color (BIPOC) families.

### What are the goals of SFCR?

1. Decrease the impact of chronic trauma on multiple family members.
2. Increase the protective function of the family by improving constructive coping.
3. Assist caregivers to identify and build on the skills they need for healthy parenting in the contexts of their current family and across the next generations.

### What does SFCR look like?



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### ■ Additional Information

There are multiple versions of SFCR. The most popular are the multifamily group (MFG) and peer-to-peer (P2P) versions. There are 10-week and 15-week models of SFCR MFG. The 10-week model is for families who have been exposed to trauma and are at high-risk for continued experiences of trauma and for negative trauma reactions. The 15-week MFG and individual family trauma treatment (FTT) models are for families who have one or more family members experiencing negative trauma reactions. The 15-week model includes a co-constructed family trauma narrative to aid families in processing and moving beyond their traumatic experiences. Except in the P2P model, everyone in the family (as defined by the family) is encouraged to attend each weekly session. The SFCR P2P version is for parents/caregivers who feel that trauma is negatively impacting their parenting/caregiving and their family functioning.

### ■ What is the commitment?

The multiple versions of SFCR assume different time commitments from families. The 10-week and 15-week MFG models, ask families to attend sessions weekly for 2 hours. Each MFG session begins with a family meal. Breakout groups are also utilized by age group or family to encourage developmentally appropriate skill development and practice. For the peer-to-peer model of SFCR, parents/caregivers are invited to attend weekly sessions for 60-90 minutes. The course of the SFCR P2P groups can be open/drop in or closed and can range from 5-20+ weeks. The SFCR version for individual families can range from 15-25 weeks of 60 minute sessions. The course of treatment in this version is designed according to the needs and strengths of each family. Written assessment tools and interviews are used to monitor progress.

**LOCATION:**  
In your home,  
In a provider's  
office, Virtually/via  
telehealth, In a school,  
In a community  
setting

### ■ How do we know it works?

SFCR has Practice-based evidence, Research evidence, and Traditional Knowledge to support its benefits. SFCR was developed by Laurel Kiser in collaboration with colleagues and the SFCR Stewards, with and for families who identify as black and who live in urban poverty. The majority of children, youth, and families involved in the development of this model identified as black and underresourced, lived in a Urban environment, and spoke English at home. SFCR has been used with a wider variety of families including diverse racial and ethnic backgrounds. Additionally, there have been adaptations of SFCR for Latinx, German, LGBTQ+, families with young children, and teen parents. There are translations of SFCR materials available for children, youth, and families in Spanish and German. Learn more on page 3.

### ■ For more information explore the next several pages or check out:

<https://sfcrresources.org>

## SFCR: THE EVIDENCE

### ■ What types of evidence are available for SFCR?

- Best Practices
- Practice-Based Evidence
- Promising Practices
- Community-based Participatory Research
- Culturally and Socially Embedded Practice Based Evidence
- Traditional Knowledge
- Pilot Study
- Program Evaluation
- Quasi-experimental Research
- Unaddressed Community/Population Conditions Practice Based Evidence

### ■ Where can I learn more about the evidence?

- SFCR Website
- NCTSN Website
- California Clearinghouse
- “It was just good to have an outlet for other parents to talk to”: Feasibility and acceptability of integrating mental health and wellness services into predominantly Black early childhood education centers during the COVID-19 pandemic
- The Effects of a Multi-Family Group Trauma Intervention on Caregiver Posttraumatic Stress Symptom Clusters
- Integrating parents into child trauma treatment: Reviewing evidence and establishing core components
- Strengthening Family Coping Resources (SFCR): Practice-based evidence for a promising trauma intervention
- Strengthening Family Coping Resources: The feasibility of a multi-family group intervention for families exposed to trauma

### ■ How is SFCR measured in real time?

Providers implementing SFCR are encouraged to participate in the evaluation. The SFCR assessment protocol includes standardized measures of trauma exposure, trauma symptoms and behavior problems related to the child, mental health concerns and trauma symptoms of the primary caregiver, and measures of family functioning and coping.

### ■ What changes for the better as a result of SFCR?

SFCR is a manualized, strength-based intervention designed with the goals of decreasing traumatic stress symptoms in multiple family members and increasing healthy coping across the family system. Practice-based evidence collected by agencies across the country demonstrates the effectiveness of SFCR at meeting these goals.

*“It has truly been a blessing for us to be able to learn to understand each other on a deeper level and to utilize new ways to communicate and help each other grow to maximize our potential.”*

– Caregiver

### ■ What do the numbers tell us (i.e., quantitative data)?

Data: 18 sites evaluated SFCR with 310 families sampled and pre-post data submitted on 248 families. Results: significantly fewer children met criteria for PTSD by caregiver-report or scored above the clinical cut-off for moderate PTSD by self-report; caregiver PTSD and psychological symptoms were significantly reduced; significantly fewer families were functioning in the unhealthy range.

### ■ What do the stories tell us (i.e., qualitative data)?

Not only did families report feeling deeper connections with individual members, but by carving out time each week to work on familial relationships in SFCR, families were able to develop or re-establish coping skills and strengthen the appreciation they have for their own family. Many caregivers report that they felt less isolated when coping with various hurdles.

## SFCR: ADAPTABILITY AND ACCESSIBILITY

### ■ What is the history of SFCR?

SFCR was developed by Laurel Kiser using a research-based participatory process that included multiple stakeholders with life experience growing up in and raising Black families in under-resourced communities. A 2022 update of all of the content by a bi-racial team was completed. SFCR has been formally adapted for multiple populations including Latinx families, German families, and families raising LGBTQ+ youth. For example, the adaptation for Latinx families includes facilitator notes regarding “respeto”, the importance of paying respect, within cultural norms, to establish rapport and ensure engagement with key family members. Given that this is a trauma-focused treatment, notes encourage facilitators to delicately balance respeto with considerations for the importance of creating space and validation of children (or other persons lower in the hierarchy) to express their own experiences of the trauma.

### ■ How did SFCR developers proactively seek, incorporate, and learn from the perspectives of individuals and communities to ensure the model reflects the experiences of those most affected by trauma and system challenges?

Dr. Kiser conducted a cross-sectional study exploring relationships among trauma exposure, childhood traumatic stress, and family functioning with a majority Black sample. Dr. Kiser also conducted a qualitative study designed to explore the impact of chronic stressors on family life through the voices of primarily Black caregivers coping with urban poverty. Multiple focus groups and stakeholder interviews contributed to development of the content and format. Learning from the voices of targeted population groups is an ongoing mission of SFCR.

### ■ What is the role of SFCR providers in tailoring the model for individuals, families, and communities?

SFCR is a manualized intervention with enough flexibility to be tailored to the needs of families. Since family practices, such as coping skills, rituals, routines, mealtimes, and storytelling, are very heterogeneous, SFCR acknowledges and preserves this heterogeneity. To be acceptable to a wide variety of families, SFCR presents skills, processes, and structure while being content neutral.

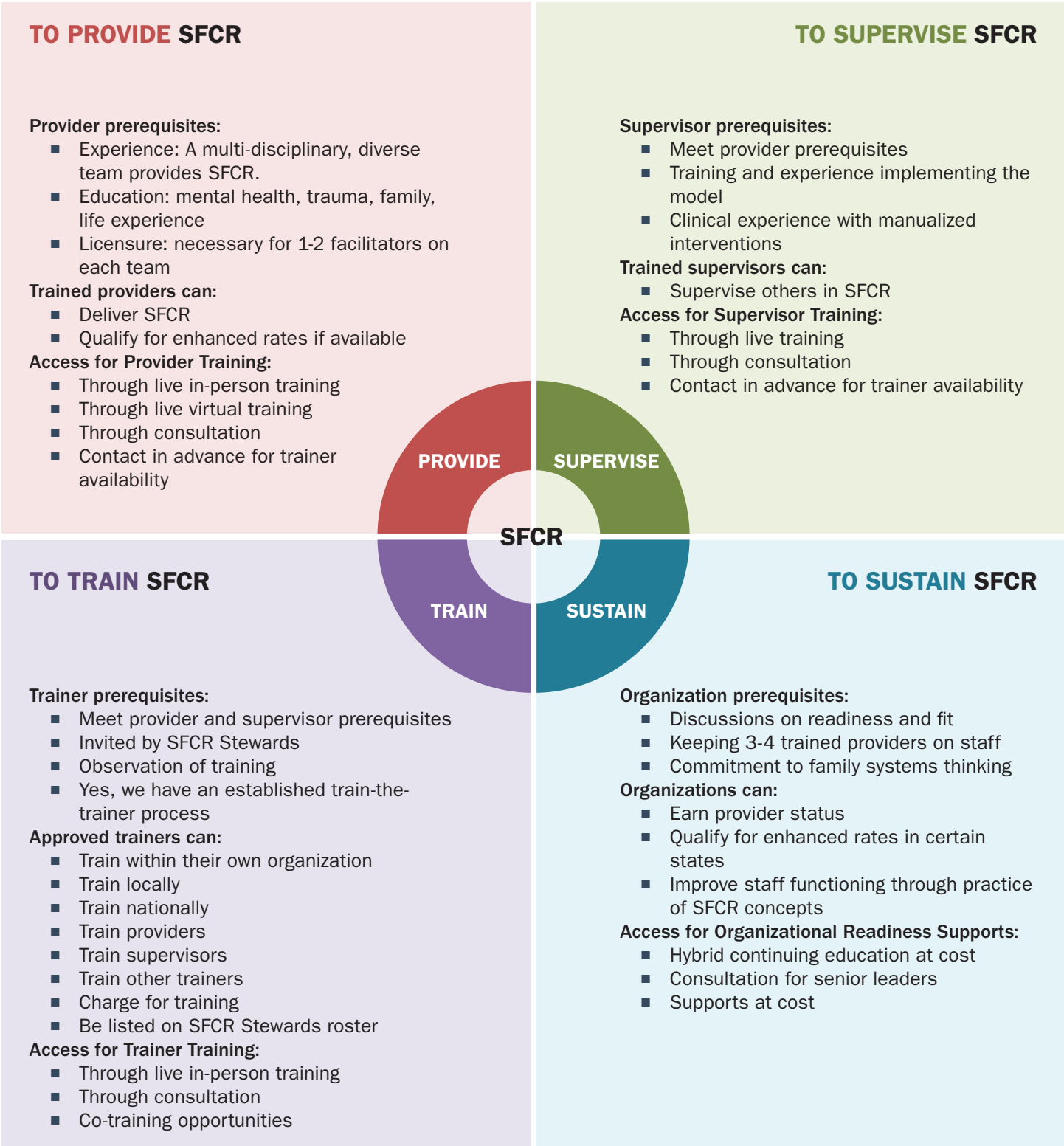
### ■ How are lessons learned from individuals, families, communities and providers used to keep improving SFCR?

Families and facilitators provide feedback after every session and at the end of each treatment. In addition, agencies and colleagues are invited to review the content and process of implementing SFCR and provide suggestions for improvement. Monthly meetings of the SFCR Stewards and an annual review meeting use all this information to determine strategies for improvement.

### ■ Resources and materials are available:

- In more than one language – English, Spanish, German. Translations were done using Bicultural language adaptation.
- In more than one format (multiple select below):
  - Materials were adapted for use within a telehealth delivery format.
  - Written materials can be used can be used verbally or through drawings
  - Media reflects providers and families that use the model: Diversity of families in terms of race and family structure
  - Space requirements for SFCR depend upon the version implemented, the size of families participating, and the ages of family members. For the multifamily groups, a space large enough for 5-8 families to sit at their own tables is required and break-out rooms are necessary.
- For more information on adaptation and access, contact Laurel Kiser at [lkiser@sfcresources.org](mailto:lkiser@sfcresources.org).

**SFCR:**  
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING



## SFCR: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

### PROVIDE SFCR

- **Training cost:** Depends upon variables such as which version is being implemented, size of organization and number of staff being trained.
- **Time Commitment:** Implementation of SFCR requires a process including pre-work assessment of fit and readiness, multiple training days required, and participation in on-going consultation. Booster trainings are also recommended.
- **Additional Details:** Additional information regarding training in SFCR is included in the manual.

### SUPERVISE SFCR

- **Training cost:** Training to be a supervisor does not cost rather requires significant time and experience with the model.
- **Time Commitment:** Supervising the model requires working with multiple families in whatever format is implemented with consultation from the trainers.
- **Additional Details:** Supervisors in SFCR should have experience leading facilitator teams in the model.

### TRAIN SFCR

- **Training cost:** Trainers are invited to join the SFCR Stewards' team after demonstrating experience with the model and championing SFCR within their agency or community.
- **Time Commitment:** Multiple years.
- **Additional Details:** SFCR Stewards provide training both within their organizations, locally, nationally and internationally.

### SUSTAIN SFCR

- **Training cost:** Depends upon variables such as which version is being implemented, size of organization and number of staff being trained.
- **Time Commitment:** Implementation of SFCR requires a process including pre-work assessment of fit and readiness, multiple training days required, and participation in on-going consultation. Booster trainings are also recommended.
- **Additional Details:** An organizational readiness worksheet is available for review.

To learn more about providing, supervising, training, or sustaining, please see [sfcrresources.org](https://sfcrresources.org) or email [lkiser@sfcrresources.org](mailto:lkiser@sfcrresources.org). For additional resources and related products, please explore: [sfcrresources.org](https://sfcrresources.org)

**Strengthening Family Coping Resources (SFCR): At-A-Glance** was reviewed and approved for accuracy by Laurel Kiser in July 2024.

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