Family Centered Treatment (FCT)©: AT-A-GLANCE

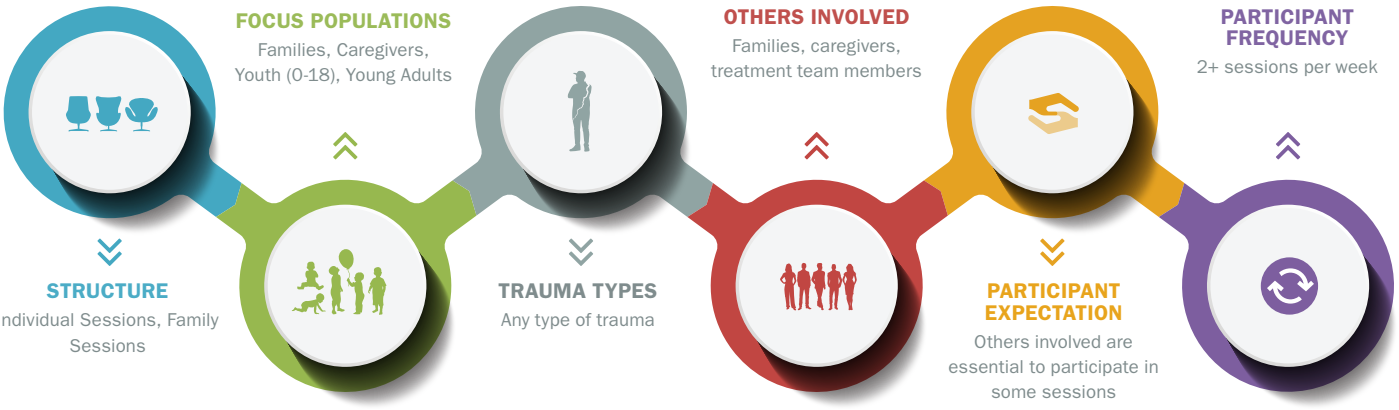
What is FCT?

FCT is an evidence-based trauma treatment model of home-based family therapy focusing on holistic, family derived goals related to family functioning, preservation, permanency, and reunification. FCT aides in identifying practical solutions for those faced with disruption or dissolution of the family due to external and/or internal circumstances such as child welfare, mental health, substance abuse, developmental disabilities, and juvenile justice. A core belief of FCT is that recipients are families with tremendous internal strengths and resources. Goals are collaboratively developed from these resiliency factors. Families engage in experiential activities inclusive of cultural, generational, systemic, and trauma influences. The 4-phase model is rooted in Eco Structural Family Therapy and Emotionally Focused Therapy enhanced with practitioner feedback and family voice. Families uncover inherent values and beliefs while restoring safety, belongingness and connectedness.

What are the goals of FCT?

1. Enable family stability via preservation of or development of family placement or reunification by fostering necessary shifts in family functioning that underly the causes of family dissolution.
2. Address maladaptive behaviors affecting family functioning by experientially practicing new interactions and learning the underlying function of the behaviors while developing an emotional and functional balance so the family can cope effectively with present and future challenges.
3. Support discovery and effective use of the intrinsic strengths necessary for sustaining change and upholding stability by incorporating generational, cultural and systemic influences of trauma while harnessing the power of giving and instilling hope.

What does FCT look like?



Family Centered Treatment (FCT): AT-A-GLANCE

Additional Information

FCT is designed to address sustainable family functioning over compliance. Successful family engagement is a primary goal of FCT; this core value is demonstrated via goals developed with families based on strengths as opposed to deficits. The basic tenants of FCT consider working with families as a privilege, not a right. Services are done with families, not to them, as demonstrated by collaborative note writing for each session. FCT promotes that the recipients of service are families with internal strengths and resources. Families harness these strengths along with the FCT principle of the power of giving to complete a Family Giving Project and devise a creative way to share their value and worth in their community.

What is the commitment?

LOCATION:
Anywhere you and your provider decide. In the safety of your home or in a neutral community setting.

FCT typically requires 6 months of treatment with an average of 50-70 face-to-face sessions. Generally, families receive 2 or more sessions per week for 4 or more hours per week. These sessions may comprise of individual, family, or involve various combinations of family members as appropriate. Sessions times are tailored to meet when the family is most in need. FCT practitioners are available 24/7 for crisis response. Families participate in between-session homework, and during sessions families provide their voice to indicate phase progression through completion of fidelity measures and transitional indicators.
All involved parties, professional and personal, invested in the family's success, are integral in the formulation of shared goals and ongoing goal attainment. Caregivers and children both participate in assessment, including written assessment tools such as the Family Assessment Device (FAD) and Care Process Model-Pediatric Trauma Screener (CPM-PTS), interviews inclusive of interactive drawing, and behavioral observations of the family interacting in their home environment.

How do we know it works?

FCT has practice-based evidence, research evidence, and traditional knowledge to support its benefits.

FCT was developed by practitioners working with families for practical solutions from real experiences for families faced with the disruption of their family due to external and/or internal stressors, circumstances, or removal of their children from the home due to the youth's or caregiver's behaviors or children returning from out of home placement. For more information, see page 3. The majority of children, youth, and families involved in the initial development of this practice identified as numerous ethnic/racial groups, lived in rural, urban, frontier, or mixed geographical area environments, and spoke English or Spanish at home.

Additionally, there have been adaptations of the practice. FCT-Recovery layers the evidence based, in-home treatment model of FCT, with sobriety support and interventions when there is substance misuse by a parent/caregiver. There are translations of FCT materials for children, youth, and families available in Spanish and Vietnamese. Learn more on page 4.

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

https://www.familycenteredtreatment.org/

FCT: THE EVIDENCE

What types of evidence is available for FCT?

- Best Practices
- Evidence-Based Treatment
- Practice-Based Evidence
- Promising Practices
- Traditional Knowledge
- Pilot Study
- Program Evaluation
- Quasi-experimental Research
- Randomized Clinical/Controlled Trial
- Test of Time Research
- Supported, Implemenation Science

Where can I learn more about the evidence?

- Family Centered Treatment Foundation
- FCT: Title IV-E Prevention Services Clearinghouse
- FCT: California Clearinghouse
- FCT Trauma Treatment Evaluation—Family Centered Treatment
- Effectiveness of Family Centered Treatment on reunification and days in care: Propensity score matched sample from Indiana child welfare data
- A Quasi-experimental Evaluation of Family Centered Treatment® in the Maryland Department of Juvenile Services Community Based Non-residential Program: Child Permanency. R. 2021
- Family Centered Treatment, Juvenile Justice, and the Grand Challenge of Smart Decarceration
- https://www.familycenteredtreatment.org/s/Youth-Outcomes-Following-FCT-in-MD-UM-SOSW-2015.pdf
- Family Centered Treatment—An Alternative to Residential Placements for Adjudicated Youth: Outcomes and Cost-Effectiveness
- FCT Definitive Report

How is FCT measured in real time?

Tracked outcomes include fidelity transitional indicators, phase progression, demographics, and clinical outcome measures. Families complete the FAD and CPM-PTS throughout treatment to assess progress. At closure, family and practitioner voices are captured with their perceived goal progress, placement of children, and reason for case closure.

> ***"It was hard at first because I didn't understand the process, but as I continued to engage, it all started to make sense. It's a bumpy ride. You will get a flat or two, but the journey is worth it."***
> – FCT parent of a successfully reunified child

What changes for the better as a result of FCT?

Children and families who participate in FCT demonstrate family-based permanency associated with children's safety, permanency goals, and well-being. Children who participated in FCT are more likely to remain in-home during their involvement with social services, as well as be reunited with their family in a shorter timeframe.

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

Historical data, 2016 to present, shows 89% of all families referred to FCT have a positive placement at closure. 98% of families who completed FCT treatment had positive placement at closure. 94% of FCT families engaged with their practitioner for more than 5 direct contacts. 90% of families agreed that FCT has improved their family life.

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

Through three decades and more than 40,000 families, empirical research has demonstrated that 9 out of 10 families maintain that the FCT model has not only had a positive impact on their lives, but the program's sustainable implementation has created an environment where families finally feel safe enough to heal.

FCT: ADAPTABILITY AND ACCESSIBILITY

- **What is the history of FCT?**

  FCT origins derive from practitioners' efforts to find practical solutions for families faced with forced removal of children from the home or dissolution of the family. In the 1980's, the first referrals came from juvenile justice for 'challenging' youth deemed in need of removal from their home and community. John Sullivan, PhD and his colleagues sought to bring successful practices from residential facilities and apply them to the home and community. A distinguished practice grew out of a mission to create opportunity for change for families emphasizing greatness by uncovering inherent strengths and values while living and modeling dignity, respect and connection. The model evolved and is continually adapted for maximum impact in a family's home environment which today spans national urban, rural, and frontier communities with inclusion of those influenced by child welfare, mental health, substance abuse, trauma, developmental disabilities, and juvenile justice. Read more here.

- **How did FCT developers proactively reach out to, center, amplify, and learn from the voices of those most impacted by racism and trauma?**

  FCT is rooted in obtaining input from families, practitioners & community leaders. Cultural, societal and generational influences shared by recipients create solutions for trauma and injustices. Families are invited to engage in surveys, share testimonials, and join FCTF committees. FCTF's affiliation with NCTSN expands knowledge and access to resources and experts are sought to train FCT staff.

- **What is the role of FCT providers in tailoring the model for individuals, families, and communities?**

  FCT Provider Organizations participate in local and statewide implementation teams comprised of internal FCT personnel and external community members. Skills labs and cohorts hosted by the FCT Foundation elicit feedback and the Foundation has an open-door policy that invites Providers to access any Foundation staff to share insights and suggestions. Foundation committees include Provider representation.

- **How are lessons learned from individuals, families, communities and providers used to keep improving FCT?**

  Internal FCT Foundation teams and committees routinely review feedback and suggestions resulting in numerous initiatives such as expanding outreach to rural communities, multi-lingual resources, guides for families and practitioners, training content provided in a variety of learning modalities, focus groups, and collaborative work groups. Family voice is our driving force.

- **Resources and materials are available:**
  - In more than one language – English and Spanish. Translations were done by professional translation services.
  - In more than one format (multiple select below):
    - Written, video and audio
    - Verbally, guides prompt experiential practice
    - Materials include Alt text and captions.
    - Media reflects providers and families that are of varying race, age, ability, and ethnicities
  - For more information on adaptation and access, please reach out to our Diversity, Equity, Inclusion and Belonging Team through Contact Us on the website.

FCT:
PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE FCT

Provider prerequisites:
- Experience: Home-based experience with youth and families
- Education: FCT Providers must have a minimum of a Bachelor's
- Licensure: Licensure is not required

Trained providers can:
- Deliver FCT
- Earn certification in FCT
- Qualify for enhanced rates if available
- Advance their certification level

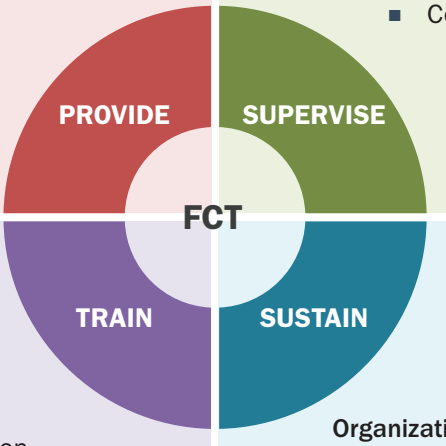
Access for Provider Training:
- Through live in-person training
- Through live virtual training
- Through pre-recorded training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability

TO SUPERVISE FCT

Supervisor prerequisites:
- Meet Provider Prerequisites
- Minimum Bachelor's
- Youth and family experience

Approved supervisors can:
- Supervise others in FCT
- Earn supervisor certification in FCT
- Provide consultation to others about FCT

Access for Supervisor Training:
- Through live training
- Through pre-recorded training
- Through consultation
- Through a training manual
- Contact in advance for trainer availability



TO TRAIN FCT

Trainer prerequisites:
- Level 1 and Level 2 FCT Certification
- Experience with the FCT Model
- Complete established trainer process (details on page 6)

Approved trainers can:
- Train within their own organization
- Train locally
- Train nationally
- Train providers
- Train other trainers
- Be listed on Model Purveyor tracks certification

Access for Trainer Training:
- Through live in-person training
- Through live virtual training
- Through pre-recorded training
- Through consultation
- Through a training manual

TO SUSTAIN FCT

Organization prerequisites:
- Discussions on readiness and fit
- Support a training infrastructure
- Commit to regular meetings dedicated to sustaining the practice

Organizations can:
- Earn endorsement, certification, and provider status
- Train new staff on the job by in-agency providers, supervisors, and trainers
- Qualify for enhanced rates

Access for Organizational Readiness Supports:
- Virtual/Hybrid/In-person continuing education at cost
- Consultation for senior leaders
- Assessment resources and supports included with FCT licensure

FCT:
MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE FCT

- **Training cost:** Training costs depend on the size and scope of program size. There are fixed costs for Year 1. Ex: a team of 10, on average, is $3000/month which covers all items necessary for full implementation.
- **Time Commitment:** Practitioners can work with families after completing 10 hours of initial online training, then complete remaining modules, skills labs and demonstration-based checkoffs. This process takes approximately 9-12 months. Recertification required every 2 years.
- **Additonal Details:** FCT Practitioners meet weekly for peer supervision and support. FCT qualifies for FFPSA funding. FCT is an EBP that qualifies for grants and Medicaid reimbursement. There is a sustainability train-the-trainer certification embedded in the model.

SUPERVISE FCT

- **Training cost:** All training cost are arranged through the finalized budgets associated with organization licensing. On average a team of 10 practitioners and 1 Supervisor would average $3000/month.
- **Time Commitment:** On average, FCT Supervisor Certification takes approximately 9-12 months. This process occurs simultaneously while the supervisor is providing direct supervision with FCT practitioners. Recertification is required every 5 years.
- **Additonal Details:** The Supervisor certification process includes Pre/Post Interviews, online FCT Supervisor Certification curriculum, passing scores on 5 supervisor demonstration-based checkoffs and completion of offline assignments submitted to the FCT Foundation.

TRAIN FCT

- **Training cost:** All training cost are built into the monthly organization cost outlined in licensing agreements. Cost may vary depending on the scope and size of the program.
- **Time Commitment:** Trainers are able to work on their FCT Level 1 certification and Level 2 Trainer certification while working with FCT families. Inter-rater relaiblity is completed with FCT Foundation personnel. This process takes approximately 12 months.
- **Additonal Details:** All Trainers must be Level 1 certified and must complete Level 2 inter-rater reliability checkoffs for 16 demonstration-based checkoffs with a Level 3 or higher. Recertification is required every 3 years.

SUSTAIN FCT

- **Training cost:** Training costs depend on the size and scope of program size. There are fixed costs for Year 1. Ex: a team of 10, on average, is $3000/month which covers all items necessary for full implementation. Tiered rate structure for subsequent years.
- **Time Commitment:** Organizations complete a Readiness Assessment pre-launch. Every 6 months an Implementation Driver Assessment® is completed. The designated stage of implementation determines time commitment from organization staff and leadership.
- **Additonal Details:** Organizational value congruence to the FCT Model is imperative. While Organizations are licensed, they are able to provide FCT within the scope the Licensing agreement. An annual Licensing Implemention Report® is conducted.

To learn more about providing, supervising, training, or sustaining, please see https://www.familycenteredtreatment.org/application-process or email: Info@FamilyCenteredTreatment.org.
For additional resources and related products, please explore: https://www.familycenteredtreatment.org

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