



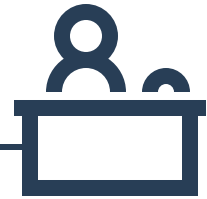
Family Centered Treatment | 2021 White Paper

Reunification: Providing Hope and a Plan with Family Centered Treatment®

Creating an effective alliance is integral to the process of enabling a successful reunion.



TABLE OF CONTENTS



03

INTRODUCTION

FCT's Early Start with Reunification
FCT: A Trauma Treatment



04

Key Components of Successful Reunification

Honoring the Family of Origin
Overcoming Common Barriers



05

Key Components of Successful Reunification

Integrating Trauma Treatment
Shared Caregiving

03

INTRODUCTION

Family Centered Treatment's Early Start with Reunification

Family Centered Treatment (FCT), an evidence-based model of home-based treatment, has origins that derive from practitioners' efforts to find 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 external and internal stressors and circumstances. A distinguished practice, based on the work of William E. Painter Jr, MS, grew out of a desire and mission to create an opportunity for change for families that were seemingly stuck in a downward spiral. FCT became applicable to so many populations in that only the most challenging cases were referred during its inception. At that time, funding was only available for youth who had been determined to be in need of placement out of the home and community. These children and youth were to be placed in institutional settings such as juvenile detention centers, psychiatric hospitals, residential treatment facilities, therapeutic foster homes or kinship care. Two themes became apparent among families served, a high prevalence of trauma and when that trauma is addressed in partnership with all parties involved, successful reunification is possible.

FCT: A Trauma Treatment

Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. FCT has worked with and continues to work with all of these facets when serving families.

Although exact prevalence estimates vary, there is a consensus in the field that most recipients of mental health services have experienced a traumatic event and that their trauma experiences help shape their responses to outreach and services. Likewise, some form of systemic trauma to one or more individuals has been identified in >70% of referred FCT cases. Here is what FCT has proven to be true: Healing is possible.



Each year 25-30% of families receiving FCT enter services as reunification cases. Children and families who participate in FCT fare better than children and families who do not participate in FCT. The MENTOR Network, an FCT licensed provider who delivers FCT in California, Maryland, Massachusetts and Ohio, demonstrated 90% successful reunification during 2014-2018 for 917 youth receiving FCT. Children who participated in FCT were more likely to remain in-home during their involvement with child welfare, were reunited with their family in a shorter timeframe and more likely to be ranked as 'conditionally safe' and 'safe'.

04

Key Components of Successful Reunification

Successful reunification is best achieved when 4 key components are in place:



Honoring the Family of Origin



Overcoming Common Barriers



Integrating Trauma Treatment



Shared Caregiving

Honoring the Family of Origin

Parental ownership is imperative, even when the child's behavior has prompted the placement. The reason(s) for placement must be honestly addressed. Children are naturally egocentric. When gaps exist in a story, they fill in the blanks oftentimes with the belief the consequences are their fault. For parental authority to be regained, the system must collaboratively define the parental authority as the ultimate authority. Their involvement in the treatment plan must start as soon as possible. Assessing for potential treatment barriers, past traumas, and access to needed resources must occur before reunification can begin. Relapse on part of parent or child during the early stages of reunion is seen as part of the process and therefore as progress and not to be interpreted as failure. FCT incorporates joining activities with all family members to learn the family's history, experiences, cultural influences, fears and hopes in our initial phase of treatment. Throughout FCT, these influences are welcomed into the treatment process to ensure the family is an active participant in the process, not merely a recipient of a service.

Overcoming Common Barriers

Successful reunification must prioritize acknowledging and understanding the barriers. The family of origin may have anger, mistrust, and or resentment toward the child(ren) and/or may have feelings of hopelessness and shame towards the placement caregiver and/or the child welfare or juvenile justice system. The child(ren) may have anger, confusion, or mistrust towards their parent, the placement caregiver and/or the system. The placement caregiver may also experience anger and mistrust toward the parents. Barriers of the system's doubt, mistrust, and skepticism towards parents and a pervasive false belief by the system that relapse equates to failure. In FCT, we do not see failure. We view setbacks or relapse as part of the process. Challenges are opportunities and are indicative of change occurring. Everyone's willingness to collaborate and buy into this notion generates a true team approach where vulnerability is respected, honesty is expected, and expression of feelings is viewed as success.

05

Key Components of Successful Reunification

Integrating Trauma Treatment

FCT's progressive approach of taking trauma treatment out of the office and into the home for multi-generational usage ensures the FCT trauma components are woven into the entire family system. For reunifying families, this means preliminary sessions held separately with the child(ren) and family members to 'practice' visitation and reunification prior to the full return home.

FCT is effective in working with families with experiences of multiple primary trauma types: exposure to and/or victims of violence, neglect, emotional, physical and sexual abuse, abandonment, losses, complex trauma and domestic violence. Included are families with the effects of multiple placements including adoption disruption and families with secondary trauma from medical complexities.

Our theoretical framework is that behaviors are functions of needs. This perspective is demonstrated by assessing the family unit; not just individual members. Thus, the FCT perspective is that the area of family functioning that led to the events of trauma are often the result of unmet needs of the family as a unit. Identifying those needs, processing traumas, and strategic reintegration ensure all families members' attributes are included into the reunification plan.

Shared Caregiving

The notion of shared caregiving means that if and when possible, the child(ren), the family of origin, kinship caregivers, foster/pre-adoptive parents, and/or out-of-home placement caregivers are partners in the reunification plan. The benefits include: 1) maintaining the child's relationship with the family of origin, 2) providing placement caregivers and stakeholders with a realistic picture of the family's strengths and needs, 3) keeping both placement caregivers and the family of origin informed about the changing needs of the child, 4) modeling appropriate behavior and parenting skills for the family of origin, 5) removing a source of potential conflict for the child (choosing between caregivers), and 6) creating a space where adults involved in their lives are connecting and communicating. The child can focus on being a child.

Shared caregiving supports engagement in the process of healing from past trauma and builds bridges. It is valuable for the child to understand their past and where they came from. This allows the child to move forward without guilt, self-blame, or shame. True partnership ensures the well-being of the child is the ultimate focus. Collectively this establishes communication pathways between the family of origin and placement caregiver(s) and provides the family of origin the opportunity to show support and involvement while the child is placed. All involved parties can celebrate a sense of PRIDE that they are helping not just the child but the entire family! Everyone is keeping hope alive.

Children learn valuable life lessons when the four components for successful reunification are implemented. They learn that both they and their parents are safe. An internalized sense of safety is the primary need for all children. They learn that all involved adults are working as a team to be open and honest. Trust is re-established. Expectations are the same across all settings therefore creating stability. The child discovers that although the parenting styles of the caregivers and his/her parents may differ, they support and respect each other and do not talk about each other negatively. This models effective conflict resolution. Goals are set together, plans are made together, and hard work is being done together. Hope is restored.