
FAMILY CENTERED TREATMENT: SPREADING CHANGE AND GIVING BACK TO THE COMMUNITY

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SNAPSHOTS OF CHANGE: CLINICIANS' FCT SUCCESSSES

Shay Cunningham is the Director of Program Operations at Pinnacle Family Services in Charlotte, North Carolina. She described a family consisting of a sixteen-year-old living in the home with her biological parents and grandmother. The family was initially referred due to the teenager's outbursts, aggression displayed toward her mother, and resulting hospitalization.


During the FCT process, a number of changes took place in the family system. The mother adjusted her work schedule to better accommodate her child's needs. Through this change and other efforts, she was able to establish more structure and consistency within the home and her parenting style. During the course of treatment, the family also discovered that the daughter was autistic. Accordingly, further treatment and support was pursued and provided through FCT and additional services. The case was closed successfully, proceeding with step-down to a lower level of care and treatment for the child.

Introduction

To the professionals who are familiar with Family Centered Treatment (FCT), the efficacy of the model is clear. The results of FCT are perhaps best illustrated through the stories of clinicians. To share the positive experiences of professionals in the field and the beneficial results of FCT, a number of clinicians were interviewed regarding family case details, significant case turning points, the Family Giving Project, and the impact of FCT. The results are summarized as follows.

Case Details: Overview

Interviewed clinicians described cases and families with widely varying characteristics, covering a variety of ethnic groups, ages, family structures, personalities, and treatment issues. Family members ranged from 2-year-olds to 70-year-old grandparents, and treatment issues included communication patterns, parenting behaviors, affective involvement, and family roles. Reasons for initial referral varied similarly, including cases involving truancy, conduct at school or in other settings, drug use, and neglect. The diversity of these situations shows not only the full spectrum of possibilities within Family Centered Treatment cases, but also demonstrates how widely definitions and images of family vary within client populations.



According to the mother, FCT provided a stark contrast to previously-used agencies and services which functioned as a “band aid” responding to existing concerns. Unlike these services, she claimed, FCT was able to address the root of family issues: namely, her parenting skills. She argued that while other services may allow clients to tell clinicians “what they wanted to hear,” FCT held her family accountable and helped to form long-term solutions to their challenges.

Eugene Yemofio, a training supervisor with First Home Care in Richmond, Virginia, described a family consisting of a mother and her seventeen-year-old son. Two older siblings lived outside the home, and the son’s father was also involved in his life. Living slightly above the poverty line, the mother was striving to climb out of poverty. The family was originally referred for FCT from the Department of Juvenile Justice after the son exhibited fighting in school, truancy, and marijuana use, leading to a recommendation for intensive in-home care.

The mother had grown up in an abusive, strict household and dropped out of school at age sixteen while pregnant with her son. She expressed that she only knew how to parent in ways that she had been taught growing up. Parenting issues were further exacerbated by the vastly differing parenting styles of the teenager’s mother and father: the client felt that his mother was overly strict, while the clinician reported the client’s father as more permissive.



In one example, for instance, the client system included a single parent and her son; in another, two biological parents, multiple children, and a grandparent. In another case, a family encompassed four children and multiple parents, including previous partners.

This variety in families speaks to the need for services, including FCT, to provide utility to family systems of all types, with clinicians taking into consideration all of their unique defining characteristics. Furthermore, the progress seen across such a spectrum illustrates the cultural applicability of FCT and the treatment model’s success when applied to a wide range of families and groups.

Turning Points: Significant Shifts in Treatment

The overarching goal of FCT is change: namely, family-driven, enduring value change rather than temporary behavioral adherence. Accordingly, under FCT, clients and stakeholders can -- and hopefully should -- undergo considerable shifts in behaviors and attitudes throughout the change process. Interviewed clinicians described witnessing such transformations fostered by FCT in their practice.

For instance, in one case described by Jason King (Ireland Home Based Services; Evansville, IN), a mother who had been struggling with depression underwent a breakthrough under Family Centered Treatment: she felt she wanted to be “active in [her] own life” again and became focused on improving her personal habits, living environment, and parenting skills for the betterment of her family.

Through completion of the Family Life Cycle (FLC), the mother gained a better understanding of the impact of her parenting style. She felt that she had pushed her children “out of the house and into the streets.” Using FCT, Eugene was able to demonstrate why her parenting techniques were not effective. The mother was able to link her childhood experiences to her current life, her parenting behaviors, and their impact on her son’s behavior.

“The joining phase was powerful,” Eugene noted. Though this phase was challenging, during joining she began to view her experiences differently. With Eugene’s clinical aid and the use of FCT, the mother developed problem-solving abilities to think through her decisions and radically changed her parenting behaviors for the benefit of the family.

With successful closure came a number of changes. The client was no longer on probation, graduated from high school, and enrolled in community college. The family had two different Family Giving Projects: firstly, Eugene linked the family to another family with similar issues, encouraging the family to share their story.

As a result, the second family was able to identify past challenges and areas for future improvement. Through this project, the family practiced building on their strengths and emphasized the importance of giving back to the community. For their second Family Giving Project, the family partnered with Meals on

Eugene Yemofio of First Home Care (Richmond, VA) described a similarly critical breakthrough in a previous case: “The joining phase was powerful.” The parent, the mother of a 17-year-old son, was able to view her current parenting behaviors through the lens of her traumatic

childhood and adolescent experiences. This insight, sparked by clinician-client discussions and completion of the Family Life Cycle (FLC), allowed her to

“The joining phase was powerful.”

--Eugene Yemofio, FHC

see the impact of her parenting style on her family and modify her approach and future interactions with her son.

Treatment Outcomes

All clinicians interviewed described positive treatment outcomes and significant progress made in chosen FCT cases. The cases described ended in successful closure and step-down to a lower level of care. Clinician Starr Griffin described one such success story:

Starr Griffin, a clinician with Lifeline Youth and Family Services in Fort Wayne, Indiana, detailed a case involving a 22-year-old pregnant mother, a 26-year-old father, and two young children under the age of three. Initially referred due to child abuse, neglect, and drug use, the family was facing issues including unsafe home conditions, challenges with mental illness, and failure to manage medication. Throughout the course of FCT, the mother became more engaged with her children, began potty training, and made strides in improving the conditions in the household. The father began a full-time job and the parents resumed taking medication for their mental health. “FCT was a major success for this family,” Starr explained. She was able to work with the father on relapse prevention, parenting skills, and emotional expression. “The father really started to open up, and I was able to work with him to become more independent, take care of himself, and help with the children.”

Wheels and delivered food to eight families. This project was particularly well-suited to the family, as the mother was a taxi driver. She felt that people, including her children, often took small things for granted and wanted to use the Family Giving Project to instill a sense of appreciation and the value of the importance of caring for others in her children.

Jason King is a clinician with Ireland Home Based Services in Evansville, Indiana. He detailed one of his past cases with a family system consisting of a mother, her two sons (aged 5 and 10), her 13-year-old daughter currently in placement, her ex-husband, and her boyfriend. The mother was initially with her ex-husband, who was in prison; after his release, she was dating the boyfriend while still living with her ex-husband. Attempts were also made to involve the sons' biological father. Navigating these complex relationships was a necessary part of treatment: as Jason stated, "Getting all the family on the same page was challenging." The family was referred for FCT when the younger son was repeatedly found outside without supervision and domestic violence led to removal of the children from the home.

With help from FCT and Jason, the family worked on communication by learning to understand and alter their patterns of behaviors. "They were able to show me -- and each other -- how they disagreed and interacted when they didn't get along, and resolve those conflicts."

(For other case highlights, see "Snapshots of Change: Clinicians' FCT Successes" sidebar.)



Benefits of Family Centered Treatment

"I loved working directly with the families!" said Evaluz Negron, Director of Program Operations at Pinnacle Family Services (Raleigh, NC). She framed experiencing changes from the beginning of treatment, during the joining phase, and beyond to the end of treatment as an "awesome feeling." "It is rewarding to see the growth within the family system. FCT allows you to work with the family and celebrate their small successes along the way -- even if [these successes are] something like the family sitting down eating dinner together, it is progress from treatment."

Clinicians emphasized the bonds between clinicians, families, and other stakeholders and the powerful potential for change. "Allowing the family to see themselves through a different lens can help them make changes in a positive direction," Evaluz Negron added. Multiple clinicians highlighted the joining phase as particularly crucial to developing these connections.

However, at all stages of the treatment process, the FCT model fosters growth for clients and clinicians alike. Regardless of clinical progress within the model, the FCT program allows clinicians to "continue to grow personally and professionally," stated clinician Starr Griffin.

Over the course of treatment, the family was able to establish rules and expectations for the two sons. The mother, who had been struggling with depression and feelings of passivity, had a breakthrough: she wanted to take a more active role in her life. She became much more proactive in parenting, enforcing rules, and activities of daily living. Her partner also became a stay-at-home parent, taking on responsibilities of cooking and cleaning. Although the sister remained in placement, the rest of the family was successfully reunified and the case was closed, with the family proceeding to organize a Family Giving Project involving assisting neighbors with outdoor chores.

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—Jocelyn Stephens, Pinnacle Family Services



“I think the model is the best out there, because it really allows the clinician to focus on the family.”

—Tammy Sparks, Pinnacle Family Services

Tammy Sparks of Pinnacle Family Services spoke positively of her past experience in the field implementing the FCT model. “I think the model is the best out there.” She identified FCT’s focus on the family system rather than an individual as key to its success. In comparison to other programs, she stated, FCT allows clinicians to work in the home, starting change with the whole family. Furthermore, its interactive, family-focused nature “allows the family to do the work”. She described these unique aspects of the model as “what really made [her] fall in love with FCT”.

Jocelyn Stephens of Pinnacle Family Services agreed FCT's incorporation of the entire family system into treatment was crucial. “New clinicians usually work directly with the child... The model forces clinicians out of their comfort zone,” she stated. “FCT is a systemic model and will completely change the way a clinician views mental health. We produce the most efficient clinicians who are very passionate about what they do.”

Giving Back: Family Giving Projects

Family Giving Project activities described by clinicians included donating clothes for charity, completing chores for neighbors, working in a soup kitchen, writing letters to a military family, connecting with and providing resources to other families, and delivering food for Meals on Wheels. As clinician Tammy Sparks remarked, the Family Giving Project can be “very therapeutic” for families, allowing them to give back and do something meaningful for others. “[The Family Giving Project] is a great way for families to give back to the community as well as strengthen their family bonds,” added Jocelyn Stephens. Evaluz Negron stated: “The FGP really teaches them the power of giving and the impact that it has on others and themselves. I love [the project]; it truly empowers the families to go beyond their comfort zone and support others.”