

# Functional Family Therapy (FFT)



## TARGET POPULATION

- At risk youth (ages 12-18) and their families



## LENGTH OF PROGRAM

- 12 to 14 sessions
- Spread over 3-4 months



## FOCUS OF TREATMENT

- Conduct Disorders
- Violence and acting out
- Drug and alcohol use



## OUTCOMES

- Improve conduct problems, delinquency and criminal behavior, gang involvement, and drug/alcohol use
- Improve school attendance and social behaviors
- Strengthen family relationships

## PROGRAM OVERVIEW

FFT improves family communication and support, while decreasing negativity and dysfunctional behaviors. The program targets parenting skills, youth compliance, and behaviors. FFT is effective for youth and their families in various cultural contexts.

# Functional Family Therapy Child Welfare (FFT-CW)



## TARGET POPULATION

- Youth (age 0-17) and families in child welfare settings



## LENGTH OF PROGRAM

- Weekly sessions for 5-7 months



## FOCUS OF TREATMENT

- Child/Adolescent: criminal behaviors and acting-out; fighting; drug and alcohol use; depression and anxiety; and preventing outplacement (foster care, residential, acute hospitalization)
- Parent/Caregiver: abusive or neglectful parenting behaviors; violent behaviors; drug or alcohol use; criminal involvement



## OUTCOMES

- Prevent youth or family member outplacement
- Decrease need for social services
- Reduce/eliminate domestic violence, child abuse, harsh discipline/punishment, and family conflict

## PROGRAM OVERVIEW

FFT-CW involves the family and other support systems during the individual's treatment. All sessions involve key family members. The involvement of external support and family support networks is very important for maintaining long-term behavioral changes.

# Homebuilders



## TARGET POPULATION

- Families with children (ages 0 to 18) at risk of placement into foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities
- OR children already in these placements who need therapy before returning home



## LENGTH OF PROGRAM

- 3-5 sessions per week; each session lasts 2-hour
- Treatment lasts 4-6 weeks



## FOCUS OF TREATMENT

- Noncompliance
- Behavioral/emotional problems
- Aggression/anger
- Skipping school
- Running away



## OUTCOMES

- Reduce child abuse and neglect
- Reduce family conflict
- Reduce child behavior problems
- Families learn skills to prevent placement or successfully reunite with their children

## PROGRAM OVERVIEW

Homebuilders is an intensive treatment program focused on family preservation. This program is designed to prevent unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The program model engages families by delivering services to their homes. Family members act as partners in goal setting and treatment planning.

# Multisystemic Therapy (MST)



## TARGET POPULATION

- Youth (ages 12-17) with possible substance use issues who are at risk of out-of-home placement due to dysfunctional or delinquent behaviors
- Youth involved with the juvenile justice system



## LENGTH OF PROGRAM

- 3-5 months
- Frequency of therapy varies



## FOCUS OF TREATMENT

- Involvement in the juvenile justice system
- Preventing out-of-home placement
- Physical aggression
- Verbal aggression/threats
- Drug and alcohol use



## OUTCOMES

- Reduce the frequency and severity of the youth's bad behaviors
- Empower parents with the skills and resource to:
  - Independently address the challenges of raising children and adolescents
- Empower youth to cope with family, peer, school, and neighborhood problems

## PROGRAM OVERVIEW

Multisystemic Therapy (MST) is an intensive family and community-based treatment for serious juvenile offenders with possible substance use issues and their families. The main goals of MST are to decrease youth criminal behavior and out-of-home placements.

# Nurse Family Partnership



## TARGET POPULATION

- First-time, low-income mothers (no previous live births)



## LENGTH OF PROGRAM

- Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday
- Clients are able to participate in the program for two-and-a-half years and the program is voluntary



## FOCUS OF TREATMENT

- First-born child of a mother with low-income status
- The mother initiates the treatment during pregnancy



## OUTCOMES

- Improve pregnancy outcomes by promoting healthy behaviors
- Improve child health, development, and safety
- Enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment

## PROGRAM OVERVIEW

The Nurse-Family Partnership (NFP) program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday.

# Parent Child Interaction Therapy (PCIT)



## TARGET POPULATION

- Children (ages 2-7) with behavior problems and dysfunctional relationships with parents/caregivers
- Treatments involve parents, foster parents, or other caretakers



## LENGTH OF PROGRAM

- 1-2 therapy sessions per week. Each session is 1-hour long
- Treatment lasts 10-20 sessions or until positive changes occur



## FOCUS OF TREATMENT

- Child: noncompliance, aggression, rule breaking, disruptive behavior, dysfunctional attachment to parent
- Caregiver: Ineffective parenting styles (e.g., permissive parenting, authoritarian parenting, and overly harsh parenting)



## OUTCOMES

- Build close relationships between parents and their children
- Increase children's organizational and play skills
- Decrease children's frustration and anger
- Enhance children's self-esteem
- Improve children's social skills such as sharing and cooperation

## PROGRAM OVERVIEW

Parent-Child Interaction Therapy (PCIT) is a behavioral intervention for children and their parents/caregivers that focuses on decreasing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child relationship.

# Preschool-PTSD Treatment (PPT)



## TARGET POPULATION

- Children (ages 3-6) with post-traumatic stress disorder (PTSD) symptoms



## LENGTH OF PROGRAM

- One 60-minute session per week
- Therapy lasts 12 weeks



## FOCUS OF TREATMENT

- Post-traumatic stress disorder (PTSD) symptoms in children
  - Educate children about PTSD
  - Target defiant behavior
  - Develop effective discipline plan
  - Develop new coping skills and relaxation exercises



## OUTCOMES

- Strengthen relationship between the caregiver and child
- Help parent and child heal after traumatic events
- Create a plan for the future: develop safety plans for your child

## PROGRAM OVERVIEW

PPT is a therapy to treat very young children with post-traumatic stress disorder (PTSD) and trauma-related symptoms. The sessions are either with the therapist working with the child (with the parent observing via a video feed) or with the parent and child together.

# Youth-PTSD Treatment (YPT)



## TARGET POPULATION

- Children and adolescents (ages 7-18) with post-traumatic stress disorder (PTSD) symptoms



## LENGTH OF PROGRAM

- One 60-minute session per week for 12 sessions



## FOCUS OF TREATMENT

- Post-traumatic stress disorder (PTSD) symptoms in children and adolescents
  - Educate children about PTSD
  - Target defiant behavior
  - Develop effective discipline plan
  - Develop new coping skills and relaxation exercises



## OUTCOMES

- Strengthen relationship between caregiver and child
- Help parent and child heal after traumatic event(s)
- Create a plan for the future: develop safety plans for your child

## PROGRAM OVERVIEW

YPT is a therapy to treat children and adolescents with post-traumatic stress disorder (PTSD) and trauma-related symptoms. The sessions are either with the therapist working individually with the child (with the parent observing via a video feed) or with the parent and child together.



# Triple P - Level 4

## TARGET POPULATION



- For parents and caregivers of children and adolescents (age 0-12) with moderate to severe behavioral and/or emotional difficulties



## LENGTH OF PROGRAM

- Program interventions take place over 2-3 months
- Various formats offered



## FOCUS OF TREATMENT

- Managing child behavior problems
- Stress, anxiety, and/or depression
- Anger
- Negative thinking
- Parenting partner conflict



## OUTCOMES

- Promote healthy child development
- Feel competent in managing the child's behavior problems
- Reduce coercive and punitive methods of discipline
- Increase positive parenting strategies
- Increase confidence in parenting
- Decrease behavior problems in children

## PROGRAM OVERVIEW

Level 4 Triple P helps parents learn strategies that promote social competence and self-regulation in children as well as decrease problem behavior. Parents are encouraged to develop a parenting plan, and then asked to practice their plan with their children. During the course of the program, parents are encouraged to keep track of their children's behavior, as well as their own behavior, and to reflect on what is working with their parenting plan and what is not working. The practitioner helps parents to optimize their plan.

# Trauma Focused Cognitive Behavioral Therapy (TF-CBT)



## TARGET POPULATION

- Children (ages 3-18) with a known history of trauma who are experiencing post-traumatic stress disorder (PTSD) symptoms



## LENGTH OF PROGRAM

- Weekly sessions for the child and parent separately until the end of treatment; then conjoint sessions
- 12-18 weeks



## FOCUS OF TREATMENT

- Feelings of shame
- Distorted beliefs about self and others
- Acting out and other behavior problems
- PTSD and related symptoms
- Inappropriate parenting practices
- Parental trauma-related emotional distress



## OUTCOMES

- Improves child PTSD, depression, and anxiety
- Improves child behavior problems (including sexual behavior problems if related to trauma)
- Improves parent-child communication, attachment, and safety
- Reduces shame and embarrassment related to the traumatic experiences

## PROGRAM OVERVIEW

TF-CBT is a therapy to help traumatized youth manage their thoughts and feelings related to their trauma experience, change inaccurate or unhelpful thoughts, and build skills to relax, control emotions, and improve safety. Gradual exposure is used to desensitize the youth to traumatic memories and trauma reminders.

# Eye Movement Desensitization and Reprocessing Therapy (EMDR)



## TARGET POPULATION

- Children (ages 2-18) with a history of trauma who are experiencing post-traumatic stress disorder (PTSD) symptoms



## LENGTH OF PROGRAM

- Therapy sessions last 45-90 minutes
- 1-2 sessions per week



## FOCUS OF TREATMENT

- PTSD and related symptoms
- Traumatic memories
- Current situations that trigger negative emotions and behaviors



## OUTCOMES

- Child is able to process traumatic experiences and cope
- Relieves emotional distress
- Replaces negative thoughts and feelings with positive ones to encourage healthier behavior and social interactions.

## PROGRAM OVERVIEW

EMDR is an effective therapy to help youth manage negative thoughts and feelings related to a traumatic experience. During EMDR therapy, the patient is conditioned using eye movements, tones, or taps while focusing on the traumatic experience and any negative thoughts or body sensations. Youth learn to replace negative thoughts and feelings with positive ones.

# Child Parent Psychotherapy (CPP)



## TARGET POPULATION

- Children (ages 0-5) and caregivers who have experienced trauma



## LENGTH OF PROGRAM

- One 60-90 minute therapy session each week



## FOCUS OF TREATMENT

- Supports family strengths and relationships
- Helps families heal and grow after stressful or traumatic experience
- Respects family cultural values



## OUTCOMES

CPP helps children and families:

- Understand each other
- Talk about difficult experiences
- Address difficult feelings and behaviors
- Create a family story that leads to healing

## PROGRAM OVERVIEW

CPP examines how trauma affects the child-caregiver relationship and the child's development. A central goal is to support and strengthen the caregiver-child relationship, while restoring and protecting the child's mental health.