

# Brief Description: Family Centered Treatment®

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**Family Centered Treatment® (FCT)**<sup>1</sup> is a best practice, tested and evidence-based model of home-based treatment that was developed by practitioners over a 20 year period. It has been refined based on research, experience, and evidence of effectiveness derived from practice. Client response and feedback has been integral for defining what components of treatment have been effective. Although FCT has developed from applied success, some of the critical components are recognizable as derivatives of major models of evidence based practice.

Eco-Structural Family Therapy and Emotionally Focused Therapy provide the primary theoretical framework from which FCT has developed.

- The *Eco-Structural Family Therapy* model is based upon Minuchin's work (1981) and has been expanded by Aponte (1994), Szapocznik (2000), and Lindblad-Goldberg (1997) to incorporate the environment or larger social context of the family (Bronfenbrenner, 1977). The model most researched derived from the Eco-Structural agenda is the Brief Strategic Family Therapy (BSFT)<sup>2</sup> (Szapocznik, 2000).
- The other major theory that influenced the development of FCT is *Emotionally Focused Therapy (EFT)*<sup>3</sup> (Johnson, 2000). EFT is defined as a systemic model, relying heavily on *Structural Family Therapy* and particularly the practice of enactments.

Family Centered Treatment® has developed the enactment process into a focus for the family to restructure critical areas of functioning and to utilize emotion to build attachments. Both attachment and eco-structural theory stress the importance of emotional experience and expression. Emotional enactments that occur in the FCT family session process guide and give meaning to family member's perception, motivate them to action, and provide a method for communication. Enactments provide both a target and agent of change in FCT treatment.

Additional influences for FCT have been derived from the peers helping peers models that focus upon effective connection and engagement based upon conveying a sense of worthiness, dignity, and respect. These core values drive practical behaviors required of staff and are necessary to form an effective therapeutic alliance (Brendtro, Brokenleg, & Bocken 1990, 2002). Fundamental to the FCT model is a tripartite management system (training, supervision, and tracking to assure fidelity to the model). In addition to individual supervision the FCT model incorporates a peer supervision approach that is parallel in design to the treatment process. Essentially this process requires high accountability, adjustment of the style of leadership (therapy) based on level of development, and use of change theory (Senge et al 1994, Blanchard, Carew and Parisi-Carew 2000). Therefore, management and therapists must experience, internalize, and model the same skills and values as those they expect from their staff and families.

## **Family Centered Treatment® components**

### ***Joining and Assessment Phase***

The joining and assessment phase of FCT contains distinctive considerations. FCT therapists respond quickly to referrals; the very nature of a referral indicates that a family is in acute crisis and the family needs support quickly. Timely response provides opportunity for engaging the family when they are more likely to be highly motivated to examine and change behaviors. Consideration for discharge begins with the initial contact; incorporating a definition of successful discharge linked to the generalization of changed behaviors. FCT begins to assess from the first contact what skills are needed in order for a successful withdrawal from the family. The identification of needed additions, changes, or improvements in family functioning skills occurs by the family during the assessment using Family Centered Evaluation instruments; Eco Maps, Family Life Cycle and Structural Family Assessment. In approaching assessment from this perspective, FCT assures that the service delivery will be intense and brief. The family identifies their problem in the context of an issue that the family needs to change. This approach serves to identify the needed skills instead of relying on professionals to do the work for them.

Often in-home treatment has been engaged as a last resort for a family that has already had many experiences with the system that have left them guarded and cautious. Therefore, the joining and assessment phase of FCT requires a delicate balance of connecting to family members while challenging the way they operate (Lindblad-Goldberg, 1998; Robbins & Szapocznik, 2000). Effectively trained and highly skilled staff must disarm and join with a family to create an "ally" aspect to the treatment (Minuchin & Fishman, 2004).

## ***Restructuring phase***

Goals determined during the *Family Centered Evaluation*® provide the structure for guiding the family to negotiate tasks associated with daily living that are congruent with the goals set. Repetitive transactional patterns, which develop over time into “rules” of interacting, drive how the family handles the tasks associated with daily living. The irony is that the patterns remain long after the immediate developmental needs that necessitated them are met, and they continue to govern future interactions and behaviors not related to current developmental needs (Minuchin, 1974). FCT interventions are targeted at shifting the repetitive interaction patterns that make up the structure of the family, (Minuchin, 1974; Minuchin & Fishman, 2004; Lindblad-Goldberg, 1998). This process offers a unique way to set up *Enactments* (Minuchin & Fishman, 1981) that become experiential in nature (Minuchin, 1974; Simon, 1995). The process of enactment consists of families bringing problematic behavioral sequences into focus and inadvertently demonstrating them to the therapist in an experiential transaction (Minuchin, 1974; Minuchin & Fishman, 2004; Lindblad-Goldberg, 1998).

Problematic behaviors are typically seen in daily living tasks that are based on operant issues of family functioning. They also include how a family handles conflict, their communication styles, and their ability to meet the family member's needs of affection, attention, and nurturing (Johnson, 2000). Utilizing these behaviors in the enactment process is especially suited for home based therapy since the family is guided to continue doing things as usual and customary for them, thereby demonstrating for the therapist the family interaction dynamics. FCT enables observation of problematic interactions directly, rather than relying on stories about what happened “then and there”. Restructuring requires a change in functioning. FCT requires FCT session planning and recording of the operant stages of the enactment.

## ***Valuing Changes Phase***

Value change is a critical component of FCT and developed to permit the family system to identify the new “practiced” behaviors that they value. Value change is integrated into FCT so that changes are not made simply to get through a crisis, or in response to directions by the FCT therapist, or in order to conform or comply with the external system.

The value change phase begins when the family starts having some success with the behavioral changes they've made. They will begin to feel good and experience some pride in how they're handling the tasks of daily living. Troubling behaviors will begin to decrease. Although many treatment models interpret this change as a definition and success and reason for closure, FCT defines this change in functioning as performance based and justification to adjust the therapeutic process, not the “end” of treatment.

For families in treatment, a desire to maintain these altered behaviors after services or treatment has ended does not naturally occur. This is understandable because change is hard work, and while families or members can go along with or tolerate temporary changes, continued long term adjustment may seem overwhelming. Resistance may now be exhibited by one or more family members that have performed the changes while not valuing them. They would prefer to return to the previous methods of functioning and structure. Their reasons are idiosyncratic.

In other situations, this resistance is not a function of maintenance issues, but is caused by intense emotional pain related to past events that have traumatized one or more family members. These traumatic experiences may inhibit the individual's or family's ability to try new behaviors or accept new or adjusted roles. Resistance occurs during this phase as the underlying and painful histories of hurt and harm interfere with the ability of the entire family system to internalize these new found behaviors. There is a function to the behaviors previously utilized. When that function is the cause for not being able to internalize or try new behaviors, the desire to change may be present but the freedom to do so may be lacking. Therefore redirection back to the restructuring phase will typically be necessary. When redirection is required, the therapist utilizes the techniques described in the Restructuring phase, with added awareness and emphasis on understanding and changing behaviors that have been habituated as a result of past trauma. Methods for creating value change occur as the FCT therapist utilizes intense interventions, escalation of stress, manipulation of the family mood, symptoms technique, assignments, paradoxical injunctions, boundary marking, and support approaches (Minuchin, 1971; Minuchin & Fishman, 1981; Calapinto, 1983, 1991). Adjustments in the FCT therapist's style and approach are necessary to enable the family to question why the changes remain necessary. Effective supervision for the FCT therapist is critical at this juncture. FCT purports that sustainable change in a family system occurs when the

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behavioral changes made during restructuring are valued and seen as necessary by the family. The value change phase of FCT provides the impetus for the FCT therapist to prompt this examination of intent or function of the changed behaviors.

### **Generalization phase**

An indication of the family's readiness for transition to the Generalization phase occurs as they share with the therapist what they did as opposed to asking what to do. Typically, a family that enters this stage of treatment is no longer overwhelmed by the crises, or the circumstances that tend to lead to crises. Instead, they are handling them with their new skills and reporting the outcomes to their therapist.

During the Generalization Phase, the FCT therapist adjusts the style of treatment once again. As the family effectively manages situations or circumstances that would have previously developed into a crisis, the FCT therapist highlights what the family did, reminds them that they did it on their own, and explores how they can use the same process in other crises or challenges in their lives. During this phase the therapist guides and directs the family to keep trying different strategies to resolve crises until they happen upon a strategy that works. A paradigm shift occurs as the family experiences that failures are part of the progress. This value is one that FCT seeks for the family to internalize. This phase, once recognized, should only last 30 days, with a rare exception to 60 days. (e.g., when a court date or anniversary event is scheduled after 30 days, the case may remain open beyond the 30 day period).

FCT's definition of a successful and appropriate closure is not determined by sources that are external to the family. While theory dictates that the family and other stakeholders of the treatment process determine when services close, in practice, most models of treatment end when families merely conform to external demands, or are resistant to external demands, or funding limits are reached.

Instead, FCT works with the family to determine the timing of closure, using an analytical process that evaluates the changes that have occurred and the family's ability to use the strategies and independently of external agencies. Integral to the FCT model is the previously described value change phase designed to assess the family's ability to function effectively independently of external agencies control or daily direction. This assessment does not occur for models of treatment that end services when behaviors have changed due to conformity or compliance to external demands.

Another component essential to the FCT model is the emphasis upon the FCT therapist effective **Use of Self**. Extensive use of self and boundary training in the FCT model is required as induction is a frequent pitfall for home based services. The FCT model asserts that therapists trained and fully aware of their personal internal experiences during the therapy process are less likely to experience induction and boundary confusion. Therapists experience their clients through personal internal encounters **and** through social interaction. The personal internal experience may range on a continuum from nonexistent to profound. The experience is dependent upon how receptive the therapist is to permitting feelings that are prompted by, or a reaction to the client/family. To effectively employ use of self, therapists must be in touch with their inner experiences.

In summary, FCT is an alternative model of home based treatment proven effective with families of specialty populations involved in Mental Health, Substance Abuse, Developmental Disabilities, Juvenile Justice and crossovers. Distinctive aspects of the model are a value change phase focused upon the power of giving, therapist's adjustment of their approach based on the phase of treatment and enabling sustainable change for the family. For more information please find the FCT website at [www.familycenteredtreatment.com](http://www.familycenteredtreatment.com).