

OVERVIEW FOR CHILD WELFARE SUPPLEMENT FOR ADULT FBT

CHILD WELFARE Supplement for Adult FBT Components	<p>Goals & Rewards Supplement</p> <p>Establishing motivation to optimize desired behavior/thoughts through family-based rewards to assist child well-being.</p> <p>Child Management</p> <p>Catching My Child Being Good – parents learn to reward desired actions/thoughts of their children.</p> <p>Positive Practice – parents learn to discipline their children through instruction to practice alternative desired behavior.</p> <p>Child Compliance Training – parents learn to consequence undesired behavior through the removal of reinforcers.</p> <p>Emergency Management</p> <p>Parents learn to identify emergent conditions early in response chain and prevent or manage them utilizing focus techniques, motivational enhancement, relaxation and problem solving exercises, and positive imagery of successful prevention/management of emergent conditions while family positively acknowledges/rewards these skill sets.</p> <p>Home Safety & Beautification</p> <p>Parents learn to tour home and identify methods of making it safe and aesthetically pleasing for their family.</p> <p>Financial Management</p> <p>Parents utilize easy-to-understand worksheets and solution generation to effectively increase income and decrease expenses for their family.</p>
Improved Outcomes in Uncontrolled Trials	<ul style="list-style-type: none"> • Improved mood, relationship enhancement, psychiatric functioning, work attendance, parent competency; decreased alcohol, marijuana, hard drug use, anxiety/PTSD symptoms, child maltreatment potential, time child in DFS custody.
Improved Outcomes in Controlled Trials	<ul style="list-style-type: none"> • Decreased hard drug use, child maltreatment potential, HIV risk, home hazards; increased days of employment.
Outcomes Similar to Treatment as Usual in Controlled Trials	<ul style="list-style-type: none"> • Time in DFS custody, incarceration, alcohol and marijuana use. <p>Note: for drug exposed children only hard drug use and child maltreatment potential.</p>

Therapy Dosage	<ul style="list-style-type: none"> • Typically 12 to 16 sessions across 6 months duration
Session Type	<ul style="list-style-type: none"> • Home-based family sessions examined in controlled/uncontrolled trials; community-based agencies have additionally conducted FBT in family outpatient sessions to assist feasibility when families in child welfare have transportation/means.
Caseload of Provider/ Supervisor	<ul style="list-style-type: none"> • Up to 3 months after the 1st workshop at least 1 and no more than 5 home-based cases seen/wk. is recommended (90 to 120 min. sessions); if conducting outpatient sessions, max.# of cases seen/wk. should be 10. • After 2nd workshop is provided approximately 3 mos. after 1st workshop, at least 1 case seen/wk. & no more than 13 home-based cases/wk. (90 to 120 min. session); if conducting outpatient sessions, recommended max. #/wk. is 20.
Supervisor Caseload	<ul style="list-style-type: none"> • At least 1 FBT case seen per week
Model Sustainability	<ul style="list-style-type: none"> • The Child Welfare Supplement for Adult FBT training program assists providers in effectively sustaining their delivery of FBT in parents who are involved in the child welfare system. In doing so, providers must achieve the following minimum standards: (1) read FBT manual, (2) demonstrated 80% protocol adherence at least once, according to a national trainer in each of the respective intervention protocols through video/audio tape review, (3) actively participate in 84 hours of in-person workshop training conducted by a qualified FBT trainer, (4) achieve at least 80% on a pre-workshop quiz (FBT training manual quiz), (5) actively participated in at least 40 on-going training meetings w/ national trainer across 12 mos., (6) reliably provided protocol adherence feedback to a peer in on-going training (providers will be taught to evaluate their own sessions for protocol adherence). • Supervisors (or non-supervising providers who do well with the model) are encouraged to pursue training as internal trainers for the agency. Training for this position involves: (1) co-leading the 2nd workshop with the national trainer as a 2ndry trainer and 3rd workshop as a primary trainer while achieving > 80% adherence in all training protocols, (2) assist a national trainer in reliable feedback during on-going training meetings, (3) conduct at least 8 session tape reviews w/ at least 80% reliability w/ the provider conducting the respective session or national trainer.
Method of Supervision & Adherence	<ul style="list-style-type: none"> • The agency supervisor assures legal and ethical supervision and facilitates agenda and case review process during weekly scheduled on-going trainings. National trainers facilitate FBT feedback from random review of session audio-tapes. The person being trained as the internal trainer and/or providers who experience difficulties in their sessions or experience low caseloads provide protocol adherence feedback during on-going training meetings. On-going training meetings follow a grand rounds format in which all active cases are briefly reviewed to assure emergent conditions and attendance are successfully managed, while difficult case scenarios are comprehensively reviewed using presentation protocols. Thus, providers independently assess treatment integrity of their peers.