Family Centered Treatment:

A Unique Alternative

By John P. Sullivan, Melonie B. Sullivan and Edward Hopkins

Family Centered Treatment (FCT) is a powerful evidence-based model for treating high-risk juvenile offenders. It has been shown to be a highly cost- and treatment-effective alternative to residential and institutional programs. The approach uses the strengths and influence of the family to redirect youths toward becoming productive and responsible citizens. Since 1988, the family-centered model has been implemented in seven mid-Atlantic states with thousands of youths and their families. A recent project with the Virginia Department of Juvenile Services treated juveniles who were at imminent risk of out-of-home placement; 89 percent had committed at least one felony, and all had a history of out-of-home placements and/or secure detention. Despite their high-risk status, 84 percent of these youths successfully completed the program and either remained with their families or were reunited with them, 77 percent incurred no new charges while in treatment, 74 percent incurred no new charges in the first six months following discharge, and none incurred new charges in the second six months following discharge. Considering the placement rate, prevailing costs and expected length of stay for out-of-home placements, this program saved approximately $100,000 per youth.

What Is FCT?

FCT is an alternative treatment service for helping families with troubled juveniles who have not responded to traditional approaches, such as incarceration, institutionalization and community-based treatment. Its focus is on providing a foundation that maintains family integrity, capitalizes on the youth's and family's inherent resources (e.g., skills, values and communication patterns), develops resiliency, and demands responsibility and accountability. An expansive range of juveniles can be effectively treated, regardless of diagnosis, offense history, socio-economic status, culture or willingness to participate. FCT is especially well suited for high-risk juveniles who are not responding to typical community-based services or who have been found to need institutional placement, as well as those returning from incarceration or institutional placement. The model has been very successful with sex offenders, substance abusers, offenders with mental health disorders, repeat offenders and violent offenders.

FCT's Unique Foundation

What makes FCT uniquely effective with a high-risk population (relative to other family and community-based services) is its approach based on different core concepts. The model developers had significant experience in implementing innovative institutional programs for perpetrators and victims of serious offenses. The programs were developed in response to requests from juvenile justice administrators for treatment alternatives for youths who had been unresponsive to programs based on psycho-pathology and psychotherapy. These programs were built on pragmatic concepts and interventions such as thinking errors,[1] peer group treatment,[2] re-education and reclaiming techniques,[3] life space interventions,[4] and reality therapy,[5] coupled with the importance of family work.[6] These interventions focused on the youths' responsibility for self, inherent strengths and restorative justice.

After evaluating more than a decade of experience operating these institutional programs, the following limitations were obvious:

- Even the most effective institutional programs have difficulty preparing youths and their families for successful reentry into the community.
- Programs based on punishment and conformity provided virtually no transferable skills to aid reentry.
- Successful reentry appeared unrelated to the severity of the youths' offense(s) or behavior in placement, but seemed to be determined by risk factors in the home and community.
- Programs that had more contact with the youths' families and communities were more effective, regardless of treatment approach.
- Natural environment and context were found to be the most important factors in assessing need, measuring progress and assuring long-term change.[7]

These observations prompted the development of FCT to provide similar programs in the home and community, which capitalized on the strengths and influence of the family system. Using this treatment approach to help family members and the offender in their natural life space produced amazing and immediate results. Being in the home and community allows family-centered practitioners to provide options, interventions and tools that are relevant and useful in daily lives. Opportunities for change present themselves in real-life experiences, as opposed to artificial environments. The family learns to develop more effective methods for handling communication, conflict, the tasks of daily living and their needs for closeness. The family is not permitted to become dependent on therapists or additional service providers but is coached and expected to be able to handle problems as a family system.

Case Study

Beginning in fiscal year 2004, the Maryland Department of Juvenile Services initiated a five-year plan to provide FCT's six-month program to approximately 1,150 youths and their families. An alternative to residential placement for adjudicated youths and those returning home from institutional placement, the project serves the most resistant high-risk offenders, and no referrals are rejected, regardless of the presenting problem. Such a policy helps to assure that the state allocates its juvenile services funds in a cost-effective manner.

Serving all types of youths and their families in rural, urban and suburban settings, this project is accomplishing four major objectives:

- Reducing the number of juvenile offenders in residential and institutional placements;
- Providing a cost- and treatment-effective alternative to out-of-home placements;
- Enhancing community safety; and
- Providing tools and skills that will ensure long-term stability for offenders and their siblings and parents.

Outcomes from the first two years of the project show that, despite working with the highest-risk referrals, 68 percent of youths did not re-offend while in treatment, 54 percent improved their school behavior, and 58 percent attended school at least 80 percent of the time. Seventy-two percent of youths discharged from FCT successfully completed the program and remained with their families (after accounting for attrition due to relocation and refusal of services). This represents a direct cost savings of approximately $5 million over the cost of typical out-of-home placements for this group of juveniles.[8] It is important to recognize that this under-represents the total cost savings, because it does not account for the impact of FCT on the family. Because the entire family participates, the siblings of the identified client are incorporated into the treatment process at no additional cost; their issues and concerns are addressed as needed within the family's treatment plan, along with those of the identified client. In the first two years of the project, 332 siblings were treated at no additional cost to Maryland, a potential savings of more than $5 million. Moreover, since FCT decreases risk factors and increases protective factors for all siblings, future savings are ensured because siblings are less likely to become offenders themselves.

A Typical FCT Case

Articles about model programs usually provide a case study that demonstrates the positive or effective aspects of the approach. While the following example (which includes fictitious names to protect the privacy of those involved) illustrates a typical FCT case, it is important to recognize that the process of change is difficult, stressful and, at times, disturbing. The families who participate in FCT have issues that have not responded to traditional services and require a committed family-centered specialist who is willing to work in high-risk environments during evenings and weekends, while remaining on call for any emergency. The FCT practitioner must work with many agencies and agendas, providing diplomatic solutions that are family-centered, assure

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community safety and satisfy the professional collaterals. Even with significant progress, a youth may be recommended for an institutional placement to protect society.

Mike Barnett, 17, was charged with a first-degree sex offense, robbery with a dangerous and deadly weapon, and first-degree assault. Mike's history includes a charge of malicious destruction, which was informally adjusted. Mike was referred by the Department of Juvenile Services to the FCT program to address his anger, lack of respect for authority figures and re-offending behavior.

Dan,[9] a family-centered specialist, was assigned to the case. Consistent with a central tenet of FCT, Dan involved all stakeholders in developing a treatment plan. Armed with the information gathered from Mike's probation officer, mother, school counselor and other professionals, Dan met with the youth and his mother in their home. Mike's 6-year-old sister was included in subsequent FCT sessions. As an integral component of the FCT model, Mike and his mother were actively involved in the creation of long-term treatment goals set during a structured family assessment after 30 days of intensive contact between Dan and the family. The goals developed for Mike's family included:

- Mother and son will improve communication;
- Mother will become a more effective disciplinarian;
- Mother will be empowered to strengthen authority in the household;
- Mike's thinking errors will be confronted and he will be taught effective decision making; and
- Mike will become involved in productive activities that will improve self-concept.

For the remainder of treatment, Dan worked with the Barnett family to identify their strengths and natural supports in the community. Through the use of carefully selected interventions and activities developed weekly by Dan's treatment team (approximately nine family-centered specialists combining a variety of skills and expertise based on the needs of the community) and supervisor, the family began to develop and practice common-sense, practical skills needed to make progress toward treatment goals.

At the end of the Barnetts' term of service (six months and 25 days), progress was clearly evident and measurable. The family and Institute of Family Centered Services separately evaluated progress toward each treatment goal. Both Dan and the Barnetts indicated a top rating of "significant improvement" toward the goals of improved communication and discipline. Mike was no longer showing disrespect toward his mother and was showing more love and caring toward her through embracing and saying "I love you." Furthermore, Mrs. Barnett had made improvements in disciplining Mike and was parenting him in an age-appropriate fashion.

Dan observed behavior changes reflecting progress toward other goals. Once Mike's mother made progress in treating Mike like a young adult, he began to show his mother more respect in return. Improvement in thinking and decision-making was demonstrated by Mike's recognizing his need for a job and by his improved peer associations. Mike became involved with a local church and joined a chess club. Dan helped Mike identify his strengths and skills, which led to Mike's employment as a lifeguard. This also meant Mike was responding to his mother's authority, because she had long tried to convince him to find work.

Progress toward improving self-esteem was evident in Mike's pride in his job as well as the personal relationships he developed with Dan and his probation officer. Mike had begun to recognize and demonstrate his own strengths. Upon discharge from FCT, Mike was enrolled in school, had experienced no out-of-home placements, detention, or school suspensions during treatment, and had committed no re-offending behavior. When asked to respond to the prompt, Institute of Family Centered Services "has improved our family life," the Barnetts indicated that they, "strongly agree."

ENDNOTES

[1] Samenow, S. 1984. *Inside the criminal mind*. New York: Crown Business.

[2] Vorrath, H and L. Bendtro. 1985. *Positive peer culture*. New York: Walter du Gruyter.

[3] Brendtro, L., M. Brokenleg and S. Van Brockern. 2002. *Reclaiming youth at risk*. Bloomington, Ind.: National Educational Service.

[4] Long, N., M. Wood and F. Fecser. 2001. *Life space crisis intervention*. Austin, Texas: PRO-ED.

[5] Glasser, W. 1975. *Reality therapy: A new approach to psychiatry*. New York: Harper and Row.

[6] Satir, V. 1967. *Conjoint family therapy*. Palo Alto, Calif.: Science & Behavior.

[7] Brofenbrenner, U. 1979. *The ecology of human developmen*t. Cambridge: Harvard University.

[8] This is based on the 215 youths who completed the program in the first two years of the project. This figure factors in that 38 percent of the youths were ultimately placed out-of-home and is the mid-point of the range of costs and expected length of stay for group homes and therapeutic group homes in the state of Maryland ($2.25 million to $7.64 million). Youths meeting mental health criteria would be at risk of placement in residential treatment centers, in which case the savings from using FCT would be much higher.

[9] Josh Gilliam, IFCS director of communications and media, interviewed Dan, a Maryland Family Centered Specialist at IFCS, for this story.

John P. Sullivan, Ph.D., has 30 years of experience implementing innovative institutional and family-centered programs and is president of the Institute of Family Centered Services, which he co-founded in 1988. For more information on Family Centered Treatment, contact Sullivan at drjps@earthlink.net. Melonie B. Sullivan, Ph.D., is director of Research and Program Evaluations at the Institute of Family Centered Services and has served as a research associate and assistant professor at Georgia State University and as an economist at the U.S. Environmental Protection Agency. Edward Hopkins is director of communications and public information for the Maryland Department of Juvenile Services in Baltimore. He has a master's degree in public administration and 30 years of experience in law enforcement with the Harford County's Sheriff's Office.