



NC Family Support Training Summary Report

May 11th – May 12th, 2015

This document includes a summary of the NC Family Support Training, which was held on May 11th-May 12th, 2015 in Greensboro, NC. The training was targeted towards providers that work with juvenile justice involved youth with substance abuse and co-occurring disorders and their families. The training was sponsored by the North Carolina Division of Mental Health and Developmental Disabilities and the Kate B. Reynolds Charitable Trust at no cost to the participants. The lead trainer was Dr. Brad Donohue, developer of Family Behavior Therapy. This report includes individual impressions of the training, compiled and tabulated by the UNCG Center for Youth, Family and Community Partnerships.

Summary of Report Contents

Enclosed is an Overall Summary of the NC Family Support Training, which was held on May 11th-May 12th, 2015. The training was held at the Hyatt Place Hotel in Greensboro, NC.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) and the Kate B. Reynolds Charitable Trust, in collaboration with the Center for Youth, Family, and Community Partnerships (CYFCP) at the University of North Carolina at Greensboro and Juvenile Justice, invited applications from Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP), Reclaiming Futures (RF) and Juvenile Justice Treatment Continuum (JJTC) behavioral health providers for this free training, facilitated by Dr. Brad Donohue, developer of Family Behavior Therapy.

This was the first time this training was offered to teams. The training was targeted towards providers that work with juvenile justice involved youth with substance abuse and co-occurring disorders and their families.

This report is outlined in three different areas:

- I. Overview of the Training
- II. Evaluation of the Training
 - Working with Families of Juvenile Justice Involved Youth
 - Summary of Training by Training Sections
 - Overall Perceptions of the Training and Additional Feedback
- III. Recommendations for Possible Next Steps

I. Overview of the Training

Clinicians in North Carolina work to consistently provide services to youth and families involved in the juvenile justice system. Due to this JJ involvement, families and youth at times may struggle to trust the service system, which can impact on engagement. Feedback from clinicians in the past has noted that one of the major barriers to successful treatment has been engagement. This training was completed by Dr. Bradley Donohue, who developed Family Behavior Therapy. In attendance, there were representations from clinicians who work with juvenile justice behavioral health planning teams around the state. The training consisted of a 1.5 day workshop (12 hours) and scheduled 4 booster teleconference training calls (1.5 hrs. each-of which one has been completed) that were focused on a brief presentation of evidence-supported engagement strategies (including pre-treatment and on-going engagement calls) in a power-point presentation and teaching on the relationship enhancement and communication skills training components of Family Behavior Therapy. The workshop and on-going booster training meetings will allow for clinicians to demonstrate the techniques through modeling and

role-playing, and helped teach a method of monitoring their implementation of the skill sets. Clinicians were also provided electronic copies of all relevant protocol checklists and worksheets. The booster teleconference calls will be focused on answering questions clinicians may have that are specific to their attempts to implement the skills. Best practice is to deliver effective clinical care and social support services by maintaining the integrity of family and community life for youth by facilitating family involvement.

II. Evaluation of the Training

Participants were given an evaluation form to complete that allowed them the opportunity to provide their experiences and perceptions of the training. Participants were asked questions about the training in areas pertaining to their current use of evidence based practices, areas of challenges, usefulness of training material, and feedback on the training. The following section describes the responses to the evaluation form questions.

Participants were asked which Evidence Based Practices or Evidence Based Treatments are used in their agency. Table 1 below provides the counts of practices used by the agencies in attendance at the training.

Table 1
Type of Evidence Based Practices or Evidence Based Treatments

Evidence Based Practice/Evidence Based Treatment	Total
Adolescent Community Reinforcement Approach (ACRA)	2
Brief Strategic Family Therapy (BSFT)	1
Child Behavior Checklist	2
Dialectical Behavior Therapy	3
Functional Family Therapy (FFT)	0
Global Appraisal of Individual Needs Assessment Tool (GAIN)	4
Matrix Intensive Outpatient Model (Chestnut)	3
Multidimensional Family Therapy (MDFT)	1
Multisystemic Therapy (MST)	2
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	4
Seeking Safety for Trauma	5
Seven Challenges	3
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	4
Other - ARC	1
Other - TCI	1
Other - CARE	1
Other - Treatment Alternatives for Sexualized Kids (TASK)	1
Other - PCIT	1

- **Working with Families of Juvenile Justice Involved Youth**

The following questions were asked in a qualitative form on the individual survey forms:

- What are some of the main areas that you believe you need assistance in working with families of juvenile justice involved youth?
- What are some of the main challenges you think families of juvenile justice involved youth have to address?
- Notwithstanding managing systems issues, what is the main skill that you think would help you as a clinician work more effectively with juvenile justice involved youth and families?

Listings of the responses to the previous three questions are provided upon request. The following is a summary of the three questions based on common themes that emerged from the responses.

Participants were asked about the main areas that need assistance in working with youth. Several participants mentioned family engagement and keeping the engagement continuing once they leave treatment. Participants also mentioned dealing with parent substance use, educating parents in the JJ process, and more resources available to families as areas that need assistance with in working with youth. Participants stated:

*“They are overwhelmed and it is difficult to keep them involved in family *therapy”*

“Getting families engaged in family therapy and helping in treatment were there simply wanting us to “fix” their child. Helping them to keep treatment going at home”

“Joining with families when they feel we are partnered with DJJ. Helping families and clients during DJJ process w/out that becoming the focus of treatment”

Participants were also asked about challenges within families of juvenile justice involved youth. Challenges mentioned were keeping dialogue in the home, multiple places to travel to for services and meetings, out of home placement, being overwhelmed, stigmatized, and lack of funds and/or resources. Participants stated:

“They are sent too many places, requirements of service can be overwhelming”

“Parents not feeling empowered to set boundaries on knowing healthy boundaries”

“Being overwhelmed with so many obligations, court, community service, doctors visits, and intensive in home which is 3-4 days a week, 2 hours a day”

When asked about what skills would be helpful in working more effectively with juvenile justice involved youth, participants mentioned that skills in areas such as helping families see

the benefit of treatment and providing more positive feedback to the family to help them engage more openly and readily, helping to encourage better and more lasting positive communication skills with the family, engaging the whole family in therapeutic process, being an advocate for the families and educating the court counselors, and culturally specific trainings.

- **Summary of Training by Training Sections**

The following topics were presented during the training: Who Should be Involved in Family Based Interventions with Adolescents, How to Use Protocol Checklists to Guide Family Involvement, Assessing Satisfaction and Compliance in Working with Families, Therapeutic Style and Approach in Working with Families, Engaging Family Participation, Enhancing the Tone of Relationships, Managing Difficult Interactions with Family Members, Practicing Management of Families in Therapy.

For each section of the evaluation forms, participants were asked what would make it easier for them to use the information presented in each section and what would be possible barriers for using this information. This section provides a summary of participant's perspectives of each section that was covered during the training.

Section: Who should be Involved in Family Based Interventions with Adolescents?

All (100%) of the participants agreed that they found this section to be *“very helpful”*, and almost all (67%) agreed that they would be *“very likely”* to use the information learned in this section.

Participants noted needing help with more interventions on how to get others involved and engaged in the treatment process, more information to provide to the families, and assistance with understanding the ethical piece in terms of confidentiality and obtaining permission from parents. Barriers they may face were getting family members or others, engagement issues, getting support from all involved, confidentiality issues, and obtaining appropriate consents.

Section: How to Use Protocol Checklists to Guide Family Involvement

Almost all (83%) of the participants agreed that they found this section to be *“very helpful”* and they would be *“very likely”* to use the information learned in this section.

Participants stated they needed assistance with:

“More examples on paper (role plays) on paper may be helpful”

“Probably just knowing the steps better so I wouldn't need to look at the paper so much”

Barriers they may face were:

“Getting family to agree with and abide by the meetings guidelines”

“Careful to keep focus on clients and careful not to leave client feeling they are left out”

Section: Assessing Satisfaction and Compliance in Working with Families

Almost all (83%) of the participants agreed that they found this section to be “very helpful” and they would be “very likely” to use the information learned in this section.

Participants noted things that would make it easier were being provided with copies and examples of the assessment card and possibly 'role plays' on paper and a template to use for working with families. Barriers they may face were getting families to understand the process of the assessment and understanding the usefulness of the assessment, introducing the information to families that they have been working with for a while, and openness of the client.

Section: Therapeutic Style and Approach in Working with Families

All (100%) of the participants agreed that they found this section to be “very helpful” and they all would “very likely” to be able to use the information learned in this section.

Participants stated they needed assistance with:

“Some of the "role plays" we practiced on paper so we can share with other therapists and counselors at agency”

“More practice using the skills”

A participant stated that the main barrier would be in getting families to communicate positively and effectively.

Section: Engaging Family Participation

Almost all (83%) of the participants agreed that they found this section to be “very helpful” and they would be “very likely” to use the information learned in this section.

Participants agreed that this section was presented well and the role plays helped. Although, some barriers in using this information were:

“Getting family to stick to the subject, guidelines, and prompts but I think it would become easier with time and practice”

“Time consuming”

“Having a hard time getting the youth on the phone first, especially in a time crunch”

Section: Enhancing the Tone of Relationships

Almost all (83%) of the participants agreed that they found this section to be “very helpful” and they would be “very likely” to use the information learned in this section. A participant stated that printed "role plays" or actual script examples presenting a variety of issues or concerns would be helpful in using this information. Families being resistant to the process and maintaining positive communication is a barrier to using this information.

Section: Managing Difficult Interactions with Family Members

All (100%) of the participants agreed that they found this section to be “very helpful” and they all would “very likely” to be able to use the information learned in this section. Participants felt that the ‘HEARD’ cards provided at training would be helpful in using this information. Possible barriers in using this information were getting families and/or kids to come up with solutions, getting family member to admit how they may have contributed to the problem, and families that don't trust the team yet or have felt judged for so long.

Section: Practicing Management of Families in Therapy

All (100%) of the participants agreed that they found this section to be “very helpful” and they all would “very likely” to be able to use the information learned in this section. A participant stated that the information was presented well and the role plays were helpful. A barrier mentioned was families opening themselves up to the treatment process and allowing the therapist to lead the discussion.

• Overall Perceptions of the Training and Additional Feedback

Participants were asked about their perceptions of the overall the Family Support Training. All of the participants agreed that the introduction of Family Behavior Therapy for juvenile justice involved youth and their families would be “very helpful” and they all would be “very likely” to participate in a training on Family Behavior Therapy. Participants were also given the option to provide additional feedback. Some participants stated:

“Great training. Very helpful in working with families and youth. The information will be helpful in improving communication with families and youth. Role plays helpful in practicing skills”

“Great training. Brad's knowledge base is very broad and helpful with learning the model. I would really like to be trained in doing this model fully and having my agency utilize it in our teams”

“Brad is an excellent trainer and the one-on-one trainings in role-plays is very helpful. The behavioral approach is very applicable to DJJ families and research shows is effective”

“Awesome trainer and teacher. Books were very helpful and much appreciated. Information was presented well and easy to understand. Loved the training, would love to have more”

“Would like more training on FBT and substance abuse”

III. Recommendations for Possible Next Steps

Information provided in this report can be used for future training planning to continue to reach the needs of participants. The additional feedback provided by participants provided areas that participants would like to receive in the future, as well as the effectiveness of the trainer and training material.

Based on this pilot training, the clinicians noted that Family Behavior Therapy appeared to be “very helpful” to “helpful”, and they would like further training on the entire treatment modality. Additionally, it appears that this training is cost effective as the two modules cost less than \$5,000 to train the clinicians (not withstanding costs for clinicians for per diem and travel). Additionally, the developer of Family Behavior Therapy noted that clinicians could provide information to agency representatives and that the intervention was not proprietary like many other evidence based family interventions. Therefore, the following recommendations are offered:

1. The JJBH state team should discuss the possibility of this training in the future for JJ affiliated clinicians to provide support to Intensive-In Home teams outpatient therapists who work with families.
2. JJBH should distribute training materials and information to LME/MCO representatives to notify of this evidence based treatment and feedback from clinicians who have piloted this in NC.