

Field	<i>May include requirements, recommendations, minimum standards, variations, ratios, and other considerations</i>
<p><b>Treatment/Product Description</b></p>	<p><b>Description:</b> SFCR is a manualized, trauma-focused, skills-building intervention. SFCR is designed for families living in traumatic contexts, with the goal of reducing the symptoms of posttraumatic stress disorder (PTSD) and other trauma-related disorders of children and adult caregivers.</p> <p><b>NCTSN Fact Sheet Available:</b>  <a href="http://nctsn.org/sites/default/files/assets/pdfs/sfcr_general.pdf">http://nctsn.org/sites/default/files/assets/pdfs/sfcr_general.pdf</a></p> <p><b>Culturally Specific Information Available:</b>            Kiser, L. J. (2015). <i>Strengthening family coping resources: Intervention for families impacted by trauma</i>. New York, NY: Routledge.</p> <p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. Reduce symptoms of traumatic stress and other trauma-related disorders for any family member.</li> <li>2. Increase coping resources of children, caregivers, and the family system in order to help families boost their sense of safety; function with stability; regulate their stress reactions, emotions, and behaviors; and make use of supports.</li> </ol> <p><b>Target Population:</b> Families who have experienced trauma and are vulnerable to symptoms of traumatic distress.</p> <p><b>Essential Components:</b></p> <ol style="list-style-type: none"> <li>1. SFCR provides accepted, empirically supported trauma treatment within a family format. The model includes work on family storytelling, which builds to a family trauma narrative.</li> <li>2. SFCR fosters skills and competencies across six protective family coping resources: 1) deliberateness; 2) structure and a sense of safety; 3) connectedness; 4) resource seeking; 5) co-regulation and crisis management; and 6) positive affect, memories, and meaning.</li> </ol> <p><b>Other considerations:</b> SFCR is typically delivered as a multi-family group (MFG) with a team of facilitators. Versions of SFCR include MFGs, peer-to-peer parent groups, and an individual family therapy (under development):</p> <p>SFCR MFG Versions:</p> <ul style="list-style-type: none"> <li>15-week, closed enrollment Trauma Treatment MFG including narrative processing</li> <li>10-week, closed enrollment High-Risk MFG without narrative processing</li> <li>10-week, open enrollment Workshop MFG</li> </ul> <p>SFCR-PP is a 20+-week, open enrollment peer-to-peer group for parents concerned about intergenerational trauma.</p> <p>SFCR Family Trauma Treatment is a 20+-week treatment for individual families.</p>

<p><b>Training</b></p>	<p><b><u>Minimally Acceptable Training</u></b></p> <p><b>Mode of Training:</b> Face-to-face training when joining an already established facilitator team; reading manual, reviewing materials and videos, consultation, and supervision.</p> <p><b>Content:</b> Training consists of formal didactics covering constructive family coping, traumatic stress, and intervention content. Intervention methods and materials are presented, including rehearsal through role-plays.</p> <p><b>Number of Days/Hours Total/Minimum:</b> One-day training along with facilitation of SFCR led by a trained team that has previously conducted SFCR.</p> <p><b>Options for Make-up:</b> None</p> <p><b>Training Cost:</b> Costs vary depending on the version of SFCR being used and the number of teams being trained. Training costs include a preplanning phase, face-to-face training, and ongoing consultation.</p> <p><b>Training Contact Information:</b> Laurel J. Kiser (<a href="mailto:lkiser@gmail.com">lkiser@gmail.com</a>)</p> <p><b><u>Most Comprehensive/Highest Recommended Training</u></b></p> <p><b>Mode of Training:</b> Face-to-face training; reading manual, reviewing materials and videos, consultation, and supervision.</p> <p><b>Content:</b> Training consists of formal didactics covering constructive family coping, traumatic stress, and intervention content. All intervention methods and materials are presented in detail, including review of videotaped sessions and rehearsal through role-plays. Training includes methods for handling difficult situations that arise, specifically, how to assist any participant dealing with difficult emotions and how to provide support and make appropriate referrals. Another half-day advanced training is recommended for teams who will be conducting the trauma treatment model. This advanced training focuses on conducting the family narrative sessions.</p> <p><b>Number of Days/Hours Total/Minimum:</b> Training time depends on the model of SFCR being implemented but typically ranges from 11 hours for the High-Risk MFG Version to 16 hours for the Trauma Treatment version.</p> <p><b>Options for Make-up:</b> None</p> <p><b>Training Cost:</b> Costs vary depending on the version of SFCR being used and the number of teams being trained. Training costs include a preplanning phase, face-to-face training, and ongoing consultation.</p> <p><b>Training Contact Information:</b> Laurel J. Kiser (<a href="mailto:lkiser@gmail.com">lkiser@gmail.com</a>)</p>
<p><b>Selection</b></p>	<p><b><u>Typical Trainees for SFCR</u></b></p> <p><b>Minimum Education Level:</b> SFCR MFGs are conducted using facilitator teams. SFCR facilitator teams usually comprise experienced clinicians along with support staff. Other staff can include caseworkers, educators, direct care workers, trainees, family advocates, and legacy family members. Any additional facilitators can be members of the organization or community in which the group is taking place, and bring an understanding of that community's culture and value system.</p>

<p><b>Selection (continued)</b></p>	<p><b>Licensure/Certification:</b> As an active therapeutic intervention, most versions of SFCR can only be implemented with some licensed facilitators. The peer-to-peer version is implemented by trained, experienced peer mentors.</p> <p><b>Experience Needed to Implement Model:</b> While there is not a minimum level of experience needed, clinical facilitators who are trained and experienced in assessing and treating a wide range of mental health disorders within the context of the family are needed. Clinical facilitators should have prior training and supervision in providing a variety of treatment approaches to children, adults, and families, individually and in groups, including family systems, parent-child interaction, cognitive behavioral, and play therapies. Clinical facilitators should have experience in the provision of trauma-focused treatment with children or adults.</p> <p><b>Theoretical Foundation:</b> As with most interventions addressing complex problems, SFCR’s approach takes into account perspectives from multiple theories. Consistent with the two goals of SFCR, related theories include: 1) the characteristics of traumatic distress evidenced by families; and 2) a blend of ritual and routine theory with family stress and coping theories.</p> <p><b>Match/Fit to Populations and/or Settings:</b> Families who have participated in SFCR have been recruited from multiple types of organizations, including community mental health and health clinics, schools and school mental health programs, domestic violence and homeless shelters, and transitional living facilities, as well as from service systems such as human services, justice, and Veterans Affairs.</p>
<p><b>Preparation for Training and Implementation</b></p>	<p><b>Clinician Readiness Assessment Available:</b> N/A</p> <p><b>Agency Readiness Assessment:</b> A preplanning phase is recommended for new agencies interested in implementing SFCR. This phase is designed to make sure that SFCR is an appropriate model for the provider organization and for the target population. It is also designed to determine that the provider agency has sufficient organizational capacity to implement SFCR successfully. The trainer/developer works with each agency during the preplanning phase.</p> <p><b>Training Prerequisites:</b> Reading the manual (see below), reviewing materials and videos.</p> <p><b>Prereading/Other:</b> Kiser, L. J. (2015). <i>Strengthening family coping resources: Intervention for families impacted by trauma</i>. New York, NY: Routledge.</p>
<p><b>Consultation</b></p>	<p><b>Type/Mode/Ratio:</b> Consultation calls with facilitator teams are provided.</p> <p><b>Frequency:</b> Consultation calls occur weekly through the initial implementation of SFCR and then biweekly during a second implementation.</p> <p><b>Consultation Focus:</b> Consultation covers logistics needed to support family involvement and clinical issues including family engagement, team functioning, and planning for upcoming sessions. Teams review any deviations from the manual and problem-solve how to get back on track.</p> <p><b>General/Expected Duration of Consultation:</b> 12 months after initial training.</p> <p><b>Demonstrated Proficiency/Mastery/Competence:</b> Completion of all training requirements.</p>

<p><b>Case Completion Requirements</b></p>	<p><b>Case Completion:</b> Completion of two rounds of MFGs required to complete training requirements.</p> <p><b>Fidelity:</b> Facilitators complete competence and adherence measures following each session. These are self-report checklists that assist each facilitator to think about his/her role in carrying out the session as planned and as stipulated in the manual. The <i>Facilitator Competence</i> measure has 14 items that assess the qualitative dimensions essential for implementation including cultural competence. The <i>Facilitator Adherence</i> measure includes 16 yes/no questions related to the actions and procedures, as specified in the treatment manual, that a facilitator should and should not be doing during each session.</p> <p>Families also complete a feedback form following each session.</p> <p><b>Mode of Review:</b> Training post-test; team discussion during consultation calls.</p>
<p><b>Maintenance</b></p>	<p><b>Booster:</b> To address the needs of organizations with experienced SFCR facilitator teams, a one-day training is available for new facilitators. This training can also serve as a refresher course for those already trained.</p> <p><b>Advanced:</b> A half-day advanced training, focused on Module III, the family narrative sessions, is recommended for teams conducting the trauma treatment model.</p> <p><b>Maintenance Plan/Continuing Education:</b> N/A</p>
<p><b>To Supervise Providers of the Treatment/ Product</b></p>	<p><b>Prerequisites needed to supervise use of the Treatment/Product</b></p> <p><b># of Cases Completed:</b> Four to five complete groups as lead facilitator.</p> <p><b># of Years Practiced:</b> No specific requirement.</p> <p><b># of Year Providing Supervision:</b> No specific requirement.</p> <p><b># of Supervisees:</b> No specific requirement.</p>
<p><b>To Train Providers in the Treatment/ Product</b></p>	<p><b>Prerequisites needed to train providers in the Treatment/Product:</b> Four to five complete groups as lead facilitator and co-training with developer.</p> <p>Upon successful completion of these prerequisites, trainer is able to train providers within his/her own agency to offer SFCR.</p>
<p><b>Endorsement or Certification Options</b></p>	<p><b>For Clinician:</b> None</p> <p><b>For Supervisor:</b> None</p> <p><b>For Trainer:</b> None</p> <p><b>Roster of Trainers:</b> Contact Laurel J. Kiser (<a href="mailto:lkiser@gmail.com">lkiser@gmail.com</a>)</p>
<p><b>Additional Resources</b></p>	<p>Kiser, L. J. (2015). <i>Strengthening family coping resources: Intervention for families impacted by trauma</i>. New York, NY: Routledge.</p> <p>SFCR Web site: <a href="http://sfcf.umaryland.edu">http://sfcf.umaryland.edu</a></p> <p>Family-Informed Trauma Treatment (FITT) Center Web site: <a href="http://fittcenter.umaryland.edu/">http://fittcenter.umaryland.edu/</a></p>