

**Intervention Name:** Adolescent Family Behavior Therapy

1. **Brief Description of the Intervention:** Family Behavior Therapy (FBT) for adolescents is a comprehensive outpatient behavioral treatment that has, in controlled clinical trials, reduced drug and alcohol use, depression, family discord, school and work non-attendance, and conduct problems. This treatment approach owes its theoretical underpinnings to the Community Reinforcement Approach and includes a validated method of improving enrollment and attendance. Participants attend therapy sessions with at least one significant other, typically a parent. Treatment typically consists of 12 to 15 sessions over 4 to 6 months; sessions initially are 60 to 90 minutes weekly and gradually decrease to 60 minutes monthly as participants progress in therapy. FBT includes a menu of intervention components, including (1) standardized agendas and meeting conclusions, (2) significant other supported contracting procedures to establish an environment that encourages positive reinforcement for performance of treatment goals, (3) implementation of skill-based interventions to assist youth in motivation to spend less time with individuals and situations that involve drug use and other problem behaviors and more time with individuals and situations that encourage goal accomplishment (including relapse prevention, management of difficulties within and outside family), (4) skills training to assist in decreasing urges to use drugs and other impulsive behavior problems and alternatively learning to generate solutions through problem-solving, (5) relationship and communication skills to develop positive relationships with others who are available to assist goal-accomplishment, such as family, peers, and teachers and (6) job getting skills training, including improvements in “dream” job discovery and interviewing preparation and skill development.

2. **Please select the primary categories that relate to the intervention:** (Please highlight applicable categories)

- Academic performance/functioning and achievement
- Adult behavior problems (violence/aggression)
- Adult mental health
- Alcohol and drug use
- Assessment and Measurement Instruments for Target Populations
- Attachment Interventions
- Basic Needs
- Behavioral Management and Treatment
- Child Mental Health – externalizing
- Child Mental Health - internalizing
- Child Mentoring Programs
- Child Supports and community connections
- Child Welfare Practice and Service Models
- Crisis Intervention
- Delinquency and Criminal Behavior
- Educational Support Interventions

- Family Functioning (communication, bonding, interactions and relationships)
- Family Support and Placement Stabilization Programs
- Independent living and career readiness
- Marriage and Relationship Support
- Parental Mentoring Programs
- Parent Engagement
- Parental Supports and community connections
- Parenting Skills - Training and Enhancement
- Peer associations/relationships
- Resource Parent Training Programs
- Sexual Behavior Problems in Adolescents and Children
- Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self-esteem)
- Trauma Treatment

**3. Describe the intervention's current use with one or both of the QIC-AG's target population:**

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
  - a. FBT was developed in adolescent samples with challenging mental health and emotional and behavioral issues, including youth who were explicitly required to evidence substance abuse and conduct disorders. The youth in our FBT trials often concurrently evidenced other severe emotional and behavioral problems, including PTSD, sexual abuse victimization, child neglect and abuse, anxiety and mood disorders, learning disabilities, and severe cognitive deficits. A metaanalysis by an independent research group determined that FBT was one of only 2 interventions to demonstrate large effect sizes in reducing substance use, and internalizing and externalizing behaviors. In our most recent outcome study involving mothers who were referred by the local Child Protective Service agency for substance abuse and child neglect, FBT was able to assist family reunification and various issues that are common in children within child welfare.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.
  - a. FBT has been utilized by community agencies to assist family integration and reintegration.

**4. If currently not being used with one or both of the QIC-AG's target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG's target population:**

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

**5. Intervention goals/outcomes:**

a. The goals of FBT are formally developed between the adolescent and participating significant others within a contingency management system. Although the goals are customized to fit the family's unique culture, they often focus on school conduct and achievement, home conduct, avoidance of illicit substances, part-time employment, mental strength and stability. Outcome measures are consistent with those used within the agency and required by the funding agency, but often include behavioral checklists completed by youth and their parents (e.g., Problem Behavior Checklist), satisfaction measures of relationships (Parent Satisfaction with Youth Scale, Life Satisfaction Scale, Youth

Satisfaction with Parent Scale, Family Cohesion Scale), self and significant other reports of youth substance use (i.e., Time-Line Follow-Back, structured interview), self-reports of hours employed or school attendance, and mood disorder self-reports (Child Behavior Checklist)

6. Please name the sites and contact information where the intervention has been replicated.

- Child to Family Connections, PA

Karen Cross 814-336-3007

- Drug Court, Lower Brule Sioux Tribe, South Dakota

Judge Lorrie Minor, [lorrieminer@lowerbrule.net](mailto:lorrieminer@lowerbrule.net)

- Community Based Care of Central Florida Holdings, Inc. (Aspire) Orlando, FL.

Shivana Rameshwar 407-245-0010 ext. 266

- KVC Behavioral HealthCare Kentucky, Inc.

Megan Moore 859-254-1035

- Marion Area Counseling Center, Inc., Marion, OH

Beverly Young 740-387-5210

- Kids Central Inc., Ocala, FL

- Lifestream Behavioral Center, Lake & Sumter Counties, FL

- The Centers, Marion & Citrus Counties, FL

Shalonda McHenry, 352-387-3475, [shalonda.mchenrysims@kidscentralinc.org](mailto:shalonda.mchenrysims@kidscentralinc.org)

- Child & Family Tennessee

Sarah Long, 865-246-1100 ext 115

- Crawford County, PA

Brian Setta, 814-373-2669

- Division of Child & Family Services, Las Vegas, NV

Heather Hill, (702) 486-5362

- Veteran's Healthcare Administration Southern Nevada, Las Vegas, NV

Carl Williams, Ph.D., [carl.williams8@va.gov](mailto:carl.williams8@va.gov)

- Comprehend, Inc., KY

Stephen Culp, sculp@comprehendinc.com, (606) 564-4016

- Tulare County Office of Education, Visalia, CA

- Gateway, Inc., PA

- Advocates, Inc., MA

- Odyssey House, NY

- Westcare Inc., NV

- Clark County Juvenile Justice Services, NV

- Family Development Foundation, NV.

**Please provide contact information below:**

Contact Person/Purveyor: Brad Donohue, Ph.D.

Agency/Affiliation:

Contact Email: Bradley .donohue@gmail.com

Contact Phone: 702 557 5111

Intervention Web Site/URL: <http://web.unlv.edu/labs/frs/fbt.html>