Intervention Name: Teaching-Family Model

1. Brief Description of the Intervention:

The Teaching Family Model is an organized, fully integrated approach to providing humane, trauma informed, consumer driven, effective individualized treatment and services to individuals, families and children. Through research and scrutinized clinical practice, an integrated set of procedures emerged that has been developed and advanced resulting in a Model of treatment that is cost efficient, replicable, highly effective and cost effective.

The Model is a philosophy of care and treatment that prioritizes therapeutic relationships with Practitioners as the primary conduit of effective treatment. Family-style relationships are seen as essential to healthy development of social and interpersonal skills. Weaving advanced cognitive behavioral techniques, motivation systems and person-centered interventions into daily life moments between consumers and highly skilled Practitioners results in an unparalleled therapeutic environment.

The Teaching-Family Model outlines five primary goals to help drive the agency to achieve the best outcomes possible. These five goals include: humane and effective treatment that is individualized. Treatment is responsive to consumer satisfaction (including practitioners), and it is delivered using a trauma informed approach. Goals, along with delivery systems and elements which delineate the Model, are defined by specific standards with detailed indicators enabling an agency to achieve implementation with fidelity and reliably.

The Teaching-Family Model is defined by standards of service and standards of ethical conduct which form the foundation of Model fidelity. The Teaching-Family Association (TFA) develops and oversees the implementation of these standards in all accredited Model agencies through an annual review process. Standards reflect essential elements of the Model as they apply to integrated service delivery systems.

- 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

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- 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)
- o 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.
- 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.

There are 20+ agencies currently accredited in implementation of the Teaching-Family Model. These agencies serve a variety of populations, including the ones you have outlined above.

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.

As the Teaching-Family Model is a relationship-based cognitive approached grounded in behavioral principles and learning theory, it can be adapted to meet the needs of ANY population, including the QUIC-AG's target population.

5. Intervention goals/outcomes:

The goals are those established by the agency and client together. The outcomes have been incredibly successful with most clients successfully achieving their goals effectively. Restrictiveness of living has consistently gone down. Grade point averages, employment success have successfully increased. Etc.

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

There are 20 agencies that are accredited to implement the Model. The Teaching-Family Association supports a triennial onsite accreditation process.

7. Describe the evaluation or research that has been collected on this intervention:

There are 30+ years of history and research supporting the Teaching-Family Model. A brief bibliography is attached.

Please provide contact Information Below:

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