

Comprehensive Evaluation of the Focused Family Therapy Program at Vanier: Final Report

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The Focused Family Therapy Program is a creative initiative designed to meet the community's need for timely clinical service and the increasing interest of clinicians seeking clinical training, supervision and professional development in the area of clinical experience with children and families.

The Focused Family Therapy Program provides clinical service to clients who have been identified by the Child and Youth Crisis-Intake Team and who are seen as not needing intensive services at this time. This service is provided by a team consisting of senior clinicians, post graduate externs, and students (Masters level students, 4th year B.S.W. students and graduate Psychology students).

Goals:

For Clients: Clients receive prompt, flexible and effective therapy. Modalities include family therapy, couple counseling related to parenting, or individual therapy of a child, adolescent or parent when the counseling is directly related to resolving family issues;

For Externs and Students: Within a supervision-rich environment, team members are provided with varied learning experiences that enhance their clinical skills and abilities. Weekly seminars and supervision by Vanier staff and A.A.M.F.T. Clinical Supervisors insure that students and interns are effective in their work with clients;

For Senior Staff: Senior Staff have the opportunity to contribute to the training and supervision of Focused Family Therapy participants and assist in providing direct service to clients;

For the Community: Members of the community benefit from this much needed high quality service filling a gap for non-intensive cases requiring timely clinical intervention.

Models:

Therapeutic involvement is 8-12 sessions;

Systemic models (Interactional, strength based) serve as the foundational family therapy model;

Emotionally Focused Therapy may be provided in some cases;

Individual counseling or group intervention may also be offered.

The current project offers the unusual opportunity simultaneously to evaluate mental health services as well as training for mental health providers. For clients, the Focused Family Therapy program provides a much-needed service to the community. Specifically, brief community-based services for clients who do not have intensive needs has been identified as a crucial need in the London area. Given the high volume of clients and short involvement, effective, evidence-based interventions are essential.

The training component of the program represents partnerships with several different agencies and educational institutions. The program includes trainees from different disciplines across various levels of training, from undergraduate to post-graduate and professional development. At the time of this evaluation, the program had interns who were university students from King's University College, the Masters of Education program at the University of Western Ontario, Yorkville University, Fredericton, New Brunswick, and Université Quebec at Chicotimi. Other interns were professionals, some of whom were already working at other agencies. As a result, the program has a wide influence. Graduates of the training program move on to additional training elsewhere, begin their professional practice, or return to their home agencies, taking what they have learned into this wide array of settings.

Program Evaluation Activities

Before the current project, the program was evaluated through systems in place for the entire agency. That is, each client completed a Brief Child and Family Phone Interview (BCFPI; Cunningham, Pettingill, & Boyle, 2003) and a checklist of “Presenting Problems” at intake, a clinician-rated Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000) at intake and discharge, and a one-page Client Satisfaction Questionnaire (CSQ) at discharge. The agency did not, however, have the capability to separate this data by program, and the information regarding the Focused Family Therapy program was reported mixed together with other clinical services that happen to be administered within the same clinical team, the Community Mental Health Team. The Community Mental Health Team includes a diverse range of services, including Group only and Francophone services, as well as the Focused Family Therapy program.

Several resources were developed as part of this project to assist in the evaluation of the program (see Appendix C). First, the Focused Family Therapy program includes regular seminars and case presentations, and an evaluation form was developed. Second, an evaluation form for interns who do not have another evaluation format. (Interns who are, for example, graduate students at a university, would use the forms required by their academic programs.) A qualitative interview was developed for interns, which was refined into a briefer exit interview for interns. Outcomes for clients were evaluated in several different ways. The old “Presenting Problems” checklist was updated and modified into a more meaningful “Clinical Issues Checklist” separated historic and current issues. A computerized reporting system for this new checklist was developed. Another enhancement to the agency’s reporting system was the ability to separate data by program as well as team, so that BCFPI, CAFAS, and CSQ data was available specifically regarding the Focused Family Therapy program.

One issue raised in this evaluation was client cancellations and “No Shows.” Vanier has now added the ability to track “No Shows” formally in the case management system.

Deliverables

1. Summary data regarding the program is available in two separate reports: An integrated report summarizes the entire program (see Appendix A), and a second report focuses on the results from qualitative interviews conducted by a research assistant hired specifically for this project (see Appendix B).
2. Materials were developed to assist in the evaluation of the program (see Appendix C.)
3. Computerized reports were developed to summarize data by program from the Clinical Issues Checklist, BCPFI, CAFAS, and CSQ. Of particular value, results from the BCFPI are integrated into the Clinical Issues Checklist. A complete listing of the clinical issues that have been identified for a given client during the current treatment episode is automatically sent by email to the client's primary worker when the client is assigned to the worker and whenever new items are identified.

Knowledge Exchange Activities

This report will be forwarded to Vanier's Value Team (the agency committee responsible for quality assurance, program evaluation, and research), the Executive Director, and Board of Directors. A summary of the findings has been sent to all staff at Vanier, and any staff member may request the full report.

This report will be posted to the Children's Mental Health Ontario's "Clinical Leaders" list-serve, which includes senior clinicians and clinical directors from similar agencies across the province. The Appendices will be available to them on request.

Findings from this project will be shared with potential funders of the program through the grant application process.

As appropriate, findings from this project – and data generated by the systems that it puts into place – will be submitted for presentation at professional conferences and for publication in scholarly journals.

REFERENCES

Cunningham, C.E., Pettingill, P., Boyle, M. (2003). The Brief Child and Family Phone Interview (BCFPI-3). Hamilton, ON: Canadian Centre for the Study of Children at Risk, Hamilton Health Sciences.

Hodges, K. (2000). Child and Adolescent Functional Assessment Scale. Ann Arbor, MI: Functional Assessment Systems.