

FBMHS SPECIALTY TEAM DESCRIPTIONS

What are Family-Based Mental Health Services (FBMHS)?

FBMHS consists of an eight-month, comprehensive family therapy treatment designed for children and adolescents under 21 years of age. In Pennsylvania, the state-mandated treatment model for FBMHS service delivery is Ecosystemic Structural Family Therapy (ESFT).

For more information, visit cbhphilly.org.

General

No exclusive training besides ESFT training is required to implement the FBMHS model for youth. This general team provides services based on common practice needs in FBMHS to support skill-building opportunities, improve functioning in day-to-day life, enhance interpersonal relationships and communication, identify strengths, and promote resilience within the family unit.

Autism Spectrum Disorder (ASD)

An ASD specialty team specializes in helping families with a child or adolescent diagnosed with ASD. This team can work with children with autism who may require additional treatment support outside of using the ESFT model within FBMHS. The team is equipped to help the family gain insight into their child's specific needs, improving both the family's functioning and the child's behavioral health. It can link to ASD-specific resources and supports, including knowledge of special education law, behavioral health continuum, ASD community supports, DBHIDS/BAS waivers, and support for transition-age youth.

Team staff may have the following qualifications:

- ➔ At least one year of experience as a direct clinician, behavioral health technician (BHT), or higher with children on the ASD spectrum
- ➔ At least one year of experience in providing parent training/consultation, preferably behavioral skills training models
- ➔ Some experience supervising BHT or other aide/paraprofessional positions
- ➔ Graduate coursework in autism and other neurodevelopmental disorders, applied behavior analysis (ABA), and evidence-based treatments for ASD

Intellectual or Developmental Disabilities (ID/DD)

ID/DD specialty teams can link to ID/DD resources and supports, including knowledge of special education law, behavioral health continuum, ID/DD community supports, DBHIDS/BAS waivers, and support for transition-age youth.

Team staff may have the following qualifications:

- ➔ Experience completing Vineland or another adaptive functioning assessment to determine areas of skill building needed
- ➔ Training in behavioral approaches using positive reinforcements, task analysis, and reducing tasks into multiple accomplishable steps
- ➔ Training in visual/role-playing models of therapy over verbal interventions

Medically Complex

Medically complex specialty teams help families with a child or adolescent with a significant medical issue impacting both the family's functioning and the child's behavioral health. The family member with the medical problem could be the child, caregiver, or another family member. The team uses ESFT to help the family respond to the child's behavioral health needs. It helps the family strengthen their connection/collaboration with medical professionals to enhance the family's knowledge of the needs of the family member with the medical issue.

Spanish Language

Teams with a bilingual specialty ensure culturally and linguistically accessible services, which should include the lead clinician, at a minimum, with bilingual fluency.

Spanish Language with Immigrant Focus

Spanish language with immigrant focus specialty teams understand the stressors associated with immigration, particularly those related to permanency. These teams strive to connect with families whose sense of safety and security was an impetus to their migration and continues to be compromised in their current circumstances. These stressors impact family dynamics and roles, causing relationships and communications to become less structured. These environmental alterations likely highly impact youth presenting with more significant needs. These teams address these issues by establishing a therapeutic alliance to create a healthier family structure and dynamics, strengthening attachment security among family members, and developing parental executive skills that support children in regulating their emotions.

Trauma-Informed

Trauma-informed specialty teams have trauma awareness, knowledge, and skills. They can collaborate with all those involved with the child, using the best available science to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.

These teams:

- ➔ Routinely screen for trauma exposure and related symptoms
- ➔ Use evidence-based, culturally responsive assessments and treatments for traumatic stress and associated mental health symptoms

- ➔ Make resources available to children, families, and providers regarding trauma exposure, impact, and treatment
- ➔ Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
- ➔ Address parent and caregiver trauma and its impact on the family system

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Specific

TF-CBT-specific specialty teams are trained in TF-CBT and can implement TF-CBT in conjunction with the ESFT model throughout the treatment. Service delivery is implemented by an Evidence-Based Practice and Innovation Center (EPIC) designated TF-CBT provider, or the provider has specific clinicians on the team complete TF-CBT training (i.e., a 10-hour online TF-CBT course through the Medical University of South Carolina).

Youth Empowerment

Youth empowerment specialty teams serve youth, adolescents, and their families. Interventions focus on recognizing and acknowledging breakdowns in the family structure, understanding the socialized and circumstantial resiliency that individuals and family systems often develop to survive traumatic stimuli, and supporting families and adolescents to become more independent. These teams are most appropriate for youths struggling to cope within family systems where the structure has been impacted and youths with juvenile justice involvement.

LGBTQ

LGBTQ specialty teams are aware that a youth's identifying as LGBTQ or developing an understanding of their caregivers' identification may be a stressor. Given the elevated risks of behavioral health challenges, including suicidal behavior among LGBTQ youth, intervention is critical when the family is having difficulty adapting to a youth's sexual identity while that youth is experiencing significant behavioral health challenges. These teams use the ESFT model and FBMHS approach with a focus on working with a family in which the caregiver and family may benefit from learning how to be supportive/accepting of their LGBTQ+ youth to help create a relational reframe that highlights the family's good intentions and the larger ecosystem.

Deaf/Hard-of-Hearing (HOH)

Deaf and HOH specialty teams ensure culturally affirming and linguistically competent services aligned with established best practices and industry standards, including recommendations from the National Association of the Deaf for mental health services.