THE TEACHING-FAMILY ASSOCIATION

The Teaching-Family Association (TFA) was founded in 1975 to ensure the quality of care provided by professionals who actively pursue the goals of humane, effective treatment using the framework of the Teaching-Family Model of treatment. What is learned in one agency can be shared with other agencies within the Association and incorporated into the standards and quality assurance processes within the Association.

TFA’s Goals Are To:

♦ Certify members,
♦ Honor Model contributors and programs,
♦ Standardize effective, meaningful training and evaluation procedures,
♦ Supervise program replication and
♦ Provide yearly conferences to facilitate sharing TFM technology and program development.

For more information about the Teaching-Family Model or the Teaching-Family Association, write or call the Association office.

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THE TEACHING-FAMILY MODEL

An Evidence-Based
Best Practice Treatment Model

An International Organization

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WHAT IS THE TEACHING-FAMILY MODEL

The Teaching Family Model is an organized, fully integrated approach to providing humane, 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 efficient.

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 (TFM) 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 certified Model agencies through an annual review process. Standards reflect essential elements of the Model as they apply to integrated service delivery systems.

The Teaching-Family Association is the only entity in North America that defines and implements standards and review procedures related to the actual performance and quality of treatment and service delivery systems at all organizational levels.

ELEMENTS OF THE TEACHING-FAMILY MODEL

**Teaching Systems:** Teaching-Family Programs emphasize a strengths based approach to the supportive teaching of functional skills and behaviors.

**Self-Determination:** Emphasizes individual ownership and choice of goals and services provided; attained by equipping individuals to make rational choices and accept responsibility for the outcome of those choices. Problem solving skills and appropriate expression of emotions are keystones of this element.

**Client Advocacy:** Working in partnership with individuals; actively promoting and protecting individual rights while empowering persons served to self-advocate utilizing all social, legal and cultural resources and systems available.

**Relationships:** The development of therapeutic partnerships with persons served based on mutual trust and respect which facilitates the provision of high quality, individualized services.

**Family-Sensitive Approach:** Teaching-Family Programs recognize the importance of family to the client. They encourage and support contact delivering services in a family-aware context.

**Diversity:** Cultural and ethnic competence in the delivery of services to the individual and/or family.

**Professionalism:** Teaching-Family Association and affiliated agencies promote the professional development of Practitioners through training, consultation, and evaluation leading to certification.
Facilitative Administration: The theoretical constructs of the Model emphasize the essential role of the Practitioner as the catalyst for change and healing in consumers’ lives. In accordance with these principles, administration in the Teaching Family Model has a primary goal of supporting Practitioners by providing the work environment, treatment and fiscal resources needed to equip them to deliver services to consumers in a family-sensitive environment using state of the art treatment techniques and interventions.

Systems Integration: Each of the Model components just described can also be found in non-model organizations in a departmentalized framework. Essential to Model fidelity is the integration and continual interaction between the four system components (training, consultation, evaluation, administration). While all of the components fulfill independent roles, they function interdependently, maintaining fluid responsiveness to one another. A systemic change in one area will automatically necessitate adjustments in all other components to ensure comprehensive service delivery. Demonstrated integration of all Model components facilitates excellence in the organization and is required to meet criteria as a certified Teaching Family Model provider.

TEACHING-FAMILY MODEL: THE BEGINNING

In the late 1960’s the National Institute of Mental Health provided large grants to fund research conducted by several pioneers of behavioral psychology with the Achievement Place Research Project at the University of Kansas. The research defined and refined a residential treatment model known today as the Teaching-Family Model (TFM) and laid the foundation for many of the cognitive/behavioral treatment modalities that have become a familiar body of research and practice today. The Model was, and continues to be, consistently effective in changing consumer behavior in an unparalleled way.

Since 1967, an international association, the Teaching-Family Association (TFA), has grown out of the demand to replicate this effective, humane model of treatment. The Teaching-Family Association represents agencies supporting common elements and tenets of the Model across an array of applications of Model technology. Today, the Model serves families, physically, emotionally and sexually abused children, delinquent youth, emotionally disturbed and autistic children and adults, medically fragile children and adults with disabilities.

Developers and implementers of the Model have conducted over 200 studies to learn and validate effective treatment approaches and practices that work. This research and continual examination has kept the Model focused on benefiting individuals, families and children with proven interventions. Research is ongoing and outcomes continue to verify the validity and reliability of the initial discoveries: The Teaching Family Model is effective.
APPLICATIONS OF THE MODEL

The Teaching-Family Model is used in a variety of environments. In fact, the Model is so flexible it can be applied in nearly all treatment settings. Examples of Model application include, but are not limited to:

**Group Homes** - Group home programs offer community or campus-based residential treatment for children, adolescents, or dependent adults. Treatment based on the Model is carried out by a well-trained treatment team. The team, typically a married couple called Teaching Parents/Family-Teachers along with other Model-trained Practitioners provide services in a family-style environments, using precise intervention strategies to create daily opportunities for social skills teaching which is generalized to the consumer's natural environment.

**Treatment Foster Care** - Foster care programs serve children, adolescents and dependent adults in need of supportive, treatment-oriented family environments that promote healing. Programs are characterized by their commitment to marshal the resources, expertise and support necessary to maintain each individual’s placement and to assure continuing goal attainment. Treatment Parents are supported in a variety of ways including in-service training, support groups, respite care and 24-hour a day consultation services.

**Home-Based Treatment** - Home-based programs offer intensive, short-term intervention for children and families within the context of their home, school and community. Home-based treatment is family-centered, builds on existing family strengths, developing a collegial partnership with parents. It is characterized by the belief that children and families belong together and features a strong commitment to preserving, maintaining and reunifying the family unit. Family Specialists use Model elements sensitively and respectfully as they partner with families to improve family functioning, meet family's treatment goals.

**School-Based Programs** - Programs offered in an educational setting specialize in interventions and behavioral support for children and adolescents who have been unsuccessful in traditional classroom environments. Services are centered on empowering educators to recognize and respond to at-risk students using proven Model techniques such as effective praise, preventive teaching and alternative skill reinforcement. The Model demonstrates research based efficacy in regular education classrooms, self-contained classrooms for special needs students and Mental Health Day Treatment programs.

**Institutional Mental Health Programs** - Programs in this application include, but are not limited to, psychiatric in-patient settings, short term crisis/emergency placements and other clinical environments. Treatment in this environment is focused on intensive therapeutic interventions designed to effect behavioral change relevant to specific mental health disorders. Practitioners are trained in Model philosophy and practice as a partner to other clinical methodologies.

THE MODEL'S CRITICAL SERVICE DELIVERY SYSTEMS

The Model is founded on four systemic components which, when effectively integrated, collaborate to create a structured organization poised to be responsive to internal and external feedback resulting in continuous quality improvement. Those four systems are:

**Staff Selection & Training:** Direct care providers, called Practitioner’s are carefully selected based on their ability to provide individualized treatment in a positive, affirming manner. New Practitioners experience a year long training process. Beginning with an extensive pre-service training, the Practitioner develops a highly professional skill repertoire that empowers them to recognize and respond to highly challenging situations in a therapeutic manner. Ongoing training occurs for Practitioners and administrators with the goal of establishing and maintaining knowledge and skills that are relevant and responsive to the consumers served.

**Competency-Based Management:** Each team of Practitioners is supported by a Consultant/Supervisor. Consultation continues the training process through observation of the Practitioners' implementation of skills learned in pre-service. Through feedback, problem solving discussions and data analysis, the Consultant develops the Practitioners’ ability to individualize the principles of the Model for maximum effect with the clients served. The Consultant provides on-call support, trouble-shooting for challenging client situations, coaching during times of crisis and case coordination for individuals and families served by the Practitioners.

**Quality Assurance:** The evaluation component provides accountability to serve consumers with excellence within the philosophy of the Model. Evaluation culminates in the sought after goal of certification as a Practitioner by the Teaching Family Association. Certification is attained through participation in a Teaching Family program evaluation which is a comprehensive review of all program components by trained evaluators. The review includes an on-site observation of the Practitioners’ implementation of Model principles with individual served, review of program data, and a satisfaction survey of program consumers. The evaluation process also aims to insure quality at an organizational level through examination of systemic patterns and trends indicating success and/or the need for modification to training or consultation or administrative components of the Model.