

Trauma Adapted Family Connections (TA-FC) Fidelity Criteria

The table presented below specifies the conditions necessary to replicate the Trauma Adapted Family Connections Program. Each replicating program will develop an implementation plan that verifies how they will assure that the program is implemented with integrity.

Fidelity Criteria

Philosophical Principles

Uses TA-FC philosophical principles in the delivery of services:

- 1. community outreach
- 2. family assessment
- 3. individualized, tailored intervention
- 4. helping alliance
- 5. empowerment approaches
- 6. strengths perspective
- 7. cultural competence
- 8. developmental appropriateness
- 9. outcome driven service plans
- 10. focus on the practitioner
- 11. trauma-informed engagement, assessment, and practice

Program Structure

Uses, at a minimum, the original FC/TA-FC screening criteria regarding meeting the family's basic needs and trauma symptomatology as clear inclusion criteria for targeting and screening program clients.

After clients are assigned to the TA-FC intervention, a TA-FC practitioner assigned to work with the family on an ongoing basis initiates the therapeutic alliance through face-to-face contact with the client within one business day of acceptance at Intake.

At least 50% percent of face-to-face TA-FC services will be spent addressing issues related to trauma and will be provided to the family unit, at least once per week for at least six months via case management or therapy.

Provides most services in the community, meeting families where they live.

Uses clinical assessment instruments related to guide the identification of traumatic experiences and related posttraumatic stress symptoms as part of the comprehensive family assessment.

Develops and implements marketing and recruitment procedures targeted toward potential program

Establishes and manages referral procedures for actively reaching out to eligible families with offers of service.

Forms and utilizes a community advisory panel that incorporates consumer input.

Provides emergency services to address initial concrete needs and on an ongoing basis as needed.

Conducts comprehensive family assessments to guide the service delivery process.

Develops outcome driven service plans geared to decrease and manage posttraumatic stress symptoms and increase family functioning in relation to trauma history.

Delivers tailored, direct therapeutic services to help clients reduce risks, maximize protective factors, and achieve service outcomes and goals by providing services, both with individual family members and with the family as a whole, to address issues related to trauma following the FC/TA-FC model. These services include the following components:

- 1. Comprehensive family assessment;
- **2.** Enhancing and building emotional and physical safety;
- **3.** Psycho-education;

Fidelity Criteria

- 4. Identifying, expressing and regulating feelings;
- 5. Building family cohesion and communication and strengthening family relationships; and
- **6.** Family shared meaning of trauma and case closure.

Advocates on behalf of clients in the community and facilitates services provision by other organizations/individuals.

Implements process for evaluation of client change over time and at case closing.

Administrative Activities

Develops modifications to the original FC/TA-FC intervention manual to respond to target population.

Establishes safety policies for practitioners related to their work in the community.

Develops, implements, and manages continuous methods for assessing quality assurance.

Develops, implements, and manages risk management procedures (e.g., child abuse and neglect reporting, self-injurious behavior, etc.).

Tracks time units of service by type of services delivered.

Tracks costs of all service units.

Professional Development Activities

Recruits and supports a professional workforce (social work education or equivalent).

Provides initial training and orientation to all staff and provides all staff members with the TA-FC intervention manual.

Provides at least weekly clinical supervision to TA-FC service providers.

Fosters an organizational culture that reinforces the TA-FC philosophical principles, intervention methods, and procedures via weekly clinical seminars or team meetings, and interpersonal interactions.

Provides opportunities for staff to participate in seminars, conferences, and/or other training to support their continuous professional development in trauma informed practice, including issues of secondary or vicarious traumatization.

Research Activities

Uses a logic model to specify the connections between outputs and outcomes.

Measures change over time, pre-post in trauma symptoms of child and caregiver.

Implements strategies which document the process of implementation and the service delivery process.