

Connect Nevada: Strengthening Youth, Empowering Families Intensive Home-Based Treatment (IHBT) Service Overview

Intensive Home-Based Treatment (IHBT) is an intensive, specialized, time-limited behavioral health service intended for youth who are at risk of out-of-home placement or returning from placement outside the home. Services are provided in the home, school and community where the child/youth live. The goal is to stabilize behavioral health concerns while safely maintaining the child/youth in the least restrictive, most normative environment.

Connect Nevada calls for the use of evidence-based practices (EBP) outlined below. Providers who choose to use an EBP must show current certification or submit a plan that outlines specific steps/timeline for EBP training and certification:

Multisystemic Therapy

The overriding goal of Multisystemic Therapy (MST) is to keep adolescents who have exhibited serious clinical problems (e.g., drug use, violence, severe criminal behavior) at home, in school and out of trouble.

MST is an evidence-based program that empowers youth (aged 12 – 17) and their families to function responsibly by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). MST reduces delinquent and antisocial behavior by addressing the core causes of such conduct, allowing the family to take the lead in setting treatment goals and the therapist helps them to accomplish their goals. The average length of treatment is between 3 and 5 months with multiple therapist–family contacts occurring each week. Therapists work in the home, school and community and are on call 24/7 to provide caregivers with the tools they need to transform the lives of troubled youth.

Staffing Requirements:

- Clinicians licensed in MST. MST Services must license all MST programs.
- Supervisors are, at minimum, highly skilled master's prepared clinicians with training in behavioral and cognitive behavioral therapies and pragmatic family therapies (i.e., Structural Family Therapy and Strategic Family Therapy).

Staffing Training:

- 5 Day Orientation Training: for new MST therapists, supervisors and other program staff on the theory and techniques of MST. Training includes didactic teaching, role-playing and other exercises designed to stimulate critical thinking about the treatment process.

- 2 Day Supervisor Orientation Training: for new MST supervisors typically attended during the first six months on the job as supervisor. The training is highly interactive and experiential with multiple opportunities to practice implementing the various job tasks.

Multidimensional Family Therapy

Multidimensional Family Therapy (MDFT) transforms lives through family-centered treatment for youth struggling with mental health and other challenges. It gives parents hope and tangible help and enables youth to create a positive lifestyle.

Through MDFT, youth and their family will communicate more effectively, function better day-to-day and ultimately grow closer and stronger together. MDFT serves youth with a wide array of challenges between the ages of 10-26 and their families. MDFT does not exclude families with domestic violence or parents with substance misuse or mental health disorders. It broadly defines the “parent/caregiver” role to reflect the variety of family situations and dynamics. Length of treatment generally runs three to six months, and the number of weekly sessions can range from one to three with tapering off at the end of treatment.

Staffing Requirements:

- Full-time MDFT therapists who hold some or all sessions in the home have caseloads of 6-10 families (depending on case severity)
- Full-time MDFT therapists who work in office-based outpatient programs have caseloads of 15-20 families (depending on case severity)

Staff Training:

- A one-day onsite or virtual training is required for agency certification for teams of three or more clinicians.
- Upon completion of the training, agencies maintain MDFT certification with annual quality assurance activities through an annual onsite booster training.
- Agencies that complete the certification training can participate in the Train-the-Trainers (TTT) Program, for MDFT supervisors can become in agency MDFT trainers. TTT is the optimal way to increase program sustainability and substantially reduce program costs. These trainers can train any new therapists and provide ongoing program support to their MDFT teams.
- The overall timeline can be one to six months for therapists and six to twelve months. Annual recertification is required.

Functional Family Therapy

Functional Family Therapy (FFT) is an effective, short-term evidence-based family counseling service designed for youth ages 11-18 who are at risk or have been referred for behavioral or emotional problems. FFT works with a young person’s entire family and extrafamilial influences to facilitate positive growth and development. The effectiveness stems from the idea that families are not identical; they all have a unique set of circumstances, so the treatment plans are individualized to fit the specific needs of youth and their families. The key components of FFT are:

- Engagement
- Motivation
- Relational Assessment

- Behavior Change
- Generalization

Staffing Requirements:

- One site supervisor can support up to a team of eight, which includes the site supervisor.
- The team should include three to eight master’s level therapists with a caseload of 10 to 12 families each.

Training Requirements:

- FFT LLC trains and certifies groups of three to eight therapists in a wide variety of settings.
- The FFT model uses a phasic implementation process which has proven to be highly successful in community replication of their family therapy model.
- Phases of the FFT training and certification process includes:
 - Phase I – Clinical Training
 - Phase II – supervision Training
 - Phase III – Maintenance Phase

Family Centered Treatment

Family Centered Treatment (FCT) is a home-based treatment to stabilize youth (ages 3 – 20) and families who have experienced trauma and those experiencing complex mental health symptoms. FCT integrates elements of several evidence based theoretical models, two form its foundation: Eco-Structural Family Therapy and Emotionally Focused Therapy. Both rely upon changing the emotional tone and interaction patterns among family members. FCT has developed its process into a focus for the family to restructure critical areas of functioning and to utilize emotion to build attachments. Both attachment and eco-structural theory stress the importance of emotional experience and expression and was largely developed by practitioners for inclusion in the behavioral and mental health array of services. Family and clinicians’ feedback, along with research findings, allow for innovation and up-to-date practices that adjust to meet families’ needs in the current world. Getting to the functions of behaviors rather than simply treating the symptoms is at the crux of FCT and an important reason the model is effective with clients/families with histories of trauma and with diagnosis. The four phases are:

- Joining and assessment
- Restructuring
- Valuing Change
- Generalization

Training Requirements:

- FCT requires a commitment of management to provide:
- The intensive on-line and field competency-based training process to enable certification for each FCT clinician (over 95 hours of training)
- Training of supervisors to enable approved FCT supervisor status.
- Peer supervision via a weekly team meeting process
- Monthly staffing of each FCT case utilizing a family systems model of review known as a MIGS
- Supervision to assure fidelity to the Family Centered Treatment model.
- Key treatment related documents that must be produced for each case that are critical to each phase of FCT treatment and provide the hard documents to demonstrate fidelity to the model.
- Access to an information management system that enables maintenance of a record review.

- A tracking process necessary to assure maintenance of fidelity to the model for individual cases and for evaluation of outcomes in total.

As individual(s) achieve each successive certification, the program can certify their own staff and manage all aspects of the program.

Family Check-Up

The Family Check-Up® (FCU) model is a brief, strengths-based intervention for families with children ages 2 through 17. The intervention aims to improve parenting skills and family management practices, with the goal of improving a range of emotional, behavioral, and academic child outcomes. The Family Check-Up® consists of three main components:

- An initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context.
- An ecological family assessment that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions.
- Tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family

Follow-up services may include clinical or support services in the community. They may also include the Everyday Parenting program, which is a parenting management program that is typically delivered by the provider.

Training Requirements:

- Providers must participate in training to become a Qualified Family Check-Up® Provider.
- The training is delivered in three formats: (1) an in-person 2-day training; (2) an online training that consists of an e-learning course and two webinars; and (3) hybrid training that consists of an e-learning course, 1-day in-person training, and 1-hour consultations that occur before and after training.
- Providers who complete the training receive one year of access to the Family Check-Up® Resource Website that houses the manual, instructional videos, and other materials needed to implement each step of the Family Check-Up. Qualified Family Check-Up® Providers can also become a Certified Family Check-Up® Provider if they submit videotaped sessions and meet fidelity criteria.

Parents as Teachers

Parents as Teachers (PAT) is an early childhood parent education, family support and well-being, and school readiness home visiting model based on the premise that "all children will learn, grow, and develop to realize their full potential." Based on theories of human ecology, empowerment, self-efficacy, attribution, and developmental parenting. Parents as Teachers involves the training and certification of parent educators who work with families using a comprehensive curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn. An agency may choose to use the Parents as Teachers model to focus services primarily on pregnant women and families with children from birth to age 3 or through kindergarten.

Staff Requirements:

- The PAT program requires that, at a minimum, parent educators have a high school diploma or general equivalency degree (GED) and at least two years' previous supervised work experience with young children and/or parents.
- The PAT program prefers parent educators to have at least a four-year degree in early childhood education or a related field, or at least a two-year degree, or 60 college hours in early childhood or a related field.
- It is recommended that parent educators have prior experience working with young children and/or parents.

Training Requirements:

- Requirements for Program certification contact the PAT Nation Center to review expectation for fidelity and quality and to assess the with the PAT model.
- Pre-Service Staff – the center requires all parent educators implementing the model to attend and successfully complete a three-day foundational training and a two-day model implementation training.
- In-Service Staff Training – to renew certification parent educators complete a minimum of 20 hours of professional development during the first year, 15 hours the second year, and 10 hours per year thereafter.
- At least 5 days of initial training and more for supervisors and those working with special populations.

Parent Child Interaction Therapy

Parent-child interaction therapy (PCIT) is an evidence-based behavior parent training treatment developed by Sheila Eyberg, PhD for young children, ages two to seven, with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent/child interaction patterns. Children and their caregivers are seen together in PCIT. Parents are taught and practice communication skills and behavior management with their children in a playroom while coached by therapists. The activities and coaching by a therapist enhance the relationship between parent and child and help parents implement non-coercive discipline strategies.

Staffing Requirements:

- Must have a master's degree or higher.
- Be an independently licensed mental health service provider or
- Be a psychology doctoral student who has completed the third year of training and be conducting clinical work under the supervision of a licensed mental health service provider.

Training Requirements:

- Minimum of 40 hours of face-to-face training with a Certified Global Trainer or Regional Trainer in a hands-on workshop format -or- mentored co-therapy format with a Certified Within Agency Trainer

- Some training courses include additional face-to-face hours in workshop format or online training modules.
- Many training courses offer APA-approved CEUs for time spent.
- Continuation training: at least twice monthly consultation (usually in a group format of 6-8 practitioners) via phone or web-conferencing with a Certified Global Trainer or Regional Trainer -or- in-person supervision with a Certified Within Agency Trainer in individual or group format
- Video review of four (4) key PCIT sessions with written feedback from a Certified Global Trainer or Regional Trainer -or- live case observation and feedback from a Certified Within Agency Trainer
- Case experience while under consultation from a Certified Trainer

Additional Resources:

Multisystemic Therapy (MST) [MST Services | Multisystemic Therapy for Juveniles](#)

Multidimensional Family Therapy (MDFT) [MDFT](#)

Functional Family Therapy (FFT) [FFT | Evidence-Based Interventions and Family Counseling \(fftllc.com\)](#)

Parents As Teachers (PAT) [Welcome to Parents as Teachers - Parents as Teachers](#)

Parent Child Interactive Therapy (PCIT) [Home \(pcit.org\)](#)

Family Centered Treatment (FCT) [The FCT Model — Family Centered Treatment](#)

Family Check-up [Learn About The Family Check-Up \(Internal Page\) | Family Check-Up \(thefamilycheckup.com\)](#)

IHBT Program and Practice Standards

As an alternative to providing a nationally recognized IHBT service, providers may wish to assist with filling the gap in children’s behavioral health field by developing an IHBT equivalent using the [IHBT Program and Practice Standards](#) (PDF).

These standards are essential for maintaining a high level of care and ensuring that children who need behavioral health services receive the best possible support based on the latest evidence. They also help in standardizing practices across different locations and providers, which is crucial for creating a predictable and reliable care environment. By adopting [these standards](#), organizations can improve the outcomes for children and ensure a more accountable and systematic approach to care delivery.