## ADOLESCENT FBT OVERVIEW

	Orientation
	Orienting & building excitement for FBT, reviewing assessment results, identifying family strengths & goals.
	Level System
	Establishing motivation to optimize desired behavior/thoughts through family-based rewards.
	Improving Motivation (Consequence Review)
	In depth review of neg. consequences & pos. consequences to undesired & desired actions/thoughts, respectively.
	Treatment/Performance Planning
	Determining which FBT intervention components work best w/ family, and emphasizing these throughout treatment.
	Managing the Environment to be Free of Undesired Behavior/Thoughts (Environmental Control)
ADOLESCENT FBT Components	Restructuring environment to avoid & manage people & situations that increase risk of undesired actions/thoughts & spend more enjoyable time w/ people & situations that decrease undesired actions/thoughts.
<b>1 1 1 1</b>	Managing Self to Stay Free of Undesired Behavior/Thoughts (Self-Control)
	Identifying situations that lead to undesired actions/thoughts, increase motivation to avoid undesired actions/thoughts, relaxation, generating & evaluating alternatives to undesired actions/thoughts, choosing optimal solutions.
	Improving Family Relationships (Reciprocity Awareness)
	Expressing appreciation to one another, including provider.
	Improving Communication (Positive Request)
	Making positive requests so people are more likely to do what is desired and disagreements are settled mutually.
	Job-Getting Skills Training
	Advanced strategies to obtain satisfying jobs at higher wages.

Outcomes Tested	• Improved mood; relationship enhancement; improved psychiatric functioning; lower substance use; increased work/school attendance; decreased anxiety/PTSD symptoms, decreased problems in conduct
Therapy Dosage	• Typically 12 to 15 sessions across 4 to 6 months duration
Session Type	• Outpatient family sessions examined in controlled/uncontrolled trials; community-based agencies have additionally conducted FBT in groups to assist transfer from inpatient to outpatient sessions and to manage client overflow efficiently.
Caseload of Therapist/ Provider/ Supervisor	<ul> <li>Up to 3 months after the 1st workshop at least 1 case seen per week and no more than 13 outpatient cases seen per week (60 minute meetings)</li> <li>After 2<sup>nd</sup> workshop is provided approx. 3 months after 1st workshop, at least 1 case seen/wk. &amp; no more than 26 outpatient cases/wk. (60 minute meetings)</li> </ul>
Supervisor Caseload	• At least 1 case seen per week
Model Sustainability	<ul> <li>The Full Adolescent FBT training program assists providers in effectively sustaining their delivery of adolescent FBT. In doing so, providers must achieve the following minimum standards: (1) read FBT manual, (2) demonstrated 80% protocol adherence at least once, according to a national trainer in each of the respective intervention protocols through video/audio tape review, (3) actively participate in 84 hours of in-person workshop training conducted by a qualified FBT trainer, (4) achieve at least 80% on a pre-workshop quiz (FBT training manual quiz), (5) actively participated in at least 40 on-going training meetings w/ national trainer across 12 mos., (6) reliably provided protocol adherence feedback to a peer in on-going training (providers will be taught to evaluate their own sessions for protocol adherence).</li> <li>Supervisors (or non-supervising providers who do well with the model) are encouraged to pursue training as internal trainers for the agency. Training for this position involves: (1) co-leading the 2<sup>nd</sup> workshop with the national trainer as a 2ndry trainer and 3<sup>rd</sup> workshop as a primary trainer while achieving &gt; 80% adherence in all training protocols, (2) assist a national trainer in reliable feedback during on-going training meetings, (3) conduct at least 8 session tape reviews w/ at least 80% reliability w/ the provider conducting the respective session or national trainer.</li> </ul>
Method of Supervision & Adherence	• The agency supervisor assures legal and ethical supervision and facilitates agenda and case review process during weekly scheduled on-going trainings. National trainers facilitate FBT feedback from random review of session audio-tapes. The person being trained as the internal trainer and/or providers who experience difficulties in their sessions or experience low caseloads provide protocol adherence feedback during on-going training meetings. On-going training meetings follow a grand rounds format in which all active cases are briefly reviewed to assure emergent conditions and attendance are successfully managed, while difficult case scenarios are comprehensively reviewed using presentation protocols. Thus, providers independently assess treatment integrity of their peers.