ECOSYSTEMIC STRUCTURAL FAMILY THERAPY (ESFT): AN OVERVIEW

As Applied to Pennsylvania's Family Based Mental Health Services Program (rev 7-23-21)

ESFT Training Center Consortium*

THE PROBLEM

Studies suggest that **chronic exposure** to adverse childhood experiences (ACEs) and other relational/ community-based toxic stresses like historical and generational trauma are often linked to impairments in the child's ability to manage their emotions and maintain relationships. These symptoms, often described as **a severe emotional disturbance** (SED), are better viewed as a Complex Developmental Trauma (CDT).

Negative interactional patterns (NIPs) between caregivers, children, and persons from their broader social ecology maintain and exacerbate child-based symptoms. Recuring NIPs amplify the child's underlying worries, disrupt caregiver-child attachment, & thwart child development.

TREATMENT MODEL OVERVIEW

TARGET POPULATION

Children & youth under the age of 21 diagnosed with a SED who are at risk of psychiatric hospitalization or out-of-home placement. They live in highly stressed families. Grave chronic personal, social, and economic challenges impede caregiving and disrupt family process. Children described as SED living in multi-stressed families present with diverse diagnoses, including developmental disabilities, but share an enduring pattern of poor emotional regulation that fuels extreme, high-risk reactions, derails child development, and impairs relationships.

KEY COMPONENTS OF TREATMENT

- Therapists attend to the intersection between the family's social location, their unique cultural norms, and values/beliefs to create a collaborative team
- Treatment is team delivered.
- Treatment is delivered in the family home and community.
- Treatment is intensive, involving multiple highly focused sessions each week with the child, caregivers, and family.
- Interventions to help the child flow through caregivers. Therapists empower caregivers as primary change agents.
- In sessions, therapists facilitate enactments of new interactional patterns targeted for agreed-upon changes.
- Therapists build on strengths, promote resilience, & contain blame.
- Therapists build on and expand the family's naturally occurring resources within the community and extended family.
- Therapists put safety and stability first, using collaboratively constructed safety plans and 24-7 on-call crisis availability.
- Therapists coordinate care among multiple service agencies and facilitate collaborative home-school relationships.

TREATMENT OUTCOMES

FAMILY GOALS (Mediating outcome)

Caregivers establish and maintain relationship rules and household routines.

Caregivers establish and maintain an emotionally safe, nurturing, and accepting relationship with the child.

Family de-escalates conflict and problem-solves when tension is high.

CHILD GOALS (Desired outcome)

Reduction in documented symptoms and level of distress.

Child participates more fully and adaptively in home, school, and community.

Child feels safe, secure, and protected in their relationship with caregivers.

Reduced risk for psychiatric hospitalization, out-of-home placement, and other restrictive social services.

*Authors all contributed equally: C. Wayne Jones, Ph.D., Center for Family Based Training; Patricia Johnston, LSW, QCSW, BCD, Family Based Mental Health Training Institute at UPMC/WPH; and Steve Simms, Ph.D., Philadelphia Child & Family Therapy Training Center