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

TREATMENT MODEL OVERVIEW

TREATMENT OUTCOMES

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.

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 multistressed 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.

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.

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ECOSYSTEMIC STRUCTURAL FAMILY THERAPY (ESFT) LOGIC MODEL (rev 7-23-21)

ESFT Training Center Consortium (C. Wayne Jones, Patricia Johnston, & Steve Simms)

Tasks or Activities by Treatment Stages

Intermediate Outcomes (prior to discharge)

Outcomes (post-discharge)

Stage 1 Create the Therapeutic System

- Orient family members to how ESFT works
- Develop therapeutic alliance (join) with family
- Secure child and caregiver buy-in to participation
- Use caregiver ecomap to identify potential natural supports for inclusion in treatment

Stage 2 Stabilize the Child and Family

- Identify child and family safety risks
- Develop and implement a family crisis plan that fosters caregivers' role in de-escalating crises
- Put into place a case management/support plan that supports the caregivers' leadership role

Stage 3 Assess Pattern

- Use genogram/timeline to identify sources of conflict, trauma, resilience, & strengths
- Use direct observation of interactions to identify and map 1) family structure, (2) individual and family strengths & 3) negative interactional patterns

Stage 4 Establish A Relational Focus

- Team with family to craft a trauma informed relational reframe around the child's symptoms
- Develop a child-centered, caregiver-led treatment plan focused on strengthening family functioning

Stage 5 Facilitate Functional Family Relationships (Restructure)

- Evoke caregiver curiosity & empathy re child
- Support the child's constructive self-expression
- Facilitate enactments so caregivers practice competency in leadership and nurturing roles
- Help family members to talk directly to one another about problems, expectations, & conflict
- Help caregivers develop and implement a positive growthpromoting structure in the home
- Help caregivers strengthen extrafamilial relationships

Stage 6 Solidify Change and Prepare for Discharge

- Solidify caregiver relationships with extrafamilial & community resources that support and build upon changes
- Reinforce changes & plan strategies for handling regression

Child & caregivers fully participate in sessions.

Caregivers acknowledge they must be part of the solution for the child to improve

Imminent safety concerns AND imminent threat for out-of-home placement are reduced

Family members are aware of 1) the current social and historical context of their current challenges, 2) their strengths, & 3) negative interactional patterns linked to problems

Each family member is aware of how they can influence each other towards more positive outcomes AND is committed to specific actions to change negative patterns

Family de-escalates conflict & problem-solves to reduce tension, anger, and blame

Caregivers are more emotionally available to child, and show empathy and acceptance

Caregivers establish and maintain positive relationship rules and household routines

Caregivers, nor child is alone and without support. Natural supports are recruited for caregivers and child

Terminate & discharge to lower level of care

Reduction in the child's documented symptoms and level of distress

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

Caregivers committed to keeping the child in the home and parenting him/her for the long-term

Reduced risk for psychiatric hospitalization and out-of-home placement