Clinical Guidelines and Service Definitions

Alternatives for Families Cognitive Behavioral Therapy (AF-CBT)

Originated:
CAC Approve:
Revised:

Funding Stream

- Private insurance companies and Medicaid both cover family therapy. Other funding mechanisms need to be exhausted before attempting to use Core Services as a funding source for family therapy.
- Core Services should only be used to pay for therapy if there is no insurance or no other funding source.

Definition of Service

Alternatives for Families: A Cognitive-Behavioral Therapy is office or home-based therapy designed for families who are referred for problems related to the management of anger and/or aggression and which a continuum of behaviors reflects the use of coercion and/or physical force. Specifically, AF-CBT seeks to improve the relationships between children ages 5 – 17 and their parents/caregivers who experience any of the following clinical concerns:

- Anger and verbal aggression, including emotional abuse
- Ongoing family conflict
- Child behavior problems, including physical aggression
- Threats or use of harsh/punitive/ineffective physical discipline or punishment
- Child physical abuse

Any and all of these patterns may be demonstrated by an individual caregiver or a child/adolescent, but they also may characterize the interactions of the family. Accordingly, AF-CBT targets individual caregiver and child characteristics, as well as the larger family context.

Measurement of Success

- Improved caregiver-child relationships.
- Strengthened healthy parenting practices.
- Enhanced children’s coping and social skills.
- Reduced coercive processes (anger, verbal aggression, threats of force, emotional abuse) by caregivers and other family members.
- Reduced use of physical force (aggressive behavior) by caregivers, child and, if relevant, other family members.
- Reduced child physical abuse risk or recidivism (prevention of child welfare system involvement or repeated reports/allegations).
- Improved child safety/welfare and family functioning.
**Estimated Length of Treatment:**
There is no typical outpatient course of treatment, given the variability seen across referred families in problem severity, caregiver functioning, family resources, and treatment compliance/progress. Cases can be expected to receive between 20 and 30 hours of direct service (or longer), generally spanning 6-12 months.

**Frequency of Services:**
One or two-hour-long sessions per week; sessions can be longer as needed, especially when the required treatment duration is limited to a few months due to fiscal or programmatic regulations. Longer sessions can be conducted to address multiple family problems/crises.

**Provider Credentials:**
Therapists providing Alternatives for Families - Cognitive Behavioral Therapy services will:

- Be Master’s level licensed clinicians or have a Master’s degree in a human services related field and working under the weekly supervision of a Master’s level licensed provider
- Present documentation outlining certification specialized in Alternatives for Families - Cognitive Behavioral Therapy
- Unlicensed providers will receive a minimum of four hours per month of documented clinical supervision/case review from an approved supervisor. An approved supervisor shall have three years post-licensure experience.
- A minimum of eight hours of annual continuing education, training, and workshops will be mandated by each employer.

In addition to the above requirement, providers must have the following credentials to provide services for El Paso County clients.

The workload will be no more than 12 Core Services families per week for each direct service worker.

**Provider Responsibilities:**
Refer to Core Services Handbook or Provider Manual. Providers will have monthly direct personal contact with caseworkers to discuss the status/progress of the case.

**Caseworker Responsibilities:**
Refer to Core Services Handbook or Provider Manual. Additionally caseworkers should notify the therapist if any other services are in place.

**Staffing:**
Staffing will be held as needed. Each staffing should:

- Be strength-based, family-centered, and
- Identify clear goals, objectives, interventions, and time lines.