



# The Teaching-Family Model

The Teaching-Family Model (TFM) is a philosophy and practice of care and treatment that prioritizes therapeutic relationships with caregivers as the primary conduit of effective treatment in supportive family-style settings.

Family-style relationships are seen as essential to healthy development of social, relational, and interpersonal skills. The TFM is a strength-based, comprehensive, and trauma-informed model of care that builds positive change while remaining focused on the holistic development of the person served.

The Model is rooted in cognitive behavioral theory and can be used with children, youth, and adults with a range of diagnoses and symptoms, as well as with those who have experienced significant trauma, maltreatment and loss.

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The power of the Teaching Family Model is rooted in teaching practical skills and empowering people. As a Trainer, witnessing the ongoing implementation of the TFM across all Agency programs is always rewarding; as children, youth and families learn new and complex skills that help them achieve their own goals. Often, trainees learning the TFM for the first time express how they wish they were raised with the Model. Many trainees who are parents start to use it with their own children; resulting in great success stories that they proudly share.

— Hira Hussain-Sheikh Trainer, Closer to Home Community Services Alberta, Canada

# **Summary:** 2022 Survey Data

The Teaching Family Model (TFM), in partnership with the National Institute of Mental Health, the Department of Human Development, the Bureau of Child Research, and the University of Kansas, was launched in 1967. Since then, the TFM has improved the lives of hundreds of thousands children, teens, young adults, adults, families, and communities. TFM's evidence-based, researched, trauma-informed programs and services are provided at best quality organizations in various locations around the world. We are excited to share just a brief snapshot into some of the scope and impact the TFM has in working alongside persons served.

### **Overall Snapshot**

- 25 total responses
  - 15 Some Programs Accredited
  - 7 All Programs Accredited
  - 3 Developing
  - 3 Accredited Agencies Did Not Respond
- 96% Non Profit
- 165,127 clients served across agencies
- Median Budget: \$11,000,000 USD
- First year agency was accredited: 1979 2022

### **Benefits at a Glance**

- Provides the structure needed to execute the mission and philosphy of care in every position
- Provides a cohesive language around a strength-based approach to serving kids and families
- Provides the ability to maximize and invest in support systems for the agency through a unified approach to care
- Provides the highest level of training for staff, residential students, and foster parents
- Is a trauma-informed model based on research that prioritizes relationships with caregivers
- Provides the basis for continuous improvement

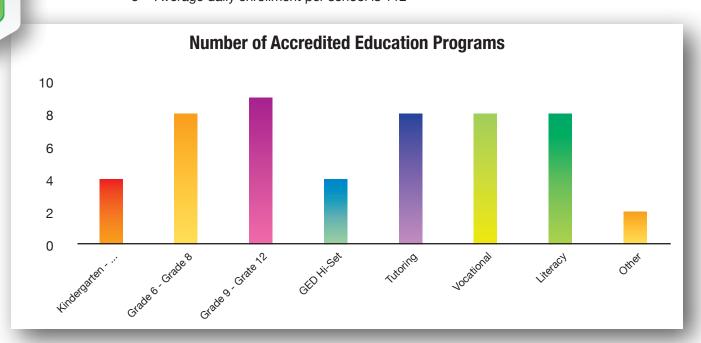


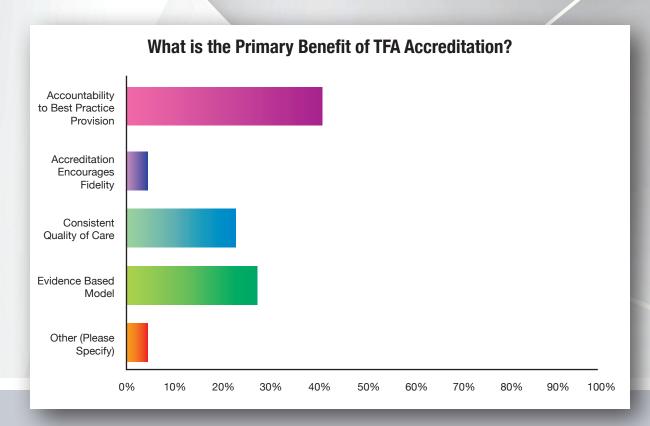
this has been. There's no stopping us now!

—Ann Fyall, CEO, Dominion Family Services South Carolina, USA

#### **Accredited Schools**

- 11 schools
  - 1200 students annually
  - Average daily enrollment per school is 112







ACCREDITED AGENCIES DEVELOPING AGENCIES SUPPORTIVE AGENCIES

MAP KEY:



TFM holds us an agency to a higher level of accountability than our Departmental audit and compliance standards. It means that I am confident that we are providing the training, tools and support to all of our staff to provide the best possible care for the young people and families we serve.

40%

50%

60%

70%

— Tom Bowerman
Director of Innovation, Berry Street
Melbourne, Australia

90%

100%

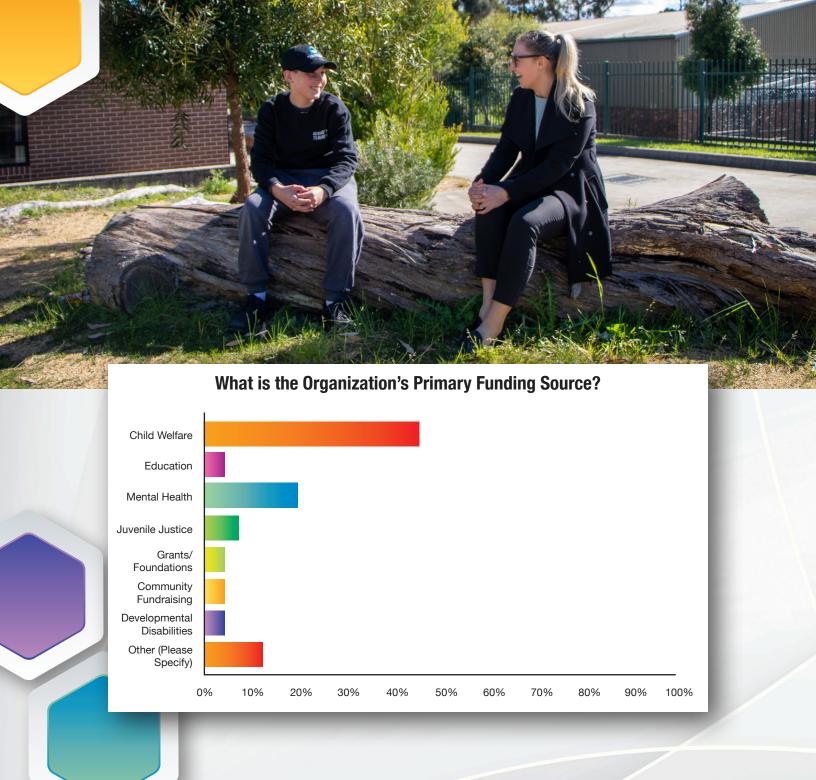
Out Patient Mental Health Post-Adoption Psychiatric Res. Treatment Schools

Shelters
Transitional
Living Services

10%

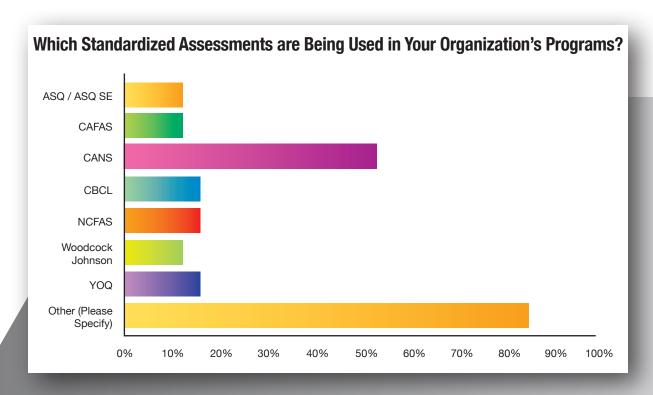
20%

30%



# **Employees**

- *Median Number of Employees:* 164 with a range of 1,400 to 20
- Total Number of People Employed: 5,803
- 13 Research Specific Positions



87% of agencies use a standardized assessment.

#### **Most Common Outcome Measures**

- Decrease in Risk Factors
- Client Satisfaction
- Improvement in Function
- Recidivism
- Positive Discharge/Program Completion
- Staff Evaluation Measures
- Academic Improvement
- Employment
- Increase in Protective Factors





#### **List of Outcome Measures Collected**

- 100% of seniors graduated high school
- 100% of youth with family visitation had regular visits
- 89% showing academic improvement
- 90% Life Skill Improvement on Casey Life Skills
- 92% in school or working 1 year after discharge
- A variety of incident reporting information
- Annual Graduation Rate
- Behavioral & Emotional Functioning
- CANS score admission vs discharge
- Changes in 5 protective factors
- Changes in level of care (edge of care rating)
- Changes in resilience
- Client satisfaction

- Client self-report of symptom reduction
- Completion of treatment
- Consumer Satisfaction
- Credit Recovery
- Days in care (related to permanency)
- Decrease in CAFAS by 30 points
- Decrease Risk Factors
- Decreased CPS child abuse referrals
- Decreased ER psych screenings/ hospitalizations
- Decreased Level of Care for mental health
- Delinquent Behavior
- Discharge Disposition
- Discharge Outcomes
- Disruption Rate
- Educational Improvement
- Engagement in education, training or employment

The Teaching Family Model provides a robust and transparent framework that enables the consistent implementation of established and effective care and treatment principles. The TFM Standards require individual, collective and cultural sensitivity and tailoring, which enables their effective application across multiple populations. The beauty of the TFM is the balance between its simplicity and the depth to which it can be responsive to adaptation, in order to truly meet the needs of the people served.

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Louisa Webster
 Kaitohu Hinengaro / Clinical Director
 Kia Puāwai, New Zealand

#### **List of Outcome Measures Collected** (Continued)

- Events (reportable and nonreportable adverse incidents)
- Family Satisfaction at Discharge
- Favorable vs Unfavorable Discharges
- High Risk Reviews
- Housing and employment stability for older youth
- Huge variety by program for TFM
- Improved Parental AAPI scores to low/moderate
- Improvement in Functioning
- Increase in Math Grade Equivalency
- Increase in Reading Grade Equivalency
- Increase in Social Inclusion/ Cultural Connection
- Increase in Youth Wellbeing/ Overall Functioning
- Increase Parenting Knowledge/ Skills
- Increase Protective Factors
- Increased engagement by dads in lives of their children
- Length of stay
- Lowered incident reports.
- Maintained Permanency at follow up
- Medication variances
- No additional court contact post discharge
- No additional hospitalizations post discharge
- Ohio Scales scores (problem and functioning) Parent/Conservator Satisfaction
- Permanency (Living at home, stability after reunification)
- Positive behavioral change
- Positive Discharge by program
- Post Placement discharge data
- Preservation of families by avoiding removals
- Prevention of involvement in child

- welfare system
- Program Completion
- Protective Factors Survey admission vs discharge
- Recidivism
- Reduction of Depression
- Reduction of Impact of Difficulties
- Reduction of repeat child abuse maltreatment
- Reduction of Total Difficulties
- Remaining at home, or discharged to a less restrictive placement
- Return to family (lesser level of care)
- Reunification/permanency placements
- Safety (Abuse-Free)
- Satisfaction of placing agency, guardian, parent
- School attendance/attainment
- School attendance/grades
- Secondary Education vs Independent Living
- Skill development
- Staff Engagement
- Staff Evaluations
- Staff Retention
- Staff Satisfaction
- Transition to next home/school
- Vocational accomplishments
- Well-being i.e., Education Achievement (In School/Graduated)
- YOQ change
- Youth and family satisfaction
- Youth Employed
- YP/Staff/Stakeholder satisfaction

\* Research Partnerships: 17 Agencies provide internships and 12 agencies have ongoing relationships with research Organizations



#### **Accredited Agency Results**

- 22 Accredited Agencies Responded
- Median Number of Employees: 164
- Median Budget: \$11,000,000 USD
- Median Number of Clients Served Annually: 620 with a range of 40 to 90,000
- Total Number of Clients Served Annually: 140,805

"I can't think of an organizational approach that improves children and family outcomes, promotes a culture of safety and serves as a foundation for a more positive work and organizational climate than the Teaching Family Model.

—Jeff Peterson Program Quality, Youth Care - Boys Town Nebraska, USA

#### **Accredited Services Provided**

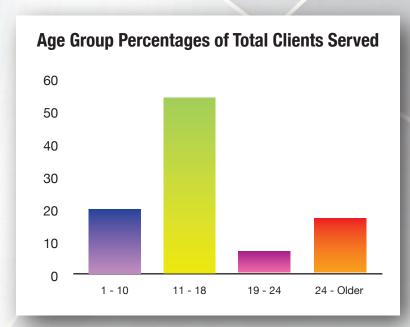
- **Adult Foster Care**
- Assessment and Crisis Centers
- Community Based Day Services & Supported Employment
- Compass Rose Academy Residential
- **Day Treatment**
- Early Childhood Day Treatment
- Early Childhood Development
- Early Intervention/ Prevention
- **Families First**
- Family Assistance Program
- Family Centered Community Support Services (FCCSS) Family Home Program
- Family Home Program (Residential Services)
- Family Preservation
- Foster Care
- Foster Care and Adoption
- Group Care Level I
- Group Care Level III
- Group Home
- ICF/IDD
- In-Home Family Services
- In-home services
- Intervention and Assessment

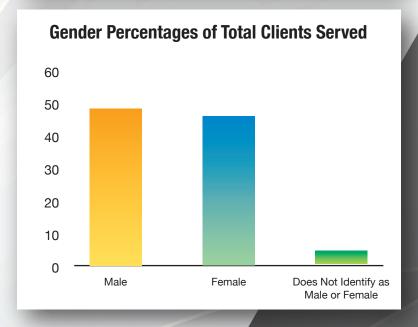
Services (Shelter)

- Juvenile Justice Diversion Reintegration Alternative
- KARE Center 18-99+
- Lower School (K-7)
- Medical Residential
- Multi-Purpose Group Homes
- Residential Care
- Residential Services
- Residential Treatment Homes
- Schools
- Shelter care
- Shelter Care for Children 10 17
- Specialized Foster Care 0-17
- Supported Living
- Therapy Services
- Transitional Living
- Triple P









The TFM measures a person's quality of life; not just paper compliance. The TFM gives a voice to all involved: consumers, practitioners, family members, advocates, and others involved in the life of the person served.

— Shelly Hall Executive Director, Tennessee Family Solutions Tennessee, USA





One of our core definitions of how we will succeed as an organization is to provide a superior model of care. TFA Accreditation in the TFM emphasizes our commitment to having the best people using the best practices for the best result.

-Ron Evans
President and CEO, Josiah White's Residential and Family Services
Indiana, USA



### In Conclusion

For nearly 60 years, quality has been at the heart of the Teaching Family Model and Association. Our five-year strategic plan affirms our continued commitment to the people, families, communities, and shareholders we serve, and their priority as consumers. TFM's exacting standards, consistent set of measures, and tools to develop competent, professionalized practitioners who can effectively build relationships assure fidelity and consistency, while strengthening organizations and overall milieus.

As a brand, Teaching Family provides its agencies internal validity, external credibility, empirically validated methods, and the opportunity to connect and collaborate globally with respected organizations around a shared vision. Our focus on effectiveness, impact, growth and sustainability will produce outcomes and research that will guide us moving forward.

We use the Teaching Family Model at Boys & Girls Homes of North Carolina because it works! After trying other models, we fully came back to TFM this year because of its trauma-informed culture of "catching youth being good" and its empowerment of our teachers, foster parents, and residential staff. We saw immediate results: less turnover, a significant drop in critical incidents, and happier kids. The Teaching Family Model is a win-win across the board.

— Marc A. Murphy, LCSW President & CEO, Boys & Girls Homes of NC, Inc. North Carolina, USA



## **Contact**

The Teaching-Family Association 3300 North Main Street, Suite D, PMB 333 Anderson, SC 29621

For more information about the Teaching-Family Model or TFA, visit the website or contact the association office.

804-632-0155 www.teaching-family.org

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One of the things the Teaching-Family Model does very well is maintain a client focused approach. While it is expected that treatment will be centered upon the needs of the client, TFM takes that several steps further. Rather than emphasizing conformity or compliance, the TFM demonstrates the personal value of the person learning social skills and making life changes themselves, through consistent teaching, patience, and the use of practical and meaningful rationales. The natural human tendency toward acting in one's own self-interest (especially that of adolescents) helps promote these beneficial changes until new habits and coping skills are established. Once achieved these changes become generalized and self-reinforcing in addition to encouraging additional learning as an ongoing process that the client realizes the benefits of using.

— Craig G. Gammon, MBA
United Methodist Children's Home Administrator, Methodist Family Health

Arkansas, USA



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