



## Families Moving Forward

# *About the Intervention: An Overview*

Families Moving Forward (FMF) Foundations is a positive parenting intervention, developed by Olson and colleagues. It was formerly known as the “Families Moving Forward (FMF) Program.” The FMF Foundations intervention model was designed specifically for the high priority group of families raising children with preschool and school-aged children with fetal alcohol spectrum disorders (FASD) or prenatal alcohol exposure (PAE), who also have clinically concerning behavior problems. This is a large segment of families who come into FASD diagnostic clinics or are seen in mental health settings. These children have low adaptive function and very high levels of behavior problems, and their caregivers are nearly all highly stressed by the task of parenting. These are children with very challenging problems and developmental complexity. They also typically have other prenatal exposures and have experienced early adversity.

The FMF Foundations model is a relationship-based behavioral consultation intervention. It combines use of: (1) a positive behavior support (PBS) approach to learning useful parenting skills; (2) motivational interviewing; and (3) a cognitive-behavioral approach to treatment for caregivers. The FMF Foundations intervention is tailored for families raising children with FASD or PAE, though it is likely useful for children with other neurodevelopmental disabilities. The FMF Foundations intervention is delivered individually to families by clinicians who have received specialized training on the model, and have access to supervision/consultation. The FMF Foundations intervention is manualized, but the intervention is also flexible enough to respond to the needs of the very diverse population of children with FASD or PAE and their families. The FMF Foundations intervention can be used for children aged as young as 3 years to as old as age 13 years.

The efficacy of FMF Foundations services have been tested as home-based counseling delivered from a university setting and later by a community agency, and replication research has been published. This scientifically validated intervention has been deemed a promising practice, and listed (as the FMF Program) on evidence-based registries such as the California Evidence-Based Clearinghouse and recommended by the CDC. Delivery in clinic settings and by telehealth are in widespread community use. The FMF Foundations intervention has been designed to be affordable for families, can be reimbursed by insurance, has clinician training programs readily available, and provides all intervention materials on an innovative website easily accessible once a clinician is trained. The FMF Foundations intervention is now being disseminated to community agencies, including those that have a special commitment to serving children with neurodevelopmental disabilities or FASD, or the many children who have prenatal substance exposures.

In the FMF Foundations intervention, caregivers are offered support and education, sustained behavioral consultation that includes coaching on skills, targeted school and provider consultation, advocacy assistance, and connection to community linkages. There is a strong emphasis on emotional support for caregivers who must adjust to a disability that is often unrecognized (or even stigmatized) by social systems, teachers and even health care providers. Other ‘optional’ treatment elements for caregivers can be added, such as finding respite care, learning about calming techniques for children, or finding out how to explain an FASD or other diagnosis to a child. Receiving FMF Foundations services does not preclude other services, and the FMF Foundations intervention model actually emphasizes links to other community resources.

The FMF Foundations model is a caregiver-focused intervention, designed to be used with families experiencing high caregiving stress. These are often families who are especially vulnerable and have children with particularly challenging behavior problems. Data on the FMF Foundations intervention were gathered with the intervention offered in biweekly visits, with each visit usually about 90 minutes long, occurring over a period of 7 to 11 months. But the program can also be delivered in weekly 60-minute sessions. It can easily be delivered in person or primarily by telehealth. There is a highly collaborative and equal relationship between parent and professional (“FMF Specialist”). The FMF Foundations intervention model is the best fit when a clinician has a sustained relationship with a caregiver and child, so the entire intervention can be delivered.

The FMF Foundations intervention takes what is called a ‘neurodevelopmental viewpoint.’ A first aim of FMF Foundations is to help parents ‘reframe’ and understand their child’s neurological impairment and process emotions, changing attitudes (feelings and thoughts) in a more positive, realistic direction. A second aim is to help parents learn skills for how to come up with and use ‘accommodations,’ such as modifications to the home or classroom. A third aim is to help parents learn how to set up practical behavior plans to reduce self-selected behavior problems. These plans rely less on setting up consequences for misbehavior. Instead, behavior plans rely more on parents thinking about the ‘triggers’ and circumstances surrounding their children’s problem behavior, and how to change them so the child’s behavior problems decrease and the child acts in a more functional way. The idea is for parents to learn how to create behavior plans, so they have strategies to use in the future when new problem behaviors crop up. Parents receive a customized workbook, and do regular home activities to practice new skills and attitudes. All this helps parents build confidence and reduce the stress that comes with parenting a child with developmental complexity.

The FMF Foundations intervention (known as the FMF Program) has been tested in a randomized control trial and a community-based efficacy trial. More detailed results are presented in presentations and articles published or in preparation so far. The efficacy studies compared two groups of families raising children with FASD and behavior problems randomized to receiving: (1) FMF services; and (2) the community standard of care. Families were very diverse in terms of ethnic

background, social class, income level, and type of family structure (adoptive, birth, foster; grandparents, single parents, two-parent families). Among other findings: In both studies, immediately after treatment (relative to controls), findings showed the FMF group reported significantly greater family needs met, a greater sense of parenting efficacy, more parental self-care and decreased child disruptive behavior. There were other positive outcomes. While not all hypotheses were confirmed, parents reported high satisfaction with treatment, and both parents and clinicians reported good treatment acceptability. Treatment compliance was very good. More analysis on the efficacy of the FMF Foundations intervention is underway. Community use of FMF Foundations is expanding. Also, the intervention has inspired other related treatments (such as a teacher website, an early intervention, and an app that can be used by parents whose children have less acute behavior problems).

For more information, see the Families Moving Forward website:

[www.familiesmovingforwardprogram.org](http://www.familiesmovingforwardprogram.org)