



Families Moving Forward

About the Program: An Overview

The Families Moving Forward (FMF) Program is a positive parenting intervention, developed by Olson and colleagues. The FMF 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.

The FMF model is a behavioral consultation intervention that combines a positive behavior support (PBS) approach with motivational interviewing and other scientifically-validated treatment techniques. The FMF intervention is tailored for families raising children with FASD or PAE, though it is likely useful for children with other neurodevelopmental disabilities. The FMF intervention is delivered individually to families by clinicians who have received specialized training on the model, and have access to supervision/consultation. The FMF 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 intervention can be used for children aged as young as 3 years to as old as age 12 years (at the start of intervention). The efficacy of FMF services has been tested as home-based counseling delivered from a university setting and later by a community agency, and replication research has been published. The scientifically validated FMF Program has been deemed a promising practice. Delivery in clinic settings is in use with research now underway. The FMF Program has been designed to be affordable, and is now being disseminated to community agencies that have a special commitment to serving children with neurodevelopmental disabilities or FASD.

In the FMF intervention model, 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 by social systems, teachers and even health care providers. Other 'optional' treatment elements can be added, such as finding respite care or learning how to explain an FASD diagnosis to a child. Receiving FMF services does not preclude other services, and the FMF intervention model actually emphasizes links to other community resources.

The FMF Program is a caregiver-focused intervention, designed to be used with families experiencing high caregiving stress. Data on the FMF Program were gathered with the intervention offered in biweekly visits, usually each visit 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. There is a highly collaborative and equal relationship between parent and professional ('FMF Specialist').

The entire FMF intervention takes a neurodevelopmental viewpoint. A first aim of the FMF Program is to help parents 'reframe' and understand their child's neurological impairment and process emotions, changing attitudes 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.

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). 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. 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. The scientifically validated FMF Program has been deemed a promising practice. More studies of the efficacy of the FMF Program are underway.

For more information, see the Families Moving Forward website: www.familiesmovingforwardprogram.org.