



HOMEBUILDERS® STANDARDS

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Institute for Family Development
34004 16th Avenue South, Suite 200
Federal Way, WA 98003
(253) 874-3630

HOMEBUILDERS®

Program Structure Standards

1. Specific Target Population

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The HOMEBUILDERS program serves only families whose children are at imminent risk of out-of-home placement, or who are in placement and cannot be reunified without intensive in-home services.

- HOMEBUILDERS eligibility criteria
- Re-referrals
- Reasons for ineligibility
- Eligibility determination time frame

2. Values-Based Orientation

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HOMEBUILDERS is based on a clearly articulated set of values and beliefs, which guides program design and staff behavior.

- HOMEBUILDERS values and beliefs
- Expected staff behavior
- Use of value-neutral language

3. Immediate Availability and Response to Referrals

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The HOMEBUILDERS program accepts referrals 24 hours a day, seven days a week. A therapist meets with each family as soon as possible following referral, preferably on the day of referral, or within 24 hours of referral.

- Public agency referral process
- Requirements for accepting referrals
- Intake session within 24 hours
- Expectations regarding attempts to contact families

4. Twenty-Four Hour Availability

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Services are available to the family 24 hours a day, seven days a week. The family's assigned therapist is the primary responder. The team supervisor is the primary backup for the therapist. Other team members, familiar with the family's service plan, also provide backup.

- Catchment area
- Therapist and supervisor work schedules
- Supervisor as backup

5. Services Provided in the Client's Natural Environment

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HOMEBUILDERS services are provided primarily in the family's home. Some client contact may occur in other community locations that are part of the client's natural environment.

- Travel reimbursement
- Location of visits

6. Service Intensity and Caseload

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A full-time trained therapist typically works with two families at a time, serving an average of 17-18 families per year. Service intensity (hours per week, frequency of sessions, and total hours per intervention) varies across families, based on their needs. Families typically receive 38 or more hours of face-to-face contact during the intervention.

- Referent contact with families
- Face-to-face contact requirements
- Number of sessions per week
- Caseload size

7. Brevity of Services

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HOMEBUILDERS is a time-limited service; client families are usually seen for four weeks. Interventions may be completed in less time when the imminent risk of placement has been averted. There is also an option for service extension to six weeks if the additional service time would significantly reduce the likelihood of placement.

- Length of intervention
- Criteria for extensions
- Authorization process for extensions

8. Single Therapist Operating within a Team

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HOMEBUILDERS therapists operate within a team of three to five therapists, a supervisor, a program manager and clerical support. Services are provided to families by a single therapist, with the clinical team providing backup. In rare circumstances, more than one therapist may serve a family.

- Team size and composition
- Supervisor to therapist ratio
- Program manager requirement
- Clerical support requirement
- Independent contractors
- Use of half-time therapists and supervisors
- Backup coverage for therapists and supervisors
- Exceptions to single therapist standard

9. Supervision and Consultation

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Consultation from a HOMEBUILDERS supervisor or HOMEBUILDERS program manager is available to therapists 24 hours a day, seven days a week.

Supervisor-facilitated team consultation occurs at least weekly.

- Team consultation requirements
- Individual consultation requirements
- Supervisor availability to therapists
- Requirements for supervisor backup coverage
- Supervisor accompanying therapists
- Roles and responsibilities in team consultation
- Provision of technology to enhance availability for consultation

In order to achieve expected program outcomes, therapists, supervisors and program managers receive training, consultation and support. Team members participate in ongoing quality enhancement processes to ensure fidelity to the HOMEBUILDERS model. Data are used to evaluate and improve program outcomes.

- Requirements for ongoing participation in training and quality enhancement activities.
- Qualifications of therapists, supervisors, and program managers
- Criteria for use of student interns
- Staff training requirements
- On-the-job training requirements and plans
- Data collection and monitoring activities
- Collection and analysis of client, referent, and staff feedback
- Provision of technology and meeting space for consultation
- Homebuilders web-based client information system
- Continuing client contact requirements for supervisors
- Supervisor review of clinical documentation
- Professional Development Plans, Quality Enhancement Plans and Quality Improvement Plans

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Intervention Activity Standards

11. Promoting Safety

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Throughout the intervention, the therapist assesses child, family, therapist, and community safety. The therapist structures the environment and uses clinical strategies designed to promote safety.

- Policies and procedural guidelines to promote staff and family safety
- Safety plans and use of other clinical strategies for addressing safety concerns
- Reporting of safety concerns
- Terminating services due to safety concerns

12. Individually Tailored Services

Page 30

The therapist tailors services and flexibly schedules sessions based on family members' goals, strengths, values, culture, circumstances, learning styles, and abilities.

- Flexible scheduling requirement
- Culturally attuned services
- Variety in session times, length of sessions, and services provided
- Matching services to the family

13. Engagement and Motivation Enhancement

Page 32

The therapist develops and maintains a positive, collegial working relationship with family members. The therapist assumes responsibility for motivating family members and employs a variety of motivation enhancement strategies.

- Engagement strategies
- Funds for engagement activities and basic needs
- Referent requests that compromise engagement
- Motivation enhancement strategies

14. Comprehensive Assessment

Page 34

The therapist conducts a behaviorally specific, interactive, ongoing, holistic assessment. This assessment includes information about history, strengths, culture, values, skills, problems, and barriers to goal attainment.

- Information included in the assessment
- Characteristics of the assessment process
- How assessment information is gathered
- Use of NCFAS
- Written assessment time frame

15. Goal Setting and Service Planning

Page 36

The therapist collaborates with family members and referents in developing a service plan with behaviorally specific, attainable intervention goals. The service plan focuses on addressing factors directly related to the risk of out-of-home placement.

- Collaboration with family members to develop service plan
- Relating goals to placement prevention or reunification
- Characteristics of goals
- Service plan requirements
- Monitoring progress
- Written service plan time frame

16. Cognitive and Behavioral Approach

Page 38

The HOMEBUILDERS model utilizes research-based interventions. The therapist applies cognitive and behavioral principles and strategies to facilitate behavior change.

- Use of cognitive-behavioral approach in supervision
- Use of research-based cognitive and behavioral strategies
- “Personal Scientist” approach

17. Teaching and Skill Development

Page 39

The therapist uses a variety of teaching methods to help family members acquire, maintain, and generalize skills.

- Tailoring of teaching methods and skills taught
- Methods of teaching
- Teachable moments
- Assigning homework and skills practice

18. Provision of Concrete Services

Page 40

The therapist advocates for and provides concrete goods and services that are directly related to achieving the family’s goals, while teaching family members to meet their needs independently.

- Transporting clients
- Provision of concrete services and supports
- Funding of concrete services
- Accessing other resources to meet concrete needs
- Teaching family members skills to meet their concrete needs

19. Collaboration and Advocacy

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The therapist collaborates and advocates with formal and informal community supports and systems impacting the family, while teaching family members to advocate for themselves.

- Relationships with referents and other community professionals
- Consultation and advocacy with referents and other service providers
- Collaboration with family’s social support network
- Teaching family members self-advocacy skills

In preparation for the conclusion of services, the therapist and family members assess goal attainment, plan for service closure and progress maintenance, collaborate with the referent to address ongoing service needs, and determine timing of service closure.

- When to close services
- Preparing for service closure
- Premature closure
- Planning for maintenance of progress
- Written service summary time frame
- Post-intervention support available to families

1. Specific Target Population

The HOMEBUILDERS program serves only families whose children are at imminent risk of out-of-home placement, or who are in placement and cannot be reunified without intensive in-home services.

Rationales

Targeting this population:

- ❖ Prevents unnecessary out of home placement. Once a child has experienced a placement of any length, the likelihood of future placement increases. Children often suffer long-term, negative social, emotional, behavioral, and educational consequences when placed outside their homes.
- ❖ Reduces costs. Placing children outside their homes is more expensive than maintaining children in their homes. Limiting the service to this population allows resources to be targeted to families for whom cost-savings can be realized.
- ❖ Impacts disproportionality. Black, Indigenous and other children of color are placed at a disproportionate rate compared to their representation in the overall population.

HOMEBUILDERS Eligibility Criteria

- ❖ At least one child is at imminent risk of out-of-home placement, or in placement and cannot be reunified without intensive in-home services.
- ❖ The child could remain in the home and not be at risk of imminent harm if intensive in-home services were provided.
- ❖ At least one parent is willing to meet with the Homebuilders therapist.
- ❖ The family is available to participate in an intensive intervention, lasting four to six weeks.
- ❖ Less intensive services would not sufficiently reduce the risk of placement or facilitate reunification, are unavailable, or have been exhausted.
- ❖ If a child is referred for reunification, the child will be returned to the family within seven days of the start of services.

Public Agency and/or Referent Components

- ❖ Ensures referrals meet eligibility criteria. Research would demonstrate that at least 90% of eligible families who are not served by Homebuilders experience placement of a child or delayed reunification.
- ❖ Links the referral process to placement and reunification decision-making processes.
- ❖ Allows re-referrals when families continue to meet eligibility criteria.
- ❖ Public agency refers Black, Indigenous and other families of color at the same or higher rate as children from these families are placed in out of home care.

Program Components

- ❖ Does not turn down referrals based on presenting problems or characteristics other than imminence of placement or need for reunification.
- ❖ Typically accepts referrals only when a therapist has an opening, accepts referrals on a first-come, first-served basis and does not maintain a traditional waiting list.
- ❖ Has limited flexibility to reserve upcoming openings for referrals that require advance planning, such as reunification referrals or placement prevention referrals that require a court order, or in which another local decision-making body must stipulate, that the child(ren) may return or remain home only if Homebuilders is in place. Whenever this occurs, it should only be for a short period of time, and the referent must put measures in place to ensure child safety until the referral is completed. (e.g., continued out-of-home placement, safety plan, coverage plan that includes daily home visits from a contracted provider and/or the referent). Eligibility criteria must be met at the actual time of referral.
- ❖ Accepts re-referrals if the family meets eligibility criteria and there is evidence that a re-referral will have a positive impact on the outcome.
- ❖ Determines eligibility at referral, and during the first 72 hours of the intervention. A family may only be determined ineligible if:
 - ❖ No face-to-face contact has been possible despite numerous and persistent efforts.
 - ❖ The family could be adequately served by less intensive services.
 - ❖ The plan for the child is placement, and Homebuilders involvement would only be used to monitor or stabilize the situation until placement occurs.
 - ❖ Danger to family members or the therapist is so high that safety cannot be adequately ensured.
 - ❖ The identified children are out of the home, and there is no plan to return them home within seven days.
 - ❖ Key family members will be absent from the home for an extended period of time, impacting the ability to make progress.

Supervisor Components

- ❖ Discusses potential referrals with the referent and confirms families meet initial eligibility criteria.
- ❖ During the first 72 hours of the intervention, shares responsibility with the therapist for determination of the family's eligibility.

Therapist Components

- ❖ During the first 72 hours of the intervention, specifically assesses initial eligibility for services.
- ❖ Consults with the supervisor regarding the family's eligibility.

2. Values-Based Orientation

HOMEBUILDERS is based on a clearly articulated set of values and beliefs, which guides program design and staff behavior.

Rationales

A clearly articulated set of program values and beliefs:

- ❖ Provides a framework for making clinical decisions.
- ❖ Helps create positive, supportive, and hopeful attitudes and behavior among staff.
- ❖ Helps staff and potential employees determine the compatibility of the program with their professional values and beliefs.

HOMEBUILDERS Values and Beliefs

- ❖ It is best for children to be raised by their own family whenever possible.
- ❖ Safety is our highest priority.
- ❖ Reducing barriers to service improves family outcomes.
- ❖ Family members are our colleagues and partners.
- ❖ Providing information and teaching skills empowers families to become self-sufficient.
- ❖ We cannot predict which situations are most amenable to change.
- ❖ It is our job to motivate families and instill hope.
- ❖ All people have the ability to change.
- ❖ A crisis is an opportunity for change.
- ❖ We view each family's unique culture as a strength.
- ❖ Family members do not usually intend to harm one another.
- ❖ People are doing the best they can.
- ❖ Inappropriate intervention can do harm.

Program Components

- ❖ Encourages staff to behave in ways that are congruent with the Homebuilders values and beliefs and that contribute to maintenance of a mutually supportive team and program atmosphere.

Supervisor Components

- ❖ Models behavior consistent with the Homebuilders values and beliefs.
- ❖ Works with therapists to ensure their behavior is consistent with Homebuilders values and beliefs.
- ❖ Creates a work environment that values differences and is characterized by encouragement, collaboration, and accountability.
- ❖ Frames therapists' problems or mistakes as opportunities for learning.

Therapist Components

- ❖ Behaves with families in a manner that reflects the values and beliefs of the program.
- ❖ Is aware of the potential to make families' problems worse and uses critical thinking to avoid clinical strategies that do harm.
- ❖ Works collaboratively with colleagues, clients, and other service providers.
- ❖ Uses behaviorally descriptive, value-neutral language and avoids the use of labels and inferences when communicating with or about family members.

3. Immediate Availability and Response to Referrals

The HOMEBUILDERS program accepts referrals 24 hours a day, seven days a week. A therapist meets with each family as soon as possible following referral, preferably on the day of referral, or within 24 hours of referral.

Rationales

Responding immediately to referrals:

- ❖ Addresses safety concerns associated with imminent risk of placement.
- ❖ Enhances family motivation. Imminent risk of placement can create a crisis for families; during crises people often realize their usual ways of behaving are not working well, and they become more receptive to change.
- ❖ Communicates to the family that the therapist is concerned about their safety and welfare and will begin helping immediately.

Accepting referrals seven days a week, 24 hours per day:

- ❖ Affords more opportunities to intervene when placement is likely to occur. A significant number of placements occur outside of traditional business hours.

Public Agency and/or Referent Components

- ❖ Has a protocol for making referrals 24/7.
- ❖ Uses a referral process that includes:
 - ❖ Confirmation that the provider agency has an opening before attempting a referral.
 - ❖ In-person or telephone contact with the Homebuilders supervisor (or designee) prior to sending a referral, to assess appropriateness of the referral, discuss reason for referral, and clarify expectations.
 - ❖ Referral authorization.

Program Components

- ❖ Has a protocol for accepting referrals 24/7.
- ❖ Collects and analyzes data regarding time between referral and intake. A completed referral includes all referral documentation required by contract, service authorization, and confirmation to the referent that the referral has been accepted.
- ❖ Ensures that therapists receive information about each referral as soon as it is received.

Supervisor Components

- ❖ Before accepting a referral, ensures that a therapist is available to see the family within 24 hours.
- ❖ Consults with therapists to ensure families are seen within 24 hours of referral.

Therapist Components

- ❖ Makes persistent efforts (multiple phone calls, going to the family home, leaving notes, etc.) to contact the family and complete the intake session on the day of referral or, at the latest, within 24 hours of referral. If the family is unable to meet within 24 hours of referral, the therapist makes persistent efforts to complete the intake no later than the end of the day following the referral.
- ❖ Documents efforts to contact the family, as well as any reasons why intake did not occur within 24 hours of referral.
- ❖ Immediately consults with the supervisor if having difficulty contacting the family and it is anticipated the intake will not occur within 24 hours, or if the family does not attend a scheduled intake session.
- ❖ Notifies and consults with the referent if unable to contact the family by the end of the day following the referral.

4. Twenty-Four Hour Availability

Services are available to the family 24 hours a day, seven days a week. The family's assigned therapist is the primary responder. The team supervisor is the primary backup for the therapist. Other team members, familiar with the family's service plan, also provide backup.

Rationales

Twenty-four hour availability:

- ❖ Allows immediate response to client crises, which is critical to ensuring client safety and preventing out-of-home placement of children.
- ❖ Facilitates the development of positive working relationships with clients and maximizes client involvement in services.
- ❖ Allows the therapist to be present at times when the family identifies they are having problems, and the therapist can observe antecedents and consequences of behaviors and teach effective alternatives.

Public Agency and/or Funder Components

- ❖ Contracts with provider organizations to serve a specified catchment area. The catchment area should be small enough that therapists can travel to most family homes within 60 minutes (therapists may live in various parts of the catchment area). A team may be contracted to serve a limited number of families outside the catchment area. Serving a family outside the catchment area reduces therapist availability and may result in a therapist serving only a single family during that time.

Program Components

- ❖ Establishes policies and structures that facilitate availability of Homebuilders staff to families, including:
 - ❖ Therapists live within 60 minutes of most of the client families they serve.
 - ❖ Supervisors live within 60 minutes of most of the client families served by the team. When needed to address unique geographical circumstances, with consultant approval, exceptions may be made.
 - ❖ Therapists and supervisors work a flextime schedule, recognizing that their hours will vary considerably, including working more than 40 hours in a week, depending on client needs.
 - ❖ Therapists are not expected to be at an office during regular work hours, as this would inhibit their ability to be available to clients outside of regular office hours.
 - ❖ Systems are in place to ensure backup coverage during therapist leave time.
 - ❖ Therapists and supervisors are provided with the technology necessary to facilitate families' access to clinical staff (e.g., cell phones).
- ❖ Ensures that clinical backup by team members is available 24/7, so that qualified clinical staff are available to clients when the family's individual therapist is unavailable.
- ❖ Ensures the agency's written program information given to clients includes specific information regarding 24/7 availability and the procedures for contacting staff.

- ❖ Disallows other employment or outside commitments that interfere with therapist and supervisor ability to meet Homebuilders standards.

Supervisor Components

- ❖ Acts as the primary backup for the therapists.
- ❖ Carries a cell phone for availability.

Therapist Components

- ❖ Is the primary responder to assigned families 24 hours a day, seven days a week. The therapist informs family members of this availability and of clinical backup procedures.
- ❖ Encourages family members to call when they need assistance or support, and works with families to eliminate barriers that might inhibit their ability to call.
- ❖ Makes visits to families' homes as needed to respond to crises.
- ❖ Carries a cell phone for availability.
- ❖ Prior to being unavailable for an extended period (i.e., out of cell range, overnight), whether for a session or a phone call, the therapist informs families and arranges coverage by a team member.

5. Services Provided in the Client's Natural Environment

HOMEBUILDERS services are provided primarily in the family's home. Some client contact may occur in other community locations that are part of the client's natural environment.

Rationales

Providing Homebuilders services in the client's natural environment:

- ❖ Facilitates a comprehensive and accurate family assessment.
- ❖ Allows monitoring of client safety and environmental conditions.
- ❖ Affords the therapist numerous opportunities to model, prompt, and reinforce the use of new skills. Opportunities for skill development in real situations are more relevant for families and eliminate the need for transfer of learning between settings.
- ❖ Increases opportunity to include all family members and possibly members of the family's extended support network.
- ❖ Enables the program to serve families who are unable or unwilling to receive services in office settings.
- ❖ Increases the likelihood that families will remain engaged and complete services.

Program Components

- ❖ Collects and analyzes data regarding the location of service delivery.
- ❖ Provides adequate reimbursement to staff for all client-related travel.

Supervisor Components

- ❖ Consults with therapists whenever there are difficulties meeting with families in their homes.

Therapist Components

- ❖ Serves families in the family home or their natural environment.
- ❖ Documents the location of each client session.
- ❖ On the rare occasions that sessions occur in an office setting, documents the rationale for this decision.

6. Service Intensity and Caseload

A full-time trained therapist typically works with two families at a time, serving an average of 17-18 families per year. Service intensity (hours per week, frequency of sessions, and total hours per intervention) varies across families, based on their needs. Families typically receive 38 or more hours of face-to-face contact during the intervention.

Rationales

High service intensity and low caseloads:

- ❖ Reduce the risk of harm to family members by providing more opportunities to monitor safety, establish structure, and defuse crises before they escalate.
- ❖ Allow the therapist to more quickly adapt to the culture and lifestyle of families.
- ❖ Provide frequent opportunities for the therapist to assess progress on goals, reinforce family members' efforts, and adjust treatment plans as needed.
- ❖ Allow time for the therapist to collaborate with the family's natural supports.
- ❖ Accelerate relationship development, engagement, and goal attainment.
- ❖ Quickly provide referents information needed to make decisions regarding child placement and case planning.
- ❖ Allow the therapist to flexibly schedule sessions to accommodate the needs of family members, and to continue most sessions for as long as needed.

Public Agency, Referent and/or Funder Components

- ❖ Ensures adequate referrals to maintain therapist caseload. Inconsistent or inadequate referrals result in lower caseloads.
- ❖ Requires the referent to have contact with family members within three days prior to referral to ensure their availability and explain program requirements.

Program Components

- ❖ Has protocols to inform referents when therapists have openings.
- ❖ Collects and analyzes data regarding therapist caseloads and hours of service.

Supervisor Components

- ❖ Manages referrals to maintain expected caseloads.

Therapist Components

- ❖ Typically works with two families at a time. Periodically a therapist may have a caseload of one or three families for a short time.
- ❖ A full-time trained therapist typically serves an average of 17-18 families per year. A first-year therapist generally serves 12-15 families due to required onboarding activities, workshops and on-the-job training. For both trained and first-year

therapists, caseloads are impacted by many factors, including timeliness and adequacy of referrals.

- ❖ Typically provides 38 or more hours of face-to-face contact during the intervention.
- ❖ Varies the hours of contact with each family according to their needs.
- ❖ Typically meets with family members three to five times a week, with phone contact often occurring between sessions.

7. Brevity of Services

HOMEBUILDERS is a time-limited service; client families are usually seen for four weeks. Interventions may be completed in less time when the imminent risk of placement has been averted. There is also an option for service extension to six weeks if the additional service time would significantly reduce the likelihood of placement.

Rationales

- ❖ Research has shown that an average of four weeks of Homebuilders service is enough for most client families to avert the need for placement.
- ❖ Knowing that the service is time limited motivates families to meet frequently with the therapist and to participate in establishing and achieving intervention goals.
- ❖ Interventions at this level of intensity must be time-limited to remain cost effective.

Program Components

- ❖ Collects and analyzes data regarding length of service and reasons for any service extensions.

Supervisor Components

- ❖ Assists therapists in setting goals that are focused on placement prevention or reunification and can be accomplished during the time available.
- ❖ Conducts a weekly review with therapists to assess progress on goals and help structure their use of time and activities during the intervention.
- ❖ Helps therapists determine when to conclude services.
- ❖ Authorizes any extensions. Extension of services beyond four weeks is based on the probability that continued services would substantially decrease the risk of placement. The consultant must approve all extensions for teams with a Level I supervisor.

Therapist Components

- ❖ Informs families about the brevity and intensity of the intervention.
- ❖ Sets specific goals with family members that are related to reducing the risk of placement and can be addressed within the intervention time frame.
- ❖ Monitors the length of interventions and consults with the supervisor regarding timing of service closure.
- ❖ Typically serves each family for four weeks. With authorization from the supervisor, may extend services beyond four weeks.
- ❖ May extend an intervention for up to three days, without supervisor authorization, due to scheduling or logistical reasons. The supervisor must be informed of any such circumstances as soon as possible.

8. Single Therapist Operating within a Team

HOMEBUILDERS therapists operate within a team of three to five therapists, a supervisor, a program manager and clerical support. Services are provided to families by a single therapist, with the clinical team providing backup. In rare circumstances, more than one therapist may serve a family.

Rationales

Provision of services by a single therapist rather than multiple individuals:

- ❖ Eliminates confusion regarding who is responsible for intervention activities.
- ❖ Is an efficient approach in terms of planning, staffing, and scheduling.
- ❖ Is less intrusive and overwhelming to family members, and enhances engagement.
- ❖ Ensures that the assigned therapist has first-hand information regarding all aspects of the intervention.

Operating within a team:

- ❖ Allows a therapist familiar with the family's circumstances to provide backup services if the assigned therapist is temporarily unavailable.
- ❖ Gives therapists access to the skills, support, and assistance of other team members, including the benefits of team consultation.

Public Agency and/or Funder Components

- ❖ Funds the program in a manner that ensures contractors are able to maintain the required team size.

Program Components

- ❖ Employs a clinical team of three to five therapists, a supervisor, and a program manager. Due to initial training requirements and case carrying responsibilities, new supervisors must be full-time for the first year regardless of team size. The program manager is typically the designated supervisor in the supervisor's absence.
- ❖ Requires the following minimum supervisory ratios once the supervisor has successfully completed the initial year of training and quality enhancement activities, including completion of the 6 interventions required of new supervisors without prior Homebuilders experience:
 - ❖ Teams of three therapists require a minimum of a 0.60 FTE supervisor;
 - ❖ Teams of four therapists require a minimum of an 0.80 FTE supervisor;
 - ❖ Teams of five therapists require a full-time (1.0 FTE) supervisor.
- ❖ Employs a program manager for the team. The amount of time varies considerably based on factors such as start-up activities, training needs, team size, supervisor level, and amount / timing of coverage provided for supervisor. The program manager FTE is usually a minimum of a 0.15 FTE for a stable team with a fully trained supervisor. During start-up, when training a new supervisor, or when significant coverage is provided, the amount of time required can be as high as a 1.0

FTE. See Homebuilders document regarding program manager roles and responsibilities.

- ❖ Employs clerical staff to support supervisors and therapists in areas such as data management, file management, and billing activities.
- ❖ Uses agency employees as team members. Because of the essential role of supervision within the Homebuilders model, agencies do not use independent contractors on the team.
- ❖ Employs either full-time (1.0 FTE) or half-time (.5 FTE) therapists. The program primarily employs full-time therapists. When needed to address unique circumstances (e.g., serving areas with low population density, retaining trained therapists), a team may employ up to two half-time therapists. Homebuilders consultant approval is required prior to employing half-time therapists on a team.
- ❖ Requires team members to provide backup coverage for one another.
- ❖ Ensures that only Homebuilders team members provide 24/7 client crisis response and backup.

Supervisor Components

- ❖ Provides and helps arrange backup coverage for therapists when needed.
- ❖ Promotes teamwork and team cohesion.
- ❖ Assigns a single therapist to each family. In the following situations, another therapist or a supervisor may accompany the primary therapist to some or all client sessions:
 - ❖ Staff training
 - ❖ Quality enhancement activities
 - ❖ Structuring for client and therapist safety
 - ❖ Clinical strategies, approved by the Homebuilders consultant and program manager, utilizing more than one therapist

Therapist Components

- ❖ Directly provides needed services to assigned families.
- ❖ Provides assistance to other team members to accomplish tasks with families that require more than one person (e.g., significant household clean-up, helping a family move, structuring for safety).
- ❖ Provides backup for other members of the team.

9. Supervision and Consultation

Consultation from a HOMEBUILDERS supervisor or HOMEBUILDERS program manager is available to therapists 24 hours a day, seven days a week. Supervisor-facilitated team consultation occurs at least weekly.

Rationales

Frequent and effective supervision and consultation:

- ❖ Helps ensure client safety.
- ❖ Helps ensure all team members provide high quality services to clients.
- ❖ Provides opportunities for the supervisor to assess individual therapist and team performance and identify ongoing training needs.
- ❖ Offers team members opportunities to provide personal support, enhance critical thinking, learn from each other's ideas and resources, and share information on effective interventions.

Public Agency and/or Funder Components

- ❖ Provides funding that adequately supports supervision and consultation requirements.

Program Components

- ❖ Utilizes the Homebuilders guidelines regarding when therapists are required to contact their supervisor.
- ❖ Provides funding for technology necessary to ensure 24/7 supervisor availability (e.g., cell phones).
- ❖ Requires team consultation at a minimum frequency of once per week.

Supervisor Components

- ❖ Is available to therapists for immediate consultation as needed. When unavailable, arranges for backup and ensures therapists have contact information for the designated backup person(s).
- ❖ Works with the Homebuilders program manager and consultant to identify a designated backup, typically the program manager or an experienced Homebuilders supervisor or therapist.
- ❖ Facilitates weekly team consultation, following Homebuilders consultation guidelines.
- ❖ Provides individual consultation as needed to ensure every family is staffed weekly. The supervisor typically has several contacts each week with therapists to discuss clinical and performance issues.
- ❖ Provides team and individual consultation:
 - ❖ Helps therapists reflect on their own personal frameworks and examine their biases in relation to their work with each family.
 - ❖ Helps therapists use critical thinking skills to evaluate their own performance.

- ❖ Teaches clinical skills and specific intervention strategies.
- ❖ Gives performance-based feedback in a constructive manner.
- ❖ Offers behaviorally specific observations and provides rationales for suggested behavior changes.
- ❖ Addresses safety and liability issues.
- ❖ Elicits team participation.
- ❖ Offers emotional and program support to therapists.
- ❖ Establishes an atmosphere in which therapists can report with candor and mistakes are viewed as opportunities for learning.
- ❖ Accompanies therapists on home visits on a regular basis and provides performance-based feedback.
- ❖ Follows Homebuilders guidelines regarding when to contact the Homebuilders consultant or program manager.

Therapist Components

- ❖ Consults at least once a week with the supervisor regarding each current family.
- ❖ Prepares for, and actively participates in, weekly supervisor-facilitated team consultation, following the Homebuilders consultation guidelines.
- ❖ In difficult or dangerous situations, consults with the supervisor or designated backup.

10. Ongoing Quality Enhancement

In order to achieve expected program outcomes, therapists, supervisors, and program managers receive training, consultation, and support. Team members participate in ongoing quality enhancement processes to ensure fidelity to the HOMEBUILDERS model. Data are used to evaluate and improve program outcomes.

Rationales

Quality enhancement systems are integral to:

- ❖ Demonstrating positive outcomes.
- ❖ Maintaining the model fidelity necessary to achieve program outcomes.
- ❖ Supporting therapists and supervisors through high-quality training and consultation.

Public Agency and/or Funder Components

- ❖ Follows the site development plan for Homebuilders implementation.
- ❖ Funds initial and ongoing Homebuilders quality enhancement system, processes, and training. Requires providers' ongoing participation in quality enhancement activities and training.

Program Components

- ❖ Follows the Homebuilders standards regarding staffing.
 - ❖ Therapists have a graduate degree in social work, psychology, counseling, or a closely related field; or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least two years of relevant experience. Therapists may also be a master's degree candidate in their final year of a MSW/MA program and have at least one year of relevant experience.
 - ❖ Supervisors have a graduate degree in social work, psychology, counseling, or a closely related field and at least two years of relevant experience; or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least four years of relevant experience.
 - ❖ Program managers meet the same education and experience requirements as Homebuilders supervisors.
- ❖ If a Homebuilders team has a student, the following criteria must be met:
 - ❖ The student must be a master's degree candidate in a related field; or be enrolled in a bachelor's course of study in a related field and have two years of relevant experience. The student must meet all other requirements of Homebuilders employment.
 - ❖ The "field instructor" or equivalent must be a Homebuilders supervisor or an experienced Homebuilders therapist.

- ❖ The student must participate in all required training and quality enhancement activities.
- ❖ The team is limited to a maximum of two students at a time. Homebuilders program manager and consultant approval is required for a second student.
- ❖ Homebuilders program manager and consultant approval is required for use of students in teams with a Level I supervisor.

- ❖ If there is a period of a year or more when a therapist or supervisor hasn't been actively providing Homebuilders services, additional workshop and / or on-the-job training may be needed before they resume service delivery. An assessment shall be completed by the supervisor in collaboration with the consultant and program manager. Factors to consider include:
 - ❖ Length of time away
 - ❖ Number of families seen as a Homebuilders therapist
 - ❖ Fidelity on previous site reviews or home visit observations
 - ❖ Results of most recent professional development assessments
 - ❖ Supervisor's and program manager's level of Homebuilders experience
 - ❖ Consultant's experience with the therapist or supervisor
 - ❖ Homebuilders workshop training previously completed

- ❖ Ensures team members participate in all Homebuilders training required for their position.
- ❖ Ensures clinical staff complete the Homebuilders Core Curriculum prior to providing services to clients on their own.
- ❖ Ensures the supervisor receives appropriate on-the-job training. If the supervisor does not have prior Homebuilders experience, the program manager and Homebuilders consultant develop an initial training plan. This plan ideally includes the supervisor being accompanied by another supervisor, experienced Homebuilders therapist, or program manager on two complete interventions. If that is not possible, an alternative plan will be developed.
- ❖ Uses Homebuilders approved evaluation tools to collect and analyze data regarding goal attainment and changes in family functioning over the course of the intervention.
- ❖ Collects and analyzes feedback from referents and clients.
- ❖ Utilizes the Homebuilders client information system to gather data regarding model fidelity and outcome attainment.
- ❖ Institutes routine feedback mechanisms to assess staff satisfaction with the quality of supervisory support.
- ❖ In collaboration with the Homebuilders consultant, develops and implements team Quality Enhancement Plans to address Homebuilders standards or fidelity measures not being met. Quality Improvement Plans may be put in place when a Quality Enhancement Plan or Professional Development Plan does not result in the needed improvements within the specified timeframe, or when any serious incident related to the standards occurs.

- ❖ Ensures therapists have access to the technology necessary to utilize the Homebuilders web-based client information system.
- ❖ Provides a confidential meeting space for team consultation with the ability to support teleconferencing or videoconferencing.

Supervisor Components

- ❖ Participates in all required quality enhancement and training activities, and functions as the primary liaison with the Homebuilders consultant.
- ❖ Participates in initial on-the-job training activities planned by the Homebuilders consultant and program manager.
- ❖ Meets continuing client contact requirements:
 - ❖ Supervisors without prior Homebuilders experience must complete a minimum of six full Homebuilders interventions during their first year. Supervisors of teams of four or five new therapists may complete the interventions over the first 18 months. Up to three of the six interventions can be training interventions (the supervisor as lead therapist with a therapist shadowing). Additional interventions may be required based on the supervisor's model fidelity and client outcomes.
 - ❖ Supervisors must have at least 40 client contact hours per year.
- ❖ Provides on-the-job training to therapists in all aspects of the position, including delivery of direct services to families, working with referents and other professionals, completing clinical documentation, participating in team consultation, and possessing knowledge of community resources. If approved by the consultant and program manager, an experienced Homebuilders therapist may substitute for the supervisor.
- ❖ The supervisor and Homebuilders consultant develop and implement a plan for therapists to shadow, be shadowed, and begin serving families independently.
 - ❖ Therapists shadow the supervisor on one complete intervention, with the supervisor taking primary responsibility for the intervention.
 - ❖ The supervisor shadows therapists on the equivalent of at least one complete intervention in which the therapist takes primary responsibility. This can occur during a single intervention or be spread over the first two to four interventions. The shadowing may occur simultaneously with the therapist shadowing the supervisor on the first intervention.
 - ❖ The supervisor and Homebuilders consultant work with therapists to assess their readiness to begin working with families independently (this may occur before the completion of the intervention that is shadowed by the supervisor).
 - ❖ The supervisor attends intake sessions with therapists for the first four interventions in which the therapist is taking the primary responsibility.
 - ❖ If multiple therapists are being trained at the same time, the supervisor and consultant develop a plan for adjusting the sequence and timing of shadowing.
- ❖ Completes an initial skills assessment with therapists.

- ❖ The supervisor and Homebuilders consultant work with therapists to complete an initial professional development assessment and plan, which include identification of training needs and resources to meet these needs.
- ❖ Evaluates progress on meeting the goals of therapists' Professional Development Plans, and works with therapists to develop new plans annually.
- ❖ Utilizes data from the Homebuilders client information system to routinely evaluate and improve individual and team performance.
- ❖ Monitors client placement rates. If patterns in the causes of placement emerge, works with therapists to make changes in treatment approaches.
- ❖ Reviews all clinical reports prior to submittal to outside entities.
- ❖ Conducts clinical record reviews and provides feedback to therapists.
- ❖ Follows Homebuilders guidelines for when to contact the Homebuilders consultant and/or program manager.

Therapist Components

- ❖ Participates in required quality enhancement and training activities.
- ❖ Uses the client record to document intervention activities in a clear, behaviorally specific manner, with enough detail that a reviewer unfamiliar with the family would understand what occurred.
- ❖ Utilizes data from the Homebuilders client information system to routinely self-evaluate performance regarding model fidelity and outcome attainment.

11. Promoting Safety

Throughout the intervention, the therapist assesses child, family, therapist, and community safety. The therapist structures the environment and uses clinical strategies designed to promote safety.

Rationales

- ❖ Families referred to Homebuilders usually have a history of harmful behavior, and the potential for harm to family members, therapists, and community members may be high.

Public Agency and/or Referent Components

- ❖ Provides information regarding safety issues at the time of referral.

Program Components

- ❖ Adopts policies and procedural guidelines that ensure:
 - ❖ Therapists and supervisors (or identified backups) are available to assigned families 24 hours a day, seven days a week.
 - ❖ The supervisor (or identified backup) is available 24 hours a day, seven days a week to consult with therapists regarding safety concerns.
 - ❖ Consultation, including emergency, immediate consultation, is available to all therapists and supervisors on a 24/7 basis.
 - ❖ Therapists are trained to consult with their supervisor whenever a safety concern is identified.
 - ❖ Therapists are required to report safety concerns to the referent.
 - ❖ The referent is consulted, and services are terminated, when situations present too great a danger to family members or therapists.
- ❖ Solicits feedback from referents and clients regarding whether safety concerns were adequately addressed during services.

Supervisor Components

- ❖ Takes referrals and ensures they include adequate information about safety risks.
- ❖ Consults with therapists regarding safety issues to help identify risks, utilize structuring techniques to promote safety, and help family members implement safety plans. Reviews written safety plans as soon as possible after they are developed to ensure they adequately address the identified safety concerns.
- ❖ Increases the amount of consultation when serious safety risks exist or safety concerns escalate.
- ❖ Accompanies therapists on home visits, or designates a team member to do so, when the situation indicates that having another person present will increase safety.

Therapist Components

- ❖ Assesses and identifies safety concerns and risks, including signs of child abuse or maltreatment, domestic violence, suicidal or homicidal intent, and environmental

risks. The therapist manages the extent to which perception of risk is being influenced by biases related to the family's geographical location or cultural group.

- ❖ Works with family members to reduce environmental safety risks by addressing issues such as child safety devices and barriers, safe sleep, drug or weapon storage, nutrition, hygiene, minimum household cleanliness standards, etc.
- ❖ Teaches effective, age-appropriate child supervision skills. The therapist helps caregivers learn to assess their own capabilities and determine when it is necessary to seek an alternate caregiver. The therapist helps family members learn how to select safe alternate caregivers.
- ❖ Teaches family members appropriate child safety skills to safeguard against child sexual abuse.
- ❖ When there is a threat of self-harm, child abuse or neglect, or physical violence between family members, develops a safety plan tailored to address the family members' specific safety concerns.
- ❖ Increases safety by:
 - ❖ Using reflective listening to de-escalate family members.
 - ❖ Maintaining frequent contact with the family, especially when serious safety risks exist or safety concerns escalate.
 - ❖ Strategically scheduling sessions at times when there is increased potential for problem behavior to occur.
 - ❖ Responding to crisis situations on a 24/7 basis throughout the intervention.
- ❖ Uses a variety of strategies to de-escalate potentially violent situations during sessions, such as:
 - ❖ Engaging family members in a collaborative, non-authoritarian way.
 - ❖ Using environmental structuring techniques.
- ❖ Teaches family members techniques to reduce the potential for violence (e.g., leaving the situation, REBT, self-calming strategies).
- ❖ Does not enter situations in which the therapist's own safety cannot be reasonably ensured. Structures sessions to maximize therapist safety (e.g., meeting in a neutral site) in situations where there is a high degree of danger.
- ❖ Follows program guidelines regarding contacting a supervisor and mandatory reporting statutes for reporting or responding to safety concerns or lack of client contact.
- ❖ When family, community member, or therapist safety cannot be reasonably ensured with intensive services in place, consults with the supervisor regarding advocating for case closure and alternative protective measures.

12. Individually Tailored Services

The therapist tailors services and flexibly schedules sessions based on family members' goals, strengths, values, culture, circumstances, learning styles, and abilities.

Rationales

Individually tailored services:

- ❖ Result in higher goal attainment because the intervention strategies fit the family.
- ❖ Allow therapists to vary the length of sessions to meet the needs of clients.
- ❖ Promote family participation in services.
- ❖ Reduce barriers to service and promote equity of access.

Public Agency and/or Funder Components

- ❖ Funding mechanism includes resources such as interpreting services, consultants and training regarding serving families with varied backgrounds and life circumstances.

Program Components

- ❖ Requires therapists to flexibly schedule their work hours to ensure they are able to see families at times that are responsive to family members' needs and circumstances.
- ❖ Promotes diversity, equity and inclusion. Provides training and support to all program staff in cultural humility and using skills for working in a culturally diverse environment. Culture is broadly defined and includes factors such as: race, ethnicity, socio-economic status, values, education, lifestyle, age, gender identity, sexual orientation and religious beliefs.
- ❖ Allocates funds for a variety of clinical materials and resources (e.g., books, digital and online resources and tools, training).
- ❖ Solicits feedback from family members and referents regarding whether services were responsive to family needs, and whether they were respectful of the family culture and values.

Supervisor Components

- ❖ Emphasizes the importance of using a wide variety of clinical strategies to respond flexibly to family situations. The supervisor helps therapists develop therapeutic strategies tailored to each family, as there is no set curriculum to be presented during sessions.
- ❖ Ensures therapists are meeting with families at times that problems occur, and that the length, frequency and scheduling of sessions meets the needs of the family.
- ❖ Routinely asks critical thinking questions in consultation regarding the culture of each family to ensure the delivery of culturally attuned services and refers therapists to cultural resources when beneficial. Helps therapists identify and reflect on their own

personal framework and biases, and how it impacts assessment and service delivery.

- ❖ Identifies the need for interpreters at referral, and facilitates access.

Therapist Components

- ❖ Provides a wide variety of clinical, concrete, and advocacy services.
- ❖ Explores each family member's values, culture, and learning style in order to identify and use tailored teaching methods.
- ❖ Establishes a plan for each session, while remaining flexible and adjusting activities based on the circumstances of the family at the time of the session.
- ❖ Provides services at the level of frequency, intensity, and duration necessary to prevent placement or achieve reunification.
- ❖ Schedules sessions at times that are convenient to families, and strategically schedules appointments at times when problems are likely to occur, including evenings and weekends. Session length is based on the needs of the family.
- ❖ Generally conducts a combination of individual and family sessions, and includes anyone family members want involved in the intervention.
- ❖ Works to minimize the effects of personal framework and biases when working with clients, coworkers and colleagues.

13. Engagement and Motivation Enhancement

The therapist develops and maintains a positive, collegial working relationship with family members. The therapist assumes responsibility for motivating family members and employs a variety of motivation enhancement strategies.

Rationales

When family members are engaged and motivated, they are more likely to:

- ❖ Share important information.
- ❖ Participate in goal development.
- ❖ Consider suggestions and try new skills.
- ❖ Participate in sessions and complete the intervention.
- ❖ Be successful in changing their behavior and achieving their goals.

Public Agency and/or Funder Components

- ❖ Provides adequate funding to support client engagement activities.

Program Components

- ❖ Ensures therapists have the flexibility to use engagement strategies, such as: dressing casually, accepting food from families, allowing session time for casual conversation, taking family members out for coffee, providing transportation, etc.
- ❖ Allocates funds for client engagement activities and basic needs.

Supervisor Components

- ❖ Throughout the intervention, helps therapists:
 - ❖ Assess engagement of family members.
 - ❖ Identify strategies for fostering engagement.
 - ❖ Assess family members' current stage of change.
 - ❖ Tailor clinical strategies to enhance motivation to change.
 - ❖ Respond appropriately to referent requests that compromise therapists' ability to engage the family (e.g., enforcing public agency directives or engaging in investigative activities such as unannounced visits, checking trash cans, etc.).

Therapist Components

- ❖ Uses a variety of strategies to enhance engagement with family members:
 - ❖ Behaves as a guest in the family's home.
 - ❖ Demonstrates respect for the family's time, cultural and lifestyle norms, values, and home environment.
 - ❖ Approaches each family in a culturally humble manner, learning their culture and values to know what motivates them and what is important to them.
 - ❖ Spends time, especially in early sessions, in casual conversation and shows an interest in the whole person (likes, dislikes, values, interests, concerns, etc.).

- ❖ Uses reflective listening skills to demonstrate understanding and empathy.
- ❖ Develops an awareness of their own personal framework and how it may impact the relationship.
- ❖ Participates in activities of interest to family members (e.g., going out for coffee, to the park, or to a child's sporting event) to enhance the therapeutic relationship.
- ❖ Offers concrete services or assistance (e.g., help with household tasks, transportation).
- ❖ Uses a variety of strategies that enhance motivation for change:
 - ❖ Tailors strategies to each individual's stage in the change process.
 - ❖ Provides information and feedback to increase family members' awareness of the reasons their children are at risk of placement.
 - ❖ Acknowledges and addresses concerns family members have about making changes.
 - ❖ Instills hope by: acknowledging and reinforcing the family's strengths, resources, and past successes; sharing information about the success of the Homebuilders program; and reframing.
 - ❖ Evokes rationales for change that are relevant to family members.
 - ❖ Collaborates with family members to generate solutions and behavior change options.

14. Comprehensive Assessment

The therapist conducts a behaviorally specific, interactive, ongoing, holistic assessment. This assessment includes information about history, strengths, culture, values, skills, problems, and barriers to goal attainment.

Rationales

- ❖ A behaviorally specific assessment is respectful of families; is easy for them to understand; and provides information necessary to enhance motivation, set goals, and develop service plans.
- ❖ An interactive assessment engages family members in clarifying their problems, needs, strengths, and goals.
- ❖ A holistic assessment is more likely to be complete and accurate, and includes information about the family's history, life experiences, and systems impacting them.
- ❖ An ongoing assessment allows the family members and the therapist to respond to changing family circumstances.

Public Agency and/or Referent Components

- ❖ Provides adequate information at referral regarding their assessment of the family, their expectations and service plan, the family's history of involvement with the public agency, and court requirements.

Supervisor Components

- ❖ Ensures adequate referral information is obtained.
- ❖ Prompts critical thinking in the assessment process.
- ❖ Works with the therapist to ensure assessments integrate information from a variety of sources (e.g., direct observation, referent information, client report, collateral information) to develop a balanced and accurate assessment.
- ❖ Reviews all written assessments and provides feedback.

Therapist Components

- ❖ Conducts an assessment that includes family members' history, strengths, culture, values, skills, problems, barriers, and readiness for change.
- ❖ Gathers information for the assessment through:
 - ❖ Reflective listening.
 - ❖ Use of open-ended and clarifying questions; a prescribed list of assessment questions is not used.
 - ❖ Direct observation of family members in a variety of circumstances.
 - ❖ Contact with collaterals (e.g., referent, teachers, other providers, extended family members).
 - ❖ Functional analyses of behavior.
- ❖ Helps family members engage in a self-assessment process.

- ❖ Uses the North Carolina Family Assessment Scales (NCFAS) to guide the process and organize information.
- ❖ Uses behaviorally descriptive and value-neutral language, avoids labels and inferences, and explains the basis for conclusions made.
- ❖ Engages in critical thinking to evaluate the accuracy of the assessment.
- ❖ Completes an initial written assessment of each family within one week of intake.
- ❖ Conducts ongoing assessment throughout the intervention to further understand the family and evaluate intervention effectiveness.

15. Goal Setting and Service Planning

The therapist collaborates with family members and referents in developing a service plan with behaviorally specific, attainable intervention goals. The service plan focuses on addressing factors directly related to the risk of out-of-home placement.

Rationales

- ❖ The service plan steers the intervention and helps keep the therapist and family members focused.
- ❖ It is critical to prioritize goals focused on what is most important to prevent placement or achieve reunification. Families usually have multiple problems, and it is unlikely they can all be addressed during the intervention.
- ❖ When family members are involved in goal setting, they are more motivated to work on their goals, maintain changes after the intervention concludes, and use the process independently in the future.
- ❖ The process of goal setting itself can serve to initiate behavior change. As family members are encouraged to decide how they would like to change, and then identify the first steps, they often find themselves beginning to make changes.
- ❖ Having behaviorally specific, measurable indicators of goal achievement allows all involved parties (therapist, family members, referent, etc.) to discern whether goals have been met.
- ❖ Having reasonably achievable goals increases family members' feelings of self-efficacy as they experience success.

Supervisor Components

- ❖ Promotes therapists thinking critically as they develop service plans.
- ❖ Reviews all written service plans and provides feedback.
- ❖ Assists therapists in assessing progress, ways to enhance progress, and whether service plan modifications are needed.

Therapist Components

- ❖ Clarifies with the referent and family members the specific changes that must occur for the children to remain at home.
- ❖ Based on the assessment and referral information, collaborates with the family members to establish goals that focus on the issues contributing to the risk of placement or barriers to successful reunification.
- ❖ Develops indicators of goal achievement that are behaviorally specific, measurable, action-oriented, and attainable.
- ❖ Works with family members to develop a plan for attaining the goals.
- ❖ Uses critical thinking to evaluate intervention goals and plans. Issues to consider include: the impact of the therapist's personal framework; how goals are related to

the assessment information; that family members' strengths and values are included in the plan; and that strategies match the family members' stage of readiness to change.

- ❖ Creates service plans that include goals, problem statements, indicators of goal achievement, and strategies that have been shown to impact the targeted behaviors.
- ❖ Continually monitors goal progress. When family members are not making progress on the goals, analyzes barriers to goal achievement and revises the service plan as needed.
- ❖ Completes a written initial service plan within one week of intake.

16. Cognitive and Behavioral Approach

The HOMEBUILDERS model utilizes research-based interventions. The therapist applies cognitive and behavioral principles and strategies to facilitate behavior change.

Rationales

- ❖ Most human problems are the result of excesses and deficits in knowledge and skill acquisition. The most effective way to help people address their problems is to help them learn to change cognitions, behaviors, and feelings.
- ❖ A large body of research documents that cognitive interventions are an effective method to facilitate behavior change, particularly with problems regarding emotions, and that behavioral interventions are an effective method to facilitate behavior change.
- ❖ People are more likely to engage in the counseling process if the focus is on specific behaviors instead of character, personality traits, or diagnoses.
- ❖ Behavior change strategies are pragmatic, easily assessed for effectiveness, and easily adjusted if desired changes do not occur.

Supervisor Components

- ❖ Uses a cognitive / behavioral approach in supervision (e.g., uses reframing strategies when the therapist assigns negative motivations for family member's behaviors, uses behavior rehearsal to help a therapist practice a clinical intervention).
- ❖ Assists therapists to apply a cognitive / behavioral approach and to select the cognitive and behavioral strategies that are most likely to help family members achieve desired outcomes.

Therapist Components

- ❖ Uses behaviorally specific, value-neutral language to describe family problems and strengths.
- ❖ Uses research-based cognitive and behavioral interventions and strategies to effect change.
- ❖ Helps family members understand how factors such as antecedents and consequences, development, past learning, life experiences, and culture affect behavior.
- ❖ Helps family members learn to use cognitive and behavioral strategies to increase behavior, decrease behavior, and learn new behaviors.
- ❖ Teaches family members a process for making changes. Encourages family members to act as "personal scientists," studying their situations, experimenting with different change approaches, and evaluating the results.

17. Teaching and Skill Development

The therapist uses a variety of teaching methods to help family members acquire, maintain, and generalize skills.

Rationales

A focus on teaching and skill development:

- ❖ Has been shown in research to be effective in helping people change.
- ❖ Enhances family members' motivation by defining problems as skill deficits rather than personal deficiencies.
- ❖ Empowers family members by giving them skills they can use to deal with problems that arise after the intervention is completed.

Program Components

- ❖ Surveys family members regarding skills acquired during services.

Supervisor Components

- ❖ Helps therapists determine the skills and teaching methods that are most likely to help the family achieve desired outcomes.
- ❖ Helps therapists assess the effectiveness of their teaching methods.

Therapist Components

- ❖ Matches teaching methods to family members' culture, learning styles, and abilities.
- ❖ Conceptualizes, describes, and approaches problems in terms of skill excesses and deficits.
- ❖ Teaches by direct methods, generally including the following components:
 - ❖ Presentation of the skill
 - ❖ Modeling
 - ❖ Behavioral rehearsal
 - ❖ Feedback
 - ❖ Coaching, praise, and encouragement
 - ❖ Generalization / maintenance training
- ❖ Breaks new skills into small steps to simplify the change process and help family members experience success.
- ❖ Recognizes and takes advantage of unplanned opportunities (i.e., "teachable moments") to use or teach behavior change strategies.
- ❖ Provides written materials to promote learning.
- ❖ Assigns homework and encourages frequent practice of new skills so family members have many opportunities to strengthen and integrate behavior change.

18. Provision of Concrete Services

The therapist advocates for and provides concrete goods and services that are directly related to achieving the family's goals, while teaching family members to meet their needs independently.

Rationales

Providing concrete services may:

- ❖ Resolve immediate needs that hinder the family's ability to address other concerns.
- ❖ Be an effective way to engage family members and build a positive working relationship.
- ❖ Offer opportunities to teach family members how to meet concrete needs on their own.

Public Agency and/or Funder Components

- ❖ Provides adequate resources for the provision of concrete services.
- ❖ Allows the provider agency discretion in determining how best to use concrete funds.

Program Components

- ❖ Specifies the procurement and reimbursement procedures for the use of program funds for client-related expenses.
- ❖ Allows therapists to transport clients in their personal vehicles, or provides each therapist with a company car (accessible to the therapist at all times and without advance notice).
- ❖ Allocates adequate, flexible funding for the provision of concrete services.

Supervisor Components

- ❖ Assists therapists in critical thinking and prioritizing families' concrete and service needs to ensure scarce resources are utilized as effectively as possible.
- ❖ Monitors the use of concrete service funds.

Therapist Components

- ❖ Uses critical thinking in deciding when it is appropriate to address concrete needs.
- ❖ Provides and assists family members in accessing items, supports and services (e.g., food, housing, transportation, financial assistance, and childcare) to reduce the likelihood of placement. This often involves transporting clients to access services and meet service goals.
- ❖ Is familiar with a wide variety of local resources and helps the family members access them.
- ❖ Teaches family members skills to meet their concrete needs independently.

19. Collaboration and Advocacy

The therapist collaborates and advocates with formal and informal community supports and systems impacting the family, while teaching family members to advocate for themselves.

Rationales

- ❖ Family members have to effectively navigate multiple systems including court, child welfare, schools, health care, and social services. Modeling and teaching advocacy skills provides family members with the tools they need to advocate for themselves.
- ❖ Modeling and teaching collaboration skills helps family members build positive relationships with referring agency workers, service providers, and others in the community.
- ❖ Involving members of the family's informal support network helps them achieve their goals and maintain progress over time.

Program Components

- ❖ Encourages staff to obtain and share information about community resources.
- ❖ Solicits feedback from referents and responds to any identified concerns.

Supervisor Components

- ❖ Fosters positive working relationships with referring agency staff and other community professionals.
- ❖ Assists therapists in advocacy efforts as needed.

Therapist Components

- ❖ Fosters positive working relationships with referents and other professionals.
- ❖ Develops an understanding of systems that serve families including the legal, social services, health care, and school systems. Consults and advocates with other service providers when appropriate to help family members meet their goals.
- ❖ Models and teaches family members skills for advocating and accessing support for themselves (e.g., assertiveness, persistence, reciprocity, problem-solving, and addressing discrimination).
- ❖ Helps family members anticipate their long-term service and support needs, and helps them identify, enhance, utilize, and maintain informal and formal supports.
- ❖ Includes members of the family's social support network who are influential in their life.
- ❖ Considers referent concerns and expectations when working with the family. When the family members', therapist's, and referent's expectations differ, attempts to resolve these differences.
- ❖ Maintains frequent contact with the referent and works in partnership with the referent to attain desired outcomes.

20. Transition and Service Closure

In preparation for the conclusion of services, the therapist and family members assess goal attainment, plan for service closure and progress maintenance, collaborate with the referent to address ongoing service needs, and determine timing of service closure.

Rationales

- ❖ Most families will have ongoing needs after Homebuilders services end. The therapist must help family members engage with ongoing resources, in order to maintain and build on progress made during the intervention, and teach family members how to address future service needs.
- ❖ Because Homebuilders services are intensive, time-limited, and provided in the family home, it is important to help family members plan for service closure and loss of the therapeutic relationship and support.

Supervisor Components

- ❖ Tracks family progress on intervention goals at weekly team consultation meetings and participates in determining the appropriate timing of, and plan for, service closure.
- ❖ Approves premature closures. Reasons for premature closure include: client unavailable; child placed; placement recommended; child is not at home; referent initiated closure of intervention; or services are no longer needed.
- ❖ Reviews the written service summary and provides feedback.

Therapist Components

- ❖ Begins preparing family members for service closure at the start of the intervention.
- ❖ Assesses for continued eligibility throughout the intervention and consults with supervisor regarding premature closure when appropriate.
- ❖ In collaboration with the supervisor, family members, and referent, determines when service closure is appropriate.
- ❖ Helps family members generalize newly learned skills and make plans to continue the change process after the intervention concludes.
- ❖ Addresses family members' concerns about the intervention ending.
- ❖ Helps family members complete a written progress maintenance plan. The plan includes the family's self-reported level of goal attainment, strategies for maintenance of progress, and plan for meeting their ongoing service needs.
- ❖ Completes a written summary of the intervention within one week of service closure.
- ❖ Informs family members about the availability of limited post-intervention support from the therapist.
- ❖ Responds to family members' post-intervention requests for assistance for up to six months following referral, usually consisting of no more than five hours of direct service.