



HARRISONBURG CENTER FOR RELATIONAL HEALTH

IN-HOME COUNSELING

OVERVIEW AND BACKGROUND

In-Home Counseling through the Center for Relational Health is a specialized service which views the family as a system of dynamic and changing relationships. Families who participate in this intensive counseling modality are likely stuck in unsatisfying and difficult patterns of relationship. Together with family members, we work to influence and change these patterns over the course of treatment.

Our work in the home incorporates the family's strengths, unique cultural background, attachment patterns, and the manner in which trauma may be operating to thwart growth. We incorporate a developmental understanding of children, parents, and the family life cycle.

ASSESSMENT

A comprehensive assessment undergirds our treatment. The assessment consists, at minimum, of:

- an in-depth clinical interview;
- the Family Adaptability and Cohesion Scale (FACES-IV);
- the Child Behavior Checklist (CBCL);
- the Brief Symptom Inventory (BSI);
- the Parenting Stress Index (PSI-4).

Other tools that may be used include an adolescent clinical interview, the Behavioral and Emotional Rating Scale (BERS-2), the Trauma Symptom Checklist for Children (TSCC), and the Marschak Interaction Method with the corresponding Marschak Method Behavioral Rating Scale (McKay, Pickens, and Stewart, 1996).

Our assessment process occurs over the first two weeks to three weeks; the resulting report includes recommendations for service. Treatment foci are derived directly from this report.

TREATMENT PERIODS

Joining & Assessment (pre) ∞ Working period ∞ Practice ∞ Closure & Assessment (post)

During the *joining & assessment* period, we work to build trust and credibility with the family, establishing the therapeutic relationship as *the* foundation for deep and lasting change. In the *working period* of in-home, trust has developed, and the focus is on the delicate and sensitive working through of obstacles that keep individuals and the family stuck. We pay particular attention to the manner in which the dynamics of the family manifest in the therapeutic relationship. In the *practice* phase, family members "try out" new ways of relating while the therapist is still present for support, guidance, and, if necessary, more working through. In the *closure & assessment* period, we celebrate the progress that has been made, work to affirm the challenges of new patterns (and address old patterns when they come up), and we administer post-assessments.



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OUR CLIENT

While we recognize that it is likely the challenging behavior of a child that has brought a family forward to participate in in-home counseling, we see the difficulties of the child as rooted in the family system as well as other systems (school, community, etc.) in which the child and family participate. With a deep appreciation for the importance of clear boundaries, we work intentionally with different constellations of the family system: we may work individually with a parent during a one hour session and return later in the week to work in filial therapy with the parent and child.

SUPERVISION

Owing to the intensity and complexity of in-home work, we regard ongoing, supervision specific to each client system as key to providing quality, sustainable clinical care. Supervision is provided weekly and may take place in individual and group contexts. Additionally, we request that our in-home therapists be authorized by the family to videorecord some sessions in order to maximize the opportunity for supervisory feedback.

WHAT TO EXPECT

Social workers, case managers, and FAPT teams can expect the following from our in-home program:

- *Integration of the results* of the standardized assessments into the final assessment report (within the first 30 days of service);
- *Recommendations for additional services* that will make a successful outcome more likely;
- *Development, together with the family, of a treatment plan* that identifies 3-5 major areas of focus for our work;
- *Communication of the family's progress* on a monthly basis either via a written report, or, if preferred, through treatment team meetings;
- *Efficiency in utilizing the hours allotted* fully and directly in service of treatment goals. Given the acute level of stress and the high degree of ongoing crisis present in families for whom in-home counseling is a funded service, we are consistently thoughtful and intentional in each of our sessions. In general, a treatment period of at least 24 weeks is expected at an intensity of 4 hours per week.
- *Evaluation of our work* through a comparison of pre/post-test results of standardized measures.