



# FamilySafe Project Evaluation

## Program Implementation and Initial Lessons Learned

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The Urban Institute, in partnership with John Jay College of Criminal Justice, is evaluating the FamilySafe Project (FSP). The project is administered by Sanctuary for Families (SFF) and Rising Ground's STEPS to End Family Violence (STEPS) program. The FSP provides family-focused counseling and other services to survivors of gender-based violence and their children in New York City. The project and its evaluation are funded under the New York County District Attorney's Office's Criminal Justice Investment Initiative. Urban's mixed-methods evaluation examines program implementation and model fidelity, client outcomes, and the performance of the FamilySafe Project Assessment Tool (FSPAT). The FSPAT assesses parents' and children's posttraumatic stress disorder (PTSD) symptoms and family functioning. This brief explores program implementation and initial lessons learned at the midpoint of Urban's evaluations of the project's process, assessment tool, and outcomes.

## Introduction

The Urban Institute, in partnership with John Jay College of Criminal Justice, is conducting a three-and-a-half-year evaluation from March 2019 to September 2022 of the FamilySafe Project. The FSP and the evaluation are both funded under the Criminal Justice Investment Initiative in response to the New York

County District Attorney's Office's request for proposals for family and youth development programs, which are part of the initiative's youth, families, and communities focus area. The FSP provides family-focused counseling and other services to survivors of gender-based violence and their children in New York City, and is administered by Sanctuary for Families and STEPS to End Family Violence. Sanctuary for Families provides clinical, legal, economic-empowerment, shelter, and other services to survivors of domestic violence, sex trafficking, and related forms of gender-based violence and their children; SFF launched the FSP in its Manhattan office in 2017 and has since implemented it in its other offices throughout the New York City metropolitan area. STEPS is a group of services provided by Rising Ground, a nonprofit human services organization in the greater New York City area. STEPS provides community-based services and programming to survivors of gender-based violence and their families, and is based in East Harlem.

Urban's mixed-methods evaluation examines program implementation and model fidelity, client outcomes, and the performance of the FSPAT. Specifically, the evaluation aims to assess FSP operations, the efficacy of the FSPAT, and whether FSP services are associated with improved client outcomes. This brief explores program implementation and initial lessons learned at the evaluation's midpoint, drawing from the study's process and assessment tool evaluations. Evaluation methods have included semistructured interviews with FSP staff, meetings with FSP staff, and a document review, and will include further staff interviews, client interviews, client surveys, administrative data analysis, and internal validity analyses of the FSPAT. Importantly, much of the program's implementation and this evaluation have occurred during the COVID-19 pandemic; some aspects of the program have changed because of the pandemic, and all initial findings and lessons learned should be considered preliminary.

## FamilySafe Project Background

As part of its process evaluation, Urban developed and finalized an overview of the FSP program flow. The overview, included below, details program flow as of fall 2019. As noted above, some aspects of the FSP processes have changed since fall 2019 because of the COVID-19 pandemic. The objective of the FSP is to provide evidence-based, trauma-informed care to families that have experienced gender-based violence. Through the project, clinicians use the FSPAT to assess PTSD symptoms and family functioning of parents and children, and provide services and programs that fit families' goals. Both SFF and STEPS use the FSP to serve families with counseling needs. In 2017, SFF and STEPS partnered to develop and implement the FSP and the FSPAT. They decided to partner because their organizations had a working relationship and their staff members knew one another. In addition, the partnership was an opportunity for SFF to learn from STEPS, which already used a family-focused service model and evidence-based assessment tools. Further, STEPS is located in East Harlem, a community SFF serves but wanted to engage more directly. Through the FSP and the FSPAT development and training processes, SFF and STEPS have worked more closely together and continue to refer clients to and share knowledge with one another.

## FSP Program Flow Overview

Here, we detail how SFF and STEPS were approaching each stage of the FSP as of fall 2019 and describe differences in their approaches where relevant.

### REFERRAL

Sanctuary for Families and STEPS receive referrals from several sources, including self-referrals, by word of mouth, and from the social service and justice systems. Key referral sources for SFF include hotline calls (self-referrals), internal referrals from SFF's legal and economic-empowerment departments, New York City's Family Justice Centers, and community-based organizations. Key referral sources for STEPS are community-based organizations, other clients (word of mouth), and the Manhattan Family Justice Center.

### ELIGIBILITY CRITERIA

When a client is referred to SFF or STEPS, they are screened for eligibility for the FSP. Clients that have experienced intimate partner violence or another form of gender-based violence and have a child living in their home are eligible to participate.

### INTAKE APPOINTMENT(S)

During the intake appointment(s), a clinician administers the FSPAT. The FSPAT includes the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5) for adults, the Protective Factors Instrument (PFI) for families, and the Parent Report of Post-Traumatic Symptoms (PROPS) for children. Given the length of the assessment and the sensitivity of the questions (particularly for the PCL-5), administering the FSPAT typically takes two sessions (according to SFF). Moreover, SFF tries to ensure that the clinician who administers the FSPAT during the intake appointment(s) continues to work with the client/family, but also makes it clear to clients that this is not always possible, and the clinician may change depending on the results of the assessment and the services needed. At STEPS, the clinician who administers the FSPAT continues to work with the client/family.

At SFF, the clinician administers a case management rapid assessment to determine whether the client is low, mid, or high priority for in-house case management services. Once the FSPAT and rapid assessment are completed, the clinician fills out an intake form with key information and informs their supervisor that they have a case to present at SFF's weekly FSP meeting, which is attended by all SFF FSP clinicians. At STEPS, the clinician works with the client to develop flexible, individualized counseling goals based on the FSPAT. The STEPS clinician may also refer family members to additional services and programs depending on the results of the assessment and their needs.

### FSP CASE MEETING/ROUNDTABLE

The SFF clinician presents the case, including the results of the FSPAT, and their treatment recommendations at SFF's weekly FSP meeting. Though the clinician who administered the assessment takes the lead on the recommendations, all clinicians in the meeting ask questions and provide input. If the client is identified as high priority/high risk, they are assigned a case manager; if they are identified as medium priority, they are also assigned a case manager or placed on a list to be assigned to a case

manager and assigned a clinician with more experience or case management skills. If the client is identified as low priority, the clinician addresses their case management needs.

At STEPS, the coordinator first refers a case to the STEPS supervisors. When an FSP case begins, the supervisors meet and assign the case to clinicians. If the client is high priority and the clinician cannot absorb the case management work, the client is also referred to an advocate and/or economic-empowerment specialist at STEPS.

### **BEGINNING OF SERVICES**

At SFF, once the recommendations are made to the client and the client accepts or modifies the recommended services, the case is assigned to a clinician. The clinician then shares the results of the FSPAT with the client and administers a comprehensive assessment to gain a clearer picture of the client's experiences with intimate partner violence or other forms of gender-based violence, demographic information, other providers and services, and other information.

At STEPS, the clinician who administers the FSPAT continues serving the client. The clinician then works with the client to develop flexible, individualized counseling goals and identify services and programs to advance those goals. Team members who are seeing the family—adult counselors, children's counselors, and case managers—also meet to discuss goals for the family.

### **FSP SERVICES AND PROGRAMS**

STEPS and SFF provide several programs and services to FSP clients, including individual adult and individual children's counseling, family therapy, and family workshops. In addition to counseling and other programs and workshops, SFF and STEPS deliver three specific evidence-based therapy models for FSP clients: Parenting Journey (including Parenting in America), Child Parent Psychotherapy for Family Violence, and Trauma-Focused Cognitive Behavioral Therapy. Depending on families' needs and availability, families can participate in multiple models.

Parenting Journey is a 12-session curriculum that takes parents on a "journey" through their childhood to see the ways in which their childhood affects their parenting. It provides a safe, judgment-free space with supportive limits where parents can express themselves and share their experiences. Each week has a different focus, agenda, and activities.

Child Parent Psychotherapy for Family Violence is an intervention model for children ages 0 to 5 who have experienced trauma and/or are experiencing mental health, attachment, or behavioral problems. Therapeutic sessions include the child and parent. The long-term treatment model has three phases—a foundational phase, a core intervention phase, and a termination phase—and can take upwards of one year from start to finish. The primary goal of the model is to strengthen the relationship between the child and parent to improve the child's cognitive, behavioral, and social functioning.

Trauma-Focused Cognitive Behavioral Therapy is an evidence-based treatment model for children and adolescents (i.e., ages 3 to 18) who have experienced trauma and their parents. It addresses trauma symptoms from single, multiple, and complex trauma experiences. The clinician works with both the child and parent to reduce trauma symptoms through psychoeducation and parenting skills, relaxation,

affective modulation, cognitive processing, creating a trauma narrative, in vivo desensitization, conjoint parent-child sessions, and enhancing safety and social skills. The model was developed to be completed in 12 to 16 sessions, but it typically takes longer because of the complexity of trauma experiences.

### CASE MANAGEMENT

At SFF and STEPS, clients can also receive in-house case management services. These services include assistance with completing grant applications, finding housing, scheduling medical appointments, and advocating for educational needs.

### REASSESSMENT

Clinicians reassess clients using the PCL-5 and PROPS every three months and using the PFI after the first three months, and then every six months thereafter. If there is a notable change in the results of the FSPAT and clinicians intend to change their recommended services, they present the results of the reassessment at the weekly FSP case meeting for discussion.

### END OF SERVICES

Services end for a client if they disengage or once the client and clinician decide that the client has met their goals (recognizing that those goals can change). Participation in the FSP ends when the family disengages or when every family member completes their services. Though some families disengage or do not complete every service, many families and family members make progress toward their counseling goals and complete individual services and programs.

## Initial Findings

We conducted 10 interviews with key FSP staff across SFF and STEPS, made two site visits, and engaged in regular meetings with FSP staff. Through this process, we learned about the FSPAT, program operations, and client experiences. Below, we describe early findings from the evaluation, including implementation successes and challenges.

### FSPAT Design, Implementation, and Use

In our semistructured interviews with SFF and STEPS staff, we learned that before FSP and FSPAT implementation, STEPS had used the PROPS tool for more than five years and the PFI tool for about five years. Therefore, because STEPS was already using and recommended the PROPS and PFI tools, SFF and STEPS staff incorporated those tools into the FSPAT rather than creating an entirely new tool as SFF originally planned. To assess PTSD symptoms in adult clients in addition to children, a consulting psychologist from SFF trained SFF and STEPS staff to use the PCL-5 tool as part of the FSPAT. This consultant also trained SFF staff to use the PROPS and PFI tools.

Overall, key FSP staff, including the consulting psychologist from SFF, were involved in the FSPAT design process. The selection of the FSPAT tools, therefore, reflected the input and expertise of FSP clinicians and staff, but not direct input from SFF and STEPS clients. Though clinicians have reported that

clients have responded well to the FSPAT and found it helpful in understanding their own symptoms, clients did not directly inform the FSPAT design process by sharing which tools would be most useful to them. As a result, Urban plans to solicit direct feedback on the FSPAT from clients through client interviews and surveys. However, client feedback did inform SFF's shift to a consolidated, family-focused intake process, of which the FSPAT is a key component. Clients of SFF had shared that it was frustrating and retraumatizing to answer the same questions and tell their story multiple times during the separate intake processes for adult and children's counseling, which inspired SFF's shift to a consolidated intake tool for adults and children.

Though STEPS used the PROPS and PFI tools as part of its family-focused service model before FSPAT implementation, SFF did not use any standardized, evidence-based assessment tools. Sanctuary for Families clinicians initially found it challenging to secure buy-in from other clinicians to use standardized, evidence-based tools, as clinicians previously used different approaches and were concerned that the tools could "pathologize" clients (that is, regard clients as abnormal) or not give clients space to open up. Another challenge for clinicians was adjusting to the waiting period of up to a week after intake and before presenting at the weekly FSP roundtable meeting, during which clinicians discuss cases based on the results of the FSPAT. Because waiting for the weekly roundtable meetings could delay the start of services, clinicians now meet with the clinical directors to present the case and decide on a recommended counseling plan. Despite these challenges, FSP leadership and clinicians were committed to shifting from separate adult and children's programs to an integrated, family-focused service model to collaboratively address family needs, and to using evidence-based tools to identify and address those needs in a standardized way.

Ultimately, SFF clinicians bought in to the FSP and the FSPAT process, agreeing that the FSPAT can be normalizing and help clients understand their own symptoms and progress. Though FSP clinicians identified a few weaknesses with tools in the FSPAT, all of the clinicians we interviewed found the FSPAT useful and said it largely aligned with their professional judgments. One issue that clinicians identified is that the PCL-5 explicitly focuses on specific traumatic incidents rather than ongoing, relational trauma that clients may experience. To address this, some clinicians ask clients to focus on what is most traumatic and pressing for them at that time.

Importantly, the FSP and the FSPAT helped SFF shift to a family-focused service model for the first time, which aligned with the SFF program director's vision, by collaboratively assessing the needs of parents and children and family functioning overall. Clinicians emphasized several strengths of the FSP's family-focused model. Given the relational trauma that survivors of intimate partner violence experience, FSP services provide critical relational care, strengthen the relational bond between survivors and their children, and offer clients the meaningful experience of healing from relational trauma through their parent-child relationship. Also, providing integrated, family-focused services rather than treating parents and children separately reduces victim-blaming and judgment, which some parents experienced from their children's clinician before the FSP because the clinician was focused solely on their children. Now, clinicians focus on addressing the needs of the entire family rather than just the parent or children, which reduces potential disconnect between the adult and children's

clinicians and between the clinicians and family members. In addition to the FSPAT, SFF adopted the Parenting Journey and Child Parent Psychotherapy for Family Violence programs (which STEPS has used for years). Parenting Journey helped reinforce SFF's family-focused model, and Child Parent Psychotherapy for Family Violence helped SFF fill a gap in services and begin to serve children ages 5 and younger.

## **Program Operations**

Our interviews, check-in meetings, and document review indicate that FSP operations are well aligned with the program model, as SFF and STEPS both define and follow specific eligibility criteria and processes for referrals, assessments, and services. Sanctuary for Families staff hold a weekly roundtable meeting where they present and discuss recommendations for new FSP cases. Though SFF and STEPS use different processes and program documents, the most central aspects of the FSP—administering the FSPAT and developing counseling goals—are similar across SFF and STEPS. In addition, FSP clinicians we interviewed indicated that FSP operations align with the program model, and did not identify any major modifications that were made to the FSP or the FSPAT process.

## **Client Experiences**

According to FSP clinicians, most clients have responded well to the FSP and the FSPAT process. Sanctuary for Families only introduced the FSP and the FSPAT process to new clients starting in fall 2017, as existing clients had already completed intake sessions and did not experience a change in services. STEPS and SFF clinicians report that the FSPAT helps clients open up, have a conversation about their needs, and develop counseling goals. The FSPAT and the initial assessment, in particular, are credited with helping clients learn about PTSD symptoms and family functioning, which enables them to better understand their children's and their own symptoms, strengths, and needs. Further, follow-up FSPAT administration reportedly helps clients recognize their progress toward their counseling goals, as well as continued challenges and needs. For example, many clients are new to clinical services, and the assessment process may be the first time they learn about PTSD, its symptoms, and which experiences may be related to it. Clinicians report that through the follow-up assessments, clients can see how their symptoms evolve in response to new experiences, current events, and/or their own healing and progress.

## **Initial FSPAT Outcomes**

FamilySafe Project clinicians have reported that the FSPAT is a reliable and valid measure of PTSD symptoms and protective factors, and that the initial assessment in particular helps clients understand and recognize their symptoms, strengths, and needs. Though clinicians consider the FSPAT a reliable and helpful tool, there are concerns that initial scores may be artificially low for the PCL-5 (which measures adult PTSD symptoms) and artificially high for the PFI (which measures family protective factors) for some clients, as they may be new to counseling and are developing a relationship with the clinician, are learning about their symptoms and needs, and may be more likely to report that they are doing fine initially. As clients become more comfortable with their clinicians and begin to better understand their

needs, they may become more likely to recognize and report PTSD symptoms and gaps in protective factors. Accordingly, regular reassessment is important for understanding clients' needs over time and adjusting services to meet them.

Further, clinicians have noted that scores can vary throughout services and are not linear, as clients' situations and needs may change. Though these variations in scores (both initially and over time) do not affect how clinicians use the FSPAT, they do shape how clinicians interpret FSPAT results. For example, a client may be experiencing more PTSD symptoms than identified in the initial PCL-5, and fluctuations in a client's FSPAT scores do not necessarily indicate that they are not progressing; rather, they may be becoming more aware of and likely to report symptoms and needs. Importantly, clinicians have noted that clients' PTSD symptoms and protective factors may have changed since March 2020 because of the COVID-19 pandemic.

## Conclusion and Next Steps

Though Urban and John Jay's evaluation is ongoing until September 2022, initial data collection suggests that the FSP's family-focused service model, the FSPAT tool, and FSP programs are viewed favorably by FSP staff. Staff also perceive that clients find the FSPAT helpful and report positive impacts from FSP services. Implementation of the FSP and the FSPAT helped SFF shift to a family-focused service model similar to that of STEPS and adopt standardized, evidence-based assessment tools for the first time. Rather than offering separate programs for adults and children, SFF and STEPS both now use an integrated, family-focused service model to collaboratively address family needs and evidence-based tools to identify and address those needs in a standardized way. Interviews with FSP staff indicate that FSP operations are well aligned with this program model, that the FSPAT is a reliable and valid measure of PTSD symptoms and protective factors, and that most clients have responded well to the FSP and the FSPAT. In fact, the FSP and the FSPAT help clients to open up; to better understand, recognize, and have a conversation about their symptoms, strengths, and needs; and to develop counseling goals.

Through further staff interviews, client interviews, client surveys, administrative data analysis, and internal validity analyses of the FSPAT, we will further assess the FSP's alignment with the program model and identify factors that affected program implementation, operations, and use of counseling goals. We will also examine clients' perceptions, client barriers, and how well the FSP addresses clients' issues and needs, and analyze the FSPAT's reliability, validity, and effects (including by subgroups) on case planning and service provision. As Urban and John Jay conduct the second half of the evaluation, we will continue to examine and report on key FSP processes, the FSPAT, and program outcomes for youth and families across Manhattan, and will share our findings in a final report in late 2022.

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