

Intensive Alternative Family Treatment (IAFT®): A Guide for Treatment Parents



Thank you for taking the step to become an IAFT® Treatment Parent! We hope you will find this phase of your foster care journey to be fulfilling as you are able to make a positive impact on the life of youth with higher-acuity needs.

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What is IAFT®?

IAFT® is a specialized, in-home, family-based foster care option. Children and youth who qualify for this level of care include those who:

- Exhibit severe emotional or behavioral difficulties
- Are at risk for hospitalization or institutionalization
- May have experienced multiple failed placements
- May or may not have an additional functional development diagnosis.

IAFT® supports difficult-to-place children/teens by providing a more intense level of care than therapeutic foster care. IAFT® also serves children/teens as they step down from a more restrictive level of care.

The goal of IAFT® is to ensure long-lasting recovery and successful transition to home or lower level of care by providing clinically focused therapeutic treatment in a licensed foster home.

IAFT® has been given a CEBC Scientific Rating of "3 - Promising Research Evidence" in the Higher Levels of Placement and Placement Stabilization Programs topic areas on the California Evidence-Based Clearinghouse for child welfare.

What should you expect from your IAFT® Provider Agency?

To become an IAFT® Provider, an agency must be fully licensed as a Child Placing Agency in North Carolina and be in good standing with their LME/MCO(s). The Agency must also be nationally accredited and fully implement a foster parent training model or evidence-based model of care. Our provider agencies receive regular oversight and monitoring to ensure compliance with the IAFT® service model and go through a recertification process every two years to continue as a network provider.

As an IAFT® Treatment Parent, you will be expected to follow all state & Medicaid rules/regulations for Therapeutic Foster Care. In addition to these expectations, you can also expect:

- Daily Contact with your IAFT® Coordinator (5 days per week) to review youth targeted behaviors and treatment activities, assess progress, discuss your needs and evaluate your stress level.

Intensive Alternative Family Treatment (IAFT®): A Guide for Treatment Parents

- Access to respite at least 2 nights each month, provided by an IAFT® Treatment Parent also familiar with your youth to prevent burnout and provide the opportunity for skill practice in another environment for the youth.
- Weekly In-Person Treatment Parent Supervision visits focused on youth behavior, interventions you have implemented, and coaching guided by your agency training/treatment model to further support youth progress.
- Weekly therapy for the IAFT® youth provided by the IAFT® Therapist, who is a fully engaged member of the IAFT® team. The Therapist will engage you in sessions regularly and provide family therapy to include the youth’s family of permanence when appropriate.
- Before you can provide IAFT®, you must have been trained in your agency training model/evidenced based model of care AND the IAFT® Treatment Parent Training. Each year, you will complete the course, “Implementing IAFT® with Fidelity” as a refresher in the IAFT® model.

What can you expect from Rapid Resource for Families?

- Our Program Integrity Team will provide continuous monitoring for your provider agency. Your IAFT® team will receive regular feedback to help them as they support you and your IAFT® youth.
- RRF staff may reach out to you on occasion to receive your feedback and insights into the “real life of an IAFT® parent”.
- Access to a variety of in-service training topics offered virtually with a live instructor to support your skill development as a parent and help you meet annual training requirements for licensure. The training calendar is available on our website: <https://ncrapidresource.org/events/category/foster-parent-training/>.
- Opportunities to engage in pilot and initiative programs as available through RRF.



Enhanced Quality
of Care



Evidence-Based
Treatment



One Child
Focus



Whole Family
Support

Intensive Alternative Family Treatment (IAFT®): A Guide for Treatment Parents

IAFT® Youth Behavior Tracking & Daily Contact with your IAFT® Team

Rapid Resource for Families provides this guide to assist IAFT® Treatment Parents as they engage with IAFT® Team members to monitor and assess targeted behaviors and engage in daily contact with the IAFT® Coordinator. As an IAFT® Treatment Parent, you can expect to engage with your IAFT® Coordinator 5 days per week, with a minimum of one in-person supervision visit occurring each week.

During these daily contacts, you and your IAFT® coordinator will discuss the following items on a regular basis:

1. Treatment Parent daily stress level
2. Share Parenting and youth engagement with Community/Natural Supports
3. Frequency of identified targeted behaviors, youth's motivation to change, and youth's response to Treatment Parent Interventions

IAFT® Treatment Parent Stress Level

The IAFT® Model requires tracking of Treatment Parent stress daily as an indicator of burn-out risk, placement stability, and support received by the IAFT® Team in addition to one's natural support system. While contact from the IAFT® Coordinator will occur 5 days per week, Treatment Parent stress ratings will be captured for all 7 days of the week.

Treatment Parent Stress is rated on a scale of 1-10, with the following anchor points defined:

Treatment Parent Stress Rating Scale (1-10)

1. My level of stress is high, added support and self-care are needed
3. I am taking action to reduce stress, but support is still needed (respite, self-care, observation, coaching, supervision)
5. My stress level is improving, and interventions are effective. My stress level is lowering.
7. My stress level is stable and well-managed by previously discussed interventions.
10. I am doing well managing stress and practicing self-care.

Shared Parenting & Community/Natural Supports

The IAFT® Model places a strong emphasis on Shared Parenting between Treatment Parents and the identified Family of Permanence for IAFT® youth. Shared Parenting can include supporting the youth/parent during a phone call, updating the pre-adoptive parent on how

Intensive Alternative Family Treatment (IAFT®): A Guide for Treatment Parents

the youth is responding to changes in interventions, and coordination/support of Therapeutic Leave visits.

Engagement of the youth in opportunities to build natural supports and skills to support community engagement is also an important element of IAFT®. Your IAFT® Coordinator will talk with you about how you are engaging the youth in these activities and what opportunities they are interested in joining.

Behavior Management

Behavior management in general is about understanding the function of the behavior and decreasing unhealthy behaviors by replacing with various skills or behaviors that meet the same need in healthier adaptive means. The changes to the CCW Daily Behavior Checklist serve to support general behavioral management principles which ideally would reflect Person Centered Plan treatment goals and interventions aimed at moving the IAFT® youth and family toward treatment success.

Baseline indicators: For the first 30-45 days of IAFT® treatment, the expectation is the data entered in the Weekly Fidelity Checklist and presenting problems are reflective of the youth’s baseline. The targeted behaviors during this baseline period should be reflective of those listed in the CCA, PCP and other supporting clinical documents (2 main behavioral concerns). As treatment progresses, new behaviors may need to be chosen as goals are revised/updated.

Targeted Behaviors

AWOL/Leaving without Permission	Defiance/Non-Compliance	Depression/Sadness/Crying
Encopresis/Enuresis	Verbal/Physical Aggression/Destructiveness	Arguing-repeated disagreement
Food Issues (hoarding, overeating, refusing to eat)	Irritability/Complaining/Whining	Negativism
Jealousy/Lying/Manipulative	Anxious/Fearful	School Non-Compliance
Sexualized Behaviors (reactive or inappropriate)	Hyperactive/Short Attention Span/Poor Organizational Skills	Stealing
Dysregulation/Mood Instability	Poor Interpersonal Skills (conflict with others, bullying)	Self-Injurious Behaviors
Substance use/Abuse		

Intensive Alternative Family Treatment (IAFT®): A Guide for Treatment Parents

The following 3 data points will be gathered to monitor progress related to the Targeted Behaviors. Your IAFT® Coordinator may ask you to rate the youth's progress using the following scales.

1. The identification of a problematic (undesired) behavior: baseline definition of how often the behavior is occurring, environmental antecedents, internal or external triggers and the likely function of the behavior.

Youth Problematic (undesired) Behavior Scale (1-10)

1. Problematic behavior is present and increasing in intensity and duration
3. Problematic behavior is present but responsive to increased supervision & interventions
5. Problematic behavior displayed, appears to be decreased, is responsive to interventions and/or only occurs in limited settings
7. Problematic behavior displayed, youth made an observable effort to utilize skills and overcome negative reaction/poor behavior choice
10. Problematic behavior was triggered (internal or external) but youth was able to control with minimal direction

2. The identification of replacement behaviors such as a positive coping skill, emotional regulation or adaptive behavior that meets the desired function of the behavior (attention, power/control, self-soothing, avoidance of pain/distress).

Youth Replacement Behavior/Skill Utilization (1-10)

1. Youth is showing low to no motivation/engagement to replace behavior or try new skill
2. Youth is engaging in self-sabotage, avoids new skill for fear of failure, low self-confidence, inability to attempt skill; however, voices a desire to change behavior
3. Behavior changes attempted: effort shown, motivation and skill utilization are occurring based on interventions/treatment applied
5. Positive motivation and engagement in replacement behaviors or new skills is displayed and observed
7. Interventions used are effective in reinforcing the replacement behavior or new skills needed for treatment success/goal achievement
10. Youth is showing self-control, initiative of skills, and behaviors with minimal interventions by treatment parent

Intensive Alternative Family Treatment (IAFT®): A Guide for Treatment Parents

3. The reinforcement and behavioral support of desired (health, adaptive, pro-social) behaviors, and emotional control via treatment interventions provided by IAFT® staff/parent/therapist. How do you know treatment was effective? What is the behavioral outcome?

Behavioral Outcome: Desired behavior(s) and effectiveness of interventions (1-10)

1. Youth responded to interventions but did not display desired behavior (i.e., failed to take accountability)
3. Youth needs interventions and supervision but can display emotional regulation and behavioral control with one or more desired behavior(s) in one or more settings
5. Skill improvement shown, youth is displaying some desired behavior daily in at least one setting with direction/supervision given
7. Minimal interventions needed, the youth initiates and consistently displays desired behaviors and is working toward goal mastery
10. Behavior is consistent/skill mastery is obtained; Youth is preparing for transition/discharge