**The Family Check-Up (FCU) Model Overview**

**Intervention and Implementation**

The Family Check-Up (FCU) model is assessment-driven, strengths-based, and tailored to improve family management practices (i.e., family routines and parenting) and child outcomes (Dishion et al., 2008; Dishion & Stormshak, 2007). It integrates motivational enhancement strategies (Miller & Rollnick, 2002) and treats the parent as an expert in a collaborative process between the parent and provider.

**Family Check-Up Intervention Model**

The FCU model consists of three sessions and a varied number of subsequent follow-up services that are tailored to the family’s needs. The FCU is an adaptive framework; as such, some families receive more follow-up services and supports than others. The FCU is also strengths-based and aims to promote positive functioning and family wellbeing as much as to prevent problem behaviors. Strengths and areas of resilience and healthy family functioning are identified and strengthened as a foundational framework for positive change. The FCU also emphasizes a collaborative process that empowers parents in their role as leaders within the family; providers are expected to respect the parent’s perspective and treat the parent as expert.



**Intervention Steps**

**Initial Interview.** The initial interview takes 30 to 60 minutes, depending on family and intervention site context. Its primary purpose is to establish a shared perspective between provider and family on the child’s behavior and family context and to develop mutual trust and respect between the provider and family. The provider gathers enough information to form a general understanding of the parents’ concerns, goals, strengths, and the parenting strategies they are already using.

**Child and Family Assessment**. The second session (Assessment) takes approximately 60 minutes. The Initial Interview and Assessment may be combined (e.g., if it is difficult for families to reach the service setting or if caregivers have difficulty finding time for multiple appointments). At the Assessment, families complete questionnaires and videotaped parent-child interactions. Assessment focuses on domains such as parent wellbeing, child behavior, and the parent-child relationship. All caregivers (and the target child if 11 years or older) complete a questionnaire. The provider may also collect data from significant figures (e.g., coach, peer, teacher) in the child’s life. With data from many sources, the provider can better understand the family context and child behavior in different contexts. Family members also complete Family Interaction Tasks to elicit behaviors that demonstrate family relational dynamics and highlight parenting strengths and challenge areas. These tasks, when recorded and played back to the parents at the Feedback session, generate discussion regarding parenting goals.

**Feedback.** Preparing for the feedback session requires synthesizing all the data collected during the assessment to develop an understanding of the key themes of family and child strengths and challenge areas that will guide the feedback process and any subsequent work with the family. At the Feedback session, the provider presents assessment results and integrates video-based feedback from the family interaction tasks, and the parent and provider collaboratively decide on follow-up services, if needed. Although a list of services might include help with problems outside of parenting (e.g., individual therapy for a parent, or couples counseling), follow-up services often include Everyday Parenting (EDP) sessions (Dishion et al., 2011).

**Follow-Up Support Services**. When Everyday Parenting is one of the chosen follow-up services, sessions include a focus on one or more of three broad domains: positive behavior support, monitoring and limit setting, and relationship building (Dishion et al., 2011). Typically, only some of the 12 available sessions are selected, depending on the parent’s goals developed in the Feedback session. Sessions are tailored to the family’s needs and family, economic, cultural, and community context. Consistent with behaviorally-based parenting interventions, during sessions, the provider gives the parent a rationale for a particular parenting practice, explains the new skill, models how to use it, has the parent practice via role plays, and assigns home practice for the parent to use the skill with the child (Dishion et al., 2011).

**Family Check-Up Implementation Model**

A key component of the implementation model is support to sites to develop local expertise and ownership of the model’s implementation. In the **exploration phase** of implementation**,** the purveyor and potential implementing siteconfirm adequate personnel, space, fiscal, and technological resources are available. Also assessed are the extent to which the FCU model fits with the organization’s mission, has administrator buy-in, and can be integrated into existing systems, especially supervisory and other support systems for providers. Lastly, the purveyor and site outline a site-specific implementation plan that addresses provider selection, training, consultation, certification, and selection of site staff who will be trained and certified as Supervisor-Trainers.

In the **preparation phase**, providers are trained in the model via knowledge base development and application of model components via practice and role play. Training also includes guidance on the use of the FCU questionnaires, family interaction task materials, Everyday Parenting tools, and other resources on the FCU Resources Portal website. Following training, implementation is initiated.

In the **implementation phase,** group consultation with all trained providers is initiated. During group consultation, the group and NPS Consultant can use the COACH to assess fidelity of sessions, which helps build in-house capacity to monitor fidelity. The COACH assesses the provider on five FCU-prescribed skills: 1) conceptually accurate and adherent: understands and follows the FCU model; 2) observant and responsive: shows clinical responsiveness to the client’s immediate concerns and context; 3) actively structures session: skillfully structures the change process using assessment-driven case conceptualization; 4) carefully teaches/gives feedback: skillfully gives feedback and guidance to increase client’s positive change; and 5) hope and motivation: skillfully integrates therapeutic techniques that promote client hope, motivation, and change. Group consultation also is used to discuss and address challenges to uptake of FCU. At the same time consultations are initiated, training and certification processes are initiated with staff selected to be Supervisor-Trainers. Certification starts with the NPS Consultant assessing Supervisor-Trainers’ adherence to the core FCU model components and competence in delivering the components of the FCU model using the COACH. In addition, Supervisor-Trainer certification involves the candidate demonstrating the ability to provide training and supervision to staff that is consistent with the FCU model. The quality of videotaped training and supervision sessions are assessed for fidelity using the Supervisor COACH, an adaptation of the COACH used to assess session fidelity. Supervisor-Trainers are certified when they demonstrate the ability to deliver, supervise, and train in the FCU model with fidelity (e.g., demonstrate adherence to FCU’s core components).

In the **sustainability phase,** the site achieves the capacity to sustain FCU model implementation independently by providing ongoing supervision and fidelity assessment of its providers, as well as training of new staff in the FCU model. Providers continue to use the resources on the FCU Resources Portal website. Supervisor-Trainers are recertified every 2 years. Once a site achieves sustainability, the FCU model has been integrated into service delivery processes and site operations such that required resources and infrastructure are inherent to the site. A critical benchmark of sustainability also includes an annually renewable funding source allocated specifically for FCU implementation. The site also should have established monitoring systems and feedback loops to optimize implementation and outcomes and to support practitioner efficacy in the model.