### Treatment Description

**Acronym (abbreviation) for intervention:** SFCR

**Average length/number of sessions:** 15-week treatment multi-family group model; 10-week high-risk multi-family group model; peer-led group model for parents including 21 1-hour sessions; individual family model under development

**Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):** To be acceptable to a wide variety of families, this intervention presents skills, processes, and structure while being content-neutral. Specific coping resources including routines, rituals, and traditions that work within one family do not necessarily work for another family. Each family needs to remember, rediscover, plan, and implement routines, rituals, and traditions that are comfortable, satisfying, and meaningful to all family members. Intervention methods, activities, and materials are culturally sensitive, presented at the understanding/reading level of the participants, supportive of many different family forms, and valuing of the strengths within each family. A wide variety of teaching methods, activities, and formats are used to provide appropriate learning experiences for a diverse group of participants.

SFCR has been adapted for Latino/Hispanic families.

**Trauma type (primary):** Exposure to multiple traumas; complex family trauma

**Trauma type (secondary):** Exposure to high-risk, high-stress contexts such as urban poverty

**Additional descriptors (not included above):** Multi-family groups, family therapy, workshop model

### Target Population

**Age range:** All members of the family are encouraged to attend. Developmentally relevant breakout groups address all ages from infants to grandparents.

**Gender:** □ Males □ Females ☑ Both

**Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans):** Many groups could benefit, intervention development with specific attention to multigenerational African Americans, multinational sample of Latinos.

**Other cultural characteristics (e.g., SES, religion):** Some focus on under-resourced families

**Language(s):** English, Spanish

**Region (e.g., rural, urban):** Has been implemented across the country primarily in urban settings.
## SFCR: Strengthening Family Coping Resources: Multi-family Group for Families Impacted by Trauma

### Essential Components

**Theoretical basis:** Drawing on coping theory, family systems theory, family ritual and routine theory, attachment theory, social support theory, and family resilience theory, SFCR fosters the following protective family coping resources: deliberateness, structure and a sense of safety, connectedness, resource seeking, co-regulation and crisis management, and positive affect, memories, and meaning. Each of these treatment components has been incorporated into SFCR through a variety of family and age-based activities.

**Key components:** SFCR is designed for families living in traumatic contexts with the goal of reducing the symptoms of posttraumatic stress disorder (PTSD) and other trauma-related disorders in children and adult caregivers. Since most families living in traumatic contexts contend with on-going stressors and threats, SFCR is also designed to increase coping resources in children, adult caregivers, and in the family system to prevent relapse and re-exposure. SFCR provides accepted, empirically supported trauma treatment within a family format. SFCR includes additional therapeutic strategies designed to improve the family's ability to cope with on-going stress and threats of re-exposure. Specifically, SFCR builds the coping resources necessary to help families boost their sense of safety, function with stability, regulate their emotions and behaviors, and improve communication about and understanding of the traumas they have experienced. The model includes family work on storytelling and narration, which builds to a family trauma narrative.

### Clinical & Anecdotal Evidence

- Are you aware of any suggestion/evidence that this treatment may be harmful?  
  - [ ] Yes  
  - [ ] No  
  - [ ] Uncertain

- Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time).  
  - 5

- This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.  
  - [ ] Yes  
  - [ ] No

- Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?  
  - [x] Yes  
  - [ ] No

  **If YES, please include citation:**
  Kiser, LJ, K23-MH066850 Progress Report Years 3, 4; Kiser, LJ, 1U79SM058147; 1U79SM061256-01; 1U79SM061256, 1U79SM080034 Progress Report Years 1-5; Progress Reports

- Has this intervention been presented at scientific meetings?  
  - [x] Yes  
  - [ ] No

  **If YES, please include citation(s) from last five presentations:**

### Clinical & Anecdotal Evidence continued


**Are there any general writings which describe the components of the intervention or how to administer it?**

- Yes
- No

**If YES, please include citation:**


**Has the intervention been replicated anywhere?**

- Yes
- No

| Research Evidence | Sample Size (N) and Breakdown  
(by gender, ethnicity, other cultural factors) | Citation |
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<tbody>
<tr>
<td><strong>Pilot Trials/Feasibility Trials (w/o control groups)</strong></td>
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**N=185**  
**By ethnicity:** predominantly African American  
|  
**N=19**  
**By ethnicity:** predominantly African American  
### SFCR: Strengthening Family Coping Resources:
Multi-family Group for Families Impacted by Trauma

#### Other Research Evidence

<table>
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<tr>
<th>Support for theoretical model</th>
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#### Outcomes

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<tr>
<th>What assessments or measures are used as part of the intervention or for research purposes, if any?</th>
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<tr>
<td>Trauma Events Screening Inventory, Schedule for Affective Disorders and Schizophrenia for School Age Children – Present (K-SADS-P/L; K-SADS-P IVR), UCLA PTSD Index for DSMIV/V, Child Behavior Checklist (CBCL), Parenting Stress Index - Short Form, Family Assessment Device, Family Crisis Oriented Personal Evaluation Scales (F-COPES), Brief Symptom Inventory (BSI), PTSD Checklist-V (PCL-V). Families provide feedback after each group and ratings of satisfaction, family participation is monitored including attendance, contact hours, completion of homework, clinicians report of competence and adherence following every session</td>
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<th>If research studies have been conducted, what were the outcomes?</th>
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<td>Results from open trials suggest SFCR is a feasible intervention with positive effects on children’s symptoms of trauma-related distress. Results of from implementation research demonstrate that child posttraumatic stress disorder symptoms are significantly reduced post SFCR by both caregiver- and child-report. Caregivers also report significant reductions in their child’s behavior problems. Caregivers report significantly healthier family functioning as measured by the Family Assessment Device-12 and decreased parenting stress on the Parenting Stress Index-Short-Form.</td>
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#### Implementation Requirements & Readiness

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<th>Space, materials or equipment requirements?</th>
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<td>A space large enough to accommodate 5-7 families along with several breakout rooms is required. Each group starts with a meal. SFCR manual and the materials needed for each session. A comprehensive materials list is included in the manual.</td>
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<tr>
<td>Implementation Requirements &amp; Readiness cont’d</td>
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<tr>
<td>Training Materials &amp; Requirements</td>
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<tr>
<td>Pros &amp; Cons/Qualitative Impressions</td>
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**SFCR:** Strengthening Family Coping Resources: Multi-family Group for Families Impacted by Trauma

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<tr>
<th>Contact Information</th>
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<tr>
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<td><strong>Website:</strong> sfcr.umaryland.edu</td>
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