

Phone: (207) 474-8311
FAX: (207) 474-5148
TTY: (207) 474-9894
Toll Free: 1-888-420-9605

YOUTH & FAMILY SERVICES, INC. 5 Commerce Dr., Skowhegan, ME 04976-0502

A Non-Profit Organization Serving Youth & Families
A Participating Agency of the United Way

FAX: 474-5148

REFERRAL LETTER FOR FAMILY TEAM PROGRAM

Youth and Family Services, Inc., operates a Family Team Program that provides intensive home based family therapy.

The purpose of this innovative counseling service is to prevent the inappropriate removal of children from their homes.

SERVICE AREA:

The service area includes all of Somerset County and Northern Kennebec County. Referrals will be screened and prioritized on the first Tuesday of each month. The Family Team Program does not keep a waiting list for openings. Families not accepted can be re-screened the following month if requested

ROLE OF SERVICE COORDINATOR:

If you are the referral agent, you will be considered the service coordinator. Please be prepared to provide complete referral information and to inform the family of the referral. The referral form will be included in the client file. The role of the service coordinator is vital to the success of this intervention. You should plan to meet or talk with the Team during both the assessment and treatment period. You will also be asked to evaluate the intervention at the end of treatment, both verbally and in writing.

REFERRAL CRITERIA:

Under program guidelines, each of the (8) eight criteria below must be met if the referral is to be accepted:

1. A child or other family member is at risk of leaving or being removed from and placed outside the home.
2. At least one parent or legal guardian will be actively involved in treatment with the Team.

3. Other less intensive resources, (outpatient counseling, school-based counseling, etc.), have been attempted and failed to bring change.
4. Other forms of traditional/office-based counseling or alternative programs do not exist in the area, or if they exist, have extensive waiting lists and are not readily accessible.
5. The referred family is willing to allow the Team to come to their home and are currently available to receive services.
6. The referral agent will be actively involved in case planning with the Family Team.
7. There is no immediate history of assaultive violence by any family member.
8. The family has not received Family Team services, other than a previous assessment.

TREATMENT:

A family therapy team meets with the family for 3 hours, one time a week, for up to 13 weeks. Interventions may be extended if deemed clinically appropriate by the Team. Acceptance into the program is based on the referral criteria listed above. Upon acceptance of a family, the Team will complete a three-week assessment period. During the assessment, the Team collects family history, treatment history, and treatment goals, determines family motivation, and clinically decides if this is the best time for the Family Team intervention. Families are eligible for Family Team only one time. If a family is not appropriate for services or chooses not to accept services, recommendations will be made regarding other options. Families are eligible to be re-referred for services if they have only been through the assessment process.

Teams of co-therapists work on a variety of presenting issues such as parenting, reunification, divorce/separation, substance abuse, unresolved grief, depression, sexual abuse, etc. Caseloads average seven families per team.

GOALS OF INTERVENTION:

The goal of treatment is to help the family make the changes necessary to have the child remain in the home. The program works with families that have not or could not be engaged in the more traditional: outpatient counseling setting or when outpatient treatment would not be the most appropriate