



## When Families Need Lasting Change

Family Centered Treatment provides an evidence-based, trauma-informed option to stabilize families, prevent removal, and support permanency. Read on to identify appropriate referrals, service phases, and how to connect families with Paradigm's FCT team in the greater Lincoln area and surrounding counties.

### Why Family Centered Treatment (FCT)?

Family Centered Treatment (FCT) focuses on creating lasting, meaningful changes within the family system rather than addressing issues in isolation. Four core elements to FCT are:

1. Promotes Family Stability;
2. Reduces Harmful Behaviors;
3. Empowers Clients Through Strengths;
4. Behavioral and Relational Change

### Meet our FCT Practitioners

**Nichol Hammrich-Haga:** Although Nichol does not provide FCT, she is the Director of the program and has her FCT supervisor certification. Nichol graduated from the University of Wyoming with a Doctor of Philosophy. Nichol also holds her LIMHP. She has over twenty years of experience working in the Human Service field; working as a Family Permanency Specialist with Promiseship and a Safety and In Home Supervisor with Lutheran Family Services.

**Eduardo (Eddie) Aguilera de la Torre** is a bilingual practitioner with several years of experience in the Human Services field. He previously worked as a case manager at NDHSS, a Foster Care Specialist at Jenda and a Case Management Specialist at Compass Connections. Eddie has his degree in Education and Human Services from UNL.

### How to refer for services?

Referral submission should include client contact information, participating family members, reason for referral and FCT related goals. Referrals should be authorized for a total of 4 hours per week, for a total of 6 months.

If you have questions about how to refer or what type of family may benefit from FCT services, please feel free to reach out to:

**Dani Kessler: 402-659-6474 or [dkessler@paradigmdirection.com](mailto:dkessler@paradigmdirection.com)**

**Emily Delisi:** Prior to becoming an FCT practitioner, Emily worked as a Vocational Manager at Integrated Life Choices. She also has past experience working at Jenda as a Family Support Specialist. Emily has her BSW from Nebraska Wesleyan University and is working toward her MSW.

**Erin Saunders** has her degree in Human Service Counseling from Wayne State College. She recently worked for NDHHS as a Program Accuracy Specialist and also has experience working at KVC as a Program Development Specialist and at Haven House as their Outreach Coordinator.

**Kate Shafer** was previously a Family Support Specialist with our agency prior to providing FCT. Prior to graduating from the University of Sioux Falls, with a Bachelor of Arts in Psychology, Kate was a CPS intern at the South Dakota Department of Social Services.



## What is Family Centered Treatment and its Phases of Services?

Family Centered Treatment (FCT) is an evidence-based, trauma-informed family preservation model designed to create lasting and meaningful changes within the family system rather than addressing issues in isolation. Its approach emphasizes working with the entire family to strengthen relationships and improve functioning.

The model is built around four core elements:

1. **Promotes Family Stability** – Helping families maintain a safe and supportive environment.
2. **Reduces Harmful Behaviors** – Addressing behaviors that negatively impact family well-being.
3. **Empowers Clients Through Strengths** – Focusing on the family's existing strengths to drive change.
4. **Behavioral and Relational Change** – Encouraging positive interactions and sustainable behavioral improvements.

Family Centered Treatment (FCT) is structured into four distinct phases of service, each designed to guide families through assessment, change, and long-term stability:

1. **Joining and Assessment**-This phase focuses on building trust and rapport with the family while conducting a comprehensive assessment of their needs, strengths, and challenges.
2. **Restructuring**-The practitioner works with the family to address harmful patterns and implement strategies that promote healthier interactions and behaviors.
3. **Valuing Changes**-Families begin to recognize and appreciate the positive changes they have made, reinforcing new behaviors and relational dynamics.
4. **Generalization**-This final phase emphasizes skill adoption and preparing for future challenges, ensuring that improvements are sustainable beyond the treatment period.

## Length of Service:

It takes four to six months for a family to successfully complete the FCT model. Families are seen for a minimum of four hours per week.

## What types of families should be referred for services:

- Clear reunification plan for children to return home.
- At risk of removal of children from the home.
- At risk of dissolution of guardianship or adoption.
- Children in foster care being considered for permanency but needing help with behavioral/emotional management.
- Families seeking alternatives to residential placement.
- Families exposed to traumatic experiences, substance use, or mental health challenges.

## What to include in the referral for FCT:

- **Presenting problem** (why is FCT involved, what are the immediate safety threats, what protective factors do the parents need help enhancing, previous DHHS involvement, safety plan in place)
- **Special conditions** (any known conditions of the parent(s)/child(ren), past services)
- **Contact information** (addresses, phone numbers, family member's names and ages, placement information if different than the biological parents)
- **Goals** as related to FCT (what should the family accomplish related to family functioning)
- **An authorization date of 6 months** and tailored to the unique clinical needs of each family. Two or more multi-hour in-home visits per week, approximately 4 hours.

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### Questions or contact information regarding referral submission

Dani Kessler

402-659-6474

[dkessler@paradigmdirection.com](mailto:dkessler@paradigmdirection.com)

Contact us today to start the referral process and be our partner in a new direction toward family stability.

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