

FACT Mid-Year Report  
 Recommended Format  
 July 1, 2024 – December 31, 2024

**GENERAL INFORMATION**

1. Agency Name: \_\_\_STAND! For Families Free of Violence
2. FACT Program Name: \_\_\_\_\_ Children’s Counseling Program\_\_\_\_\_
3. Report completed by:  
 Name: \_\_\_Robyn Binder\_\_\_\_\_
- Title:\_\_\_\_\_ Director of Client Services, Prevention & Treatment\_\_\_\_\_
4. Date submitted: \_\_\_2/28/25\_\_\_\_\_

**SERVICES PROVIDED AND ACTIVITIES CONDUCTED**

FACT Services Provided and Activities Conducted	
Service Delivery Goals - Objectives as outlined in contract	Service Delivery Results - Progress To Date
Parents completing the Nurturing Parenting Program will demonstrate a higher level of parental empathy	During this reporting period we offered one “Breaking the Cycle” parenting group, with 3 participants completing the program. We had difficulty enrolling new participants for a second offering during this reporting period, but are on track to offer another round in January 2025, with multiple participants already on the waitlist for enrollment.
Parents completing the Nurturing Parenting Program will demonstrate a higher level of positive-parenting skills	All 3 participants in the group offered August-September demonstrated a higher level of positive-parenting skills.
Children/youth enrolled in the program will demonstrate a reduction of negative psychological symptoms developed as a response to trauma	All children in our program are assessed for current symptoms on a regular basis, either through activities in session or in formal written assessment. Initially they are assessed at the time of intake, and then every 2-3 months moving forward until termination, when they are given a final assessment. This is done so that the therapist can monitor the child’s progress and track when goals are met. If a child is not displaying a reduction in symptoms after

	receiving services for a period of time, the therapist will seek further consultation/supervision, collaborate more strongly with the parent, and potentially refer out for a different level of care if needed.
Children/youth enrolled in the program will demonstrate an increase in resiliency indicators following treatment	Prior to “graduating” clients from our program, our clinicians work with the clients during a “maintenance” phase. During this phase we are observing how well clients are utilizing their learned tools, maintaining their progress, and we are making any referrals needed. We support any family in follow-up services as needed, either re-enrolling for continued support when appropriate or providing alternative referrals when required.
Children/youth enrolled in the program will demonstrate increased age appropriate behavior following treatment	We continue to administer assessments throughout the course of a child’s treatment to monitor for symptoms and behaviors. The outcome of these assessments guides our treatment so that we can target the correct concerns. If a child is continuing to display concerning symptoms, that child is either kept in the program until behaviors are resolved or transferred to a different service if needed.

## NUMBER OF CHILDREN AND FAMILIES SERVED

CLIENTS BY RACE AND ETHNICITY	# Served to Date	% of Overall # Served
Caucasian	7	19%
Latino/ Hispanic	12	33%
Black or African American	6	16%
Asian	3	8%
Native American/ Alaskan Native	0	0%
Native Hawaiian or Other Pacific Islander	2	5%
Multiracial or Biracial	5	13%
Other (describe)	1	2%
<b>Total Clients</b>	<b>36</b>	

FAMILIES BY AREA OF THE COUNTY	Projected # to be served under contract	# Served to Date
East County		7
Central County		16
West County		8
<b>Total Families</b>		<b>31</b>

## NARRATIVE

A narrative on progress towards contract outcomes, what contributed to your success, issues in meeting obligations, suggestions for improvement, and any success/individual stories that you wish to highlight. Format is up to each agency (could be charts and graphs, summarized data, narrative, etc...).

We continue to engage in training and education around best practices for treatment of trauma. Our team has been trained in Eye-Movement Desensitization and Reprocessing (EMDR), which is known as a best practice for trauma treatment. We engage in regular training and consultation to increase our knowledge of working with this approach and have been integrating it in our treatment of children since early 2022. We have continued to see excellent results in the progress of treatment and symptom reduction through the use of this treatment approach.

“Katie” (name changed to protect confidentiality) is a nine-year-old client referred for counseling services after moving into STAND!’s emergency shelter. Katie had witnessed several of her mother’s relationships turn violent over the years, with the most recent incident of violence leading them to our shelter. Katie presented with symptoms of trauma including separation anxiety, disruption in her education (Katie reads at a Kindergarten level in 4th grade), excessive worrying, frequent reexperiencing symptoms, and difficulty engaging with peers or in age-appropriate activities and increased impulsivity that has led to stealing behavior. Unfortunately, in addition to Katie witnessing so much violence in her life, she also recently lost a very important family member, leading to a resurgence of symptoms and a complication in her treatment.

Katie’s therapist was able to spend time building rapport, providing Katie with one of her first experiences of secure and health attachment. Katie’s therapist supported her in using playful storytelling to express herself safely, while receiving nurturing and validating responses. These corrective experiences have allowed this client to be more direct in her communication about how she is feeling and what her needs are. Katie’s therapist also used EMDR to support her in reprocessing 3 of her most impactful memories, leading to a significant reduction in symptoms. Katie no longer struggles with separation anxiety, is able to speak openly about her feelings, has not stolen in several months, and is showing more engagement and progress in her education. As a component of Katie’s treatment, Katie’s therapist regularly engages in collateral sessions with her mother to ensure mother has the tools she will need to best support Katie’s healing in the home.

Katie will remain in treatment to continue her EMDR work and reprocess some remaining impactful memories and to continue her progress towards symptom management. Once Katie is demonstrating a return to her expected developmental and emotional trajectory, she will end services in our program.