

FAST: Forensic Outpatient System Therapy

Forensic Outpatient System Therapy or FAST is aimed at adolescents aged 12 to 18 who exhibit (severe) antisocial and/or transgressive behaviour. These are young people with a moderate or high risk of recidivism. FAST aims to stop (or reduce) serious behavioural problems reported at the time of application in order to prevent placement in foster care. FAST addresses both individual risk factors and family factors. It also reduces the (chance of) recidivism of problem and delinquent behaviour. FAST uses a system-oriented and cognitive behavioural approach and utilises the "nonviolent resistance" method. FAST is based on recent scientific insights and is recognised as effective by the Committee for Behavioural Interventions

FAST

- is an intensive outreaching outpatient treatment with meetings between the therapist, educators and the adolescent several times a week;
- provides customised treatment and has an eye for psychiatric problems;
- offers the possibility of two separate therapists (one for the family and one for the adolescent), if necessary;
- intervenes on various risk factors with attention to the deficiency in executive functions (both in the adolescent and their educator(s));
- focuses on protective factors (such as working towards proper daytime activities and obtaining a more supportive network);
- aspires to achieve intensive cooperation with the family's environment, such as educational institutions, police, community work, and sports facilities;
- may use specific blended care (eHealth).

Target group

FAST is aimed at girls and boys aged 12 to 18 who exhibit (severe) antisocial and/or transgressive behaviour. Take, for example, externalising behavioural problems like vandalism, aggression, frequent truancy, crimes, problematic substance use or sexually transgressive behaviour.

Their behavioural problems come to the fore in at least two areas of life (family, school, leisure). They have disrupted family relationships, (strong signs of) ODD or CD (defiant or conduct disorder), whether or not in combination with a deficiency in executive functions or comorbidity. Due to their delinquent and/or problem behaviour, the adolescents have come into contact with the police, Child Protection Board or their local Centre for Youth and Family/Youth Care Office. They are often faced with the threat of placement in foster care or are (close to becoming) school dropouts. They are young people with a moderate or high risk of recidivism.

Treatment and team

At De Waag, FAST is provided by a special team. This FAST team has combined expertise in system-oriented interventions, the nonviolent resistance method, trauma treatment and problematic substance use, and cognitive behavioural therapy, etc. A child and youth psychiatrist is also attached to the team. The team meets weekly to discuss the progress of the families and adolescents they treat.

Preparatory work is carried out in the application phase, when

- there is an intake interview;
- information about previous treatment and diagnostics is collected;
- it is examined which system members – in addition to the educators – can be involved in the treatment and provide support to the educator(s) and the adolescent; and
- an initial (provisional) treatment plan is prepared for the next phase.

In the preparatory treatment phase, the team works towards motivating, establishing a therapeutic relationship and designing a safety and crisis plan. The team decides on the FAST targets that have high priority and analyses the problems of the adolescent and their family using an analysis circle. The team also takes time to identify the risk and protective factors. Additional diagnostics are provided if there is insufficient (current) data in this respect. The FAST team's psychiatrist always screens the file for any indications that necessitate a psychiatric consultation. The team looks into the learning style of the educator(s) and the adolescent. The key question is: how can treatment be designed and offered so that it suits the family adequately? A treatment plan concludes this phase within four weeks.

In the treatment phase, it is standard practice to work towards reducing conflicts and improving contact between the adolescent and their educator(s). The treatment concentrates on expanding parenting skills, proper daytime activities focused at school/work and realising a supportive network. Every fortnight, the family discusses which general and optional sub-goals have the highest priority. During the next fortnight, three goals take centre stage alongside the objective to realise changes aimed at the family/educator(s), the social domain (education, leisure activities) and any individual risk factors. The interventions used to achieve the highest priority goals are formulated using the analysis circle.

The focus of the final treatment phase is on the development of a plan for the future aimed at preventing relapse.

As a common thread, this phase covers systemic therapy, elements of the nonviolent resistance method and modules from the recognised behavioural intervention *ARopMaat* or *Pas op de Grens*.

Duration and frequency

The duration of the intervention depends on the learning pace of the adolescent and their family as well as the severity of the problem; it can range from three months to nine months. The treatment has an intensive start, with at least two weekly home visits and contacts with other stakeholders. Initially, the treatment focuses on the educator(s) to better understand the adolescent's needs. The adolescent may not be very motivated at first.

Their individual treatment may consist of several modules. Individual sessions are provided at home, school or a De Waag location.

The treatment is evaluated every two months. If the treatment continues, the FAST team decides in consultation with all involved whether the following two months should be just as intensive for the adolescent and/or their family or whether the frequency of the meetings may be reduced. The treatment phase may be extended three times at max. Follow-up care after the treatment phase may take up to three months at maximum.

Result measurements

During the treatment, the adolescent and their educator(s) are asked to complete questionnaires to measure the established changes and the treatment's effectiveness.

Referral and funding

FAST is provided at all De Waag locations. For more information about the method of application and funding, please visit www.dewaagnederland.nl or the application officer at any of our locations.

Contact

Visit our website www.dewaagnederland.nl