Functional Family Therapy

Helen M. Midouhas, Ph. D., L.P.C., N.B.C.C.
FFT LLC Director of Implementation

Candis Segars
FFT LLC Business Development Consultant

FFT Changes Lives

Five decades of research

More than 70 published research studies

Impact on referred youth, siblings, and caregivers

Keeping youth and families together

Functional Family Therapy

Functional Family Therapy, LLC

- *FFT LLC trains, consults and provides quality assurance to over 1600 therapists from 350 organizations that provide FFT to nearly 50,000 families across the globe.*

- *Dr. James Alexander, the founder of Functional Family Therapy, formed FFT LLC in 1998 for the purpose of leading the systematic replication of FFT into community agencies and to assist in the on-going scientific inquiry into the model.*

What is Functional Family Therapy?

- Research-based prevention (Indicated) and intervention (Selective) program for at-risk youth with behavioral or emotional concerns
- Targets youth 11-18 years of age
- Prevention intervention--status/diversion youth/at risk for outplacement or further penetration into care systems
- Treatment intervention--moderate and serious system-involved youth
- Short-term, family-based/relational program
    - 12-16 for moderate cases, 26-30 for more serious cases spread over 3 to 5 months provided mostly in-home but....
- Range of youth concerns
    - Violence, drug abuse/use, emotional and behavioral concerns, gang involvement, family/relationship conflict

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FFT families often have…

- A long history of multi system involvement
- A history of many change attempts, and often a history of lack of success at those attempts
- With multiple ‘issues’ and often at elevated risk
- Who drop out quickly from interventions
- Are lacking in resources; often from communities lacking economic resources, often disproportionately from specific cultures, communities, recent immigrants
- Often with other family members who have significant needs and risks of their own
- Yet are sometimes seen as not able to be engaged or motivated, but rather as needing to be managed
- With parents who seem to have given up and who sometimes want someone else to parent their youth
- Who at the end of the day will likely still be a family

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Referral Considerations

- <u>Inclusion Criteria</u>
- 11 to 18 years old/young adult
- In the community or ready to go into the community
- Family Available

Inclusionary referral behaviors include:

- externalizing behaviors,
- internalizing symptoms, and/or
- substance abuse
- Referral issues can be from one domain (externalizing alone) or in combination (co-morbidity of substance abuse and externalizing behaviors).

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Referral Considerations

Exclusion

- Youth 9 years of age or below (as primary referral)
- Youth who have no psycho-social system that constitutes family (shared history, sense of future, some level of co-habitation)
- Youth is scheduled to be sent away from family (remand, placement, foster care, etc)
- who needs sexual offender treatment
- Youth with current acute psychosis, or treatment as a primary need, or present with severe psychiatric illness (eg-actively suicidal, actively homicidal, actively psychotic)

Referral Considerations

Capitalize on momentum…

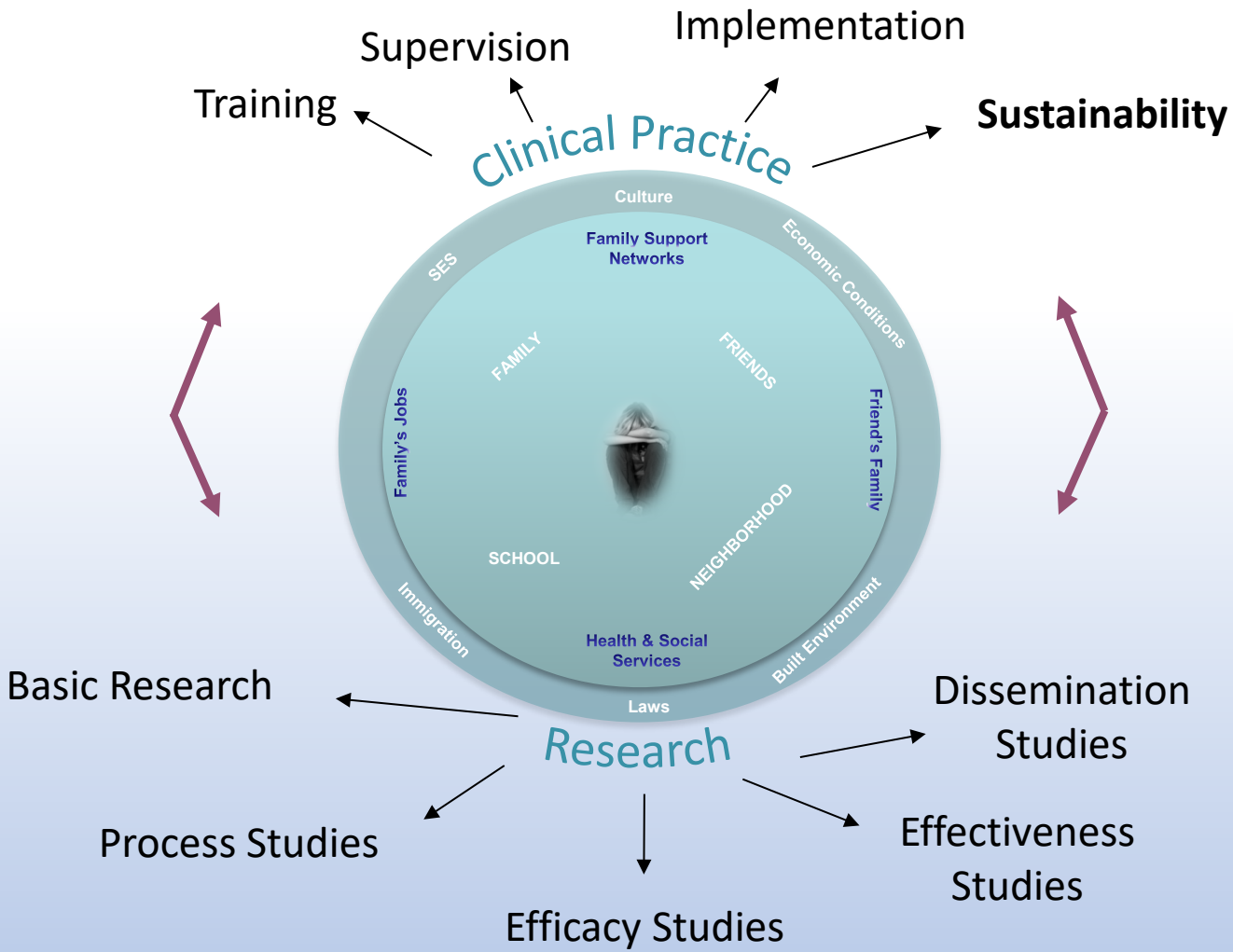
- Decrease length of time b/w identification of problem and intervention
- Start FFT as close as possible to the event prompting the referral
- Use expectations-- avoid youth having *nothing happen* after identification of a problem.

Effectively sequence interventions (what comes first??)

- Lethality… (e.g. child abuse invest; d/a toxicity, etc.)
- With FFT, Motivation is strong way to start family down the road of intervention … with the generalization phase of FFT being effective for making referral to next appropriate service that will help maintain/extend change.
- Simultaneous referrals? Other Services for this local project? Do they interfere with the model delivery?

Clinical Model: 50-Year Heritage

Research informs Practice!



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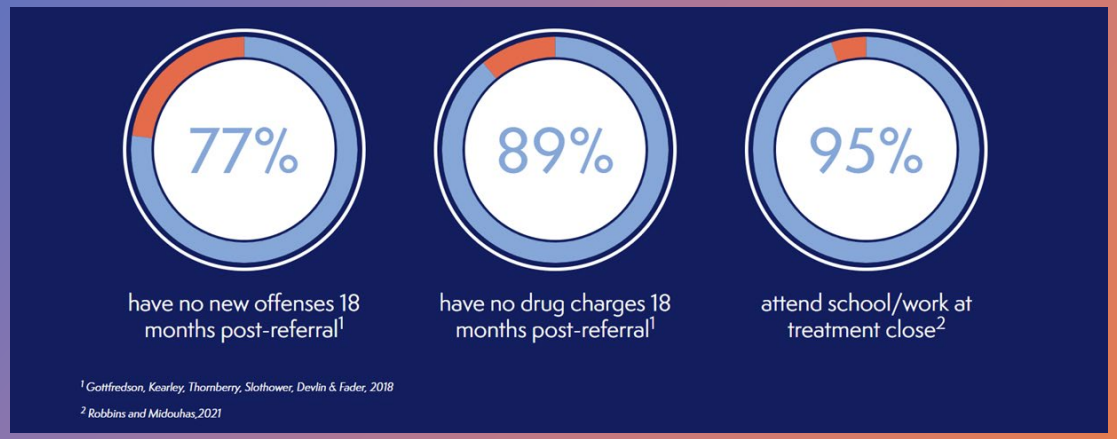

Clinical Model: General Impacts

- Effectively treating youth within the entire range of Disruptive Behavior Disorders
- Interrupting the matriculation of youth into more restrictive, higher-cost services
- Preventing younger children in the family from penetrating the system of care
- Preventing youth from penetrating and/or re-entering the adult criminal justice system and/or child welfare system
- Reducing costs

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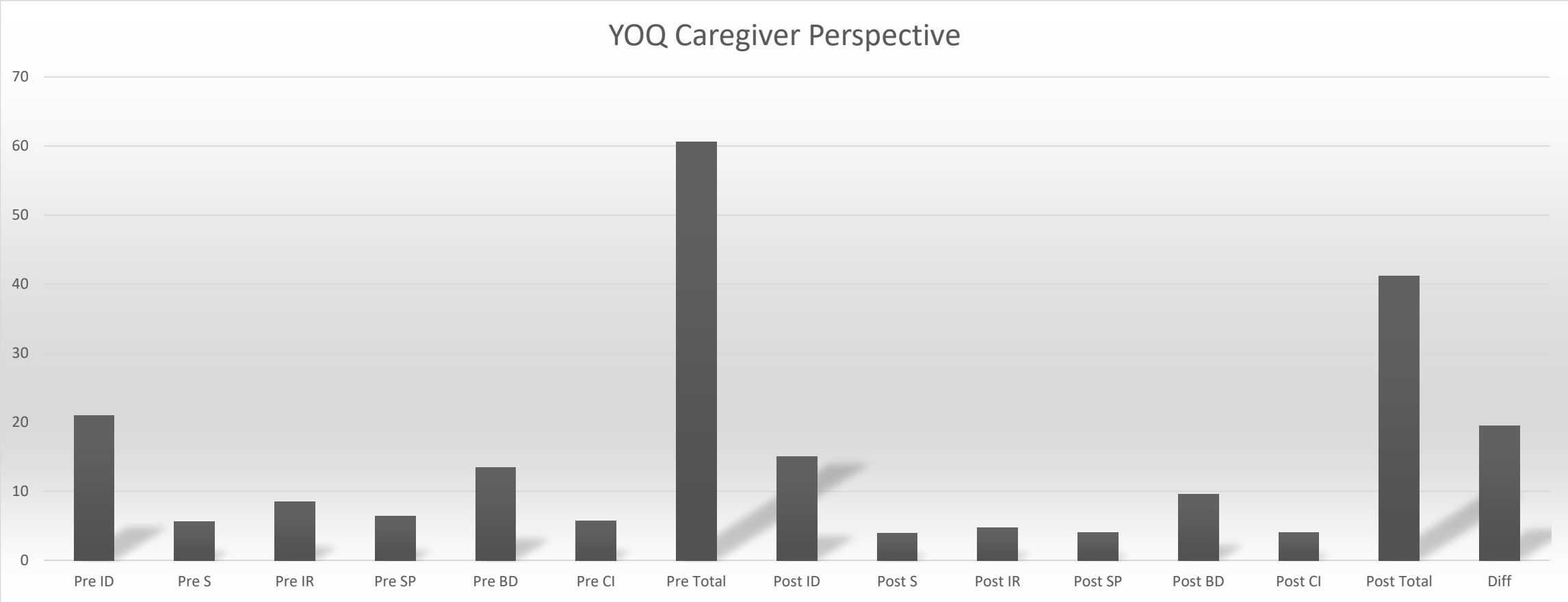
Colorado Youth Outcomes



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Colorado Youth Outcomes

Successful Closure Data FY25:

- 95% of youth and families report some improvement to very much improved
- 96% had no new safety-related incidents
- 93% had no new law violations
- 96% had no intensification of referral problem

FFT's Underlying Philosophy

01

FFT draws from family systems theory and behavioral approaches.

02

It is based on the theory that problem behaviors serve a function within the family. Family members develop ways of interacting that help them to get their relational needs for closeness or distance met, but these patterns of interacting may also create or maintain behavior problems.

03

FFT achieves changes by improving family interactions and developing family member skills that are directly linked to risk factors and issues leading to the need for formal therapeutic intervention.

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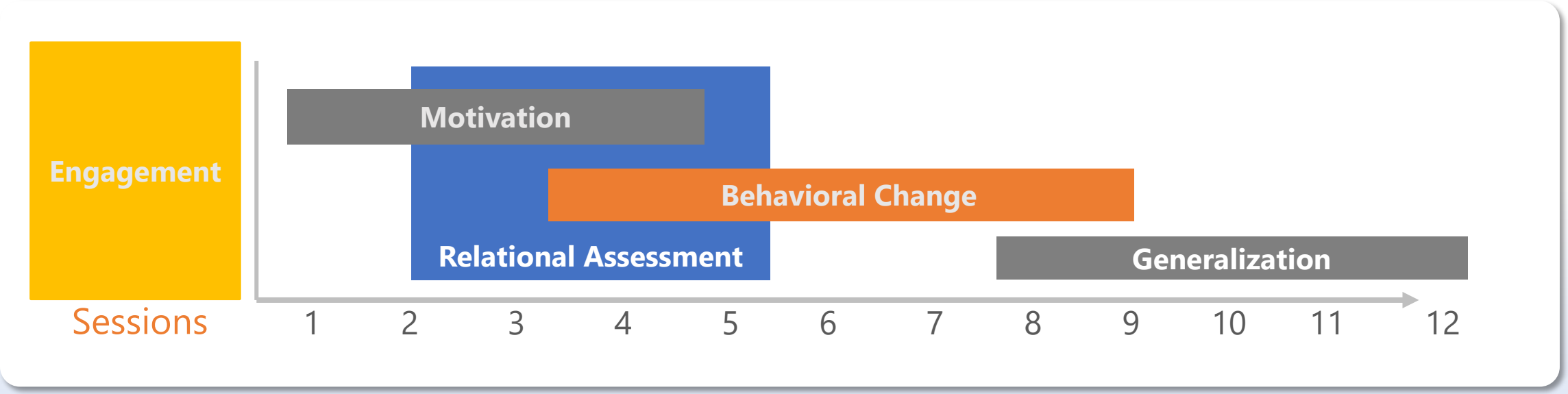
Five Phases of FFT



- Each phase of engagement has its own assessment focus, intervention goals, strategies, and techniques.
- Interventions start with creating a motivational context for change.
- Build to changing individual behaviors and patterns of family interaction.
- Therapists utilize different strategies over the course of treatment: Relational vs. Structuring/Directive - Interventions include an ecological focus, particularly in generalizing change.

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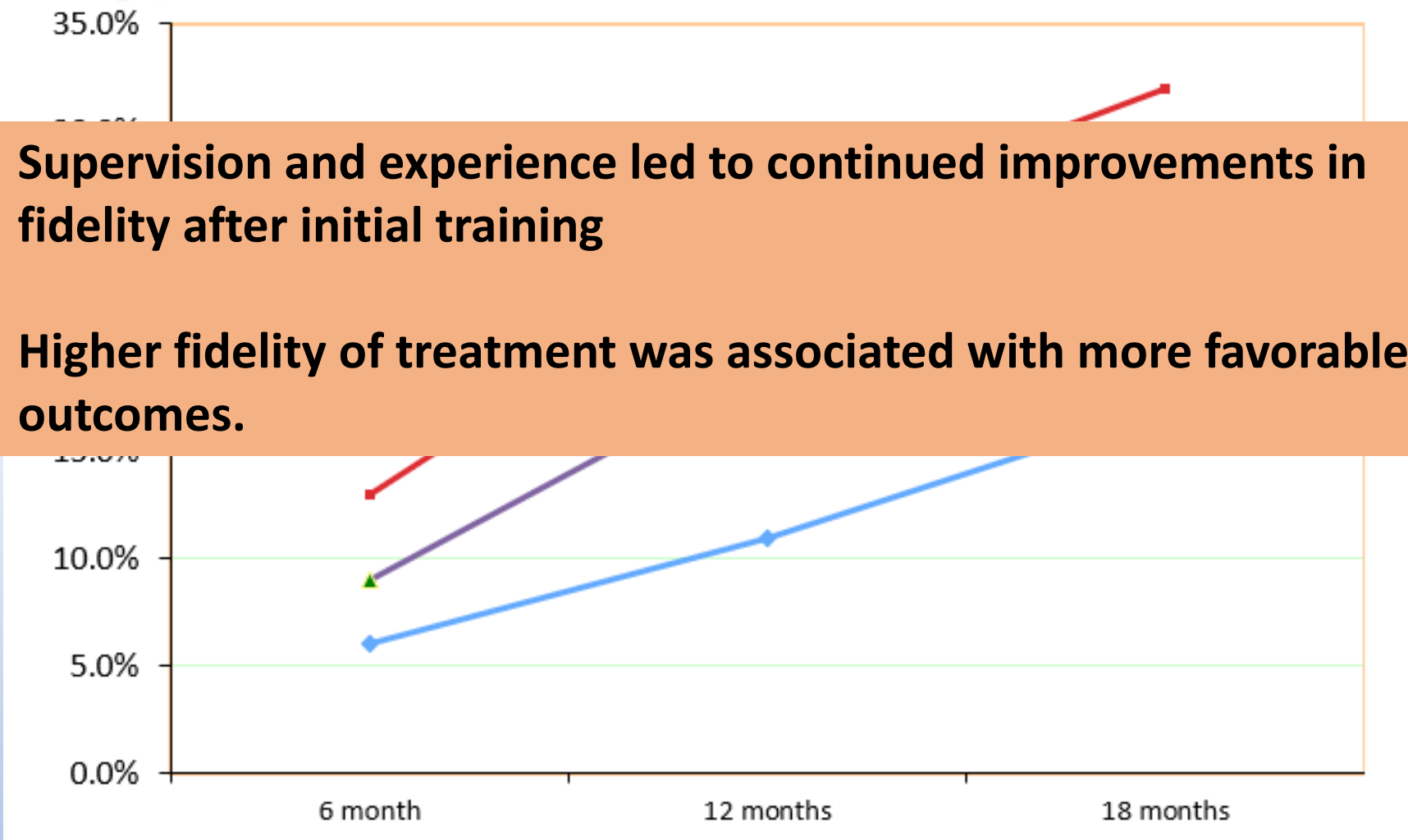
Fidelity matters (Turner et al, 2017)



- **Supervision and experience led to continued improvements in fidelity after initial training**
- **Higher fidelity of treatment was associated with more favorable outcomes.**

Therapist Caseload & Expectations

- Working group of 3 to 8 clinicians trained in year one of implementation, with a case-carrying supervisor trained in year two of implementation. The supervisor is carrying a caseload. Master ‘s-level clinicians and supervisors (BA exceptions).
- Meet weekly in consultation on FFT cases provided by a trained supervisor/consultant (2 hrs per week).
- Maintain a minimum caseload of 5 cases at any given time (20 hrs. per week) and no more than 10 to 12 cases at any given time if full-time.
- Each therapist minimum of initial clinical training, follow-ups, and ongoing case consultation (initial dosage of training)
- Individual therapist and group receiving level of supervision, consultation and training appropriate to the degree of adherence and competency
- Web-based system to assist with staying on track and ongoing fidelity monitoring and quality improvement (CSS provides in-the-moment data and feedback on performance, TYPE reports, GTR
- We respect agency “know how….” FFT teaches therapists….Looks for local ownership

FFT Training & Technical Assistance Approach: Clinical Training

Technical assistance available as needed.

- **Phase 1: Clinical Training**: adherence, accountability, competence:
  - Stakeholder kickoff event and implementation training (in person or virtual)
  - Initial 2-Day clinical training (in person)
  - Zoom consultation (weekly with FFT Consultant) and peer consultation
  - Three, two-day follow-up trainings (FFT Consultant) – (in person and virtual)
  - Second two-day clinical training (virtual)
  - Externship – three, three-day, off-site events (in-person)
  - Clinical Services System (FFT-CSS)
  - Administrative/technical assistance as needed

» **Phase 2: Site Supervisor Training:** building self-sufficiency:
  - Two, two-day supervisor trainings (virtual)
  - Bi-weekly Zoom supervisor consultation
  - Annual one-day site visit (in person or virtual)
  - Clinical Services System (FFT-CSS)
  - Administrative/technical assistance as needed

» **Phase 3: Ongoing Adherence:**
  - Monthly Zoom supervisor consultation
  - Annual one-day site visit (in person or virtual)
  - Clinical Services System (FFT-CSS)
  - Administrative/technical assistance as needed

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Use of FFT LLC Client Service System (CSS) for Fidelity Monitoring and QA/QI

- FFT LLC certified teams are required to use the Client Service System (CSS).
- CSS is built around the model and provides both an ongoing learning tool along with:
  - Supporting the delivery of training (training requirements met, training satisfaction).
  - Supporting fidelity monitoring and assessment (Supporting data collection).
  - Providing reports for process and outcome metrics.
- Therapists enter all service delivery information, contacts, sessions, and assessments into the CSS.
- Site Status Card provides feedback on meeting national standards for best practice and plans to reach those standards when deficient.
- Weekly Supervision Checklist: provides fidelity ratings and dissemination adherence ratings for therapists and their cases.
- Global Therapist Ratings (every four months): given on therapist performance and knowledge along with learning/growth plans.
- Tri-Yearly Performance Evaluation (every four months): provided to the team to provide feedback on capacity, utilization, service delivery, consultation, fidelity, and outcomes. QI plans are developed from this Evaluation.

Is FFT a Good Fit?

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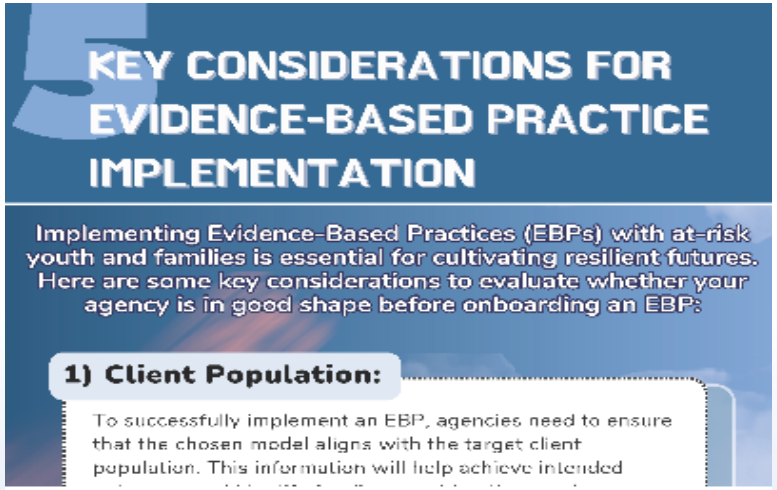
Helpful Resources for FFT Consideration

How to Become an FFT Provider: A Comprehensive Guide

Is your organization looking for a treatment model that will empower families in your community? If so, FFT might be the solution you are seeking. Learn more about how your organization can start an FFT program by downloading this guide.



5 Key Considerations for Evidence-Based Practice Implementation

Implementing evidence-based programs (EBPs) can be a challenge, especially without proper planning and support. To help prepare your agency, see our guide that explores the 5 key considerations for successful EBP implementation!

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Visit: www.fftllc.com or contact candis@fftllc.com

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