



FUNCTIONAL FAMILY THERAPY

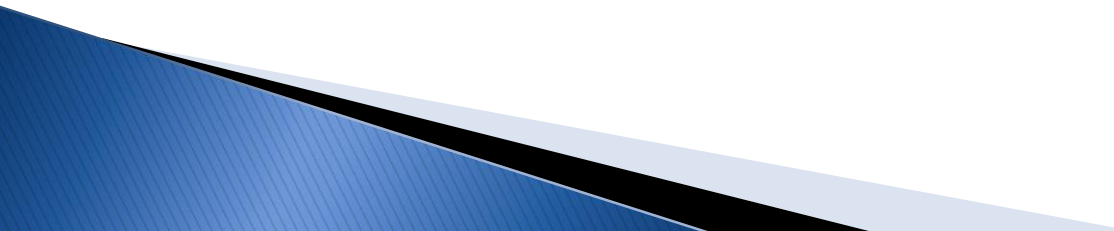
Overview for Virginia FFPSA

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www.fftllc.com

Agenda: FFT Overview

- **History**
 - **Overview**
 - **Target population**
 - **Average length of treatment**
 - **Goal of Treatment**
 - **Therapist Caseload**
 - **Training**
 - **Where are services provided**
 - **Provider Perspective**
- 



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.

FFT History

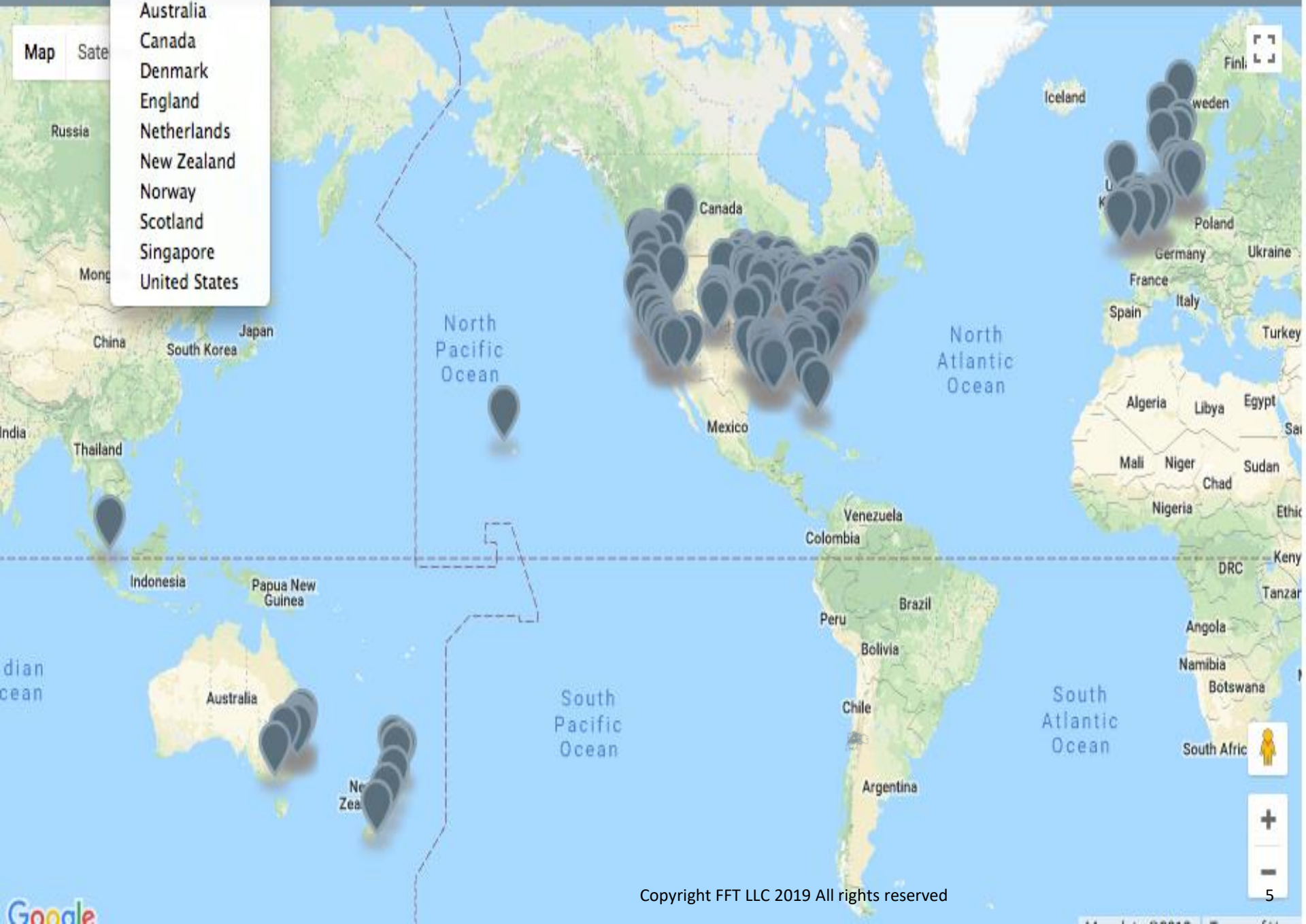
- ▶ 1960s James F. Alexander began a series of studies to examine effectiveness of a family-based therapy for at-risk adolescents. These early studies shaped a therapy protocol now known internationally as Functional Family Therapy
- ▶ 1982 Functional Family Therapy (Alexander and Parsons) is published.
- ▶ 1980s-1990s numerous outcomes studies of FFT
- ▶ 1998 FFT LLC established; national recognition of FFT
- ▶ 2013 Functional Family Therapy for Adolescent Behavioral Problems, Alexander et al, American Psychological Association published
- ▶ 2018 FFT LLC surpasses 350 sites worldwide
- ▶ Currently 20 evaluations demonstrating effectiveness of FFT LLC implementation and training
- ▶ 2020 FFT designated as “well-supported” for Families First

COUNTRY ✓

Australia
Canada
Denmark
England
Netherlands
New Zealand
Norway
Scotland
Singapore
United States

Map

Sate



13 VA FFT Teams & 9 Providers



Map Satellite

1. Blue Ridge Behavioral Health-Roanoke
2. Family Focus, Inc. - Henrico
3. Family Priority, LLC - Fairfax
4. Life Push – Regional: Danville, Lynchburg (3 Teams)
5. National Counseling Group - Abingdon & Manassas (2 Teams)
6. New River Valley Community Services - Blacksburg
7. Strategic Therapy Associates - Lynchburg
8. United Methodist Family Services - Fredericksburg
9. Western Tidewater CSB Suffolk & 9 Regional CSBs (2 Teams)

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ABOUT FFT

Overview

- ▶ Functional Family Therapy (FFT) is an empirically grounded, well-documented and highly successful family intervention program for at-risk youth and their families.
- ▶ It addresses risk and protective factors that impact the adaptive development of youth who have been referred for emotional or behavioral problems.
- ▶ The FFT clinical model is appealing because of its clear identification of specific phases which organize intervention in a coherent manner, thereby allowing clinicians to maintain focus in the context of considerable family and individual disruption. Each phase includes specific goals, assessment foci, specific techniques of intervention, and therapist skills necessary for success.
- ▶ FFT, LLC is the training organization of the FFT model.

Targeted Population

- ▶ FFT is intended for 11 to 18 year old youth who have been referred for behavioral or emotional problems by juvenile justice, mental health, school, or child welfare systems. Family discord is also a target factor for this program.
 - **Prevention** intervention--status/diversion kids/at risk for out placement or further penetration into care systems
 - **Treatment** intervention--moderate and serious delinquent youth

Must have a family available, at least one caregiver and one youth.

Targeted Population

- ▶ Range of adolescent problems

Clinical problems falling under the label

“Externalizing Adolescent Behavior Disorders”

- Conduct disorder
- Oppositional defiant disorder
- Drug use/abuse
- Other behavior problems...violence, school problems, truancy, etc.

Other mental health problems of adolescents

- Anxiety/depression with behavior disorder symptoms expressions

Parent-child/family conflict issues

Average Length of Treatment

- ▶ Short-term, family-based program
 - 12-14 for moderate cases, 26-30 for more serious cases
 - Treatment is over 3 to 5 months
 - Session intensity and frequency depends on family risk and protective factors

Goal of Treatment

Engage youth and family members into treatment by establishing your credibility by being responsive and availability.

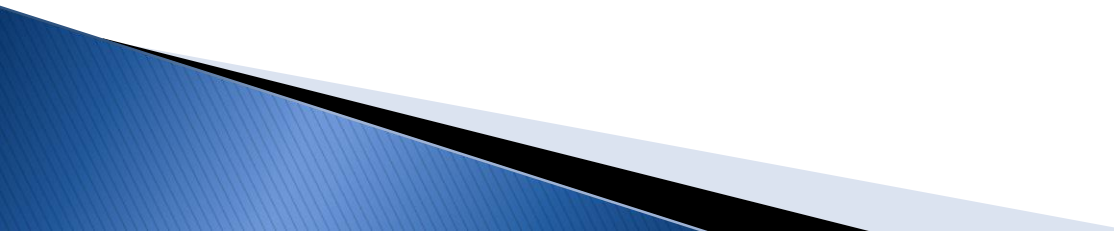
Motivate youth and their families by decreasing the intense negativity (blaming, hopelessness) so often characteristic of these families. Rather than ignoring or being paralyzed by the intense negative experiences these families often bring (e.g., cultural isolation and racism, loss and deprivation, abandonment, abuse, depression), FFT acknowledges and incorporates these powerful emotional forces into successful engagement and motivation through respect, sensitivity, and positive reattribution techniques.

Assess interpersonal functions (i.e., payoffs) within the family to organize/match interventions.

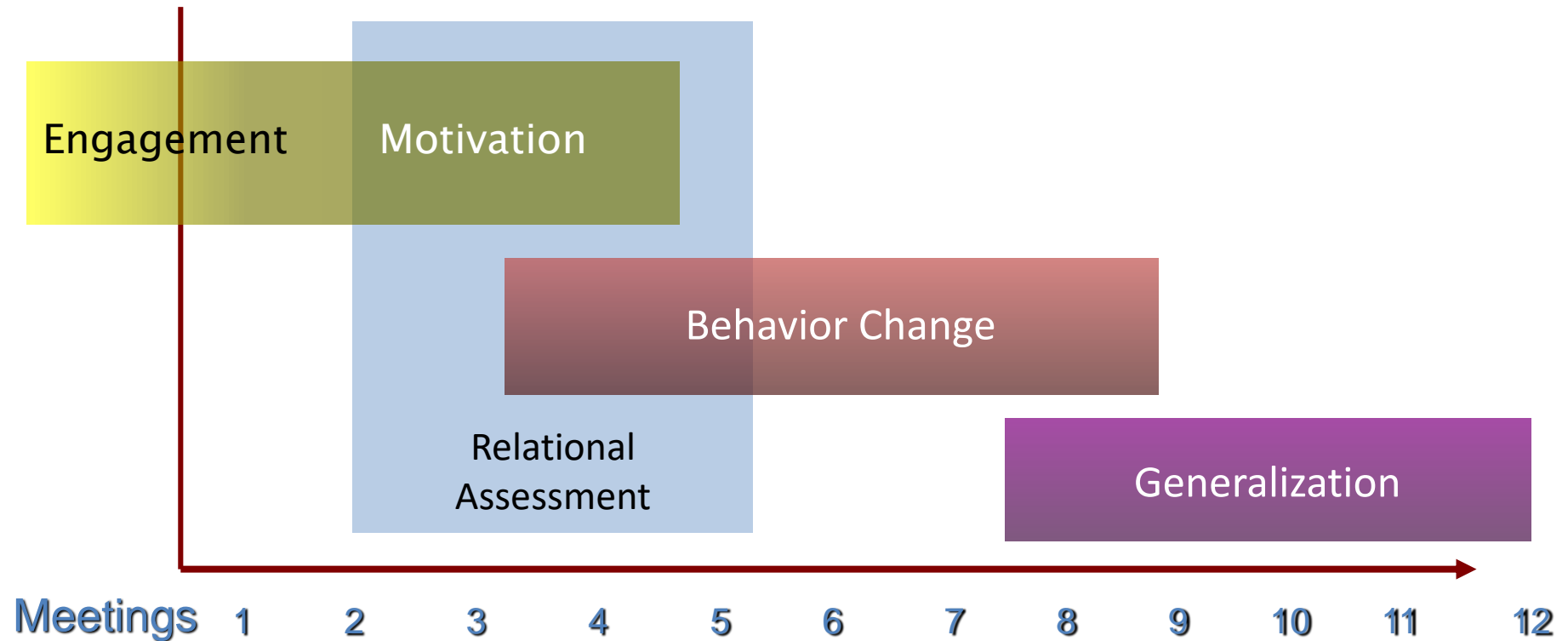
Goal of Treatment

Behavior Change: Reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions, including cognitive/attributional interventions, systematic skill-training in family communication, parenting, problem solving, and conflict management.

Generalize changes across problem situations by increasing the family's capacity to **utilize multi-systemic community resources** adequately, and to engage in relapse planning.



FFT 5 Phases across sessions/meetings



We consider therapy to consist of a series of steps, each of which involves a set of intervention processes (assessment and implementation of specific techniques) and relevant outcomes.

FFT Outcomes: It Changes Lives

Five decades of research



More than 50 published research studies



Impact on referred youth, siblings, and caregivers



Keeping youth and families together

It is something we do well

Training and ongoing support from FFT LLC expert consultants



Development and “localization” of expertise within agency



Since 2007... 20 studies have documented the effectiveness of the FFT LLC training system in 6 countries and 7 U.S. states

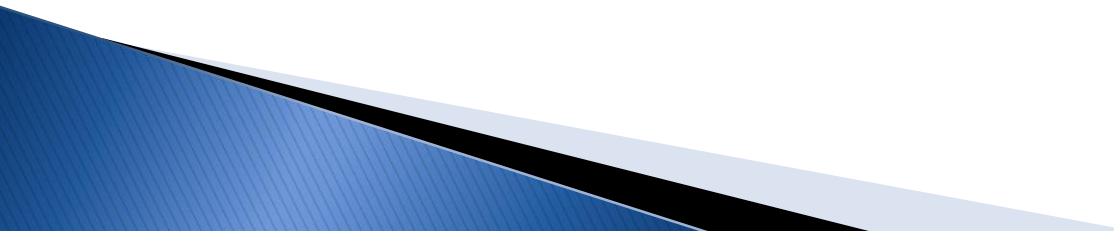
Improved youth and family functioning

Avoidance of outplacement

Cost Savings



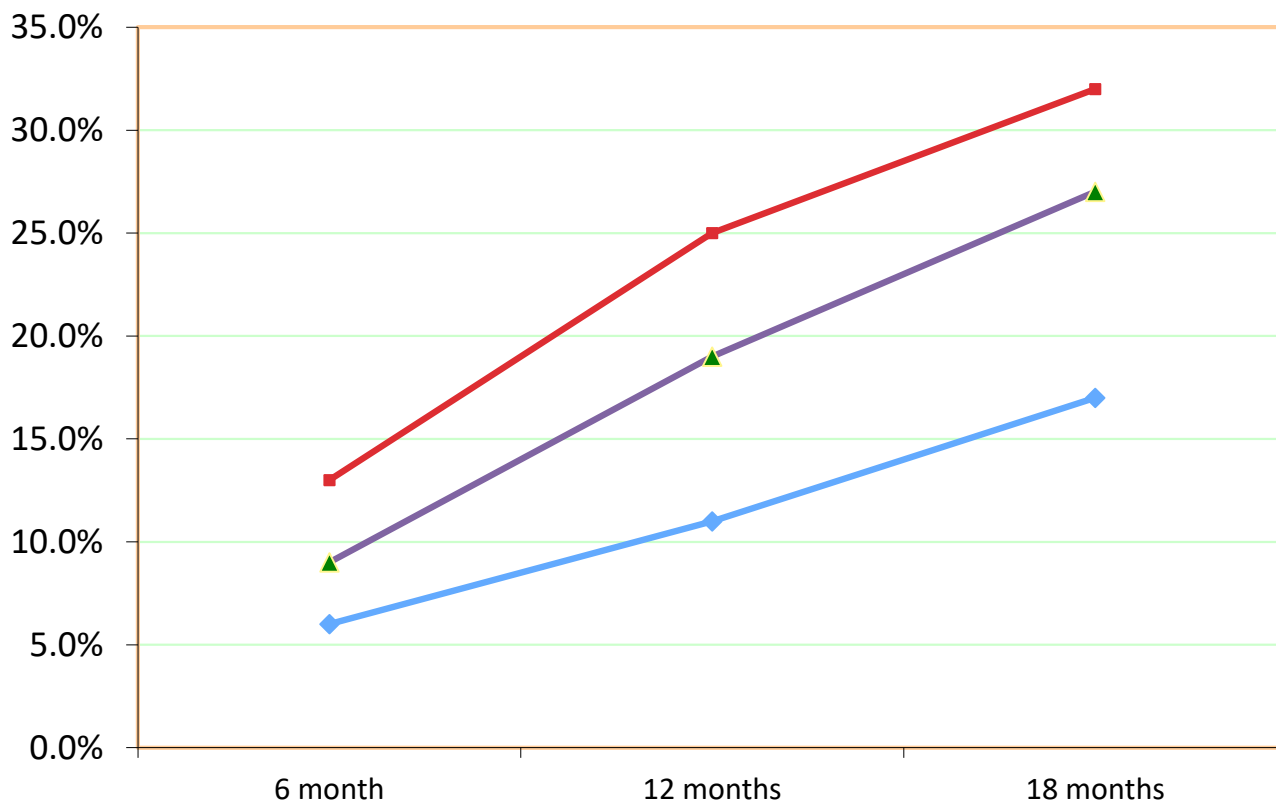
Outcomes of Treatment

- Reduction in out of home placements
 - Reduction in recidivism
 - Significant reduction in crime severity for those who do reoffend
 - Dropout rates between 9-12%
 - Significant reductions in youth, caregiver interpersonal distress/somatic complaints
 - Reduction in siblings of referred youth going into care services
 - Reduction in violent felony crimes
 - Significant reduction in drug use as compared to CBT, psycho-education and group treatment
 - Improved family functioning
 - Significant cost effectiveness
- 

FFT Therapist Model Adherence & Outcomes

Washington State Institute for Public Policy, 2004 (n=700; 40 therapists)

Fidelity / Outcomes



- 38%* reduction in felony crime

- 50%* reduction in violent crime

- \$10.67 return for each \$1 invested

- \$2100 per family cost to implement

—◆— Adherent —■— Non-Adherent —▲— Control

* Statistically significant outcome as compared to the control condition



ABOUT FFT TRAINING

Therapist Caseload

- ▶ A site = a working group of 3 to 8 therapists

Therapists see cases on individual basis

- Working groups attend *all* training/consult together
- Functions: collaborative staffing of cases
- Purpose: sustainability; support; model **Fidelity**

▶ Caseload Standards

- 2-3 cycles of cases per yr.
- F/T therapist: max 10 cases – 20-30 per year
- P/T therapist: min 5 cases (20 hrs/wk) – 10-15 per year

▶ Case Needs— #s of cases / year

- 8 F/T therapist site – 200-300 per year
- 3 F/T site— 60-90 per year

FFT Training Protocol

Goals: Model adherence; Clinical and supervisory competence, Increasing self-sufficiency, Lasting and adhering sites...

Site Application/Dialogue -> Review / Feedback -> Site Start-Up

Phase 1: CLINICAL TRAINING: adherence, accountability, competence

1. Initial Implementation/technical training
2. Initial clinical training/CT2
3. Phone consultation (weekly w/ FFT Consultant) and Peer Consultation
4. Follow-up training (FFT Consultant) – 3x year at 2 days each
5. Externship
6. Clinical Services System (FFT-CSS)

Phase 2: SITE SUPERVISOR TRAINING: building self-sufficiency

2x of 2 days each at Supervisor Training; weekly or every other week supervisor consultation; site visit; CSS review

Phase 3: ON GOING ADHERENCE

Monthly consult, one day on site, CSS review

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. Supervisor is case carrying.
- ▶ Meet weekly in consultation on FFT cases provided by trained supervisor/consultant (2 hrs per week).
- ▶ Maintain 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 on-going case consultation (*initial dosage of training*)
- ▶ Individual therapist and group receiving level of supervision, consult and training appropriate to degree of adherence and competency
- ▶ Web based system to assist with staying on track and on going fidelity monitoring and quality improvement

Where Services are Provided

Recommended Locations/Delivery Settings

Typically, FFT is conducted in home and clinic settings.

It can also be delivered in schools, child welfare facilities, probation and parole offices, aftercare systems, and mental health facilities.

Most importantly is who is in the room, however homebased services are always preferred as long as it matches to the family.

Life Push, LLC



- ▶ Life Push history with FFT
 - August 2019 launched our first team
 - Were awarded two more teams through Families First
 - Served over 150 families

Life Push, LLC

- ▶ Decision to use the FFT Model
 - Realistic
 - The potential to change/improve the system of care for the better
 - Meets a need in a way no other service does (when done correctly)

Life Push, LLC


- ▶ From the model to real-world application
 - Become a part of the clients' environment
 - A level of high resilience
 - Collaboration skills
- ▶ Additional benefits of FFT

Thank you! We welcome your questions!


THE SOLE AUTHORIZED SOURCE FOR FFT TRAINING AND IMPLEMENTATION

SEARCH


CSS Login



FFT FFP® FFT-CW® FFT-G® OUR ORGANIZATION AUTHORIZED FFT SITES CONTACT



FFT is now a "Well-Supported" Service
as provided by FFT LLC under the Title IV-E Prevention Services Clearinghouse
[LEARN MORE](#)



Functional Family Therapy was founded in the 1970s by Dr. James F. Alexander. FFT LLC is the model's training and dissemination organization. The FFT model has received international recognition for its outcomes in helping troubled youth and their families to overcome delinquency, substance abuse, and violence. It is a short-term treatment strategy that is built on a foundation of respect of individuals, families and cultures, but that includes powerful treatment strategies that pave the way for motivating individuals and families to become more adaptive and successful in their own lives. In doing so, FFT helps to save families while at the same time preventing crime and victimization in communities.

ABOUT FFT TRAINING

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