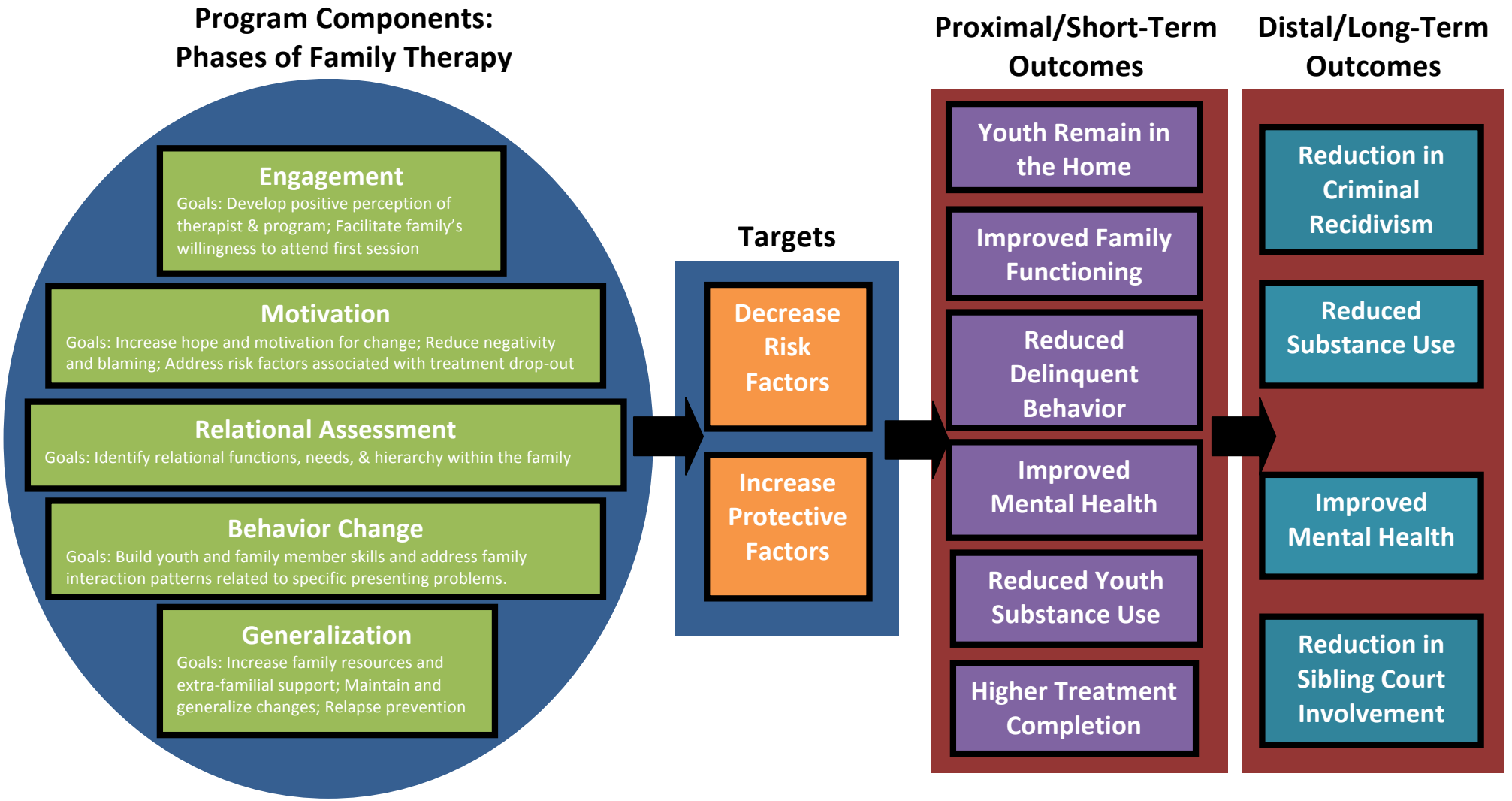
FUNCTIONAL FAMILY THERAPY (FFT)

Program developed by James Alexander, Ph.D., Functional Family Therapy, Inc.

Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State University



*** FFT targets youth ages 10-18 years old who exhibit mild to severe behavior problems and their families. * The FFT therapist meets with the family for an average of 12 to 14 family therapy sessions, typically held in the home. * Treatment lasts three to five months, as families move through the five phases of FFT. * A full-time FFT therapist carries a caseload of 10 to 12 families.**

Created in collaboration with FFT, Inc. Revised April 2014.

Program Components

FFT is delivered over 3-5 months. An FFT Therapist meets with the entire family, typically in the home, to provide family therapy. Families are generally seen weekly, but sessions can occur more often if needed. Families move through five phases of therapy.

Intervention Strategies

Each phase of treatment has specific assessment foci, intervention strategies, and goals. Listed below is a sampling of possible interventions. Interventions are selected based on careful assessment of family members' needs and developmental levels.

Targeted Risk & Protective Factors

Risk factors, which increase the likelihood of negative outcomes, are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase. FFT focuses on intrafamilial risk and protective factors.

Proximal Outcomes

Outcomes impacted by the program *immediately following* program completion that have been demonstrated through research. Published studies compare FFT to a range of alternatives, including individual, group, and other family therapies, probation, social work services, and no treatment.

Distal Outcomes

Outcomes impacted by the program *from months to years following* program completion that have been demonstrated through research. Studies compare FFT to probation services, social work services, other family therapies, and no treatment. Significant findings are highlighted below.

Engagement

Goals: Develop positive perception of therapist and program; Facilitate family's willingness to attend first session

- Therapist "match" to family values and culture
- Respond to initial barriers such as transportation, reluctance, or confusion

Motivation

Goals: Increase hope and motivation for change; Reduce family negativity and blaming; Address risk factors associated with treatment drop-out

- Reframe behaviors to reduce negativity and blame and increase motivation for change
- Trust and alliance-building with all family members

Relational Assessment

Goals: Identify relational functions, needs, and hierarchy within the family

- Assessment of the function of behaviors with respect to family relationships and needs

Behavior Change

Goals: Build youth and family member skills related to specific referral issues. Reduce family conflict and address family patterns that maintain the presenting problems.

- Skill building (e.g, coping, family communication, problem-solving skills)
- Parent training
- Psycho-education
- "Homework" assignments

Generalization

Goals: Increase family resources and extra-familial support; Maintain and generalize changes; Relapse prevention

- Empower family to connect with appropriate supports (both natural and formal)
- Develop plans and skills to minimize and overcome setbacks

Risk Factors

Family
- High family conflict; negative and blaming communication
- Poor family management
- Hopelessness

Individual
- Rebelliousness
- Depressive symptoms

Peer
- Interaction with antisocial peers
- Poor peer relationships

School
- Low commitment to school

Protective Factors

Family
- Family attachment
- Positive parenting
- Supportive communication patterns

Peer
- Positive peer relationships

School & Community
- Positive school-family relationships

Community
- Positive community-family relationships

Therapy-Level
- Therapeutic alliance
- Therapist & program credibility

Youth Remain At Home

- Less likely to be placed out of home

Improved Family Functioning

- Improved communication
- Increased family cohesion
- Less verbal aggression
- Less family conflict
- Reductions in maternal psychiatric symptoms

Improved Behavior & Mental Health

- Decrease in delinquent behavior and general behavior problems
- Decrease in internalizing and externalizing symptoms

Reduced Substance Use

- Significantly fewer days of alcohol and drug use
- Less severe substance use
- Fewer problems resulting from substance use

Treatment Completion

- Greater rates of treatment completion than alternatives

Reductions in Criminal Recidivism

- Substantially lower rates of court referral/arrest up to 5 years after referral to FFT
- Much less likely to be convicted of a criminal offense during the next 5 years
- Reduced number of offenses

Reduced Substance Use

- Fewer days of alcohol and drug use 15 months post-treatment
- Fewer problems related to substance use

Improved Mental Health

- Fewer psychiatric diagnoses 15 months post-treatment, compared to pre-treatment

Primary Prevention of Sibling Delinquency

- More than a 65% decrease in the likelihood of sibling contact with court 2.5 to 3.5 years after FFT, compared to other family treatment conditions