Functional Family Therapy

An integrative model for working with at risk adolescents and their families

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Functional Family Therapy Project

developed by Tom Sexton, Ph. D & Jim Alexander, Ph. D.
EBP’s, How we got here?

- 1997 – CJAA established, evidence based practices funding

  FFT
  ART
  MST

  Coordination of Services
1999 Court Implementation

- CJAA Advisory Committee
- Contracted expert consultants
- Risk assessment eligibility criteria
- Menu of interventions
Outcome Evaluations

- Legislatively required evaluation, WSIPP
- August 2002 interim outcome evaluation completed
- Competent delivery vs. not competent
- $7.50 of cost benefit
  - 30% recidivism reduction
2004 Final Evaluation

- 18 month recidivism data
  Competent delivery equals $10.69 C/B

- Up to 38% reduction in recidivism
Functional Family Therapy Inc.
Contact Information

Implementation questions and information

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Why FFT? Why an evidence-based practice?

- Changing "landscape" of practice in mental health, juvenile justice, social work
  - Push for Accountability..."where is the data?"
    - Funders, government, communities seeking services, managed health care
    - Blueprint Programs
    - Practice Standards
  - Increase quality and relevance of research
    - Myths of old being challenged
    - Relevant and valid research to guide practice

Emergence of the concept "Best Practices"
- but...what is a best practice?
- much more than..."what we already do"
- More than a theoretical approach
“Best practices” are Evidence-based Clinical Models

1. Systematic Clinical Intervention Programs
   - Integrative in nature (practice, research, theory)
   - Systematic clinical protocols—"clinical maps"
     - Manual driven
     - Model congruent assessment procedures
     - Focus on adherence and treatment fidelity

2. Models that have strong science/research support
   - Outcome research
   - Process research
   - Research over time...systematic questions
Best Practice (cont’d)

3. Clinically Responsive

- to unique “outcome” needs of the client/family
- to the unique “process” needs of the family

4. Are able to guide practice with high expectation of success

- with specific client problems
- within specific community settings
Result of Best Practices...change in focus of interventions

Clinical decision making & intervention
(what the you choose to do at each moment)
Result of Best Practices...change in focus of interventions

Research
Cultural background
Theory

Personal History
Gender

Strengths of the Therapist

Clinical Experience

The Model as the "lens"

Focus now on...
- model fidelity through model adherence
- model competence
- implementation

Clinical decision making & intervention
(what the you choose to do at each moment)
**Functional Family Therapy**

- **Research-based** prevention and intervention program for at-risk adolescents and their families
- **Targets** youth between 11-18
  - Prevention intervention-status/diversion kids
  - Treatment intervention—moderate and serious delinquent youth
- **Short-term, family-based** program
  - 8-13 for moderate cases, 26-30 for more serious cases spread over 3 to 6 months
- **Range of adolescent problems**
  - Violence, drug abuse/use, conduct disorder, family conflict
- **Not New**
FFT is a “Best Practice” because...

- It **works**...
  - over time
  - in multiples settings
  - with a variety of adolescent problems
  - with varying clients (ethnicity etc.)

- It is a Systematic and integrated **intervention model** that is a programmatic path (not eclectic)...
  - Well defined. you know what you are getting
  - A clinical “map” that can be assessed, monitored, and taught
  - A system that is **accountable**. you can measure and monitor process and outcomes

- It fits the **criteria of a best practice**
FFT model development over time

Early Clinical Ideas & Model Inception (Late 60’s – Mid 70’s)

Base Building: Core Process & Outcome research (Mid 70’s – mid 80’s)

Mature Clinical Model (Mid 80’s – late 90’s)

Dissemination, Fidelity, Practice Research Network (Mid 90’s - present)
Primary Objective 1
“Thinking through the Lens”

• Guiding principles
• Clinical model (phases)

Clinical decisions
(what you choose to do... how you approach the case)

FFT “Lens”

- Personal History
- Cultural background
- Clinical Experience
- Gender
- Age
- Cultural Context
Our Primary Objective 2

“FFT based clinical decisions”

- Understand
  - (client, family, community)
- Decide where to go
  - (case plan)
- Decide what to do now
  - (in room clinical decisions)
- Decide when/if you get there
  - (evaluation)
- Clinical Decision Making
Functional Family Therapy

Why is FFT effective?

- Multisystemic Model of Change
  - 1. Family focused philosophy
  - 2. Systematic Intervention Program
  - 3. Comprehensive Assessment & Adherence Systems
  - 4. Systematic implementation process
Why is FFT effective?

1. FFT’s Family-based philosophy...
   - We expect families to be...
     - discouraged
     - hopeless
     - emotional
     - blaming
     - lacking in skills (within family and in society)
     - less than motivated
   - Our job... meet them where they are...
   - We understand our families are uniquely organized
     - each a different and complicated social systems
   - We know our families have strengths and resources that we can tap
   - Family is the “client”
Why is FFT effective?

**Family focused approach to change**

- Family focused... **alliance and involvement** with all family members (Balanced alliance)
- Initial focus is motivate the family and prevent dropout
- **Respectful** of individual difference, culture, ethnicity by fitting treatment to the family
- Aim for **Obtainable** change...
  - With interventions that are **specific & individualized**
  - That is focused on **risk and protective factors**
- Incorporating community resources to maintaining, generalizing, and supporting family
Why family focus?

Pathways to Substance Abuse in High Risk Youth

- Self-Control
  - Academic Self-Efficacy
    - Family Supervision
    - Family and Peer Norms
      - No Substance Use

- Family Bonding
- Social and Community Prevention Environment

Normed Fit Index: 0.76

(n=8,576)
Why is FFT effective?

2. Systematic change goals

- We know where we are going...what is next
  - Clear, specific, systematic goals and objectives

- Initial Objective: Engage and Motivate
  - motivate them to change
  - keep them involved in therapy

- Second Objective: Change the problem behavior
  - change intra-family process (supports problem)
  - change presenting problem

- Third Objective: Generalize change
Functional Family Therapy

Principles of Therapeutic Change
Guiding Principles of the Clinical Model

1. Families and therapy must be considered from a **multisystemic** perspective

   - Family are multisystemic relational systems
     - uniquely organized. thus, each different. complicated social systems
     - with **strengths and resources** that we can tap
   - FFT is multisystemic. . .focus on the individual, family, and context
     - Family first philosophy
Guiding Principles

Family “problems” are relational problems

- Family “problems” are the result of...
  - Risk and Protective factors
    1. In the adolescent/parents
    2. In the family
    3. In the social/environmental context
  - Content...targets of change

- Relational Functioning
  - It is family relationship that support and maintain problems
  - Relationships are also the process through which change occurs
  - Meaning and attribution of problems...e.g. blaming
Guiding Principles

Therapy is purposeful, systematic, and phasic...

- **Successful therapeutic change is a systematic and purposeful process**
  - Systematic change goals (engage/motivate, behavior change, and generalization)

- **Purposeful intervention**...
  - therapist is goal directed
  - therapist seeks specific process outcomes

- **Change process occurs in Phases**
  - Therapeutic change is based on important but different changes in distinct phases of therapeutic intervention...so, “first things first!”
  - Each phase has specific goals, outcomes, and therapist skills (that increase the likelihood of achieving the phase goals)
Guiding Principles

**Match to...**

- Match to guides therapist clinical interventions behavior
  - Match to phase (to clinical model)
  - Match to client (to engage...)

- ...requires
  1. **process focus** on model
  2. **respect**
     - of culture/gender/race and core needs
     - unique factors of individual families and members
     - mismatch result in “resistance”
Guiding Principles

Obtainable but lasting change

- The **outcome** goals of therapy are those that are **obtainable and lasting**
  - not healthy families but......
  - obtainable behavioral changes

- ...are those that are:
  - obtainable behavioral changes ...  
  - for these people ...  
  - with these resources ...  
  - and these value systems ...  
  - in this context
Guiding Principles...

Delivery systems must support the intervention

- Does the system allow for/support...

- Eliminate barriers to counseling
  - e.g. phone calls
  - flexible schedules

- Coordinate services
  - eliminate multiple counselors/interventions
  - coordinated referral services/assessment services

- Clinical systems that allow for accountability, staffing, case planning, consultation
  - weekly staffing
  - single progress note system—paperwork system

- Consistent model of treatment...supervision

- Support for program implementation
- *Functional Family Therapy*
- *Phases of the Clinical Model*
Functional Family Therapy

Engagement and Motivation

Phase

Early
Middle
Late
Engagement/Motivation Goals …

Create a therapeutic alliance

Create **therapeutic alliance** with each family member

where they….

- Trust you, and believe you have the **expertise** to help them
- Believe you are working hard to understand their emotions, values
- Experience that you are working hard to respect and value them, [despite their (often) awful behavior]

Critical issue…**balanced alliance**
Engagement/Motivation Goals...

reduce negativity and blaming

Change.....
1) meaning
   Of...intent /purpose/motivation
2) emotions
   ...through reframing

Interrupt....
-negative interaction patterns
  -blaming

Attempt to....
-reduce blame and retain personal responsibility
-establish relational focus for the problem
  -REFRAME...REFRAME...REFRAME
Engagement/Motivation Goals...

...a family-relational focus

- **Redefine** the problem (away from presenting one)
  - Family enters with “problem definition” that is part of what has them stuck
  - New problem definition that is less blaming, negative, and individually focused

- Create a **relational focus—a family focus** for the problem...
  - Each family member has a “part” (responsibility without blame). Everyone involved in some way
  - Each “part” linked to the challenge that the family currently faces (family focused)
  - Sets the stage for different solutions (behavior change)

....thus, minimize hopelessness, ready family to take responsibility for trying new skills and making behavioral changes
Engagement/Motivation

Outcomes of these goals...

Family motivated to come back... reduce dropout because they...

- Different “experience” in therapy
  - Not the same as home
  - Lower negativity
  - Decrease hopelessness
  - A family-relational focus of the problem

- Worked with someone who helped who
  - Overcome obstacles to therapy
  - Was a credible helper
  - Was availability

- Expectation for the “possibility” of change
The “Staying Power” of Motivational Forces

- Hype
- SHAME
- Fear / Punishment
- Positive
Engagement/motivation interventions

...therapist skills

- Therapist relational skills
  - alliance building (engagement)
    - warmth
  - non-blaming
  - humor
  - interpersonal sensitivity
  - respect for individual difference

Reframing...Reframing...Reframing
Engagement/Motivation Interventions...

reframing

- **Reframe to...**
  - reduce negative/blaming in immediate interactions
  - refocus problem solutions
  - develop organizing thread/problem definition

- **By...changing the causal attribution (meaning) of...**
  - emotions
  - behaviors
  - problem definitions
  - focus (from individual to relational)

- **So they will be willing to try in a new way with less negative emotion and fewer blaming interactions. .....thus, increased motivation**
How to do it...

1. Validate

2. Reframe
   (motive, intention, goal, underlying emotional state)

3. Assess acceptability/fit

4. Change/continue
What Are Themes?

- Themes describe problematic patterns of behavior, and/or relationships, in a way that suggests they may be motivated by positive (but very misguided) intent(s).

- Themes provide new “explanations” of problematic and painful patterns that provide:
  - hope for the future and give family members
  - a reason to “stick with” the difficult change processes which will ensue
  - Some sense of their “part” or “challenge”

- Hear themes... think thematically... respond to themes
Themes that help organize reframing problems

- anger implies hurt
- anger implies loss
- defensive behavior implies emotional links
- nagging equals importance
- pain interferes with listening
- frightened by differences
- need to feel OK about self in context of problems
- protection
- giving up so much power to someone else

Beginning points to start the reframing process...
Engagement/Motivation Interventions …

creating an alliance

- Resistance …

- indicates that one or more members do not experience that the therapeutic process will benefit them
What next?

- So we have them “Engaged & Motivated” – now what?

- We need to understand and work with what “drives” them (what they bring to us)

- … And be able to use that knowledge to tailor our interventions so that the youth and family can and will follow them, change in a positive direction, and be able to maintain those positive changes
Behavior Change Phase

- Early
- Middle
- Late

Assessment

Intervention
Goals:

- develop and implement individual change plan that targets presenting problem and risk and protective factors...

Desired outcomes are improved...

- Parenting skills
- Developmentally appropriate
  - monitoring and supervision
  - Consequences/rewards/punishments
- Communication skills (parents & adolescent)
- Family conflict management
- Problem solving
Behavior Change Phase...

..risk and protective factors

- **Behavior Change Targets**
  - Poor parenting (risk)
    - Rewards/punishments/consequences
    - Monitoring and supervision
  - Negative/blaming communication (risk)
  - Positive parenting (protective)
  - Supportive communication (protective)

- **Factors to work around/work with?**
  - Temperament (context)
  - Interpersonal needs
  - Parental pathology (context)
  - Developmental level (context)
Generalization Phase

- Early
- Middle
- Late

Assessment
Intervention
Generalization Phase

Goals:

1. Maintain change
   • Relapse prevention
   • Attribute change to family

2. Generalize change
   • To other current situation
   • To future situations/predicted

3. Support change
   • Through needed community support
   • Family case manager role

Desired Outcomes...

• family stabilizing changes
• family using necessary community resources on their own
• family acting with self-reliance
• incorporate community systems into treatment