

Functional Family Therapy

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

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Washington State
Functional Family Therapy Project



©FFTinc

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 research core

Some Context...

- 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

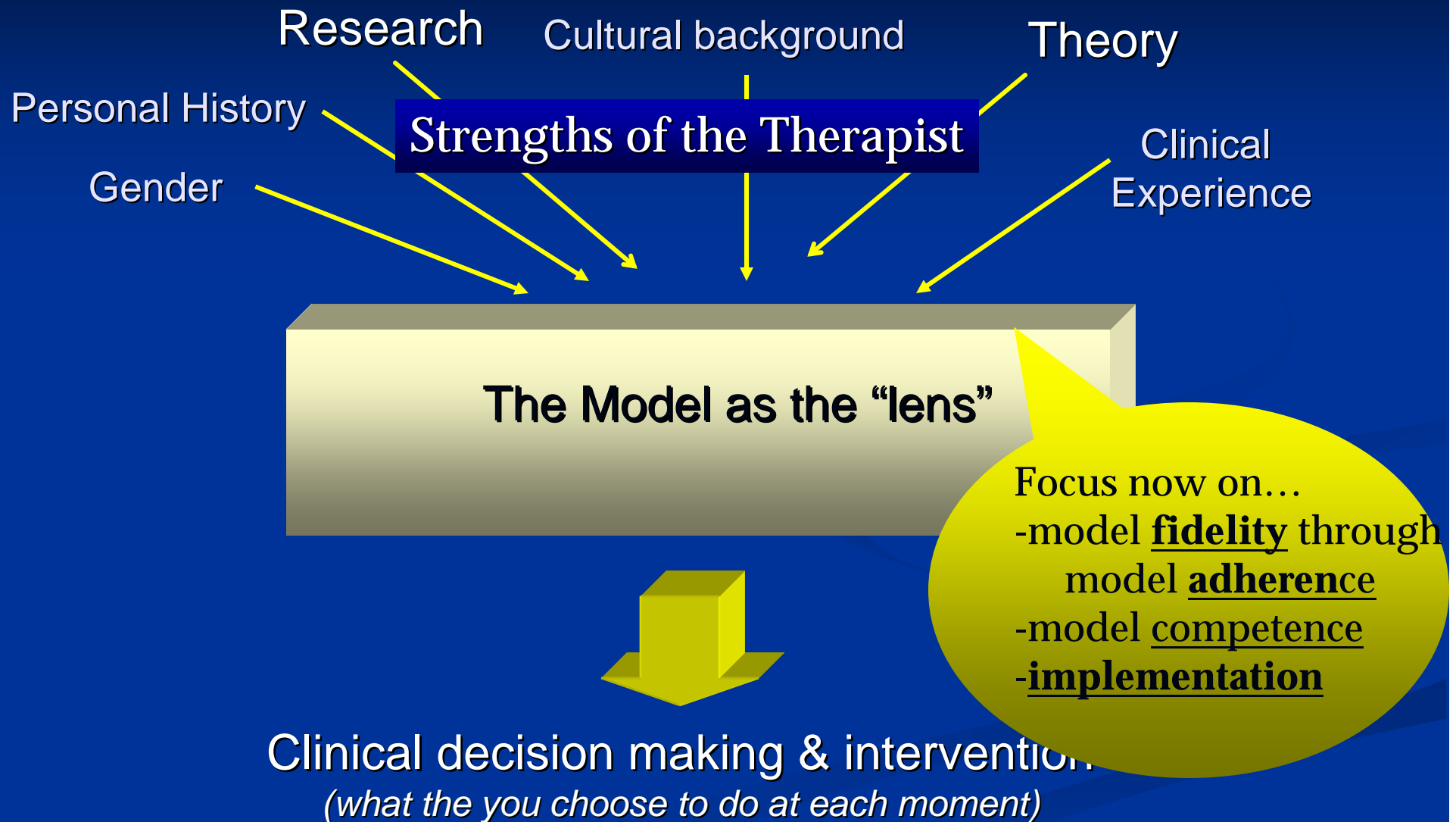
- 4. Are able to **guide practice** with high expectation of success
 - with specific client problems
 - within specific community settings

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



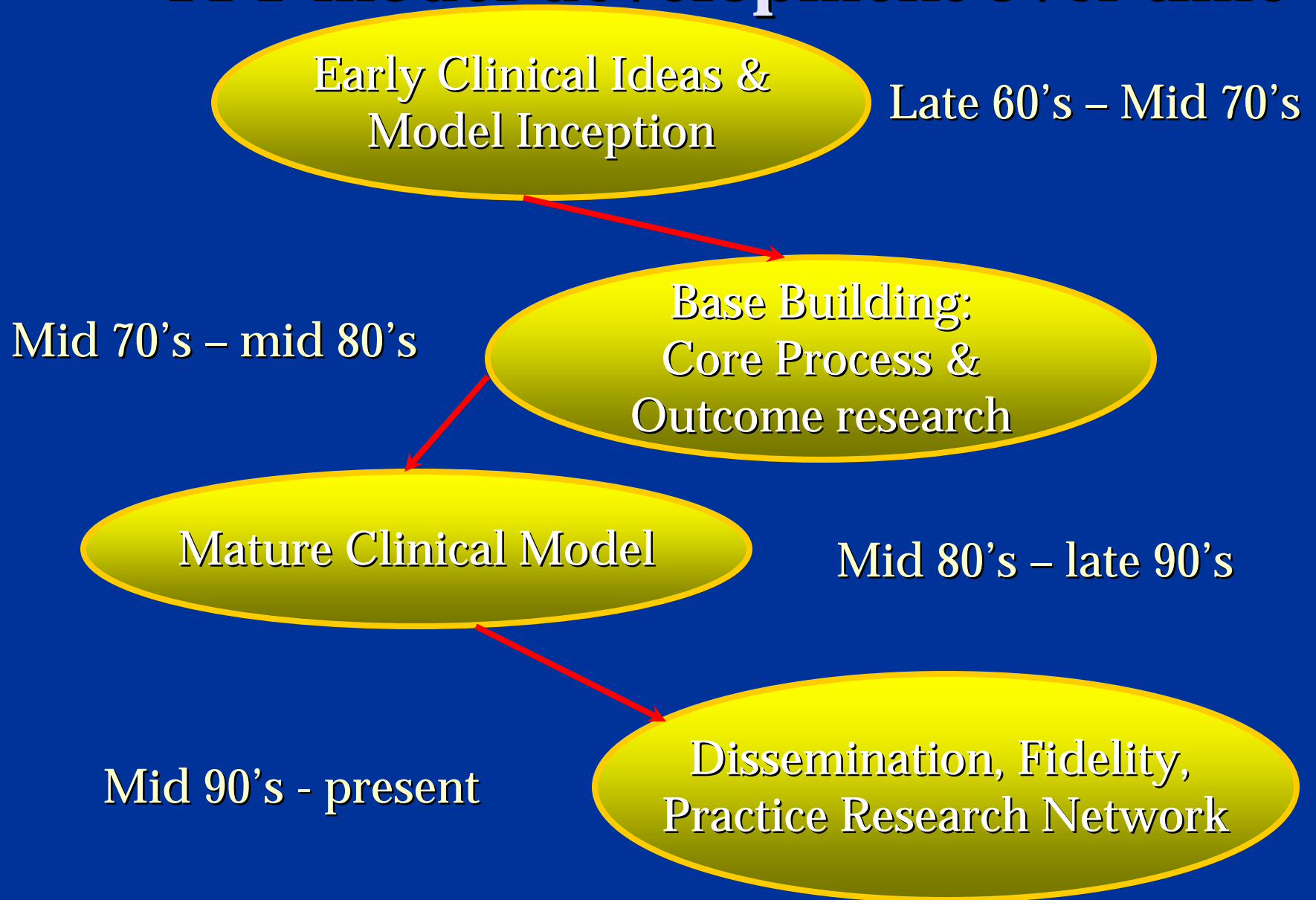
Functional Family Therapy

- 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





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

Guiding
Principles
Client

- Understand
 - (client, family, community)
 - Decide where to go
 - (case plan)

Guiding
Principles
Client

Our Primary Objective 2

“FFT based clinical decisions”

System

- How to intervene
 - (in room clinical decisions)
- Decide when/if you get there
 - (evaluation)
- Clinical Decision Making

System

- 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"

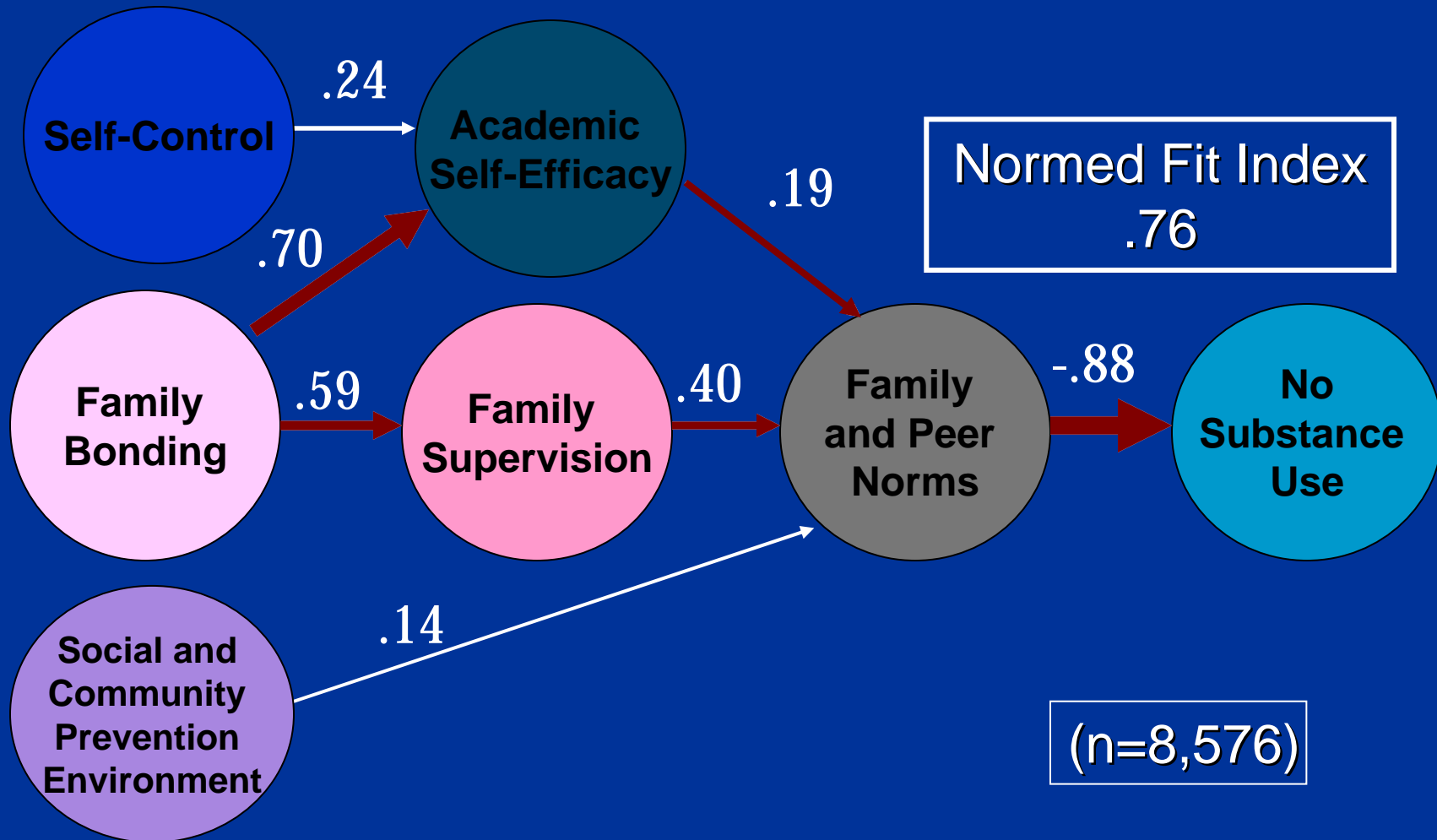
Why is FFT effective?

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



Why is FFT effective?

2. Systematic change goals

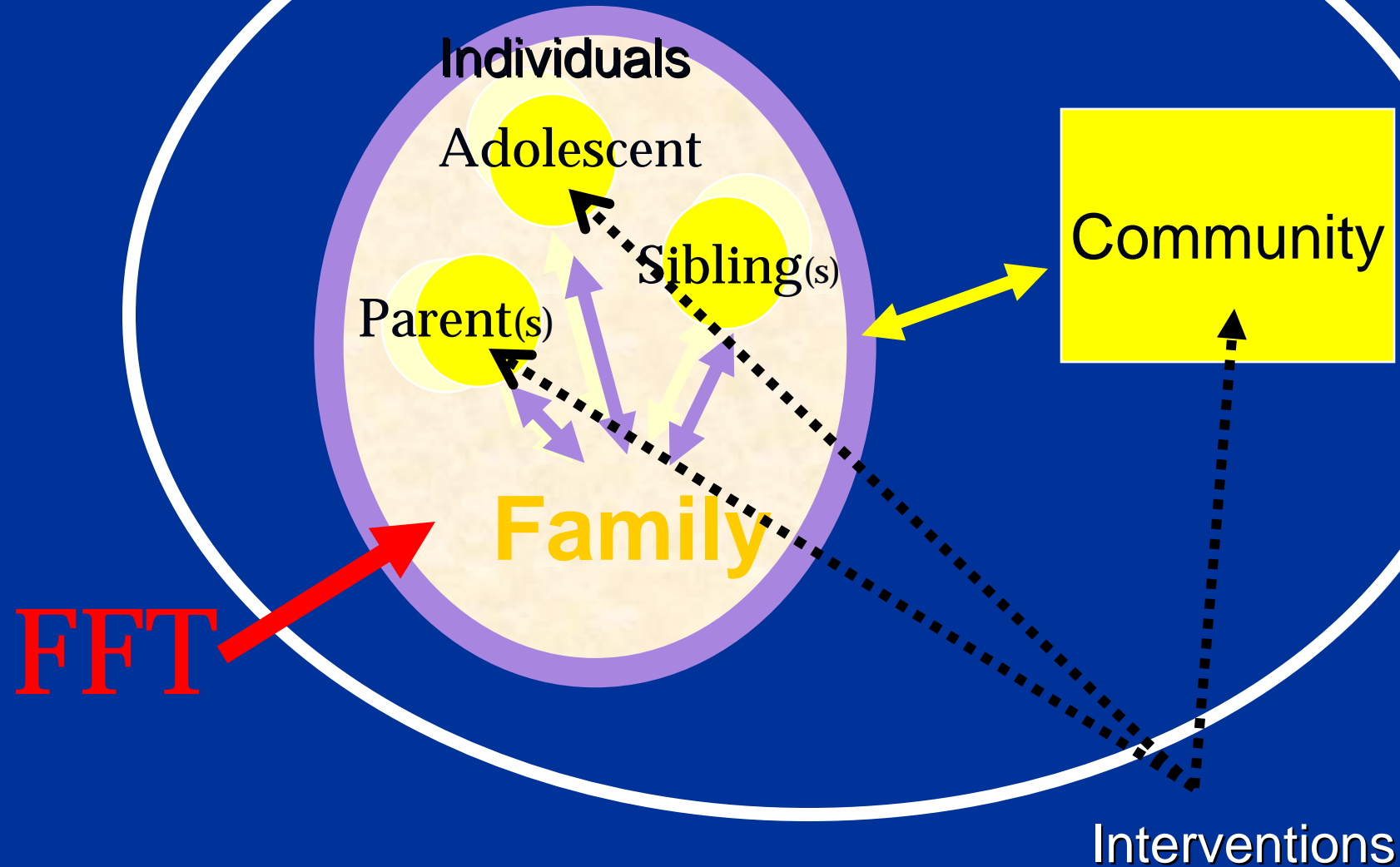
- We know where we are going....what is next
 - *Clear, specific, systematic goals and objectives*
- Initial Objective: **Engage and Motivate**
 - motivate them to change
 - keep them involved in therapy
- Second Objective: **Change the problem behavior**
 - change intra-family process (supports problem)
 - 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

Cultural/Ethnic/Racial "Context"



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

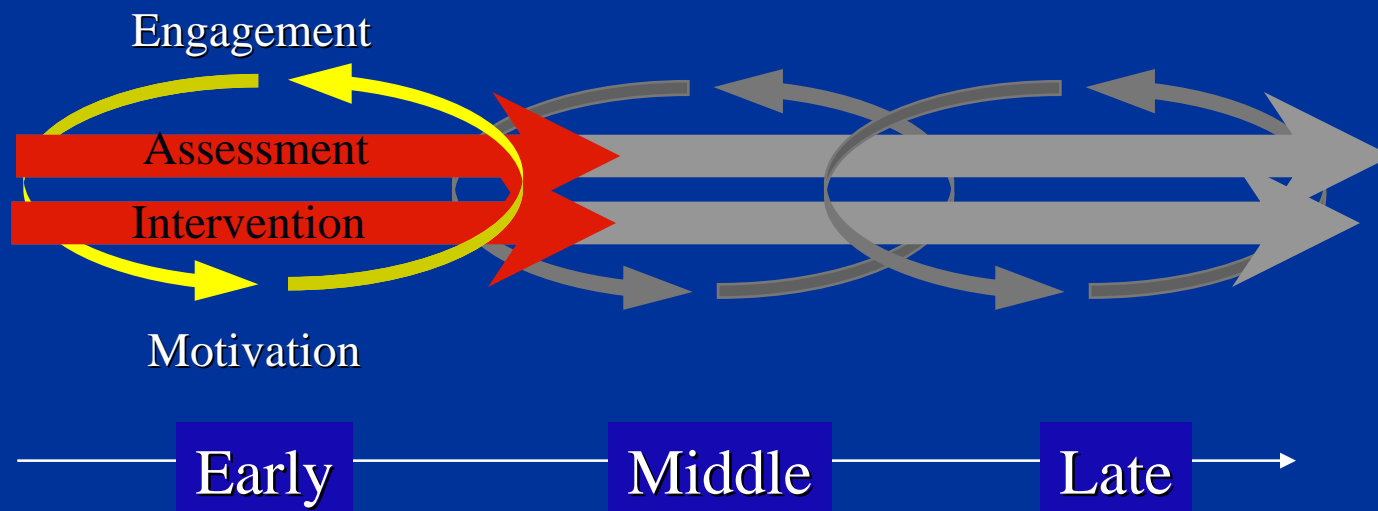
- Functional Family Therapy
- Phases of the Clinical Model



Functional Family Therapy

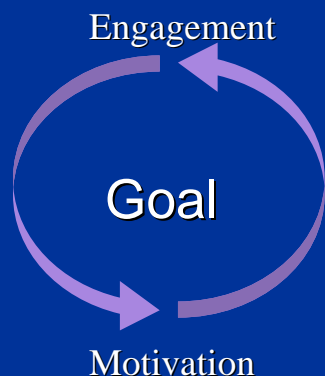
■ Engagement and Motivation

■ Phase



Engagement/Motivation Goals ...

Create a therapeutic alliance



Create therapeutic alliance with each family member

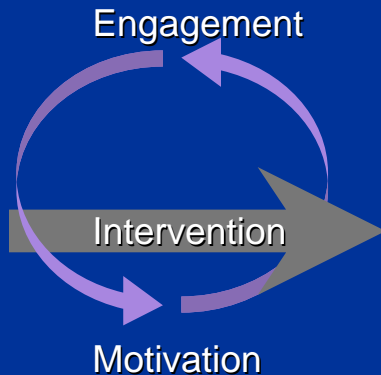
where they....

- **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

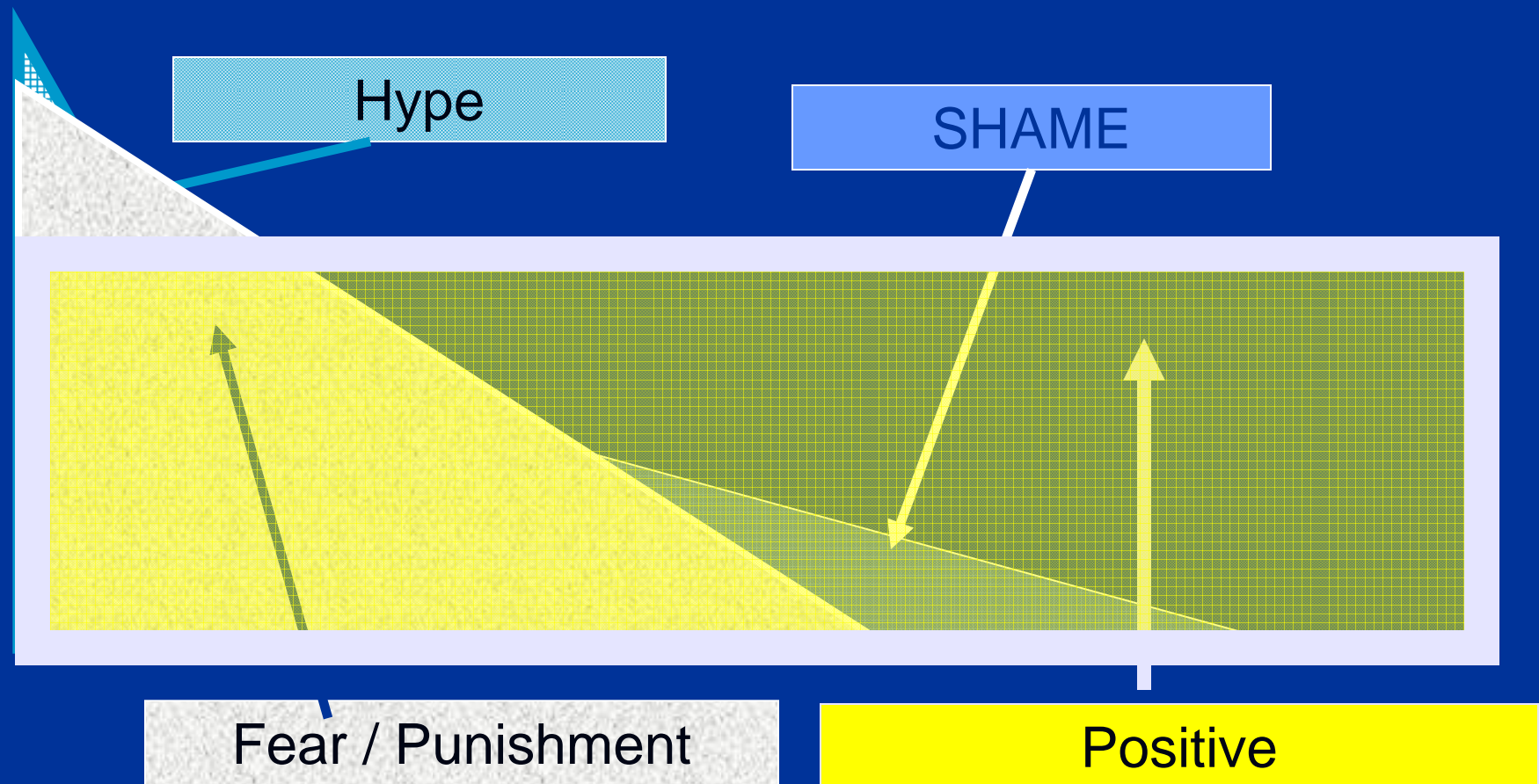
Engagement/Motivation

Outcomes of these goals...

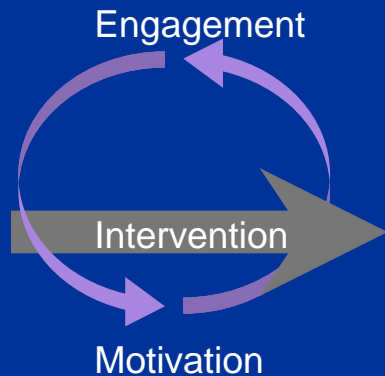
Family **motivated** to come back...reduce dropout
because they...

- 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



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....

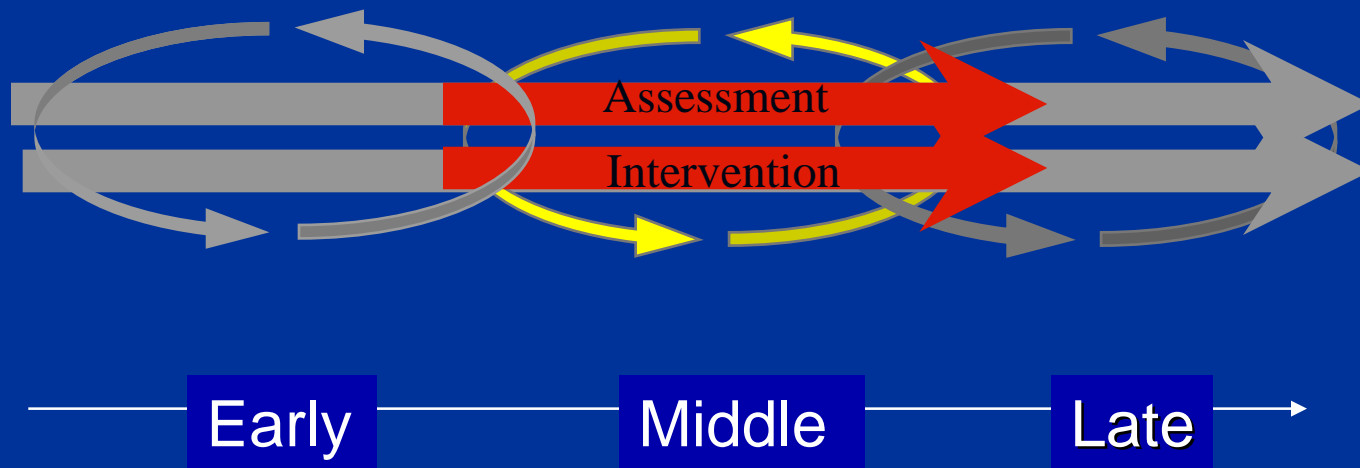
Engagement/Motivation Interventions ... creating an alliance

- Resistance.....
- indicates that one or more members do not experience that the therapeutic process will benefit them

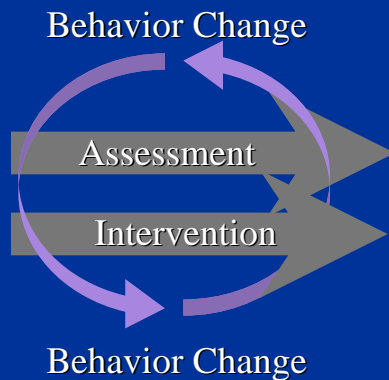
What next?

- 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



Behavior Change Phase...



Goals:

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

Desired outcomes are improved...

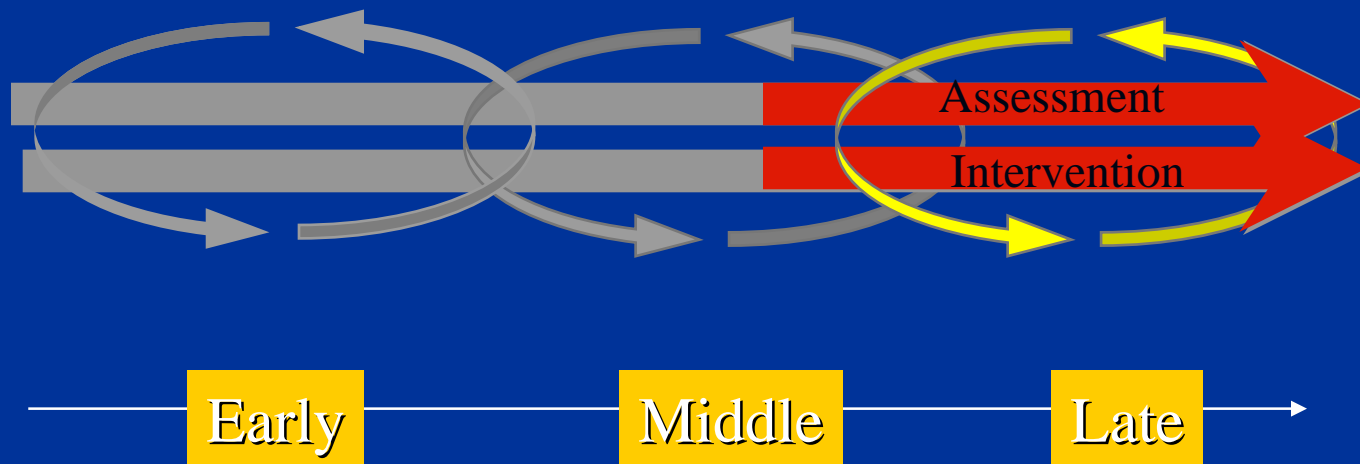
- Parenting skills
- Developmentally appropriate
 - monitoring and supervision
 - Consequences/rewards/punishments
- Communication skills (parents & adolescent)
- Family conflict management
- Problem solving

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



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