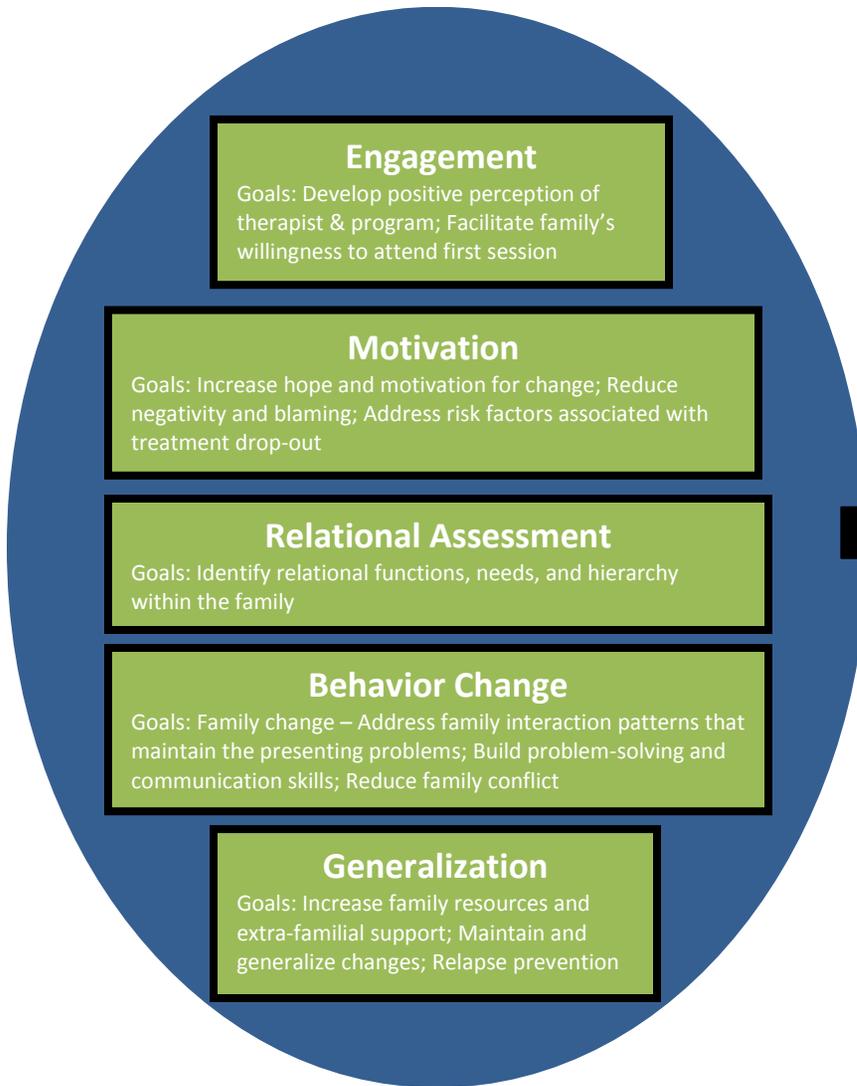


# FUNCTIONAL FAMILY THERAPY (FFT)

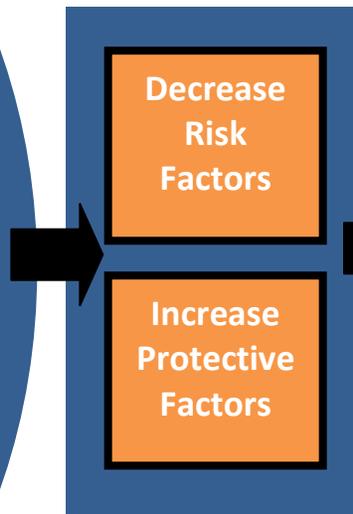
Program developed by James Alexander, Ph.D., Functional Family Therapy, Inc.

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

## Program Components: Phases of Family Therapy

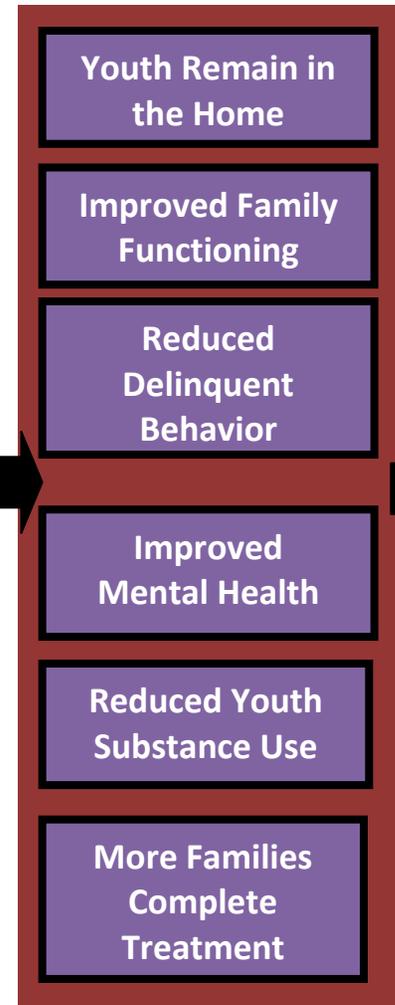


## Targets

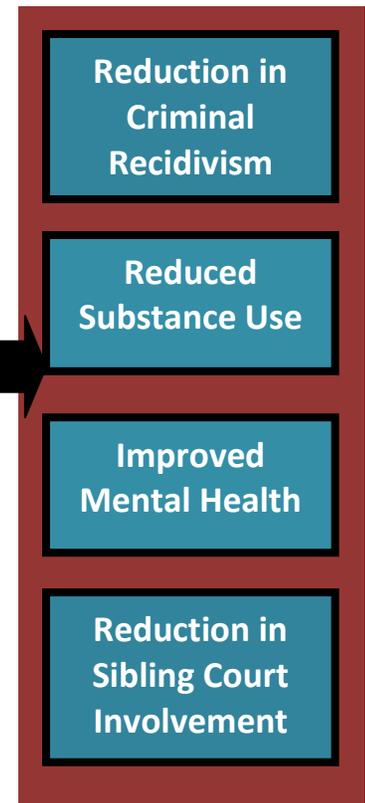


*FFT targets youth ages 10-18 years old who exhibit mild to severe behavior problems and their families*

## Proximal/Short-Term Outcomes



## Distal/Long-Term Outcomes



## Program Components

FFT is delivered over 3-4 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: Family change – Address family interaction patterns that maintain the presenting problems; Build problem-solving and communication skills; Reduce family conflict

Psychoeducational / Parent training (e.g., contracting, reward and consequence techniques)

Communication training

"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

- Negative and blaming communication patterns
- High family conflict
- Poor or hostile parenting skills
- Low social support
- Hopelessness

#### Peer

- Poor peer relationships
- Association with negative peers

#### School

- Poor school-family relationship

### Protective Factors:

#### Family

- Positive parenting
- Supportive communication patterns
- Family cohesion and bonding

#### Peer

- Positive peer relationships

#### School

- Positive school-family relationship

#### Community

- Positive family-community 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