Functional Family Therapy:
Principles of Clinical Intervention, Assessment,
and Implementation

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Functional Family Therapy
General Information

Functional Family Therapy (FFT) is an empirically grounded, well-documented and highly successful family intervention program for dysfunctional youth. FFT has been applied to a wide range of problem youth and their families in various multi-ethnic, multicultural contexts. Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance abuse. While FFT targets youth aged 11-18, younger siblings of referred adolescents often become part of the intervention process. Intervention ranges from, on average, 8 to 12 one-hour sessions for mild cases and up to 30 sessions of direct service for more difficult situations. In most programs sessions are spread over a three-month period. FFT has been conducted both in clinic settings as an outpatient therapy and as a home-based model.

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. The phase-based goals of FFT are to:

1) **Engage and 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.

2) **Change Behavior:** Reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions. During this phase FFT integrates a strong cognitive/attributional component into systematic skill-training in family communication, parenting, problem solving, and conflict management skills.

3) **Generalize** changes across problem situations by increasing the family’s capacity to **utilize multisystemic community resources** adequately, and to engage in relapse prevention.

The data from numerous outcome studies suggests that when applied as intended, FFT can reduce recidivism between 25% and 60%. Additional studies suggest that FFT is a cost–effective intervention that can, when appropriately implemented, reduce treatment costs well below that of traditional services and
other family-based interventions. The fidelity of the FFT model is achieved by a specific training model and a sophisticated client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability. FFT program implementation targets clinical teams of up to 8 clinicians who work together by regularly staffing cases, attending follow-up training, and participating in ongoing telephone supervision. The FFT Practice Research Network (FFT-PRN) allows clinical sites to participate in the development and dissemination of FFT model information.

FFT LLC is the parent organization for Functional Family Therapy training, service, and core process research. FFT LLC also represents the primary contact for information regarding FFT clinical studies and training programs. You can find more about FFT LLC by contacting the following:

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Additional information about FFT can be found at [www.FFTINC.COM](http://www.FFTINC.COM)
### Functional Family Therapy
#### Clinical Model
##### Phases Across Time

<table>
<thead>
<tr>
<th>Phase</th>
<th>Engagement/Motivation</th>
<th>Behavior Change</th>
<th>Generalization</th>
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</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Develop alliance</td>
<td>develop and implement individualized change plans</td>
<td>maintain/generalize change</td>
</tr>
<tr>
<td></td>
<td>• reduce negativity communication</td>
<td>• change presenting delinquency behavior</td>
<td>relapse prevention</td>
</tr>
<tr>
<td></td>
<td>• minimize hopelessness</td>
<td>• build relational skills (communication, parenting)</td>
<td>community resources necessary to support change</td>
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<tr>
<td></td>
<td>• reduce dropout potential</td>
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<tr>
<td></td>
<td>• develop family focus</td>
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<td></td>
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<tr>
<td></td>
<td>• increase motivation for change</td>
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</tbody>
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### Risk & Protective Factors Addressed
- negativity & blaming (risk)
- hopelessness (risk)
- credibility (protective)
- alliance (protective)
- treatment availability (protective)
- lack of motivation (risk)

### Assessment Focus
- behavioral (presenting problem, risk and protective factors)
- relational
- contextual (risk and protective factors)

### Therapist Intervention/Skill
- interpersonal skills (validation, positive interpretation, reattribution, reframing, sequencing)
- high availability

### Intervention
- structuring (session focusing)
- implementing change plan
- modeling/focusing/directing/training

### Early
- Behavioral (presenting problem, risk and protective factors)
- Relational
- Contextual (risk and protective factors)

### Late
- Community resources needed
- Maintenance of change

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Functional Family Therapy
Training – Site Certification

The primary goal of the FFT implementation and certification process is the successful replication of FFT program as well as its long-term viability at individual community sites.

Functional Family Therapy Site Certification is a 3-phase process.

**Phase 1—Clinical Training:** The initial goal of the first phase of FFT implementation is to impact the service delivery context so that the local FFT program builds a lasting infrastructure that supports clinicians to take maximum advantage of FFT training/consultation. By the end of Phase I, FFT’s objective is for local clinicians to demonstrate strong adherence and high competence in the FFT model. Assessment of adherence and competence is based on data gathered through the FFT Clinical Service System, through FFT weekly consultations and during phase one FFT training activities. It is expected that Phase One be completed in one year, and not last longer than 18 months. Periodically during Phase I, FFT personnel provide the site feedback to identify progress toward Phase I implementation goals. By the eighth month of implementation, FFT will begin discussions identify steps toward starting Phase 2 of the Site Certification process.

**Phase II—Supervision Training:** The goal of the second phase of FFT implementation is to assist the site in creating greater self-sufficiency in FFT, while also maintain and enhancing site adherence/competence in the FFT model. Primary in this phase is developing competent on-site FFT supervision. During Phase II, FFT trains a site’s extern to become the on-site supervisor. This person attends two 2-day supervisor trainings, and then is supported by FFT through monthly phone consultation. FFT provides one 1-day on-site training or regional training during Phase II. In addition, FFT provides any ongoing consultation as necessary and reviews the site’s FFT CSS database to measure site/therapist adherence, service delivery trends, and outcomes. Phase II is a yearlong process.

**Phase III and beyond—Practice Research Network:** The goal of the third phase of FFT implementation is to move into a partnering relationship to assure on-going model fidelity, as well as impacting issues of staff development, interagency linking, and program expansion. FFT reviews the CSS database for site/therapist adherence, service delivery trends, and client outcomes and provides a one-day on-site training for continuing education in FFT.
Phase 1 of 3 “Clinical Training” Activities include:

**STEP 1 One-Day On Site Implementation/Assessment and CSS Training**

The implementation visit lasts one day, is on-site, and includes meetings with stakeholders, information sessions, reviewing referral systems, and providing overviews to FFT training for therapists. The goal is to confirm site readiness, identify any critical factors impacting FFT implementation, and build necessary community/stakeholder understanding of implementation challenges.

Training in the CSS is on site and requires one day. The FFT Family Assessment Protocol is a systematic approach to understanding families in a way that enhances treatment and uses the most current assessment tools. The Clinical Services System (CSS) represents software offered by FFT to support and guide therapists in organizing and adhering to the model.

**STEP 2 – Two Day On Site Clinical Training**

The two day on-site introduction covers the core constructs, phases, assessment and intervention techniques of FFT. Didactic materials include handouts and videotape examples.

**STEP 3 – Begin cases (using FFT, the Assessment protocol, and the CSS)**

**STEP 4 – Ongoing Telephone Supervision**

Each team receives telephone supervision as a group for one hour per week. Supervision focuses particularly on individual cases and model adherence.

**STEP 5 – Externship**

Each clinical team must include one team member who attends externship. This intensive, hands on, training experience with actual clients includes supervision from behind the mirrored window. The Externship consists of three separate training experiences over a three month period at an off site location.

**STEP 6 – Two Day Follow-up Visits (3 per site during year 1)**

The three on-site follow-up training sessions, each of two days in duration, represent more specific focus on implementation issues and processes.

**STEP 7 – Two Day Off Site Clinical Training**

The second two day training occurs at month 8-9 during the training year at an off site location with the site’s FFT clinical team in attendance.

**ONGOING: Implementation and Consultation**

Implementation and consulting services are directed at helping sites implement FFT with respect to such issues as staff development, interagency linking, and program expansion.

For additional information about FFT implementation, training costs and requirements, contact Holly DeMaranville at 206-369-9854 or by email at hollyfft@comcast.net
The FFT Family Assessment Protocol and Clinical Services System (CSS) are designed to build therapist competence and skills in the application of Functional Family Therapy (FFT). Therapists access the CSS via the internet. The FFT Family Assessment Protocol is a systematic approach to understanding families in a way that enhances treatment and uses the most current assessment tools. The Clinical Services System is the implementation tool that allows therapists to track the modalities essential for successful implementation: Session process goals, comprehensive client assessments, and clinical outcomes. The goal of the CSS is to increase therapist competence and skill by keeping therapist focused on the relevant goals, skills, and interventions necessary for each of the phases of FFT. The computer-based format allows the therapist to have easy access to a wide variety of process and assessment information in order to make good clinical decisions and complete outcome information to evaluate case success.

Client Assessment

Multiple domains of the risk and protective factors operative in family functioning are the focus of client assessment. Assessment of family functioning helps highlight the intra family communication, problem solving, and emotional support patterns. Individual assessment identifies current symptom concerns, and behavioral/contextual functioning assessment helps determine potential intervention targets and estimate the risk potential of the adolescent.

Case Tracking

The CSS allows therapists to track, monitor, and evaluate the contacts he/she may have with a family. Using this system, therapists can summarize client contact, describe client characteristics, and determine attendance and no-show rates, and termination types in order to target important system level barriers to successful treatment.

Process Tracking

The CSS is designed to help therapist adhere to the FFT model in order to increase skill and competence in FFT implementation.

Outcome Assessment

Outcome assessment is accomplished through measuring changes in family functioning as a result of intervention. In addition, outcomes are measured with two short, non-intrusive measures of family members’ perspective and the clinicians’ monitoring of broad and general outcomes.