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# Functional Family Therapy

*comprehensive, wholistic, individualized and evidence based care*



*Thomas L. Sexton, Ph.D., ABPP*

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FFT is systematic, evidenced-based, manual driven, family-based treatment program which is successful in treating a wide range of problems affecting families (including drug use and abuse, conduct disorder, mental health concerns, truancy, and related family problems) and their families in a wide range of multi-ethnic, multicultural, and geographic contexts. Over the last decades FFT has been implemented in over 300 communities helping over 40,000 families each year in the United States and in Europe. FFT has a strong research based demonstrating its effectiveness and allows it to be called an evidence-based treatment. When practiced using our exclusive treatment planning system and the Care4 measurement feedback system FFT can be practice with evidence (from the family) in every session.

FFT provides a comprehensive and wholistic approach to helping families. FFT is a comprehensive model intended to prove families all across the developmental spectrum with a pathway to engagement in treatment, develop skills to stabilize and work through daily family issues, and take those skills and generalize them to success in managing future problem and thus, becoming self sufficient. FFT relies on a systematic family assessment to titrate services, and ongoing assessment to give clients voice in treatment. The FFT-Care4 system allows for comprehensive assessment, data based decision and ongoing CQI that is integrated into the FFT model to better meet the real time needs of families.

## Why FFT

It is also clear that in many contexts families face far more than just the struggles between them in relationships. In many contexts, particularly with traditionally underserved communities, families face a myriad of social and community pressures that, unresolved, make it difficult if not impossible to benefit from the outcomes of evidence based models. Viewing the whole family as the client rather than treating each member as a separate individual is critical to successful community based intervention. Given that people do not act in isolation the best way to understand behavior is within the context of the family, culture, and environment. Problematic behaviors must first be understood through the relational dynamics which drive them. By strengthening and repairing relationships, maladaptive patterns can be intercepted, rehabilitated and future risks decreased, which in turn improves the overall safety and well-being of everyone in the family. To do so, families need to

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have treatment that match to the way in which their relationship functions and addresses the real daily needs of their context.

In addition, the specific nature of the engagement and behavior changes phases of treatment are specified to the life stage of the family (e. g. family with young children, adolescent, or young adults/couples). While the core treatment protocol remains the same, specific adjustments are made based on an initial assessment of the families developmental status. Within the model, within family skills, and the way in which interventions are delivered to the family are consistent with the current family life cycle of that family and based on current research evidence.

The risk level of the family determines the quantity, frequency, and intensity of services. The evidence based and coordinated care approach allows for the individualization of services to the actual needs of the family. This allows for cost effective services that match the needs of the family with services they really need.

- Coordinated Care individualized to families in a systematic manner to best individualize treatment to the family needs and avoid unnecessary duplication and contradictory interventions
- Systematic treatment planning to identify the treatment needs of the family
- Engagement & motivation focused to help establish a family focus to the struggles of placement and permanency.
- Stabilization of the family
- Developmentally specific care
- Family based and relationally focused case management services
- High quality functional family therapy services
- Multisystem Collaboration. In real world settings, it is essential that FFT therapists work collaboratively with the key players in the treatment and family system that surrounds the case. In some case this involves checkin in and receiving status updates that can help identify client needs. In other cases, other treatment providers participate in collaborative treatment team meetings to coordinate and organize care.

Each phase of the model and each interventionist is guided by a set of integrated core guiding principles:

- Trauma Informed
- Relationally/family focused
- Collaborative & alliance based
- Functionally focused
- Evidence based clinical decision making
- Importance of family "voice"
- Developmentally specific

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## Practicing FFT

Following a therapeutic intake interview designed to both gather information and to engage the family, a determination of risk is made and an initial service plan is developed. Risk is determined by psychometrically sound and reliable measure of family functioning.

Services are built around the 3 core FFT treatment phases titrated (intensity, frequency & quantity of service) by risk level and developmental stage of the family:

- *Engagement and Motivation Phase* includes build balanced alliance (between the family members and between each family member and the therapist), reduce between family blame and negativity, and create a shared family focused problem definition in order to build engagement in therapy and motivation.
- *Behavior Change Phase* addresses four primary goals: 1) Changing individual and family risk patterns, 2) in a way that matches the unique relational functions of the family and, 3) in a way that is consistent with the obtainable change of this family, in this context, with these values. The targets of a behavior change plan are the risk factors common in many families (see earlier discussion of risk and protective factors) in the population of at-risk adolescents.
- *Generalization Phase* has three primary goals in this phase: *Generalize* the changes made in the behavior change phase to other areas of the family relational system; *maintain* changes made in the generalization phase through focused and specific relapse prevention strategies, and *support* and extend the changes made by the family by incorporating relevant community resources into treatment.

## Systematic Clinical Assessment

FFT utilizes systematic clinical assessment & rating of family functioning, family needs, treatment impact and family stability to help match treatment to the individual family in an evidence based manner. Measure are integrated into the FFT-Care4 system and provide real time feedback for ongoing clinical decision making.

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## Evidence-Based Decision-Making

The FFT program is based on around a central measurement, quality improvement and evidence based treatment planning tool—the FFT-Clinical Feedback System.

The FFT-Care4 System is unique cloud based application that provides real-time information to therapists, supervisors, administrators, evaluators, and researchers regarding model fidelity, client outcomes, and service delivery profiles. The FFT-Care4 system is, therefore, both a clinical decision making and a participant based research tool.



## Ongoing CQI & model fidelity assessment

Treatment fidelity and model adherence are central to effective outcomes in Functional Family Therapy. We view the measurement of model fidelity as a Continuous Quality Improvement task that should be integrated into the ongoing operations of any FFT Team. In 3 major research studies, model adherence, as measured by our FFT TAM measurement tool was directly linked to family outcomes. The higher the fidelity ratings of the therapist with the case the higher the probability of positive outcomes, program completion (avoiding dropout) and improved family outcomes.

We take an evidence based approach to determining therapist and site/team/program adherence. Supervisors monitor therapist model adherence each week during clinical supervision. Each 6 months, the ratings are aggregated into a global Adherence & Learning Summary. If necessary, improvement plans can be developed. Our fidelity process and measure are designed to fit effective, cost effective and realistic for ongoing use in community settings. The FFT fidelity measures are integrated into the Care4 online system which allows for real time access to the current status of the case and current therapist and team adherence for evidence based supervisors, and for ongoing quality improvement. CQI in FFT addresses the following comprehensive domains:

- **Knowledge.** Successfully implementation of FFT is built on a knowledge base of the core principles, the clinical model, and the techniques of FFT. Knowledge is assessed during initial training and at certification and recertification stages.
- **Clinical Implementation.** Core knowledge must be successfully translated to diverse families in the every day practice of FFT in order to promote positive outcomes. We

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measure fidelity with each case through fidelity through the TAM. This allows a measure of therapist by case fidelity which improves clinical supervision by pinpointing areas of needed improvement. Fidelity is measured globally and phase specifically.

- **Therapist Fidelity.** Over the course of multiple cases therapist gather a global fidelity measure that can be used for ongoing certification and to demonstrate fidelity to agencies & system. Therapist fidelity can be summarized by global measures and by the specific marker of each phase.
- **Site Fidelity.** It is critically important that agencies within which FFT is practiced provide the climate and resources necessary for successful clinical implementation. Site fidelity is capture through a rating of site features done at certification and recertification.

## Comprehensive Training

Effective & evidence based clinical training are central components in successful FFT. Our approach is systematic, comprehensive competency based approach to training clinicians in Functional Family Therapy. We have adopted adult learner oriented methods that keep in mind the required needs of agencies and tight training and travel budgets. Our training is multisystemic addressing the knowledge implantation skills necessary for positive outcomes with families. Our certification program is also competency based and requires ongoing renewal to demonstrate up to date FFT skills.

Our training is based on two general components:

- **Knowledge based training** and theory into practice experience. The knowledge components of training will be based in an online learning management system called FFT-Adaptware. Adaptware allows the learner to go at their own pace in a way that matches the learner learning style. In each session trainees can watch, read and demonstrate their knowledge through practice questions and examples. Successful completion of Adaptware allows us to demonstrate that trainees have gained the knowledge involved in and behind FFT.
- **Theory into practice** occurs in two ways. First, weekly video supervision is specific to cases and focused on enhancing the skills of the therapist and helping move the specific case forward to a successful completion. Second, our site visits or onsite externship training is where each therapist in a team receives focused supervision and guidance regarding case planning for families on their case load in their own location. Each therapist has the opportunity to see families live or on video and receive supervision and guidance. The goal is to bring the knowledge of the model to families in the trainees own setting.

Training involves workshops, online advanced training, weekly case consultation with an FFT Consultant, and demonstration/practice workshops where we help you work with

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families in real time so that each training can gain hands on experience. Therapists replacements can begin receive training within 2 days of registering. All training is on site (except supervisor training) and there is no required travel for the team members.

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# Functional Family Therapy Clinical Measurement System (3.0)



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Functional Family Therapy has a comprehensive and systematic measurement system for managing cases, treatment, and for monitoring family and therapeutic change. The measurement system also has a comprehensive therapist/team fidelity protocol to ensure the delivery of effective FFT. The FFT measurements are integrated into the Care4 online system which allows for real time access to the current status of the case, for evidence based supervisors, and for ongoing quality improvement.

The measures in the *FFT measurement system* represent a comprehensive and psychometrically sound set of tools to measure and monitor the core clinical issues in youth in the Foster Care, Child Welfare, Mental Health and Juvenile Justice Systems treatment. The tools systematically monitor & evaluate the following areas at the initiation of treatment (baseline), during treatment, and at the end of treatment (discharge):

- Child, youth & adult functioning (MH & substance abuse screening)
- Family Functioning (risk & protective factors)
- Family Stability & caregiver/parental strain
- Family Risk Assessment (family Risk level for domestic violence, CAN)
- Trauma exposure & symptoms
- Treatment Impact
- Therapeutic Alliance
- Therapeutic Progress

**Baseline measures** are administered at intake and provide the FFT team with a comprehensive picture of the family and their current risk and protective factors. This information is used to develop a comprehensive service plan.

**Session by session impact measures** are completed each week during treatment as youth, caregivers, rate progress, youth symptoms, and treatment impact. Measures of impact, behavior, and progress are translated into easily accessible feedback to clinicians and members of the treatment team to be used to help guide session case planning and session treatment planning.

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Monthly family stability measures are computed each month or at phase changes. Each month families and therapist rate the progress, family functioning & current stability of the family and case to identify areas to add or adjust in the case plan.

At discharge therapist complete a discharge summary and families complete post treatment measures of individual and family change. This information is used to determine the outcome of the case and to determine future care that might be needed or recommended to the family.

The FFT *Case Management and Clinical decision making tools* help integrate comprehensive information into the session by session and case plans used to guide FFT treatment. This makes FFT an evidence based treatment that uses evidence in each Clinical decision. The intake tools allow for a comprehensive picture of the youth and families background to make sure that the unique needs of the youth and family are addressed. The case planning tool helps organize information to follow the unfolding of treatment over time. The discharge tools allows for a systematic case summary for clinical records and later evaluation. Information from each of the tools is easily available in Care4 and easily put into the system by the therapist or referral source.

All of these measures are fully integrated into the Care4 platform and are thus easily administer either on paper or electronically, scored and provided as clinical feedback during treatment. Care4 becomes a way to practice with evidence, include client "voice" and improve outcomes when used along with the FFT measurement system.

### Case Management Tools

1. **Intake tools** allow for a comprehensive assessment of the youth and family background to determine clinical needs. Intake information is gathered either from the first session of FFT or by gathering pre-session information from referral sources. Referral information can be sent to referral sources though Care4 and completed electronically on line. The intake form allows for more detailed information regarding, school, family background, previous history of treatment, previous behavior, mental health and/or substance abuse problems. Additional areas allow a summary of medical and placement information.

2. **FFT-Case Plan** is a summary of the ongoing case plans to be made and updated in a systematic manner. The FFT Case Plan brings together background information (form the intake process) and makes it easily available to the team in planning their first session and general directions for the case. The Case Plan can be updated through out treatment.

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3. **Discharge Summary** is completed by the FFT-Therapist at the end of care and summarizes the outcome of the case. Information from the discharge summary becomes part of the Family Outcome Report that summarizes clinical change for the case.

## Clinical Assessment & Outcome Measures

The initial clinical and outcome measures are designed to monitor and assess the core features of family relational system, clinical change and clinical outcome. At the beginning of treatment this information is used to identify effective case plans. At the end of treatment the measure help identify outcomes. The following domains are assessed:

1. **Individual (child, adolescent & adult) functioning measures** are brief screening measures to determine the potential individual struggles that may impact family functioning and treatment outcomes.
  - Adult MH & SQ Screening (PHQ9 & GAD7, CRAFFT)
  - Adolescent functioning is measured by the Symptoms and Functioning Severity Scale (SFSS) is a general measure of youths' emotional and behavior problems. Respondents who rate their (or the youth's) severity as high are experiencing behaviors or emotions that are causing problems in their life. When a youth reports low severity it indicates that the youth is experiencing few problem behaviors or emotions. The SFSS is part of the Peabody Measures from Vanderbilt University and used by permission.
  - Trauma Exposure & Symptoms.** The Trauma and exposure questionnaire measures trauma exposure (and trauma symptoms ()). At discharge, trauma symptoms are measured again to determine change.
    - ACES/CTES (Complex Trauma Screen)
    - PCL Checklist-trauma severity (adults)
    - CPSS-trauma severity

## 2. Family Functioning

- PACT (Parent & Child Together)
- APQ (Alabama Parenting Questionnaire)
- Home Safety Assessment
- COM is self-report inventory completed by the youth and each parent at the beginning and end of an FFT treatment episode.
- Caregiver Strain (CGSQ-SF) The Caregiver Strain Questionnaire assesses the extent to which caregivers and families experience additional demands, responsibilities, and difficulties resulting from caring for a child with emotional or behavioral disorders. The measure also assesses the psychological impact of the caregiving function. The caregiver's

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perception of caregiving strain is an important outcome of the child or family's treatment, and also influences help-seeking and treatment experiences, components of the treatment process. The measure is part of the Peabody Measures from Vanderbilt University. It is used by permission.

3. **Satisfaction with Services Scale (SSS)** is completed at the end of treatment and is a broad measure from the family of the degree to which the service provided were perceived as helpful so that services can be improved. The measure is part of the Peabody Measures from Vanderbilt University. It is used by permission.
4. **Problem Severity** measures the level of distress for the primary and secondary problems that brought the family to counseling
5. **Progress.** 4 areas of progress are measured: level of difficulty (at intake)/ progress on the major issues that brought the family the counseling (at discharge), general progress, school progress & confidence of the family in maintaining change. Progress is rated by youth, caretakers & therapist on a low to high scale. Progress outcomes are displayed in the Care4 Family Outcome Reports.

### Family Progress & Treatment Impact Measures

FFT is a unique intervention in that we use ongoing measurement of progress and treatment impact to help guide the session by session clinical decisions. The measures of progress & impact are the "voice of the client" in treatment decisions that allow for FFT to be match to clients, for problem cases to be identified early, and midcourse adjustments to be made.

1. **Treatment impact measures** are contained in a single phase specific measure called the Session Impact Scale (SIS). Because impact is phase specific, there is an SIS for each phase of treatment. Treatment impact has three components: impact, progress & alliance.
  - **Impact** is designed to measure the client-reported impact of an FFT session(s). The measured areas of impact are those expected in the client-perceived cognitive, behavioral, and emotional changes with individuals and within the family that occur as a result of successful, model adherent FFT.
  - **Progress** in the family and the session are measured from the perspective of the youth, caregiver and therapist on both general progress and the degree to which the session are helping achieve their goals.
  - **Alliance** between the family members and therapist is a core feature in successful treatment. Alliance is measured weekly through the 4 questions contained in the Peabody Alliance Measure.

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2. **Family stability** is an ongoing assessment of the factors that promote family instability and may result in a placement disruption. Family Stability is measured through the FFT-Family Assessment Measures (FAM) which is given either the session before phase changes (e. g. At the change from EM to BC) or monthly (between session 3 - 6/session 7-11/ between sessions 12 & 15 or every month ) The FAM contains independent measures of:

- Treatment Progress
- Child Behavior
- Relationship Stability
- Caregiver Strain
- School Checkins
- Trauma Symptoms\*

### Clinical Alerts

Alerts provide immediate indications to the therapist & supervisor regarding administrative, clinical and safety issues that need attention. Clinical alerts result from specific items on:

- clinical measures (such as self harm, run away etc),
- administrative issues (late documents, case transfer etc),
- safety alerts (community, emotional and physical safety ratings done in FFT-Foster Care)

### Model Fidelity Measures

Model Fidelity Measures help monitor and measure Therapist model specific adherence so that high fidelity can be maintained.

- **The TAM** is a supervisor-rated measure of model specific therapist adherence. Adherence is defined as the degree to which the therapist is applying the treatment model as designed in a specific session. The TAM (Therapist Adherence Measure) has two dimensions: an overall supervisor adherence rating of the therapist's model-specific adherence in the session being reviewed (TAM-G) and a number of phase-specific adherence areas that vary by treatment phase (TAM-S). TAM measures are done by both FFT consultants and Site supervisor as a regular part of the supervision role
- the **SAM** (Supervisor Adherence Measure) is an adaptation of the TAM completed by therapist about their supervisor and the supervisor they are receiving.
- **Training & Adherence Summary** is used during training and as an ongoing tool to ensure treatment fidelity. This measure is used during training as a tool to

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give therapist specific feedback about their success. During practice it is used to have ongoing checks on adherence as both part of national implementation and on site adherence monitoring. The Adherence summary is done every 6 months to assure fidelity to the FFT model.

•**Certification.** We use a competency based mode for certifying therapists, site supervisors and agencies who provide FFT. Initial certification for therapist come after the completion of the core FFT training and is renewed every 2 years. Site supervisor & Agencies are certified for a similar 2 year period. Certification requires demonstrated competency in the knowledge of FFT, the ability to clinically implement FFT with diverse families (with fidelity and positive outcomes) and continues delivery of FFT services.

## Reports

A wide variety of reports are available in FFT-Care4 for both members, supervisors & administrators.

1. Member Activity (summary of your activities by client and activity type)
  - Appointment type by completion
  - Length of appointment
  - Client for appointment
2. Case Closure status (summary of your/your groups cases & case status)
  - Completion by status, ratios of successful closures by group),
  - Current case status
3. Group Activity Report (summary of your groups appointments)
  - Service types (by completed/not completed)
  - Appointment by client (by completed and not completed)
  - Audit list (all appointments in that time)
4. Census reports (all opened and closed cases & outcomes in time period)
  - Clinician
  - Days in treatment
  - Outcome
  - Starting date, ending date
  - Client dob & ethnicity
6. Incident Report (summary of all incidents for the group during time period)
7. Patient List
  - Client
  - Therapist
  - Status
  - Outcome
  - Days in the program
  - Start date
  - End date

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## 8. Service activity reports

- Type & hours of service by group
- Type & hours of service by therapist
- Type & hours of services by case
- Type & hours of services by program & staff & case

## 9. Fidelity Report (for use by supervisors)

- TAM global & phase specific by therapist
- SAM by therapist

## 10. Clinical Reports

- Treatment Impact
  - Family Status & Outcome
  - Family & Youth Stability
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## FFT-Care4

The FFT clinical measurement system is part of the Care4 tool used by all FFT sites.

Care4 is a cloud based tool that brings client specific evidence to treatments, the programs you deliver and the services you manage. The Care4 System is unique in that it provides real-time information to therapists, case managers, supervisors, administrators, evaluators, and researchers regarding model fidelity, client progress, and service delivery profiles. The system monitors and provides feedback for any treatment model or even when no treatment model is being used. Care4 is both a clinical decision support and a participant based research tool.



Care4 integrates information and presents it back to clinical in real time, clinically relevant and easy to us