

Functional Family Therapy

Website: www.fftinc.com

Functional Family Therapy (FFT) is an empirically grounded, well-documented, and highly successful family intervention that focuses on children and teens who are at risk or are already involved with juvenile justice. Through clinical sessions with a trained therapist, FFT works to develop family members' inner strengths and their belief that they can improve their situations. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems. In the long run, the FFT philosophy leads to greater self-sufficiency, fewer total treatment needs, and considerably lower costs.

Target Audience

The program is designed both for youth ages 10–18 whose problems range from acting out to conduct disorder to alcohol and other substance abuse, and for their families. Participating families tend to have limited resources, a history of failure, a range of diagnoses, and exposure to multiple systems. FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole, and mental health, and as an alternative to incarceration or out-of-home placement.

Program Components

FFT is a short-term intervention—on average, participants require 8 to 12 sessions for mild cases and up to 30 hours of direct service (e.g., clinical sessions, telephone calls, and meetings involving community resources) for more difficult cases. Sessions are generally spread over a three-month period. FFT is a multi-systemic prevention program that focuses on the multiple domains and systems within which the participants live. The FFT intervention is also multi-systemic and multi-level as it includes the treatment system, family and individual functioning, and the therapist as major components. FFT has three specific intervention phases: engagement and motivation, behavior change, and generalization. Each phase has distinct goals and assessment objectives, addresses different risk and protective factors, and calls for particular skills from the interventionist or therapist providing treatment.

Training and Technical Assistance

The training and implementation model is based on clinical training for all staff, advanced clinical training of team leaders, follow-up visits, and ongoing supervision. It is a three-phase process, with each phase lasting approximately one year. Training is suitable for a wide range of interventionists, including paraprofessionals under supervision, trained probation officers, mental health technicians, and degreed mental health professionals (e.g., M.S.W., Ph.D., M.D., R.N., M.F.T.).

The training components involve:

- Two two-day clinical trainings (one on-site and one off-site) for all FFT therapists in a working group
- An externship training for one working group member, who will become the clinical lead for the working group
- Three follow-up visits per year (two days each, on-site)
- Supervision consultations (four hours of monthly phone consultation)
- Supervision training for the site supervisor

Costs

Implementation costs for FFT in one working group are approximately \$29,500, which covers phase one and start-up costs (but not travel). The project cost, including training and implementation, is approximately \$2,000 per family. Phase two training fees are \$12,000, and Phase 3 training fees are \$5,000 (not including travel).

Evaluation Results

Both randomized trials and non-randomized comparison group studies show that FFT significantly reduces recidivism for a wide range of juvenile offense patterns. Studies show that when compared with no treatment, other family therapy interventions, and traditional juvenile court services (e.g., probation), FFT can reduce adolescent re-arrests by at least 20% and as much as 60%. Studies have also found that FFT dramatically reduces the cost of treatment. A recent Washington State study, for example, shows savings of up to \$14,000 per family.