
Functional Family Therapy

an evidence based treatment program

Quick Facts



FFT is systematic, evidenced-based, manual driven, family-based treatment program which is successful in treating a wide range of problems affecting youth (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 youth and families each year in the United States and in Europe.

More importantly FFT is family focused and build on the principle that youth problems are embedded in multisystemic, family risk and protective factors. Successful change is a process that is alliance based, obtainable, short-term and family focused. For youth and families, FFT is about a result way to help guide families to be empowered to manage life in ways that match the family. For referral agencies, FFT is a way of working that is collaborative working with you to help the youth and and families be successful in making positive changes.

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.

The Clinical Model is built on 3 treatment phases:

- *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.

What is the evidence for FFT?

The cumulative level of evidence spanning over 30 years demonstrates that FFT, does, when implemented correctly, result in positive outcomes in many settings and with thousands of diverse clients (Alexander et al, 2000; Sexton, 2010).

- Studies suggest that reductions in reoffense rates of between 20 and 80% 6 to 18 months post treatment with long term maintenance of change over 5 years.
- FFT is one of the few evidence based approaches to adolescent drug use/abuse (Waldron & Turner, 2007).
- The Center for Substance Abuse Prevention (CSAP) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to identify FFT as a Model program for both substance abuse and delinquency prevention (Alexander, Pugh, Parsons, & Sexton, 2000).
- Research suggests that FFT works in the US and across Cultures and Countries
- The research supporting FFT is community based, of high methodological quality, and with “real” youth (e.g., multi-problem, ethnically diverse, wide social-economic status) in “real” settings (e.g., home, community) implemented by community based professionals) with diverse training backgrounds.

Who is a good client? A family that includes an adolescent with:

- Mental health issues
- Juvenile justice/conduct problems
- Alcohol and drug problems
- Family Conflict
- School Adjust and behavior Issues

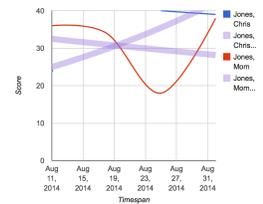
Evidence-Based Decision-Making

FFT implementation and service delivery is built around the unique Clinical Feedback System a measurement, quality improvement and evidence based treatment planning tool specific to FFT.

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 allowing for evidence based decision making and treatment planning.



Treatment Progress
Client perspectives of treatment progress over time (higher scores indicate more progress)



For Information:

Thomas Sexton, Ph. D. ABPP
www.functionalfamilytherapy.com