

Program Overview: Functional Family Therapy (FFT)

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Other Therapy Programs	Definitions/ Notes
Program Name	Functional Family Therapy (FFT)	
History of Program	<p>Functional Family Therapy (FFT) is designed to change maladaptive patterns of behaviors in youth and their families by helping families identify their unique strengths in order to enhance motivation and self-respect. Research conducted over the 30 year history of FFT shows that providers must focus on changing hostile emotions and attributions within families, particularly blaming, and then apply specific intervention behavioral change components within culturally sensitive ways. The program specifically addresses patterns of interaction known to be related to delinquency, violence, substance use, and other related behavioral disorders. Components include:</p> <ul style="list-style-type: none"> • Engagement • Motivation • Assessment • Behavior Change 	
Service Continuum	Secondary/Selective Intervention Tertiary/Targeted Intervention	
Primary Exposure Type	Maltreatment (non-specific) High Risk for Exposure / Trauma	
Target Population	Family Systems	
Target Age	Middle Childhood (6 - 12) Adolescence (13-21)	11-18

Highlighted text indicates program components are currently under review. Changes may be pending.

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Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	Latino/Hispanic African American	
What Adaptations have been made?	FFT has recently been adapted to use within the Child Welfare System and evaluation of the first New York-based rollout is underway. FFT is also currently being adapted to include elements that address PTSD.	
Primary Settings	Flexible	Blank
Persons or Entities in charge of delivering Program	Home Visitors Child Welfare Workers Mental Health Providers (e.g., Social Workers, Therapists) Juvenile Justice/Correctional Line Staff	
Primary Components	Assessment/ Triage/Screening Home-Visiting Family Treatment/Therapy Other (Please describe):	

Resource & Capacity Planning

Category	Other Therapy Programs	Definitions/ Notes
Length/Duration of Program	Please Describe: Average: 8-12, 1 hour sessions Range: 8-30 hour sessions	
Required Materials	Manuals/Program materials Video/Audio Equipment Computer Software/Special Technology Fidelity Checklists/Assessments	
Training Requirements	Face-to-face training	The FFT Practice Research Network (FFT-PRN) provides clinical settings/agencies to with development and dissemination information.
Provider Certification/ Training/ Requirements	Program Specific Certification/Training Required Professional Licensure Required	FFT is a flexible model, such that trained probation officers, mental health providers and degreed professionals can be trained in FFT to deliver the intervention.
System or Agency Recommendations for Serving CEV Populations	With-in Agency Support & Infrastructure: Success requires agency capacity to ensure on-going support to providers going through training. In addition, adherence to the FFT model requires specific training and a comprehensive client assessment, tracking, and monitoring system.	

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Costs of Implementation	<p>Estimate based on implementation (costs not disaggregated):</p> <p>\$1,600-\$5,000 for 12 home-visit sessions/family. Costs vary based on personnel, duration, and setting. These estimates are based on FFT. Estimates for FFT-CW are not yet available.</p>	

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Evidence for Children’s Exposure to Violence

Category	Other Therapy Programs	Definitions/ Notes
Evidence for Preventing or Addressing Violence Exposure	<p>This EBP or program demonstrates <i>sufficient feasibility evidence</i> (successful recruitment and retention; high engagement and satisfaction) that it is feasible to implement the program <i>with fidelity</i> in settings serving or with populations exposed to violence, when such adaptation differs from the original intent/ outcomes of program.</p>	
Violence Exposure-Related Outcomes	<p>Family (Briefly Describe) Studies show expected changes in family communication patterns, and families receiving FFT show reductions in hostile interactions, including the use of blaming and silence. There is some evidence that FFT benefits younger siblings of targeted youth, such as significantly reducing the potential of new offending and entry into service systems.</p> <p>System (Briefly Describe) When implemented with fidelity, FFT has been shown to dramatically reduce the costs associated with treatment, up to a savings of \$14,000 per family in one study conducted in Washington State. FFT has also been shown to reduce the rates of foster care and residential placement by as much as 25-60%.</p>	
Conceptual	Reputable	

Category	Other Therapy Programs	Definitions/ Notes
Framework/ Theoretical Design (For internal use)		
Is this Program an Evidence- Based Practice in other Family/ Youth Development Areas?	Yes OJJDP Model Program Findyouthinfo.gov NREPP Blue Prints Model Program	
Evaluation Designs of other evaluations	Randomized, control experimental design Quasi-experimental design	FFT has been shown to be effective in reducing and reversing the effects of externalizing difficulties including conduct disorder, oppositional defiant disorder, and other disruptive behaviors, including substance abuse, delinquency and violence. In contrast to comparison (no treatment and traditional court services), youth receiving FFT showed up to 60% reductions in re-arrest and recidivism rates for a range of juvenile offenses.

Contact Information

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Selected Publications/References

Aos, Steve, Robert Barnoski, and Roxanne Lieb. 1998. *Watching the Bottom Line: Cost-Effective Interventions for Reducing Crime in Washington*. Olympia, Wash.: Washington State Institute for Public Policy.

Barton, Cole, James F. Alexander, Holly Barrett Waldron, Charles W. Turner, and Janet Warburton. 1985.

“Generalizing Treatment Effects of Functional Family Therapy: Three Replications.” *American Journal of Family Therapy*. 13(3):16–26.

Gordon, Donald A., Jack Arbuthnot, Kathryn E. Gustafson, and Peter McGreen. 1988. “Home-Based Behavioral-Systems Family Therapy With Disadvantaged Juvenile Delinquents.” *American Journal of Family Therapy*. 16(3):243–55.

Gordon, Donald A., Karen Graves, and Jack Arbuthnot. 1995. “The Effect of Functional Family Therapy for Delinquents on Adult Criminal Behavior.” *Criminal Justice and Behavior*. 22(1):60–73.

Parsons, Bruce V., and James F. Alexander. 1973. “Short-Term Family Intervention: A Therapy Outcome Study.” *Journal of Consulting and Clinical Psychology*. 2:195–201.

Sexton, Thomas L., and James F. Alexander. 2002. *Functional Family Therapy: Principles of Clinical Intervention, Assessment, and Implementation*. Seattle, Wash.: FFT LLC.