

Service Name	FUNCTIONAL FAMILY THERAPY (FFT)
Setting	Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy services.
License	As required by DHHS Division of Public Health and certification in FFT from the Institute for FFT Inc.
Basic Definition	<p>FFT is an evidenced-based family therapy targeted at children ages 10-18, however youth of other ages can receive the service if medically necessary. FFT provides clinical assessment and treatment for the individual and their family to improve communication, problem solving, and conflict management in order to reduce problematic behavior of the individual. It is a short-term treatment strategy that is built on a foundation of respect of individuals, families and cultures.</p> <p>The model includes an emphasis on assessment in understanding the purpose behavior problems serve within the family relationship system, followed by treatment strategies that pave the way for motivating the individual and their families to become more adaptive and successful in their lives.</p> <p>FFT is designed to improve family communication and supports, while decreasing intense negativity and dysfunctional patterns of behavior. Therapy also includes training parents how to assist their child based on the child’s medical diagnosis.</p>
Service Expectations (basic expectations for more detail see Title 471 chapters 32	<ul style="list-style-type: none"> • An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will serve as the initial treatment plan until a comprehensive treatment plan is completed. • Assessments and treatment shall address mental health/substance abuse needs, and mental health and/or emotional issues related to medical conditions. • The treatment plan will be individualized and will include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; and the responsible professional. The treatment plan will be developed with the individual and the identified, appropriate family members as part of the outpatient family therapy treatment planning process. • Treatment plans will be reviewed every 90 days or more often if clinically indicated. • The three core principles of FFT are as follows: <ul style="list-style-type: none"> ○ Core principle one: Understanding individual – This is a process whereby the therapist comes to understand the individual and family in terms of their strengths on the individual, family system and multi-systemic level. ○ Core principle two: Understanding the individual systemically – This is a process whereby the therapist conceptualizes the individual’s behaviors in terms of their biological, relational, family, socio-economic and environmental etiology. Subsequently, the therapist assesses the individual’s relationships with family, parents, peers, their school and their environment and how these roles/relationships contribute to the maintenance and change of problematic behaviors. ○ Core principle three: Understanding therapy and the role of the therapist as a fundamentally relational process – This is a process where the therapist achieves a collaborative alliance with the individual and family. Subsequently, the therapist ensures that the therapy is systematic and purposeful, while maintaining clinical integrity. More specifically, the therapist follows the model but also responds to the emotional processes (needs/feelings/behaviors) that occur in the immediacy during clinical practice. • The five major components of FFT’s treatment modality include: <ul style="list-style-type: none"> ○ Engagement;

	<ul style="list-style-type: none"> ○ Motivation to change; ○ Relational/interpersonal assessment and planning for behavior change; ○ Behavior change; and ○ Generalization across behavioral domains and multiple systems. <ul style="list-style-type: none"> ● The treating provider will consult with and/or refer to other providers for general medical, psychiatric, and psychological needs as indicated. ● It is the provider’s responsibility to coordinate with other treating professionals as needed. ● All psychiatric/psychotherapy services will be prescribed and provided under the supervision and direction of a supervising practitioner (physicians; licensed psychologists; and/or Licensed Independent Mental Health Practitioners). Supervision is not a billable service. ● Supervision entails: critical oversight of a treatment activity or course of action; review of the treatment plan and progress notes; individual specific case discussion; periodic assessments of the individual; and diagnosis, treatment intervention or issue specific discussion. Involvement of the supervising practitioner shall be reflected in the IDI, the treatment plan and the interventions provided. ● After hours crisis assistance is to be available. ● Services will be trauma informed, culturally sensitive, age and developmentally appropriate, and incorporate evidence based practices when appropriate.
Length of Service	Length of treatment is individualized and based on continued medical necessity criteria and the progress of the individual and family toward their treatment goals.
Staffing	<ul style="list-style-type: none"> ● An FFT treatment provider will have a master’s degree or greater and be a member of an active team. An active FFT team requires a FFT certified clinical supervisor and at least three FFT certified treatment providers working collaboratively with one another using the FFT model as defined by the international FFT Services. ● Clinical supervisors are be physicians, physician assistants, licensed psychologists and/or Licensed Independent Mental Health Practitioners (LIMHP). All clinical supervisors will be certified in the FFT model, with experience in the practice of psychotherapy. ● Assessment providers may be any of the following: physician, psychiatric Advanced Practice Registered Nurse (APRN), Nurse Practitioners (NP), licensed psychologists, provisionally licensed psychologist and a LIMHP, all acting within their scope of practice. ● Treatment providers are may be any of the following: physician, physician assistant, APRN, NP, licensed psychologist, provisionally licensed psychologist, LIMHP, LMHP, and a Provisionally Licensed Mental Health Practitioner (PLMHP), acting within their scope of practice.
Staffing Ratio	All staffing shall be adequate to meet the individualized treatment needs of the individual and meet the responsibilities of each staff position as outlined in the FFT model.
Desired Individual Outcome	<ul style="list-style-type: none"> ● To have less frequent incidents of disruptive behavior in the family home. ● To increase the frequency of prosocial family interaction.
Admission guidelines	<p>Acting out behaviors shall be present to the degree that functioning is impaired and the following terms are met:</p> <ul style="list-style-type: none"> ● Individuals are typically referred by other service providers and agencies on behalf of the individual and family, though other referral sources are also appropriate. ● At least one adult caregiver is available to provide support and is willing to be involved in treatment. ● DSM V (current edition) diagnosis as primary focus of treatment. Symptoms and impairment are the result of a primary disruptive/externalizing behavior disorder, although internalizing psychiatric conditions and substance use disorders may be secondary.

	<ul style="list-style-type: none">• Individual displays externalizing behavior which adversely affects family functioning. Individual's behaviors may also affect functioning in other systems.
Continued stay criteria	<ul style="list-style-type: none">• Admission criteria continue to be met.• Progress is being made but not yet ready for discharge.• There is reasonable likelihood of benefit as a result of active continuation in the therapy, as demonstrated by behavioral improvement.• Documented evidence that continuation of FFT services is necessary to regain family functioning.• The individual and family are actively participating in treatment.