



Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	Functional Family Therapy <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Mental Health
Setting	Community-based
Facility License	The agency providing Intensive Family Preservation (IFP) services must be consistent with licensing standards of the Nebraska Department of Health and Human Services (NDHHS), Division of Public Health as a mental health treatment center.
Service Description	<p>Functional family therapy (FFT) is a home-based, intensive therapeutic intervention designed to increase family skills in order to promote positive family relationships. FFT is a model designed to engage and motivate families to reduce or eliminate the problem behaviors and negative family relational patterns through individualized family interventions and increase the family’s capacity to use community resources and engage in relapse prevention.</p> <p>FFT uses a strength-based approach that is a short-term, family-focused, treatment intervention using reframing and cognitive therapy methods. FFT consists of 5 major components: engagement, motivation, relational assessment, behaviors change and generalization. Each phase includes specific goals and techniques of intervention. FFT therapist develops short and long-term goals with the family. Families move through the 5 phases of FFT.</p> <p>FFT is used for families with at-risk youth age 18 and under to address issues within the family such as conflict, school problems, drug/alcohol issues, oppositional/defiant behaviors, family communication problems, relationship dynamics, youth justice involvement, and other challenging behaviors.</p> <p>FFT uses assessment and intervention to address risk and protective factors within and outside of the family that impact the youth and their adaptive development. FFT lessens the intense negativity, hopelessness and blaming families often experience when the youth is in crisis. A strong emphasis is placed on partnering with each family</p>

	to understand characteristics of the individual family members, family relational dynamics and their impact on promoting and maintaining problem behavior
Service Expectations	<ul style="list-style-type: none"> • Completion of a youth and family assessment to determine the range of family and youth behaviors (cognitive, emotional, and behavioral) domains that will be addressed for change based on the specific risk and protective factor profile of each family including the following: <ul style="list-style-type: none"> – Risk Factors <ul style="list-style-type: none"> ▪ Individual: antisocial/aggressive behavior, early initiation of antisocial behavior, early initiation of drug use, favorable attitudes towards antisocial behavior, favorable attitudes towards drug use, hyperactivity, rebelliousness, substance use ▪ Peer: interaction with antisocial and negative peers, poor peer relationships, peer substance use. ▪ Family: high family conflict/violence, family history of problem behavior, neglectful parenting, parental attitudes favorable to antisocial behavior, parental attitudes favorable to drug use, poor family management, violent discipline, negative and blaming communication patterns, poor or hostile parenting skills, low social support, hopelessness ▪ School: poor school-family relationship – Protective Factors <ul style="list-style-type: none"> ▪ Individual: clear standards for behavior, problem solving skills, prosocial behavior, prosocial involvement, skills for social interaction. ▪ Peer: interaction with prosocial peers, positive peer relationships. ▪ Family: attachment to parents, non-violent discipline, opportunities for prosocial involvement with parents, parent social support, rewards for prosocial involvement with parents, positive parenting, supportive communication patterns, family cohesion and bonding ▪ School: positive school-family relationship ▪ Community: positive family-community relationships ▪ Therapy-Level: therapeutic alliance, therapist & service credibility • Therapy sessions are scheduled to implement the FFT service phases that build upon each other: <ul style="list-style-type: none"> ▪ Engagement, designed to emphasize within youth and family, factors that protect youth and families from early service dropout; ▪ Motivation, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change; ▪ Ongoing assessment, designed to clarify individual, family and larger system relationships, especially the interpersonal functions of behavior and how they relate to change techniques;

	<ul style="list-style-type: none"> ▪ Behavior change, which consists of communication training, specific tasks and technical aids, parenting skills, contracting and response-cost techniques, and youth compliance and skill building ▪ Generalization, during which family case management is guided by individualized family functional needs, their interaction with environmental constraints and resources, and the alliance with the FFT therapist/family case Manager • Therapeutic sessions with the youth and family include: <ul style="list-style-type: none"> ▪ Reframing behaviors to reduce negativity and blame and increase motivation for change ▪ Ongoing assessment of the function of behaviors with respect to family relationships and needs ▪ Trust and alliance-building with all family members ▪ Developing plans and skills to minimize and overcome setbacks ▪ Empowering the family to connect with appropriate supports (both natural and formal) ▪ Homework assignments are given to practice what is being learned in therapy sessions ▪ Communication training ▪ Psychoeducational and parent training (e.g., learning contracting, reward and consequence techniques) ▪ Responding to barriers throughout the FFT process.
Service Frequency	<p>FFT lasts up to 4 months. Number of sessions shall be based on the family and youth’s needs. Families are seen weekly but sessions can occur more often if needed.</p> <p>Low to moderate risk youth--- FFT therapist meets with the family for up to 12 (1) hour sessions within the 4 months</p> <p>High-risk youth---FFT therapist meets with the family for up to 30 (1) hours session within the 4 months.</p>
Length of Stay	Up to 4 months
Staffing	<p>An FFT therapist consist of a LMHP (Licensed Mental Health Practitioner) or PLMHP (Provisional Licensed Mental Health Practitioner).</p> <p>FFT Therapist = master’s degree in social work, counseling, education or other relevant human service profession, with 2 years of experience in children and family services. Licensed in the state of Nebraska and must practice within scope.</p> <p>Therapists must complete the FFT model training and have a current FFT certification.</p> <p>FFT therapists must have weekly supervision by a master’s level clinician, and attend recommended supervision with an FFT consultant. The FFT therapist to supervisor ratio will be no more than 4 clinicians per 1 supervisor.</p>
Staff to Client Ratio	1 clinician to 10-12 families

Hours of Operation	Services occur during day, evening or weekend hours. FFT services are available 24 hours per day, 7 days a week, while the family is receiving services.
Service Desired Outcomes	<ul style="list-style-type: none"> • Per FFT fidelity the following outcomes will be met: <ul style="list-style-type: none"> – Youth remain at home – Improved family functioning – Improved behavior & mental health – Reduced substance use – Treatment completion
Unit and Rate	Weekly case rate

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