FUNCTIONAL FAMILY THERAPY (FFT)
Program developed by James Alexander, Ph.D., Functional Family Therapy, Inc.

Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State University

Program Components: Phases of Family Therapy

Engagement
Goals: Develop positive perception of therapist & program; Facilitate family's willingness to attend first session

Motivation
Goals: Increase hope and motivation for change; Reduce negativity and blaming; Address risk factors associated with treatment drop-out

Relational Assessment
Goals: Identify relational functions, needs, and hierarchy within the family

Behavior Change
Goals: Family change – Address family interaction patterns that maintain the presenting problems; Build problem-solving and communication skills; Reduce family conflict

Generalization
Goals: Increase family resources and extra-familial support; Maintain and generalize changes; Relapse prevention

Proximal/Short-Term Outcomes

Targets

Decrease Risk Factors

Increase Protective Factors

Distal/Long-Term Outcomes

Youth Remain in the Home

Improved Family Functioning

Reduction in Criminal Recidivism

Reduced Delinquent Behavior

Reduced Substance Use

Improved Mental Health

Improved Mental Health

Reduced Youth Substance Use

More Families Complete Treatment

Reduction in Sibling Court Involvement

FFT targets youth ages 10-18 years old who exhibit mild to severe behavior problems and their families

Created in collaboration with FFT, Inc.
### Program Components

**FFT** is delivered over 3-4 months. An FFT Therapist meets with the entire family, typically in the home, to provide family therapy. Families are generally seen weekly, but sessions can occur more often if needed. Families move through five phases of therapy.

### Intervention Strategies

Each phase of treatment has specific assessment foci, intervention strategies, and goals. Listed below is a sampling of possible interventions. Interventions are selected based on careful assessment of family members’ needs and developmental levels.

### Targeted Risk & Protective Factors

**Risk Factors:**

- **Family**
  - Negative and blaming communication patterns
  - High family conflict
  - Poor or hostile parenting skills
  - Low social support
  - Hopelessness

- **Peer**
  - Poor peer relationships
  - Association with negative peers

- **School**
  - Poor school-family relationship

**Protective Factors:**

- **Family**
  - Positive parenting
  - Supportive communication patterns
  - Family cohesion and bonding

- **Peer**
  - Positive peer relationships

- **School**
  - Positive school-family relationship

- **Community**
  - Positive family-community relationships

- **Therapy-Level**
  - Therapeutic alliance
  - Therapist & program credibility

### Proximal Outcomes

Outcomes impacted by the program immediately following program completion that have been demonstrated through research. Published studies compare FFT to a range of alternatives, including individual, group, and other family therapies, probation, social work services, and no treatment.

### Distal Outcomes

Outcomes impacted by the program from months to years following program completion that have been demonstrated through research. Studies compare FFT to probation services, social work services, other family therapies, and no treatment. Significant findings are highlighted below.

### Youth Remain At Home

- Less likely to be placed out of home

### Improved Family Functioning

- Improved communication
- Increased family cohesion
- Less verbal aggression
- Less family conflict
- Reductions in maternal psychiatric symptoms

### Improved Behavior & Mental Health

- Decrease in delinquent behavior and general behavior problems
- Decrease in internalizing and externalizing symptoms

### Reduced Substance Use

- Significantly fewer days of alcohol and drug use
- Less severe substance use
- Fewer problems resulting from substance use

### Treatment Completion

- Greater rates of treatment completion than alternatives

### Reductions in Criminal Recidivism

- Substantially lower rates of court referral/arrest up to 5 years after referral to FFT
- Much less likely to be convicted of a criminal offense during the next 5 years
- Reduced number of offenses

### Improved Mental Health

- Fewer psychiatric diagnoses 15 months post-treatment, compared to pre-treatment

### Primary Prevention of Sibling Delinquency

- More than a 65% decrease in the likelihood of sibling contact with court 2.5 to 3.5 years after FFT, compared to other family treatment conditions