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, & hierarchy within the family

**Behavior Change**
Goals: Build youth and family member skills and address family interaction patterns related to specific presenting problems.

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

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**Proximal/Short-Term Outcomes**
- Youth Remain in the Home
- Improved Family Functioning
- Reduced Delinquent Behavior
- Improved Mental Health
- Reduced Youth Substance Use
- Higher Treatment Completion

**Distal/Long-Term Outcomes**
- Reduction in Criminal Recidivism
- Reduced Substance Use
- Improved Mental Health
- Improved Sibling Court Involvement

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* FFT targets youth ages 11-18 years old who exhibit mild to severe behavior problems and their families. * The FFT therapist meets with the family for an average of 12 to 14 family therapy sessions, typically held in the home. * Treatment lasts three to four months, as families move through the five phases of FFT. * A full-time FFT therapist carries a caseload of 10 to 12 families.

*Created in collaboration with FFT, Inc. Revised April 2014.*
Program Components: FFT is delivered over 3-5 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, which increase the likelihood of negative outcomes, are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase. FFT focuses on intrafamilial risk and protective factors.

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.

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

Motivation: Goals: Increase hope and motivation for change; Reduce family 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: Build youth and family member skills related to specific referral issues. Reduce family conflict and address family patterns that maintain the presenting problems.

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

Therapist “match” to family values and culture

Respond to initial barriers such as transportation, reluctance, or confusion

Reframe behaviors to reduce negativity and blame and increase motivation for change

Trust and alliance—building with all family members

Assessment of the function of behaviors with respect to family relationships and needs

Skill building (e.g., coping, family communication, problem-solving skills)

Parent training

Psycho-education

“Homework” assignments

Empower family to connect with appropriate supports (both natural and formal)

Develop plans and skills to minimize and overcome setbacks

Risk Factors:

- **Family**
  - High family conflict; negative and blaming communication
  - Poor family management
  - Hopelessness

- **Individual**
  - Rebelliousness
  - Depressive symptoms

- **Peer**
  - Interaction with antisocial peers
  - Poor peer relationships

- **School**
  - Low commitment to school

Protective Factors:

- **Family**
  - Family attachment
  - Positive parenting
  - Supportive communication patterns

- **Peer**
  - Positive peer relationships

- **School & Community**
  - Positive school—family relationships

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

Therapy-Level

- Therapeutic alliance
- Therapist & program credibility

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 15 months post-treatment
- Fewer problems related to substance use

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

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