Functional Family Therapy 120800

Functional Family Therapy (FFT) is a family intervention program for dysfunctional youth with disruptive, externalizing problems. Target populations range from at-risk pre-adolescents to youth with moderate to severe problems such as conduct disorder, violent acting-out, and substance abuse. While FFT targets youth aged 11-18, younger siblings of referred adolescents often become part of the intervention process.

FFT Program goals are to eliminate the youth’s referral problems, improve pro-social behaviors and improve family and individual skills. The program is broken down into five phases of intervention:

* Engagement- Maximize family initial expectation of positive change;
* Motivation- Create a motivational context for long-term change;
* Relational Assessment- Complete relational (functional) assessment of family relationships to provide foundation for changing behaviors in subsequent phases;
* Behavior Change- Facilitate individual and interactive/ relational change;
* Generalizations- Maintain individual and family change and facilitate change in multiple systems.

|  |  |
| --- | --- |
| Outpatient Clinics or In-home setting permitted | Unit= One day Authorization 90 units per 90 days |
| Admission Criteria: | * Service must be referred by BCF
* Child must remain in their home
* Children in DHHR custody who have returned home for a trial period
* WV DHHR Prevention or Case Plan must be provided, or service cannot be authorized. A provider plan will not substitute for this requirement.
* May be used for children in foster care who are pregnant and/or parenting a child.
 |
| Continued Stay: | NA- 90-day service |
| Discharge Criteria | * Goals have been accomplished
* Family/youth is not participating
* No progress has been demonstrated
* Youth enters DHHR Custody
 |
| Service Exclusions: | * Behavioral or mental health therapy
* Any transportation codes related to service provision
* Other parenting education programs
 |
| Clinical Exclusions: | * In active withdrawal
* In acute psychiatric care
* In residential treatment
 |
| Documentation: | There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.A case note must be completed within 15 days for each service event that includes* Code or service name
* Summary of the intervention
* Client’s response to the intervention
* Relation to the service plan
* Location where service occurred
* Duration
* Start/stop time
* Signature of the provider and his/her title or credentials

A copy of the current Safety Plan and the CPS Family Functioning Assessment and/or Protective Capacity Family Assessment must be present in the case record.A monthly progress summary must be completed and received by DHHR worker by the 10th day of the following month, a copy kept in the provider chart and one sent to the referring worker. DHHR Standard Form must be used. This monthly progress report must contain:* A list of dates of service and the specific services rendered and/or attempts
* Overall summary of progress for the client/family receiving the service. Please include if family continues to benefit and/or the barriers to intervention
* Plan for further interventions
* Any identified unmet concrete or service needs
* Date and name of DHHR staff to which any new allegations of abuse/neglect were reported within the month
 |

Prerequisite/Minimum Provider Qualifications:

* Qualifications can vary for therapists, but to become an onsite Program Supervisor a minimum of master’s level education is required. A formal certification must be present in provider/employee records;
* Trauma-informed care training.

\*Agencies must sign an affiliate agreement indicating they will adhere to the Essential Requirements to meet model fidelity.