



PARTNERS

FUNCTIONAL
FAMILY THERAPY

PROGRAM OVERVIEW

FUNCTIONAL FAMILY THERAPY

A Proven Approach to Strengthening Families

Functional Family Therapy (FFT) is an evidence-based model grounded in the principle that high-quality training leads to meaningful, positive outcomes for families.

POWERED BY





FFT Partners is a training and research organization that works to improve the lives of families and communities through alliance-based partnerships. Our goal is to maintain the highest ethical standards and model fidelity combined with innovation, collaboration and accountability to make proven practices accessible to those in need.

© Copyright FFT Partners. 2025

FUNCTIONAL FAMILY THERAPY

A Proven Approach to Strengthening Families

TABLE OF CONTENTS

A PROVEN APPROACH TO STRENGTHENING FAMILIES	5
FUNCTIONAL FAMILY THERAPY: THE CORE FFT MODEL	10
FFT-THERAPEUTIC CASE MANAGEMENT (FFT-TCM)	13
FFT FOSTER CARE	16
FFT-BEHAVIORAL HEALTH	19
FFT-ADULT	22
EVIDENCED-BASED CLINICAL DECISION MAKING	25
THE CARE4 SOFTWARE PLATFORM	28



A Proven Approach to Strengthening Families

Functional Family Therapy (FFT) is a structured, evidence-based treatment program designed to effectively address various issues affecting families, including substance abuse, conduct disorders, mental health concerns, truancy, and related family conflicts. Grounded in decades of research, empirical evidence, and community needs, FFT tackles complex family challenges and promotes lasting positive change by improving communication, resolving conflicts, and building essential life skills. FFT emphasizes collaborative engagement, skill development, and the sustainability of positive outcomes. By involving families in a constructive and alliance-based process, FFT empowers them to overcome current struggles and lay a foundation for long-term success.

Over the past decade, FFT has been implemented in more than **300 communities**, assisting over **40,000 families** annually in the United States and internationally. Its robust research foundation supports its classification as an evidence-based treatment. Functional Family Therapy (FFT) is recognized by several prominent evidence-based clearinghouses and organizations for its effectiveness in addressing behavioral issues among at-risk youth and their families.

- **The Title IV-E Prevention Services Clearinghouse (Family First Prevention Services Act - FFPSA)** rates FFT as a “well-supported” program—the highest evidence rating—by the Title IV-E Prevention Services Clearinghouse. This designation allows states to use federal funds for FFT as a child welfare prevention service under the FFPSA.
- **The California Evidence-Based Clearinghouse for Child Welfare (CEBC)** assigns FFT a Scientific Rating of 2, indicating it is “Supported by Research Evidence.” This rating reflects FFT’s effectiveness in improving outcomes for youth with behavioral challenges and their families.
- **Blueprints for Healthy Youth Development** lists FFT as a model program that identifies evidence-based interventions promoting positive youth development.
- **The Office of Juvenile Justice and Delinquency Prevention (OJJDP)** recognizes FFT as an effective intervention for reducing delinquency and improving family functioning among justice-involved youth.
- **The Centers for Disease Control and Prevention (CDC)** includes FFT among its recommended programs for preventing youth violence and promoting healthy family relationships.
- **The U.S. Surgeon General’s Report on Youth Violence** identifies FFT as one of four model programs effective for treating seriously delinquent youth. These endorsements underscore FFT’s status as a rigorously evaluated, evidence-based intervention for youth and families facing behavioral challenges.

FFT’s training and implementation are guided by implementation science, ensuring its successful application in various community settings.

Our training is designed with the characteristics of adult learners in mind.

An evolving model to meet changing Families and Communities

Functional Family Therapy (FFT) is an evolving therapeutic model shaped by clinical expertise, emerging research, and experience within various community service delivery systems. This evolution reflects the changing contexts in which FFT has grown and expanded significantly since its inception in 1971. Today, we employ a comprehensive implementation approach with a specific clinical protocol, a reliable and valid measurement system, and decision-making tools designed to enhance outcomes. Continuous process assessment and systematic evidence-based treatment planning now incorporate client feedback into clinical decision-making, a fundamental FFT principle. This approach also fosters ongoing research and the constant enhancement of the model.

FFT is designed to serve diverse families in various service delivery systems, including juvenile and adult justice, child welfare, mental health, and foster care. Its adaptable framework is tailored to meet the specific needs of families and communities across these different settings. In the core FFT model, a typical therapist serves 30 families annually. In specialized applications, such as foster care, where cases often require more intensive and prolonged treatment, the number of families served per therapist is adjusted to ensure quality care and successful outcomes.

FFT is delivered through weekly family sessions lasting between 3 and 8 months. This structure promotes consistent engagement and a focus on achieving measurable outcomes. Each session is carefully tailored to address the family's unique needs, including immediate concerns and the underlying relational dynamics.

Is FFT effective?

Cumulative evidence gathered over the past 40 years suggests that when implemented correctly, Functional

Family Therapy (FFT) can yield positive outcomes across various settings and for diverse client populations (Alexander et al., 2000; Sexton, 2010; 2019). The research supporting FFT is community-based, employs high methodological standards, and involves "real" youth, such as those facing multiple challenges and representing a range of ethnic and socioeconomic backgrounds, in authentic settings (e.g., home and community). This therapy is delivered by community-based professionals with diverse educational and clinical backgrounds..

Early research has indicated that FFT tends to be more effective when delivered in community-based settings and implemented with high fidelity. Studies by Sexton and Turner (2010), Graham, Carr, and Sexton (2014), and Hartnett, Carr, and Sexton (2016) have shown that positive outcomes from FFT in these contexts are a result of the interaction between the therapy model and the fidelity with which individual therapists implement it.

Summary of FFT Outcomes in Community-Based Settings

- **Reduced Re-offense Rates:** Studies report reductions in re-offense rates ranging from 20% to 80% within 6 to 18 months post-treatment, with sustained changes lasting up to five years.
- **Reduced recidivism:** The 24-month and five-year follow-up assessments showed that 67% of juveniles receiving regular probation services recidivated. In contrast, only 11% of the FFT group recidivated at the two-year follow-up. Compared to a no-treatment control group, FFT demonstrated a 31% reduction in overall criminal behavior and a 43% reduction in violent recidivism.
- **Decreases in substance use, mental health symptoms, and various behavioral problems:** Studies suggest that in addition to long-term improvements in your behavior problems, FFT resulted in significant improvements in mental health (anxiety and depression) symptoms in young people.

In addition, there was an 89% reduction in inpatient mental health admissions and a 75% reduction in emergency room visits up to 1 year post-treatment.

- **Reduces Gang involvement:** Studies reported effectiveness for youth at high risk for gang membership, resulting in improved outcomes related to arrests, the number of arrests, felony charges, crimes against persons, property crime charges, and rates of delinquency adjudication. Youth who received FFT were also less likely to require alternative, more costly public services, such as residential placements, resulting in an estimated savings of \$2,000 per youth during treatment.
- **Improvements in youth problem behavior:** Following an average of 17 weeks of therapy, there were notable improvements in conduct problems, hyperactivity, emotional symptoms, and prosocial behaviors. Approximately 40% of the 98 cases reached clinical recovery, scoring below the clinical cutoff. The best outcomes were associated with therapists' adherence to high-fidelity FFT.
- **Foster Care disruption reductions:** In two studies there was a **significant reduction in the rate of youth disrupting from Foster Home (68%) and up to 93% of youth reaching stabilization or permanency.**
- **Cultural Versatility:** Research demonstrates that FFT is effective across diverse cultural and socio-economic contexts within the U.S. and internationally (Carr, Hewlett, & Sexton, 2013).
- **89.7%** of cases close successfully.

Cost-Effectiveness of FFT

- The cost-effectiveness of FFT in community-based systems has been assessed. Barnoski and Aos (2004) found that **FFT saved the Washington State system \$16,250 per youth in court-related and crime victim costs**, not to mention the emotional pain inflicted on family members. The current estimate is that for every

\$1 invested in delivering FFT, there is a return of \$14.67 in system cost savings. Recent studies and projections affirm similar cost savings and significant social benefits (Chapin Hall, 2022; Taxy et al., 2012).

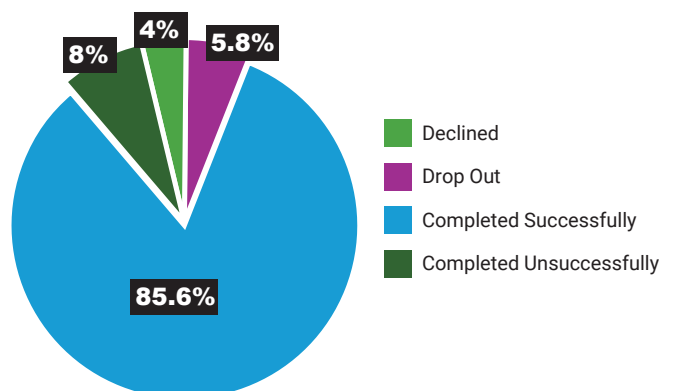
- In a large study of system utilization, **FFT resulted in an annual saving of \$1.33 million, for a total \$17.33 million** over the course of the project. In a recent study in Florida, **49 youth in FFT Foster Care saved the agency more than \$3.3 million in 6 months, with 93% of youth reaching permanency or stable placement.**

FFT Yearly Outcomes Report

At FFT Partners, we emphasize the importance of annual evaluations for all our programs. Ongoing evaluations ensure we have current evidence of FFT's effectiveness and support continuous quality improvement. We conduct systematic outcome reporting across all our community-based sites to support this. These evaluations provide essential evidence that helps us enhance our services and demonstrate the value of FFT across various contexts and communities.

Our most recent outcome report revealed the following summary of results:

- **85.6%** of participants who started the program completed it.
- **90.2%** of those who completed the program did so successfully.
- **6.3%** either declined or never attended.
- Overall, the dropout rate was **5.8%**.
- There were also significant clinical gains.



Family Problems

- Youth and Caregivers report significant improvements in their primary problems after FFT (**Youth: 21.4%, Caregivers: 24% improvement**).
- Caregivers reported **72% improvement**, and **63% improvement** was reported by youth in total family problems.

Conduct Problems

- Youth report a **68%** improvement
- Caregivers report a **73%** improvement

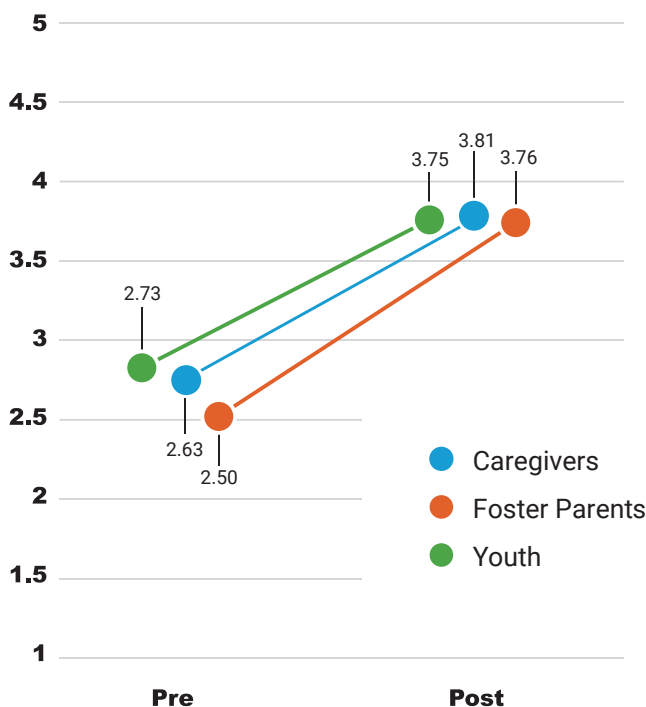
Caregiver Strain

- At the end of the FFT, caregivers reported a **29%** reduction in strain, a significant improvement.

Satisfaction with services

- Caregivers, youth, and foster parents are very satisfied with FFT.
- Youth, Caretakers, and Foster Parents indicated that they would come back if they needed more help, and they would refer a friend if they had a similar problem.

Improvement Chart



Training Effectiveness

- Across all training activities, trainees report over 97% as Excellent or Very Good.

Why Choose FFT?

Functional Family Therapy (FFT) is a leading evidence-based approach for addressing family challenges. FFT Partners is the premier FFT training organization. Here are several reasons to consider FFT:

1. **Evidence-Based Effectiveness:** FFT has been rigorously evaluated and consistently delivers positive outcomes across various family challenges, including behavioral issues, mental health concerns, and family conflicts. With over 35 randomized clinical trials supporting its effectiveness, FFT is recognized as a “well-supported” service under Title IV-E Prevention and has received an “effective” rating from the National Institute of Justice (NIJ).
2. **A systematic change model:** FFT’s comprehensive treatment model guides clinicians to purposeful clinical decisions, supported by evidence, that promote quick and lasting family change.
3. **Trauma-Informed and Holistic Approach:** FFT incorporates trauma-informed principles to address the profound effects of trauma on individuals and families. It resolves immediate conflicts and promotes profound healing and resilience within family systems.
4. **Adaptability to Diverse Needs:** FFT is designed to be culturally responsive and works effectively across various ethnic, geographic, and socioeconomic backgrounds. Its flexibility allows it to address the unique needs of families in different contexts, including foster care, juvenile justice, and behavioral health.
5. **Family-Centered Focus:** FFT employs a whole-family approach, engaging all family members to rebuild trust, enhance communication, and strengthen relationships. Family voice is used in each session plan through each member’s session-by-session ratings of alliance, impact, and progress.

6. **Sustainability and Long-Term Impact:** FFT's structured, phased approach equips families with sustainable skills and strategies. By emphasizing relapse prevention and skill generalization, families are prepared to navigate future challenges independently.
7. **Versatility Across Systems:** FFT is successfully implemented in multiple systems, including juvenile and adult justice, child welfare, behavioral health, and foster care. Its versatility allows organizations to meet complex family needs with a unified and proven approach.
8. **Comprehensive Clinical Decision-Making Support**
Tools: FFT utilizes innovative resources that focus on planning and providing real-time feedback to match clients better. These tools assist therapists and agencies in maintaining high-quality practices, tracking outcomes, and improving services. This approach also allows for individual case, therapist, and team outcome assessment to determine the success of their work.
9. **Systematic clinical and outcome measurement:** Systematic clinical assessment of individual family members, family risk, and protective factors (pre- and post-treatment) is integrated into the FFT decision-making system, allowing for integrative care that focuses on the family's unique nature. Yearly outcome evaluations are always available.
10. **Cost-Effectiveness:** By addressing issues at their root, FFT reduces the need for costly interventions, such as out-of-home placements or hospitalization. This makes it a cost-effective solution for agencies seeking to maximize resources while achieving meaningful results.
11. **Comprehensive Training and Quality Assurance:** FFT offers robust, adult learner-oriented, competency-based training for therapists and agencies. This training includes ongoing supervision, fidelity

monitoring, and quality improvement processes to ensure consistent and effective implementation. The FFT Partner approach provides more hours of training for the entire treatment team than other training groups.

12. **Partnering with Model Experts:** FFT Partners, led by Dr. Thomas Sexton and a team of experienced professionals, provides expert training, implementation support, and quality assurance. Their collaborative approach ensures that FFT integrates seamlessly into systems, delivering optimal outcomes.

Unique Applications of FFT

FFT's adaptability allows it to be effectively implemented within various systems, including juvenile and adult justice, child welfare, behavioral health, and foster care. By tailoring its approach to each system's needs, FFT ensures targeted interventions that address families' unique challenges, creating pathways to stability, resilience, and self-sufficiency.

Five different contextualizations of the FFT model are in use today.

- **The FFT core model**, which is used in community-based settings and juvenile justice contexts.
- **FFT-Therapeutic Case Management** is used in child welfare settings.
- **FFT-Foster Care** is used in therapeutic foster care settings.
- **FFT-Behavioral Health** is used in mental health contexts.
- **FFT-Adult** is used with young adults up to 26 to facilitate stable community engagement and reunification.

Each uses a common training, program fidelity, and service tracking system described in the later portions of this document. ■

Functional Family Therapy: The Core FFT Model

Overview: The Core FFT Model

The FFT Core model is employed in various community settings and juvenile justice applications to support families across different stages of development. This comprehensive model provides families with a pathway to engage in the treatment, develop skills to manage daily issues, and apply these skills to handle future challenges, ultimately leading to self-sufficiency.

FFT uses a systematic family assessment to tailor services, ensuring clients have a voice in their treatment. Viewing the entire family as the client rather than treating each member individually is essential. Since people do not act in isolation, understanding behavior within the context of family, culture, and environment is crucial for effective community-based intervention.

From the FFT perspective, problematic behaviors must be understood through the relational dynamics that influence them. Strengthening and repairing relationships can address maladaptive patterns, rehabilitate them, and minimize future risks, enhancing the overall safety and well-being of the entire family. To achieve this, families need treatment that aligns with their unique relational dynamics and addresses their daily realities.

Our approach combines family-focused, home-based, intensive behavioral health interventions. The interventions and skills provided are consistent with the family's current life stage and grounded in the latest research evidence.

Unique features of the core model include:

- **Systematic treatment planning** to identify the treatment needs of the family
- **Engagement and motivation** focused on establishing a family focus on the struggles of placement and permanency.
- **Stabilization of the family**
- **Developmentally specific care**
- **Family-based and relationally focused case management services**
- **Multisystem Collaboration:** In real-world settings, FFT therapists must work collaboratively with the key players in the treatment and family system surrounding the case. Sometimes, this involves checking in and receiving status updates to help identify client needs. In other cases, other treatment providers participate in collaborative treatment team meetings to coordinate and organize care.

A set of **integrated core principles** guides each phase of the model:

- **Trauma-Informed**
- **Relationally/family focused**
- **Collaborative and alliance-based**
- **Functionally focused**
- **Evidence-based clinical decision making**
- **Importance of family "voice"**
- **Developmentally specific**

The FFT Clinical Map: A Systematic Stages of Change Model

FFT is a clinical model comprising three systematically organized phases: Engagement/Motivation, Behavior Change, and Generalization. Each phase is designed to address specific goals, employing targeted interventions to facilitate positive change within the family. These phases provide a roadmap for therapists, helping them stay focused and purposeful during emotionally charged sessions. Therapists can more effectively guide families through the therapeutic process by understanding and implementing each phase’s specific goals and interventions.

Each phase of FFT has specific outcome goals to help the family accomplish. Therapeutic Intervention and Assessment are not distinct phases but part of each phase of the change process.

Phase 1: Engagement and Motivation

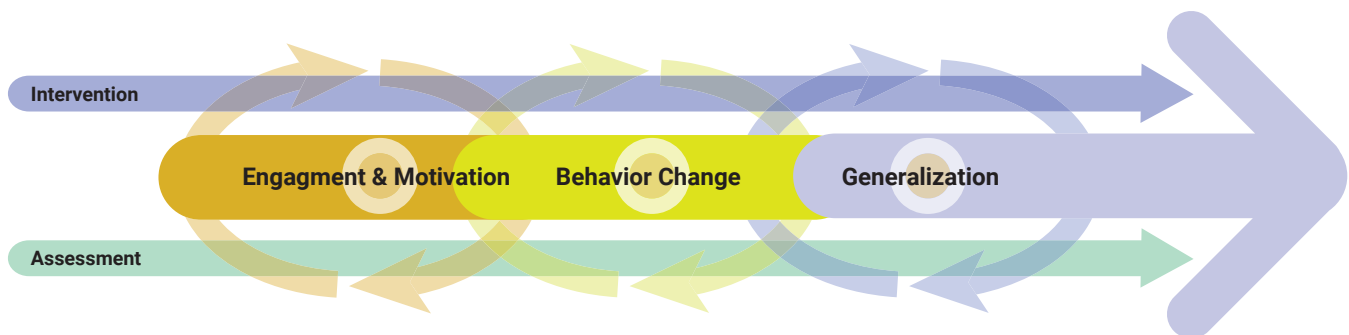
The Engagement and Motivation phase is the foundation of FFT. This phase focuses on building a positive therapeutic alliance, reducing negativity and blame, and developing a shared understanding of the presenting problems. The therapist works to create an environment where each family member feels supported, understood, and valued. The primary goals during this phase include:

- **Alliance Building:** Establishing a strong, trust-based relationship between the therapist and each family member.
- **Reducing Negativity and Blame:** Shifting the focus from blaming each other to understanding the shared nature of the problem.
- **Developing a Shared Family Focus:** Encouraging family members to view the problem as a collective issue that requires cooperative solutions.

The desired outcome of this phase is to foster motivation within the family by providing support, instilling hope for change, and demonstrating that the therapist can guide them toward positive outcomes. Research has shown that reducing negativity and blame while increasing positive interactions can significantly enhance a family’s hope and belief in the therapy process.

Phase 2: Behavior Change

Once a strong foundation of engagement and motivation is established, the therapy progresses to the Behavior Change phase. This phase targets specific behaviors that contribute to the family’s difficulties. The therapist works with the family to develop and practice new skills that improve communication, parenting, supervision, and problem-solving. The goals during this phase include:



Phases of Systematic Stages of Change Model

- **Targeting Specific Behaviors:** Identifying and modifying the behaviors that are causing problems within the family.
- **Developing Alternative Behaviors:** Teaching and reinforcing new behaviors that promote healthier family dynamics.
- **Matching Interventions to Family Needs:** Ensuring that the behavior changes are developmentally appropriate and culturally relevant to the family.

The desired outcome of this phase is to equip the family with the skills necessary to function more effectively, reducing risk factors and enhancing protective factors that support positive change. Successful behavior change is evidenced by the family's ability to work together to match their relational capabilities and cultural values.

Phase 3: Generalization

The final phase of FFT is Generalization, where the focus shifts from within-family changes to how these changes are maintained and applied in the family's broader environment. This phase emphasizes the

importance of sustaining the gains made during therapy and generalizing the learned skills to new and future challenges. The goals of this phase include:

- **Maintaining Behavioral Changes:** Ensuring the positive changes made during the behavior change phase are stabilized and sustained.
- **Generalizing Skills:** Helping the family apply their new skills to different contexts, such as interactions with schools, community members, and extended family.
- **Linking to Community Resources:** Connecting the family with external resources that can support their continued growth and help them navigate future challenges.

The desired outcome of the Generalization phase is for the family to achieve long-term stability and independence, where they can maintain and apply their new skills without ongoing therapist intervention. This sense of mastery empowers the family to handle future difficulties confidently, ensuring that the positive changes made during therapy are enduring. ■



FFT-Therapeutic Case Management (FFT-TCM)

Overview: FFT-TCM

FFT-Therapeutic Case Management (FFT-TCM) is a contextualization of the Family Functional Therapy (FFT) model that integrates family-based therapeutic case management services with the key principles of FFT. This combined approach provides a comprehensive and holistic way to support families. FFT-TCM is commonly used in Child Welfare settings.

FFT-TCM aims to offer families a treatment pathway regardless of their developmental stage. It helps them develop skills to stabilize their situations and address daily challenges. Additionally, it enables families to apply these skills to manage future problems, ultimately promoting self-sufficiency. As with the core FFT, FFT-TCM is based on systematic family assessments that tailor services to individual needs and employ ongoing assessments to ensure clients have a voice in their treatment process.

Why FFT-TCM in Child Welfare

Over the last decade, evidence-based treatment models like Functional Family Therapy (FFT) have significantly improved the lives of many families. FFT (Alexander, Pugh, Parsons, & Sexton, 2000; Sexton, 2010; Sexton, 2018) shows great promise as an effective intervention for families that require more than standard evidence-based treatments. FFT is family-focused and strength-based, emphasizing individual, family, and systemic risk and protective factors within a short-term framework. With over 35 years of outcome and process research, FFT has successfully reduced negativity and conflict by engaging a diverse range of families in treatment.

However, many families face more than just relational struggles. Particularly in underserved communities, families encounter various social and community pressures that, if unresolved, hinder their ability to benefit from evidence-based models. It is crucial to view the whole family as the client rather than treating each member as an individual, as people do not act in isolation. Understanding behavior within family, culture, and environment is the most effective approach. By strengthening and repairing relationships, we can disrupt and rehabilitate maladaptive patterns, ultimately reducing future risks and enhancing the safety and well-being of all family members. To achieve this, families require treatment that is aligned with their relational functioning and adequately addresses their daily needs.

Our approach combines family-focused, home-based, intensive behavioral health interventions with integrated case management practices to holistically address the family's needs. Clinicians tackle case management and safety concerns during treatment using model techniques, thereby reducing the family's risk factors. The goal is to build functional relationships among family members, fostering positive, sustainable changes that empower the family and minimize the likelihood of future system involvement.

Additionally, all of the phases of treatment are specifically tailored to the family's life stage (e.g., families with young children, adolescents, or young adults/couples). While the core treatment protocol remains constant, specific adjustments are made based on an initial assessment of the family's developmental status. Within the model, family

skills and the methods used to deliver interventions are consistent with the current family life cycle and research evidence. For instance, when working with families with young children, the emphasis is on parent education and behavior management, along with support for embracing parenting responsibilities and ensuring children's safety. As the focus shifts to families with adolescents, the emphasis transitions to developing alliance-based skills between young people and their caregivers.

In FFT-TCM (Functional Family Therapy – Therapeutic Case Management), the level of risk associated with a family determines the quantity, frequency, and intensity of the services they receive. Families at higher risk receive a more coordinated and intensive level of care, including frequent FFT family sessions. Conversely, families at lower risk are assisted in engaging with treatment and are connected to available resources to support their daily functioning. This evidence-based and coordinated care approach allows for the individualization of services based on the specific needs of each family.

Unique Feature of FFT-TCM

The FFT-TCM adaptation presents a cost-effective model that aligns family needs with necessary community services.

Key features of this model include:

- **Coordinated Care** individualized to the family's needs
- **Systematic treatment planning** to identify the treatment needs of the family
- **Engagement and motivation** focused on establishing a family focus on the struggles of placement and permanency.
- **Stabilization of the family**
- **Developmentally specific care**

- **Family-based and relationally focused case management services**

- **High-quality FFT services**

- **Multisystem Collaboration:** In real-world settings, it is essential that FFT therapists collaborate with the key players in the treatment and family system surrounding the case. Sometimes, this involves checking in and receiving status updates to help identify client needs. In other cases, other treatment providers participate in collaborative treatment team meetings to coordinate and organize care.

In the FFT-TCM Model, following a therapeutic intake interview designed to gather information and engage the family, a risk determination is made, and an initial service plan is developed. Risk is determined by psychometrically sound and reliable measures of family functioning.

Case Management services are titrated by risk level and include:

- **Managing** child welfare expectations and monitoring
- **Safety monitoring**
- **Legal system coordination**
- **Child welfare system coordination**
- **Family court** (parental rights)/court-ordered supervision
- **Domestic Violence**
- **Level and extent of trauma** exposure and symptoms

Case management services aim to help families successfully navigate their circumstances, obtain the support they need, and learn how to manage the system independently to achieve self-sufficiency. Like the core Functional Family Therapy (FFT) model, FFT-Therapeutic Case Management (TCM) has a developmental focus; the assessment, treatment planning, and specific family

competencies targeted in treatment are linked to the family's developmental status.

For families with young children, the emphasis is on parent education. Families with adolescents are offered an alliance-based model that encourages parents and young people to work through issues together. Adults receive a broader focus that incorporates current challenges and issues related to their family of origin. This approach allows the FFT model to tailor treatment to the unique needs of each family.

Services are structured around the three core phases of FFT treatment, which are adjusted (in terms of intensity, frequency, and quantity) based on the risk level and developmental stage of the family.

- The **Engagement and Motivation Phase** includes building balanced alliances (between the family members and between each family member and the therapist), reducing between-family blame and

negativity, and creating a shared family-focused problem definition to build engagement in therapy and motivation.

- **The Behavior Change Phase** addresses three primary goals: 1) Changing individual and family risk patterns; 2) in a way that matches the unique relational functions of the family; and 3) in a way that is consistent with the obtainable change of this family, in this context, with these values.
- **The Generalization Phase** has three primary goals: to generalize the changes made in the behavior change phase to other areas of the family relational system; to maintain the changes made in the generalization phase through focused and specific relapse prevention strategies; and to support and extend the changes made by the family by incorporating relevant community resources into treatment. ■



FFT Foster Care

Overview: FFT-Foster Care

Functional Family Therapy in Foster Care (FFT-FC) is an innovative, evidence-based model that transforms the foster care experience by prioritizing relationships, trauma-informed care, and family-centered support. By placing families at the core of treatment, FFT-FC encourages healing, trust, resilience, placement stability, and rapid, safe reunification. This ensures that youth and caregivers have the tools to overcome challenges and build a stable future.

FFT in Foster Care is a comprehensive and systematic approach that collaborates with community providers, state and county agencies, and foster parents to reintegrate families into the foster care system. This strengthens connections and supports successful reunifications.

Key features of this model include:

- **Promoting long-term stability** by equipping families with the skills and resources to maintain nurturing relationships.
- **Empowering caregivers and youth** to navigate trauma and rebuild trust through structured, alliance-based interactions.
- **Enhancing individual well-being** by creating family-centered treatment plans tailored to the unique needs of each youth and caregiver.

FFT-FC works with youth, foster families, and permanent families to assist in reunification and stabilization, effectively bringing families back to the center of care. Through relationally focused, evidence-based techniques,

FFT-FC actively engages youth and their foster families in the therapeutic process. This model integrates daily support and stability into a child's healing journey by leveraging families' strengths.

FFT-FC is reshaping the future of foster care by providing a proven pathway to reunification, resilience, and lasting family connections. The Annie E. Casey Foundation generously supported the initial development of FFT in Foster Care.

Unique Features of FFT-FC

- **Family Focus:** This approach engages the entire family unit—youth, foster parents, and permanent caregivers— placing relationships at the heart of treatment. Therapy begins at placement, incorporating all household members while recognizing the complexity of multiple family systems in foster care.
- **A Stability-Driven Approach** enhances placement stability by fostering collaboration and mutual problem-solving. Youth and foster parents navigate challenges together, addressing behaviors rooted in trauma and developing skills for long-term success. **Early Focus on Permanency:** Prioritizes early engagement with birth families or extended kin to maintain connections and cultural identity, expediting safe, lasting placements.
- **Relational Trauma Framework:** Recognizes that many foster youth have experienced profound trauma, including the very act of entering care. The trauma-informed model creates a safe, supportive space that facilitates healing through consistent, trust-building interactions with caregivers.

- **Seamless Treatment Continuity:** Frequent placement disruptions can further destabilize foster youth. FFT-FC follows youth from the initial foster placement through permanency, ensuring consistent support, relationship building, and skill development.
- **Coordinated, Purposeful Care:** Unlike fragmented treatment models that separate behavioral, emotional, and educational needs, FFT-FC integrates services for a cohesive, stigma-free intervention plan.
- **Rapid and Systematic Family Reunification** focuses on family strengths and promotes healthy reunification, conflict resolution, and long-term resilience.
- **Foster Parent Training:** Foster parents are considered essential treatment partners. Ongoing training and monthly support ensure they have the skills to nurture and guide youth effectively.

Implementing FFT in Foster Care

The multidisciplinary FFT-FC treatment team comprises 2 to 4 FFT therapists and 2 to 4 Family Support Specialists (FSS). One of the therapists is designated as the FFT site supervisor. The FFT Therapist and Family Support Specialist dyads collaborate to support youth, foster parents, and permanency caregivers throughout the foster care process.

To maintain treatment continuity, the model emphasizes the role of the FFT therapist, who coordinates care, provides problem-solving support, and delivers treatment to unify families. The Family Support Specialists focus on addressing the families' instrumental needs, such as transportation and access to resources. They also provide monthly support to foster parents and facilitate Foster Parent training sessions. Typically, each team manages a caseload of 10 to 12 families at a time.

A distinctive aspect of the foster care setting is that FFT is provided by a multidisciplinary team that offers integrated care. Given the high level of interaction with various

systems, having a case manager working alongside a therapist has proven beneficial. The case manager is the Family Support Specialist (FSS). The FSS is a bachelor's-level case manager who collaborates closely with the therapist throughout each phase of the model. The FSS is responsible for interfacing with the child welfare system, attending conferences, and coordinating with other treatment and service providers.

Unique features of FFT in Foster Care

FFT-FC employs a holistic and integrative treatment approach designed to fit the context and unique nature of the foster care system. The model is built on a set of core principles, including:

- **Family-Based Change Process:** Leveraging FFT's evidence-based methodologies, families are guided to work collaboratively, resolve conflicts, and sustain positive changes over time.
- **Active System Navigation:** Through comprehensive case management, FFT-FC assists families in navigating complex systems, ensuring they access the necessary services and resources.
- **Stakeholder Collaboration:** FFT-FC fosters collaboration with external stakeholders such as schools, therapists, and justice systems to center the family as an active participant in the client's care.
- **Evidence-Based Treatment Planning:** Sessions are purposefully designed using proven therapeutic methods to drive meaningful and sustainable outcomes.

The Clinical Model

FFT in Foster Care is built on the same three treatment phases and the evidence-based change mechanisms of the core model. In the context of foster care, the Functional Family Therapy (FFT) clinical model is specifically designed to address the unique characteristics of this system.

FFT is implemented in two settings:

- **In the Foster Home**, the treatment team establishes immediate contact with the youth and the foster family. When using FFT in foster care, key differences include that foster families typically do not have an established history or collaborative patterns. Instead, they are in the process of forming a family unit and need to get to know one another. In FFT, this getting-to-know-each-other aspect is integrated into the early sessions, which occur within the first 48 hours after the youth has been placed with the foster family. The primary focus during this time is to create opportunities for the youth and foster parents to build strong and meaningful relationships.
- **In the permanent home** (whether adoptive, kinship, or biological), the same therapist supports the youth as they transition between homes, ensuring continuity of treatment throughout this process. The treatment team follows the youth to their permanency placement. Already familiar with the youth, the three phases of FFT are delivered within a shorter timeframe, emphasizing safe and stable reunification.

Throughout the treatment, Family Support Specialists engage with and support both the permanency and foster families by providing case management resources and coordinating educational needs. The therapist and Family Support Specialist meet weekly to review the case plan, address follow-up items, and identify any new challenges as they arise. This treatment dyad works collaboratively within the Care4 clinical decision-making system to promote the continuity of treatment.

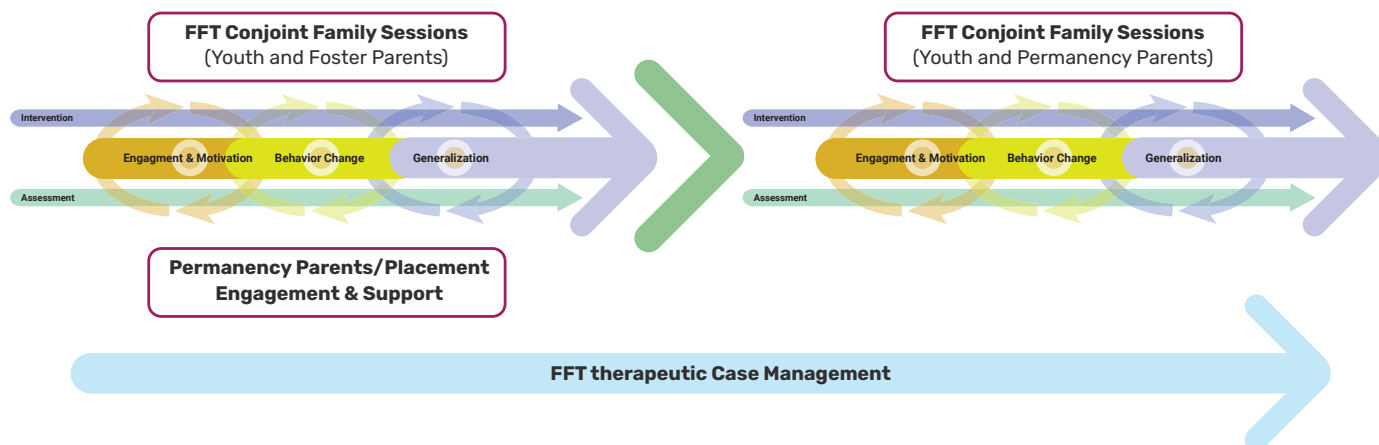
The early **Engagement and Motivation sessions** are centered on establishing trust and understanding between the youth and their new caretakers, the foster parents. This involves sharing personal stories, understanding each other’s backgrounds, and discussing expectations. Once this foundation is established, the therapist can assist the youth and foster parents in managing behavioral issues, school challenges, and other problems. The focus is on promoting stability and collaborating to solve problems. As the youth and foster family become more stable, the emphasis shifts to maintaining and generalizing skills within the foster family to promote ongoing stability.

Behavior Change Phase sessions help the foster and/or permanent family work out daily struggles as they learn new skills to navigate daily life. Skills such as collaborative problem-solving, reciprocal communication, and effective conflict management are central to this phase.

The Generalization Phase sessions focus on maintaining change, generalizing skills to new issues or challenges, and building relapse prevention skills to ensure long-term stability.

When reunification occurs, the FFT model begins again with the permanency family. The treatment team follows the youth to their permanent home and follows the same stages of change:

- **Engagement and Motivation**
- **Behavior Change**
- **Generalization**



FFT-Behavioral Health

Overview: FFT-Behavioral Health

Functional Family Therapy-Behavioral Health (FFT-BH) is an evidence-based treatment model designed to assist families with members who are navigating mental health and medical systems. This intensive behavioral health intervention is delivered in the home and integrates case management practices to meet the specific ecological needs of each family. By taking a holistic approach, FFT-BH encourages collaboration among individuals and their families, helping them develop the skills needed to stabilize their daily lives, address immediate challenges, and build resilience for managing future difficulties. The goal is to empower families toward self-sufficiency, enabling them to overcome both acute and chronic mental health challenges.

FFT-BH targets families facing significant mental health risks, particularly those with children, adolescents, or young adults who may be at risk of re-hospitalization if mental health concerns are not promptly addressed. Many families entering FFT-BH have experienced repeated interactions with hospital systems and often feel discouraged by their inability to navigate their children's mental health journeys effectively. Others may be encountering the mental health system for the first time due to the recent onset of acute mental illness.

The Complexity of Family Struggles

Understanding the trajectory of mental health disorders and the implications of various diagnoses can be daunting for families. The challenges these families face are multifaceted, including developmental concerns, treatment noncompliance, substance use, undiagnosed mental health issues, family conflict, and co-occurring medical needs. Additional barriers may include challenges such as "failure to launch" scenarios, identity struggles

(including LGBTQ+ concerns), and limited access to or disconnection from primary care resources.

These issues are compounded by the broader struggles often present in families experiencing mental health challenges, such as:

- Family and domestic violence
- Community violence and aggression
- Substance abuse within the family
- Antisocial behaviors and juvenile delinquency
- Conflict within the family unit
- Need for integrated behavioral and physical health care

For these families, navigating a fragmented treatment system while seeking comprehensive care adds to their frustration, and the long-term management of chronic mental health conditions can feel insurmountable.

The FFT-BH Approach

FFT-BH offers a structured yet flexible framework to help families regain stability and improve their quality of life.

The approach focuses on:

- **Reintegration and Stability:** Helping individuals return to school or work and addressing barriers to normal functioning.
- **Relapse Management:** Equipping families with the tools to handle future relapses and crises effectively.
- **Social Reconnection:** Rebuilding social ties for adolescents and young adults, who often experience isolation due to chronic mental health issues.
- **Interrupting Problematic Patterns:** Repairing and strengthening family relationships to prevent cyclical, intergenerational risks.

FFT-BH integrates two core components to meet the needs of high-risk families:

- **Home-Based Family Treatment:** Therapy sessions are conducted in the home to provide personalized care that aligns with the family's values, relationships, and ecological context.
- **Therapeutic Case Management and System Navigation:** This component addresses systemic barriers, helping families access and coordinate mental health and medical services effectively.

Both components are grounded in the evidence-based principles of FFT, ensuring that treatment aligns with the family's characteristics, needs, and values. Each phase of FFT-BH therapy—engagement/motivation, behavior change, and generalization—is designed to promote sustainable, long-term outcomes. By addressing these areas, FFT-BH aims to foster self-awareness and resilience within families. The program emphasizes helping families understand their mental health struggles without allowing these issues to define or limit them. This empowerment is achieved through treatments that respect family relationship dynamics, directly address their unique needs within a specific context, and equip them to manage crises independently, avoiding overreliance on emergency medical interventions.

The FFT-BH's methodology ensures that families receive evidence-based, relational, and context-sensitive care. By focusing on the unique interplay of individual and family dynamics, FFT-BH helps families build the capacity to manage future challenges and achieve long-term stability. This approach enables families to transition from reliance on external systems to a state of empowered, self-sufficient management of mental health concerns.

Unique features of FFT-BH

FFT-BH is not just a treatment model; it is a pathway to rebuilding hope and resilience within families, transforming

their struggles into opportunities for growth and sustainable well-being. FFT-BH is designed to address the complex and multifaceted needs of families navigating mental health challenges.

Its primary objectives are to:

- **Comprehensive Management of Disorders:** Equip individuals and families to effectively manage psychiatric conditions, substance use disorders, and behavioral challenges.
- **Evidence-Based Psychoeducation:** Provide families with an in-depth understanding of mental health diagnoses and the implications of involvement in the mental health system through tailored psychoeducation.
- **Navigation of the Mental Health System:** Empower families and individuals to successfully engage with the mental health system, ensuring access to systematic, comprehensive, and personalized care that meets their unique needs.
- **Promoting Functional Family Dynamics:** Support families in understanding and addressing the behaviors of the individual requiring care. By fostering a stable and functional family environment, FFT-BH aims to mitigate mental health crises and reduce the likelihood of relapses.
- **Individual Empowerment:** Encourage individuals to actively manage their mental health, prevent crises, and seek appropriate care, fostering a sense of autonomy and self-efficacy.
- **Crisis Management Skills Development:** Provide families with the tools and strategies to manage mental health crises, reducing dependence on hospitalizations and minimizing the need for out-of-home placements.
- **Building Stable Family Relationships:** Facilitate the resolution of daily family issues, promoting stability within relationships to support long-term mental health improvement.

- **Breaking the Cycle of Crisis and Diagnosis:** Intervene in the repetitive cycles of mental health crises and diagnoses that hinder families from achieving sustainability.

The Integrative Framework of FFT-BH To achieve these goals, FFT-BH employs a holistic and integrative treatment approach that includes:

- **Family-Based Change Processes:** Leveraging FFT's evidence-based methodologies, families are guided to work collaboratively, resolve conflicts, and sustain positive changes over time.
- **Active System Navigation:** Through comprehensive case management, FFT-BH assists families in navigating complex systems, ensuring they access the necessary services and resources.
- **Psychoeducation:** Families receive structured education on mental health care, treatment options, and the functioning of the mental health system, enabling informed decision-making.
- **Stakeholder Collaboration:** FFT-BH fosters collaboration with external stakeholders such as schools, therapists, and justice systems to center the family as an active participant in the client's care.
- **Systematic Assessment:** Mental health issues are systematically evaluated to identify treatment priorities, ensuring that interventions align with the family's needs and circumstances.
- **Evidence-Based Treatment Planning:** Sessions are purposefully designed using proven therapeutic methods to drive meaningful and sustainable outcomes. Collaborative Partnerships FFT-BH operates within a multidisciplinary ecosystem to maximize its impact, working closely with:
- **Healthcare Institutions:** Hospitals, psychiatrists, and individual mental health therapists collaborate to address clinical needs.

- **Support Networks:** FFT-BH integrates efforts with mental health caseworkers, schools, juvenile justice systems, and child welfare organizations to provide comprehensive support.

By aligning these objectives and strategies, FFT-BH establishes a robust framework to help families stabilize, grow, and thrive in the face of mental health challenges. The program's comprehensive scope ensures that families are supported in the present and equipped to navigate future complexities with confidence and resilience.

Supporting Evidence

Measurable Outcomes of FFT-BH Since 2015, Blue Cross Blue Shield has evaluated FFT-BH using data, offering compelling evidence of its effectiveness. An analysis of outcomes for a cohort of 30 clients demonstrates substantial improvements within six months to one year of treatment.

Key findings include:

- **97% reduction in ER visits** for adolescents with chronic MH issues
- **Reduction in Inpatient Hospitalization by 95%**
- The number of days spent in inpatient care dropped from **347 days pre-treatment to 18 days** post-treatment.
- **Decreased Use of Intensive Services:** Significant reductions were observed in admissions to Residential Treatment Centers, Emergency Rooms, Intensive Outpatient Programs, and Partial Hospitalizations.

These results underscore FFT-BH's capacity to reduce reliance on intensive and costly healthcare services while improving overall family stability.

FFT-BH is a transformative model for addressing families' mental health and behavioral challenges. It combines rigorous evidence, community-based implementation, and tailored treatment. ■

FFT-Adult

Overview: FFT-Adult

Young adults involved in the criminal justice system encounter numerous complex challenges, including high rates of recidivism, substance use, mental health disorders, and structural inequalities rooted in systemic racism. Traditional punitive approaches often do not effectively address this vulnerable population's developmental and relational needs. Functional Family Therapy (FFT) presents a promising, evidence-based solution that focuses on strengthening family systems, promoting autonomy, and reducing criminogenic risk factors.

Young adults, defined as individuals between 18 and 26, are disproportionately represented in the justice system. Although they comprise only 9.5% of the U.S. population, they account for over 23% of all arrests (Pirus, 2019). Approximately 400,000 young adults are incarcerated in jails and prisons across the nation, and this group experiences the highest rates of substance use, co-occurring mental health disorders, and recidivism (SAMHSA, 2022; BJS, 2016).

Significant racial and ethnic disparities further complicate these trends. Black youth make up about 15% of the U.S. adolescent population but account for over 35% of juvenile arrests (OJJDP, 2021). They are five times more likely to be detained than their white peers (The Sentencing Project, 2023). Similar disparities exist among Latino and Native American populations, with incarceration rates up to three times higher than those for white individuals (Rovner, 2023; Carson, 2023).

Despite the high stakes, current criminal justice approaches to rehabilitating young adults tend to focus predominantly on individual accountability, often overlooking the broader social and relational

contexts that influence behavior. This individualized approach assumes that personal change can happen in isolation, disregarding the crucial role that family systems play in facilitating or hindering long-term success. Consequently, justice-involved young adults are frequently released into unstable or unsupportive environments.

In contrast, developmental and clinical research underscores the significance of a secure family base. Within a reliable and emotionally supportive environment, young adults can cultivate autonomy, practice healthy relationships, and receive guidance during transitions. Family engagement has been shown to reduce recidivism, improve mental health outcomes, and enhance treatment compliance. By neglecting these relational dimensions, solely focused interventions may inadvertently perpetuate the cycle of recidivism and incarceration.

Unique features of FFT-Adult

FFT-A is structured to achieve the following objectives:

- **Redefining Family in Work with Justice-Involved Young Adults:** When working with justice-involved young adults, it is essential to broaden the traditional definition of "family" to encompass not only biological relatives but also spouses, intimate partners, mentors, and chosen family members. Emerging adulthood is a time of significant social reorganization, during which individuals often form deep, supportive bonds outside their family of origin.
- **Family-Based Change Process:** Engage families in resolving conflicts and developing sustainable skills for maintaining change.

- **Promote Individual Autonomy:** Systematic support of the development of individual autonomy—the ability to make independent, responsible decisions that align with personal goals and social norms.
- **System Navigation:** Support individuals in navigating criminal justice and social service systems effectively.
- **Life Skills Development:** Equip clients with skills for managing social, educational, and vocational challenges, ensuring these skills are integrated into family routines.
- **Stakeholder Collaboration:** Act as a bridge between the client, their family, and the justice system to foster holistic support.
- **Ongoing Monitoring:** Track compliance, treatment participation, and progress through alliance-based and systematic assessments.

The Clinical Model

The three core phases of FFT describe the change an individual and a family undergo to build a secure family base. As phases of change, these phases guide the family therapy process, the case management process, and the life skills training components of the model. This means that each activity is conducted to engage and motivate the client and the family (in the early

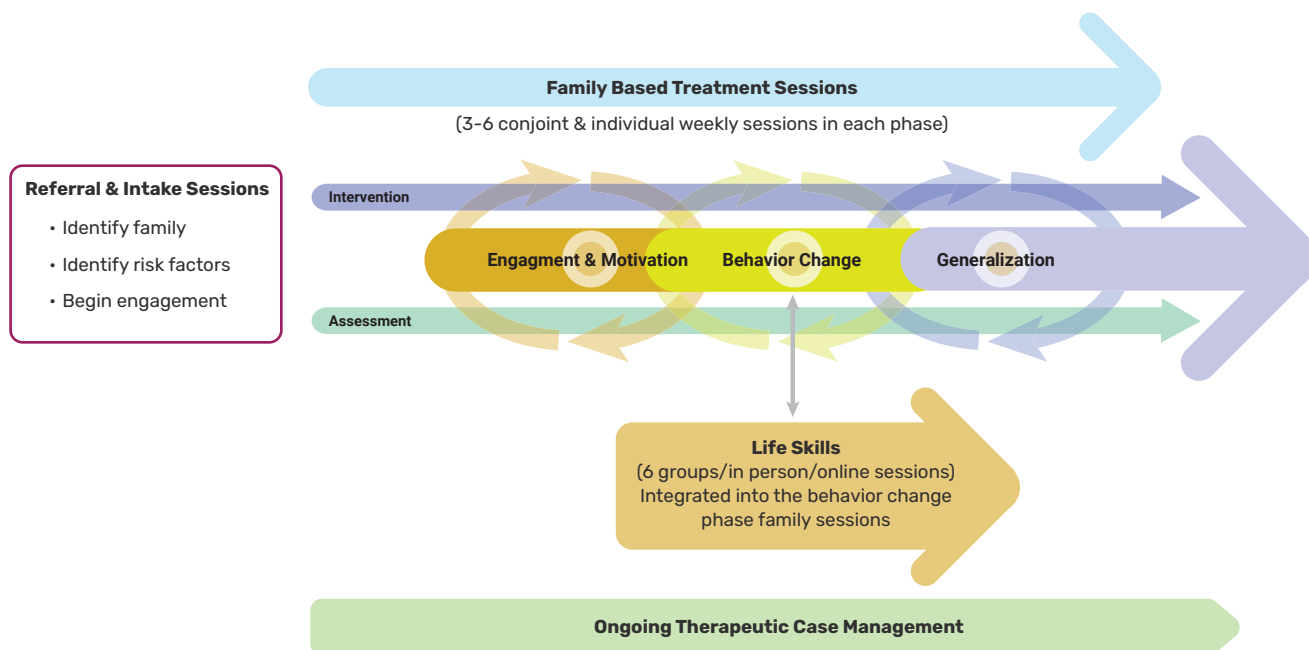
stages), build functional skills within the family and life, and generalize those skills to make them last.

One of the core clinical goals is the development of a secure family base. A secure and supportive family base is critical to the rehabilitation and successful reintegration of young adults (ages 18–26) involved in the criminal justice system. Research consistently shows that strong family ties are associated with lower recidivism rates, improved mental health, and better life outcomes during and after justice involvement. One of the most immediate benefits of a secure family base is its emotional and psychological stability. Young adults in the justice system often face significant trauma and instability, making emotional support vital.

Like the core FFT model, FFT-A follows a systematic and comprehensive treatment approach. Implementation and Fidelity FFT-A employs a multidisciplinary team approach, where FFT therapists and case managers collaborate to deliver the model.

Sessions typically span 16–24 weeks and include:

- **Weekly family therapy sessions**
- **Participation in 6 life skills group sessions**
- **Case management and monitoring** services as needed



Engagement & Motivation Phase

- The Engagement and Motivation phase aims to reduce negativity, increase hope, and build a strong therapeutic alliance with the family. Therapists focus on de-escalating conflict, reframing blame, and creating a nonjudgmental, collaborative atmosphere.
- The case manager uses the identification of practical skills as a tool of engagement. This allows the treatment team to be viewed as a credible and trusted helper. Identification of practical needs focuses on identifying individual barriers to linking to resources. This allows the therapeutic process to help the individual take responsibility and overcome perceived and actual barriers to services that serve as protective skills.

Behavior Change Phase

- Once engagement is established, the therapist focuses on helping the family develop practical skills and behavioral strategies to address specific problems. These may include improving communication, conflict resolution, parenting strategies, and problem-solving skills. Goals include replacing negative interaction patterns with constructive alternatives, improving emotional

regulation, and enhancing family accountability. The therapist provides modeling, coaching, and feedback to support these changes.

- The case managers guide the young adult through individual and group skills learning modules. These systemic modules are then used in the family treatment session, allowing skills to be more than psycho-educational. The family therapist uses each skill in therapy as the case manager introduces it. Four major skill modules are used: communication, conflict management, problem-solving, and employment/education strategies.

Generalization Phase

- In this final phase, the therapist helps the family apply the skills they have learned to broader contexts outside the therapy setting. This includes school, work, peer relationships, and community systems. The goal is to reinforce gains, prevent relapse, and support the long-term maintenance of positive behaviors. Therapists work with families to anticipate challenges, set future goals, and strengthen internal support systems.
- Case Managers monitor and support the client through alliance-based monitoring and supervision strategies. ■



Training and Evidenced-Based Clinical Decision Making

Training, Implementation, Continuous Quality Improvement, and Evidence-based Clinical Decision Making

The FFT programs share a comprehensive training and consultation program, integrated clinical assessments for better matching to families, individual and program-level fidelity assessments, and a comprehensive, evidence-based decision-making system that promotes model fidelity and ensures positive family outcomes.

Comprehensive Training

Practical and evidence-based clinical training are central components in successful FFT implementation. Our approach is a systematic, comprehensive, competency-based approach to training clinicians in FFT. We have adopted adult learner-oriented methods that consider agencies' requirements and tight training and travel budgets. Our training approach follows current science in adult learning principles to meet the needs of our trainees.

Our multisystemic training addresses the knowledge implementation skills necessary for positive outcomes with families. Our certification program is also competency-based and requires ongoing renewal to demonstrate up-to-date FFT skills. Our training is based on two general components:

- **Knowledge-based training:** The knowledge components of training will be based on an online learning management system called FFT-Adaptware. Adaptware allows learners to go at their own pace to match their learning style. Trainees can watch, read, and demonstrate their knowledge in each session through practice questions and examples. Successful completion of Adaptware allows us to demonstrate that trainees have gained the knowledge involved in and behind FFT.

- **Theory** is put into practice in two ways. First, weekly video supervision is specific to cases and focused on enhancing the therapist's skills and helping move the specific case forward to a successful completion. Second, our site visits or onsite externship training provide each therapist on the team with focused supervision and guidance in case planning for families on their caseload in their respective locations. Each therapist can see families live or on video and receives supervision and guidance. The goal is to bring the knowledge of the model to families in the trainee's setting.

- **Training** involves workshops, online advanced training, weekly case consultation with an FFT Consultant, and demonstration/practice workshops where we help with families in real time so that each trainee can gain hands-on experience. Therapist replacements can begin replacement training within 3 days of registering. All training is on-site (except supervisor training), and there is no required travel for the team members.

Systematic Clinical Assessments for Individualized Treatment

FFT is built on the principle that the model should be tailored to the unique characteristics of the family it serves. The Care4 system is the technical vehicle for achieving evidence-based matching of the model to the family. Care4's systematic clinical assessments reinforce FFT's commitment to trauma-informed, family-centered treatment. These assessments evaluate key domains critical to successful treatment planning and provide clinically relevant, easy-to-interpret data that directly inform therapy sessions, family interventions, and placement decisions.

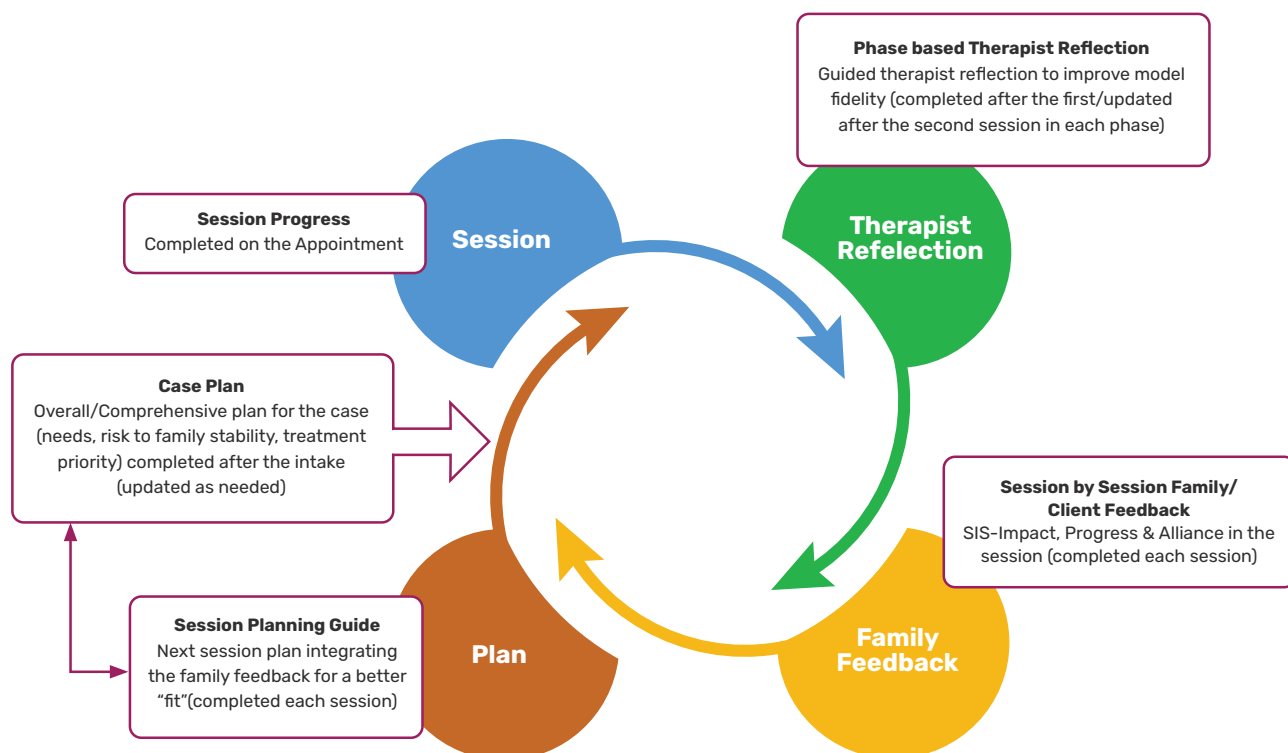
- **Child, Youth, and Adult Functioning:** Mental health screenings, behavioral health assessments, and substance use risk evaluations.
- **Family Functioning & Stability:** Identifying risk factors and protective strengths within the family system enables customized interventions.
- **Caregiver & Parental Strain:** Assessments of stress levels and capacity to provide a stable home environment, ensuring targeted caregiver support.
- **Trauma Exposure & Symptoms:** Identification of trauma histories, triggers, and symptom severity to guide trauma-responsive therapy.
- **Family Risk Assessments:** Evaluation of domestic violence, abuse/neglect risks, and safety concerns to support child welfare planning.
- **Treatment Impact & Therapeutic Alliance:** Measuring engagement, progress, and relationship-building efforts to refine clinical interventions.

linked to better outcomes for youth, fewer placement disruptions, and long-term family success. Functional Family Therapy (FFT) implementation process is comprehensive and adheres to the principles of Implementation Science. The Care4 system integrates fidelity monitoring into every stage of treatment, ensuring that therapists, supervisors, and agencies maintain the core principles of FFT and practice based on evidence in every session. Our approach to fidelity is grounded in the principles of continuous quality improvement, focusing on achieving better results.

Treatment fidelity and model adherence are essential for achieving positive outcomes in Functional Family Therapy (FFT). We consider measuring model fidelity a Continuous Quality Improvement (CQI) task that should be integrated into the daily operations of any FFT team. In three major research studies, adherence to the model, measured using our FFT-TAM measurement tool, was directly linked to family outcomes. Higher fidelity ratings from therapists correlated with a greater likelihood of positive outcomes, program completion (reducing dropout rates), and improved family dynamics.

Individual and Program Fidelity & Continuous Quality Improvement

Research indicates that treatment fidelity is directly



We employ an evidence-based approach to evaluate adherence between therapists and their respective sites, teams, or programs. Consultants and Supervisors monitor therapists' adherence to the model weekly during clinical supervision. Every six months, the ratings are compiled into a comprehensive Therapist Fidelity Report, which can lead to the development of improvement plans if necessary.

Our fidelity measures are designed to be practical, cost-effective, and realistic for ongoing use in community settings. The FFT fidelity measures are integrated into the Care4 online system, enabling real-time access to the status of cases and the adherence of therapists and teams, supporting evidence-based supervisors and CQI efforts. CQI in FFT addresses the following comprehensive domains:

- **Weekly Supervision-Based Fidelity Monitoring:**

This ensures that therapists receive ongoing feedback and guidance to enhance the effectiveness of their interventions.

- **Biannual Adherence and Learning Summaries:**

These track therapists' adherence to FFT principles and identify areas for targeted skill development.

- **Site Certification Ratings:** This evaluates fidelity in program-wide implementation, reinforcing the agency's commitment to best practices.

- **Therapist Fidelity:** Throughout multiple cases, therapists gather a global fidelity measure that can be used for ongoing certification and to demonstrate fidelity to agencies and systems. Global measures and the specific markers of each phase can summarize therapist fidelity.

- **Site Fidelity:** It is critically important that agencies within which FFT is practiced provide the climate and resources necessary for successful clinical implementation. Site fidelity is captured through rating site features done at certification and recertification.

Evidence-Based Decision-Making

Even with a structured, evidence-based model like FFT, you must be able to make thoughtful and purposeful ongoing strategic decisions while conducting treatment. Clinicians must be able to evaluate whether a client is improving, remaining stable, or deteriorating. Each decision-making level requires a different type of information and a different process for using that information in clinical work. Even the most skilled, trained, and experienced clinicians will use current, real-time data to make better decisions. Without such information, you are flying blind, with only your perception. Our treatment system is based on the principles of precision-based care and is made possible through the technology of Care4.

Careful and purposeful clinical decision-making is an ongoing and dynamic process. Therapists implementing the Functional Family Therapy (FFT) approach utilize clinical planning tools and measurement feedback to help them make informed decisions that are high in fidelity during each session. They aim to progress through the relational interactions within the therapy room during each session. After each session, therapists reflect on and identify the most significant interactions and areas in which progress was made. Subsequently, therapists review family member feedback and systematically combine their clinical judgment with the client's feedback to plan for the next session.

In FFT, evidence-driven, specific, purposeful sessions and case planning are crucial to high-fidelity practice. Systematic planning helps to establish a clear direction for therapy. With a clear path, therapy becomes more focused and effective. Model-focused treatment planning allows the therapist to follow the model (adherence) and tailor therapy to the family's needs, considering their unique circumstances and dynamics (competence). Purposeful planning also allows clinicians to track progress and adjust therapy as needed, ensuring that therapy remains effective throughout treatment. Finally, treatment planning helps establish accountability through fidelity measures (conceptualization fidelity) (Boswell et al., 2015). ■



The Care4 Software Platform: Empowering Evidence-Based Decision-Making

The Care4 System is an innovative, cloud-based platform designed to enhance the delivery, monitoring, and evaluation of Functional Family Therapy (FFT). As a central component of FFT's evidence-based framework, Care4 provides therapists, supervisors, administrators, and stakeholders with real-time data and insights, ensuring high-quality and consistent service delivery.

Key Features of the Care4 System

Real-Time Clinical Decision Support: Care4 equips therapists with actionable, evidence-based feedback on client progress and treatment effectiveness. The system allows for dynamic adjustments to treatment plans based on real-time data, ensuring interventions remain tailored to the family's evolving needs.

Comprehensive Case Management: This service tracks detailed client and family profiles, including mental health, substance use, trauma exposure, and family dynamics. It provides a systematic overview of therapeutic progress, helping therapists and supervisors make informed decisions at every stage of treatment.

Fidelity Monitoring and Quality Assurance: Care4 integrates FFT's fidelity measurement tools, such as the FFT-TAM (Therapist Adherence Measure), to ensure therapists adhere to the evidence-based model. Regular assessments and reports help maintain high standards and improve therapist performance.

Continuous Quality Improvement (CQI): The platform supports ongoing CQI by aggregating client outcomes, therapist fidelity, and program implementation data. Quarterly performance reviews allow teams to identify trends, address challenges, and collaboratively optimize service delivery.

Integration Across Systems: Care4 is designed to work seamlessly across diverse systems, including juvenile justice, child welfare, behavioral health, and foster care. It enables agencies to align FFT with broader organizational goals while focusing on individual family outcomes.

Data-Driven Insights for Stakeholders: Administrators and policymakers gain access to aggregated data, allowing them to evaluate program effectiveness, allocate resources, and demonstrate outcomes to funders. The system provides transparency and accountability, fostering trust and collaboration among stakeholders.

Impact of Care4 on FFT Delivery

The Care4 System is more than a tool—it's an integral part of the FFT model, ensuring that every decision is grounded in data and aligned with best practices. By streamlining case management, enhancing therapist supervision, and enabling evidence-based adjustments to treatment, Care4 amplifies FFT's impact on families and communities.

- **For Therapists:** Empowers clinical decisions with a wealth of data and continuous feedback.
- **For Supervisors:** Simplifies fidelity monitoring and facilitates targeted support for therapists.
- **For Agencies:** Demonstrates effectiveness and accountability, supporting funding and program expansion.
- **For Families:** Ensures individualized, high-quality treatment tailored to their needs. ■



For more information, contact us at:

Tom Sexton, Ph.D

tom@functionalfamilytherapy.com

Marta Anderson, LCSW

marta@functionalfamilytherapy.com



FUNCTIONAL
FAMILY THERAPY