CA Webinar Series 2016

Generalization Phase
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How Do We Understand Referral Problems?

Referral Behaviors

Family Relational Patterns and Attributions

Relational Functions

Inferred motivation of the problem behaviors—as determined by behavioral outcomes

Foundation for “how” we change behavior

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While in EM, start to think about what the completion of generalization will look like. Don’t wait until generalization to think about generalization.
Generalization Phase

- Maintain individual and family change
- Facilitate change in multiple systems
- Interpersonal
- Structuring
- Case Management

Goals

Skills

Focus

Activities

- Extend change
- Extra-familial community resources
- Link to formal and informal systems
- Plan for future challenges

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Transition from BC to Generalization

- Have you met your goals of Behavior Change? Is the family attempting positive changes? Accomplishing positive changes?
- Attempting skills at home?
- Is the family giving indication that they are ready to “move ahead”?
- Review Risk and Protective Factors – what risk factors still need to be decreased, what protective factors can be increased?
- Assess family relational functions to other systems.
Generalization Phase Goals

- Improve family ability to manage relapse
- Improve family ability to respond to new situations using recently acquired skills
- Aid family in linking to community resources that support their positive family changes
Another way to think about our job in generalization

We help generalize change – the family can respond in adaptive ways to new problems, or can apply changes to other systems

We help maintain change – the family is stable and has a sense of empowerment

We help support change – the family is linked to positive resources that can assist them in maintaining change
Matching continues in the Generalization Phase

- Matching to relational functions remains an important part of generalization
- If the interventions do not match to the family relational functions, they won’t stick
- Matching to when linking to resources
Generalizing Change

- You must assist the family in taking the skills learned in behavior change and applying those skills to other situations in their environment.
- For example, they have learned to problem solve with each other, now how do they problem solve with the probation officer, school officials, employer, peers, law enforcement, stranger on the street.
Generalizing Change with Other Providers

- Many of our families have multiple providers, agencies, probation involved

- Generalization is a good time to bring these people together with the family to highlight the changes made and make sure everyone is on board with how to continue to work with the family
Generalizing Change with Other Providers (cont)

- Role of therapist when linking family to resources?
- You must match this to the family
- We want the family to arrange for other resources as much as possible.
- If they need help arranging for resources, is it possible that this is a skill deficit we should address in the BC phase?
- Therapist’ awareness of supporting and coaching and encouraging vs. doing for
It is important to know how providers define “success” and then work with them to redefine “success” through the FFT lens.

This requires being aware of sanctions and other tasks family must accomplish for referral sources and then using generalization to assist family in accomplishing some or all of the tasks.

You will want to start this dialogue and collaboration with the referral source from the time of the intake. Waiting until generalization is too late.
What resources does the family need to help them maintain change?
Do they need resources? Some do not!
Are there informal or natural resources that could be utilized?
Or maybe there are already resources in place that can be enhanced?
Supporting Change (cont)

- Doing generalization and assessing need for resources should never be solely driven by agency or community standards (“we’ve just always done it this way”), or contract expectations.
- This should always be about matching to the family.
- The purpose is to address risk factors and enhance protective factors.
Supporting Change (cont)

- What other systems is this family involved with and what other systems might assist them in maintaining change?
- Should we assess for possible removal of some service(s)?
- Is there a risk of a resource disempowering or encouraging dependence?
- Is this resource necessary or does it just feel good?
Supporting Change (cont)

- Are we empowering the family to do for themselves?
- Is there a risk this resource could undermine the work we just did?
- Does this resource respect and honor and match to the relational functions? (Don’t refer an autonomous mother to a parenting class that says every parent should be contacting)
Good Case Management Involves:
1. Developing contacts with relevant agencies, schools, referral sources.
2. Knowledge of community resources or where to get information on community resources.
3. Knowledge of transportation systems or how to access this information.
4. Knowledge of juvenile justice, mental health laws and procedures.
Possible Community Resources

- Pro-social activities
- Individual and group counseling resources
- Parenting support programs
- Tutoring and other school assistance programs, such as alternative educational opportunities
- Vocational opportunities and job training programs
- 12 step programs
- Financial assistance programs including housing
- Volunteering or community service opportunities
- Consider on-line and web-based options; not just traditional brick and mortar or in-person programs
Relapse Planning

- Relapse is normal.
- In generalization, we are developing a plan to manage relapse.
- Just like in BC, our objective is not the removal of problems, but rather providing the family skills to manage and cope with the problems.
- Relapse planning is about helping families see red flags, things that could lead them to return to old patterns of behavior, and helping them plan to prevent or manage...
Relapse Planning (cont)

- Relapse is part of life
- Families and stakeholders will often define relapse as failure
- In FFT, we define relapse as a normal process to embrace and plan for
- Therapist must monitor their own definition of, and response to relapse
- Therapist response will set (or change) the tone for the family
- We must help families plan and prepare for relapse
Review examples of planning for relapse
Review audio recording of portion of generalization session
Generalization Progress Note

The progress note is designed to:

- Keep therapist focused
- Organize sessions around phase goals
- Help therapist be more efficient and effective
- Plan for each session
Review example of generalization progress note
Why Do We Get Dropouts During Generalization?

- Family discomfort with termination
- We had insufficient motivation
- We are not matching to relational functions
- The family did not experience sessions as productive, safe and/or helpful
Questions...