CA Symposium 2016
Session #6
Locking in change:
Making the most of generalization

Julie Elmenhurst, LICSW
FFT therapist, trainer, and consultant
Therapist experience

- Have you experienced positive family behavioral shifts?
- Can you normalize the process of change with the family and to yourself?
  - Remember patterns..and even really “unhealthy” ones can create comfort.
- Do you feel hopeful this family can sustain the behavior change skills learned?
Getting more out of Generalization

- Not just “typical case management”
- We want families to have been a part of the process and we want to empower them to continue to move forward WITHOUT us..and other systems…if applicable.
- So…how can you help with continued family success?
- How can you begin to say “goodbye”? 
What is Generalization?

- Generalization is the chance to make things “stick”
- Build upon the skills that you taught in behavior change
- Link the family with community and “natural” resources
- Help families understand and plan for relapse
- Continue to build their hope that they can approach things positively in the future
Generalization Phase Focus

In generalization there are two domains to which we attend:

• **Within the family:**
  • Relapse prevention
  • Generalization of competencies
  • Maintenance of alliance

• **Outside the family:**
  • Family-environment relationships...where the family interacts with the community/environment
  • Use behavioral competencies developed during behavior change to generalize to these outside system relationships
  • Use relevant available resources to support changes
Feeling better isn’t the cure

- When a doctor gives you an antibiotic you are told to take it for 7 days or 10 days
- The majority of people stop taking it when they feel “better”
- The same goes for families using skills learned – they begin to feel better and can fall into old patterns of behavior without realizing it
Therapist Techniques in Generalization

- **Therapist as Family Manager**
  - Working within the family system to promote change and then maintain that change with family specific support services and people
  - Anchor family to larger supportive community

- **Requirements**
  - Know the community
  - Develop contacts
  - Ethical practices

*Overall goal: develop and maintain family independence*
Planning for Generalization Phase

- Prior to planning for Gen’l sessions, the Gen’l phase plan should be crafted as fully as possible

  **Generalization Phase Plan Components:**
  
  - **Generalization opportunities** for BC competencies: within and outside family areas in which core behavioral competencies can be generalized
  
  - **Relapse Prevention Planning:** knowing what skills or situations will be challenges for family in the future
  
  - **Community Resources:** assessing whether there are possible external family/contextual risk factors that can be reduced by linking family to a resource
  
  - **Relational Functions:** how the competencies will be generalized so that relational functions are matched
Planning for Generalization Phase

- Relapse Prevention Planning
  - Both conceptually and in application

- Conceptually…talk to family about process of change as being “up and down” or uneven…
  - Like trying to lose weight, quit smoking, exercising more…not easy to do and will have set-backs

- Application…identify specific areas for each family member in which they may fall back into old ways of solving problems
  - For mom, when she gets very scared and feels unable to help her daughter, she reports her daughter to probation and requests that she be placed
What are the risk factors for this family to relapse?

What goal best addresses these risk factors?

How are you going to teach, link, model or support the family in meeting these goals?

Think about the use of themes – you may have a new theme for this family in moving ahead and completing FFT
Maintaining Change
Relapse Prevention

- Relapse occurs in every treatment – it is how you define relapse that is different. We don’t want to look at any “step backward” as relapse, but as a “normal” event.

- Relapse is not a failure, but it “feels” like a failure – what will change is how the family approaches these steps.

- Often it is the therapist who has the hardest time with relapse.

- We want to help families plan and prepare for “settling in” and relapse.
Generalization Phase…

Relapse Prevention

1. Identify specific situations where problem may occur

2. Identify strategies to use when problem reoccurs

3. Predict the problem possibly to reoccur

4. "Reframe" the relapse in advance
We can’t just talk about the necessity of a Relapse Prevention Plan – we have to help families in preparing a plan

What are their red flags or triggers for relapse? (Or perhaps instead for taking a step backwards)

How can they address these red flags?

When they need to get assistance and who can assist them

Don’t just talk it – write it down
Therapist Responses…through Maintaining Change/Relapse..if:

- Family is “fighting” when you arrive to family home
- Referral source shares the youth displayed a positive UA screen
- When the family cancels/no shows for session
- When parent figure says… “s/he is still arguing with his/her sister”
- When family says… “we are better, and done”.
Supporting Change

What resources does the family need to help them maintain change?

This does not have to be all community resources – what resources exist in their family, friends, neighbors?

Natural Resources tend to last longer!

We link families to outside resources not to meet a contract expectation, but to address a risk factor and to build upon protective factors.
Plan out session by Session

- In reviewing recidivism data for several teams it has become apparent that families that recidivate tend to have only 10 sessions of FFT – usually only one or 2 generalization sessions.
- Planning out 4 sessions of generalization will help you to be more focused and not get caught up in the “feeling better” cycle.
- However, you must remember that all sessions are contingent on what happens within the family – you have your goals, but how you get there may change depending on what the family presents.
“This doesn’t work”

Keeping on track when the THERAPIST is frustrated
OH My..it’s not working

what to do when families relapse

- Expect it!
- Remember patterns
- Be thankful the family will allow you to continue to assist them with their skill/s learned in Behavior Change Phase!
- Practice it again with the family
- Understand “it” in terms of family pattern
- Don’t make it into a crisis…unless it is!
Therapist Response
if “crisis” occurs

- Stay focused by utilizing working themes!
- Motivation techniques...use them again
- Pull from skill sets taught in the BC phase
- Re-assess community risk and protective factors
- Re-assess generalization goals and match to with respect to family functions...relatedness and hierarchy
- Do not bail on the family!