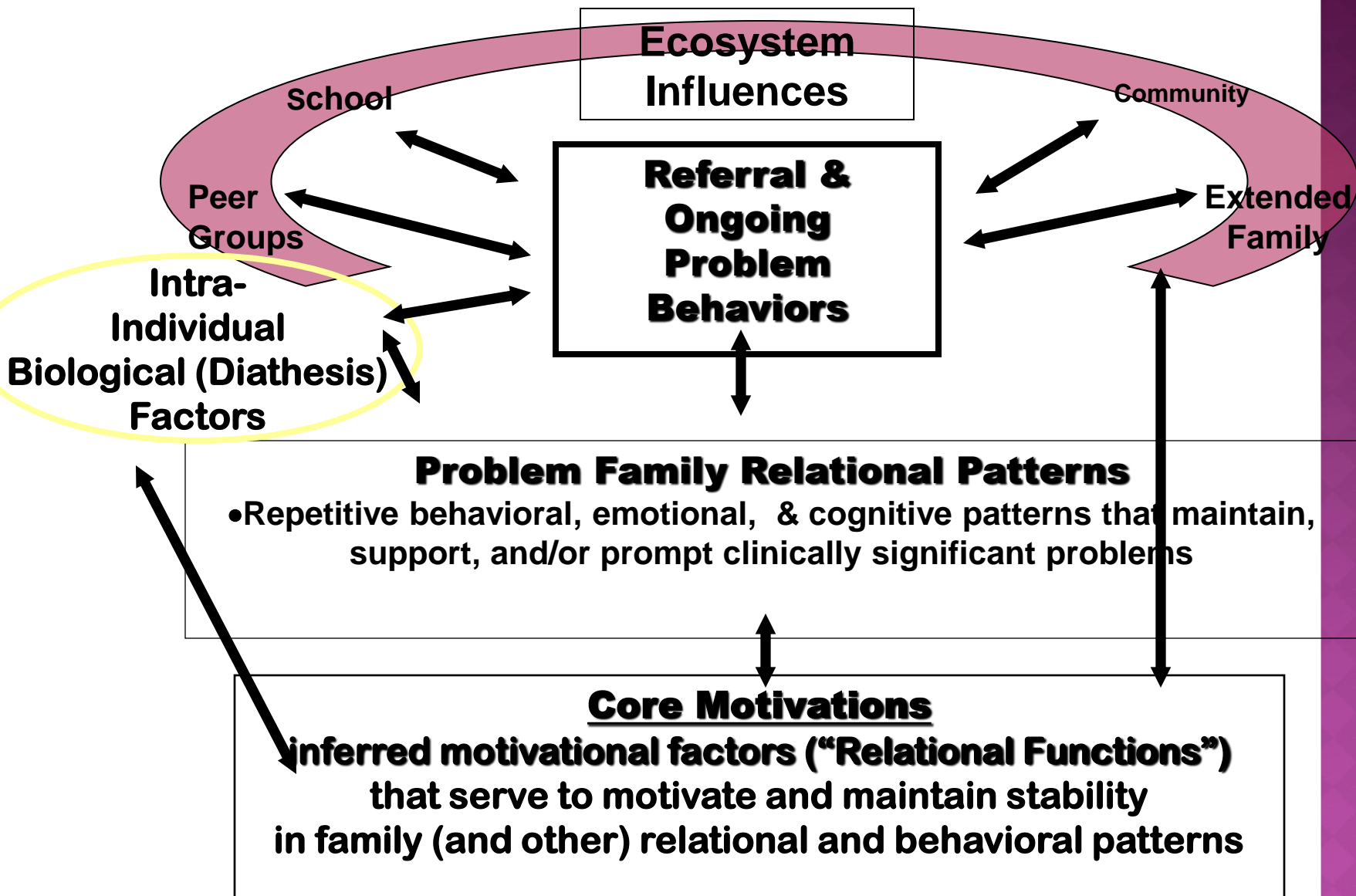


INTEGRATING OTHER SERVICES WITH FFT

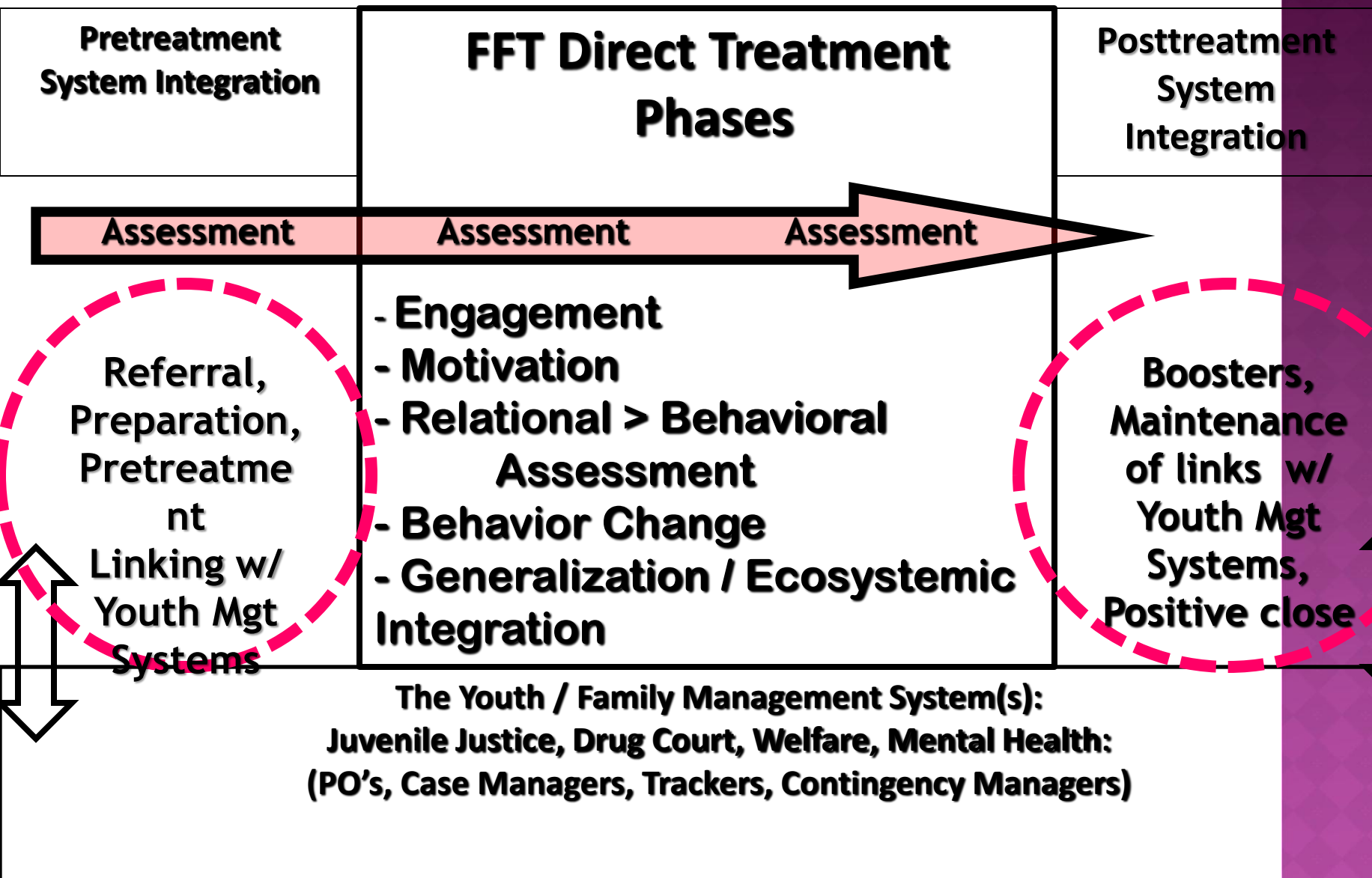
California Symposium

2011

To Deal With These Challenges, FFT breaks the multisystemic nature of problems into component domains



INTEGRATING FFT WITH OTHER SYSTEMS*



* Based on Alexander et al, 1983; Barton et al, 1985; Waldron et al, 2001

SUMMARY OF THE “FFT ATTITUDE”

- **Philosophy / belief system about people**
 - A core attitude of respect for differences (culture, ethnicity, family form)
 - Non-judgmental: Therapists who avoid blaming or “taking sides”
- **Family focused intervention**
 - Involving alliance and involvement with all family members
 - An overriding Relational (versus individual problem) focus
- **Focus on risk and (especially) protective factors;
“Strength Based”**
- **Specific and individualized interventions for the unique challenges, diverse qualities, and strengths of all families and family members**

FUNCTIONAL FAMILY THERAPY (FFT)

PRE-INTERVENTION MAJOR TASKS

◎ PRETREATMENT

- ◎ **GOALS:** Responsive and timely referrals, positive “mindset” of referring sources, immediacy
- ◎ **ACTIVITIES:** Establish relationship with referring sources, be available, maintain a positive attitude, appraise the multiple / eco-systemic factors and systems (e.g., medical, educational, justice) already in place

Receive Referral

- Review referral material
- Talk to referral source and family

Court Ordered
Services in place

- Risk and Protective Factors
- Potential Impact on Family

Potential
Referrals

- Risk and Protective Factors
- Potential Impact on Family

Acute vs Chronic

- What do we know of problem pattern?
- Is this ongoing problem or new?

In-Family vs.
Outside of
Family

- Is problem within family?

Making a Clinical
Decision

- Based on clinical assessment - What do we propose?
- Concurrent, Complementary, Sequential services

CONCURRENT SERVICES

- ◉ Concurrent Services are those services that can occur at the same time as FFT. As with most things in FFT, Concurrent Services are an “it depends” answer
- ◉ While reviewing services family already involved in or are going to be referred - how could these services positively or negatively impact the FFT services?
- ◉ How can we establish relationships with providers of concurrent services so that we can work with each other not against each other?

EXAMPLES OF CONCURRENT SERVICES

- ◉ Court ordered services
- ◉ Educational - tutoring, individual education plans
- ◉ Mental Health Services
- ◉ What other services do you find in families?

COMPLEMENTARY SERVICES

- ◉ Complimentary Services are those that enhance the provision of FFT
- ◉ Once again, this decision is based on clinical assessment
- ◉ It involves developing good working relationships with other service providers

EXAMPLES OF COMPLEMENTARY SERVICES

- ◉ Mental Health Treatment
- ◉ Medication Management
- ◉ Financial Services
- ◉ Educational Support
- ◉ Others?

SEQUENTIAL SERVICES

- ◉ Sequential services are those that begin during generalization or post generalization.
- ◉ These are services that can help the family “maintain change”

EXAMPLES OF SEQUENTIAL SERVICES

- ◉ Wraparound
- ◉ Full Service Partnership
- ◉ Group therapy
- ◉ Mentoring
- ◉ Individual Counseling
- ◉ Others?

CASE EXAMPLES

- Examples of how to make clinical assessment regarding other services with current cases

LONG TERM

- Using Data to support system change
- You can use the data found in CSS reports to analyze potential areas of concern and use this with referral sources
- System change takes longer than family change