Generalization Phase

Kellie Armey  MSW., LISW–S
FFT LLC National/International Trainer/Consultant/Supervisor
karmey32@aol.com

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FFT Functional Family Therapy
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 professional and “natural” resources
- Help families understand and plan for relapse
- Continue to build their hope that they can approach things in a positive way in the future
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
Therapist Techniques in Generalization

- **Sustain Context for Change**
  - Use prior reframes and themes to maintain motivation for change
  - Challenge is to now keep going and maintain changes through ups and downs

- **Guiding and Supporting**
  - Helping family develop strategies for getting through relapses
  - Strategizing how to apply skills of BC to new inner and external family situations
Don’t forget the importance of matching

- Matching to relational functions remains an important part of generalization – if the intervention does not match to the families relational functions to each other and to their environment – then it won’t stick
Goals of Generalization

- The Desired Outcomes are

- **We generalize change** – the family can respond in adaptive ways to new problems or can apply changes to other systems
- **We maintain change** – the family is stable and has a sense of empowerment
- **We support change** – the family is linked to positive resources that can assist them in maintaining change
Generalizing Change

- How can we help family to respond to new and relapsed problems?
- 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, extended family.
Generalizing Change with Other Providers

- Many of our families have multiple providers, agencies, probation involved with the family
- 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
- You must match this to the family – if they can set this up on their own – let them, if they need help you teach them how to set this up
It is important with providers to determine what they consider “success” and then work with them to see the “success” as defined by the family and FFT.

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 about tasks required with the referral source from the time of the intake.
Maintaining Change

- What can we do to assist the family in maintaining the changes they have made?

- Relapse Prevention – more than talking about it, but helping families to review where they have had trouble in the past and how they can use new skills to avoid that trouble or address it earlier in the pattern
We can’t just talk about the necessity of a Relapse Prevention Plan – we have to help families in writing/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
Relapse

- 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.
Relapse Prevention Plans

1. Identify the warning signs of relapse for this particular youth/family.
2. Identify the feelings and thoughts that surround the warning signs (irrational thoughts, black and white thinking).
3. What are coping strategies or techniques that have been taught in behavior change, or have worked in the past to address these warning signs.
4. Developing ways to remind family members of warning signs, coping strategies and ways to support each other.
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
- We link families to outside resources not to meet a contract expectation, but to address a risk factor and to build upon protective factors
Linking to Community Resources

- Purpose is to help families maintain their positive changes by linking them to resources that can support those changes
  - Look for resources that are within their natural environment
    - Neighbors, extended family, churches
  - Look for other resources
    - Boys & Girls Club, energy assistance, shelters, public transportation
- Linking to resources is an “it depends” goal
  - Want to consider family-by-family
  - Some families need less community links (Wrap Around, etc)
Linking to Community Resources (cont)

- Keep in mind how to match to relational functions of the family.
  - *Example:* Mother and son who are both relationally very connected to one another. Son (young adolescent) is unsupervised for two hours after school while Mom finishes at work. There are no natural resources for them (neighbors, etc) and the only other resource is an after school basketball program that lasts for 3 hours. Mother instead negotiates with her boss to see if son can be dropped off at her work place (dry cleaner) and agree that he will stay in the back doing his homework, playing with Gameboy, and not interfering with customers.

- Remember to teach family to do for themselves…not do for them (except when community systems won’t even respond to family members)
  - *Don’t call the mom’s boss for her.*
  - *…unless the boss won’t even accept a call from her*
The Importance of Planning

- 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.
Planning for Generalization

- 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
What are the greatest risk factors for this particular family to “take a step backward” or fall back into old patterns of behavior

Especially pay attention to the Community/Environmental Risk Factors

The school may be “anti-kid” or the referral sources is “anti-parent”

The community may not have adequate resources to support change
Risk Factors

- Static Risk Factor – Something that can not be changed or can not be changed short term. Examples would be history of abuse or neglect, history of juvenile justice involvement, single parent, low socioeconomic status

- Dynamic Risk Factor – can be changed through skill building or other interventions. Examples would be drug use, lack of supervision, poor problem solving, lack of prosocial activities
Protective Factors

- What resources exist for the individual, family, and community that will support long term change for this family?
- Examples would be employment, extended family support, existence of adequate consequences and rewards, prosocial activity involvement
Developing A Generalization Plan

- Determine the risk and protective factors that will impact the families ability to maintain change
- For each goal of generalization determine what steps you need to take to assist the family in maintaining the changes they have made (generalize change to another family member or outside family, relapse prevention plan, linkage to resources)
Adherence in Generalization

- Does the therapist deliver the FFT Generalization Phase within the FFT timeframes?
- Does generalization begin only after successful “behavior change” is initiated?
- Does the therapist plan for the Gen’l phase prior to first Gen’l session?
- Does the therapist focus on relapse prevention?
- Does the therapist specifically focus on generalizing change across other content areas?
- Does the therapist match to relational functions when considering community support?
Competence in Generalization

- Does the therapist apply within family generalization in a way that “matches to” the family?
- Does the therapist continue to utilize Model therapist skills and contingently respond?
- Does the therapist include/incorporate outside resources?
- Does the therapist refer families to services that “match to” the family?