FUNCTIONAL FAMILY THERAPY (FFT)/A Trauma Informed Treatment

FFT at a Glance

FFT is an evidence-based intervention program for families with an adolescent age 11-18 who experiences behavioral health issues. Sessions are scheduled with a clinician at a frequency that matches the family’s needs, typically 1-2 times per week for 1-2 hours at the family home. To ensure that the healing process occurs together, and to increase the potential for the family to continue to support one another after services have terminated, all sessions are held as a family. On average, 12 sessions are held over a 3-6 month period. FFT can provide treatment at the same time that family members are receiving individual therapy or even some more intensive services, such as PHP or IOP. Husky pays in full for FFT and co-pays may be required for other insurances; however, no family will be turned away based on an inability to pay.

A Trauma Informed Model

FFT has a unique capacity to address trauma in a family context, allowing family members to process the traumatic event together. In applying the FFT model of helping the family to identify the overall pattern that leads to their undesirable symptoms and behaviors, family members are able to gain a deeper understanding of the impact of the trauma on the individual and on the family dynamic, better understand each family member’s individual healing process, and feel empowered to provide support and advocacy.

Phases of Treatment

Phase One: Engagement/Motivation creates the motivation for change by looking at family members and their behaviors from different perspectives and presenting a more strength-based understanding of the problem behaviors. The clinician works with the family to identify the chain of the events that leads to conflict. Trauma informed: When the family has been impacted by trauma, this phase often involves psycho education to help family members to understand what may appear to be oppositional behaviors, such as lying or stealing, as effects of trauma. This phase might also include the introduction of coping skills and/or a safety plan.

Phase Two: Behavior Change changes behaviors by introducing skills that interrupt the family pattern and promote positive interactions and behaviors. The skills are individualized to the family’s needs taking into account their pattern, family hierarchy, and each family member’s relational style. Skills may include communication skills such as empathy and reflective listening, parenting skills, affect regulation, conflict management, and general relationship-building. Trauma-informed: Meeting the family where they are at in the healing process, a trauma-informed behavior change plan might span from basic safety planning to teaching the family how to identify various emotions in themselves and one another to introducing the necessary communication and coping skills to process the trauma aloud, as a family.

Phase Three: Generalization challenges the family to consider how newly developed skills could be generalized to address future issues that have not been the focus of treatment. These sessions also focus on decreasing risk factors, identifying other resources to sustain change and increasing protective factors. Trauma informed: This phase focuses on enhancing future safety by identifying potentially triggering situations and creating a plan to manage such situations should they arise. By decreasing risk factors, this phase also decreases the potential for future traumatic experiences.