FUNCTIONAL FAMILY THERAPY - ALCOHOL & DRUGS

FREQUENTLY ASKED QUESTIONS

Is FFT-AD a Blueprints program?

FFT-AD is a specialization of traditional FFT, tailored to the needs of youth who abuse drugs and alcohol and their families. In FFT-AD, therapists are trained in traditional FFT as well as specific substance-abuse focused interventions that are incorporated throughout treatment. While traditional Functional Family Therapy (FFT) is one of only 11 programs recognized as a Blueprints Model Program for Violence Prevention, FFT-AD is not specifically identified as a Blueprints Program. Materials related to FFT-AD have been submitted to the Center for the Study and Prevention of Violence for review. Research outcomes related to FFT-AD can be found below.

What is FFT-AD and how does it work?

FFT-AD is a specialization of the traditional FFT model and was developed to better meet the needs of youth and families presenting with substance abuse. Using the structure and theory of traditional FFT as a starting point, FFT-AD is a manualized intervention that tailors the goals and intervention strategies of each treatment phase to address the unique dynamics and problems associated with adolescent and family substance use, based on substance abuse treatment research.

FFT is based on the theory that youth’s problem behaviors serve a function within the family. Family members develop ways of interacting that help them to get their relational needs for closeness or distance met and these patterns of interacting may also create or maintain behavior problems. When changes are made in how family members relate to one another (e.g., improved communication, problem-solving, coping skills, parenting skills), behavior problems will be resolved. Interventions must take into account the relational functions of each family member and be tailored to the family’s unique risk and protective factors.

As in all FFT interventions, FFT-AD is a short-term treatment (typically 3-4 months) and the therapist works with the entire family, so the youth and his/her caregivers and other family members are present at every session. The youth and family proceed through the five phases of treatment: Engagement,
Motivation, Relational Assessment, Behavior Change, and Generalization. Early in treatment, the emphasis is on engaging the family and motivating them to participate in therapy, with special attention paid to dynamics typically present in families with substance use and a focus on substance use as the presenting issue. The therapist then conducts an assessment of the family, determining the function of substance use within the family, and the assessment is used to guide interventions for behavior change. All FFT typically includes training in parenting, communication, problem solving, and conflict resolution skills. FFT-AD also includes a functional analysis of the youth’s substance use, skills training focused on coping with cravings, relapse prevention skills, and other specific behavior change strategies as indicated by the particular needs of each family. Once change has occurred within the family with respect to the presenting problems, the therapist helps the youth and family generalize their new skills, including those related to substance use, to a wider variety of situations. The therapist also helps the family develop supports and resources to support lasting change. A logic model for traditional FFT is available on the the Penn State EPISCenter website.

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What is the target population for FFT-AD?

FFT-AD is intended for youth ages 10-18 with substance abuse issues. While many adolescents referred to FFT-AD have conduct and drug problems, juvenile delinquency is not required for program eligibility. FFT-AD also serves substance abusing youth with comorbid internalizing disorders or serious mental illness.

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What does the research say about FFT-AD?

FFT-AD has been the focus of several studies. In a randomized clinical trial, Waldron and colleagues (2001) compared FFT-AD to individual cognitive-behavioral treatment and group therapy to treat substance abusing teens. At discharge youth receiving FFT-AD had lower rates of marijuana use than youth in other treatment conditions, suggesting that FFT-AD reduced substance use more quickly, essentially moving youth “out of harm’s way” sooner. Youth receiving FFT-AD also showed a reduction from heavy to minimal or no drug use that persisted 3-months post-discharge. Although other differences between FFT-AD and comparison conditions were not significant at 3-month follow-up, youth across treatment conditions demonstrated significant reductions in days of drug use, internalizing and externalizing symptoms, and perceived family conflict from baseline through follow-up.

Two randomized clinical trials demonstrating a positive impact of FFT-AD on marijuana and alcohol use are included in a meta-analysis of treatments for adolescent substance use (Waldron & Turner, 2008; see also Waldron & Brody, 2010). The meta-analysis showed strong treatment effects for FFT compared to “treatment as usual,” with significant reductions in substance use at discharge and 3-month follow-up. Other replication studies are currently underway.

The effectiveness of FFT, in its original or “unenhanced” form, in reducing substance use has been demonstrated with youth admitted to outpatient drug treatment programs (Friedman, 1989; see also Stanton & Shadish, 1997, for a meta-analysis including reanalysis of the Friedman data). In addition, substance use reductions were found using FFT with runaway youth with a primary alcohol problem,
although it is unclear whether youth in the study received only traditional FFT or some integration of FFT-AD strategies (Slesnick & Prestopnik, 2009).

**How is an FFT-AD program structured?**

Like traditional FFT, FFT-AD is implemented by teams of 3 to 8 clinicians. In the later phases of implementation, one of these clinicians is identified and trained as the Site Supervisor.

New agencies and existing FFT sites can be trained and certified in FFT-AD. Since the FFT-AD program is a specialization of the traditional FFT approach, training therapists in FFT-AD prepares therapists to serve both traditional FFT and FFT-AD clients. FFT LLC expects FFT-AD teams in Pennsylvania to serve exclusively FFT-AD clients.

In Phase I of implementation, typically lasting 6 to 12 months, the team receives regular consultation from an FFT-AD consultant and participates in training designed to ensure high adherence to the FFT-AD model. In Phase II, designed to be completed in 12 months, the emphasis is on training a team member to become the site’s FFT-AD supervisor. The site then moves into Phase III, which is focused on building a site’s self sufficiency and using data to monitor the site’s fidelity to the FFT model.

**What costs are associated with FFT-AD?**

Implementing FFT-AD requires a contractual relationship with FFT LLC for training and consultation services. FFT-AD is implemented in phases as the site becomes more experienced in the model and is able to function with less support. The annual training/consultation fees vary by phase of implementation and depend on whether an existing FFT site wishes to become trained in FFT-AD or a new site is being established. For existing sites, the Phase 2 and Phase 3 FFT-AD training/consultation fees include the FFT fees and training costs associated with providing traditional FFT (i.e., there are no additional FFT fees or training costs during these phases). Estimated travel expenses include costs for an FFT trainer to come to the site, as well as costs for therapists and supervisors to travel to necessary trainings.

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<tr>
<th>Phase</th>
<th>Training/Consultation Fees</th>
<th>Estimated Travel Expenses</th>
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<tr>
<td></td>
<td>Existing FFT Site</td>
<td>New Site</td>
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<td>Phase 1</td>
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Additional training expenses are incurred when a new therapist is hired and needs to be trained. Other costs specific to FFT-AD include computer access to run the web-based Clinical Services System used to track cases and certain outcome measures. A comprehensive overview of FFT-AD related costs can be requested from FFT LLC.
Who can I contact for more information?

Providers or communities interested in learning more about FFT-AD should contact Holly DeMaranville, hollyfft@comcast.net or (206) 369-5894.

References


FFT LLC. (2010). Functional Family Therapy: Alcohol and Drugs. Available from FFT LLC.


