FAMILY FUNCTIONAL THERAPY (FFT)

Family Functional Therapy (FFT) - Youth

Program Description

Family Functional Therapy (FFT) is a family-focused, community-based treatment service for youth who are exhibiting severely impulsive and noncompliant behaviors, which appear to be consistent with an Impulse Control Disorder or a Disruptive Behavioral Disorder. Co-occurring emotional symptoms involving anxiety, depression, and/or active substance use may also exist, as well as, problems with family functioning. FFT is an, evidenced based model of care that has been applied to a wide range of families with at-risk, pre-adolescent and adolescent youth. The goals of FFT include the following:

- Engage and motivate the youth and family toward change by decreasing the focus of negativity which can be characteristic of these families. Reduce the impact that results from the continuous and/or increase of disruptive behavioral challenges of the youth.
- Reduce and eliminate problem behaviors and family relational patterns that put the family and youth at risk.
- Develop individualized behavior change plans that focus on improving parenting skills, family communication, conflict resolution and problem solving skills.
- Generalize positive changes across problem situations by increasing the family's capacity to adequately utilize community resources.

FFT incorporates specific intervention phases that include engagement, motivation, assessment, behavior change and generalization. Each phase includes a description of goals, requisite therapist characteristics and techniques. The intervention phases enable clinicians to maintain focus in the context of considerable family and individual disruption. The range of treatment is 3 to 30 sessions over a three-month period with an average of 8 to 12 sessions.

Criteria	
Admission Criteria	*The youth must meet **1, 2 and 3** and at least **ONE** from **4 through 7**.* 1. The youth is between the ages of 11 and 18. (Special consideration will be given to youth who are between the ages of 10 and 11.) 2. The CSOC Assessment and other relevant information indicate that the youth needs FFT treatment.

	3. The youth manifests behavioral symptoms consistent with a DSM 5 diagnosis that requires FFT intervention **OR** The youth is "at risk" for developing negative behaviors consistent with a disruptive diagnosis *The youth meets any **ONE** of the following:* 4. The youth manifests negative behaviors which may include any of the following: a. The youth is physically aggressive at home, at school or in the community. b. The youth verbalizes aggression, which may include verbal threats of harm to others or property. 5. The youth is at imminent risk of out-of-home treatment due to his/her behavioral problems. 6. The youth is adjudicated. 7. The youth is transitioning from an institutional treatment episode and his/her behavioral challenges threaten the success of the transition.
Psychosocial, Occupational, Cultural and Linguistic Factors	*These factors may change the risk assessment and should be considered when making intensity of service decisions.*
Exclusion Criteria	***Any** of the following is sufficient for exclusion from this level of care:* 1. The youth and/or the parent/caregiver/guardian does not voluntary consent to treatment and/or there is no court order requiring such treatment. 2. The youth can be safely maintained and effectively treated in a less intensive level of care. 3. The CSOC Assessment and other relevant information indicate that the youth needs a more (or less) intensive level of care. 4. The youth is experiencing behavioral and/or emotional symptoms, which seem primarily psychiatric in etiology.

	5. The youth has a sole diagnosis of Autism or Intellectual/ Developmental Disability, and there is no co-occurring DSM-5 Behavioral health diagnosis. 6. The primary diagnosis is substance use and substance use treatment is clinically indicated. 7. The youth is a juvenile sex offender or primarily exhibits problematic sexualized behaviors, and h/she does not manifest other delinquent or antisocial behaviors. 8. Youth is admitted to a CSOC OOH treatment setting. 9. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent, caregiver, or legal guardian shall determine the residence of the minor.
Continued Stay Criteria	***All*** *of the following criteria are necessary for continuing treatment at this level of care:* 1. The CSOC Assessment and other relevant information indicate that the youth continues to need the FFT level of care. 2. The severity of the behavioral disturbance continues to meet the criteria for this level of care. 3. A comprehensive treatment plan has been developed, implemented and updated with realistic goals and objectives clearly stated. The treatment plan is based on the youth's clinical condition, his/her response to treatment and the strengths of the family. 4. Individualized services are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. 5. Progress in treatment is clearly evident in objective terms but goals of treatment have not yet been fully achieved. In addition, adjustments in the treatment plan are evident to address any lack of progress. 6. The family is actively involved in treatment. Alternatively, there are active, persistent efforts being made that are expected to lead to engagement in treatment. 7. There is documented evidence of active, individualized discharge planning.

Transitional Criteria	**If the FFT care management entity is requesting transition from FFT services via Needs Assessment, ALL of the additional following criteria must be met:** The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different treatment setting. This documentation must include the following: 1. Treatment needs that were addressed in the current episode of care and any previous episodes of FFT treatment. 2. Treatment interventions that were successful and/or unsuccessful in the current episode of care and any previous episodes of treatment 3. Behaviors/needs that warrant a different intensity of service 4. Justification as to why another transition to another treatment service is in the youth's and family's best interest
Transition Criteria	***Any*** *of the following criteria is sufficient for discharge from this level of care:* 1. The youth and family have met and sustained a majority of the overarching treatment goals. 2. The CSOC Assessment and other relevant information indicate that the youth no longer needs the FFT level of care. 3. The youth has few significant behavioral problems that the family is able to effectively manage any recurring problems. 4. The youth and the family have functioned reasonably well for at least four (4) weeks. The youth is making reasonable educational/vocational efforts. The youth and family have positive community supports. The youth and/or the parent withdraw consent for treatment and there is no court order requiring such treatment 5. The youth meets criteria for a more intensive or less intensive level of care.