FUNCTIONAL FAMILY THERAPY

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THE CLINICAL PROCESS OF FFT

When family therapy works, we have seen it takes hard, systematic work, based on core principles to produce change. What type of treatment works? Diamond, Reis, Diamond, Siqueland, and Isaacs(2002) suggest that treatment models conceptualized as consisting of "multiple distinct, yet interrelated task" (p44).

Treatment is not an event but a multitask, multi mechanism process during which the components interact; overlap and intermingle.

A change model offers therapist answers to the two biggest questions of practice what to do and how to do it. The what describes the steps, that when taken, will increase the likelihood that youth and their families can make important and lasting changes. Change models are built on a set of principles that are temporally sequenced to be efficient while producing good outcomes.

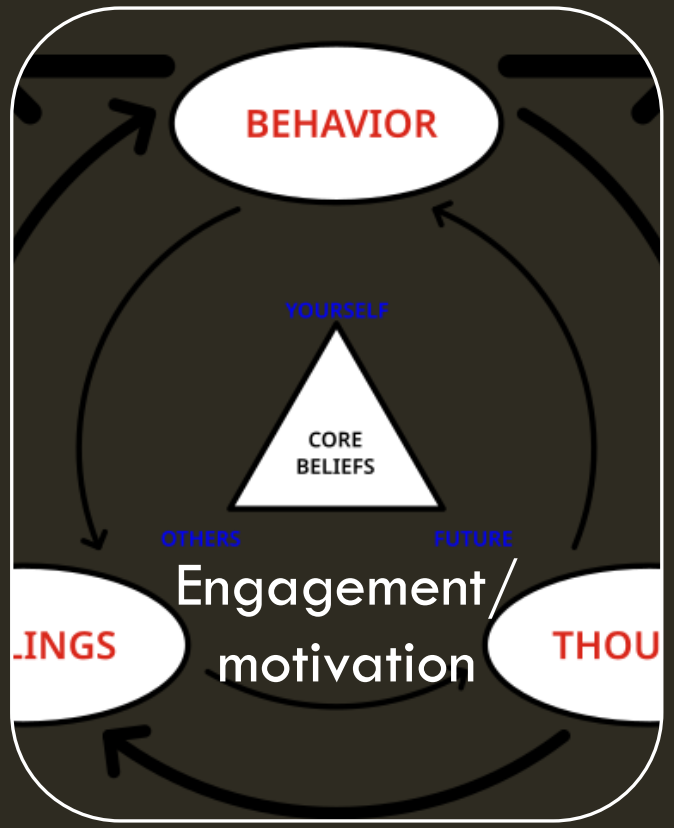
ASSESSMENT INTERVENTION AND THE FAMILY

FFT is captured by the dual task of assessments; understanding the individual; family; and context) and intervention of (taking purposeful action to change the relational; emotional, cognitive, or behavioral action of the family)

Assessment and intervention are inexorably interwind. Every action that the therapist takes in each phase has to have therapeutic potential.

The FFT change model simplifies, to the extent possible; the simultaneous task of assessing being respectfully and systematical directive.

CONTEXT


BEHAVIOR
YOURSELF
CORE BELIEFS
OTHERS
FUTURE
Engagement/ motivation
LINGS
THOU


The best apology is changed behavior.
Behavior Change


Generalization

EARLY PHASE ENGAGEMENT/MOTIVATION

Reduce within family risk factors

Reduce blame and negativity within the family

Increase family alliance and views of the problem

MIDDLE PHASE/BEHAVIOR CHANGE

Modify Cognitive sets, attitudes, expectation, labels and beliefs so that family members see how actions are interrelated

FFT CHANGE MODEL

Alliance

Reduction of both negativity and blame

Developing a shared family focused to the presenting problems.

An alliance develops where each family each member believe that the family psychologist supports and understand his or her position values and position.

The primary goal of the behavior change phase is to target and change individual's and family specific behavior. Changing risk behaviors involves increasing family members to competently perform the myriad of task (e.g; communication; parenting supervision , problem solving, conflict management;) that to successful family functioning.

LATE PHASE /GENERALIZATION

Generalize change to large social system in which family interact

FFT CHANGE MODEL

In the generational Phase; the focus of attention turns from extending the change accomplished around the specific arears targeted in the second phase to other areas of family relationships. Once again, the therapist accomplishes the phase goals by in discussion of issues salient to the family with a predetermined curriculum. Focused and relapse prevention strategies are implemented to help preserve the changes that already been accomplished and; those changes are supported and extended through the incorporation of relevant community resources into treatment.

THE FFT CHANGE MODEL

As we've seen FFT has three phases of clinical interventions, and each phase has specific proximal goals and interventions strategies specifically designed to address these goals. When goals used by the therapist, it is like a map for change (engagement/motivation, behavior change, and generalization) that guides the family psychologist through the intense, emotional, and conflicted interactions presented by the family (Sexton & Alexander; 2004)

When followed by the family; it's experienced as a seamless process; a conversation that is highly personal very specific; relevant to the issues and most concerns; and something that engages all family members

EXERCISE

https://www.youtube.com/watch?v=a3tYkHAexZU

CONCLUSION CHALLENGES AND OPPORTUNITY

The power or impact that EBP's bring to the process of change are with great merit.

When we work with these models as professional the fidelity of the work and or services need to be severed as if life was depended on it and for some of our patients it could not have been put any clear. When we adapt or gravitate to these practices and theories with confidence and competency the practice maintains its core.

FFT has the potential to allow the clinician the ability to work or apply basic structure for the process.