Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	**Functional Family Therapy** ☐ **Adult** ☒ **Juvenile**
Category	Treatment
Setting	Services are provided primarily in the youth's natural environment and/or other appropriate location(s); may include other community locations where the parent or caregiver is present such as a foster home, school or other locations conducive for the delivery of Functional Family Therapy (FFT) services.
Facility License	N/A
Service Description	FFT is an evidenced-based family therapy targeted at youth ages 10-18, however youth of other ages can receive the service if clinically indicated. FFT provides clinical assessment and treatment for the youth and their family to improve family communication, problem solving, conflict management, drug/alcohol issues, oppositional/defiant behaviors, and any other challenging behaviors in order to reduce problematic behavior of the individual. It is a short-term treatment strategy that is built on a foundation of respect of individuals, families and cultures. The model includes an emphasis on assessment in understanding the purpose behavior problems serve within the family relationship system, followed by treatment strategies that pave the way for motivating the youth and their families to become more adaptive and successful in their lives. FFT is designed to improve family communication and support, while decreasing intense negativity and dysfunctional patterns of behavior. Therapy also includes training parents how to assist the youth based on the youth's diagnosis. All services provision will occur face-to-face in person with the identified youth and parent/caregiver/guardian.
Service Expectations	Admission criteria guidelines are: • Acting out behaviors shall be present to the degree that functioning is impaired and the following terms are met: Individuals are typically referred by other service providers and agencies on behalf of the individual and family, though other referral sources are also appropriate. • At least one adult caregiver is available to provide support and is willing to be involved in treatment.

	• DSM V (current edition) diagnosis as primary focus of treatment. Symptoms and impairment are the result of a primary disruptive/externalizing behavior disorder, although internalizing psychiatric conditions and substance use disorders may be secondary.
	• Individual displays externalizing behavior, which adversely affects family functioning. Individual’s behaviors may also affect functioning in other systems
	• An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will serve as the initial treatment plan until a comprehensive treatment plan is completed.
	• Assessments and treatment shall address mental health/substance abuse needs, and mental health and/or emotional issues related to medical conditions.
	• The individualized written treatment plan will include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; and the responsible professional. The treatment plan will be developed with the individual and the identified, appropriate family members as part of the outpatient family therapy treatment planning process.
	• Treatment plans will be reviewed every 90 days or more often if clinically indicated.
	• The three core principles of FFT are as follows:
	    o One: Understanding individual – This is a process whereby the therapist comes to understand the individual and family in terms of their strengths on the individual, family system and multi-systemic level.
	    o Two: Understanding the individual systemically – This is a process whereby the therapist conceptualizes the individual’s behaviors in terms of their biological, relational, family, socio-economic and environmental etiology. Subsequently, the therapist assesses the individual’s relationships with family, parents, peers, their school and their environment and how these roles/relationships contribute to the maintenance and change of problematic behaviors.
	    o Three: Understanding therapy and the role of the therapist as a fundamentally relational process – This is a process where the therapist achieves a collaborative alliance with the individual and family. Subsequently, the therapist ensures that the therapy is systematic and purposeful, while maintaining clinical integrity. More specifically, the therapist follows the model but also responds to the emotional processes (needs/feelings/behaviors) that occur in the immediacy during clinical practice.
	• The five major components of FFT’s treatment modality include:
	    o Engagement;
	    o Motivation to change;
	    o Relational/interpersonal assessment and planning for behavior change;

	○ Behavior change; and ○ Generalization across behavioral domains and multiple systems. • With permission from the legal guardian, the treating provider must consult with and/or refer to other providers for general medical, psychiatric, psychological and/or psychopharmacological needs as indicated. • All psychiatric/psychotherapy services will be prescribed and provided under the supervision and direction of a supervising practitioner (physicians; licensed psychologists; and/or Licensed Independent Mental Health Practitioners). Supervision is not a billable service. • Supervision entails critical oversight of a treatment activity or course of action; review of the treatment plan and progress notes; individual specific case discussion; periodic assessments of the individual; and diagnosis, treatment intervention or issue specific discussion. Involvement of the supervising practitioner shall be reflected in the IDI, the treatment plan and the interventions provided. • After hours crisis assistance is to be available. • Services will be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate. • A crisis (safety risk/reduction) plan will be developed and updated as needed throughout the service. The youth parent/guardian/caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan • The agency will document the progress toward the individualized daily program schedule in their reports. Probation/Problem Solving Court Officer will verify with staff to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to indicate progress Program plan required ☐ Yes ☒ No
Service Frequency	FFT lasts up to 4 months. Number of sessions shall be based on the family and youth's needs. Families are seen weekly, but sessions can occur more often if needed. Low to moderate risk youth--- FFT therapist meets with the family for up to 12 (1) hour sessions within the 4 months High-risk youth---FFT therapist meets with the family for up to 30 (1) hours session within the 4 months.
Length of Service	Up to 4 months, FFT is individualized and based on. Length of treatment is individualized and based on continued medical necessity criteria and the progress of the individual and family toward their treatment goals.
Staffing	• An FFT treatment provider will have a master's degree or greater and be a member of an active team. An active FFT team requires an FFT certified clinical supervisor and at least three FFT certified treatment providers working collaboratively with one another using the FFT model as defined by the international FFT Services.

	• Clinical supervisors can be physicians, physician assistants, licensed psychologists and/or Licensed Independent Mental Health Practitioners (LIMHP). All clinical supervisors will be certified in the FFT model, with experience in the practice of psychotherapy.
	• Treatment providers are or may be any of the following:
	  ○ Physician
	  ○ Physician Assistant (PA)
	  ○ Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP)
	  ○ Licensed Psychologist
	  ○ Provisionally Licensed Psychologist
	  ○ Licensed Independent Mental Health Practitioner (LIMHP)
	  ○ Licensed Mental Health Practitioner (LMHP)
	  ○ Provisionally Licensed Mental Health Practitioner (PLMHP)
	• All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS)–Division of Public Health and must act within their scope of practice.
	• Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate
	
	This service requires Criminogenic Continuing Education Hours ☒ Yes ☐ No

Staff to Client Ratio	All staffing shall be adequate to meet the individualized treatment needs of the individual and meet the responsibilities of each staff position as outlined in the FFT model.
Hours of Operation	Providers are expected to be flexible in scheduling to accommodate the service needs, which may include evening and/or weekend availability. FFT services are available 24 hours per day, 7 days a week, while the family is receiving services.

Service Desired Outcomes	• Per FFT fidelity the following outcomes shall be met:
	  ○ Youth remain at home
	  ○ Improved family functioning
	  ○ Improved behavior & mental health
	  ○ Reduced substance use
	  ○ Completion of treatment goals and objectives
	  ○ Increase frequency of prosocial interactions
	• To have less frequent incidents of disruptive behavior in the family home.
	• To increase the frequency of prosocial family interaction.

Unit and Rate	See rate sheet