





FUNCTIONAL FAMILY THERAPY

Application for Site Training and Site Certification

Upon completion please email this application to holly@fftllc.com.

In order to edit and save this document, please make sure you are using the latest version of Adobe Reader.

© FFT LLC Seattle WA 2014 • 1251 NW Elford Drive • Seattle WA 98177

© FFT LLC (2014)



Functional Family Therapy Site Training

The primary goal of the FFT implementation process is the successful replication of FFT program as well as its long-term viability at individual community sites. The goal is accomplished through a comprehensive training program aimed at developing competent FFT clinicians and supportive service delivery contexts. An application for training begins this process. It provides a tool for potential sites to think about elements required to implement FFT. In collaboration with the site, FFT can assess site feasibility, make recommendations, and begin a dialogue about implementation. Once the application is complete, FFT will review and discuss areas of strengths and challenges. A conference call will be arranged with representatives of the site and FFT to answer questions, identify challenges and think through next steps. Once FFT and the site concur the site is ready to proceed, FFT training will be scheduled.

Name and address of your site:

Please identify a principle contact person for your proposed FFT site including:

Name: _____

Agency/Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please answer the following questions about your site. If you have questions, or need assistance, contact Holly DeMaranville at holly@fftllc.com or by phone at (206) 369-5894.

Program Selection

1. Why is your agency interested in implementing FFT and when would you like to begin services (approximate month)?

2. FFT is an intervention that focuses on and meets, from the very beginning, with families. Clients aren't seen, for instance, on an individual basis by FFT therapists. Identify barriers, if any, within your agency or agency mission, from funders or referral sources, current staff job duties, etc. that may make it problematic for therapists to work with families.



3. FFT begins as close as possible to the referral date of a family for services. What is the average amount of time currently between a client contacting the provider agency for service and actually seeing a therapist?

Agency/Referral Information

4. Identify the agency or agencies that will be implementing FFT. Provide addresses, phone numbers and each agency's contacts regarding FFT. (If implementing with two agencies or more for a single team, describe the reasoning for this decision and your thoughts about how therapists from multiple agencies will be woven into a single team).
5. Identify organizations and agencies whose support will be necessary for your site to successfully implement FFT (i.e. schools, social service agencies, juvenile courts, etc.). What will each agency add to successful implementation of your FFT project?
6. How is training being funded? And if different, how will service delivery be funded at your site? Discuss the long term viability of your funding scheme.
7. FFT works with families for which youth 10-18 are referred for services. What do anticipate will be your site's referral criteria (i.e age range, diagnostic/problem profiles, etc.).
8. In FFT, discharge criteria are outcome-based rather than being focused on treatment duration or other criteria. Are there any additional discharge criteria from referral sources or funders? If so, what are they?



9. In FFT implementation, training, coaching and actual work with families are critical ingredients in learning to do the model well. To facilitate learning, FFT therapists begin working with families immediately after initial clinical training. Caseloads should then build to five families for each therapist after the first month of training. Discuss planning and anticipated process to assure appropriate flow of referrals at start-up.

10. Because of the relatively briefer duration of service in FFT, therapists should be able to work through three full caseloads of families each year. So, for a full-time therapist, he or she should be able to complete with 30-36 families each year. This means, for example, a five-therapist team of full time therapists will need over 150 referrals per year. How many referrals do you anticipate your FFT team will require and discuss your referral source/s ability to provide adequate referral numbers.

Therapist and Working Group (Team) Information

11. FFT can provide interview questions and job descriptions for new FFT therapists. How will you go about selecting therapists to do FFT? Will they be internal or external candidates? What will be the minimum requirements? Describe the therapist traits you will be emphasizing in hiring decisions.

12. FFT trains groups of three to eight therapists who attend all training and consultation together, but who see FFT cases individually. To ensure adequate support and supervision we would suggest that the optimum number on an FFT team, however, is five to six. Provide anticipated team size, and, if known, names, experience and educational background of each proposed FFT therapist.



-
13. To get the most out of training and to build model fidelity, FFT recommends therapists provide FFT full-time. A maximum caseload for full time therapists is 10-12 families at any given time. There are situations, however, where training part time therapists is necessary to meet a specific service delivery situation. In such situations the minimum number of cases per week for an FFT therapist is five to six, taking roughly 20 hours per week. Identify the anticipated hours per week each FFT therapist will devote solely to FFT and the number of FFT cases they will have at any given time.

 14. If less than full-time, will there be other job activities besides FFT the therapists will be doing?

 15. What time we meet with families should not be a barrier to services, which means FFT therapists often match to family schedules. What hours will your FFT therapists work and what sort of flexibility will they have with work schedules?

 16. Where FFT therapists, meet with families, should not become a barrier to meeting. Approximately 95 percent of current FFT therapists meet with families in their homes. Where will your FFT therapists be meeting with families?

 17. There is an average of three days of initial FFT training; weekly one to two hour long group consultations; and 8 days of follow-up training over the year. For one or two FFT therapists an additional nine days of training off-site is required. Missing any of the initial trainings means that an FFT therapist cannot continue with the FFT team. Please confirm that your site and its provider agency can meet this training commitment.



18. In year two of implementation, training shifts to focus on a lead or supervisor on your team who saw cases in phase I of FFT training. This person will be supported and trained to provide the consultation FFT provides in year one. A master's degree in psychology, social work, marriage and family therapy or a related field is required. Some sites pre-identify a possible supervisor; others make this decision after view how therapists mature in FFT training. How will you select your FFT supervisor?

Other Agency Requirements

19. FFT therapists often work within agencies that provide their own clinical consultation. With FFT, a FFT national consultant provides clinical guidance for the site's FFT working group via group phone consultation. Identify what measures have been or will be taken to ensure that FFT therapists will receive primary clinical guidance in the FFT model from FFT national consultants.

20. FFT has a web-based assessment and case management system that tracks outcomes, client change, model adherence and service delivery trends. Implementation of FFT requires that FFT therapists use this protocol. Please confirm that your site and its provider agency can meet this training and program commitment.

21. Sites must provide each FFT therapist with ongoing computer and internet access so they can record progress notes and complete the other assessment, adherence and outcome instruments that are utilized during the course of an FFT intervention. In order to use the FFT Client Services System you must have one of the following browsers:
 - Internet Explorer 8+
 - Firefox 5+
 - Chrome 16+
 - Opera 10.7+
 - Safari 5+

The system requirements are different depending on the browser you choose. Here are requirements for each of the major browsers:

INTERNET EXPLORER: <http://windows.microsoft.com/en-us/internet-explorer/products/ie-8/system-requirements>

FIREFOX: <https://www.mozilla.org/en-US/firefox/5.0/system-requirements/>

CHROME: <https://support.google.com/chrome/answer/95411?hl=en>



OPERA: <http://www.opera.com/download/requirements/>

SAFARI: [http://en.wikipedia.org/wiki/Safari_\(web_browser\)#System_requirements](http://en.wikipedia.org/wiki/Safari_(web_browser)#System_requirements)

Please confirm that your site and its provider agency can meet this training and program commitment as well as the computer requirement.

List of Important Resources:

- Provide ability for video conferencing for conducting weekly clinical consultation.
- Provision for therapist transportation and cellular phone if home-based FFT services are being conducted.
- Ample meeting space for conducting family therapy if conducting FFT in an office/clinical setting.
- Adequate computer and internet access for each FFT therapist.