

A guide for FFT Therapists, FFT Consultants, and site Supervisors

The Washington State FFT Quality Assurance Program is dedicated to implementing the Functional Family Therapy with high model fidelity. Evidence suggests that EBP's depend on high model fidelity for successful outcomes (WSIPP 2004). The Washington State FFT Quality Assurance and Improvement System incorporates ongoing monitoring and tracking of reliable measures of the FFT model implementation with an improvement process that includes ongoing, specific, and timely feedback based on accurate measures of model fidelity and a systematic, individualized plan for therapist improvement.

FFT Dissemination and Fidelity Standards

The following list outlines the expectations of therapist's.

Caseload size:

- FFT Therapists maintain average caseload sizes of 5-6 clients for part time and 10-12 for full time.

Clinical Process:

- Average time from referral to first contact 48 hours.
- Average time from referral to first session should be less than 1 week.
- Each family should be seen weekly (or more often based on risk factors), with some exceptions – average 3 meetings per month/per family.
- Input Progress notes into the Client Services System (CSS) within 48 hours of sessions.

- Average number of sessions should be about 12 and no fewer than 8.
- Average time to close a case should be no less than 2 months and no more than 6 months.
- Input FSR's and TSR's after the first and second session of every phase.
- Attend 4 hours of FFT case consultation per month and staff cases as required.
- Meet with families at times that are convenient to their schedule (sometimes after 5pm or on weekends)
- The Statewide goal for successful completions is 70%. We are working toward a completion rate goal of 80%.

- Therapists should contact families between FFT sessions as necessary to meet phase goals and to remind of upcoming sessions.
- Therapists must achieve a Global Therapist Rating of 4 or higher in dissemination adherence and 3 or higher for fidelity (therapists in their first year are expected to score lower as they are learning).
- Therapists who do not meet the GTR ratings will participate in an improvement plan.

Role of the FFT Consultant

The assigned FFT consultant provides regular feedback, consultation, and support to the FFT therapist including:

- Facilitating weekly case consultation with assigned workgroup (documented in CSS on weekly supervision checklist).
- Providing individual case consultation as needed.
- Providing formal feedback to the FFT therapist at least every 120 days on adherence and model fidelity (documented on the Global Therapist Rating - GTR).
- Participating in weekly consultation with the FFT

National Site Consultant.

- Reviewing progress notes in CSS including case completion data, outcomes, session info, etc
- Communicating with WA State QA Administrator regarding therapist progress, site specific questions, or areas where improvement is required.
- Participating in training and providing clinical expertise
- Implementing informal improvement plans as required by the Washington FFT QA plan.
- Participating in the formal improvement plan process.

Site Supervision of FFT Therapists

It is recommended that site supervisors utilize the **FFT CSS "Sessions and Contacts List"** as a part of their site supervision.

Many sites utilize the "CSS Sessions and Contact list" as a way to monitor therapist activity, and/or reconcile with monthly billing and progress reports.

Site supervisor's are informed of therapist progress every 90-120 days when the GTR is completed via the GTR summary letter.

Any questions or concerns about FFT therapist's can be directed to the WA State QA Administrator at any time.

Quality Assurance and Monitoring Tools:

- SESSIONS AND CONTACTS LIST (CSS REPORT)
- WEEKLY CASE CONSULTATION
- PROGRESS NOTE REVIEW
- GLOBAL THERAPIST RATINGS
- CASE COMPLETION DATA
- AUDIO TAPE RECORDING (OPTIONAL OR AS A PART OF AN IMPROVEMENT PLAN)

Important data elements:

- Cases entered into CSS must include Juvis number, JRA number or CA number (this is so cases can be identified for later study) .
- Ethnicity must be entered in CSS.
- First contact must be entered into CSS.
- Referral date must be entered in CSS and differ from 1 session date.
- Cases open with no sessions for more than 30 days should be staffed with Consultant workgroup and Court personnel and if determined, should be closed.
- Cases entered into CSS must include proper discharge code (see definitions) as defined in CSS : Resources Section: Guide for using the CSS.