

Washington State Functional Family Therapy Project
Quality Assurance and Improvement System
Updated June 2010

Introduction

The Washington State Functional Family Therapy Project is dedicated to implementing Functional Family Therapy with high model fidelity. Recent evidence suggests that evidence-based intervention programs depend on high model fidelity for successful outcomes (WSIPP 2004). In Functional Family Therapy, model fidelity is based on the dimensions clinical adherence to the principles and interventions of the model as well as the competent delivery of the model. Ensuring model fidelity in a community based system of care requires an ongoing systematic system of both quality assurance and quality improvement. Quality assurance involves the ongoing and accurate monitoring and tracking of reliable measures of model implementation. Quality improvement involves the systematic implementation of activities to improve accurate implementation of the intervention.

In the sections below, the principles and protocols for the Washington State Functional Family Therapy Quality Assurance and Improvement system are outlined.

Principles of Quality Assurance and Improvement

Given the sensitive nature of quality assurance information it is important to clearly identify the principles of the model prior to implementation. The Washington State FFT quality assurance and improvement system is based on the following principles:

1. The primary goal of this system of quality assurance is improvement of the delivery of FFT. As such, quality assurance information is:
 - Intended for use primarily by FFT clinical consultants who are most capable of determining systematic improvement plans. The FFT Consultant must adhere to model fidelity and exhibit clinical competence. (see FFT Consultant QA standards)
 - It is not intended as a tool for routine program administration. While Juvenile Court and/or Regional Administrators need aggregate and summarized information that informs overall program implementation, specific clinical data is most useful as a tool for clinical supervision.
 - Therapists should be provided with accurate and timely feedback directly from the FFT clinical consultant. Therapists who perform below the national standards of model fidelity should be presented with a systematic plan for improvement.
 - Therapists who, after all attempts at improvement, continue to demonstrate model fidelity outcomes below the minimal national standard should not practice the FFT model.
 - Quality assurance information is intended for employment status decisions only after all possible improvement strategies have been attempted.

2. Monitoring and Tracking model fidelity (quality assurance) must be based on:
 - reliable and valid measures

- from multiple domains (dissemination adherence and fidelity as outlined in the FFT supervision manual)
 - based upon multiple measures (specific case level ratings, global therapist rating) gathered from different and relevant perspectives (FFT clinical consultant and client)
 - Incremental measurement, that is, more specific measures of fidelity are only undertaken when global ratings suggest that more specific and time intensive measures are necessary
3. Quality improvement is based upon:
- Ongoing, specific, and timely feedback based on accurate measure of model fidelity (adherence and competence).
 - A systematic and individualized plan of therapist improvement

Quality Assurance

Functional Family Therapy (FFT) has developed a comprehensive Adherence Protocol that is central to successful implementation of FFT. The Web-based computer monitoring and tracking application (Clinical Services System-FFT CSS) is the mechanism to gather, manage and feedback multiple fidelity ratings while also providing real time feedback to therapists and clinical consultants. No single measure adequately portrays therapist dissemination adherence and fidelity. In the FFT system, five measures of quality assurance are used to monitor and track model fidelity.

Quality assurance instruments:

1. Progress Notes (Therapist Report)

At each treatment encounter therapists report on interventions used in sessions to accomplish phase goals and the progress they believed was made in accomplishing these goal(s).

Goal:

- To obtain the therapist perspective of the process of FFT at the level of intervention.
- To provide feedback to the clinical consultant regarding the therapist clinical decision making processes.
- To provide specific areas of concern to be targeted by the clinical consultant in weekly consultation.

Process:

- Therapists complete the progress notes following each session and enter the progress note on the FFT-CSS.
- Clinical consultants review the therapist's progress notes during weekly consultation and determine areas to provide focused help and assistance.

2. Family Self Report (FSR) and Therapist Self Report (TSR)

The Family Self Report (FSR) is a 7-item instrument measuring the client/family experiences in FFT. All family members complete the FSR after the first and the second session of every phase (Engagement and Motivation, Behavior Change, and Generalization).

Goal:

- To obtain the family perspective on their experience in therapy.

Process:

- Families complete the FSR at the above stated intervals.
- FSR's are entered into the CSS by the FFT therapist. FSR's are available for therapist review for self-monitoring.
- Ratings are maintained in the FFT-CSS for use in consultation.

The Therapist Self Report (TSR) is a 6 item instrument measuring the therapist experience of alliance with family members. Therapist will complete the TSR after the 1st and second session of every phase (Engagement and Motivation) Behavior Change Phase, and Generalization.

Goal:

- To obtain the therapist perspective on their experience of alliance with the family.

Process:

- Therapists complete the TSR at the above stated intervals TSR's are entered into CSS by the FFT therapist.
- Ratings are maintained in the FFT-CSS for use in consultation.

3. Weekly Dissemination Adherence & Fidelity ratings (Clinical Consultant Report).

At weekly consultation, FFT clinical consultants rate each FFT therapist on levels of Dissemination Adherence (application of the necessary technical elements that occur outside of the therapy sessions ie. Progress note completion, assessment completion) and Fidelity (clinical adherence and clinical competence ie. the use of model interventions as appropriate by phase and implemented in ways that are unique to family) These ratings represent the FFT therapist's dissemination adherence and fidelity in the case discussed during weekly consultation. Global Dissemination and Fidelity can be determined from ratings of each construct over time (across cases).

Goal:

- To identify specific issues of therapist dissemination adherence and fidelity.
- Identify specific issues of group dissemination adherence and fidelity.
- Provide focused consultation to the working group.

Process:

- Ratings are maintained in the FFT-CSS for use in consultation.
- Issues of dissemination adherence and fidelity addressed in weekly consultation.
- Weekly dissemination adherence and fidelity ratings are entered into the CSS by the FFT clinical consultant. The CSS produces a report of these ratings over time for use by the clinical consultant.

4. Global Therapist Rating (Clinical Consultant Report)

The Global Therapist rating (FFT-GTR) is a 35-item instrument completed by the FFT clinical consultant a minimum of three times each year. The global rating includes assessments of model principles, specific phase based practice, and service delivery profile.

Goal:

- To identify therapist dissemination adherence and fidelity in FFT.
- Provide specific information to therapist and site regarding performance.
- Identification of therapists in need of additional training.

Process:

- Global Therapist Rating completed by the FFT clinical consultant.
- Global therapist ratings are entered into the CSS by the FFT clinical consultant. The CSS generates a report of these ratings.
- Global Therapist Ratings are reported to FFT Quality Assurance Administrator for dissemination to Juvenile Court and/or Regional Administrators.
- FFT clinical consultant provides verbal feedback to therapist.

5. Environmental Feedback Report (FFT QA Administrator Report)

The Environmental Report is an evaluation of the work environment that supports the therapist's adherence and competence to the FFT model. The Environmental Feedback Report is completed annually by the FFT Quality Assurance Administrator.

Goal:

- To identify program environment barriers to successful FFT implementation.
- To identify assessment and referral processes that support or negatively impact successful FFT implementation.
- To provide specific and written feedback to the program in order to enhance the delivery of FFT services.

Process:

- Environmental feedback report is drafted by the FFT Quality Assurance Administrator.
- Environmental feedback report sent to the Juvenile Court Administrator for review and potential discussion.
- Action plan developed (if necessary).

Quality Improvement System

Quality Improvement System is based on the principle that therapists should receive specific and timely information regarding their performance. Successful quality improvement is based on concrete feedback that allows for individualized plans for improvement. Feedback should come from first from the immediate clinical consultant, followed by the FFT State Quality Assurance Administrator.

When a therapist's performance falls below the national standard, the following steps will occur. Administrators will receive reports regarding therapist performance every 90-120 days. When informal improvement plans are implemented, juvenile court and/or Regional Administrators will be notified. When formal improvement plans are required, Juvenile Court and/or Administrators are involved in the development of the plan.

Step 1: Individual Consultation with Therapist

- FFT clinical consultant will call the therapist individually and discuss the issues of concern and develop an individualized method for therapist improvement.
- Individual Consultation with the therapist is the result of one or more of the following: a series of weekly supervision ratings below the standard, problems with therapist progress notes, inconsistent use of CSS and service delivery profile below the national standard (less than five active families for an extended period of time, less than an average of three sessions per family per month for an extended period of time, cases open longer than four months consistently).

Step 2: Informal Improvement Plan

- If therapist adherence performance does not improve the FFT clinical consultant will work with the state FFT Quality Assurance Administrator to develop an informal plan.
- The State FFT Quality Assurance Administrator will consult with the Juvenile Court and/or Regional Administrator to inform them of the ongoing concerns and informal plan development.
- The informal improvement plan may include additional adherence monitoring, individual supervision, or additional training.
- If the informal improvement plan does not result in improved adherence within three months, a formal improvement plan will be implemented.

Step 3: Formal Improvement Plan

- If therapist adherence performance does not improve under the informal improvement plan or if there is risk of harm to clients because of the therapist's performance, a formal improvement plan will be developed lasting not more than six months. The CJAA Advisory Committee and/or Regional Administrators will be informed of formal improvement plans by the FFT Quality Assurance Administrator. Any problems implementing the improvement plan will be referred to the WAJCA Executive Board. This formal plan can include but is not limited to:
 - Increased CSS monitoring (weekly)
 - Co-visits
 - Additional consultation with clinical consultant
 - Reading assignments
 - Videotape instruction
 - Additional formal training – initial three-day or two-day follow up
 - Audio/Video Tape Rating – process used will be as follows:
 - a. FFT therapist audio or videotapes two FFT sessions.

- b. Tapes submitted to FFT clinical consultant, who, in consultation with FFT Quality Assurance Administrator and FFT LLC determines the tape rater.
- c. Video Tapes rated using the FFT-GTR system.
- d. Specific feedback provided to the FFT therapist and may be provided to Juvenile Court and/or Administrator.

Step 4: Removal from FFT Practice

- If therapist adherence performance does not improve under the formal improvement plan, the FFT Quality Assurance Administrator may recommend to the Washington State CJAA Advisory Committee that the therapist be removed from active FFT practice because they are no longer qualified to perform FFT Therapy.

Quality Assurance and Improvement Process

The quality assurance and improvement system is ongoing. The primary goal for new and experienced therapists is to identify problems of model adherence and provide assistance so the therapist can improve their practice. The goal with newly trained FFT therapist is to identify concerns with model fidelity early so additional training and supervision can be provided; for experienced therapists, the goal is to prevent model drift.

New Therapists

Subsequent to the initial three-day clinical training the following steps will occur during the first year of FFT practice.

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality Improvement Activities/Action
Initial Clinical Training	Observation	Overall assessment provided to Juvenile Court and/or Regional Administrator on all therapists following initial training by FFT Quality Assurance Administrator
FFT Cases (on going, minimum of five active for part time therapists and 10-12 cases for full time therapists)	Progress note FSR and TSR Monthly Session Average Based on 1 hour session per family per week	<i>Activity:</i> Information monitored by FFT clinical consultant through CSS and weekly consultation <i>Action:</i> FFT clinical consultant provides feedback in weekly consultation
Consultation (on going, minimum of four hours per	Weekly Supervision Checklist	<i>Activity:</i> Supervision Rating entered on the CSS by FFT clinical consultant

month)		<p><i>Action:</i> Information monitored by FFT clinical consultant and FFT Quality Assurance Administrator</p>
<p>Follow-up training #1 (Approximately 90 days after initial training)</p>	<p>FFT trainer provides feedback to FFT clinical consultant and FFT Quality Assurance Administrator</p>	<p><i>Activity:</i> Verbal feedback provided to FFT clinical consultant based on therapist participation</p> <p><i>Action:</i> FFT clinical consultant incorporates feedback into weekly consultation</p>
<p>Follow-up training #2 (Approximately six months after initial training)</p>	<p>FFT trainer provides feedback to FFT clinical consultant and FFT Quality Assurance Administrator</p>	<p><i>Activity:</i> Verbal feedback provided to FFT clinical consultant based on therapist participation</p> <p><i>Action:</i> FFT clinical consultant incorporates feedback into weekly consultation</p>
<p>Follow-up training #3 (Approximately nine months after initial training)</p>	<p>FFT trainer provides feedback to FFT clinical consultant and FFT Quality Assurance Administrator</p>	<p><i>Activity:</i> Verbal feedback provided to FFT clinical consultant based on therapist participation</p> <p><i>Action:</i> FFT clinical consultant incorporates feedback into weekly consultation</p>
<p>Global Therapist Rating(GTR) (ongoing every 90-120 days)</p>		<p><i>Activity:</i> GTR entered on the CSS</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> • GTR completed by FFT clinical consultant • GTR feedback provided to therapist by FFT clinical consultant • GTR reviewed by FFT Quality Assurance Administrator • Juvenile Court and/or Regional Administrators provided with GTR adherence/competence levels of each therapist at their site by FFT Quality Assurance Administrator

Timeline for experienced FFT Therapists

Training/ Clinical Activity	Quality Assurance/Improvement Activity	Quality improvement Activities/Action
FFT Cases (on going, minimum of five active for part time therapists and 10 -12 for full time therapists)	Progress note FSR and TSR Monthly Session Average Based on 1 hour session per week per family	<i>Activity:</i> Information monitored by FFT clinical consultant through CSS and weekly consultation <i>Action:</i> FFT clinical consultant provides feedback in weekly consultation
Consultation (on going, minimum of four hours per month)	Weekly Supervision Checklist	<i>Activity:</i> Supervision Rating entered on the CSS by FFT clinical consultant <i>Action:</i> Information monitored by FFT clinical consultant and FFT Quality Assurance Administrator
Global Therapist Rating(GTR) (ongoing every 90-120 days)		<i>Activity:</i> a. GTR entered on the CSS <i>Action:</i> <ul style="list-style-type: none"> • GTR completed by FFT clinical consultant • GTR feedback provided to therapist by FFT clinical consultant • GTR reviewed by FFT Quality Assurance Administrator • Juvenile Court and/or Regional Administrators provided with GTR adherence/competence levels of each therapist at their site by FFT Quality Assurance Administrator
Informal Improvement Plan	Global Therapist Rating CSS Review Weekly Supervision Checklist	<i>Activity:</i> a. GTR entered on the CSS b. CSS reviewed for service delivery profile including review of Weekly Supervision Checklists <i>Action:</i> a. Overall feedback provided to therapist

		<p>by FFT clinical consultant</p> <p>b. Informal agreement developed outlining areas for therapist to focus on in the next three month period. (The informal improvement plan may include additional adherence monitoring, individual supervision, and/or additional training)</p> <p>c. Informal plan shared by FFT clinical consultant with FFT Quality Assurance Administrator</p> <p>d. Juvenile Court and/or Regional Administrators may be provided with elements of the informal improvement plan for the therapist at their site by FFT Quality Assurance Administrator, if deemed necessary</p>
<p>Formal Improvement Plan (upon unsuccessful completion of informal improvement plan not to last more than six months)</p>	<p>Global Therapist Rating</p> <p>CSS Review</p> <p>Weekly Supervision Checklist</p> <p>Informal Plan Outcome</p>	<p><i>Activity:</i></p> <p>a. GTR entered on the CSS</p> <p>b. CSS reviewed for service delivery profile including review of Weekly Supervision Checklists</p> <p>c. Outcome of informal improvement plan items reviewed</p> <p><i>Action:</i></p> <p>a. Formal plan drafted by FFT Quality Assurance Administrator in concert with FFT clinical consultant</p> <p>b. Formal plan presented to FFT therapist by FFT Quality Assurance Administrator and FFT clinical consultant</p> <p>c. The CJAA Advisory Committee and/or Regional Administrators will be informed of formal improvement plans by the FFT Quality Assurance Administrator. Any problems implementing the improvement plan will be referred to the WAJCA Executive Board.</p>

Attachments: FFT Consultant QA Standards
 FFT QA Measures for Therapists, Consultants, and Supervisors