

Frequently asked questions

My insurance doesn't cover FFT, how do we pay for services?

FFT accepts a flat monthly, sliding scale fee based on the number of family members in the home, and the yearly household income. When the referral is received, FFT Team Leader assess with the family what that amount would be.

We have busy schedules, and the only time we can meet is after 5pm

FFT Clinicians are very flexible in their schedules to make time for sessions with families that are busy with work/ activities/etc. Our last sessions can be scheduled around 7pm.

We are currently involved with other therapeutic services, can we still do FFT?

Typically, we require that other therapeutic interventions are put on pause during the duration of FFT services due to the evidence based nature of the program. Exceptions can be made on a case by case basis, and after the initial evaluation on the client's needs is completed.



Wellmore Functional Family Therapy

Wellmore Behavioral Health
Home Based Services
141 E. Main St
Waterbury, CT, 06702

Phone: 203-575-0466 x1135
Fax: 203-575-1817
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FFT is currently implemented in 45 states and 10 countries around the world!

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What is FFT?

FFT is a short-term, high quality intervention program with an average of 12 to 14 sessions over three to five months. FFT works primarily with 11- to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school or child welfare systems. Services at Wellmore are conducted in the home with all family members present.

FFT is a strength-based model built on a foundation of acceptance and respect. At its core is a focus on assessment and intervention to address risk and protective factors within and outside of the family that impact the adolescent and his or her adaptive development.

FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques.

- Engagement* The goals of this phase involve enhancing family members' perceptions of therapist responsiveness and credibility.
- Motivation* The goals of this phase include creating a positive motivational context by decreasing family hostility, conflict and blame, increasing hope and building balanced alliances with family members
- Relational Assessment* The goal of this phase is to identify the patterns of interaction within the family to understand the relational "functions" or interpersonal payoffs for individual family members' behaviors.
- Behavior Change* The goal of this phase is to reduce or eliminate referral problems by improving family functioning and individual skill development.
- Generalization* The primary goals in this phase are to extend the improvements made during Behavior Change into multiple areas and to plan for future challenges.

Referrals:

Referrals can be made by DCF, Probation, Schools, other community providers, hospitals, as well as self referrals from families. Referrals must include a Release of Information signed by parent or guardian. They can be faxed to 203-575-1817

Payment:

Please be advised that HUSKY is the only insurance that pays in full for FFT. Co-pays/Sliding Scale Fee will be required for privately insured families; however, no family will be refused services due to financial reasons.

Program Requirements:

Identified clients must be between the ages of 11-18. Services will be conducted in the family's home with all family members present for each session. Exceptions are made on a case by case basis. It is expected that the family will schedule 1-2 sessions on a weekly basis. Privacy policies, home based therapeutic contract, and consent to treat, as well as any other necessary paperwork will be reviewed and completed upon intake with the family.

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