

**LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.
JOB DESCRIPTION**

DATE ESTABLISHED: 9/03/2019
DATE AMENDED: 3/24/2023

TITLE OF POSITION: Functional Family Therapy Child Welfare Master's Level Counselor

POSITION NUMBER: MH-50

PROGRAM: Bay Children Services

COMPONENT: Functional Family Therapy Child Welfare Team

MINIMUM TRAINING, CREDENTIALS AND EXPERIENCE REQUIRED: Master's degree in psychology, social work or related human services discipline preferred and minimum of two years' experience working with children and families, preferably experience with the child welfare population; or Bachelor's degree in psychology, social work or related human services discipline with anticipation of obtaining a Master's degree in psychology, social work or related human services discipline within 4 months of hire. Must have a valid Florida driver's license and meet all Center requirements for vehicle operations and transportation of clients in Center and non-Center vehicles. Requires the ability to work with families in their homes and the flexibility to work when families are available to meet, including evenings and weekends. Strong clinical, communication, strength-based, and family-centered skills required. This position requires a counselor who can work independently but also work successfully as a team member.

Will require training, upon hire, in the Functional Family Therapy model and strong adherence to the fidelity of the model in practice with families.

Completion of Cardiopulmonary Resuscitation and Basic First Aid training (within six months of hiring).

Compliance with minimum standards for screening of mental health personnel as contained in F.S. 394.4572.

SUPERVISOR: Children Services Program Director

POSITIONS SUPERVISED: None

WAGE AND HOUR STATUS: Exempt: XXX (Professional)

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: *

ESSENTIAL FUNCTIONS: (Essential functions of this position are listed below. The position also includes additional functions as needed and/or assigned by supervisor.)

1. Complete comprehensive evaluations that address family and youth needs, abilities, strengths and preferences. Address family dynamics that are relevant to successful youth

*Expectations regarding quality and quantity of work are further delineated in the criteria-based performance appraisal.

functioning.

2. Develop behavior and generalization plans that address both child and family factors.
3. Work with families toward the implementation of the behavior and generalization plan with emphasis on helping children and family members to achieve resilience and autonomy.
4. Provide functional family therapy treatment.
5. Participate in staffing and consultations in collaboration with the family and child welfare professionals with whom the family is involved.
6. Assist families with establishing a natural support system that provides ongoing support during and post program participation.
7. Provide support and education to family members to help them become knowledgeable about the functional family therapy model, collaborate in the treatment process, and facilitate the family's progress.
8. Regularly attend organizational staff meetings to assess client status and progress, to coordinate treatment activities, and to work collaboratively with other FFT team therapists.
9. Participate in staff training regarding skill development in the Functional Family Therapy-Child Welfare model.
10. Perform client related documentation in accordance with Center policies and procedures, component specific guidelines and contract provisions, as applicable.
11. Refer for client services as indicated.

OTHER ESSENTIAL FUNCTIONS:

1. Travel is required between clinics and other sites including homes, schools and community locations where clients are served.
2. Maintain after hour availability as required by the needs of the clients.

Physical & Other Requirements:

Activity	Expectation		
Standing	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Sitting	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Driving vehicles	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Lifting and/or carrying	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Bending and/or stooping	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Climbing Stairs and/or Ladders	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Walking or Moving (between offices, other facilities, etc.)	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Other (lift above waist/reaching etc., please explain) N/A	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent

*Expectations regarding quality and quantity of work are further delineated in the criteria-based performance appraisal.

Speaking: Yes No
 Hearing: Yes No
 Reading Comprehension: Yes No
 Repetitive motion with hands, wrists, arms
 (e.g keyboard, typing, handwriting, etc.) Yes No
Ability to lift and carry up to 10 pounds. Yes No

Ability to handle stressful situations: Minimal Moderate Frequent

	Infrequent	Occasional	Frequent	N/A*
Travel Same Day	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel Overnight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime (Non-Exempt only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Holidays/Weekends	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Work (PMs/Midnights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Copy received by:

Date: _____

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