

Functional Family Therapy With the Juvenile Population

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Topics

- Functional Family Therapy Model
 - Three Phases
 - Focus of Each Phase
 - Sample Interventions
 - Web-based Outcomes
- Effectiveness Research
- Training Protocol
 - Full Training Implementation

*Slides on FFT model and outcomes courtesy of FFT National Training Center

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Functional Family Therapy- FFT

- Research-based prevention and intervention program for at-risk adolescents and their families
- Developed by James Alexander, University of Utah
 - Starting in 1970
- FFT, LLC. www.fftllc.com

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FFT Target Population

- Youth (10-18)
- Appropriate for the full recidivism risk continuum
- Presenting serious delinquency, violence and/or substance use
- Diversion
- Child welfare involved
- Family conflict

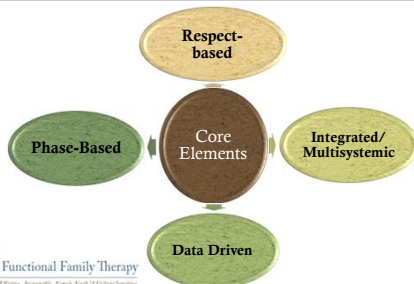
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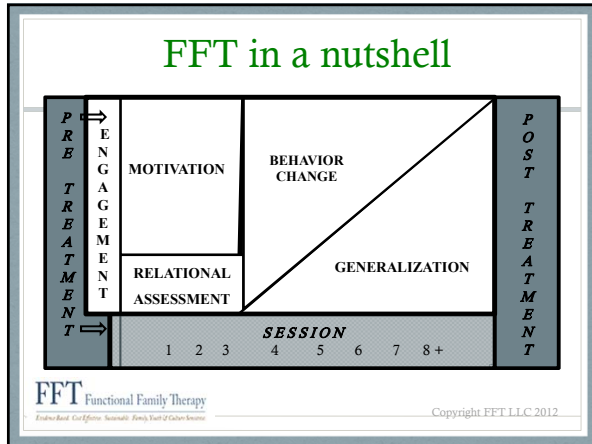
FFT Model

- All about changing the ratio of Protective to Risk Factors: Reduce risks, increase protective factors
- Therapist assumes responsibility for
 - **Engagement:** relies on FFT Core Principles
 - **Interventions:** give family members hope even before behavior change occurs
 - **Develop:** a "roadmap" for change with families
 - **Provide:** tools to be successful in the context of their own values and culture

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FFT Principles





FFT Phases

ENGAGEMENT AND MOTIVATION

GOALS: Reduce blame and negativity, build a balanced alliance, increase hope, understand problem as relational

Engagement

- Start with engaging all the key players
- “Engagement” means everyone feels respected and understood
- Start to change the focus away from the “problem attribution”
 - E.g. “Fix My Kid,” “My mom won’t get off my back,” “He’s just a lazy bum”
- Start to change focus toward family patterns
 - “So you are a family who...”

Motivation Is KEY

- Motivation comes from seeing problems relationally
- Motivation comes from feeling respected and understood **FIRST**
- Motivation comes from understanding how I contribute to the overall problem

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FFT E&M Examples

Engagement comes from feeling respected and understood:

- When mom is complaining loudly about everything her son does wrong
“Wow, you really care about your son, you care about what happens”
- Then “So this is a family who really cares and never gives up no matter what” (Strength Based Relational Statements)
- Changing focus away from youth to pattern when mom complains loudly—
“okay, mom, so I’ve heard that care when he takes off at night, what happens when he comes home? What happens when he is gone?”
(Sequencing)
- “So when he is gone you stay up, pacing and calling people and trying to get your husband to go look for him. So by the time he gets home you have this added frustration of all the energy you put in and not feeling like you have help? Kiddo, I’ll bet you didn’t quite realize that she isn’t just mad at you: she is worried and also frustrated with lots of people and herself”

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FFT E&M Examples

Motivation comes from understanding the pattern, understanding how I (person in family) contribute to the problems (pattern we get stuck in), and seeing the problem relationally (not as one person)... This is AFTER Engagement

- “So really how I see this family is like you have all weathered these storms together, that ocean out there is pretty choppy, and each of you grabs a paddle to save the boat... but you are all paddling in different directions and not even looking at each other for help” (Relational Theme)
- “So mom, when you get worked up like this and start yelling and threatening, I can see how it comes from this fear you have after everything you have all been through. You are desperate to keep him safe. But he doesn't know that because all he hears is the threatening.” (Reframe)

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FFT Phases

BEHAVIOR CHANGE PHASE

GOALS: Practice skills that reduce risk factors and increase protective factors, impact positive change in family, practice skills outside of session

- Skills based
- CBT type interventions
- Builds on the skill deficits seen in the behavioral pattern
- Addresses risk factors
- Builds on protective factors
- MATCHES to family relationally

FFT BC Example

Behavior Change Phase Plan

- Risk: youth substance use, Mom negativity, lack of coparenting
- Protective: both parents engaged, youth likes to draw, aggressive communication can be assertive
- Skills: Youth- Functional Analysis of Substance Use, then trigger avoidance, stress reduction, peer inoculation
- Mom- Sandwich technique for communication
- All- SODAS to address lack of coparenting and youth one up.
- Matching to relational functions

FFT Phases
GENERALIZATION

Opportunity to “make it stick”

- Goals
 - **generalize** change to other areas, to work on **relapse prevention**, and to connect to **resources** that will maintain change (always looking at risk and protective factors)
- Generalize by practicing the same skills with different problems or outside people (school, girlfriend, PO, etc)
- Relapse Prevention- written, triggers to go back to old pattern, how each of them look in old pattern, how to get back on track
- Resources– community based and natural resources are first choice. We want to de-systematize whenever possible!

Concurrent & Sequential Services

- Are services compatible and complimentary?
- Compatible services have common theories for change
- Complimentary services have additional benefit without being overwhelming
 - Eg. Medication services
 - Eg. Individual or skill building interventions
- Be thoughtful and COLLABORATE
- Intended as a guideline to be applied to each situation as appropriate
- Exceptions are made when appropriate

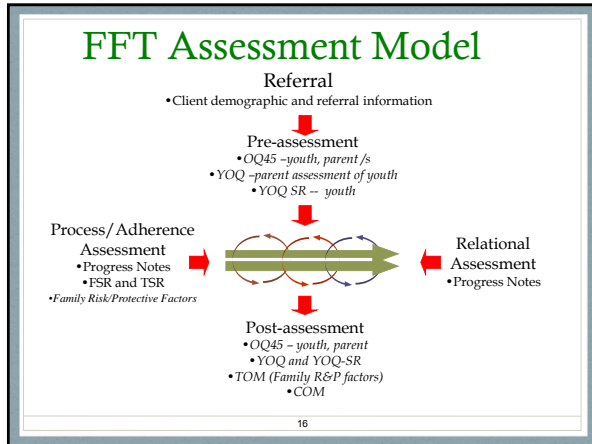
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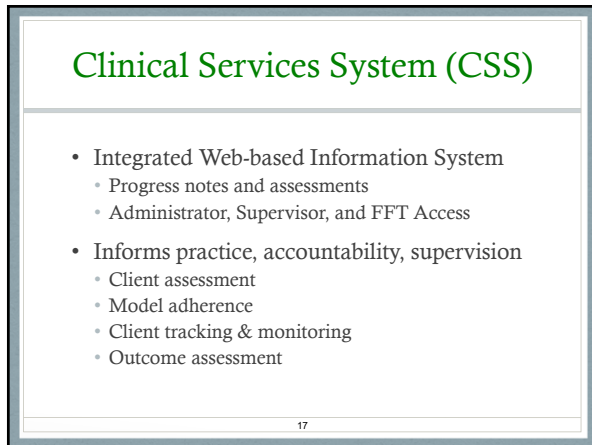
Concurrent & Sequential Services

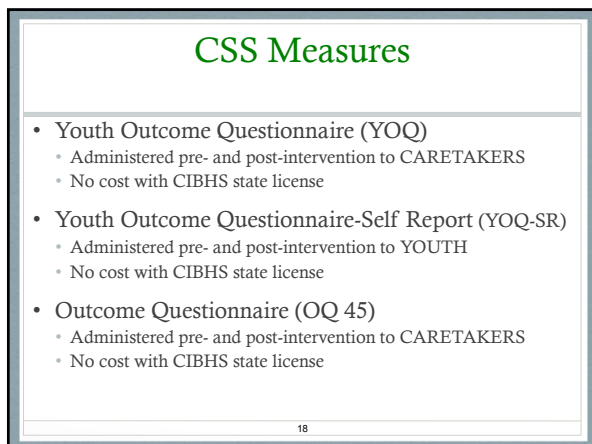
Contradictory, redundant or excessive

- Contradictory services have competing theories for change
- Redundant or excessive services address the same issues and/or tax youth and family resources
 - Individual therapy, Process groups
- Again, be thoughtful, apply as appropriate to each individual situation
- Contradictory or redundant services may detrimentally impact outcomes

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CSS Measures

- Progress note (built into CSS)
- Family Self Report 1 (**FSR-1**)
 - Administered after the 1st session
 - No cost from FFT
- Family Self Report (**FSR**)
 - Administered after the 2nd session
 - Administered on the 1st session of each phase
- Therapist Self Report (**TSR**)
 - Administered after the 1st and 2nd sessions of each phase
 - No cost from FFT
- Client Outcome Measure (**COM**)
 - Administered post-intervention
 - No cost from FFT
- Therapist Outcome Measure (**TOM**)
 - Administered post-intervention
 - No cost from FFT

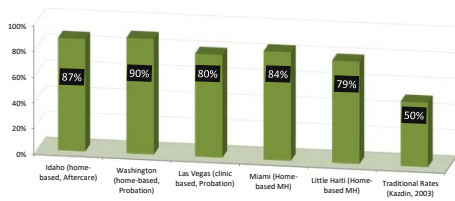
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FFT Outcomes

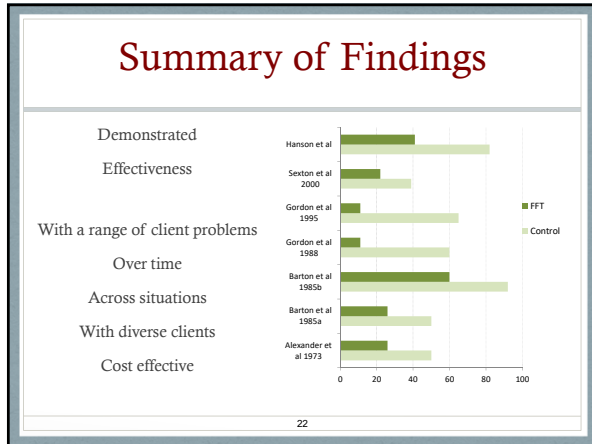
- Low treatment drop out rate
- Reduction in criminal activity
- Reduction in violent behavior
- Reduces younger siblings' high risk behaviors
- Improved family interactions
- Decreases family negativity and hostility
- Decreases child behavior problems
- Decreases the need for out of home placement
- Increases parenting competencies

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FFT Research Foundations Engagement and Retention

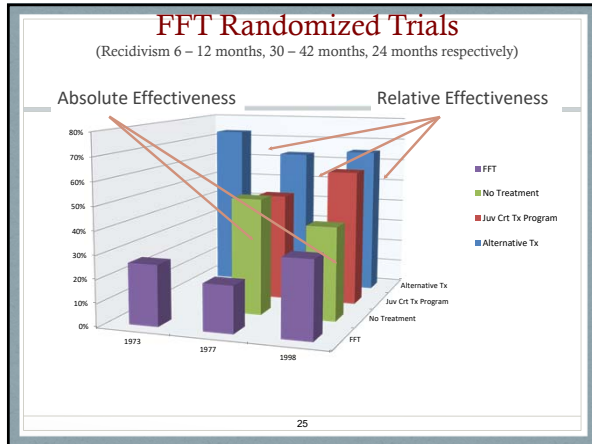


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- ### Specific Outcomes
- Clinical Trials (5 studies)
 - 50% reduction in recidivism as compared to alternative family treatment/group treatment for up to 2 years
 - 50% reduction in recidivism of siblings of referred youth
 - 50% reduction in violent felony crimes
 - Significant reduction in drug use as compared to CBT, psycho-education and group treatment
 - Improved family functioning
 - Significant cost effectiveness (up to \$14.87 return for each dollar spent)
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- ### Specific Outcomes
- Comparison Studies (6 studies)
 - 22%-60% reduction in recidivism for up to 5 years for violent drug abusing youth
 - 50% reduction in out of home placements
 - Significant reduction in crime severity for those who do re-offend
 - Significant reductions in youth, mother, father interpersonal distress/somatic complaints
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WA: Randomized Community-Based Replication (Washington Institute for Public Policy, 2003)

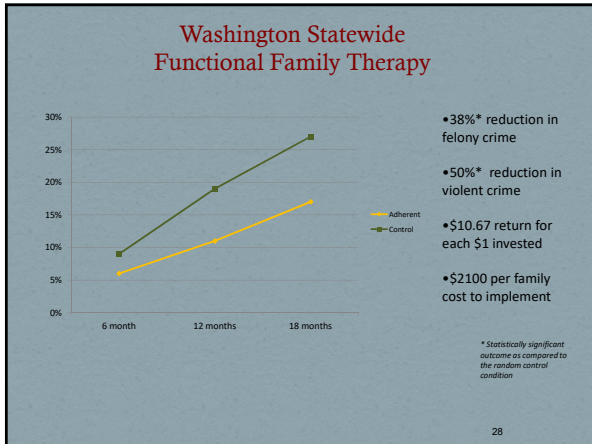
<u>Client profile</u>		<u>Risk factors</u> (Washington State Risk Assessment)	
Out of school	46.39%	Drug Use/abuse	85.40%
Gang involved	16.10%	Alcohol use/abuse	80.47%
Out of home placement (more than one)	10.51%	Diagnosed conduct disorder/ODD	82.00%
Runaway (more than once)	14.10%	Mental Health Dx	27.03%
Experienced abuse	46.04%		

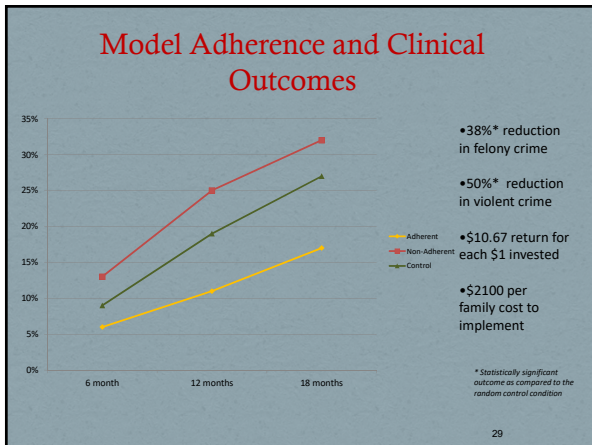
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Washington State Outcome Study Crime History

- Age at first offense
 - Before age 12 13.1%
 - Age 12 - 14 63.8%
 - Age 14 - 17 23.4%
- Types of Crimes
 - Misdemeanors 41.5%
 - Felony 56.2%
 - Weapons charge 10.4%

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- ## FFT Training/Consult
- Establishing proficiency--year 1 (phase I)
 - Prepare implementation plan
 - Initial clinical training (3-days)
 - Site visit #1 (2-days)
 - Site visit #2 (2-days)
 - Site visit #3 (2-days)
 - Second clinical training (2-days)
 - Weekly phone clinical consultation (50 hours)
 - Routine use of Clinical Service System (CSS)
 - Full caseload
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FFT Training/Consult

- Maintaining proficiency--year 2 (phase II)
 - One FFT therapist attends externship training (three, 3-day visits)
 - Extern trained therapist attends supervisor training in Lima, OH or Florida (two, 2-day visits)
 - Bi-weekly phone consultation for supervisor
 - Site visit (1-day)
 - Maintain, at least, minimum caseload (6-8 families)
 - Routine use of CSS
 - Replace team supervisor when turnover
 - Replacement training series when therapist turnover (one, 3-day training, and three, 2-day trainings)

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FFT Training/Consult

- Maintaining proficiency--year 3+ (phase III)
 - Site supervisor attends annual training
 - Monthly phone consultation for site supervisor
 - Maintain, at least, minimum caseload (5 families for part time practitioners, 10-12 for full time practitioners)
 - Routine use of CSS
 - Replacement training when therapist turnover (one, 3-day training, and three, 2-day trainings)

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Let's Chat!



Santa Clara Valley Medical Center3

ACTIVITY: Functional Family Therapy in the Juvenile Population
DATE 3/23/17

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