Functional Family Therapy
Contingency Management

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Enhancing EBTs with Contingency Management (CM)

- CM is a behavioral approach that involves providing low-cost tangible items (e.g., gift cards, vouchers) to patients who demonstrate a targeted behavior change while enrolled in substance abuse treatment (Stitzer & Petry, 2006).
  - The probability of drug use decreases when alternative reinforcers are made available in the environment (Carroll et al., 1989; Higgins et al., 1999).
  - The positive effects of motivational incentive programs using low-cost reinforcers and urine screening have been noted across a variety of substances and behaviors, including abstinence, therapy attendance, HIV-risk behavior and recidivism (Carroll et al., 2001; Ghitza et al., 2008; Petry et al., 2005; Rhodes et al., 2003; Stitzer & Petry, 2006).
A substantial proportion of substance-abusing youths never improve and others relapse following the end of treatment.

*FFT CM goal: larger proportion of youth and parents improve and sustain changes long-term*
History of FFT–CM

- As part of the **Blue Sky Project**, all models agreed to develop and implement tailored substance abuse protocols**
  - What is unique to the protocol developed was that urine analyses (as part of the CM module) were conducted by FFT therapists during home-based sessions.
  - To accomplish this, the CM module had to maintain the FFT model principles (strength-based, alliance driven, relationally focused) while conducting individually-driven activities (UA completion).
  - As the protocol was being developed, it was not planned to only target youth drug use but also potentially target any family members’ (parents, siblings) drug use. This maintained the balanced alliance principle.

**Based on Waldron (ORI) and Alexander (FFT progenitor)**
Early Results of FFT–CM

- 81 families received FFT–CM
  - 90% of families eliminated substance abuse
    - Primary target was youth but some families included youth, parent and sibling SA targets
    - 71% eliminated substance use and all referral behaviors
    - 19% eliminated substance use but did not sustain all referral behavior elimination by end of treatment
    - 10% never tested clean
Protecting FFT Fidelity

- To have any chance of this to be successful, it had to maintain the FFT core principles of:
  - FAMILY is our client
  - Maintain a relational (not problem) focus
  - Balanced alliance
  - Match to relational functions

- In the end, instead of thinking of CM as a completely different approach to BC Phase, CM was thought of as a very organized and referral behavior specific protocol of BC resulting in elimination of substance use (youth or parents)
Phases in FFT

PRETREATMENT

ENGAGEMENT

MOTIVATION

RELATIONAL ASSESSMENT

BEHAVIOR CHANGE

GENERALIZATION

SESSION

1 2 3 4 5 6 7 8 +

POSTTREATMENT

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### FFT “Attitude”

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Family-Based</th>
<th>Accountable to families</th>
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| • Respectfulness  
• Non-judgmental  
• Strength-based | • Relational vs. Individual  
• Balanced alliances  
• Matching to individuals, relationships, family, and environment | • Specific and individualized change  
• Fidelity to model |
Therapist Characteristics

Traits
- Flexibility
- Humble
- Compassionate
- Warm
- Directive

Fearless
- Advocacy
- Committed
- Relentless
- Taking Risks
Beginning with “Family First,” we need to understand and work with what “drives” them (what they bring to us).

And be able to use that knowledge to tailor our interventions during every phase so that the youth and family can and will follow them, change in a positive direction, and be able to maintain those positive changes.

Family (Relational) Assessment is our Initial Focus.
Engagement Phase

- Enhance perception of responsiveness and credibility

Goals

- Superficial qualities
  - Persistence
  - Matching

Skills

- Immediate responsiveness
- Strength-based and relational

Focus

Activities

- Availability
  - Phone reach out,
  - Frequency
Motivation Phase: Creating a Context for Change

- Decrease conflict
- Increase hope
- Facilitate relational focus
- Balanced Alliances

- Interpersonal
- Clinical
- Contingent
- Responsive

Goals
Skills
Focus
Activities

- Strength-based
- Relational
- Non-judgmental
- Respectful

- Change Focus
- Change Meaning

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Creating a Motivational Context

• Consistent and contingent responding to disrupt blame and create hope
• Accommodate to the family without challenging individuals or relational functions
  • Matching
Why do we try to Change Meaning Interventions?

Pause, stop, interrupt, and prevent the escalation of Negativity, Blame, Self-debasement, Anger, Rage

Reframes and Themes….

1 – a necessary quality in the face of negativity
2 – emphasize possible positive, noble, well intended but misguided), or at least more benign nature, of behavior
3 – are less likely (than other interventions) to add to defensiveness, alienation, and disruption of the alliance process
4 – do not come across as “taking sides;” instead they are offered to everyone and for all “bad behavior(s).”
What reframing and themes are not...

- Just Empathy…
  “I understand your pain…”
- A “traditional Interpretation” ( “underlying truth”)
  “what this really means is …”
- Simply “supporting” ..
  “It just feels bad now, it will be better soon...you know you really love each other”
Examples of Theme Hints that can lead to Themes/Reframes

- Anger implies (underlying) hurt or loss
- “Guilt” theme
- Depression = not “giving up” on others
- Defensive behavior reflects emotional links
  - “You don’t know how lucky you are!”
- Nagging reflects importance
- Pain interferes with listening
- Frightened by differences
- Need to feel OK about self in context of problems
  - Even if what I’m doing doesn’t “work”
- Protection
- Giving up so much power to someone else
- Youngest / oldest .... Trying to “fix” parent(s)
Examples of how to view substance use relationally, strength-based?

- Youth who drinks excessively to stop himself from hitting his brothers and from hurting his grandmother.
- Mother who drinks excessively (to point of passing out) to prevent herself from beating her children.
- Youth who smokes 3 blunts daily when feels rejected by family due to sexuality and to cope with boyfriend being murdered.
FFT-CM E&M Phases—The Same

- Engagement and Motivation—no changes
  - No incentives used
  - No UA’s conducted
  - Not focused on the behavioral elements of substance use.
- Changing meaning of substance use
- Repairing family bonds (emotional damages)
- Creating motivation to change and specifically to change substance use
Relational Assessment Phase

Goals
- Formulate relational assessment
- Plan for behavior change

Skills
- Perceptiveness
- Understanding systems and relationships

Focus
- Within family patterns
- Extra-familial patterns

Activities
- Elicit and analyze information about patterns
- Observation

Goals, Skills, Focus, Activities
Behavior Change Phase

- Eliminate referral problems
- Improve family interactions
- Build skills

Focus
- Changing behaviors and interactions
- Compliance

Goals

Skills
- Directive
- Teaching
- Structuring

Activities
- Facilitating tasks
- Modeling / Coaching
- Homework

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FFT–CM Behavior Change Phase

- Family must be demonstrating evidence of motivation to alter SA behaviors
  - Examples of evidence?
- Therapist must have clearly and specifically developed BC Phase Plan that considers:
  - What core family skills that once built, will alter the family interactions/patterns that sustain SA & other problem behaviors
  - How the substance use CM functional analysis (ABC) will build off core skills and what additional strategies may be needed to address triggers for using
  - Must have clear understanding of how relational functions have reinforced substance using behaviors in family patterns
  - If appropriate, how to teach family members to provide relational function–based incentives to motivate behaviors to replace SA
- Will target core generalizable family skills and behavioral strategies specifically targeting the SA symptoms
FFT–CM BC Phase Protocol

- UA’s or breathalyzers
- ABC for Substance Use (functional analysis)
- Identification of healthy/alternative behavior and activities to replace substance use
- Self-Monitoring Records
- Incentive Record
- Family Incentives (based on relational functions)
- Core skills
- Specific Behavioral Strategies
Behavior Change Process

- Behavior Change is about eliminating problem behaviors of all family members through...
  - Core skill development (parenting, communication, supervision and monitoring)
  - Specific behavioral strategies that target triggers for substance use (CBT strategies for mood and anxiety triggers, relationship skill strategies for relational triggers, etc)
  - Shifting Relational Functions to reinforce healthy behaviors
  - Considering developmental stages (and cognitive abilities) of family members
Relational Incentive Examples

- After teaching family about their Relational Functions, you can link this to reinforcing negative/clean UA’s and breathalyzer’s.

- For youth-parent “connected” relationship:
  - For negative UA, youth and parent plan an activity that allows them to spend time together
    - Styling each other’s hair, cooking dinner together, watching a movie/TV together, playing video games together

- For youth-parent “autonomous” relationship:
  - For negative UA, youth and parent plan an activity that allows youth some alone time
    - Youth has the TV to themselves, youth gets an extra hour to stay at friends house (assuming non-trigger friend), youth plays games alone

- Midpointing functions require more planning:
  - Has youth been home all day with parent or out of home all day?
  - What portion of midpointing is more powerful for reinforcement opportunity?
Reinforcing Behaviors Leading to Eliminated Substance Use

- When completing the ABC for Substance Use, triggers for substance use will be identified
  - Violating curfew, skipping school, going to peer’s home, etc
- When teaching families to reinforce desired behaviors don’t need to wait for first clean UA
- Reinforce (relational functions) coming home at curfew, going to school, not going to peer’s home, being open/honest in session
ABC for Substance Use

- Overarching Goals:
  - Family skill development linked to substance use
  - Building family comfort/confidence discussing SA
  - Identifying the triggers and outcomes (especially positive ones) of SA
  - Identifying healthy alternative behaviors to replace SA and achieve same positive outcomes
ABC for Substance Use

- In addition to family skill development, goal is to get the baseline for substance use so that we can measure change over time
  - What specific substances
  - How much of each
  - How often
- Identify behaviors that can be immediately reinforced to build up to substance use elimination
ABC for Substance Use

- Also to create more family awareness of triggers for use by talking about them together
  - Family conflict
  - Functions not being met in proactive ways
  - External family triggers
- Enhance family support, enhance monitoring
Triggers for Substance Use

Once triggers are identified, will prompt therapist to seek more trigger-specific behavioral strategies for family...for example:

- Mom identifies trigger of negative automatic self-thoughts as trigger for drinking
  - Find CBT thought-stopping interventions
- Mom identifies that feeling unappreciated by partner triggers her to drink
  - Find Couples Therapy Caring Days intervention
- Youth identifies depressive mood triggers desire to smoke pot
  - CBT strategies (mood diary daily tracking; identifying activities that spiral mood up, etc)
Bringing it All Together...

- Linking the triggers (thoughts, feelings) to behaviors (substance use)
- Can use last page of ABC as a way to make clear what has been identified
  - Triggers: what new strategies are being implemented to reduce power of triggers
  - Healthy alternative behaviors...do these get the same positive outcome as substance use does?
    - What’s needed to do these alternative behaviors and activities?
    - Who (other family members, friends, etc) does it require?
Healthy Alternative Behaviors

- Comes at end of ABC for Substance Use
- Goal is to educate, build skills, and replace substance use behaviors
  - Teach family how different (healthy) behaviors can replace the substance use behaviors when triggered...WHAT ARE THE POSITIVE OUTCOMES OF SUBSTANCE USE FROM ABC???
    - For example, *if* anxiety after being ridiculed at school is a trigger to get high, what additional behaviors achieve the same outcome (reduced anxiety)?
    - *If* drink to avoid hitting your kids, *what* other strategies achieve same protective outcome?
    - *Want this to be organized around a “healthy” behavior or family activity that the youth/parent enjoys doing*
Evidence of Progress in Behavior Change

- Family members practicing new skills, new strategies and new behavioral modification (via relational functions) during and between sessions
- As Behavior Change sessions progress, therapists should find themselves shifting from constant coaching and modeling to less frequent prompts during session role plays
- Outside of sessions, do all family members...
  - participate in homework?
  - provide examples of new ways they are using skills practiced with therapist?
  - Practice new strategies to increase desirable behaviors by proactively using relational functions as reinforcement?
FFT-CM BC Phase Monetary UA’s

$100-150 for each family member being tested
- Behavior Change: 8 sessions
  - $5 for each clean UA in session
  - $2.50 for each homework completion by family
- Generalization: 3 sessions
  - $5 for each clean UA in session
- This leaves $25 for discretionary use
  - Specific homework assignments targeting school attendance and curfew compliance
  - A particularly more difficult homework task
  - After multiple negative UA’s
  - For first negative UA for families that have struggled to achieve clean UA
Relational Functions & UA’s

- As with all things in BC, any changes to the family patterns must maintain functions
- No different with UA’s:
  - Family does the UA together
    - Who will watch, who will start the UA process?
  - Family reviews and reports UA results
    - Who announces results?
    - How long do they discuss the results?
  - How much quantity of interaction occurs for negative UA and for a positive UA?
  - How can quantity of interaction be delivered to motivate SA elimination?
Relational Incentives

- In this protocol, we think of the monetary incentive as the “icing on the cake”...the longer lasting and more motivating incentive is the proactive use of relational functions to support changing SA behaviors
- Matching is the linchpin
- Clearly and specifically establish family incentives that will be provided for negative UA’s...and plans for positive UA’s
- Will record both family-based and monetary incentives on Incentive Record
Generalization Phase

- Link to formal and informal systems
- Plan for future challenges

- Interpersonal
- Structuring
- Case Management

- Extend change
- Exta-familial community resources

Maintain individual and family change
Facilitate change in multiple systems

Goals
Skills
Focus
Activities
FFT–CM Generalization

- Same Generalization goals:
  - Continue to practice skills on new internal family situations...ROLE PLAYING IN SESSION
  - Practice use of new skills with external family situations...ROLE PLAYING IN SESSION
  - Support change through links to additional resources (MATCH TO FUNCTIONS!!)
    - AA, NA, skills trainer, job
  - RELAPSE PREVENTION
FFT–CM Generalization

- Relapse Prevention
  - As with all families, want to be really clear about what the triggers for relapse (of any altered behaviors) will be
  - Go back to ABC for Substance Use
    - You and the family have already done the work of identifying very specific triggers...now need to develop strategies to minimize triggers or to manage when have a relapse
  - Strategies for when substance use reemerges
    - Role play and practice these plans
  - Attitudes for when substance use reemerges
Falling Back into Old Patterns

- Achieving Relational Functions in new ways was the work of Behavior Change...what happens when circumstances change and Functions can no longer be met this way?

- Anticipating Relapse Triggers...
  - For example, if Youth-Mom is Midpointing and the new strategy to get some interaction with Mom (meet Mom at bus stop and walk home together after work) changes (Mom’s work schedule changes and gets home before youth comes home from school)...can trigger youth to resume old ways of getting attention from Mom.
  - During sessions, help family develop new strategies in response to work schedule change.