CA Symposium 2016
April 22, 2016
Session 4
Innovations in FFT with gang involved youth

Julie Elmenhurst, LICSW,
FFT therapist, consultant, trainer
• FFT-G Project February 2012 - Present

• FFT-G Pilot Project Research Directors

  – Terry Thornberry & Denise Gottfredson
Primary Goal of Specialization Training

• Therapists are already anchored in FFT strengths and experience(s), as well as the FFT Clinical Model.

• These **new FFT-G Specialization materials** simply provide therapists with organized and literature-informed elements to enhance this ability to **Match**.
Core therapeutic principles that guide practice

• **Treatment is family focused**... our client is the family

• **Respectful** of individual difference, culture and family form... each family is unique

• Behaviors or symptoms are understood in regard to how they **function** in family relational system and in the immediate community (esp. gang) environment

• Change occurs in **stages**

• Behavior change is **specific & individualized**

• **Multisystemic** change process focused on maintaining, generalizing, and supporting family change

• **Matching to** ... (“meet them where they are”) is as a primary Launch point for all phases of clinical intervention
Why is FFT FFT So Effective?

1: Clear, Specific, & Systematic Goals

- **Initial Objective:** Engage into FFT
  - Temporary & superficial interventions to get them in the first time

- **Second Objective:** Motivate for change
  - Build alliance based relationships
  - Reduce negativity and blame
  - Develop a “family focus”
  - Develop therapeutic alliance and motivation

- **Third Objective:** Change the problem behavior
  - Change intra-family process (risk factors that supports problem)
  - Reduce the probability of future behavior problems

- **Forth Objective:** Generalize change
  - Generalize to other areas
  - Support with relevant community resources
  - Maintain through relapse preventions
These Objectives Require

1- Immediate and continued *sensitivity* to family member cues possibly signaling a high probability of not returning

2- *Assessment / understanding* of ongoing *relational functions*, especially those relevant to problem behavior patterns

3- FFT Therapist *creativity* in designing and developing new positive behavioral (including cognitive & emotional) patterns that *fit ongoing relational functions* but in new & adaptive ways

4- *Syndrome-specific knowledge & matching*
They Also Require an Ecosystemic Framework

Ecosystem Influences

Youth - Referral & Ongoing Problem Behaviors

Family Influences

Motivational & Relational Core of Behavior

Individual Factors & Processes: e.g., Biological, Learned, Trauma Based

Peer Groups Incl Gangs

School

Community

Extended Family

Media

Treatment & Legal Systems
Breaking Down The Elements 1 - Emphasis on Engagement

- First we **engage** relevant systems that are necessary and/or can be helpful in beginning to see the family

- Then we **engage** the relevant family members (i.e., those that are necessary for the family to begin to change) in order to attend the initial family session(s)
Elements of FFT Effectiveness

Following Engagement: Systematic Assessment & Intervention

Behavior Change:
- Behavioral Assessment
- Family and Individual Problem Specific Behavior Change Interventions / Modules
- Multisystem Assessment & Linking
- Extend Behavior Change to Extra-family Focus; Ecosystemic Case Management

Generalization:

Motivation:
- Match w/Family/Culture, (etc), Respectfulness
- Generate Hope & Reduce Blame Through Change Focus & Meaning Interventions
- Relational Focus & Assessment

Sessions:
1 2 3 6 7 8 9 ...

Based in the “AIM Model” (Alexander, Barton, Waldron & Mas, 1983)
3 – Considering The Larger Ecosystem: FFT Linked With Other Systems / Services

Pretreatment System Integration Phase

Assessment

- Engagement
- Motivation
- Relational > Behavioral Assessment
- Behavior Change
- Generalization / Ecosystemic Integration

Assessment

Posttreatment System Integration Phase

Assessment

Boosters, Maintenance of links w/ Youth Mgt Systems, Positive close

The Youth / Family “Management” or Support System(s): Child Welfare, Mental Health, Justice, Drug Court, Welfare, Education, Child Psychiatry

* Based on Alexander et al, 1983; Barton et al, 1985; Waldron et al, 2001
4- Concurrent With The Motivation Phase, FFT Undertakes Relational Assessment To Guide Behavior Change and Generalization Through Matching.
In Terms of the Phasic FFT Model

**Engagement**

**GOAL:** Enhance perception of responsiveness, credibility, trust

**SKILLS:** Qualities consistent with positive perceptions of clients, esp. Matching

**FOCUS:** Immediate responsiveness, family expectations

**ACTIVITIES:** High availability, telephone outreach, matching, nonjudgmental, respectfulness

**5- Review of First Two Phases & Goals**

**Motivation**

**GOAL:** Create positive motivational context, minimize hopelessness and low self-efficacy, Enhance Family Bonding

**SKILLS:** Relationship/interpersonal skills

**FOCUS:** Relationship process, separate blaming from responsibility, strength-based

**ACTIVITIES:** Interrupt highly negative interaction patterns and blaming, Divert & Interrupt, Point, Process, Sequence. Change meaning, usually through Reframing & Theme Development
Within Family Relational Functions: “Attachment”

When X relates to Y, the relational pattern (behavioral sequences in the relationship) of X’s behavior is characterized by:

**Autonomy**: independence, separating, low levels of psychological intensity (Fear of Enmeshment?)

**Contact**/closeness: closeness, connection: enmeshment, high levels of psychological intensity (Fear of abandonment?)
The Second Relational Dimension: Hierarchy

Hierarchy refers to the pattern, over time, of relative influence based on power, position, and resources (as opposed to Relational Connection).
After Engagement, Motivation, and Relational Assessment:

**Behavior Change**

**GOALS:** Skill building, change habitual problem interaction and other coping patterns

**SKILLS:** Structuring, teaching, organization

**FOCUS:** Communication training, use of technical aids, assigned tasks, Problem Solving skills, Contingency management strategies, Cognitive – behavioral techniques

**ACTIVITIES:** Model & prompt behavior, provide directives & information, develop creative programs to change behavior but remain sensitive to family member abilities and relational functions
Concurrent With & Subsequent to Behavior Change: Generalization

GOALS: Extend positive family functioning to new areas of family life, incorporate community systems, Relapse Prevention.

SKILLS: Clear ecosystemic perspective, strong relational and nonjudgmental attitude, energy, positive relationship w/ Community

FOCUS: Relationships between family members and multiple community systems

ACTIVITIES: Develop and maintain contacts, initiate clinical linkages, extend practice of new skills, Relapse Prevention
FFT-G Specific Developmental and Ecosystemic Factors

Our Life Experiences
Genetics / Biology
Media
Extended family

“Family”

Neighborhood, including gangs, can “crowd out” family: Can become the primary value system, the primary belief system, and the place for “belonging”
To Intervene and Reverse This Process, FFT First Strengthens Family Protective Factors and Reduces Risk Factors

“Family”

All that we are

Neighborhood, including gangs, can “crowd out” family: Can become the primary value system, the primary belief system, and the place for “belonging”

Our Life Experiences

Genetics / Biology

Extended family

Media
Risk & Protective Factors: FFT / FFP / FFT-G Strategy

Hundreds of Risk Factors Identified

Step 3 – Strengthen & create protective factors

Step 1 – Remove / disable as many risk factors as we can

Step 2 – For other risk factors, create coping skills and motivation

Risk factors will always remain, but need not determine our lives!
Further Refinement and Focus On “Internal” Youth Factors At The Moment of Decision

- Attachment issues, Internal sense of “security”
- Identity, “Self Concept”
- Biological Risk & Protective Factors:
- Behavior & Cognitive Styles & Patterns, Skills & Capacities
- Self Regulation (self soothing, emotional intelligence, impulse control)
- “Internal” Representation of Family, Community Peers, “Institutions”

Remember: Family & police & positive neighbors often aren’t in the room at the Moment Of Decision!
OK - Who Are We Kidding? How In The World Do We Address, Change, Minimize, & Counteract These Factors?

• We approach them systematically, powerfully, concisely, and fearlessly (on the surface at least! :)

• Consider a large ship. It is difficult to begin to change course, but when it does begin to change it can create tremendous momentum.
  – We create that momentum in Motivation Phase, then guide it in Behavior Change & Generalization
Key Elements of Successful Alliance Relationships With Youth & Families At High Risk For Gang Involvement (Note – these already are FFT!)

- **Respectful**: First and foremost
- **Relationship focus** before teaching, structuring, rules.
- **Firm** not demeaning.
- **Clear goals & focus** vs. anger “Once you get mad, you get stupid!”
- **Match** style, culture, and individuality of youth & family.
- **Control Through Relationship** not power. “1-up” power is a method of “last resort,” and unless we can have “eyes on” and total control all of the time, 1-up power-based control has little lasting effect.
- **“Phase Based:”** Have immediate, interim, long range goals. Track progress, have guidelines for transition/growth.
- **Accountable**: We expect it from youth and families, and ourselves!
Additional Considerations in Successful FFT

• First, effective programs are **people** - “doing” the work
  – Can everyone do it? - NO!
  – Can we afford for only the “special few” to do it? - NO!

• We need a **program**: a way to think, plan, and follow guidelines about what to do and when to do it

• We need a **framework** for selection, training, monitoring, and maintaining quality -> effectiveness.

• We need to **demonstrate** that collaboration and coordination “works.” Together we get better outcomes but without greater cost.
IDENTIFIED RISK FACTORS THAT LEAD TO GANG JOINING

Gang Reduction and Youth Development Task Force:
Guillermo Cespedes, Deputy Mayor
(& “Gang Czar”) Los Angeles, CA

(With FFT-specific perspective notations based on FFT:
James F. Alexander, Ph.D., April 2010)

If a youth (10-15) is determined to show four or more of these risk factors, he/she will be considered to be at the highest risk of becoming an active gang member.
• **Antisocial Tendencies**

• **Isolates** him/herself or is **Unable to work as part of a socially acceptable group** of other young people who are involved in **positive activities** in school, community, faith-based organizations, and or after school programs.

• Tends to **rebel against authority** figures such as: parents, teachers, law enforcement, community elders, and faith based leaders.

• in school, community, or after school program.

• (FFT) Must ascertain if this is an issue of “capacity” (As, for example, in severe reactive attachment disorder)? Skill? Motivation? Often by the time FFT becomes involved through JJ, programs already have been attempted/initiated to deal w/ this in group/camp/etc. FFT targets the motivation during E&M, then builds skills in Behavior change in the context of family (set up larger and more consistent in-home learning experiences If possible), and/or during Generalization if necessary via external systems. During GEN FFT also works to set up prosocial peer opportunities, and help youth develop skills to take advantage of them.
• **Impulsive Risk Taking**

• Frequently prone to do things that could be harmful, or dangerous to him/herself and or others **without first considering potential consequences.** (“Impulsivity”) This may include, but is not limited to: accepting a ride in a stolen vehicle, carrying a weapon, being a look out for a drug sale, consistently cutting school, storing stolen property.

• May experience dangerous or illegal acts as thrilling, or as a sign of being “down with his peers.” (JFA “Under-arousal?”)  

• *(FFT)* During Behavior Change FFT uses cognitive behavioral techniques, in-session parent – youth communication and behavioral practice, and “homework” activities to utilize specific in-family contexts for new learning. The specific techniques used are fitted (“matched”) to the relational styles of both parent(s) and youth. If under-arousal is stable (sometimes seen as “self medication” via psycho-stimulants for example), FFT works to build in prosocial alternatives (e.g., boxing programs, soccer) if they match culture and relational style.

GRYD 2010
Neutralization (Rationalization, Externalization, No guilt)

- **Justifies** or makes excuses for actions that are **hurtful to others**, which may include but not be limited to: lying, stealing, punching, bullying, threatening, and/or other illegal activities.

- Shows a consistent tendency towards **victimizing & manipulating** others, while **rationalizing that it is acceptable** to do so.

- **Unable to show or feel remorse or accept responsibility** for his/her hurtful actions against others.

- **(FFT) It is important to assess whether the absence of guilt is a “defense” against vulnerability versus more stable & core.**

- **If this is stable / long standing, it is fairly difficult to address via creating a “guilt-prone” youth. Instead, FFT works to better arrange external systems (parents, PO’s) that better monitor and provide consequences.**
• **Delinquency & Substance Abuse**

• Frequently involved in illegal behaviors connected to drug use, which may include but not be limited to: using or selling drugs, stealing in order to buy drugs, or committing illegal acts while under the influence of drugs and or alcohol.  

(FFT perspective) We must separate “use” as a goal (steal for $ for drugs) or as a vehicle for other relational & intrapersonal outcomes (status, income, friends). Create alternatives for income, status, and short term experience of well-being. Develop alternative paths to meet relational/functional.
• **Negative Peer Influence**

• Tends to follow the advice and influence of the “negative friends” as opposed to the advice and influence of positive peers and or adults.

• Regularly associates with a group of “negative friends” who approve or condone potentially illegal activities.

• Often associates with a group that approve of behaviors such as hurting others, taking other people’s property, using or selling drugs.

• (FFT) Identify relational pattern & function w/ negative peers: “leader” vs follower, one or more specific personal close relationships vs more distributed time with several peers. This is important, esp during Generalization, in order to select and link with alternative prosocial peer situations.

•
Peer Delinquency

- Associates with “negative friends” who are directly involved in illegal activities including but not limited to: stealing cars, breaking into homes, taking property from others, selling drugs, and may be involved in tagging.

- (FFT) Identify relational pattern & function w/ negative peers: “leader” vs follower, one or more specific personal close relationships vs more distributed time with several peers. This is important, especially during Generalization, in order to select and link with alternative prosocial peer situations.

GRYD 2010
Critical Life Events

• A young person who is experiencing a traumatic event such as losing a family member or someone close to them, witnessing a homicide, being sent to a juvenile camp, being placed in foster care, being expelled from school, being kicked out of the home, relocating to a new neighborhood, losing a significant relationship such as a homie, boyfriend or girlfriend.

• These traumatic events in combination with other risk factors may the “the last straw” that leads a young person to formally adopt a gang member identity.

• (FFT) Determine need for specific Trauma focused protocol integration during Behavior Change if level of behavior & emotion rises to level of PTSD (See FFT TFCBT – Kerig)

• Otherwise, undertake (as is necessary with many/most of these high risk kids) emotion–regulation skills that are often / usually (?) lacking. Techniques can range widely from experiential to cognitive (in BC) to creating new links to other family or external (prosocial peer & community) systems
• Weak Parental Supervision

• Lacks parental **guidelines** for curfews, school attendance, and may spend a significant amount of time involved in **street activities without the knowledge or supervision of the parents.**

• A young person whose **parents are often physically or emotionally absent** due to work schedules, drug use, and/or interpersonal family problems.

• **Major FFT focus in E&M as well as in BC.** The nature of monitoring and supervision must fit ("match") relational patterns of parent & youth! Often must address parental dysfunction / MH /trauma etc. issues that interfere with monitoring, but work with and "around" chronic MH and physical (etc) parental challenges – and as always match relational functions.

GRYD 2010