Functional Family Therapy-Child Welfare

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Children in foster care spent an average of 2 years separated from their families.

Ages 13-21: One-Third do not have “family” as their primary goal AND of these youth half have been in care for more than 3.5 years.

More than 1 out of 10 will experience 5 or more placements during their time in foster care.

1 out of 7 children (1 out of 3 teens) in foster care live in non-family settings NOT because of what they have done or other special needs, but because the system has failed to connect them to family.

3 million reports of abuse/neglect each year.

23,000 Youth age out of foster care placements each year.

11-48% of children taken from home to due abuse/neglect are not reunified with family systems within 30 days.

African American and Native American children are more likely to be removed from their family and placed. Overall children/families of color are disproportionately affected.

15% of all children in foster care live in residential settings.

17% (11,177,000) of children/youth nationally are reported to have one or more emotional, behavioral or developmental conditions.
“why” continued….

- 252,115 children (0-20) entered foster care in 2011
- 3,019,610 children (0-18) were subjected to an investigative report in 2011
- 70,792 youth (11-18) were incarcerated in jail/prison in 2010.

- System Risk factors:
  - Over worked child welfare workers
  - Limited training and education across workers
  - Limited resources for child welfare workers
  - System Fatigue to Families
Functional Family Therapy

- Targeted for “at risk” families
  - Level of conflict in home (verbal, physical)
  - Family separation
  - Youth incarceration
  - Ages of youth 11-18
  - Mental, Emotional and Behavioral risk factors
  - Limited protective factors
  - Limited system support via effective treatment approaches
Phase 1: Developing the Evidence Based Model: (1971-1998)

- Integration of theory, clinical practice, research evidence, and training models to form FFT model
- Clinical articulation and application in “accountability” contexts.
- Research
  - Randomized trials (Alexander and colleagues)
  - Effectiveness studies (Alexander, Barton and colleagues)
  - Independent replications (Gordon, Hansson, Waldron)
  - Change mechanisms research (Alexander, Robbins, Mas, Newberry, others)
- FFT designated by the Center for the Study and Prevention of Violence as a “Blueprint Program” for the successful treatment of delinquency, substance abuse, and violence for high-risk youth.
Phase 2: Moving the EBT to large scale dissemination (1999-2007)

- Community-based replications supported and guided by the Blueprints initiative
- FFT received designations as an exemplary or model program:
  - Centers for Disease Control
  - Office of Juvenile Justice and Delinquency Prevention
  - American Youth Policy Forum
- FFT LLC is established as the dissemination arm for moving FFT into community settings
- Ongoing outcome research with drug-involved youth
- Ongoing change mechanisms research
- International replications underway
Phase 3: (2007- current):

- Maintain and enhance **competent implementation** in diverse real world settings
- Ongoing **evaluation/ monitoring** of effectiveness of dissemination efforts, including state/systems level evaluations (e.g., Washington, Pennsylvania, Florida)
- Newly funded **randomized clinical trials** (such as the BOOST study)
- Unique **collaborations** with other evidence-based models and systems (such as Blue Sky Project)
- Development of **specialization tracks**
  - Child Welfare (FFT-CW),
  - Trauma (FFT-TF)
  - Gangs (FFT-G)
  - Reentry (FFT-IR)
  - Alcohol and Drugs (FFT-AD)
FFT-CW approach

- Target children/families who are engaged into the child welfare system

- Interventionist Level: Case management focus version of FFT for low risk families

- Therapy Level: FFT “therapy” Model utilized to work with families for high risk families.
Family level

- **Engagement and Motivation** are the linchpins for change
  - Respectfulness and “Matching” to all
  - Balanced Alliance versus taking sides
  - Cooperation rather than Control of youth ("empowerment" model)
  - Hope based change

- **Emphasis on Relational Assessment and Matching everyone’s relational needs, but**
  - Doing so in ways that are productive & acceptable to all (consistent with the goals of safety and child well being)
    - Society, judges, school, parents and the youth (etc)
    - Change consistent with goals of safety and child well being

- **Developing change that will endure over time**
- **Developing change that integrates additional resources**
System Level

- Partnering w/ other systems
  - Respectfulness and “Matching” to all
  - Honesty, openness (What we will vs won’t/can’t do)
  - Cooperation and negotiation rather than control
  - But maintaining all essential elements of EB FFT

- Doing so in ways that are productive and acceptable to all

- Developing change that will endure over time

- Developing change that integrates additional resources

- Accountability
  - Data versus dogma
  - Tracking
  - Quality improvement
  - System support
Developmental Considerations

- Infant/Toddler/Pre-Schooler/Primary School Child/Preadolescent/Adolescent status is important
  - Heavily influences the family structure that is the desired endpoint of intervention
- Important to “match-to-sample” based on developmental level as well as relational functions
FFT-CW Interventionist Level

- Impacts change through a FAMILY FOCUS by increasing interventionist skill to:
  - Think Relationally
  - Become Stronger Advocates
  - More effective at assessment, referral, monitoring and maintaining change.
Therapist – Interventionist Level

- FFT-CW is both a *clinical* model as well as a *dissemination* or *case management* model
- As a result, interventionists and therapists count!
  - Selection
  - Training
  - Adherence
  - Support
  - Individualization and matching
  - Respectfulness (both “inward” and outward)
FFT-CW Interventionist Level

- Integrates assessments, supervision, intervention by clarifying the interventionist role and how it changes during the course of delivery of services:
  - 3 distinct phases
    - Engagement and Motivation Phase
    - Support and Monitoring
    - Generalization
FFT CW- Therapy Level

- Core FFT Model
- Phasic
- Developmental
- Parent Focused with younger children while maintaining FFT’s relational principle
- Sustainability of changes
- Continued support to sustain changes
Clinical Outcomes

Treatment Process
- Engagement
- Retention
- Family functioning

Individual
- Conduct/Delinquency
- Drug use
- School
- Internalizing
- Parent distress
- Parent drug use

Out of Home Placement
- Incarceration
- Residential
- Foster placement
Developmental Perspectives Behavior Change Guide

1) Cue Recognition
2) Decision
3) Skills/Behavioral Sets

External Dev’t:
• Cognitive Dev’t
• Social Dev’t
• Moral Dev’t
Developmental Implications on the Focus of Interventions

- **0-6 Years (or so)**
  - Therapist
  - Parent
  - Child

- **6-11 Years (or so)**
  - Therapist
  - Parent
  - Child

- **11-18+**
  - Therapist
  - Parent
  - Youth
Immediate Versus Longer Range Safety Issues

- During the first few sessions, you must distinguish between “safety issues” that
  - must be addressed (as in plans & limits imposed) immediately – even if it sacrifices your long term ability to continue to work with the family
  
  * Versus *

  - can wait until later in *this* session

  * Versus *

  - Can wait until later sessions (e.g., sessions 3, 4 & beyond) to be addressed so you can first establish bonding and motivation to change
FFT CW NYC Project

- 2009: 1 team
- 2011: 4 therapy teams, 7 interventionist teams
- 2013: additional 7 therapy teams and 7 interventionist teams
- Total of 25 CW teams at 12 different sites across all 5 boroughs in NYC. 13 interventionist teams and 12 therapy teams
Initial Indicators of Success

- 90% of all families displayed significant improvement
- Reduced length of stay in the CW system from 13 months to just under 5 months (4.7)
- 79% of interventionist tract families met ALL tx goals
- 71% of therapy tract families met ALL tx goals
- Additionally 17% interventionist tract and 21% therapy tract met at least one goal.
- 2% out of home placement.
Resources

- U.S Dep’t of Health and Human Services, National Survey of Children’s Health (NSCH)
- Adoption and Foster Care Analyzing and Reporting Systems (AFCARS)
- National Child Abuse and Neglect Data System (NCANDS)