

Lessons Learned Implementing an Evidenced Based Model

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Objectives

- Provide an understanding of what FFT is and why we do it
- Provide an overview of Evidenced Based Models
- Provide “Lessons Learned” through our first year of implementation
- Provide take-aways for other localities and private providers interested implementing an evidenced based model



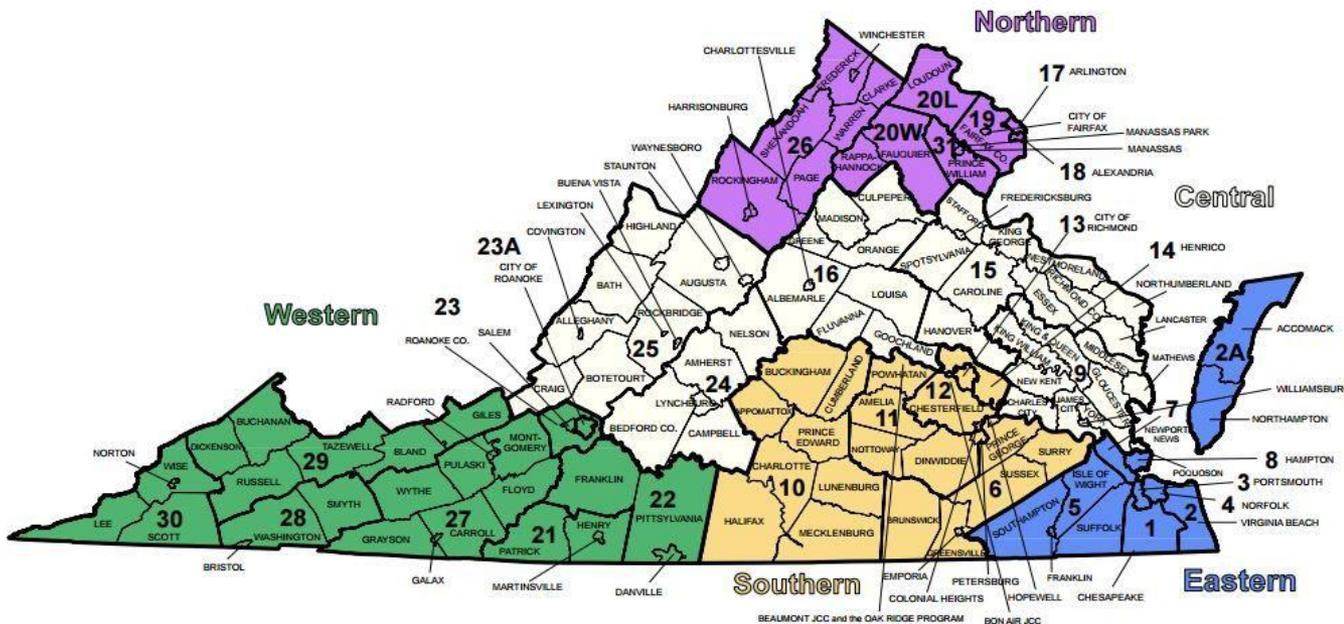
DJJ Transformation

- Prior to 2014, DJJ spent a large percentage of its budget to operate outdated, oversized juvenile correctional centers which did not produce successful public safety outcomes.
- Two separate assessments found that these facilities were ineffective and that DJJ lacked a true continuum of alternatives.
- This led them to create the plan:
 - *Reduce, Reform, Replace, and Sustain*



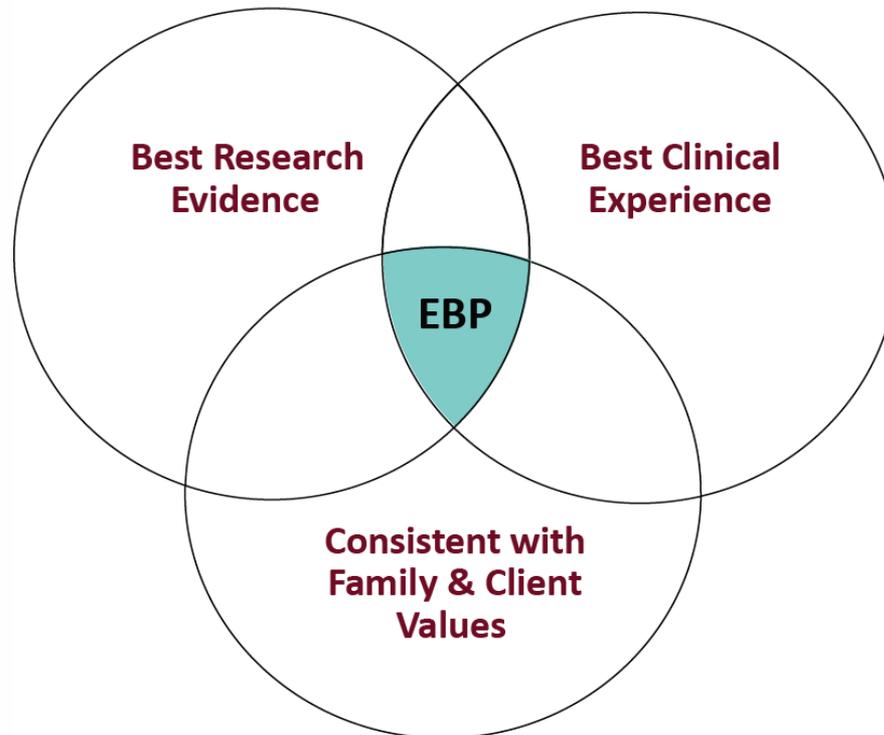
Collaboration with EBA

- In 2016, DJJ contracted with two experienced service coordination agencies, AMIkids (AMI) and Evidence-Based Associates (EBA) to serve as regional facilitators
- They serve as a third party management service to assist with coordination, centralized referrals, billing and reporting



Why Evidenced Based?

CEBC's Definition of EBP for Child Welfare



[Based on Institute of Medicine, 2001]



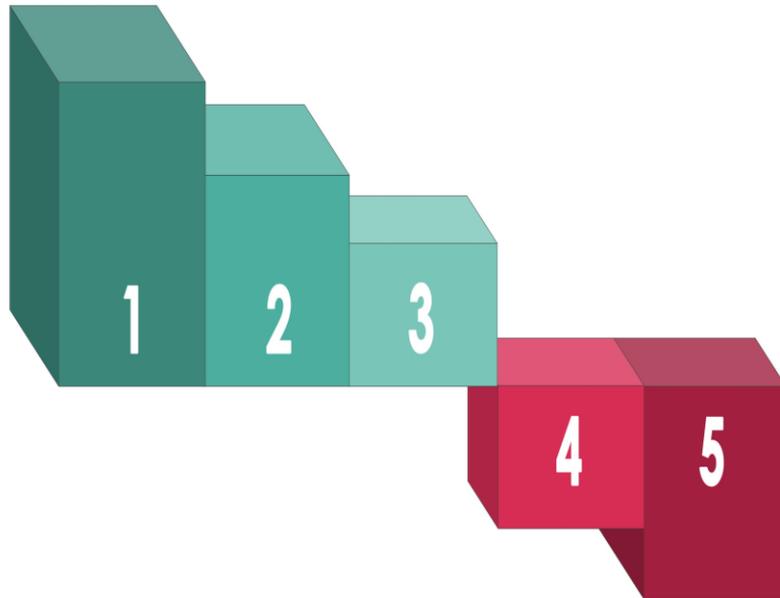
The **California Evidence-Based Clearinghouse** for Child Welfare Functional Family Therapy

Topic Areas	Scientific Rating	Child Welfare Relevance
Alternatives to Long-Term Residential Care Programs	2 - Supported by Research Evidence	Medium
Behavioral Management Programs for Adolescents in Child Welfare	2 - Supported by Research Evidence	Medium
Disruptive Behavior Treatment (Child and Adolescent)	2 - Supported by Research Evidence	Medium
Substance Abuse Treatment (Adolescent)	2 - Supported by Research Evidence	Medium



Understanding the Rating Scale

WELL-SUPPORTED ←————→ CONCERNING



1. Well-Supported by Research Evidence
 2. Supported by Research Evidence
 3. Promising Research Evidence
 4. Evidence Fails to Demonstrate Effect
 5. Concerning Practice
- NR Not able to be Rated



Child Welfare Relevance

High

- The program was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families **receiving child welfare services**.

Medium

- The program was designed, or is commonly used, to serve children, youth, young adults, and/or families who are **similar to child welfare populations** (i.e., in history, demographics, or presenting problems) and likely include current and former child welfare services recipients.

Low

- The program was designed, or is commonly used, to serve children, youth, young adults, and/or families with **little or no apparent similarity** to the child welfare services population.



What is Functional Family Therapy?

- Research-based **prevention** and **intervention** program for at-risk adolescents and their families
 - **Prevention** intervention: Adolescents at risk for out of home placement or further penetration into care systems
 - **Treatment** intervention: Adolescents with moderate and serious delinquency
- Range of adolescent problems
 - Violence, drug abuse/use, conduct disorder, family conflict



Treatment Pacing

- Short-term, highly effective, family-based program
 - Treatment generally lasts 3 to 5 months (12-14 sessions for moderate cases, 26-30 sessions for more serious cases)
- Sessions are conducted in the home or community
 - 3 sessions within the first 10 days
 - Weekly sessions ongoing, additional sessions as needed
 - Flexible scheduling (evenings/weekends) but, no formal on-call
- FFT can be provided in conjunction with other services



Youth and Families Served

- Clinical problems falling under the label “Externalizing Adolescent Behavior Disorders”
 - Conduct Disorder
 - Oppositional Defiant Disorder
 - Drug use/abuse
 - Other behavior problems (violence, school problems, truancy, etc).
- Other mental health problems in adolescents
 - Anxiety/depression with behavior disorder symptom expressions
- Parent-child/family conflict issues



Referral Considerations

Inclusionary

- Youth 11 to 18 years old
- Youth is in the community or ready to go into the community
- Family Available
- Referral issues can be from one domain (externalizing alone) or in combination (co-morbidity of substance abuse and externalizing behaviors).

Exclusionary

- Youth 10 years old or below
- Youth who have no psycho-social system that constitutes family (shared history, sense of future, some level of co-habitation)
- Youth is scheduled to be sent away from family (remand, placement, foster care, etc.)
- Youth with current acute psychosis or is acutely suicidal or homicidal
- Youth who needs sexual offender treatment as a primary need



Who Are The “Major Players”?

1. Family member(s) seen as part of the “**problem**” according to referral source(s).
2. Family members we think (based on referral info and first calls to the family) are likely to “shut the process down” and who probably can!
3. Family members we think are *necessary* to begin change
4. Important larger family system members (e.g., grandmother) or involved support systems (e.g., mother’s best friend & neighbor) who will participate and are “appropriate” participants retaining a influential role with the youth / family.



Functional Family Therapy Clinical Model Overview



FFT “Attitude”

Core Values

- Respectfulness
- Non-judgmental
- Strength-based

Family-Based

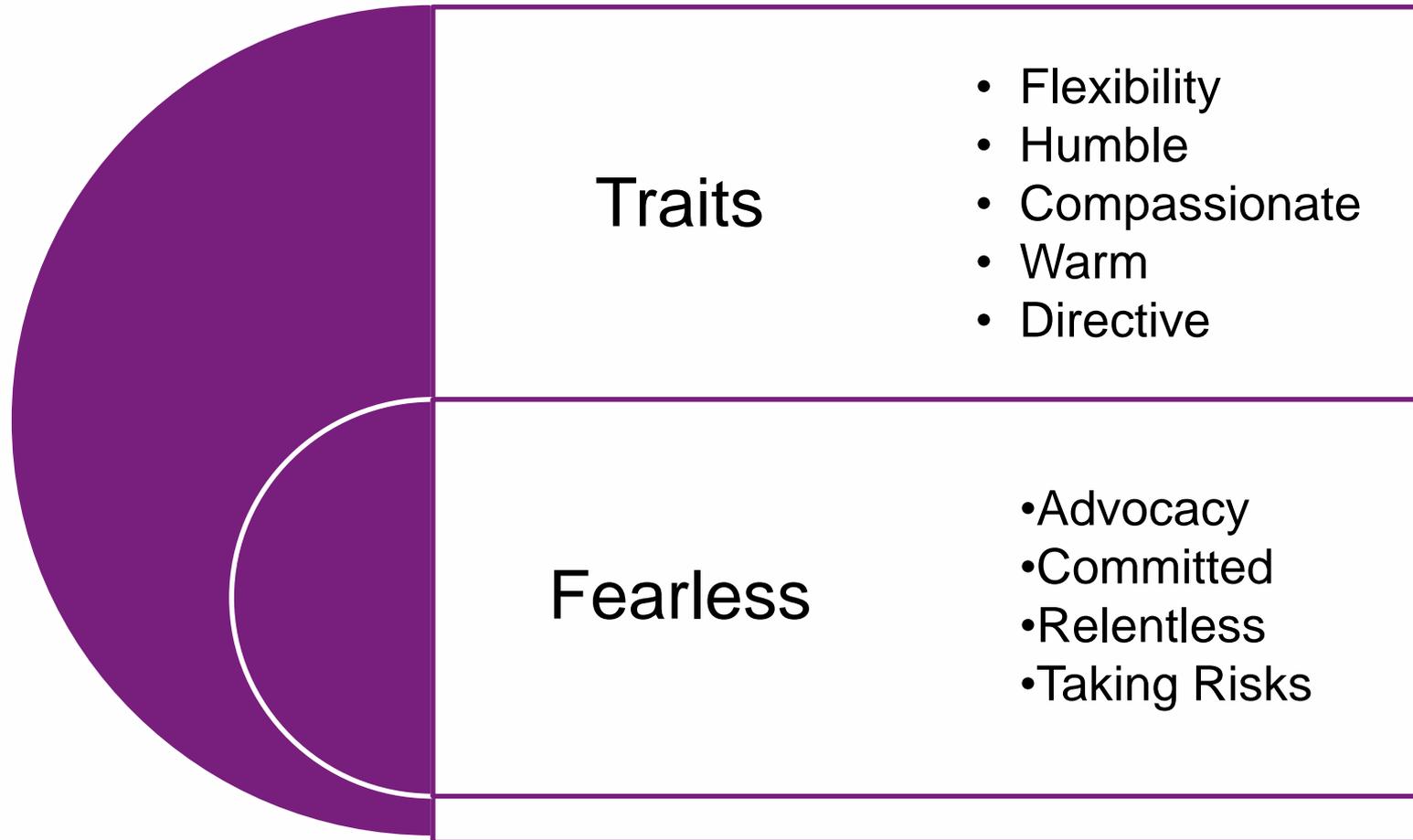
- Relational vs. Individual
- Balanced alliances
- Matching to individuals, relationships, family, and environment

Accountable to families

- Specific and individualized change
- Fidelity to model



Therapist Characteristics

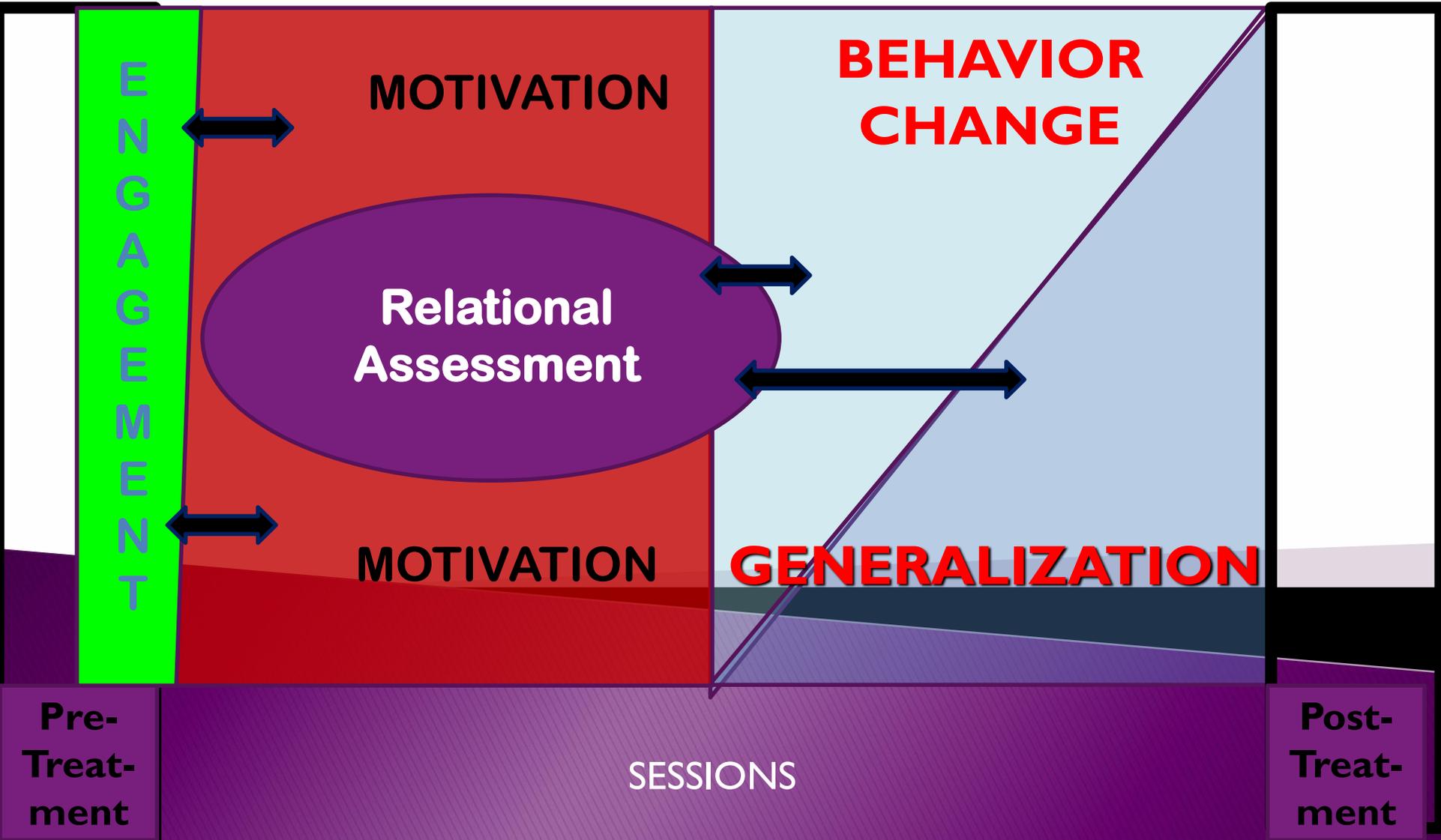


To Address This Negativity, FFT Relies on a Foundation of Respectfulness of Culture and Diversity

The goal of FFT is not to create “healthy” or “normal” families according to someone’s theory or ideal, but to achieve obtainable changes that will help this family function in more adaptive, acceptable, productive ways with their resources ...
and their value systems...
in their context...



A phase-based approach....



Engagement Motivation Phase



Family-Level Goals of the Motivation Phase

Decrease Conflict

- Less negative interactions
- Less blame
- More positive attributions
- More positive body language

Instill Hope

- Hopeful attitude
- View they have something to gain
- See potential benefit of therapy or therapist

Facilitate Relational Focus

- Increase family bonding
- Increased sense of familyness



Therapist-Family Level Goal of the Motivation Phase

Balanced Alliance

- Sense of being heard and understood
- Sense of being respected
- Viewed with dignity or nobility



Point Process

- Describing specific steps in an interaction that you observe in the session



Sequencing

- Describing interactions or facilitating information about interactions that occurred outside of session

Interrupt/Divert

- Intervening to do something to interrupt escalation
- Interrupt by blocking or intercepting an interaction
- Diverting flow of communication



Reframes

- 1) Identify the negative aspects of a problem behavior / pattern
 - 2) Offer a possible benign reframe or perhaps even *noble but misguided intent* or meaning for the behavior
 - 3) Based on the family members' reactions (affirming or disaffirming) you refine and elaborate the reframe
- ... or you apologize for “misunderstanding” and move on.

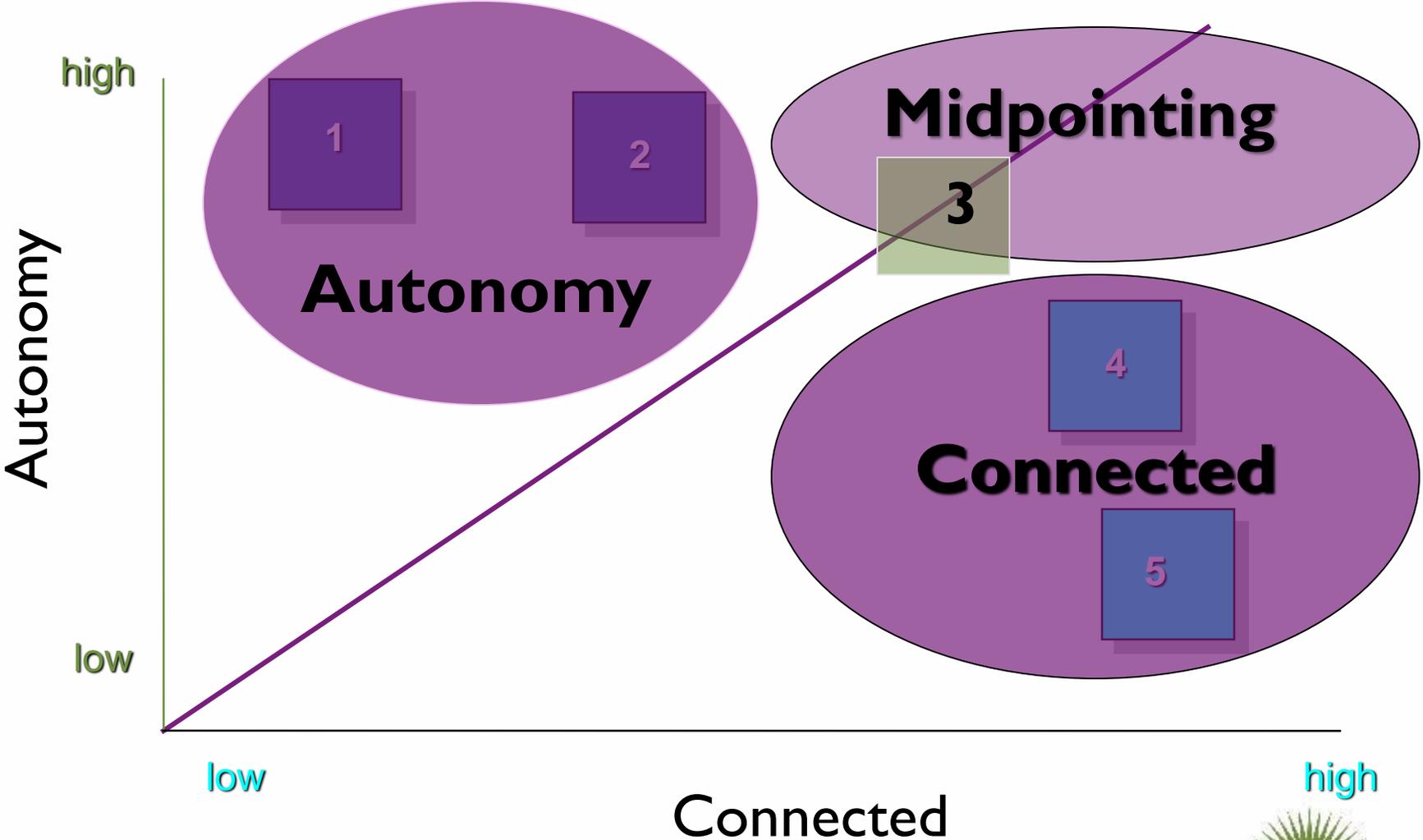


Themes

- Provide an **alternative meaning** of painful past relationship patterns
- Link the pervasive negative experiences of the past to a **possibly hopeful experience** of what they may “mean.”
- This alternative meaning **temporarily** provides family members with a sense that they are **NOT** defined solely by their past bad behavior
- They are instead defined by a **shared experience** that emerged from misfortune, misguided attempts at positive solutions, and sometimes merely the unfortunate events of living with fewer resources than they need or struggling with others’ mistakes

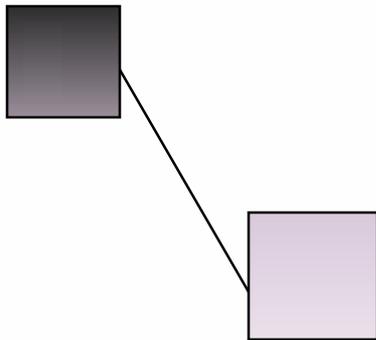


Relational Connectedness

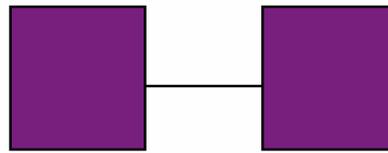


Relational Hierarchy

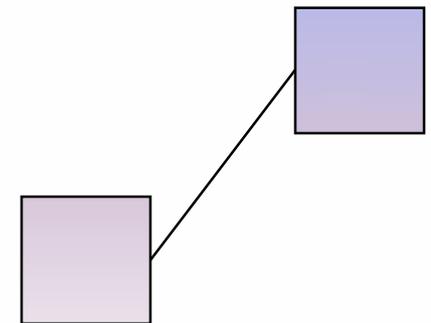
*The pattern, over time, of relative influence based on **power, position, and resources***



Parent I - Up



Symmetrical



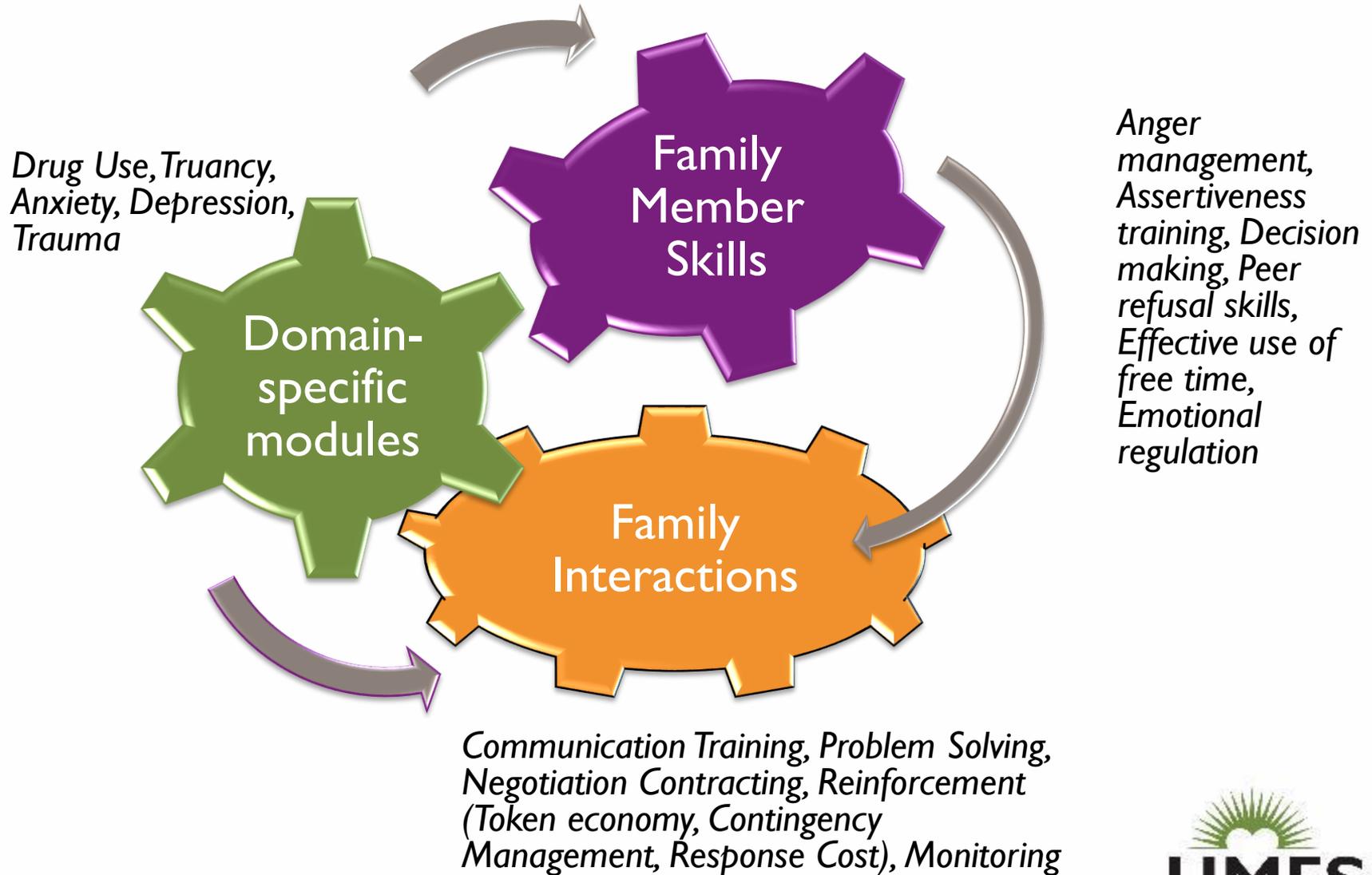
Parent I - Down



Behavior Change Phase



Behavior Change Targets



Structure of Sessions



Generalization Phase



Generalization

Generalization Goals	Generalization Phase Plan
<ul style="list-style-type: none">• Improve family ability to manage relapse• Improve family's ability to respond to new situations using recently acquired skills• Aid family in linking to community resources that support their positive family changes	<ul style="list-style-type: none">• Skills, competencies, interventions to be generalized• Anticipating scenarios/situations within the family to practice skills• Anticipate scenarios/situations outside the home (family or individually) to practice skills• Resources/services to link family to help sustain change





Functional Family Therapy at UMFS



Unwavering champions for children and families.

Referral Feedback

- *“In the past, prior to FFT, I had seen many of my clients understand the concepts of skill building, impulse control, goal setting, decision making, and exhibit motivation for change during our sessions. But then when they returned home and those concepts were not being understood or reinforced by the parents and the whole family unit, the client had a hard time sustaining their progress. The model holds not just the client accountable to progress and change, it holds the family accountable as well.”*
- William Fells Jr, Probation Officer



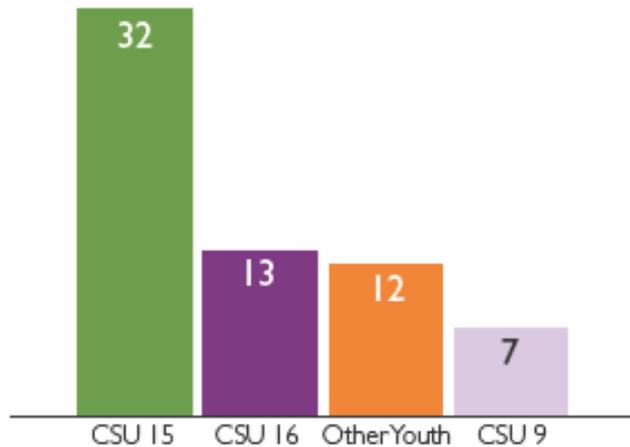
Implementing FFT at UMFS

- Started on 4/9/18
- 3 full time clinicians, 1 Spanish speaking
- Began with solely DJJ youth as a treatment intervention
- Expanded to CSA as a prevention intervention



YOUTH SERVED

Between April 2018 - January 1st 2019, FFT has served a total of **64** youth. This includes 3 assigned court service units (CSUs) as well as additional CSUs in the Northern Virginia region.

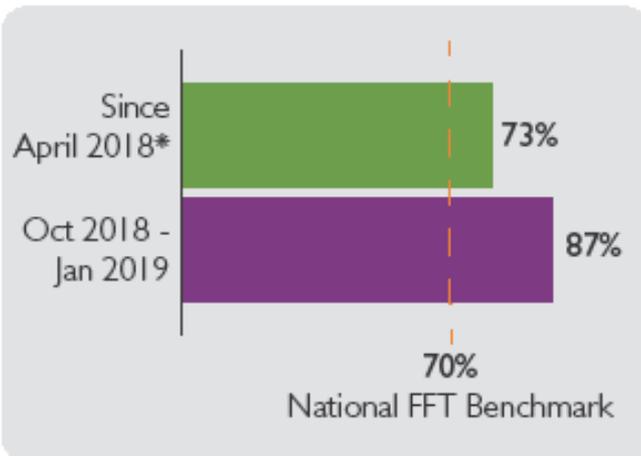


REFERRAL CRITERIA

- Youth 11 - 18 years old.
- Youth lives in community, or is soon returning to family.
- Family available.
- Youth who have externalizing behaviors, internalizing symptoms/emotional needs, and/or substance abuse.
- Referral issues can be from one domain or in combination.

UMFS' IMPACT

SUCCESSFUL PROGRAM COMPLETION



*Date of program implementation (April 2018)



Had no additional violations during treatment.



Remained in **SCHOOL** during treatment.



Remained in a **HOME** setting during treatment.



Making a Referral to FFT

- CSA funded
 - \$52 dollars a day (or monthly rate)
- Referrals made to EBA



Why a daily rate?

- **FFT Dissemination Standards**
 - Weekly case staffing with International FFT consultant
 - Weekly Group Supervision/Individual Supervision
 - Three day initial clinical training
 - Ongoing quarterly follow-up trainings with FFT consultant on site
- **Masters Level Clinicians**
- **Web based CSS electronic record to ensure fidelity to the model and quality improvement**



Nationwide Outcome Highlights

- **State of Washington:** For every dollar spent on FFT, \$18.98 is saved through reductions in felony recidivism.
- **State of Florida:** Currently 80% of the families who enter FFT complete the program. Recidivism rates are 8% lower and Florida Redirections project has saved the taxpayers of Florida 193 million dollars.
- **State of Pennsylvania:** The state receives a cost benefit of \$14.56 for every dollar spent on its program. For 2010, 1642 youth were served in FFT. This translates into an economic benefit of \$67 million dollars.



Lessons Learned



Value Shift



Staffing



Collaboration

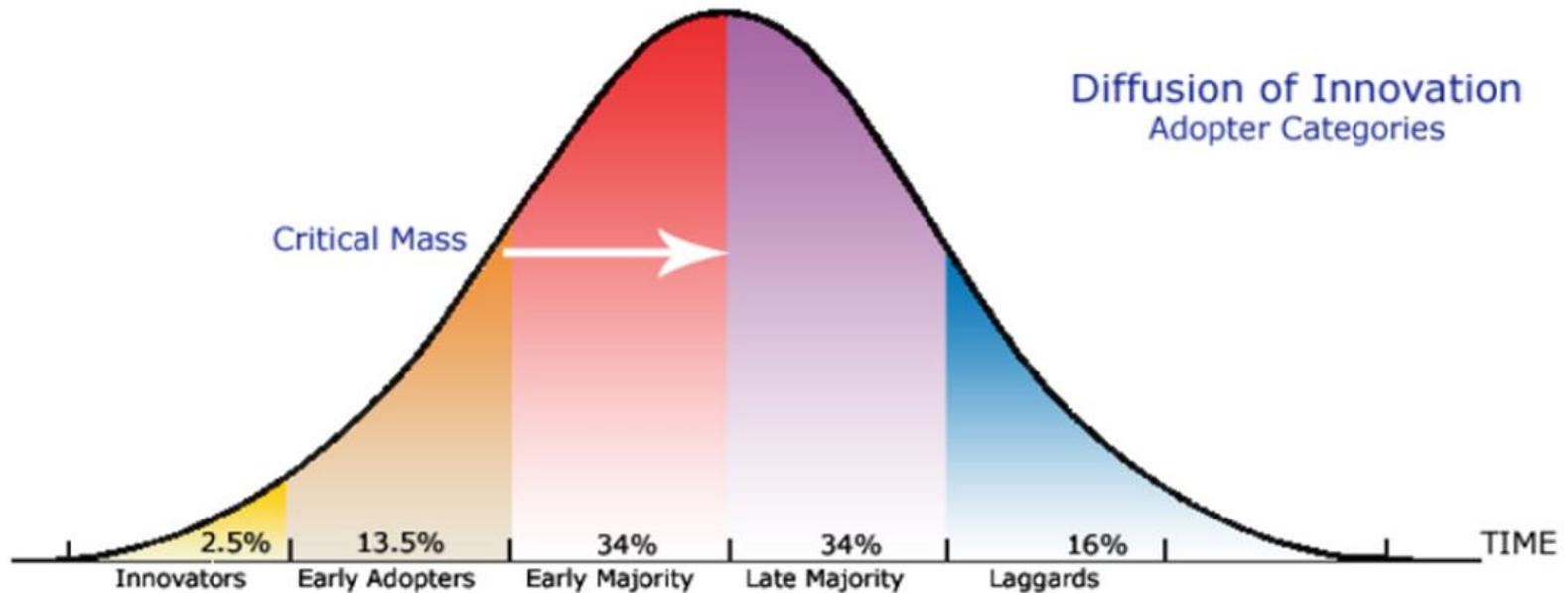


Value Shift - Trying Something New

- Moving away from traditional services and what feels “comfortable”
- Therapeutic **QUALITY** vs. **QUANTITY** of time spent
- Family work is important



Change is HARD!



Staffing – A Team Approach

- Remote teams and “lone rangers”
- Certified as a team, not as an individual
- Peer supervision/support
- External, not internal, expert
- Retention is important, EBP can be expensive!



Collaboration Multiplies Impact

- Know and use your experts!
- Partnership with EBA
- Start with communities who need services the most
- Take the tough cookie but, don't stop there
- Roadshow + follow up!
- Culture of trial and error
- Feedback, feedback, *feedback!*
- Net Promoter Score



Questions?



Functional Family Therapy

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Questions, Comments?
Thank you for your time!

