

Families *First* *delivering* Functional Family Therapy

Empowering Families



Problems of Juvenile anti Social behaviour.

Some background

Ireland witnessing an increase in Juvenile crime

These adolescents are not just offenders But have complicated clinical problems

- ◎ Drug abuse/use
- ◎ Delinquency
- ◎ Conduct disorder
- ◎ Mental health problems
- ◎ Abuse & Neglect

Complex mental health problems requires systemic treatments addressing specific issues of these youth and their families

The emergence of best practice

- ❖ There are prevention and treatment programmes that work over time, have an impact on recidivism / delinquency , drug use/ abuse & other mental health problems .
- ❖ **Functional Family Therapy is one of these**
 - ❖ An evidenced based integrative model for working with at risk adolescents and their families
 - ❖ What are evidence based interventions?
 - ❖ Treatment interventions services and supports that have consistently shown positive out comes for children and families through research studies

Why Focus on an evidence based model like FFT

Focusing on an evidenced based programme like FFT allows us to

- ❖ Measure outcomes
- ❖ Evaluate services
- ❖ Find the most effective services for youth and their families

So what is FFT?

- ❖ Functional Family Therapy (FFT) is an empirically grounded, well-documented and successful home and community based intervention.
- ❖ **Target Audience**
- ❖ Teenagers ages 11–18 and their families whose problems range from conduct disorder to substance abuse.
- ❖ FFT is a short-term intervention—on average, 15 to 18 sessions are needed for mild cases and up to 30 hours of direct service (e.g., clinical sessions, telephone calls, and meetings involving community resources) for more difficult cases.

Summary of FFT model and attitude

- ❖ A Philosophy / Belief System; a core attitude of **Respectfulness** of individual difference, culture, ethnicity, family form.
- ❖ Successful FFT therapists see whole person (the sum total)•“noble intent” behind all “bad” behaviour• **Respectful attitude• Working with** (“empower”)•*Rather than working on (“manage”)*
- ❖ Family focused intervention involving alliance and involvement with all family members (Balanced alliance) with therapists who do not “take sides” and who avoid being judgmental.

Continued

- ❖ A change model that is focused on risk and (especially) protective factors – “Strength Based”
- ❖ Interventions that are specific & individualised for the unique challenges, diverse qualities, and strengths (cultural, personal, experiential, family forms) of all families and family members.
- ❖ And an overriding Relational (versus individual problem) focus during initial Engagement and Motivation

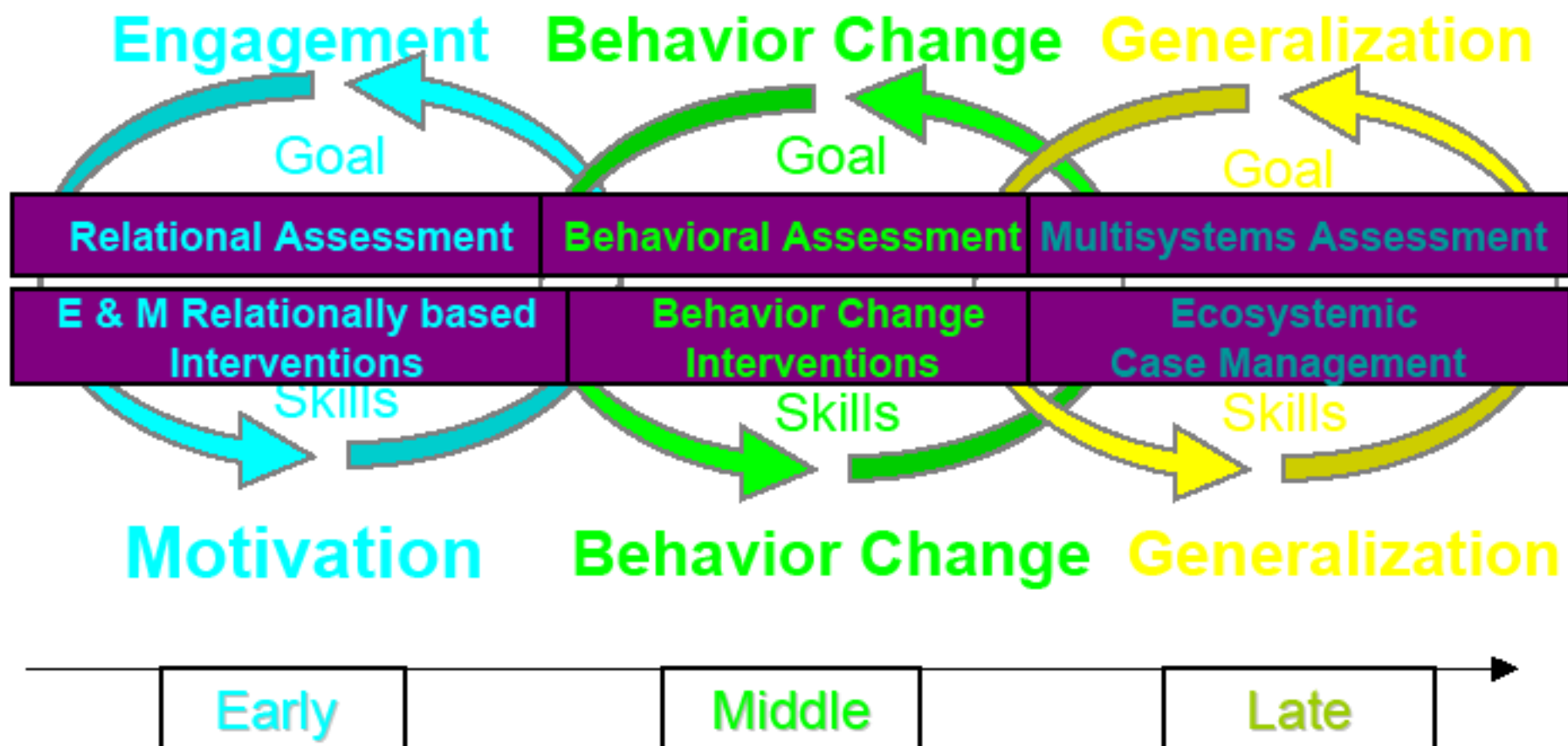
How Does FFT Work With Difficult Youth and Families?

- ❖ To begin, we break this complex challenge into manageable chunks: Phases of Intervention. These phases are developmental & synergistic; each successive phase builds upon or integrates with the previous phase.
- ❖ Each phase has specific goals, assessments, interventions (“techniques”), therapist qualities, and “attitudes” associated with them.

(Often it isn't what you do, but when and how you do it):

This represents Adherence, Competence, and Fidelity

THE FFT CLINICAL MODEL: Phases of FFT



Phase Task Analysis (PTA: Sexton, 1997)

FFT Assessment Domains

Clinical and process assessment

- ❖ Help understand, individual, family, and behaviour functioning within the family and the larger environment; Identify Risk and Protective Factors
- ❖ Adds to clinical judgment, helps target behavior change targets, tool in treatment

❖ 2. Adherence assessment

- ❖ Helps you assess degree of model fidelity
- ❖ Judge clinical progress, monitor clinical decisions

❖ 3. Outcome assessment

- ❖ To understand the outcome of work...accountability
- ❖ General measures
- ❖ Changes in client functioning (pre-post)
- ❖ Drop out / Completion rates

Engage and Motivate (Goals)

- ◎ Engagement and motivating families to becoming part of and stay in therapy by.....
- ◎ Building “balanced” alliance-with everyone. Reducing negativity& blame while retaining responsibility
- ◎ Helping to prevent programme attrition and decrease intense family negativity (Blaming, hopelessness)
- ◎ Creating a family focus for problems to open new solution avenues. Relationally defining problems and refocusing solutions using reframing techniques with the Family
- ◎ Work collaboratively with family to identify specific problems
- ◎ Understanding the individual, Family context and how “problem” fits in to that system.

Behaviour Change

Develop individualised change plans that fit “match”) the family (values, Relational Functions, abilities) and which increase resources and competence in adaptive positive behaviors

- * Eliminate dysfunctional behaviors (drug abuse, delinquency, violence, maladaptive expectations & beliefs, etc) by changing the processes(intra-individual, family relational, multisystemic) that support them;

Change the problem and related behavior(s) by using the therapist skills of **Teaching, Modeling, Coaching, providing Technical Aids, and giving Directives & Homework** that helps families improve their ability in

- Parenting, Youth Compliance, Communication
- Problem solving Conflict management, Managing anxiety etc.

Generalise

- ❖ This FFT phase is guided by the need to apply positive family change to other problem areas and/or situations. FFT therapists help families maintain change and prevent relapses.
- ❖ To ensure long-term support of changes, FFT links families with available community resources. FFT therapists intervene directly with the systems in which a family is embedded until the family is able to do so itself.
- ❖ Increase family capacity to utilize community resources, across service systems

Why FFT?

Clinical trials have demonstrated that FFT is cable of:

- ❖ Effectively treating adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behaviour, Alcohol and Substance Abuse
- ❖ Evidenced based-over 30 years of research and clinical experience
- ❖ Reduces recidivism between 25⁰% and 60⁰%
- ❖ (Alexander et al,2000)
- ❖ Also provides treatment to the younger siblings of referred adolescents. Preventing younger children in the family from penetrating the system of care

Why FFT cont.

- ❖ Comprehensive fidelity, adherence programmes and clinical service systems have been developed for successful implementation.
- ❖
- ❖ Treatment costs are well below those of traditional services and other interventions.
- ❖ Interrupting the matriculation of these adolescents into more restrictive, higher cost Social and Judicial Services.
- ❖ FFT Focuses on a community collaborative approach to working with Families. Linking with other support agencies helps to ensure a personalised comprehensive supportive fit for families requiring additional support.

Referral process: who can refer?

Referral agencies such as

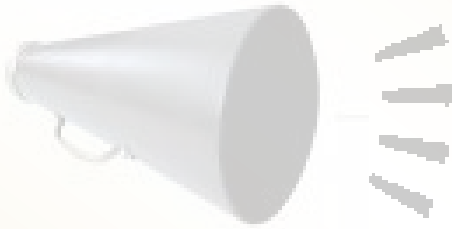
- ❖ HSE STAFF: CHILDCARE WORKERS, SOCIAL WORKERS, FAMILY SUPPORT ETC.
- ❖ HEALTH PROFESSIONALS: PSYCHOLOGISTS, PSYCHIATRISTS, GPs, COMMUNITY NURSES
- ❖ GARDA, JUVENILE LIASON OFFICERS, PROBATION OFFICERS, COMMUNITY OFFICERS
- ❖ SCHOOL PROJECTS, TEACHERS, OTHER PROJECT WORKERS, VOLUNTARY AND OTHER RELEVANT AGENCIES

Priority is given to those families from the Clondalkin, Lucan, Palmerstown and Newcastle areas. We are also assisting families from Tallaght

IT IS ENVISAGED THAT FFT WILL BE IMPLEMENTED ON A NATIONAL LEVEL IN THE NEAR FUTURE

Referral process.

- Referral is a simple one step process. The referring agency fills in a written referral form on the family's behalf and contacts the Families First Team.
 - **Referrals can be made via letters or telephone calls, and followed-up with an application form**
 - **THE CASE IS REVIEWED BY THE TEAM AND A RESPONSE RETURNED WITHIN SEVEN DAYS (OFTEN SOONER)**
Referrers will be informed as to outcome as well as rationale, e.g. why a family might not be considered appropriate, or what conditions should be in place for acceptance
- A 'PRE-THERAPY' MEETING IS SET UP TO INCLUDE THE FAMILY, A MEMBER OF THE FFT TEAM, AND OFTEN THE REFERRER IS ASKED TO ATTEND**
- **This informs the family about the FFT process, answers questions they may have, and *Consent issues* are discussed and appropriate forms completed**



**We'd Like to Hear
from You!**

- ◎ CPLN is pleased to be working on this FFT programme to ultimately improve the services delivered to adolescents at risk and their families.
- ◎ FFT is not a panacea however it is a giant step forward for the CPLN Partnership area and surrounding Community.
- ◎ Collaboration with other key agencies in the community is the key to its success.



Bridging the gap between research and
service