Their Futures Matter
“Improving Outcomes Together”

Sydney, Australia

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FFT-CW® “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
The goal of FFT is not to create “healthy” or “normal” families according to someone’s theory or ideal, but …

- to achieve changes that will help this family function in more adaptive, acceptable, productive ways
  - with their resources …
  - and their value systems…
  - in their context

**This requires relentless effort to understand and respect youth and families on their own terms**
FFT sites: 258
FFT-CW® sites: 63
FFP Sites: 46
Authorized FFT Sites

Click on the map below to find the FFT sites operating in your area.

1. Anglicare Victoria - FFT CW
   Preston, Australia
2. Anglicare Victoria - FFT CW
   Bendigo, Australia
3. MacKillop - FFT CW
   Blacktown, Australia
4. MacKillop-Waminda Consortium - FFT CW
   Nowra, Australia
5. MacKillop-Waminda Consortium - FFT CW
   Shellharbour, Australia
6. Nepean Community & Neighbourhood Centre - FFT CW
   Penrith, Australia
7. OzChild - FFT CW
   St. Marys, Australia
8. OzChild - FFT CW
   Macarthur/Ingleburn, Australia
9. OzChild - FFT CW
   Melbourne, Australia
10. OzChild - FFT CW HR
    Edgeworth, Australia
11. Riverina Medical and Dental - FFT CW
    Wagga Wagga, Australia
12. The Benevolent Society - FFT CW
    Sydney, Australia
13. Uniting - FFT CW
    Fairfield, Australia
FFT LLC Dissemination

Global Footprint:

- 350 sites+
- 5,000+ providers trained and practicing worldwide
- 35,000-50,000 families served per year
- Sites now 20 years out in implementation
- Rural, remote and urban settings
- Highly diverse communities

International Implementation

- Australia, Canada, Denmark, England, Netherlands, New Zealand, Norway, Scotland, Singapore, Sweden

FFT LLC statewide coordinated multi site projects in Denmark, Norway, the US states of Maryland, Washington, California, Pennsylvania, Maine, South Dakota, Georgia

Care systems: child welfare, facility-care re-entry, school, mental health, drug-alcohol, juvenile justice,
Functional Family Therapy-Child Welfare®

- Indicated and/or at risk youth/families
- Age range: 0-18
- Short term intervention/family intervention
- Average of 12-20 sessions
- Average between 5-7 months
- Broad inclusion criteria
- Youth living with/or expected to live with “family”
- Child welfare referral (risk, abuse, neglect)
- Exclude: Acute psychotic and suicidal (until stable), sex offender (active/severe), if there needs to be investigation, that comes first
Structure of FFT-CW®
Phases in FFT/FFT-CW® Low Track

Link to...

Engage then Motivate

Support & Monitor

Generalize

Evidence-Based or other Change Program
Overview of Phases
Low Track

FFT-CW LR has **three phases** that represent a respectful and effective change process for families. Those phases are:

1. **Engagement then Motivation.** The goal is to understand and motivate—to get the family ready for help and to link them to appropriate services.

2. **Support and Monitoring.** Are changes happening that will impact risk and build strengths? Is there progress?

3. **Generalization.** Have I worked to assure change continues beyond FFT-CW’s involvement.
Environmental/Cultural “Context”

FAMILY

Caregiver(s)

Sibling(s)

Adolescent

Community

“FAMILY FIRST”

Interventions

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Linking to Resources and Change Programs

Support and Monitoring Phase
Linking to Community Resources

LT providers as ‘experts’ in their communities around both resources and resource acquisition

Line staff, sups and administrators should have many contacts and relationships across numerous communities

BUT... resources and community contacts don’t just appear

Locating and securing resources takes conscious, concerted, on-going and organized effort

Providers must network, build relationships, and reach out to identify services, programs, individuals, groups, resources, funding, etc. within a community
When is more intervention just more?

School/Work Crew

Family Tx

D/A ind. group

Parenting Grp

Anger Mgmt / ART

How can we make our expectations more realistic and still feel we’re + impacting ‘public safety’?

→ What is more readily changeable?
→ What is obtainable?
Support/Monitor Change

**Goals:**
- Move to less active role
- Support family and change agent
- Ensure program has effective change process and elements
- Eliminate barriers

**Activities:**
- Monitor and support change
- Structure supportive activities
- Encourage and reinforce family members (and providers)
- Be an advocate of effective services/programs
Phases in FFT/FFT-CW®
High Track

PRE TREATMENT

ENGAGEMENT

MOTIVATION

RELATIONAL ASSESSMENT

SESSION 1 2 3 4 5 6 7 8 +

BEHAVIOR CHANGE

GENERALIZATION

POST TREATMENT
Engagement Phase

- Enhance perception of responsiveness and credibility
- Relentless
- Persistence
- Matching
- Flexibility

Goals
- Responsiveness
- Timeliness
- Strength-based and relational

Skills
- Availability
- Phone reach out,
- Frequency

Focus

Activities
Motivation Phase: Creating a Context for Change

- Decrease negativity and blame
- Increase hope
- Facilitate relational focus
- Balanced Alliances

- Interpersonal
- Clinical
- Contingent
- Responsive

- Change Focus
- Change Meaning

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

Goals

Skills

Focus

Activities
Family Composition

Referral Problem

- Neglect
- Drug Abuse
Cultural Practice
- Consultation + Frequency
- Clinical application of trauma

Engagement
- Persistence
- Flexibility
- Understanding family’s experiences
- Extended family

Motivation
- Decreasing negativity and blame
- Increase hope
- Themes that connect to the family
Relational Assessment Phase

- Formulate relational assessment
- Plan for behavior change

- Within family patterns
- Extra-familial patterns

- Perceptiveness
- Understanding systems and relationships

- Elicit and analyze information about patterns
- Observation

Goals

Skills

Focus

Activities
Relational Connectedness

Autonomy

Contact

Midpointing

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Behavior Change Phase

- Eliminate referral problems
- Improve family interactions
- Build skills

Goals

Skills

Focus

Activities

- Changing behaviors and interactions
- Compliance

- Facilitating tasks
- Modeling / Coaching
- Homework

- Directive
- Teaching
- Structuring

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Common Risk Factors for Caregivers

- Harsh, Punitive Parenting
- Inconsistent, Inappropriate parenting
- Substance Abuse
- Violence/abuse
- Mood / Anxiety disorders
Common Risk Factors
Younger Kids and Adolescents

- Mood Disorders (Depression, Anxiety)
- Self-Harm
- Dysregulated behavior, emotions
- Out-of-home placement history (mental health, juvenile justice)
- Truancy and running away behavior
- Parenting and/or pregnant teens
Common Risk Factors: Younger Kids and Adolescents

- History physical and/or sexual abuse or other significant trauma
- Impulsive, reactive
- Poor parent-child attachment, failure to thrive, difficult to soothe
Behavior Change Targets

- Family Member Skills
- Domain-specific modules
- Family Interactions
Family Interaction Targets

- Communication Training
- Problem Solving
- Negotiation
- Contracting
- Reinforcement (Punishment)
  - Token economy
  - Contingency Management
  - Response Cost
- Monitoring

Developmentally appropriate
Family specific
Accommodate to functions
**Family Member Skill Targets**

- Anger management
- Assertiveness training
- Decision making
- Coping
- Effective use of free time
- Emotional regulation
Domain-Specific Modules

- Drug Use
  - Functional analysis of behavior
  - Coping with urges and craving
  - Urge Surfing
  - Decision making
- Anxiety/Depression
  - SORC
  - ABC
  - Challenging provocative thoughts
  - Managing negative moods
# Relational Assessment and Behaviour Change

<table>
<thead>
<tr>
<th>Relational Assessment</th>
<th>Skills</th>
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<tbody>
<tr>
<td>• Who holds the relational power?</td>
<td>• Addressing highest pressing risk factors</td>
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<tr>
<td>• Autonomous, Midpointing or Contacting?</td>
<td>• Functional analysis</td>
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<td>• Coping</td>
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<td>• Effective use of free time</td>
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Generalization Phase

- Maintain individual and family change
- Facilitate change in multiple systems
- Extend change
- Extra-familial community resources
- Link to formal and informal systems
- Plan for future challenges
- Interpersonal
  - Structuring
  - Case Management

Goals
Skills
Focus
Activities

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Generalization and Outcomes

Generalization
- Maintaining change
- Planning for future challenges
- Connecting to extended family

Stakeholders
- FACS
- Education
- Housing
- Health Professionals

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FFT-CW®: Evidence
New York City-Wide Evaluation  
(Turner et al. 2017)

- To evaluate the efficiency and effectiveness of Functional Family Therapy-Child Welfare® (FFT-CW®, \( n = 1625 \)) as compared to Usual Care (UC: \( n = 2250 \)) in providing services for reducing child abuse and neglect

- To evaluate the success of FFT-CW® and UC in avoiding adverse outcomes for the study samples
Summary of FFT-CW ® Efficiency Findings

Treatment Engagement Rates

- FFT-CW: 89.00%
- Usual Care: 81.00%

Time of Completion (in days)

- FFT-CW: 250 days
- Usual Care: 350 days

Pace to Reach Third Session (in days)

- FFT-CW: 30 days
- Usual Care: 40 days

Amount of Staff Contacts

- FFT-CW: 25 contacts
- Usual Care: 40 contacts

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Summary of FFT-CW® Effectiveness Outcomes

FFT-CW® was more effective than UC in meeting all planned objectives for the family (55% vs 32%)

Supervision and experience led to continued improvements in fidelity

Higher fidelity was associated with more favorable outcomes
All Goals Met
Mental Health and/or Domestic Violence or Substance Abuse
Summary of FFT-CW® Effectiveness in Avoiding Adverse Outcomes

**Negative Outcome Requiring Continued Service**

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<th>FFT-CW</th>
<th>Usual Care</th>
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**Transfer to Another Service at Case Closure**

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**Families still in service at 12 months**

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All Goals Met by Risk Status: Moderated by Fidelity Rating