

FUNCTIONAL FAMILY THERAPY (FFT) IN THE REAL WORLD: EVALUATION OF CLINICAL OUTCOMES FOR SUBSTANCE ABUSING ADOLESCENTS

Amy Hollimon, Ph.D.; Charles Turner, Ph.D.; Michael Robbins, Ph.D.
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Purpose of this Presentation

- Discuss the relationship between co-occurring mental and behavior problems and treatment outcomes for Functional Family Therapy in real world implementation
- FFT is a widely disseminated model
 - Over 200 agencies
 - Over 1000 therapists currently implementing FFT
 - Over 15,000 families receiving FFT per year
- Results include the impact of gender, referral type (voluntary vs. mandatory) and race/ethnicity on clinical outcomes

The Sample

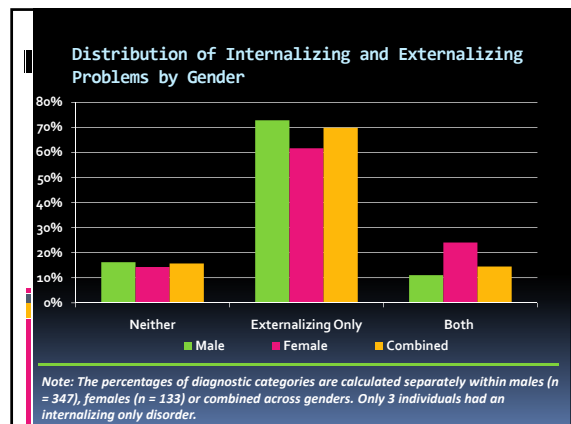
- Referral source for most all families was the Juvenile Justice system
 - Primary referral was for delinquent behavior not for their substance abuse
- 500 families with known youth substance use behaviors were selected from the larger database
 - 24 FFT Clinical teams
 - NYC, California, WA State, Louisiana, Pennsylvania
 - 87 FFT Therapists

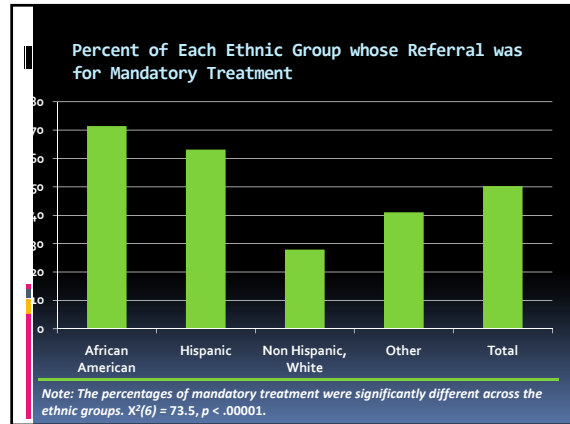
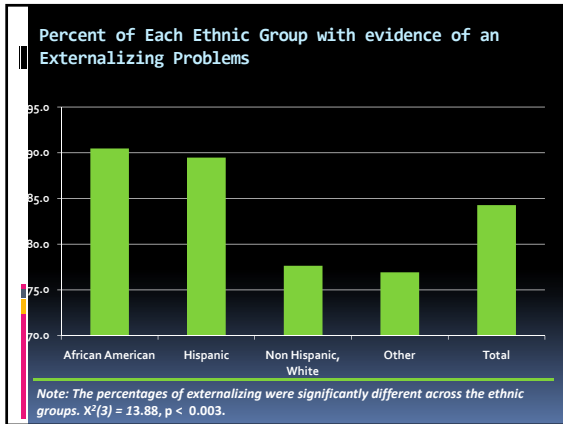
The Sample (n=500)

- **Gender:**
 - 72% Male
 - 28% Female
- **Ethnicity**
 - African American: 29%
 - Hispanic: 28%
 - Caucasian: 35%
 - Other: 9%

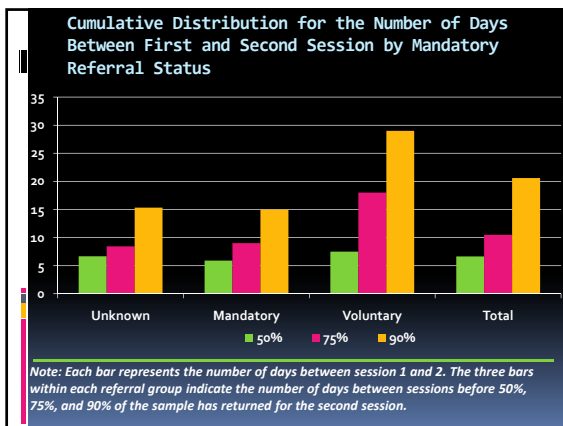
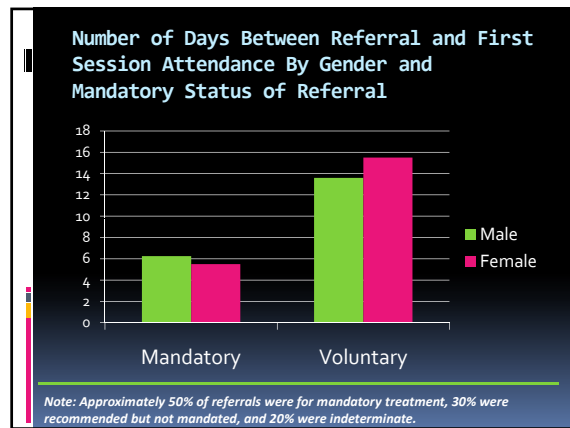
Dataset: Clinical Services System (CSS)

- The data for this presentation was retrieved from the FFT CSS system
 - System for FFT therapists to capture all clinical contacts with families as well as assessment information about families (pre, during and post treatment) and outcomes
- **Pre-treatment:**
 - OQ, YOO, YOQ-SR (parent & youth self-report)
 - Primary & Secondary referrals reasons
- **During Treatment:**
 - Progress notes, family self-ratings, therapist self-ratings
- **Post-treatment:**
 - OQ, YOO, YOQ-SR (parent & youth self-report)
 - Client Outcome Measure, Therapist Outcome Measure





- ### Early Treatment Pacing based on Externalizing & Internalizing Problems and Gender
- Number of days between referral and first session attendance by gender for youth with externalizing problems
 - Male youth: 9 days
 - Female youth: 10.2 days
 - Number of days between referral and first session attendance by gender for youth with internalizing problems
 - Male youth: 5.6 days
 - Female youth: 3 days
 - Having internalizing problems enhances timeline from referral to 1st face-to-face session **2x for male** and **3x for female youth**



Outcome Status for the Total Sample

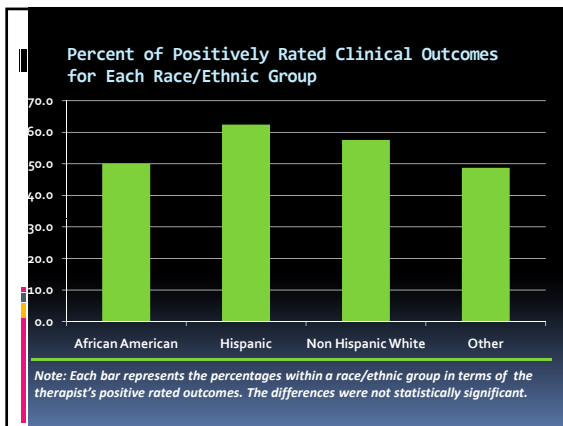
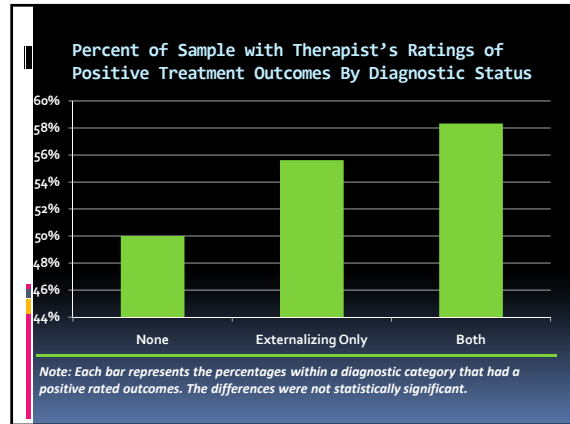
Outcome Status	Percent of Sample
Successfully Completed Treatment	62.8
Services Interrupted	23.2
Moved Prior to Completing Program	3.6
Quit/Dropout even after contact	10.4
Total	100.0

Note: Cell entries are the percent of total sample classified according to their completion status.

Services Interrupted include incarceration, placed out of home, referred to other service, runaway.

Time of Dropout/Non Completion for Treatment Sample

Time of Dropout	Percent of Sample
Prior to first session	4.0
After Session 1	4.2
After Session 2	5.8
After Sessions 3-6	11.6
After > 6 sessions	15.4
Completers	62.8



- ### Conclusions: Frequencies
- High rates of co-morbidity of substance abuse and externalizing behaviors in this sample of FFT youth
 - Low rates of co-morbidity of internalizing behaviors
 - Youth with externalizing behaviors are more likely to be:
 - Mandated to treatment
 - 62-71% African American & Hispanic
 - Minority youth
 - 90% African American & Hispanic

- ### Conclusions: Treatment Sequencing
- Sequencing of treatment outset important
 - Minority youth over-represented in mandated subset of sample
 - Mandated youth over-represented in 'engaged into treatment' subset of sample
 - Therefore, it appears that mandating youth/families to treatment is critical to the start of therapy

- ### Conclusions: Treatment Process
- Pace of early treatment related to co-morbidity of externalizing and internalizing behaviors...but not related to gender
 - Youth with internalizing behaviors and substance abuse have a more positive treatment process
 - Shorter periods of time from referral to first face-to-face sessions and from first to second session
 - However, this may have been driven by youth who were mandated to treatment

Conclusions: Treatment Outcomes

- No significant differences between ethnic groups for successful treatment outcomes
- However, there were more positive treatment outcomes when youth had substance abuse plus externalizing, internalizing or both...than for substance abuse alone

Conclusions

- Social context of youth/family may play important factor in referring to specific treatments
 - Caucasian youth with high externalizing behaviors are more likely to be referred to substance abuse treatments
 - Minority youth with high externalizing behaviors are more likely to be referred to juvenile justice based services