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

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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, YOQ, YOQ-SR (parent & youth self-report)
    - Primary & Secondary referrals reasons
  - During Treatment:
    - Progress notes, family self-ratings, therapist self-ratings
  - Post-treatment:
    - OQ, YOQ, YOQ-SR (parent & youth self-report)
    - Client Outcome Measure, Therapist Outcome Measure

Distribution of Internalizing and Externalizing Problems by Gender

Note: The percentages of diagnostic categories are calculated separately within males (n = 347) females (n = 133) or combined across genders. Only 3 individuals had an internalizing only disorder.
Percent of Each Ethnic Group with evidence of an Externalizing Problems

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>95.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>90.0</td>
</tr>
<tr>
<td>Non-Hispanic, White</td>
<td>75.0</td>
</tr>
<tr>
<td>Other</td>
<td>80.0</td>
</tr>
<tr>
<td>Total</td>
<td>85.0</td>
</tr>
</tbody>
</table>

Note: The percentages of externalizing were significantly different across the ethnic groups. X²(3) = 23.88, p < 0.003.

Percent of Each Ethnic Group whose Referral was for Mandatory Treatment

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>90.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>95.0</td>
</tr>
<tr>
<td>Non-Hispanic, White</td>
<td>70.0</td>
</tr>
<tr>
<td>Other</td>
<td>75.0</td>
</tr>
<tr>
<td>Total</td>
<td>85.0</td>
</tr>
</tbody>
</table>

Note: The percentages of mandatory treatment were significantly different across the ethnic groups. X²(3) = 73.5, p < 0.0001.

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 the 1st face-to-face session 2x for male and 3x for female youth

Cumulative Distribution for the Number of Days Between First and Second Session by Mandatory Referral Status

Outcome Status for the Total Sample

<table>
<thead>
<tr>
<th>Outcome Status</th>
<th>Percent of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successfully Completed Treatment</td>
<td>62.8</td>
</tr>
<tr>
<td>Services Interrupted</td>
<td>23.2</td>
</tr>
<tr>
<td>Moved Prior to Completing Program</td>
<td>1.6</td>
</tr>
<tr>
<td>Quit/Dropout even after contact</td>
<td>13.4</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Each bar represents the number of days between session 1 and 2. The three bars within each referral group indicate the number of days between sessions before 50%, 75%, and 90% of the sample has returned for the second session.

Note: The percentages of externalizing were significantly different across the ethnic groups. X²(3) = 23.88, p < 0.003.

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Note: Approximately 50% of referrals were for mandatory treatment, 30% were recommended but not mandated, and 20% were indeterminate.

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

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Time of Dropout/Non Completion for Treatment Sample

<table>
<thead>
<tr>
<th>Time of Dropout</th>
<th>Percent of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to first session</td>
<td>4.0</td>
</tr>
<tr>
<td>After Session 1</td>
<td>4.2</td>
</tr>
<tr>
<td>After Session 2</td>
<td>5.8</td>
</tr>
<tr>
<td>After Sessions 3-6</td>
<td>11.6</td>
</tr>
<tr>
<td>After &gt; 6 sessions</td>
<td>15.4</td>
</tr>
<tr>
<td>Completers</td>
<td>62.8</td>
</tr>
</tbody>
</table>

Percent of Sample with Therapist’s Ratings of Positive Treatment Outcomes By Diagnostic Status

Note: Each bar represents the percentages within a diagnostic category that had a positive rated outcomes. The differences were not statistically significant.

Percent of Positively Rated Clinical Outcomes for Each Race/Ethnic Group

Note: Each bar represents the percentages within a race/ethnic group in terms of the therapist’s positive rated outcomes. The differences were not statistically significant.

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
    - 62-75% African American & Hispanic
  - Minority youth
    - 50% 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