Implementing Functional Family Therapy: Practical, Theoretical, and Empirical Findings

Thomas L. Sexton, Ph. D., ABPP
Indiana University
Center for Adolescent and Family Studies

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Functional Family Therapy… a “Evidence-based” Approach
- Research-based family program for at-risk adolescents and their families
  - Outcome studies (effectiveness)
  - Process studies (mechanisms of change)
- Targets youth between 11-18...
  - Prevention intervention-status/diversion kids
  - Treatment intervention—moderate and serious delinquent youth
- Short-term, family-based program
  - 8-13 for moderate cases, 26-30 for more serious cases spread over 3 to 6 months
- Effective for the range of adolescent problems
  - Violence, drug abuse, conduct disorder, family conflict
- FFT is a “family therapy” approach

Functional Family Therapy “Going to Scale”
Implementing FFT in Community Settings

Guiding Principles
- FFT with high fidelity
  - Multiple targets of change
  - Implementation in ways that "match to" the site while maintaining fidelity
- Develop Community partners
  - Data based implementation decisions
- Protocols
  - Training
    - Implementation (service delivery, supervision, & organizational support)
  - Quality assurance & improvement

Functional Family Therapy “Going to Scale”
Practical, Theoretical, & Empirical Findings

Multiple Outcomes/Goals
1. Model fidelity
2. Site sustainability
3. Client improvement

Multisystemic Relational Process...
1. Organization
2. Community
3. Therapist
4. Implementer
- Organization/therapist alliance
- Model fidelity

Functional Family Therapy “Going to Scale”
Clinical Training Protocols

Clinical Training Process
- Therapist
  - Clinical Supervision
  - Quality Assurance
- Organization/community
  - Supportive Service Delivery system
- Therapist 
  - Clinical supervision
  - Quality assurance
- Outcome
  - Client improvement
  - Site sustainability
Practical Findings

Therapists have attitudes favoring open to evidence-based practice. The readiness to adopt new practice is good. "Basic" training is good. Learning within a "team" is also good. On-going quality improvement is well done.

Functional Family Therapy
- "Clinical Training"
  - Therapist Adherence
  - Therapist Competence

Functional Family Therapy
- "Going to Scale"
- FFT Clinical Services System
  - Web-based Client quality assurance and improvement system
  - Quality assurance on going tracking of:
    1. Service Delivery
    2. Client functioning
    3. Therapist Adherence and Competence
    4. Client Outcomes
  - "Real Time" access to information
  - Organizations
  - Therapists
  - Supervisors
  - Between Site comparisons (aggregate profiles of...)

Quality Assurance/Improvement Protocols

Therapist Directed
- Weekly supervisor adherence ratings
- Global Therapist rating
- Family ratings of adherence

Organization Directed
- Quarterly Site Feedback
- Interim Outcomes

Adherence
- Competence

Demographic, client information, and recording assessment
- Contacts, FFT, Progress Notes, CPQs

Functional Family Therapy
- "Going to Scale"
- Therapist Model Adherence & Clinical Outcomes

- 38% reduction in felony crime
- 50% reduction in violent crime
- $10.67 return for each $1 invested
- $2100 per family cost to implement

*Statistically significant outcome
**Functional Family Therapy “Going to Scale”**

**Organization/community**
- Culture, Climate, Structure, Readiness
- Understanding of the principles of the Model

**Therapist**
- Alliances
- Adherence
- Competence

**Implementer**
- Outcome
  - Client improvement
  - Site sustainability

**Engagement and Retention**
( Idaho & Washington State)

- 87.3% Dropout rate
- 89.8% Dropout rate

- Compared to traditional dropout rates of 50% to 70% (Kazdin, 1997)
- Compared with recent FFT dropout rates of 22% (Sexton et al, 2001)

**Practical Findings**

- **Implementation**
  1. Sites/therapists/Communities are well informed and prepared
  2. When there is high “alliance” between implementer and site
  3. When decisions are data based
  4. When local “differences” are accommodated without changing the integrity of FFT
  5. When service delivery systems are able to accommodate family based therapy and FFT
  6. Community awareness, understanding and support

**Conclusion**

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