

A Statewide Evidence-based System of Care in Washington

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Family Based Systems of Care: Integrating Research and Practice

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Annual Children's Mental Health Conference
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Context/Background

Changing "landscape" of psychotherapy practice ...

- Increase quality and relevance of research...
 - particularly in area of adolescent behavior problems
- Push for Accountability... "where is the data?"
 - Funders, government, managed care
 - Communities seeking services
 - Blueprint Programs
 - Growing number of practice standards
- Integration of mental health services as a part of juvenile/adult justice systems



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Context/Background

"Externalizing" Behaviors Problems

- For practitioners/clinic practices this is the primary reason for an adolescent to be referred for care
- For many "systems" these problems are most costly and frequent
- Often seen as "difficult to treat", "difficult to engage"
 - Not many successful intervention programs
 - Kazdin (2003), not uncommon to find dropout rates near 50%
 - Many come from justice systems populations
 - Multiproblem youth and families
- Their problems are ones for which treatment failures have serious consequences



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Context/Background

- Adolescents are not just delinquents....child welfare cases...but, complicated clinical problems
 - drug abuse/use
 - delinquency
 - conduct disorder
 - mental health problems
 - abuse & neglect
- *Successful treatment requires:*
 - Spectrum of prevention and treatment approaches
 - Coordinated systems of care
 - Systematic treatments address specific issues of these kids and families



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The Bottom Line....There is a Need...

Kids and families in most need not being served

- Kids in trouble are seen as "bad"
- Families are seen as lacking responsibility

These tend to be families that are underserved in many situations:

- People of color
- Families with few resources ...without a voice
- Communities without resources


What we have done has not worked (in general)



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The Bottom Line...There is no choice...
 There is no choice in the work we do....

- Got to bring the best of what is available to youth/family
 - Comfortable or not
 - Easy or hard
- It is professional...it is ethical...it is moral
- Youth/families deserve it



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Research Findings
Family-based Intervention Programs

Family-based intervention programs are successful with a variety of these youth in a variety of settings (meta-analyses and qualitative reviews)

- Shadish, et al
- Gurman & Kniskrin (1986)
- Alexander et al. (1994) *Handbook of Psychotherapy and Behavior Change*
- Sexton, Alexander, & Mease (2003). *Handbook of Psychotherapy and Behavior Change*
- Sexton, Robbins, Hollimon, & Mease (2003) *Handbook of Family Therapy*

Some family-based interventions appear to be efficacious and even “treatment of choice” for difficult clinical problems:

- Adolescent Externalizing Behavior Disorder (and accompanying problems)
- Depression
- Alcohol/drug use & abuse (adults and adolescents)
- Family/couple conflict/communication/problem solving
- Schizophrenia




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Externalizing Behavior Disordered Youth
Systematic Family Based Intervention Programs

- All family intervention programs are not the same.....all not equal
- Specific, research based, effective intervention programs for externalizing behavior disordered youth
 - *Multisystemic Family Therapy*
 - *Oregon Therapeutic Foster Care*
 - *Brief Structural Family Therapy*
 - *Functional Family Therapy*

Independent designations of “effective”

- Center for Disease Control (MST/FFT)
- Surgeon General (MST/FFT)
- Center for Substance Abuse Prevention/Treatment, (MST/FFT/MDFT/BSFT)
- Blueprints program for Violence Prevention (MST/FFT)



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What does it take?

Solution is in the integration of research into practice to develop an “integrated” system of care

- services that were integrated (by philosophy and theory)
- evidence based programs
- systematic transition among services
- across the treatment continuum

Great Washington Transformation

- Functional Family Therapy (*Therapeutic*)
- Functional Family Parole Project (Case Management)
 - Ground breaking approach for parole/probation to guide interactions with youth/families
 - Alliance based, engagement focused
 - Accountable




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Washington State (cont'd)

....a continuum of care because

- Integrated/unified philosophy of how to understand youth and their problems
- Common method of working with youth that....
- Allows for different care providers to work “together” to help youth
- Using programs that work


Perfect example of the potential of combining research and practice in juvenile justice/mental health



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3 presentations


1. Washington State: System of care for adolescents in juvenile justice
2. Functional Family Therapy
 - “therapeutic” element of the system
3. Functional Family Parole
 - Monitoring/supervising/case management element



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A Community-based Effectiveness Study of Functional Family Therapy

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Community-based Effectiveness Study Functional Family Therapy

- Research-based prevention and intervention program for at-risk adolescents and their families
- Targets youth between 11-18...
 - Prevention intervention-status/diversion kids
 - Treatment intervention-moderate and serious delinquent youth
- Range of adolescent problems
 - Violence, drug abuse/use, conduct disorder, family conflict
- Short-term, family-based program
 - 8-13 for moderate cases, 26-30 for more serious cases spread over 3 to 6 months



Community-based Effectiveness Study FFT Approach to Change


- Family focused...
 - Alliance and involvement with all family members
 - Initial focus is to motivate the family and prevent dropout
- Respectful of individual differences, culture, ethnicity by fitting treatment to the family
 - "Match to"
- Aim for Obtainable change...
 - With interventions that are specific & individualized
 - That is focused on risk and protective factors
- Incorporating community resources for maintaining, generalizing, and supporting family change



Community-based Effectiveness Study FFT Systematic Intervention Program

Therapy is purposeful, systematic, and phasic....

- Purposeful intervention...
 - therapist is goal directed
 - therapist seeks specific process outcomes
- Change process occurs in Phases
 - Engagement and motivation, behavior change, and generalization
 - Systematic change goals
- Clinically/Family Responsive



Changing the problem by reducing the delinquency and family relationships through... by... developing individual that "fit the family" at

- Parenting
- Community
- Problem solving
- Conflict management

Goal-Setting

Generalizing the change....

by...

Helping family generalize change across situations... to become self reliant

Maintain change by relapse prevention

Support changes by increasing the use of available community resources


Engaging and motivating families to becoming part of and stay in therapy..

by...

- Building alliance with everyone
- Reducing negativity and blame while retaining responsibility
- Creating a family focus for problems to open new solution avenues
- Understanding individual, family, context, and how "problem" fits in that system

through....

Reframing problem, intentions, cause, and meaning



Community-based Effectiveness Study FFT Outcome Research


Functional Family Therapy as an Effective Program

- 30+ years of high quality research in community settings
- Independently conducted reviews
 - CSPV, OJJDP, CDC, CSAP, American Youth Policy Forum
 - Surgeon General Report on Youth Violence/Mental Health
- Rigorous evaluations, RCT & comparison designs that are community based
- Widely implemented
 - 130 sites (some individual sites, some state wide projects)
 - Multicultural, multiethnic sites (8 languages)
 - Sites that are now more than 5 years out in the implementation
- The outcome of these efforts:
 - Substantial decreases in overall recidivism, severity of crime, and cost of treatment
 - Sustainable effects, demonstrated repeatedly
 - from 1 - 5 years after intervention (In addition, for FFT 3 Yr follow up prevention effects for siblings)



Community-based Effectiveness Study Washington State Project


- Statewide dissemination project
 - Research-based programs for juvenile offenders
- Randomized Clinical effectiveness study
 - Community-based
 - High external validity with “real” clients, therapists, setting
 - High internal validity
 - High treatment fidelity due to manual based treatment and systematic treatment intervention
 - Random assignment
 - Range of problem types (delinquency, violence, and drug use/abuse)
 - Conducted by therapists/administrators other than researchers (Institute for Public Policy)
 - Therapist hired/selected by local agencies
 - Socially important/clinically significant outcome measure (recidivism, cost effectiveness)
 - Representative of typical dissemination projects



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Community-based Effectiveness Study Washington State Project

- Research Questions:
 - Does FFT work in a setting where the program developers are not involved (non-clinical trial setting)?
 - Can an evidence-based family program be successfully implemented with enough consistency and fidelity to reduce recidivism (positive outcomes) while being cost effective (save money)?




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Community-based Effectiveness Study Sample

Study Groups


- FFT treatment group
 - n=387 families/33 therapists
 - Manualized FFT treatment, training, & supervision
 - Exclusion criteria
 - Only those with 90 days experience included
- Control/Treatment as usual group
 - n=313
 - Monitoring and supervision by probation officer in community



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Community-based Effectiveness Study Outcome Measures

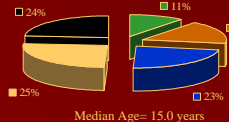
- Engagement/Dropout
 - Dropout common problem with externalizing behavior disorders of adolescents (adolescent and family)
 - Successful program must engage and get these traditionally resistant family into treatment
- Recidivism
 - Measurable, concrete, clinically significant outcome
 - Specific goal of FFT-change problem behavior
 - Goal of dissemination projects-help community
- Cost Savings
 - Economic outcome
 - Major goal of program choice at community level-dissemination goal
- Therapist competence
 - Can therapist competently delivery the program



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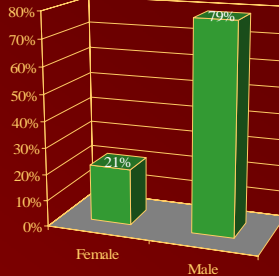
Community-based Effectiveness Study Client Profile

Age




Median Age= 15.0 years

Gender



Female: 21%
Male: 79%



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Community-based Effectiveness Study Crime History

Age at first offense

- Before age 12 (2-11) 13.1%
- Age 12 - 14 63.8%
- Age 14 - 17 23.4%

Types of Crimes:

- Misdemeanors 41.5% (0-31)
- Felony 56.2% (0-11)
- Weapons charge 10.4% (0-4)



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Community-based Effectiveness Study Washington State Project

- Client profile
 - Out of school 46.39%
 - Gang involved 16.1%
 - Out of home placement (more than one) 10.51%
 - Runaway (more than once) 14.1%
 - Experienced abuse 46.04%
 - Risk Factors (Washington State Risk Assessment):
 - Drug Use/abuse 85.4%
 - Alcohol use/abuse 80.47%
 - Diagnosed conduct disorder/ODD 82.00%
 - Mental Health Problems 27.03%

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Community-based Effectiveness Study Outcomes: Engagement and Retention

Measure of Delivery System: Engagement Rate 84.8%

Measure of Program Delivery: Retention Rate 89.8%

10.2% 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)

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WA State 18 month recidivism rates (adherent therapists) (Barnowski, 2004)

Category	Control	FFT	Reduction
Overall Recidivism	~41%	~36%	15%
Felony Recidivism	~20%	~14%	31.2%
Violent Recidivism	~5%	~3%	45.5%

* Statistically significant results when pre-crime severity controlled

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Community-based Effectiveness Study Model Adherence

Time	Adherent	Non-Adherent	Control
6 months	~6%	~13%	~9%
12 months	~11%	~25%	~19%
18 months	~17%	~33%	~27%

* Statistically significant outcome

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Community-based Effectiveness Study Therapist Competency Ratings

Competency Rating	12 Month Felony Recidivism
Not competent	29%
Marginal	25%
Competent	17%
Highly Competent	14%

Control Group Recidivism Rate: ~23%

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Community-based Effectiveness Study FFT Costs

Washington State Institute for Public Policy	Cost of FFT (training, implementation, service)	Benefits for each dollar of program cost
1998 Estimates	\$2250	\$13.9
Actual costs	\$2500	\$7.50

- FFT (done as with high fidelity) saves \$16,250 per adolescent*
- FFT (done as with high fidelity-at 30% reduction) save \$487,500* per 100 adolescent
- In this sample \$1,121,250 saved (as compared to treatment as usual)*


*based on Aos & Barnowski (1997) Cost-benefit model (Institute for Public Policy, 1997)

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Community-based Effectiveness Study

Conclusions

- **Community Setting** are complex settings
 - Outside the realm of efficacy randomized clinical trials
 - Real-life, high external validity
 - Randomized sample, high interval validity
 - Groups comparable on all variables (no differences control and FFT)
- **High Risk population** (crime history, family history, educational risk, and comorbidity of problems)
- **Significant Clinical outcomes**
 - Results less than studies conducted by clinical research teams (Clinical Trial-27% reduction initially estimated by WSIPP)
 - Recidivism lower with minor crimes (14%) but higher for serious crimes (39%, 45%)
 - Implementation cost data are higher than initial estimates but, still low
 - Cost saving are impressive and significant
 - Success with families is highly dependent on competence of therapist implementing FFT



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Functional Family Parole: A Re-entry Program for Youth on Parole

Extending the system of care...building a continuum of integrated services

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Foundations of Functional Family Parole

Theoretical/Philosophical Basis

- **Historical treatment by field**
 - "delinquent kids" are too hard to deal with (!)
 - Fear/power as the basis of help
- **FFT Philosophy**
 - Respect with responsibility
 - Consideration/respect for differences
 - Focus on engagement through alliance
 - "working with" rather than "working on"

Scientific Foundation

- FFT philosophy works in various settings with various types of kids and families



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Principles from Which FFP developed

Model should be.....

Family Focused


- Relationally-based

Guided by available research evidence

- Find most applicable research-based principles to use/apply

Change process based

- Change as a "process"



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Principles (cont'd)

Specific goals, objectives, process and outcomes

- Know what to do, what to do next, and what comes next
- Specificity of "process" of change.. "pathway to follow"
- Specific "methods" to follow in reaching goals
- Specific outcomes

Accountability based....open to quality improvement over time

- Program outcome measures...see if it works
- Measure of interventions actions....accountable to goals and model
- Open to quality improvement efforts



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Principles (cont'd)

Empowers and supports probation/parole counselor

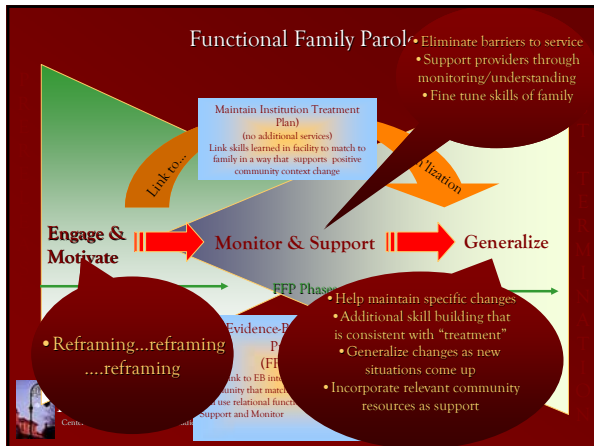
- Model to follow
- Training to support learning
- Information from which to learn/develop/improve
- Pathway to follow in their work with kids
- Uses their skill and ability....

Part of a continuum of care

- Unified system of services
- Linked by common language, understanding of kids, understanding of change
- That can provide coordinated services to youth



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Why would FFP be effective?

Based on central elements of "best practice" models.....

- Structured program (specific goals & outcomes)
- Built on clear principles and intervention "map"
- Specific techniques for specific goals (know what the treatment is)
- Methods of accountability that lead to program improvement

1. Respect-based
2. Family-based/family focused
3. Alliance based motivation to change/participate
4. "Match to" adolescent/family
Program adjusts to adolescent....not adolescent forced into the program
5. Specific Model...a "map" to follow that guides practice

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To accomplish these principles....

- Meet w/ families (*vs. working with the youth alone*)
- Works relentlessly to understand and to respect youth and families on their own terms
- Creates motivation based on alliance (*vs. fear*)
- Works hard to create a balanced alliance with everyone in the family (*vs. supporting one party over another*)
- Strives to create credibility (*vs. exercising authority*)

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Outcomes of these principles...

Family motivated to work in a different way

because they...

- Different "experience" of working with parole counselor
 - Not the same as home
 - Lower negativity
 - Decrease hopelessness
 - A family-relational focus of the problem
- Worked with someone who helped
 - overcame obstacles to therapy
 - was a credible helper
 - Was available
- Expectation for the "possibility" of change

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