Innovating, Accommodating, Adapting, and Adopting FFT

The *Other Side of Drift*

FFT Blueprints
San Antonio, Tx
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James F. Alexander, PhD

Accommodation & Adaptation Put Us At Greater Risk for

Drift
(Neither fish nor fowl?)

drift (drft) *v.* **drift·ed, drift·ing**
- …carried along by currents …
- …move without purpose
- …wander from a set course; stray.
- …vary from or oscillate randomly
- …piled up …by the force of a current

Is Drift All Bad?

- **Inherently ...No!**
  - **Any more than all evolutionary changes are "bad."**

- **However**
  - **Many replications of many EBT's have demonstrated that as adherence / fidelity decreases, outcomes are worse!**

  -

The solution: Matching

In general, EBT's (FFT as an example) want fidelity in model adherence, but centered in competent / innovative / "flexible" application

The Effect of Supervised Experience: Felony Recidivism "Drift" Up … Drift Down
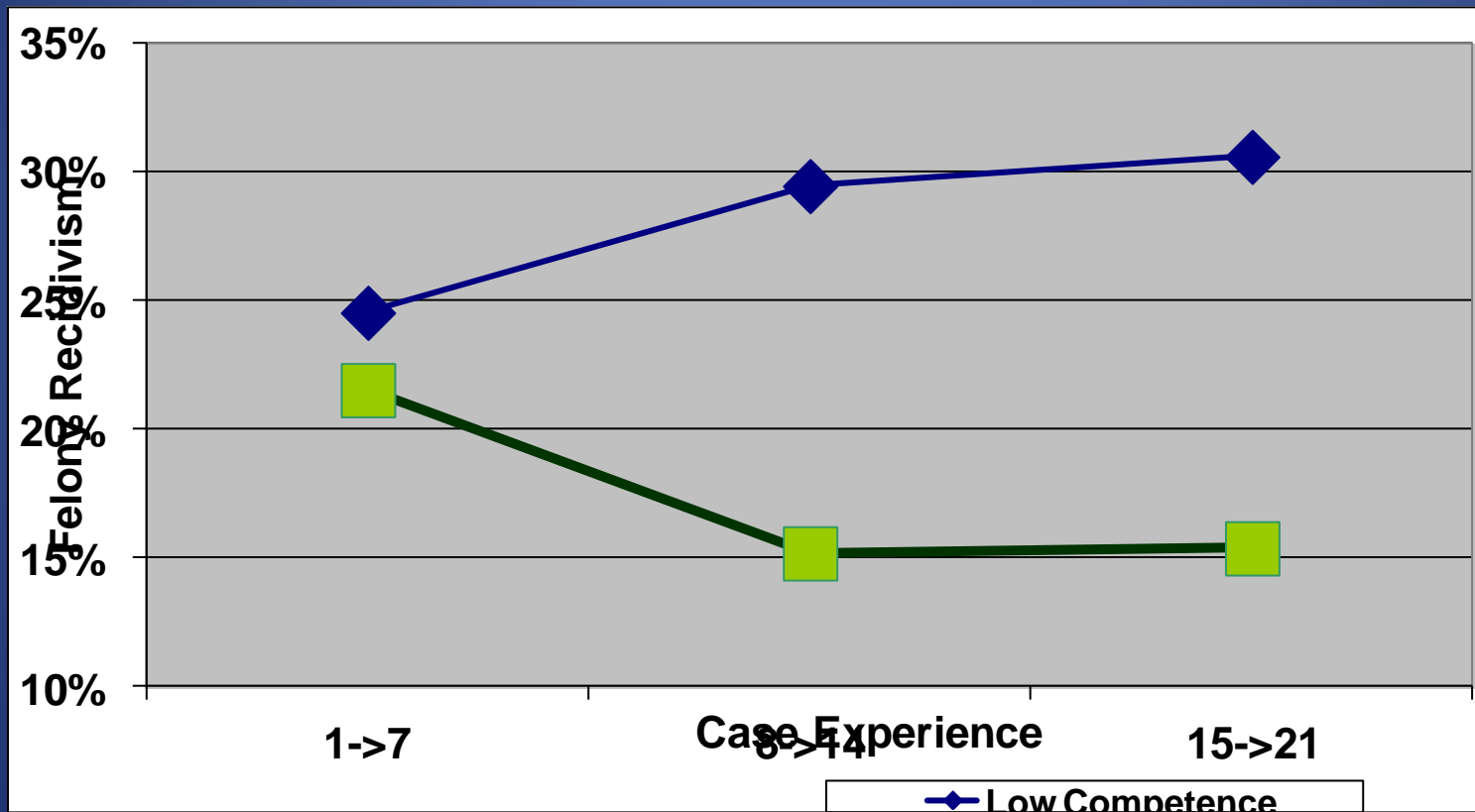
Source: Washington State Juvenile Justice Program. Total number of Therapist equal 38; total number of families = 502.

Fidelity

merriam-webster.com/dictionary/fidelity :
— the quality or state of **being faithful; accuracy in details : exactness**

Innovation ("Flexibility"?)

merriam-webster.com/dictionary/innovation:
-- a new idea, method, or device : **novelty**.

Matching

In general, EBT's (FFT as an example) want **fidelity in model adherence,** but centered in **competent / innovative / "flexible" application**
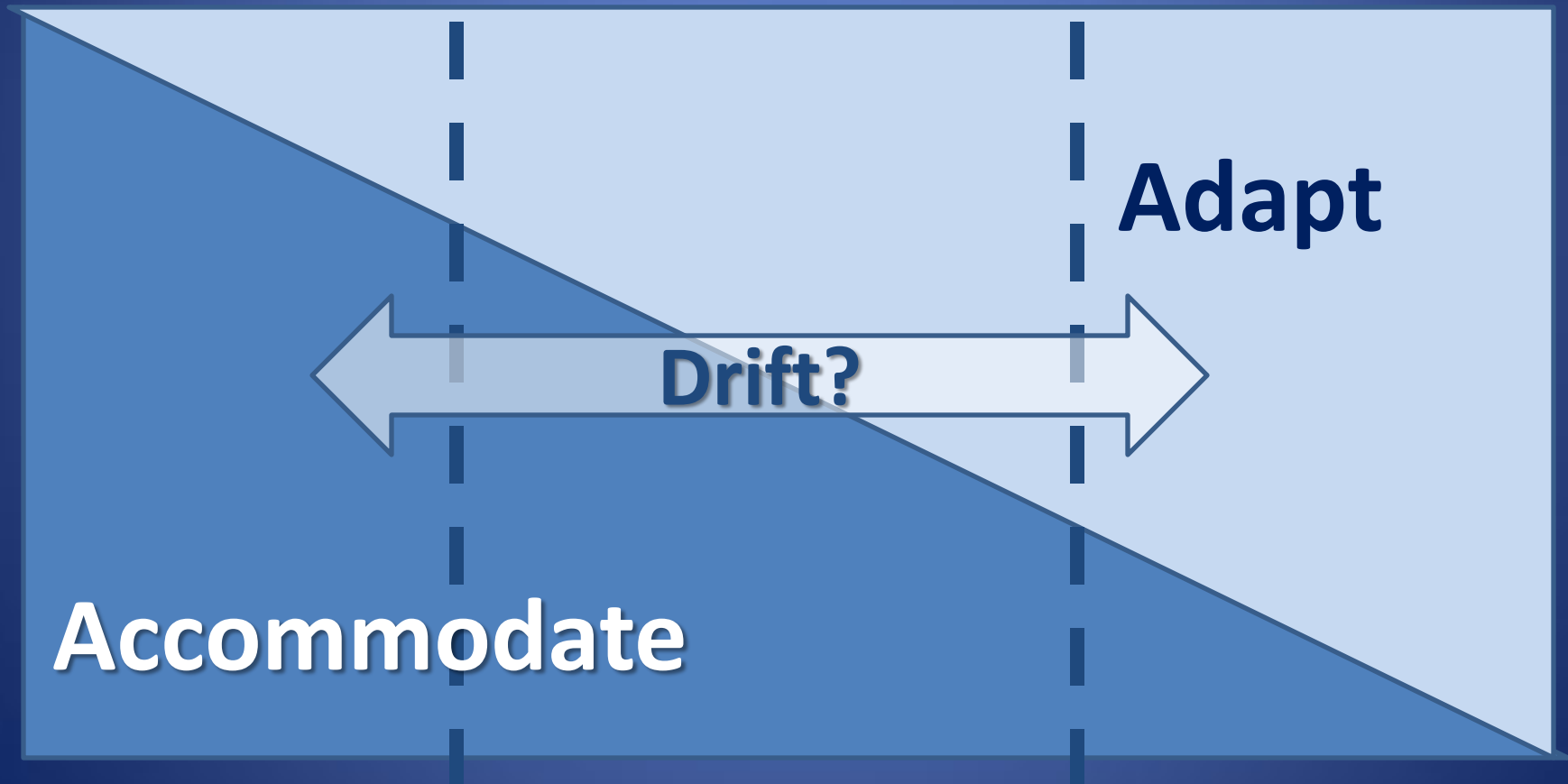
Accommodation

The core of the model remains the same

Adaptation

Some aspect(s) of the core model , i.e.,

elements, phases, sequences of administration,

have undergone qualitative as well as quantitative changes

Accommodation <> Adaptation Continuum

(The Bridge Program)

Adapt

Drift?

Accommodate

Definition Accommodation

- **<u>Reversible</u>* and relatively superficial changes in response to internal or environmental stimuli**

  *Reversible unless chronicity > adaptive changes

  — **Eye shape, iris, etc. in response to change in light**

  — **Dressing in warmer clothes in the cold**

  — **Signing for the hearing impaired (changes the vehicle for presentation but not the content)**

  — **An EBT in a different language**

Definition Adaptation

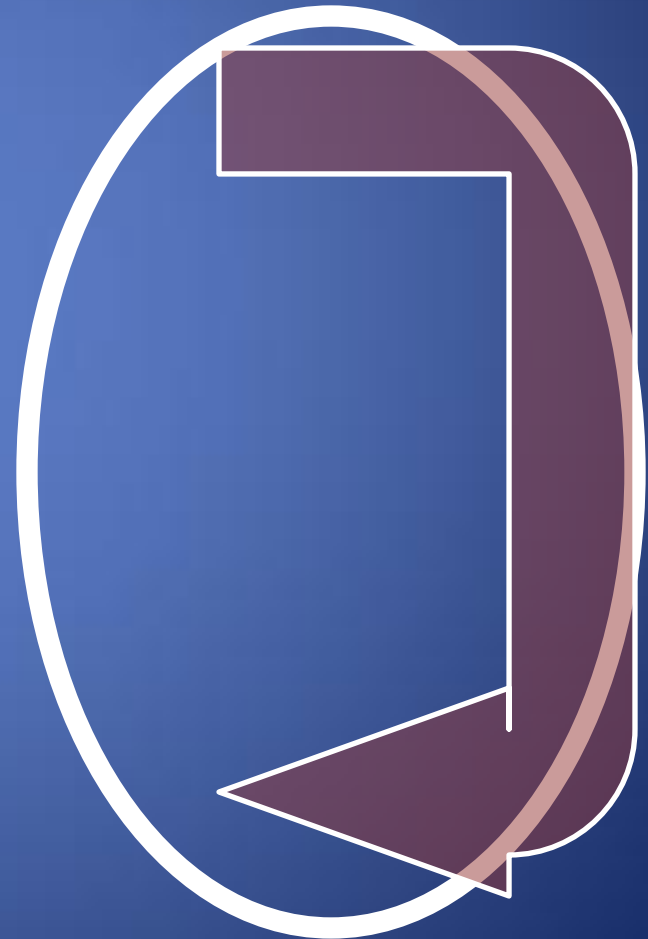- **Longer Term / <u>Permanent</u> changes in the actual structure or process**
  - **Evolution**
  - **Adding a prosthetic for walking**
  - **DNA manipulation**
  - **Gastic stapling**
  - **General Adaptation Syndrome**
    - **Wherein accommodation, over time, becomes adaptation; perhaps irreversable**
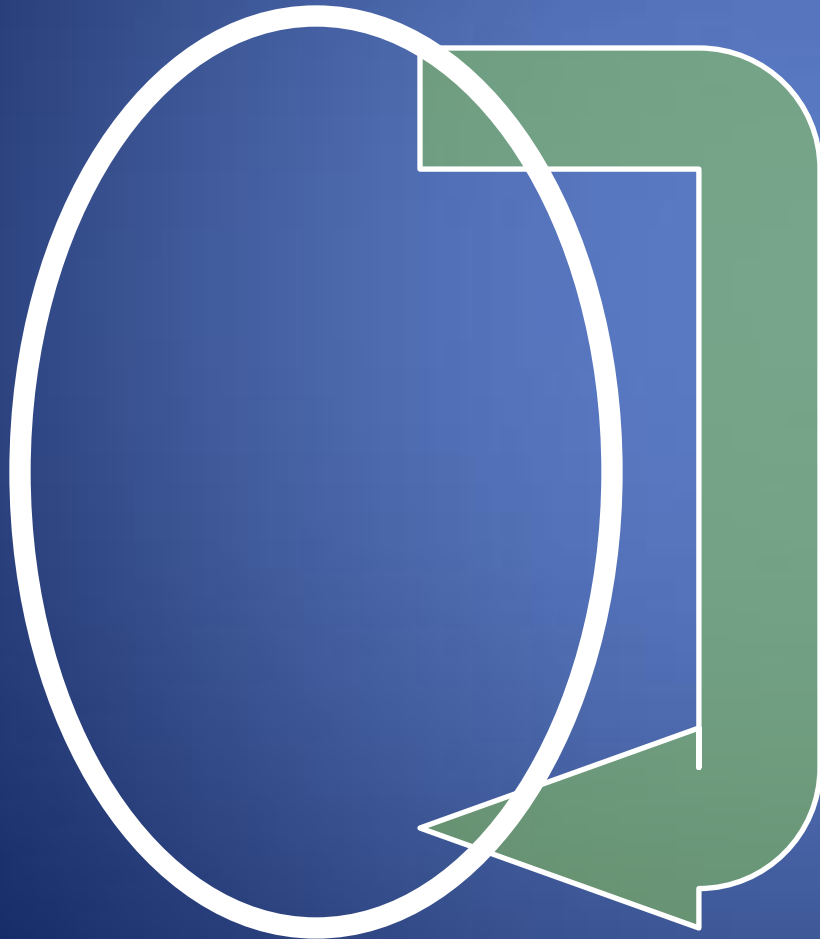
Premises

For established EBT's, using an "accommodated" model vs "adapted" model has major implications for:

- *—Research, including effectiveness, efficacy, and change mechanisms*
- *—Manual representation(s)*
- *—Training structure and processes*
- *—(The inappropriateness of) selecting and juxtaposing acontextual elements of any particular EBT's which were developed and evaluated <u>as a whole</u>*

Where Are The Challenges?

– **Our model**

  - **Do we need to accommodate? Adapt? & if so, when?**

– **Our therapists (50% of variance!)**

– **Our Supervisors / Consultants**

– **Our agency / system**

– **The educational, judicial, mental health system(s) in which the client family is/are embedded**

– **The culture in which they are in turn embedded, and the subcultures that surround them**

All "push" fidelity (adherence & competence)

And The Families?

- Of course families also challenge or "push" fidelity.
- But that is why they are the "clients."
- We cannot "blame the victim."
- Conclusion: It is <u>our</u> job to
  - Engage them in change
  - Motivate them to change
  - Assess their relational strengths, patterns, and challenges
  - Provide the Change Mechanisms
  - Help them Generalize those positive changes

Without These Qualities

- **We can have entropy, not growth**

- **We have (potentially) powerful interventions but without tracking or feedback**

  - **We lose accountability and the ability to train others**

  - **We even can become iatrogenic rather than efficacious or effective**

This can hurt people!

So What Do We Face?
- A Complex Set of
Non-Overlapping Demands

Clinical Model

Systems
Treatment
Funding
Educational
Legal

Clients
Youth,
Parents,
Parent figures

So What Do We Do?

Accommodate

Flex
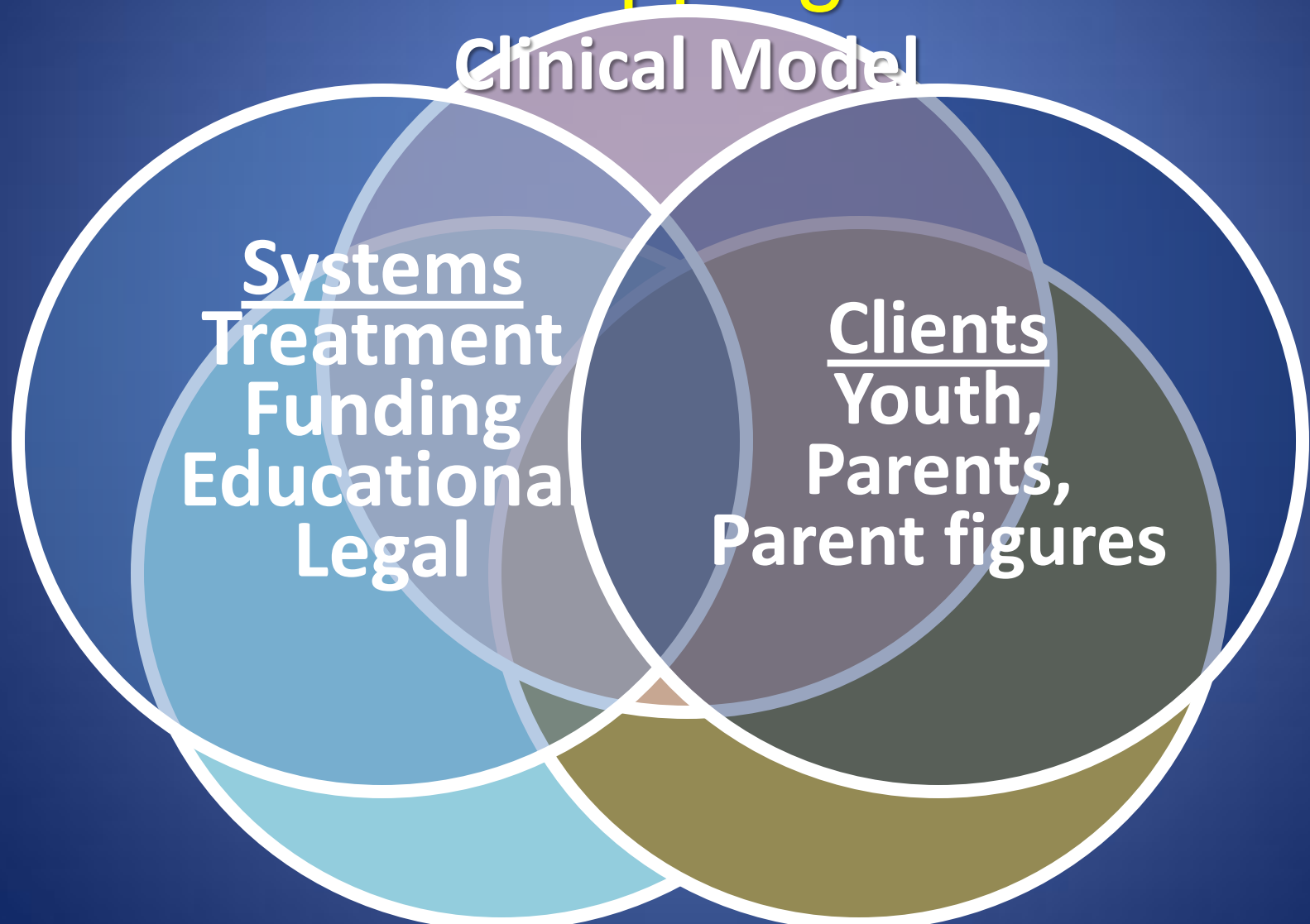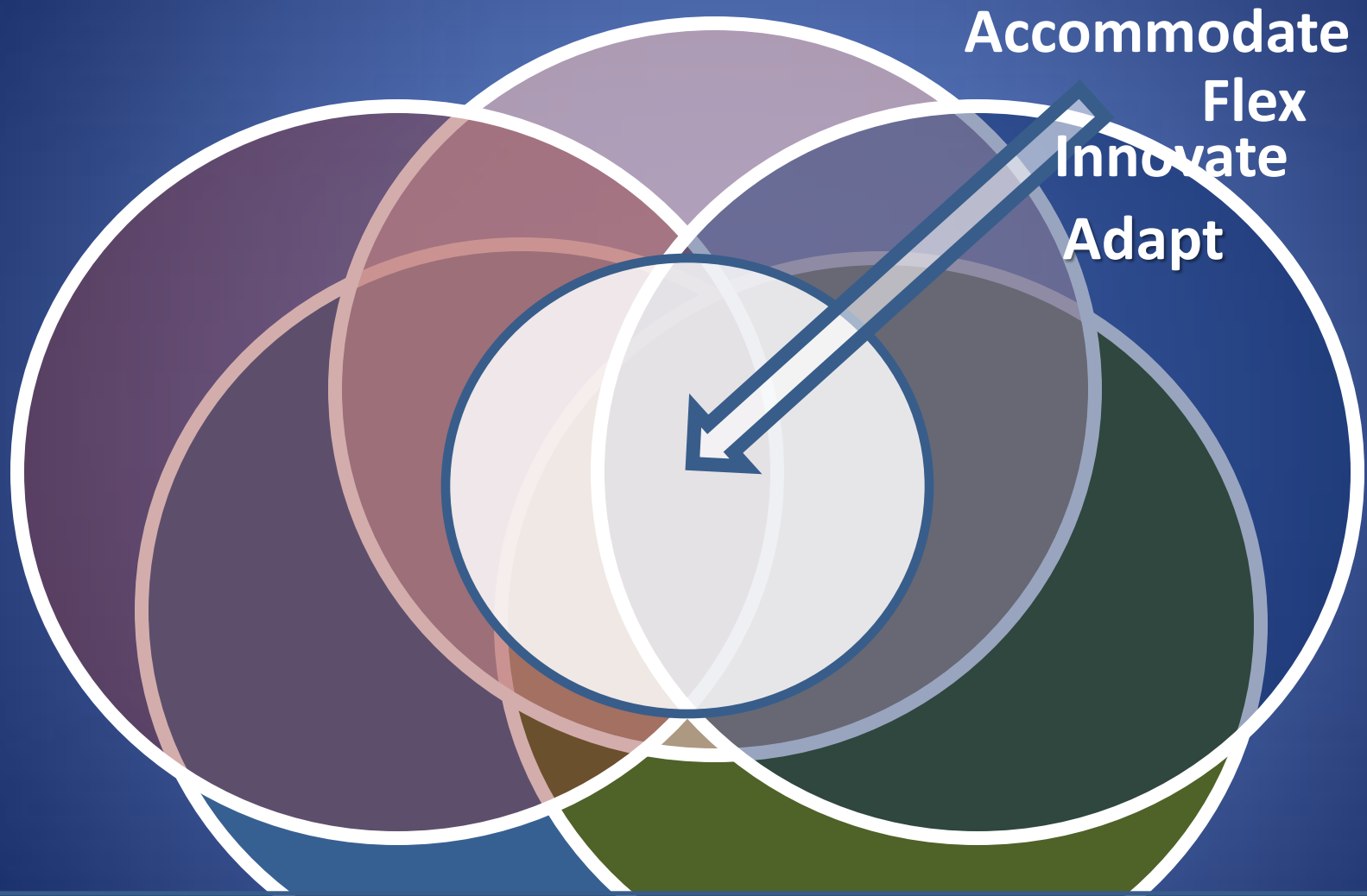
Innovate

Adapt

That's when we become 'therapists,' not just manual followers nor 'robots'

So, We Come Full Circle

Whether or not we accommodate, adapt, or innovate, we still must "match:"

- Ourselves ("Personality," "Style," IQ)

- The "client" youth /family

- Our model

- Our agency / system

- The educational, judicial, mental health system(s) in which they are embedded

- The culture in which they are embedded, and the subcultures that surround them

Drift <u>Can</u> Produce Positive Changes or New Decision Rules

- *<u>However</u> this requires the dimensions along which the "drift" occurs, either in accommodating or adapting, to be clear, articulated, and the "drift" <u>**measured**</u>*

- *This in turn requires openness, self awareness, and independent monitoring.*

- *"Transparency with rigor"*

In FFT We Organize Our Matching Around FFT Phases – Each of Which Have Specific Challenges

- Engagement

- Motivation

- Relational then Behavioral Assessment

- Behavior Change

- Generalization

Solutions Involve:
Matching Matching Matching

The Big Picture: Integrating FFT with Other Systems* (Moving from Family First to ALL Risk and Protective Factors)

Pretreatment System Integration Phase	**FFT Direct Treatment Phases**	Posttreatment System Integration Phase

Assessment ➡

Referral, Preparation, Pretreatment Linking w/ Youth Mgt Systems

- **Engagement**
- **Motivation**
- **Behavior Change**
- **Generalization (Multisystemic)**

Boosters, Maintenance of links w/ Youth Mgt Systems, Positive close

The Youth / Family Management System(s):
Juvenile Justice, Drug Court, Welfare, Mental Health:
(PO's, Case Managers, Trackers, Contingency Managers)

* Based on Alexander et al, 1983; Barton et al, 1985; Waldron et al, 2001

FFT Phases & Specific Challenges

- Engagement

  – System

  – Family / specific family members

    - Outreach, Specific agency liaisons, reputation for responsiveness

    - Do you "settle" for beginning with who will come in and then hope to "engage" other(s)?

      – If you do, you will have fewer engaged **families**

  – Does your agency need "only" billable hours... Vs outcome focused. What do we really mean by "performance based?"

FFT Phases & Specific Challenges

- Engagement
  - System
  - Family / specific family members

- **Motivation**
  - **Are you balanced in your goal of motivating all family members or do you drift toward those who are responsive?**
  - **Do you acknowledge the negative before you suggest a possible benign "motivation" in your reframes?**
    - **Or do you just "relabel" but call it reframing?**

FFT Phases & Specific Challenges

- **Engagement**
  - **System**
  - **Family / specific family members**
- **Motivation**

- Relational then Behavioral Assessment
  - **Do you look for patterns in *their* behavior, or what you think they 'really want?'**
  - **Can you accept them on their own (relationally speaking) terms?**
  - **Can you observe & infer (a.k.a. "think") or merely ask questions**

ENGAGEMENT PHASE

GOAL Enhance perception of responsiveness and credibility, demonstrate desire to listen and help

SKILLS REQUIRED   Qualities consistent with positive perceptions of clients, persistence, matching, cultural sensitivity / competence

FOCUS   Immediate responsiveness, strength based relational focus, individual and cultural characteristics

ACTIVITIES   High availability, telephone outreach, language and dress appropriate, proximal services or adequate transportation, contact as many family members as possible. Schedule sessions as frequently as necessary.

- **MOTIVATION PHASE**

GOAL   Create positive motivational context consisting of less hopelessness and blame (self & other), create hope, and engage all "major" family members and motivate them to become part of the change process by:

- Building "balanced" alliance - with everyone,
- Reducing negativity & blame while retaining responsibility, and
- Creating a family focus for problems and strengths

SKILLS REQUIRED   Relationship & interpersonal skills, nonjudgmental, acceptance and sensitivity to diversity, courage and resilience, non-defensiveness

FOCUS   Relationship process, separate blaming from responsibility, strength based

ACTIVITIES   Interrupt highly negative interaction patterns and blaming (<u>Divert and Interrupt</u>). Change meaning through a strength based relational focus, pointing process, sequencing, and Reframing & themes. Schedule sessions as frequently as necessary

Introduction to E & M Techniques and Interventions

Interrupt (respectfully) & Divert
-negative interaction patterns
-blaming
(in other words, stay busy!)

Change focus and meaning through establishing a nonblaming relational focus
Includes refocusing "Individual" issues as "Relational" issues through Sequencing / Pointing Process, Theme Hints, RELABELING, REFRAMING and providing THEMES

And MATCHING – Always MATCHING

Major Techniques of E & M

- **Interrupt & Divert**
- **Point Process**

1 - Change Focus

- **Sequence, "Problem Sequence," Selectively attend to positive**

  elements of patterns and reports
- **Strength Based ……………. Relational Focus**
- **"Do something"   ("Take a risk")**
- **‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗**

- **Theme Hints**

2 – Change Meaning

- **Relabeling**
- **Reframing**
- **Providing Positive Themes**

5 – **Behavior Sequence Theme:** identifies a specific <u>sequence,</u> usually of within-family behaviors, and provides reframes and/or relabels of most or all of the specific behavioral elements, doing so in a way that suggests <u>non-malevolent intent</u> or "reasons" behind all family members' behaviors.

 6 – **Relational Theme:** creates/suggests possible misguided benign, even noble, and sometimes "accidental" intentions behind *longer term relational patterns* and/or interpersonal *styles*. Relational themes often are quite non-specific with respect to recent behaviors. Often they capture years of relational unhappiness, dysfunction, and negative attributions about self (e.g., as in depression) and others.

Relational Themes are successful through:

Linking the family members together in nonblaming ways;

- **… by "reframing" and relabeling more global aspects of their history and experiences, often referring to "styles" rather than specific behaviors, often hypothesizing unintentional "mistakes" and misperceptions, and using more relational than specific behavioral markers.**

- **… and linking them emotionally in a strength based way;**

- **This provides a hopeful way to reexamine their lives together.**

Relational Themes

- **Because they are more global than reframes, themes often are easier to develop.**

- **Compared to reframes, themes are broader, more inclusive, link everyone together, and can be more diffuse than reframes (less tied to specific behavioral events).**

- **Themes also can take advantage of coincidences and seemingly unrelated events because the general links are much more like hypotheses than explanations or "interpretations."**

- **Themes offer a hopeful way to experience the past and to set the stage for the future**
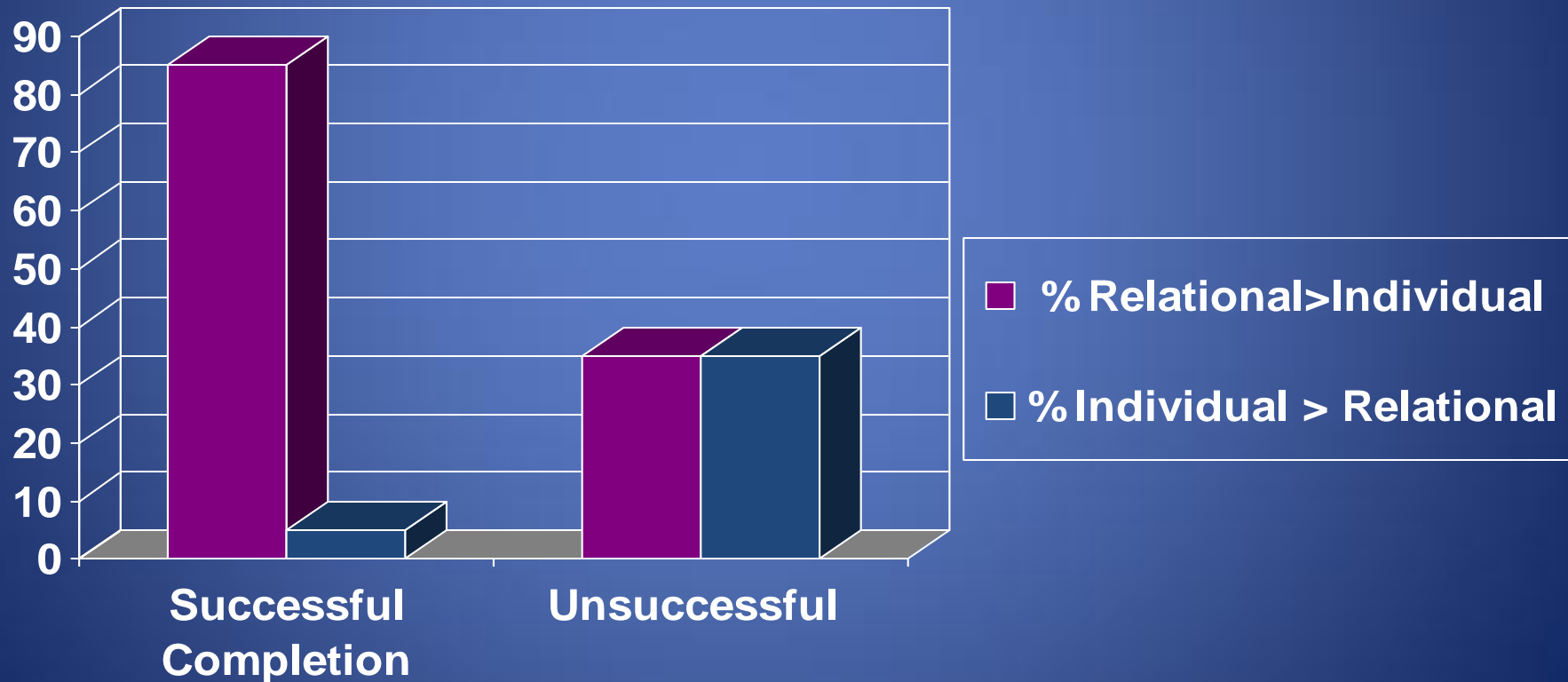
In FFT, E&M Really Counts! ... and Involves "Family Bonding," NOT Problem Focus

Changes in Parent-Youth Alliance in FFT Across Sessions 1 & 2 Predict Completion versus Dropout

Legend:
- Kid Drop
- Kid Complete
- Mom Drop
- Mom Complete

Freidag, Alexander, & Turner, 2008
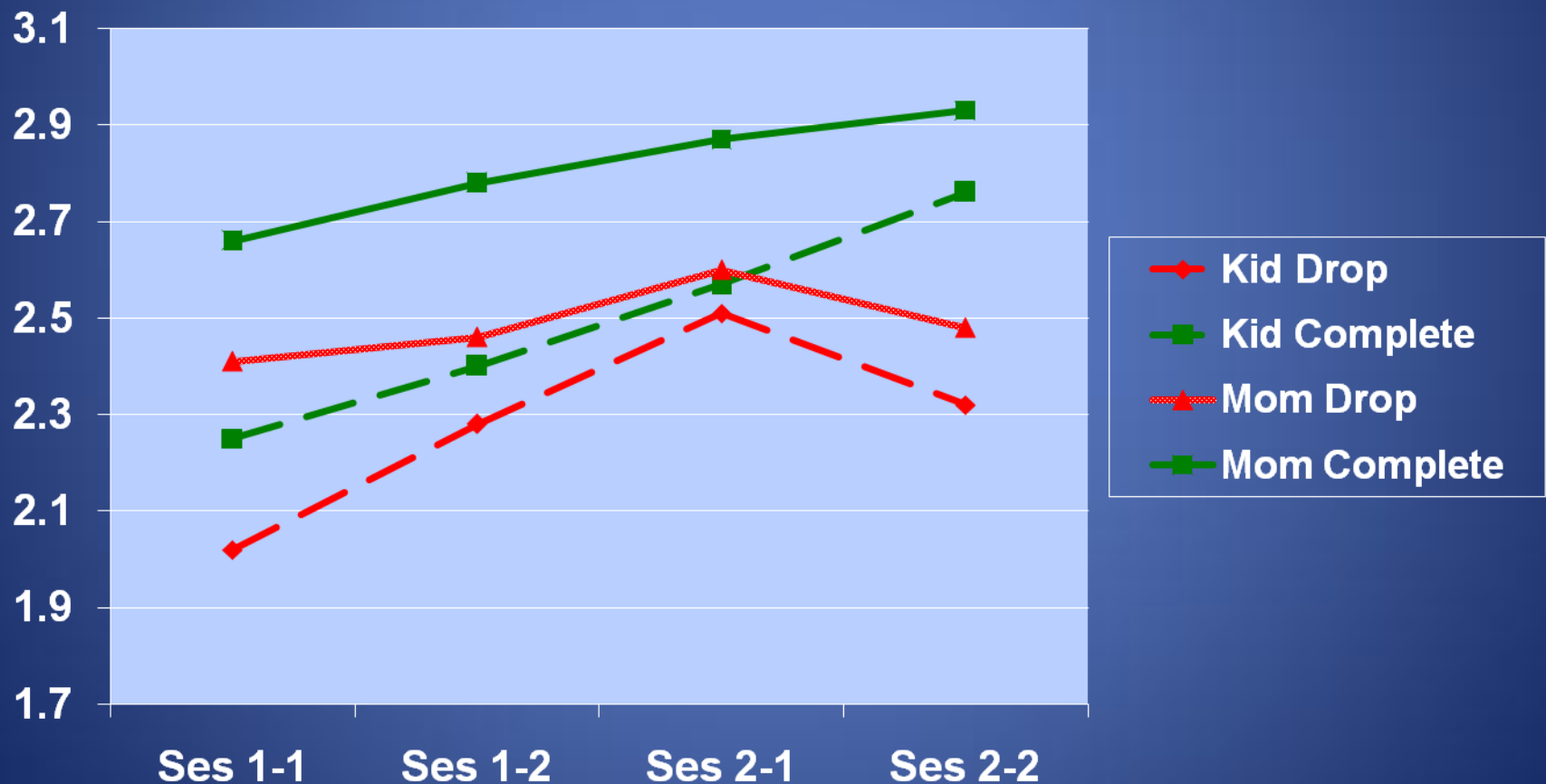
Individual vs Relational Therapist Focus* During Sessions 1&2
and The Likelihood of Completing FFT Successfully
(N= 20 Completer & 20 Non-Completer Families – 80 total sessions coded)

Karianne Jensen & James F Alexander
University of Utah

Legend:
- % Relational>Individual
- % Individual > Relational

X-axis categories: Successful Completion, Unsuccessful
Y-axis: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90

*Coding based on each therapist speech act
Manual available by request: (JFAFFT@AOL.COM)

RELATIONAL ASSESSMENT

GOAL   Elicit and analyze information pertaining to relational processes, develop plans for Behavior Change & Generalization

SKILLS REQUIRED   Perceptiveness, understanding relational processes & interpersonal functions of behavior, separating "what is" from what you hope it to be

FOCUS Intrafamily & extrafamily context and capacities (e.g., values, attributions, functions, interaction patterns, sources of resistance, resources, and limitations)

ACTIVITIES   Observation, questions; inference about the functions of negative behaviors , switch from an individual problem focus to a relational perspective

Family First: Relational Patterns Reflect "Relational Functions"

"When one family member relates to another, the typical relational pattern (behavioral sequences, emotions, beliefs about each other within the relationship) is characterized by degrees of:

Relatedness / Interdependency....
connection vs. autonomy
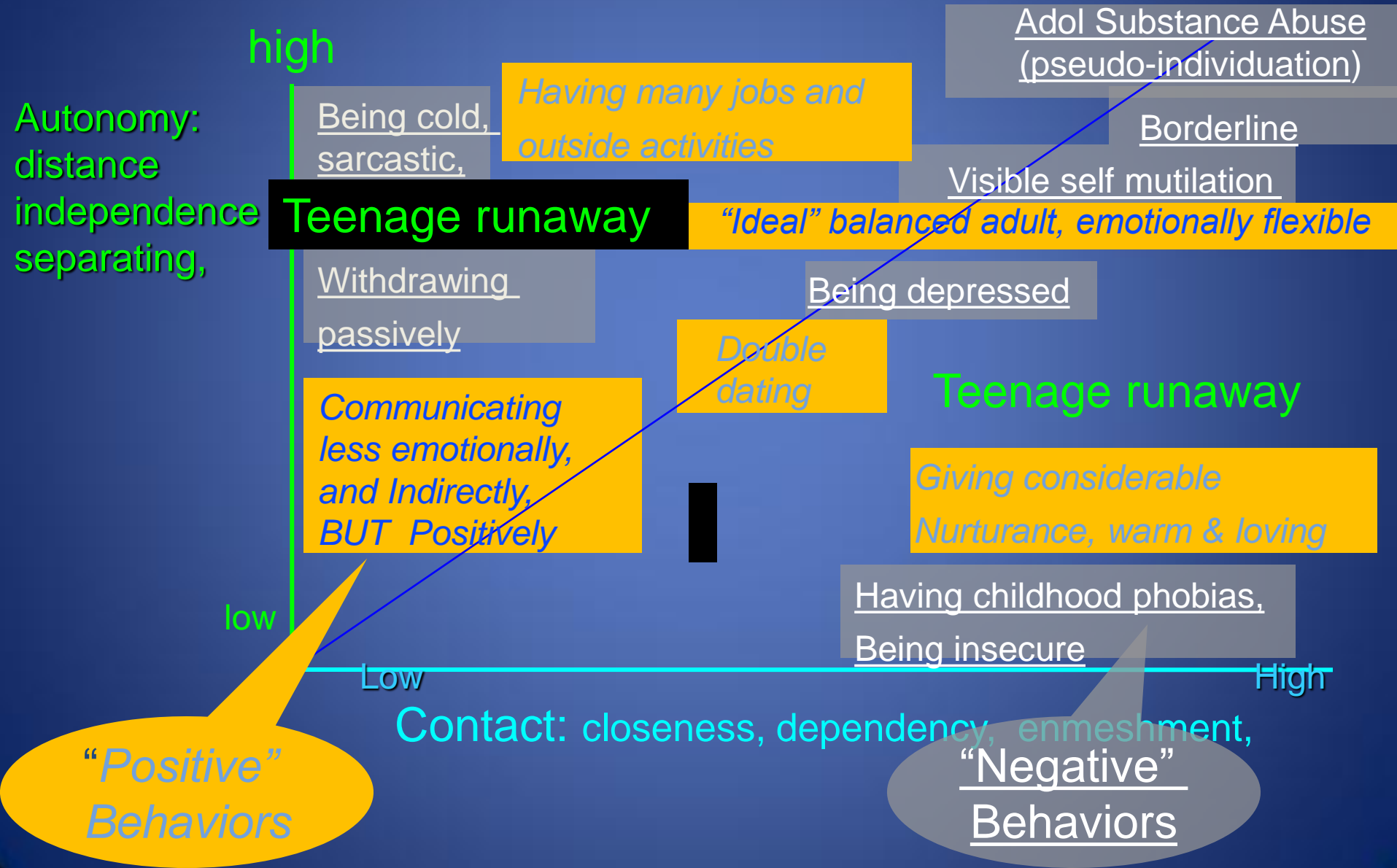(psychological interdependence / degree of "boundaries")

Hierarchy....
Communications that reflect the relative balance of overt relational control/influence ("power") based on differential resources, role

Attempting to change these basic motivational components of human behavior in just a few sessions is clinically impossible and (arguably) inappropriate ethically

Its not the specific behavior…..

but the functional-relational pattern it represents…. behaviors and their possible interpersonal (relatedness) functions

high

Autonomy:
distance
independence
separating,

Adol Substance Abuse
(pseudo-individuation)

Having many jobs and outside activities

Being cold, sarcastic,

Borderline

Visible self mutilation

Teenage runaway

"Ideal" balanced adult, emotionally flexible

Withdrawing passively

Being depressed

Double dating

Communicating less emotionally, and Indirectly, BUT Positively

Teenage runaway

Giving considerable Nurturance, warm & loving

Having childhood phobias, Being insecure

low

Low

High

Contact: closeness, dependency, enmeshment,

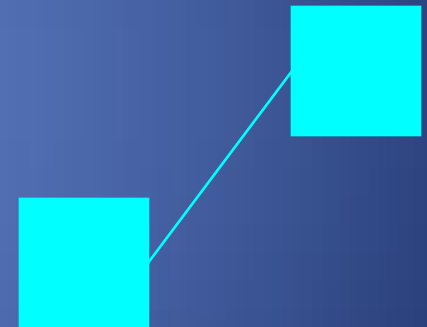*"Positive" Behaviors*

"Negative" Behaviors

The Second Relational Dimension:
Hierarchy

Hierarchy refers to the <u>pattern, over time, of relative influence</u> based on power, position, and resources.
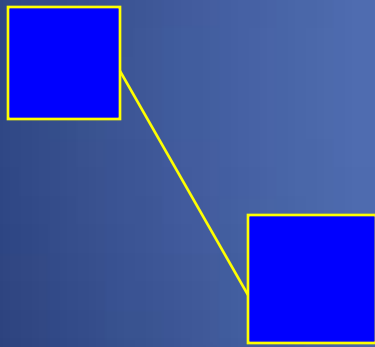
Parent 1- up

Parent Symmetrical: (Exchange = Behaviors)

Parent 1- down

What Does Hierarchy Represent?

Hierarchy is a relational configuration between two people that is expressed through behavior, the broad range of communication channels, and the **pattern / balance of mutual influence** *they have on one another.*

Sometimes the pattern represents what culture believes "should be:" Parent(s) 1-up and youth 1-down but moving toward symmetry.

However, often families have not evolved that way, and once again FFT attempts to understand each relationship for what their patterns represent. We don't judge them; we merely attempt to understand them on their terms – even if the pattern is dysfunctional . Then we help family members develop positive patterns.

Behavior Change Phase

Therapist Task: Read / learn / experience as much as you can about the myriad behavior change technologies available: Cognitive, behavioral, emotional, relational, physiological, spiritual.

FFT does not have a unique set of BC "techniques." Instead we apply the "techniques" based on E & M already having been attained, and in a manner consistent with Relational Functions

Ideally, FFT therapists are familiar with the literature about, and techniques for, changing the various frequently encountered syndromes (their cognitive, behavioral, emotional, and physiological components) reflected in Adolescent Substance Abuse, PTSD & trauma linked coping, Conduct Disorder, ADHD, Depression, and early abandonment and abuse. As long as they are consistent with relational functions, many techniques from these treatment literatures, and the understanding of the Syndromes upon which they are based, can be fit nicely into an FFT Behavior Change framework

Change the problem behaviors (youth, parent, others by using the therapist skills of….
- Teaching, modeling, coaching,
- providing technical aids, and giving
    directives that help families improve
    their ability in such skills as
        - Parenting & "Youthing"
        - Communication
        - Problem solving
        - Conflict management
        - Positive Compliance
        - Refusal skills

In order to eliminate the dysfunctional behaviors
        (drug abuse, delinquency, violence, etc)
    and changing the processes that support it
        by…developing individualized change plans
        that "fit the family" (values, relational functions, abilities),
        and increase competence

How to implement BC

- **Apply…**
  - **Behavior change technologies (interventions) and therapist persuasion based on alliance, hope, and positivity**

  - **In sessions**
    - **Planned through teaching/using a client issue**
    - **Opportunity…through an in session incident**
    - **How…**
      - **Coaching, directing, teaching, using technical aids**

  - **As "homework"**
    - **Specific task that is accomplishable**
    - **Clearly presented/understood**
    - **High expectation of success**

  - **Model**
    - **Directly/indirectly demonstrated by the therapist**

FFT Direct Treatment Phases : (Multisytemic) Generalization

- Family continues developing skills
- Family attains stability and independence
- Family can respond adaptively to new (or relapsed) problems
-- Family linked to positive community resources
-- Individual & subsystem issues addressed if necessary / desired

MOTIVATION

MULTI-SYSTEMIC GENERALIZATION

Pre-Treat-ment	Sessions								Post-Treat-ment
	1	2	3	4	5	6	7	>>>> End	
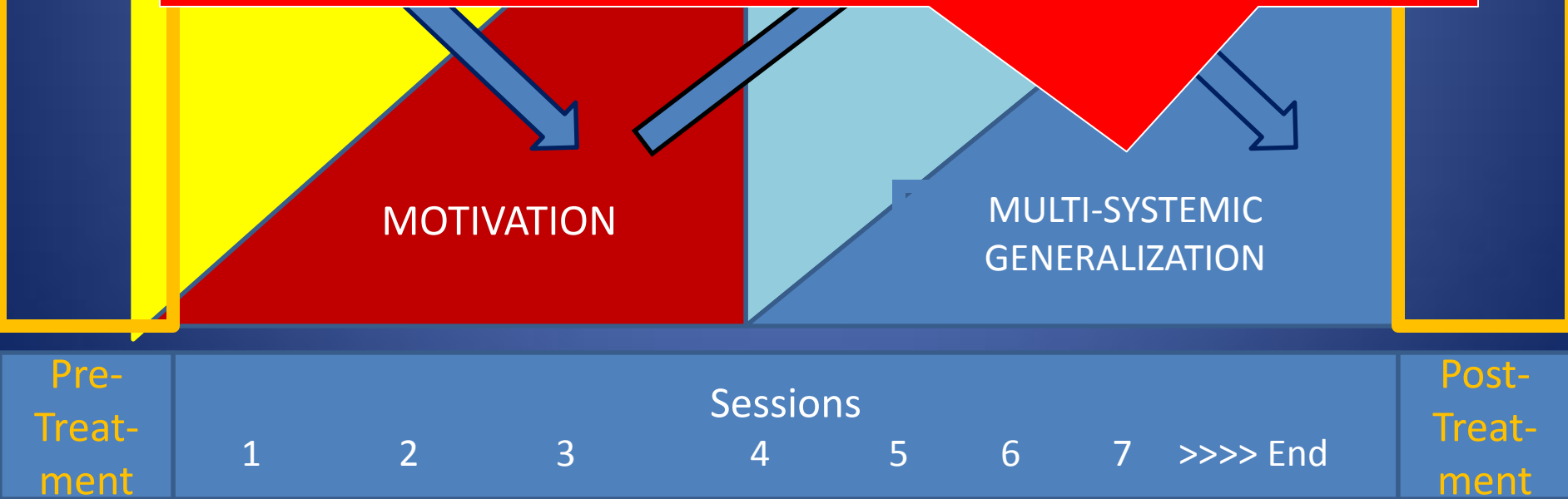
Generalization phase…
…Supporting change..Family Case Manager role

- **FFT therapist role in generalization…family case manager**

- **1. Know the community**
  - **Have current list of providers/agencies**
  - **Know the transportation system**
  - **Know the school system/contacts**
  - **Know juvenile laws**

Generalization phase…
…Family Case Manager role

2. Develop contacts

– **have specific referral persons in agencies (schools, mental health agencies, YMCA, boys/girls clubs)**

3. Remember the ethics

– **Confidentiality….Release of information**

– **Exceptions**

– **Reporting laws**

- Mark Smith 011-1452-307-093
- Partners: Project (Dr Steven Scott; Moira Doolan; Joanna Pearce, Sajid)
  - Brighton being expanded to East& West Suffex
- **(NAPR)** National Assoc of Parenting Research Brighton Evaluation - 18 Month data will be available to us soon.
-
- **Graham Allen** review— ID's FFT as an effective program with troubled families.
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- **DFE** Dept of Family Education
- **NICE** National Institute of Clinical Excellence

• How It Works

- *We are like the Architects and Contractors*

- *Our Partners are like the actual Builders*

- *Master Plan re when and how to pull in materials, people, how to match with local building codes, the land, ..*

- *FFT itself provides the Building Blocks (Elements, Phases)*
  - *First, preparation = Foundation (E)*
  - *Getting everyone on board / ready (M)*
  - *See how it fits together, in this instance (A)*
  - *Fit it together internally (BC)*
  - *Tie it into the community systems (Gen)*

- Bryan Samuels, Commissioner Admin C,Y,F
  - Miller E.A, Green A.E….2011
  - Griffen et all 2012
  - Casaneura et al 2011   psychotroopic
- Dean Fixen