International Journal of Educational Research 70 (2015) 47–56

Contents lists available at ScienceDirect

International Journal of Educational Research

journal homepage: www.elsevier.com/locate/ijedures

Research protocol: A randomized controlled trial of functional family therapy: An Early Intervention Foundation (EIF) partnership between Croydon Council and Queen's University Belfast

Allen Thurston [a,*], Sarah Miller [a], Laura Dunne [a], Anne Lazenbatt [a], Aideen Gildea [a], Dwynwen Stepien [b], Dave Tapsell [b]

[a] Queen's University Belfast, Belfast, United Kingdom
[b] Croydon Council, Croydon, United Kingdom

ARTICLE INFO

Article history:
Received 16 October 2014
Received in revised form 10 December 2014
Accepted 3 January 2015
Available online 28 January 2015

Keywords:
Research protocol
Functional family therapy
Randomized controlled trial
Trial
Youth offending

ABSTRACT

The paper presents a protocol for 'A randomized controlled trial of functional family therapy (FFT): an Early Intervention Foundation (EIF) partnership between Croydon Council and Queen's University Belfast'. The protocol describes a trial that uses FFT as an alternative intervention to current use of the youth justice system and local authority care with the aim of reducing crime/recidivism in young people referred to Croydon Council. The trial will take place over a period of 36 months and will involve up to 154 families. Croydon Council will employ a team of five Functional Family Therapists who will work with families to promote effective outcomes. The Centre for Effective Education at Queen's University Belfast will act as independent evaluators of outcomes for families and young people. The work is supported from the United Kingdom Economic & Social Research Council/Early Intervention Foundation Grant Number ES/M006921/1

1. Introduction

For some troubled and troubling adolescents care orders and/or entry to juvenile justice systems leads to reduced quality of life outcomes. This often comes at the end of a series of events where effective early intervention could have alleviated the problem (Farrington & Welsh, 2003). These adolescents are known to live in 'high risk families'. Adolescent risk factors include family poverty and violence, child maltreatment, separations, lack of opportunities to develop secure attachments, and harsh, lax or inconsistent discipline, substance misuse and psychiatric co-morbidity such as attention-deficit hyperactivity disorder (ADHD) and conduct disorder (Fischer, Barkley, Smallish, & Fletcher, 2002; Satterfield et al., 2007; Mordre, Groholt, Kjelsberg, Sandstad, & Myhre, 2011). Parenting behaviour such as domestic abuse, alcohol and drug misuse and parental mental health problems such as depression are among the strongest predictors of child conduct problems (Cicchetti & Manly, 2001). Protective factors include having parents with caregiving skills that can support development of increased competence and self-esteem; and pro-social peers and a school environment that creates success, responsibility and self-discipline. These have both been shown to be important in preventing conduct and behavioural problems. Indeed,

* Corresponding author. Tel.: +44 28 9097 5941.
E-mail address: a.thurston@qub.ac.uk (A. Thurston).

http://dx.doi.org/10.1016/j.ijer.2015.01.001
0883-0355/

two principal risk factors for offending are low educational attainment and weak engagement with school (Stephenson, 2007). Young people who are exposed to cumulative risk factors and exhibit conduct disorder behaviours are more likely to leave school early and with fewer qualifications, have fewer social skills, and need more special education. It is not uncommon for parent-child interactions to be characterized by anti-social, aggressive and violent behaviour (Kazdin, 1997), leading to higher rates of domestic abuse. Thus, the need for early intervention is vital as Loeber et al. demonstrate that children who become violent as adolescents can be identified with almost 50% reliability as early as age 7, as a result of their aggressive and disruptive behaviour at home and at school.

Working one-to-one with these troubled and troubling adolescents is often not enough. These young people are nested within family units that have a powerful controlling influence on core values and beliefs. This project describes a programme of research that would explore the process and effectiveness of early intervention with the families of troubled and troubling adolescent(s). The early intervention selected is functional family therapy (FFT), which has been shown to positively impact on families with troubled and troubling adolescents in the USA. FFT includes a focus on and assessment of those risks and protective factors that impact upon the adolescent and his or her environment, with specific attention paid to both intra-familial and extra-familial factors, and how they present within and influence the therapeutic process. It is a specialist form of therapy that requires a systematic, manualized approach and specialist training (BACP, 2014). It is currently being introduced in Croydon. That gives the research team a unique opportunity to establish a randomized controlled trial (RCT) to assess the effectiveness of the intervention over treatment as usual.

2. Previous work and background

Counselling psychologists acknowledge that family-based therapy can prove effective at treating conditions that on the surface appear to be individualized problems e.g. substance abuse, anxiety disorders, depression, agoraphobia, conduct disorder (Alexander, Holtzworth-Munroe, & Jameson, 1993). FFT has a history of systematic research that dates back many years (Alexander & Parsons, 1973), resulting in 13 published clinical trials, which suggest that FFT is effective in reducing recidivism between 26% and 73% with offending, moderate, and seriously delinquent youth as compared to both no treatment and juvenile court probation services (Alexander, Pugh, Parsons, & Sexton, 2000). In one research review it was reported that the use of FFT reduced the likelihood of offending by 27% (Sexton & Alexander, 2002). A design experiment reported involving 54 'juvenile delinquents' (original term) from rural, lower socioeconomic backgrounds in Ohio, USA reported reduced offending due to FFT. In the study offending rates for a sample of 27 'treated' individuals were 9% as compared to a rate of 41% amongst a sample of 27 who received treatment as usual (probation) (Gordon, Graves, & Arbuthnot, 1995). A meta-analysis of the effectiveness of family-based crime prevention programmes reviewed 40 programmes of family therapy and concluded that reduced offending rates were observed in studies with a mean Effect Size = +0.321. Effect Sizes were generally greater for those programmes that focused on behaviour change and were situated outside of the school setting (Farrington & Welsh, 2003).

However, these studies all used samples from the USA, where the evaluation team played significant roles in developing and delivering FFT and/or were not randomized controlled trials (RCTs). Consequently, it is both timely and necessary to have a rigorous test of FFT's efficacy in UK populations as well as a need for this systematic evaluation to be undertaken by a team independent from those implementing FFT. The best method of undertaking this will be a RCT. This would adhere strictly to CONSORT guidelines that ensure best practice in conducting RCTs. Thus, the current proposal dovetails with the EIF 'Standards of Evidence' framework for 'What works?' This research will provide robust evidence to other teams involved in early intervention with families/troubled and troubling adolescents as to whether FFT offers a valid, effective and efficient means of providing early intervention. Currently the FFT intervention offers effective intervention with EIF Level 4 standard of evidence. This study will enable the programme to be assessed in the new context (Croydon) and therefore enable EIF to determine whether FFT would be worthy of a Level 5 rating (EIF, 2014a).

FFT is a strengths-based behavioural family intervention involving approximately 12 sessions, which take between three and six months to complete. It aims to replace destructive and maladaptive interaction patterns with increased reciprocity of communication and more adaptive functioning within the family (Alexander & Parsons, 1973). It is a manualized intervention that can be home, office or community-based and is delivered by therapists specifically trained in the programme's delivery. The therapy originally evolved from family interaction studies conducted in the sixties and seventies, which reported that dysfunctional families were more likely to lack reciprocity in their interactions (Patterson & Reid, 1970). Such families tended to be more silent, talk less equally, have fewer positive interruptions and be less active (Alexander, 1970; Duncan, 1968; Mischler & Waxler, 1968; Stuart, 1968; Winter & Ferreira, 1969). Within this framework juvenile delinquent behaviour is viewed as a function of the maladaptive system in which the young person is embedded (i.e. the family), which in turn results in the young person being more susceptible to the negative influence of their peer group thereby increasing their risk of reoffending (Sexton & Turner, 2010). The programme developers describe the therapy as being family focused and non-judgemental, based on respect for difference and with an emphasis on the risk and particularly the protective factors that impact upon the young person. It adopts a tailored approach specific to the presenting issues of the family and young person and is relational in nature rather than focused on any one individual's problems (e.g. Alexander & Parsons, 1973, 1982; Kazdin, 1997; Sexton & Turner, 2010; Alexander, Waldron, Robbins, & Neeb, 2013). Throughout the duration of the programme therapists model and encourage clear communication of feelings, clear expression of demands