Child Abuse & Neglect 69 (2017) 85–95

Contents lists available at ScienceDirect

Child Abuse & Neglect

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

Summary of comparison between FFT-CW® and Usual Care sample from Administration for Children's Services

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ARTICLE INFO

Keywords:
Child abuse
Child neglect
Risk factors
Family therapy
Effectiveness
Efficiency

ABSTRACT

This evaluation compared the efficiency and effectiveness of Functional Family Therapy-Child Welfare (FFT-CW®, $n = 1625$) to Usual Care (UC: $n = 2250$) in reducing child maltreatment. FFT-CW® is a continuum of care model based on the family's risk status. In a child welfare setting, families received either UC or FFT-CW® in a quasi-experimental, stepped wedge design across all five boroughs of New York City. The families were matched using stratified propensity scoring on their pre-service risk status and followed for 16 months. The ethnically diverse sample included African American (36%), Asian (4%); Hispanic (49%), and Non-Hispanic White (6%) or Other (6%) participants. Referral reasons included abuse or neglect (57.4%), child service needs (56.9%) or child health and safety concerns (42.8%). Clinical process variables included staff fidelity, service duration, and number of contacts. Positive outcomes included whether all clinical goals were met and negative outcomes included transfers, outplacement, recurring allegations and service participation within 16 months of the case open date. Families receiving FFT-CW® completed treatment more quickly than UC and they were significantly more likely to meet all of the planned service goals. Higher treatment fidelity was associated with more favorable outcomes. Fewer FFT-CW® families were transferred to another program at closing, and they had fewer recurring allegations. FFT-CW® had fewer out-of-home placements in families with higher levels of risk factors. The FFT-CW® program was more efficient in completing service, and more effective than UC in meeting treatment goals while also avoiding adverse outcomes.

1. Introduction

The main objective of this secondary data analysis project was to evaluate the impact of an adaptation of Functional Family Therapy (Alexander, Waldron, Robbins, & Neeb, 2013; Robbins, Alexander, Turner, & Holliman, 2016) on the quality of treatment and prevention services for child maltreatment and allied problem behaviors in a child welfare setting. This adaptation called Functional Family Therapy-Child Welfare® (FFT-CW®) was described in a detailed clinical manual (Alexander et al., 2011) and was put into practice with families ($n = 1625$) in all five boroughs of New York City following a detailed implementation protocol (Rowlands & Davidson, 2011). The program was a collaborative effort of the New York Foundling (NYF) organization which provides child welfare services throughout New York City and FFT LLC which provides training and supervision in FFT nationally and internationally.

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http://dx.doi.org/10.1016/j.chiabu.2017.04.005
Received 30 May 2016; Received in revised form 25 February 2017; Accepted 4 April 2017

1.1. Consequences of child maltreatment

Abuse and neglect pose serious threats to children in the United States with more than 1 million new cases reported each year, and more than 3 million receiving child protective services (US Department of Health & Human Services, 2016). Hussey, Chang, and Kotch (2006) found that childhood maltreatment including supervision neglect, physical neglect, physical assault or sexual abuse were all associated with increased risk (odds ratio) of adolescent substance abuse. Maltreatment contributes to child mortality and morbidity as well as problems such as depression, violence, delinquency and sexual promiscuity (Gilbert et al., 2009; Lucenko, Sharkova, Huber, Jemelka, & Mancuso, 2015).

The impact of child maltreatment is profound and enormous, with these effects reverberating through individuals, families, and institutions including medical and mental health resources, law enforcement, judicial systems, public social services, and nonprofit helping agencies (Gilbert et al., 2009). In 2012, the financial costs of child abuse and neglect were estimated at $220 million each day, or approximately $80 billion each year (Gelles & Perlman, 2012). Fang, Brown, Florence, and Mercy (2012) estimated the lifetime economic burden in the United States from new child maltreatment cases in 2008 to range between $124 and $585 billion.

As maltreated youth enter adulthood, they are more likely to engage in maltreatment of their own children (Jonson-Reid, Kohl, & Drake, 2012; Perepletchikova & Kaufman, 2010) representing a cross generational transmission of maltreatment, substance abuse, delinquency, and risky sexual behavior. These negative health consequences extend throughout adult life (Lucenko et al., 2015; Miller, Chen, & Parker, 2011). These adverse influence processes may be particularly acute for families in poor neighborhoods that do not provide informal social control to reduce abuse and neglect (Emery, Trung, & Wu, 2015). Recurring maltreatment may reflect both characteristics of families and their social environments. Even when formal support services exist, families may need assistance in accessing these resources. Community agencies can facilitate access to these resources and family therapy may enable members to benefit from these services.

1.2. Adapting FFT to a child welfare organization: Functional Family Therapy-Child Welfare (FFT-CW®)

This paper examines one approach to address some of these issues – an adaptation of the **Functional Family Therapy** (FFT) model (Alexander et al., 2013), which has been widely disseminated with over 400,000 families receiving services in 14 countries (Robbins et al., 2016). The efficacy and effectiveness of FFT for adolescents with behavior problems is well established (Robbins et al., 2016). More model research is available at the FFT website (http://fftllc.com). FFT is an integrated model that combines systems and cognitive-behavioral theories to address a full range of adolescent behavior problems. FFT provides a coherent theory for understanding family relationship patterns and identifying the relational "payoff" or "function" of behaviors within the family. Interventions are organized into distinct phases of treatment (see description of FFT-CW®-High Risk below) and are matched to relational functions of the family to increase adaptive behaviors and to decrease or eliminate maladaptive behaviors. This focus permits therapists to tailor interventions that are appropriate to the unique characteristics (e.g., strengths, culture, resources) of each family member.

The FFT model is adapted for Child Welfare clients by incorporating a developmental focus to meet the needs of youths across the entire age range (0–18). FFT-CW® is a relational approach that matches interventions to the relational configurations of families. With delinquent or substance abusing adolescents, this approach often involves accommodating to families in which the youth's problem behaviors have considerable power to engage and motivate family members into treatment. However, with younger children in FFT-CW®, it is necessary to implement more "parent-driven" intervention strategies to build skills and create a family context in which youth can flourish. Another adaptation involves expanding the primary treatment focus from a target youth (e.g., delinquent adolescent) to multiple family members. The specific services received through the FFT-CW® program address mental health, substance abuse, domestic violence, and other needs of family members and tailors treatment to their risks.

1.3. The current investigation

The aims of this study were: (1) To evaluate the effectiveness of FFT-CW® compared to UC services in reducing the rates of recurring child abuse and neglect as well as duration and rates of out of home placement; (2) To evaluate the comparative efficiency of FFT-CW® on duration of child welfare service while avoiding adverse outcomes, and (3) To evaluate hypothesized moderating and mediating effects of therapists/interventionists (e.g., fidelity), and family (e.g., co-occurring risk factors) on problem behaviors.

Prior investigations (e.g., Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012; Chamberlain, Feldman, Wulczyn, Saldana, & Forgatch, 2016; Green et al., 2015) have identified a number of pitfalls concerning the use of child welfare administrative sets. We have attempted to address these concerns in this report. For example, this study capitalizes upon two features to help mitigate possible selection bias as an alternative explanation for the findings. The first factor was the presence of a staggered implementation of FFT-CW® across four regions in New York City which helped to control for possible historical confounds. Second was the selection of a matched comparison sample from the more than 15,000 families each year in New York who are referred from ACS for preventive services often after an allegation of child maltreatment.

This research applied procedures to strictly protect client confidentiality since the administrative datasets in these analyses contained sensitive information about clients. The first stage of the project involved electronic datasets accessed through the New York's Administration for Children's Services (ACS) which provided extensive information about families before, during, and after the evaluated service episode. The pre and post-service episode data included records of all "allegation investigations" and all foster care placement(s) start and end dates for each family member. These data permitted a comparison between clients in the FFT-CW®