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Washington State's Implementation of *Functional Family Therapy* for Juvenile Offenders: Preliminary Findings

In 1997, the Washington State Legislature passed the Community Juvenile Accountability Act (CJAA).[1] The primary goal of the CJAA is to reduce juvenile crime cost-effectively by establishing "research-based" programs in the state's juvenile courts.

The specific CJAA programs implemented in Washington were selected after the Washington State Institute for Public Policy (Institute) conducted a thorough review of the existing national research literature.[2] After considering the Institute's findings, the juvenile courts and the state Juvenile Rehabilitation Administration (JRA) determined that four particular programs met two critical criteria: (1) the four programs had sufficient research-based evidence to indicate that they lower recidivism; and (2) the programs could actually be implemented by Washington's juvenile courts. The four CJAA programs are:

- *Aggression Replacement Training,* developed in New York;
- *Multi-Systemic Therapy,* designed in South Carolina and Missouri;
- *Functional Family Therapy,* developed in Utah; and
- *Interagency Coordination,* originated in Tennessee.

After the four programs were identified, the Legislature then provided funding. To receive state funding under CJAA, each juvenile court chooses which program(s) to implement. The state JRA oversees the funding process and provides statewide training and quality assurance to ensure faithful adherence to each program's design.

The CJAA legislation directed the Institute to evaluate whether the programs work in Washington State. The previous research on these programs—small-scale experimental studies conducted in other states, often by the person who developed the program—found that they lower recidivism rates. The real question, however, is whether they would actually work when applied statewide in a "real world" setting.

This report summarizes the preliminary outcomes for *Functional Family Therapy* (FFT). The early results for the other three CJAA programs will be described in separate reports.[3] More complete findings will be released prior to the 2003 legislative session, with a final report by June 2003.

What Is *Functional Family Therapy*? FFT is a structured family-based intervention that uses a multi-step approach to enhance protective factors and reduce risk factors in the family.

Trained FFT therapists have a caseload of 10 to 12 families, and the intervention involves about 12 visits during a 90-day period. Between January 1999 and September 2001, 14 of Washington's 34 juvenile courts implemented FFT, with a total of about 600 families and 40 therapists participating in the program. FFT costs approximately $2,500 per family. Some juvenile courts decided to hire their own therapists, and some contracted with private therapists. FFT Inc., now based in Seattle, is the organization that owns the intervention and trains and clinically supervises the therapists.

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[1] RCW 13.40.500.

[2] S. Aos, P. Phipps, R. Barnoski, R. Lieb (2001) *The Comparative Costs and Benefits of Programs to Reduce Crime, Version 4.0*, Washington State Institute for Public Policy, available at: www.wsipp.wa.gov.

[3] R. Barnoski (2002) *Washington State's Implementation of Aggression Replacement Training for Juvenile Offenders: Preliminary Findings,* Washington State Institute for Public Policy, available at: www.wsipp.wa.gov.

The Research Questions: The existing research literature has established that FFT reduces recidivism when delivered by FFT Inc. therapists, or therapists under the direct supervision of FFT Inc. on a less-than-statewide basis. In reviewing the previous FFT research studies, we found seven small-scale studies that, combined, indicate that FFT can reduce recidivism rates by about 27 percent.

The question for this study is whether FFT works in a setting where FFT Inc. is *not* directly involved with the families. That is, can FFT be implemented successfully by 14 independent juvenile courts with sufficient consistency and program fidelity to reduce recidivism and make the $2,500 cost per program participant a wise use of taxpayer dollars?

Evaluation Design: To assess whether FFT reduces recidivism, we selected a comparison group of juvenile offenders who did not receive FFT, using a "waiting line" approach. This method takes advantage of the fact that CJAA resources were not sufficient to allow every eligible youth to enter a CJAA program.

In the waiting line approach, all youth are assessed by court staff for CJAA program eligibility.[4] Youth who meet the selection criteria are assigned by court staff to an FFT program. When the program reaches capacity (that is, when all therapists have full caseloads), the remaining eligible youth are assigned by court staff to the comparison group and never participate in the FFT program. Instead, they receive juvenile court services as usual.

To allow the newly trained therapists sufficient time to learn FFT, only families whose therapist had at least 90 days of FFT experience under FFT Inc.'s supervision are included in the study.

This research design provides a fairly strong test of whether FFT lowers recidivism rates compared with youth who do not receive the program. It also allows us to examine how therapist competence in delivering the FFT model affects recidivism.[5] It is not a perfect research design, however, since it is possible for the treatment and comparison groups to differ initially for reasons other than FFT program participation. Fortunately, the formal eligibility assessment used by the juvenile courts contains information (gender, age at study group assignment, criminal history, social history, and family risk scores) to allow for rigorous statistical modeling to control for potential differences.[6] Our results take advantage of these adjustments, since we did find some before-program differences between the FFT and the comparison groups.

Therapist Adherence to FFT: FFT Inc. is adamant that therapist adherence to the FFT model is necessary to achieve success. Although the courts hire the therapists, JRA and FFT Inc. manage the quality assurance process for the FFT therapists in Washington State.

Because this was the first state-wide implementation of FFT in the nation, the process for managing FFT had to be developed as it was being implemented. FFT Inc.'s measures of therapist competence were not initiated until the evaluation was well underway. As a result, some of FFT Inc.'s therapist ratings were based on recollection rather than "real time" measurement. In addition, the ratings were based on phone consultations, not direct observation of the therapists working with the family. Finally, FFT Inc.'s rating system is clinically oriented and does not separately measure the discrete skills required to deliver FFT. As a result, FFT Inc.'s ratings of therapist competence may not be as precise as are needed either for the evaluation or for court management of the program.

[4] Risk level is measured by the eligibility assessment—the Washington State Juvenile Court Administrators Risk Assessment.

[5] When the Institute evaluated *Aggression Replacement Therapy,* another CJAA program, we discovered that only those courts that competently delivered the program had reductions in recidivism. Given this finding, we assumed that therapist adherence ratings would also be needed to accurately evaluate the effectiveness of FFT.

[6] See footnote 4.

Table 1
FFT Inc.'s Therapist Competence Rating and Families Treated

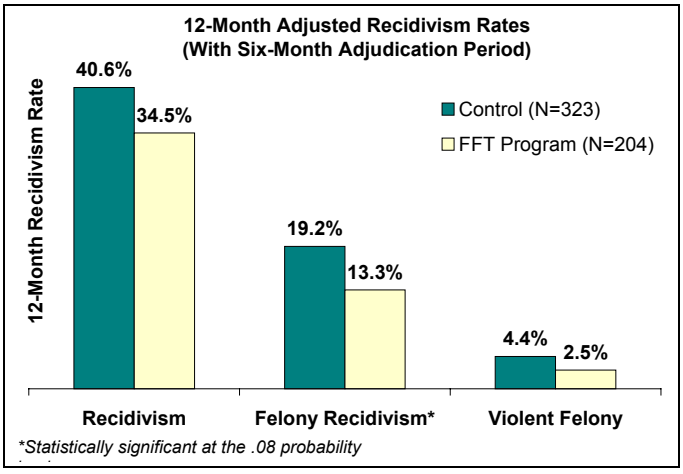
RATING	HERAP		FAMILIES TREATED	
	Number	P	Number	Percentage
Not Competent	11	30.6	124	29.0
Borderline Competent	6	16.7	99	23.2
Competent	11	30.6	114	26.7
Highly Competent	8	22.2	90	21.1
Total	36	100.0	427	100.0

Note: Four therapists are excluded because they lack ratings from FFT Inc.

Results: Table 1 displays the number of therapists during the study period who have the minimum of 90 days of supervised experience delivering FFT. Together, 52.8 percent (19) of the 36 therapists are rated by FFT Inc. as competent or highly competent, and these therapists treated a total of 47.8 percent of the families in the study.

Figure 1 shows the adjusted recidivism rates of youth assigned to the control group versus program youth assigned to therapists judged to be competent and highly competent in delivering FFT. For example, the 12-month felony recidivism rate for the control group is 19.2 percent compared with 13.3 percent for the FFT group (a 30 percent reduction in recidivism rates). Recidivism is defined as a re-conviction in a Washington State court.[7]

Figure 1
12-Month Recidivism Rates for Youth Assigned to Competent FFT Therapists Versus the Control Group



[7] R. Barnoski (1997) *Standards for Improving Research Effectiveness in Adult and Juvenile Justice*, Washington State Institute for Public Policy, available at: http://www.wsipp.wa.gov/crime/pdf/ResearchStandards.pdf.

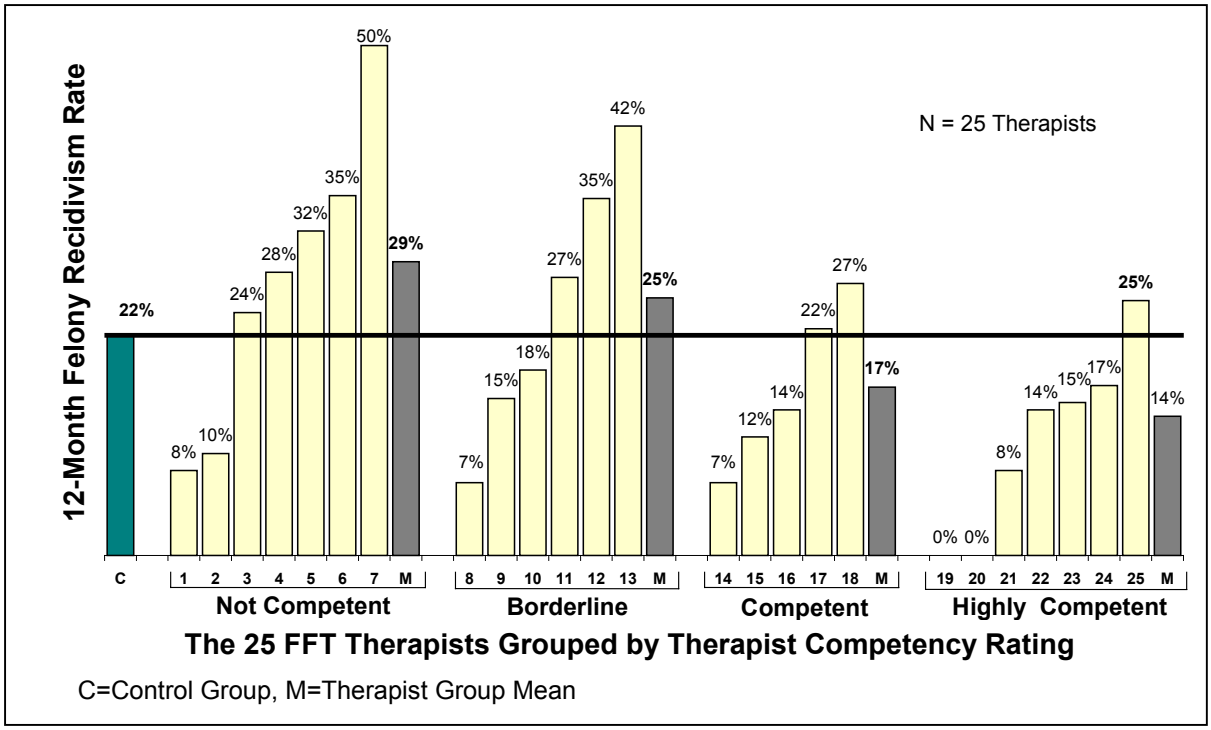
Although the recidivism rates in Figure 1 are visibly lower than the control group youth, only the finding for felony recidivism is statistically significant at the .08 level at this preliminary point in the evaluation.

Given the large sample size in this study, the lack of significance for total recidivism and the marginally significant reduction for felony recidivism led us to examine more closely the FFT therapist competency ratings.

Therapist FFT Competence and Recidivism Outcomes: Figure 2, on the next page, shows the felony recidivism rates for the youth assigned to each therapist, grouped by the therapist's FFT competence rating. The mean (average) recidivism rates for each therapist group and the control group are also included. Figure 2 shows that the competent/highly competent therapist groups have lower average felony recidivism rates than either the control group or the not-competent or borderline-competent therapist groups. These results were obtained even though the competent and highly competent therapists were assigned, on average, higher risk youth.

Figure 2 also shows, however, that within each group of therapists the recidivism rates vary considerably. In particular, the families treated by five therapists judged by FFT Inc. as not competent or only borderline competent have *low* recidivism rates (the therapists numbered 1, 2, 8, 9, and 10 on Figure 2). Conversely, the families seen by two therapists judged as competent or highly competent have *high* recidivism rates (therapists numbered 18 and 25). This variability reduces the likelihood of finding statistically significant differences, even when the average group effect appears substantial. Given our previous observations about FFT Inc.'s therapist competency rating system, one possible explanation for the weak findings on statistical significance is that some therapists may be misclassified.

Figure 2
12-Month Felony Recidivism Rate for Youth Assigned to Individual FFT Therapists



These results highlight the importance of having reliable and valid measures of therapist competence for the evaluation. More importantly, measuring FFT adherence is a critical operational tool to ensure that when the state pays for FFT, it actually gets FFT. This seems especially significant because the evidence portrayed on Figure 2 indicates that recidivism rates can actually be higher than regular court processing when FFT is delivered by therapists who are not competent. FFT Inc. is a leader in emphasizing the importance of model adherence, and this large scale implementation of the program indicates the value and need of a more sensitive system to measure program adherence.

Conclusions and Recommendations: When the FFT model is delivered competently, the program reduces felony recidivism. Based on the evaluation results to date, we estimate that competent FFT therapists can reduce felony recidivism rates by as much as 30 percent. At a cost of $2,500 per program participant, a reduction of recidivism of this magnitude produces a very attractive return for the taxpayer—gaining about $7.50 in benefits for each dollar of program cost.

The key to cost-effectiveness, however, is an accurate means to distinguish between competent and incompetent therapists.

In particular, the juvenile courts need this information to avoid spending scarce resources on therapists not able to deliver FFT competently. Therefore, we recommend the following actions be taken to ensure that only competent therapists provide FFT:

- Washington State should work with FFT Inc. to design and implement a therapist assessment system for use by juvenile court management.
- This revised system should be applied to existing therapists as well as to future FFT therapists.
- This information needs to be useful and timely for juvenile court managers so that corrective actions can be taken.

In sum, while the results reported here are preliminary and may change when 18-month follow-up data become available, they provide an encouraging look at the results of Washington's FFT program.

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