

AOC Briefing

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FAMILY-BASED TREATMENT MODELS

Effective Practices for Treating Youth Who
Have Antisocial and Delinquent Behaviors

A summary of four
successful evidence-based
family treatment models
designed to serve delinquent
and substance-abusing youth.



ADMINISTRATIVE OFFICE
OF THE COURTS

CENTER FOR FAMILIES, CHILDREN
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AOC Briefing

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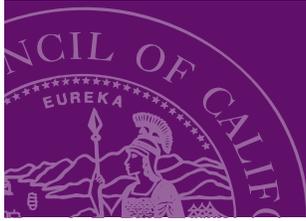
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WHAT ARE FAMILY-BASED TREATMENT MODELS?

Family-based treatment models are short-term, intensive intervention programs that serve delinquent and substance-abusing youth—including serious, chronic offenders—and the youths’ families. The primary goals of these programs are to reduce youth delinquency and other problem behaviors and to improve youth and family functioning. Family-based treatment models focus on known predictors of antisocial behaviors in youth, including lack of adult supervision, lack of consistent parental discipline, association with deviant peers, and poor school functioning. These models use well-established forms of treatment that have been proven to be effective, such as cognitive-behavioral and family therapies. Unlike many treatments that mainly focus on the youth, the primary target of intervention in these programs is the family.

Four family-based treatment models have been identified as effective practices: multisystemic therapy (MST), multidimensional treatment foster care (MTFC), functional family therapy (FFT), and multidimensional family therapy (MDFT). Although some differences exist among these four models, they serve very similar populations of youth, share key elements and program goals, and have reduced problem behaviors in youth and improved family functioning.

WHY USE THESE PROGRAMS FOR JUVENILE DELINQUENCY?

Other evidence-based models and promising programs also have been shown to be effective for treating delinquent youth; readers are encouraged to review these broader program lists.¹ However, family-based treatment models are worth highlighting for the following reasons:

- **Family-based treatment models consistently receive the highest rating standards across many best practice lists.**

These models have been identified by a number of organizations as being effective practices for reducing juvenile delinquency and other problem behaviors in youth. These organizations include the Center for the Study and Prevention of Violence,² the Office of Juvenile Justice and Delinquency Prevention,³ the Office of the Surgeon General,⁴ the Substance Abuse and Mental Health Services Administration (SAMHSA),⁵ and the National Mental Health Association.⁶

- **Research shows that these programs are often more effective than other established treatments at reducing problem behaviors in youth, even for those youth who may be difficult for the system to serve.**

These models are evidence-based and have numerous experimental and quasi-experimental studies documenting their effectiveness in treating various populations of delinquent youth. According to the results from a number of controlled research studies, family-based treatment programs are often significantly more effective than other treatments (e.g., individual therapy, group therapy, etc.) at reducing youth delinquency rates and other problem behaviors, including reductions in substance use and sexual offenses.

- **These programs meet the current needs of the California juvenile delinquency system.**

Family-based treatment programs have been shown to work for youth that the California delinquency system may have difficulty serving,⁷ including repeat offenders, youth with mental health or substance abuse problems, youth sex offenders, transitional age youth, and girls.

- **Family-based treatment programs are cost effective.**

These programs have been shown to cost less than incarcerating youth or placing them in out-of-home residential care or group homes. Cost analysis estimates indicate that family-based treatment models result in substantial cost savings to taxpayers and to potential future crime victims.⁸ Every dollar invested in intensive family therapies saves the public as much as \$14 and produces net savings of \$18,000 to more than \$75,000 for each juvenile offender served.

IMPLEMENTATION CONSIDERATIONS

These services may not be appropriate for all juvenile offenders. The youth's individual needs, the characteristics of the youth's family (e.g., is there a supportive, willing caregiver available?), the severity of the offense, alternative options available in the jurisdiction, and community safety concerns all must be taken into account when determining the suitability of these services for any given youth. Judicial officers have the discretion to determine on a case-by-case basis whether a family-based treatment program is an appropriate disposition.

Family-based treatment models, like other evidence-based practices, rely on close adherence to a specifically defined model. Service providers need to be aware that deviations from the original program model may reduce the program's success. For most of these programs, regular monitoring of model adherence is required for program certification.

PROGRAM AVAILABILITY IN CALIFORNIA

According to a recent report by Fight Crime: Invest in Kids California, at least 15 counties have functional family therapy programs for juvenile offenders, 7 provide multisystemic therapy services, and 4 have multidimensional treatment foster care programs.⁹ Two counties, Marin and Riverside, have certified multidimensional family therapy programs. The Fight Crime: Invest in Kids California report also points out that family-based treatment models serve only a small percentage of the youth who are candidates for these types of programs. The authors conclude that if these programs were provided to all eligible youth, it could save California taxpayers and crime victims more than \$700 million.

For a list of California counties that provide these programs, see the following links:

- Multisystemic therapy: www.mstservices.com
- Multidimensional treatment foster care: www.mtfc.com
- Multidimensional family therapy: www.med.miami.edu/ctrada/x14.xml
- Functional family therapy: www.fftinc.com

MULTISYSTEMIC THERAPY (MST)

PROGRAM DESCRIPTION

MST is an intensive, community-based, family-oriented treatment that takes into account the multiple risk and protective factors known to influence delinquent behaviors. Clinicians help the family determine what factors in the youth's social environment are contributing to delinquent behaviors and work with the family to design interventions to directly address these problems. Parents are coached on strategies to manage the youth's behaviors (e.g., setting curfews and rules in the home, reducing youth association with delinquent peers). Therapeutic techniques that are used with families include family therapy, behavioral parent training, and cognitive-behavioral therapy, all of which are effective, proven practices. MST clinicians have low caseloads (four to six families) and are available to the family 24 hours a day, 7 days a week. Fidelity of treatment to the program model is regularly assessed.

PROGRAM OUTCOMES

MST is a well-validated treatment approach, with multiple experimental and quasi-experimental studies documenting its effectiveness. It is listed as a model program by Blueprints for Violence Prevention. Examples of program outcomes include:

- **Reduced rates of recidivism for serious, chronic juvenile offenders; less time spent on probation; and less time incarcerated as juveniles.** Across studies, long-term arrest rates were reduced by as much as 70 percent, compared to control groups receiving care as usual (e.g., individual therapy).¹⁰ Another study of chronic juvenile offenders found a 63 percent reduction in rearrests for serious, violent offenses at the time of a four-year follow-up of youth who had participated in the study.¹¹

TARGET POPULATION

Multisystemic therapy targets serious, chronic juvenile offenders who are at risk for out-of-home placement—and their families. The program is effective for boys and girls, minority and nonminority youth, youth with substance abuse and mental health issues, and youth sex offenders.

PROGRAM DURATION

Four to six months.

- **Long-term reduction of arrest rates, less time spent on probation, and less time incarcerated as adults.** One long-term study found that compared to a control group of youth who had received individual therapy, youth who had received MST had 55 percent fewer adult arrests, spent 57 percent fewer days confined, and spent 43 percent fewer days on adult probation.¹²
- **Reduced rates of drug use posttreatment and after four years, reduced rates of drug-related offenses.** Several studies have found positive effects for MST services on reducing youth substance use and reductions in drug-related offenses. One follow-up study of substance-abusing youth found that even four years after the initial study, MST youth had higher rates of marijuana abstinence (55%) than did those who received services as usual (28%).¹³
- **Reduced rates of sexual reoffending.** A nine-year follow-up of youth sex offenders found considerably lower rates of sexual reoffending among youth who received MST services compared to those who received services as usual (12.5% recidivism for MST vs. 42% for services as usual).¹⁴ The research on MST for juvenile sex offenders has also revealed that adaptations to the traditional MST model may be necessary for the program to best meet the needs of these youth. The adapted model, Multisystemic Therapy for Problem Sexual Behaviors (MST-PSB) incorporates additional clinical services and interventions to specifically target the dynamics of sexual behavior problems.¹⁵
- **Reduction of number in days spent in out-of-home placements.** Across studies, reductions in number of days spent in out-of-home placements range from 47–64 percent compared to control groups.

Other outcomes include less aggression toward peers, improved school attendance, self-reported reductions in delinquent behaviors, and improvements in family functioning.

PROGRAM COST AND COST SAVINGS

Research indicates that it is less expensive to provide MST to youth and their families than it is to incarcerate youth in detention centers or in residential placements. Cost savings result from the expected reductions in days of incarceration and the use of costly out-of-home and secure residential placements, in addition to the cost savings to the community of a reduced crime rate.¹⁶ One study in Florida found cost savings for using MST and functional family therapy (FFT). Compared to what would have been spent placing youth in residential programs, MST and FFT programs that served 405 youth saved the state \$5.8 million over two years.¹⁷ Washington State estimates that after the program's cost is taken into account, MST saves taxpayers and future crime victims about \$18,000 for each offender served by MST.¹⁸

Program costs likely vary across regions of the country, depending on the cost of living and variations in staff salaries. Costs to provide the program may range from \$6,000 to \$9,500 per youth.¹⁹ Other sources list program costs as \$6,000–\$7,000 per youth.²⁰

Many states fund MST services through Medicaid.²¹ These states are often able to recoup a large percentage of billable costs for services. According to a recent article, California is one state that is able to fund MST programs for Medicaid-eligible children entirely under Medicaid.²² California counties also use state funding sources such as the Mentally Ill Offender Crime Reduction juvenile program (MIOCR) and the Juvenile Justice Crime Prevention Act (JJCPA) to fund MST and other intensive family-based programs. According to a recent report, 13 of the 20 counties that received MIOCR grants were using the funds to provide family-based treatment programs.²³

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MULTIDIMENSIONAL TREATMENT FOSTER CARE (MTFC)

PROGRAM DESCRIPTION

MTFC targets multiple settings and determinants of antisocial and delinquent behaviors. Youth are placed with specially trained foster parents for six to nine months. Foster parents provide close supervision of youth along with a highly structured daily living environment, with clear rules and limits that are consistently applied. Youth receive or lose privileges based on their compliance with the rules, their performance in school, and their overall progress. Foster parents receive intensive support from program staff and are contacted regularly to monitor the youth's progress. During the placement period, youth participate in individual therapy and skills training. The youth's biological parents receive family therapy and skills training in order to be able to appropriately monitor, discipline, and support their child once the youth returns home from foster care.

PROGRAM OUTCOMES

MTFC is a well-validated treatment approach, with multiple experimental studies documenting its effectiveness. It is listed as a model program by the Blueprints for Violence Prevention. Results of two studies are highlighted below.

One randomized study focused on boys with a history of severe, chronic delinquent behaviors.²⁴ These youth had an average of 14 prior criminal arrests and averaged more than 4 prior felony offenses. The boys were randomly assigned

TARGET POPULATION

The multidimensional treatment foster care program is for youth ages 12–17 who are at risk for out-of-community placement, have chronic delinquent behaviors and emotional disturbances, and are court-mandated to out-of-home care.

PROGRAM DURATION

Six to nine months.

to either MTFC or group care. Compared to boys in group care, those who received MTFC services had:

- **Reduced rates of criminal offenses.** From time of placement to one year after discharge from the program, 41 percent of MTFC boys had no new referrals. In comparison, only 7 percent of those in group care had no new referrals during this time period. MTFC youth also spent 60 percent fewer days in lockup and were arrested half as often as youth who were placed in group care.
- **Lower rates of self-reported violent assaults.** Self-reports of criminal activity indicated that youth receiving MTFC services were less likely to have committed a felony assault in the year following discharge from the program.
- **Lower rates of running from placements.** MTFC youth were less likely to run away from placement (58% vs. 31%).
- **Spent more time living with parents or relatives.** MTFC boys spent twice as much time living with their families.

Another study examined the effectiveness of MTFC for chronically delinquent girls in the juvenile justice system. The girls had an average of 12 prior criminal referrals. These girls were followed up with one and two years later to determine if the positive effects of MTFC would persist.^{25,26} Compared to girls placed in group care, those placed in the MTFC program had:

- **Lower rates of criminal referrals.** Girls in the MTFC program had 42 percent fewer criminal referrals at the one-year follow-up assessment. These results were maintained at the two-year follow-up assessment.
- **Fewer delinquent behaviors as rated by their caregivers.**
- **Fewer days spent in a locked setting.** At the two-year follow-up assessment, MTFC girls had spent at least 100 fewer days in locked settings.
- **Better school attendance and homework completion during treatment and 12 months after the start of treatment.**²⁷ MTFC girls spent more days on homework during treatment and 12 months after start of treatment. MTFC girls also had better school attendance 12 months after start of treatment.

PROGRAM COST AND COST SAVINGS

Cost savings are expected because of fewer days of incarceration and less use of costly out-of-home and secure residential placements, as well as the cost savings to the community of a reduced crime rate. The Washington State Institute for Public Policy estimates that after the program's cost is taken into account, MTFC saves taxpayers and future crime victims nearly \$78,000 for each offender served by MTFC.²⁸

Costs to provide the program likely vary across regions of the country. In 2006, the Washington State Institute for Public Policy estimated the cost of MTFC to be \$6,945 per youth.

California counties also use state funding sources such as the Mentally Ill Offender Crime Reduction juvenile program (MIOCR) and the Juvenile Justice Crime Prevention Act (JJCPA) to fund MTFC and other intensive family-based programs. According to a recent report, 13 of the 20 counties that received MIOCR grants were using the funds to provide family-based treatment programs.²⁹

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MULTIDIMENSIONAL FAMILY THERAPY (MDFT)

PROGRAM DESCRIPTION

MDFT is a family-based treatment program for adolescent substance abuse. There are multiple versions of this treatment approach, including office-based, in-home, brief, intensive outpatient, day, and residential treatment. The program seeks to identify and address the factors in the youth's environment (self, family, peers, school, and neighborhood) that are contributing to substance abuse. The program also seeks to promote protective factors in these environments in order to prevent substance abuse and to improve youth and family functioning. Changing negative family interactions is a key program goal; therefore, it is important for MDFT therapists to develop a strong alliance with youth, parents, and other family members. The treatment model focuses on four treatment domains:

1. The adolescent domain (improving youth coping and problem solving skills)
2. The parent domain (improving parenting skills)
3. The interactional domain (decreasing family conflict, improving communication)
4. The extrafamilial domain (improving youth competence in outside social systems such as school)

Services are provided one to three times per week. Program components include individual treatment for the youth and parents, parent and youth skills training, and family therapy. If the youth is involved with the juvenile delinquency system, the therapist will help the parent develop effective relationships with court officials.

TARGET POPULATION

The multidimensional family therapy program is for youth 11–17 years of age with substance abuse problems—and their families. The program has proven effective for dual-diagnosis youth and for youth involved with the juvenile justice system. The program also is effective with younger teens with substance abuse problems.³⁰

PROGRAM DURATION

Four to six months.

PROGRAM OUTCOMES

Multiple, randomized clinical studies have documented the effectiveness of MDFT programs. MDFT is considered by SAMHSA to be a model program for substance-abusing adolescents or those at risk for substance abuse or other behavioral problems.³¹ It also has been recognized by organizations such as the National Institute on Drug Abuse as being an effective program for treating substance abuse.³²

Studies have found a 41–66 percent reduction in substance abuse by youth receiving MDFT services, with treatment gains maintained 12 months after discharge. In one study comparing youth who received either MDFT services or peer group therapy, although both treatments reduced substance use, compared to those in the group therapy condition, MDFT youth showed:

- **Greater and more rapid decreases in marijuana abuse.** At the time of discharge, only 1 percent of MDFT youth reported using marijuana weekly or more, compared to 20 percent of those who received peer group therapy. MDFT youth also showed a more rapid decrease in alcohol use.
- **Less affiliation with delinquent or antisocial peers.** MDFT youth decreased their association with delinquent peers more rapidly.
- **Self-reported decreases in delinquent behaviors.** At the time of discharge, only 7 percent of MDFT youth had reported engaging in delinquent behaviors during the past 30 days, compared to 22 percent of youth in group therapy.
- **Higher retention and completion rates.** Ninety-seven percent of MDFT youth completed treatment, compared to 72 percent of youth in group therapy.³³
- **Improved family cohesion.** MDFT youth reported greater family cohesion as treatment time progressed. Group therapy youth reported less family cohesion across each assessment period.

A second study compared the effectiveness of MDFT to cognitive-behavioral therapy (CBT) for substance abuse treatment of adolescents, many of whom had been referred from the juvenile justice system.³⁴ Both treatments significantly reduced drug use. However, compared to those who received CBT, youth in the MDFT program were more likely to continue to decrease drug involvement 12 months after treatment. CBT youth decreases in substance use leveled off 6 months after discharge and did not decrease any further at the 12-month assessment.

PROGRAM COST AND COST SAVINGS

According to evaluation reports, MDFT services cost less than standard substance abuse treatments. The average weekly cost of MDFT is less than community-based outpatient treatment (\$164 versus \$365 per week).³⁵ An intensive version of MDFT has been shown to have better clinical outcomes and to cost less per week on average (\$385 versus \$1,068 per week) than residential substance abuse treatment.³⁶

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FUNCTIONAL FAMILY THERAPY (FFT)

PROGRAM DESCRIPTION

FFT is a short-term, family-based prevention/intervention program. The treatment is conducted by family therapists and may take place in the family home or in a clinical setting. The ultimate goal is to reduce delinquency and other youth behavioral problems. Specific treatment goals include reducing negative family relations, eliminating problem behaviors through skills training (in family communication, parenting skills, and conflict management), behavioral interventions, and increasing the family's ability to use community resources and not relapse after the program.

PROGRAM OUTCOMES

Functional family therapy is a nationally recognized Blueprints for Violence Prevention program. A number of controlled research studies have been conducted on FFT, comparing it to other frequently used services for youth with conduct problems and delinquent behaviors. A summary of the results follows:

- **Long-term reductions in rearrest rates, both as juveniles and adults.** One study compared adult rearrest rates for delinquent youth who had received FFT to those who received probation services only. FFT youth had a 9 percent arrest rate as adults, compared to a rate of 41 percent for youth receiving probation services only.³⁷ A five-year follow-up study of FFT youth found that less than 10 percent had been rearrested, compared to nearly 60 percent of youth who had received juvenile court programs, such as probation.³⁸
- **Siblings of delinquent youth had fewer offenses.** One study noted positive treatment effects for the referred youth and the youth's siblings. The siblings were 30–50 percent less likely to offend, compared to the siblings of youth in other programs.³⁹
- **Reductions in out-of-home placements.** Youth receiving FFT services had reductions in out-of-home placements.⁴⁰

TARGET POPULATION

Functional family therapy (FFT) targets youth ages 10–18 who have delinquent or other problem behaviors—and the youths' families. The program has been used successfully to treat a wide range of youth and families, including youth with conduct disorders and substance abuse problems.

PROGRAM DURATION

About three months, with a range of 8–30 one-hour sessions, depending on the family's need.

PROGRAM COST AND COST SAVINGS

One study in Florida found cost savings for FFT and for multisystemic therapy (MST). Compared to what would have been spent placing youth in residential programs, MST and FFT programs that served 405 youth saved the state \$5.8 million over two years.⁴¹ Washington State estimates that after the program's cost is taken into account, FFT saves taxpayers and potential future crime victims nearly \$32,000 for each youth served by FFT.⁴²

According to a recent article in *NAMI Beginnings*, a publication from the National Alliance on Mental Illness, California is able to fund FFT programs for Medicaid-eligible children entirely under Medicaid.⁴³

The costs to provide the program likely vary across regions of the country. In 2006, the Washington State Institute for Public Policy estimated the cost of FFT to be \$2,325 per youth.⁴⁴ Other sources estimate that the cost ranges between \$1,600 and \$5,000 for a 90-day treatment period.⁴⁵

California counties use state funding sources such as the Mentally Ill Offender Crime Reduction juvenile program (MIOCR) and the Juvenile Justice Crime Prevention Act (JJCPA) to fund FFT and other intensive family-based programs. According to a recent report, 13 of the 20 counties that received MIOCR grants were using the funds to provide family-based treatment programs.⁴⁶

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ENDNOTES

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