

Functional Family Therapy in an Irish Context

User Guide (v2), January 2019

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Contents

1. Introduction to the User Guide.....	3
2. Background of study	3
2.1. Programme aims:.....	3
2.2. Funding:	3
2.3. Evaluator:.....	4
2.4. Recruitment:	4
2.5. Ethical approval for evaluation:	4
3. Programme delivery.....	4
3.1. Target population of the FFT programme:	4
3.2. Programme design:.....	4
3.3. Dates of programme delivery:	5
4. Programme evaluation	5
4.1. Evaluation design:.....	5
4.2. Randomisation:	6
4.3. Respondents:	6
4.4. Sample size:.....	6
5. The archived FFT collection.....	7
5.1. Structure of archived collection.....	7
5.2. Structure of FFT_T1-T2-T3_TreatmentOnly file.....	7
5.3. Structure of FFT_T1-T2_TreatmentAndControl file.....	8
5.4. Variable naming convention:	8
5.6. Anonymisation	9

5.7. Missing data:	10
6. Recommended data citation.....	10
7. References	11
Appendix A: Information and consent forms	12
Appendix B: Publications	16
Appendix C: Standardised instruments – full title and citation	17

List of tables

Table 1: RCT data collection points per group.....	6
Table 2: Components of the archived folders.....	7
Table 3: Sample of variable naming convention.....	9
Table 4. Components of recommended data citation.....	10

1. Introduction to the User Guide

This User Guide provides an overview of the Families First Functional Family Therapy (FFT) service that was delivered by Archways in Dublin from 2007 and its evaluation by the School of Psychology University College Dublin. The User Guide focuses specifically the objectives and methodology of the study and the resulting structure of the archived data. Users of the archived data should refer to full evaluation report by Carr et al. (2014) for detailed information on the research design and results. This User Guide was prepared by the Children’s Research Network as part of the Prevention and Early Intervention Research Initiative (2016 – 18) and accompanies the deposition of the randomized controlled trial component of FFT study in the Irish Social Science Data Archive in July 2018.

More information on Archways’ Functional Family Therapy programme can be found at:

http://www.archways.ie/our_programmes/functional_family_therapy/

More information on the Prevention and Early Intervention Research Initiative can be found at the following locations:

<http://www.childrensresearchnetwork.org>

<http://www.childrensresearchnetwork.org/knowledge/collection/prevention-and-early-intervention>

2. Background of study

2.1. Programme aims:

FFT is an evidence-based treatment for adolescent behavioural problems, conduct disorder, substance misuse and delinquency (Alexander et al., 2013; Alexander & Parsons, 1982; Sexton, 2011 cited in Carr et al., 2014). Therapists meet regularly, usually on a weekly basis for about 3 or 4 months, with adolescents and their families in conjoint sessions. During these sessions they develop a therapeutic alliance with family members, help families develop better parenting practices, communication and problem-solving skills, and use these skills independently to generalize progress made within therapy to home and community contexts.

2.2. Funding:

In 2007 the Archways Families First FFT service was established with funding from Atlantic Philanthropies. A team of therapists employed at Archways Families First was trained by Professor Tom Sexton, from Indiana University and Astrid van Dam. Professor Sexton has played a major role internationally in the Development of FFT, and Astrid van Dam is an accredited FFT supervisor and trainer.

2.3. Evaluator:

Between 2010 and 2014, a research programme to evaluate the effectiveness and implementation of FFT at Archways Families First was conducted by Professor Alan Carr, Dan Hartnett and Clare Graham from the School of Psychology at University College Dublin, in collaboration with Professor Tom Sexton, at Indiana University and the team of FFT therapists at Archways Families First. This FFT research programme involved a retrospective survey covering the period 2007 – 2011, followed by a prospective randomized controlled trial (RCT) to evaluate the effectiveness of FFT at Archways Families First during a later stage of service development covering the period 2012 – 2014. Only the data from the RCT have been archived as part of the PEI Research Initiative. The RCT provided a valid test of the impact of FFT on adolescent behavioural problems and family adjustment within an Irish context.

2.4. Recruitment:

Participants in the FFT programme were referred through the following services: Health Service Executive (36.6%), schools (30.5%), community agencies (17.10%), the Department of Education's behavioural support service (7.3%), the Irish Youth Justice Service (3.7%), and other sources (4.9%).

2.5. Ethical approval for evaluation:

Both studies were conducted with ethical approval of the UCD Human Research Ethics Committee for the Human Sciences, informed consent of adults, and informed assent of adolescents. 5

3. Programme delivery

3.1. Target population of the FFT programme:

Archways' Families First programme works with young people aged 11 – 18 and their families who are struggling with family conflict, youth-stress, behavioural, emotional, and relationship difficulties at home. Functional Family Therapy (FFT) has been used successfully to treat young people and their families coping with relationship issues, emotional and behavioural problems at home, at school, and in the community.

3.2. Programme design:

FFT is a short-term therapy of approximately 16 – 22 sessions, with up to 26 – 30 sessions for more complex issues. It is a three-phased approach:

- Phase 1 – Engagement and Motivation

This phase concentrates on motivating the family to actively engage in the therapy by reducing blame and negativity, and building alliance within the family.

- Phase 2 – Behaviour Change

This stage builds on the alliance created within the family and teaches the family new skills for managing challenges together.

- Phase 3 – Generalisation

This phase supports the family in applying the skills learned to new situations inside and outside the home thus embedding permanent change. In order to meet the family's needs therapy is delivered in a variety of settings including their own home.

For the evaluated programme, each case in the FFT group was treated by a single therapist over about 20 sessions spanning 4 to 5 months, with initial sessions being offered weekly and later sessions being offered less frequently, for example, fortnightly. FFT sessions were convened in clients' homes or at the Archways Families First centre, depending on client preferences and practical considerations. Where possible whole family sessions were held with all members of adolescents' households attending. When this was not possible or appropriate, session with some family or household members were convened. Where appropriate, non-resident parents were included in some FFT sessions. Treatment progressed from engagement, through behaviour change, to generalization phases as described above.

3.3. Dates of programme delivery:

2007 – 2011: early stage of service development (period covered by retrospective survey which is not currently archived)

2012 – 2014: later stage of service development (period covered by prospective RCT which has been archived as part of the PEI Research Initiative, and the data described in this document). 6

4. Programme evaluation

4.1. Evaluation design:

Following the retrospective survey a prospective randomized controlled trial was conducted to evaluate the effectiveness of FFT at Archways Families First during a later stage of service development covering the period 2012 – 2014. This was a randomized controlled trial with FFT and

waiting-list control group arms. Cases in the waiting-list control arm of the trial continued to receive treatment-as-usual from the referring service.

4.2. Randomisation:

Participants referred to the trial were screened for suitability with the SDQ during home-visits or at the Archways Families First centre. Those scoring at or above the clinical cut-off of 17 on the total difficulties scale of the parent-completed version of the SDQ were randomized to FFT or control groups. Minimization procedures were used to reduce differences between treatment and control group cases on age, gender, family composition (one- or two-parent family) and SDQ profile.

4.3. Respondents:

Cases in both the FFT group and the control group completed the assessment protocol at Time 1. Cases in both the FFT and control groups completed assessment at Time 2 (about 20 weeks after Time 1). Only cases in the FFT group completed assessments at Time 3 (3 months after Time 2). When control group cases completed Time 2 assessment they became eligible for random assignment to the FFT group. Each case in the control group was matched as closely as possible on age, gender, family composition, and SDQ profile with other cases exiting the control group.

4.4. Sample size:

The archived dataset contains a total sample of 97 families (194 adolescent and parent respondents). The FFT intervention group contains 42 families (84 adolescent and parent respondents). The control group contains 55 families (110 adolescent and parent respondents). Table 1 shows the sample size at Time 1, 2 and 3. Only data from the intervention group were collected at Time 3. A detailed description of the flow of cases through the trial is available in Carr 2014 (pg. 17-18).

Table 1: RCT data collection points per group Number of respondents

Data collection phase	Number of respondents		
	FFT intervention group	Control group	Total
Time 1 assessment completed	84	55	194
Time 2 assessment completed	78	88	166

(after 20 weeks)			
Time 3 assessment completed (after 3 months)	48	Not applicable	48

5. The archived FFT collection

5.1. Structure of archived collection

The data are split into two folders:

- TreatmentAndControl contains data on both the FFT intervention group and the control group and Time 1 and Time 2.
- TreatmentOnly contains data on the intervention group only at Time 1, Time 2 and Time 3.

Each folder contains the components outlined in Table 2 below.

Table 2: Components of the archived folders

Folder name	Contents
Data	The archived data file containing the results of the RCT study in a tabular format such as .sav
Codebook	The codebook listing all variables in the archived dataset with some basic frequencies. Variables are listed chronologically as they appear in the archived data file. There is one codebook per data file. The codebooks were created during the archiving process.

5.2. Structure of FFT_T1-T2-T3_TreatmentOnly file

This file contains data from the 42 families that received the FFT intervention. The variable *FamilyID* connects the adolescent and the mother respondents from each family. The variables *ClientNo* and *PlaceInFamily* distinguishes the adolescent from their mother. Respondents were asked a series of demographic questions including their gender, age and highest completed level of education. The household's socio-economic status and total number of children is recorded. Both adolescent and mother respondents completed the following standardised measures: Strengths and Difficulties Questionnaire (SDQ; Goodman 2001) versions for adolescents and for parents to assess adolescent behavioural problems; the Systematic Clinical Outcomes and Routine Evaluation (SCORE-28; Carr, Dooley & Stratton 2010) and the parent and adolescent versions of the revised Client Outcome

Measure (COM; Kinser 2010) to assess family functioning. The archived file provides both the adolescent and parent total scores for the SDQ, SCORE-28 and COM. Adolescents completed the following standardised measures: Basic Empathy Scale (BES; Jolliffe and Farrington, 2006); UPPS Impulsive Behaviour Scale (UPPS; Whiteside and Lynam 2001). These instruments were used at all three data collection waves. The file includes a Reliable Change Index score for both adolescent and parent.

5.3. Structure of FFT_T1-T2_TreatmentAndControl file

This file contains data from the 42 families that received the FFT intervention and the 55 families that were randomised into the control group. The variable *Group* distinguishes the intervention group respondents from the control group respondents. The variable *FamilyID* connects the adolescent and the mother respondents from each family. The variables *ClientNo* and *PlaceInFamily* distinguishes the adolescent from their mother. Respondents were asked a series of demographic questions including their gender, age and highest completed level of education. The household's socio-economic status and total number of children is recorded. Both adolescent and mother respondents completed the following standardised measures: Strengths and Difficulties Questionnaire (SDQ; Goodman 2001) versions for adolescents and for parents to assess adolescent behavioural problems; the Systematic Clinical Outcomes and Routine Evaluation (SCORE-28; Carr, Dooley & Stratton 2010) and the parent and adolescent versions of the revised Client Outcome Measure (COM; Kinser 2010) to assess family functioning. The archived file provides both the adolescent and parent total scores for the SDQ, SCORE-28 and COM. Adolescents completed the following standardised measures: Basic Empathy Scale (BES; Jolliffe and Farrington, 2006); UPPS Impulsive Behaviour Scale (UPPS; Whiteside and Lynam 2001). These instruments were used at both Time 1 and Time 2 for these groups. The file includes a Reliable Change Index score for both adolescent and parent.

5.4. Variable naming convention:

Variable naming in the FFT collection follows the preferred format of the wider PEI Research Initiative. Data were prepared in SPSS Statistical Software. Punctuation (mostly apostrophes, commas and quotation marks) was removed from variable labels to prevent formatting errors from occurring when data are used across different software platforms. Users should refer to the codebooks in the archived collection for information on the origin and anonymization of individual variables. Variables were anonymised during preparation of the data for the archives in July 2018, and anonymised variables are highlighted in the archived codebooks.

Scale variables, including individual scale items, domain scores and total scores are named with the scale acronym which is capitalised for ease of reference. These acronyms are consistent across all time collection points to facilitate the user to track specific measures across waves. The below examples illustrates the first item from the Strengths and Difficulties Questionnaire at Time 1 and at Time 2.

Table 3: Sample of variable naming convention

Variable name	Variable label
SDQ_1_T1	Strengths and Difficulties Questionnaire (SDQ) Q1 at Time 1
SDQ_1_T2	Strengths and Difficulties Questionnaire (SDQ) Q1 at Time 2

5.6. Anonymisation

Variables (primarily demographic variables) were anonymised during the preparation for archiving phase of the PEI Research Initiative in July 2018. This process involved the removal of any primary identifiers (names, identification numbers including project identifiers with potential links to project files) and the alteration of secondary identifiers by recoding, and top and bottom coding.

Anonymised variables are marked as such in the archived code books.

The two identifier variables were altered during anonymization to break the link between the archived file and any pre-existing file form the original project, to remove the risk of re-identification through file linkage. The following characteristics were added to the variable to enable group and respondent comparison:

Family ID

- Identifier begins with digit 1 or 3 = indicates treatment group
- Identifier begins with digit 2 = indicates control group

The variable *Family ID* can be used to link responses from the adolescent and the parent from the same family.

Client ID

- Identifier ends with digit 1 = indicates adolescent respondent
- Identifier ends with digit 2 = indicates parent respondent

The variable *Client ID* can be used to distinguish an adolescent's responses from and their parent's responses.

5.7. Missing data:

Where data are missing in categorical variables this is marked in the data file using the code 99 or 999.

Data that are missing from item scores in scale variables has been left as empty cells. Calculated scores for missing scale variables have been included in the archived files, but new users may create their own imputations using the item scores provided.

6. Recommended data citation

Users are required to provide a full citation for the data in any new outputs from the archived dataset. The data citation should contain at the very minimum the components shown in Table 3. Please refer to the in-house style of publisher for the format of this citation.

Table 4. Components of recommended data citation

Identifier	Use DOI <i>[if not available use archive reference or serial number]</i>
Creators	Archways; Carr, Alan; Hartnett, Daniel; Sexton, Thomas; Graham, Clare
Title	Functional Family Therapy in an Irish Context collection 2010 - 2014
Publisher [distributor]	Irish Social Science Data Archive <i>[if accessed from alternative archive then cite this archive instead]</i>
Publication year of data collection	2018
Resource type	Collection
Version	Optional <i>[include the version you are using where multiple versions of archived data collection have been released]</i>

Example citation for the FFT collection: Archways; Alan Carr; Daniel Hartnett; Thomas Sexton; Clare Graham, Childhood Development Initiative; Nóirín Hayes; Iram Siraj-Blatchford; University College Dublin; Tom Sexton, Indiana University (2018). Functional Family Therapy in an Irish Context 2010 - 2014. [dataset]. Version 1. Dublin: Irish Social Science Data Archive [distributor]. SN: XXXXX.
ucd.ie/issda/xxx

7. References

Carr, Alan; Hartnett, Daniel; Sexton, Thomas; Graham, Clare (2014) Putting families first: An evaluation of Functional Family Therapy in an Irish context. Archways Families First: <http://www.archways.ie/publications/>

Appendix A: Information and consent forms

A1. Young person's information sheet and assent form

ASSESSMENT PROTOCOL FOR COMPLETION BY YOUNG PERSON	
INFORMATION SHEET FOR YOUNG PEOPLE	
Aileen O'Donoghue	
	
 Professor Tom Sexton INDIANA UNIVERSITY <small>CAS Center for Adolescent and Family Studies</small> 	 Professor Alan Carr University College Dublin School of Psychology

The young people and families study is being conducted by Professor Tom Sexton from Indiana University, USA and Professor Alan Carr from the School of Psychology at University College Dublin in partnership with Families First.

In this study, your family will be offered a place on Functional Family Therapy programme.

We are doing this study to see if taking part in Functional Family Therapy helps young people stay out of trouble.

Information from the study will be used to help us improve services and help other young people stay out of trouble.

To take part you sign the form on the next page and then do a short survey now. You may be invited to do this survey again when you come off the waiting list and start therapy, and again on two occasions after you complete the programme to see if things have improved at all.

Each time you do the survey you will receive €20 to compensate you for your time.

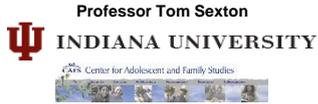
Most young people quite like taking part in the study and there are no risks to you. But you are under no pressure to take part. It's your choice. It will not affect your family's access to the service if you decide not to take part now or later.

If you take part we will let you know what we find out when the study is completed.

If you want more information about the study you can contact Alan Carr at [phone number, email address], School of Psychology, UCD, Belfield, Dublin 4.

YOUNG PERSON'S ASSENT FORM

Aileen O'Donoghue



Professor Alan Carr
University College Dublin
School of Psychology

I consent to participate in this study which is being conducted by, the Centre for Adolescent and Family Studies Indiana University, University College Dublin, and Families First.

I understand that the study will involve completing this questionnaire; that participation is my choice; that I may withdraw at any time; and that I may be invited to complete follow-up questionnaires.

I also understand that the questionnaires will be fully confidential except where I am at risk or harm or abuse, and then I understand that you have a duty to protect me.

Date	
Signature	
Write your name in BLOCK CAPITALS	
What is your mobile number	

A2. Parent's information sheet and consent form

ASSESSMENT PROTOCOL FOR COMPLETION BY YOUNG PERSON'S PARENT

INFORMATION SHEET

Aileen O'Donoghue



Professor Tom Sexton

INDIANA UNIVERSITY



Professor Alan Carr
University College Dublin
School of Psychology

The young people and families study is being conducted by Professor Tom Sexton from Indiana University, USA and Professor Alan Carr from the School of Psychology at University College Dublin in partnership with Families First.

In this study, your family will be offered a place on Functional Family Therapy programme.

We are doing this study to see if taking part in Functional Family Therapy helps young people stay out of trouble.

Information from the study will be used to help us improve services and help other young people stay out of trouble.

To take part you sign the form on the next page and then do a short survey now. You may be invited to do this survey again when you come off the waiting list and start therapy, and again on two occasions after you complete the programme to see if things have improved at all.

Most people quite like taking part in the study and there are no risks to you. But you are under no pressure to take part. It's your choice. It will not affect your family's access to the service if you decide not to take part now or later.

If you take part we will let you know what we find out when the study is completed.

If you want more information about the study you can contact Alan Carr at [phone number, email address] School of Psychology, UCD, Belfield, Dublin 4.

PARENT'S CONSENT FORM

Aileen O'Donoghue



Professor Alan Carr
University College Dublin
School of Psychology

I have read the information sheet and have had time to consider whether or not myself and my child should take part in this study.

I consent for myself and my child to participate in this study which is being conducted by the Centre for Adolescent and Family Studies Indiana University, the School of Psychology, University College Dublin, and Families First.

I understand that the study will involve completing this questionnaire; that participation is voluntary; that I or my child may withdraw at any time; and that we may be invited to complete follow-up questionnaires.

I also understand that the questionnaires will be fully confidential except where your child is at risk or harm or abuse, and then I understand that you have a duty to protect my child.

Date	
Signature	
Write your name in BLOCK CAPITALS	
What is your mobile number	

Appendix B: Publications

Carr A., Hartnett D., Sexton, T. and Graham C. (2014) Putting families first: An evaluation of Functional Family Therapy in an Irish context. Archways Families First: <http://www.archways.ie/publications/>

Hartnett D., Carr A. and Sexton, T. (2016) The Effectiveness of Functional Family Therapy in Reducing Adolescent Mental Health Risk and Family Adjustment Difficulties in an Irish Context. *Family Process*, Volume 55, No. 2, pgs. 287-304. Family Process Institute. doi: 10.1111/famp.12195

Hartnett D., Carr A., Hamilton E. and Sexton T. L. (2017) Therapist implementation and parent experiences of the three phases of Functional Family Therapy. *Journal of Family Therapy*, Volume 39: pgs. 80-102. doi:10.1111/1467-6427.12120

Hartnett D., Carr A., Hamilton E. and O'Reilly G. (2017) The Effectiveness of Functional Family Therapy for Adolescent Behavioral and Substance Misuse Problems: A Meta-Analysis. *Family Process*, Volume 56: pgs. 607-619. doi:10.1111/famp.12256

Publications on the development of the SCORE-28 measure

Cahill, Paul; O'Reilly, Ken; Carr, Alan; Dooley, Barbara; Stratton Peter (2010) Validation of a 28-item version of the Systemic Clinical Outcome and Routine Evaluation in an Irish context: the SCORE-28. *Journal of Family Therapy*, 32: 201-231. doi: 10.1111/j.1467-6427.2010.00506.x

Carr, Alan; Stratton, Peter (2017) The Score Family Assessment Questionnaire: A Decade of Progress. *Family Process*, 56(2): 285-301. doi: 10.1111/famp.12280.

Appendix C: Standardised instruments – full title and citation

Instrument acronym	Full title of instrument	Instrument citation
SDQ	Strengths and Difficulties Questionnaire	Goodman R. (2001) Psychometric properties of the Strengths and Difficulties Questionnaire. <i>American Journal of Child and Adolescent Psychiatry</i> , Volume 40, Pg. 1337-1345.
SCORE-28	Systemic Clinical Outcome and Routine Evaluation 28-item version	Cahill P., O'Reilly K., Carr A., Dooley B. and Stratton P. (2010) Validation of a 28-item version of the Systemic Clinical Outcome and Routine Evaluation in an Irish context: The SCORE-28. <i>Journal of Family Therapy</i> , Volume 32, Pg. 210-231.
BES	Basic Empathy Scale	Jolliffe D., David P. Farrington (2006) Development and validation of the Basic Empathy Scale. <i>Journal of Adolescence</i> , Volume 29, Issue 4, Pg. 589-611, ISSN 0140-1971.
UPPS	UPPS Impulsive Behaviour Scale	Whiteside S.P. and Lynam D.R. (2001) The Five Factor Model and impulsivity: using a structural model of personality to understand impulsivity. <i>Personality and Individual Differences</i> , Volume 30, Issue 4, Pgs 669-689, ISSN 0191-8869.
COM	Client Outcome Measure	Kinser J. (2010) Validity and reliability of the client outcome measure: toward a revised outcome measure of family functioning. Unpublished Manuscript. Indiana University.