

The implementation of Functional Family Therapy in Norway

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The Norwegian Center for Child Behavioral Development (www.atferdssenteret.no) has worked closely with FFT, Inc. as their training and implementation organization during their implementation of FFT in Norway. This collaboration has been inspiring and given opportunities for mutual learning and development. Through a collaborative process of implementation we now have four well-trained, high-quality staffed and fully operational FFT teams consisting of a local supervisor/team-lead and 2-3 therapists. FFT is a treatment model that requires thorough training and supervision of therapists to deliver high quality services. Through the implementation of FFT in Norway we see that most of our teams reach the expected levels of completion rates above 75% in year two or three of operation (see table 1). The next step in the implementation of FFT in Norway is a formal research evaluation of the effectiveness of FFT as implemented in Norway. The research department at the Norwegian Center for Child Behavioral Development will conduct this research and the first clients will be entering this study in the fall of 2012. We look forward to presenting the results from this study in the future.

Background

Functional Family Therapy is implemented in Norway as part of a political initiative to improve public services for children and youth with behavioral problems. In Norway there is no Juvenile Justice system, so youth with criminal behavior are referred to the Child Welfare Services. Traditional Mental Health Services have low retainment in treatment with troubled youth acting out and very often they refer these youth to Child Welfare.

Prior to the implementation of FFT, the State Child Welfare had established 22 Multisystemic Therapy (MST) teams that served the most populated areas of the country. The MST teams were working well and demonstrated good results in a randomized controlled trial. There was however a concern for youth who had serious problem behaviors, but did not fit the intake criteria for MST. The reason for this was that their problem behaviors were confined to one system (e.g. family or school) and/or lacked required levels of frequency, severity or duration. However these youth often had multiple risk factors for further development of increased problem behaviors. The services provided to this group of youth could vary from virtually nothing to individual/parental guidance and social support to placement in institution or foster care. There was no systematic evaluation of the outcomes from these services, but there was a general impression that many of these youth stayed «in the system» and continued to have problems. Many were one or two years later eligible for MST due to developing more frequent, serious multisystemic problem behaviors.

The demand for high quality services for these troubled youth at an early stage of problem development led to the implementation of FFT in the State Child Welfare System (Bufetat) in Norway in 2007. The current 4 Norwegian FFT teams are located in Sandvika, Skien,

Stavanger and Trondheim. They cover large geographical areas and meet families in both urban and rural communities. The teams offer both office-based and in-home FFT-treatment. FFT teams in Norway serve youth aged 11-18 that have minor to moderate behavior problems and a high risk of developing more severe behavior problems. Most often there are reports of verbal and sometimes physical conflicts between youth and parents, running away, negative peer relations, truancy and other school related problems. The FFT teams also treat youth showing serious and multisystemic behavior problems if MST doesn't have capacity to start treatment for current cases. The teams then see youth with reports of serious drug and alcohol use, criminal offenses and violence.

The youth referred to FFT in Norway come from a variety of different types of families. Our teams work with two-parent families, one-parent families, divorced parents with joint custody, step-parents, foster parents and adoptive parents. The majority of cases seen are Norwegian families, but our therapists also see families from other cultures; typically Middle-Eastern, Asian or African. We experience that the FFT model gives therapists ways to engage all types of families and tailor the interventions to the uniqueness of each family. FFT offers our therapists unique opportunities to match to different family cultures, both the variety of Norwegian family cultures and those from other countries. It is therefore mostly the language barriers and required use of interpreters that can make FFT treatment difficult with families from other countries.

Outcomes

Youth outcome data in Norway from 2011 show a completion rate of 79% for all our teams combined and a reduction in risk level from 13.0 (moderate range) to 5.8 (low range) as measured on the Youth Level of Service (YLS). Pre- and post-evaluation of youth status of living at home, in school/at work, violation free, drug free and not using violence show considerable improvements on these criteria for youth completing treatment (see table 3). The family feed-back form (COM) supports the success of FFT in Norway by showing the high treatment satisfaction among completing families (see table 4).

Table 1. Completion rates for Norway FFT-teams pr year of operation.

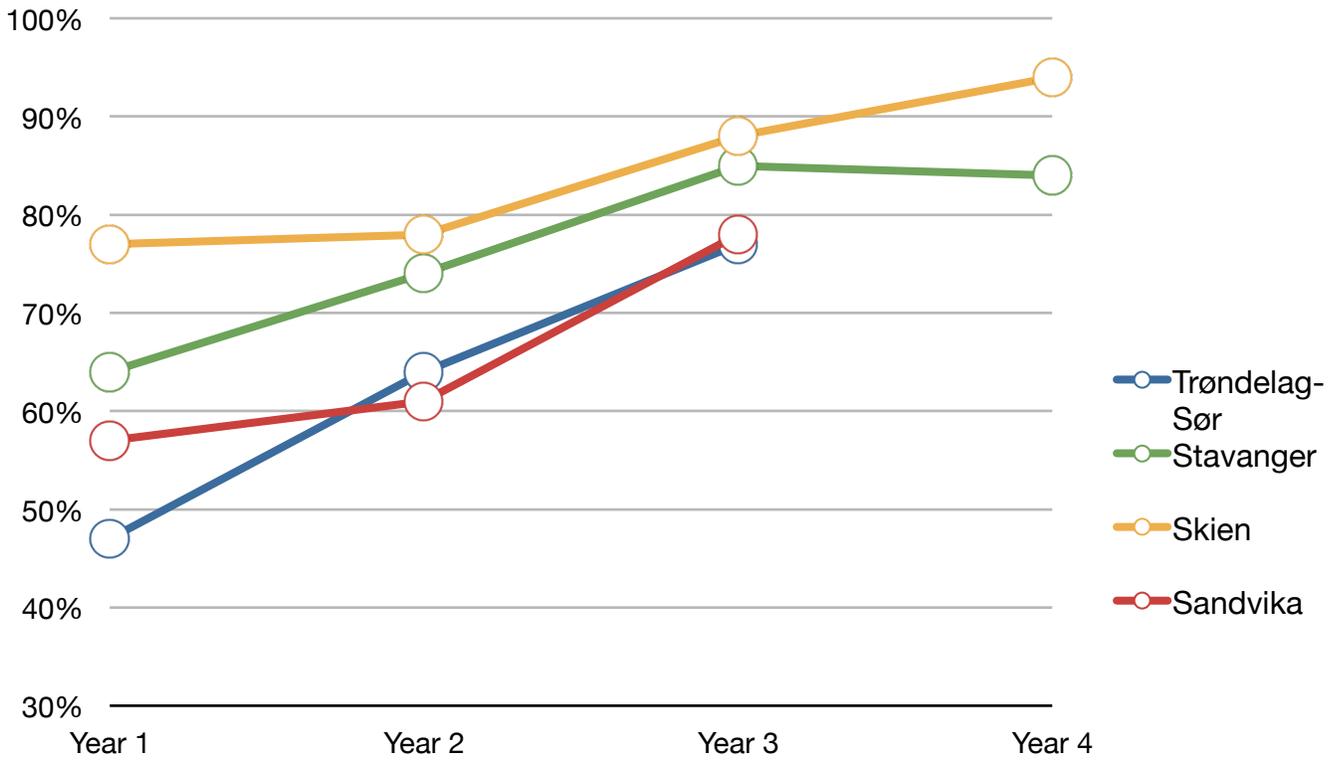


Table 2. Age of clients entering FFT in Norway, 2011.

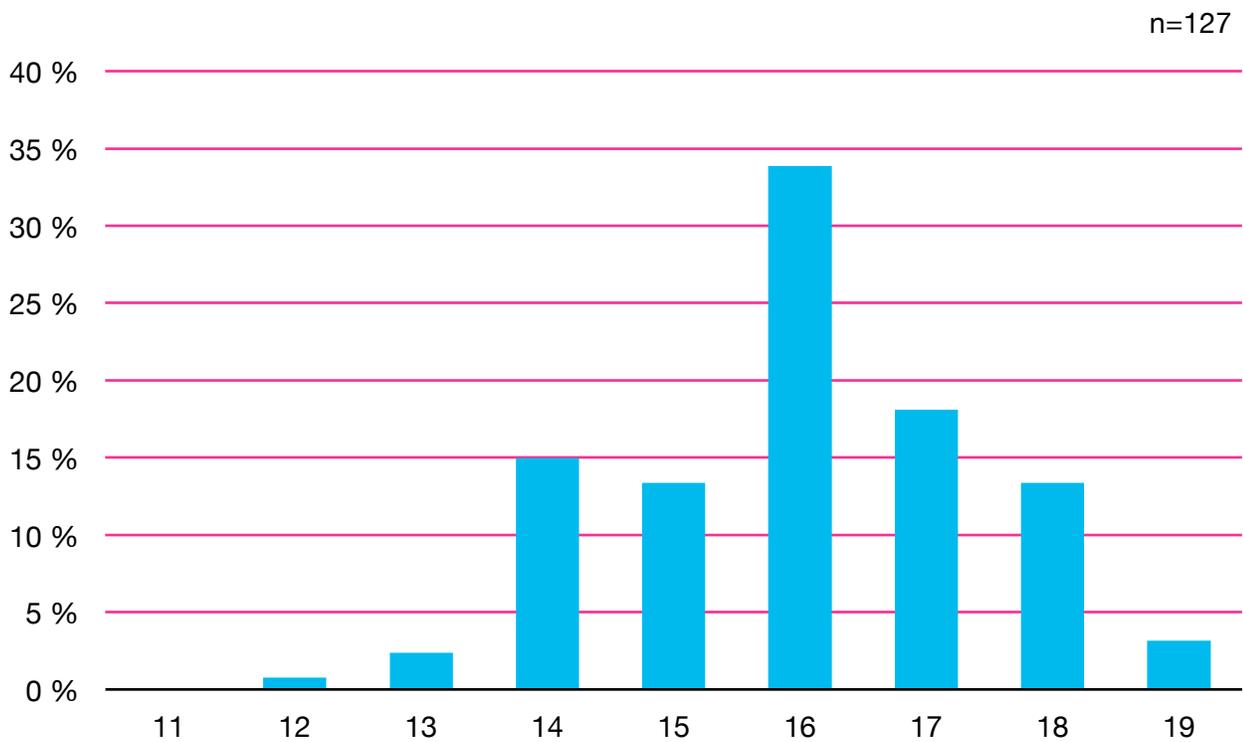


Table 3. Pre- and post-evaluation of youth completing FFT in Norway, 2011.

n=70

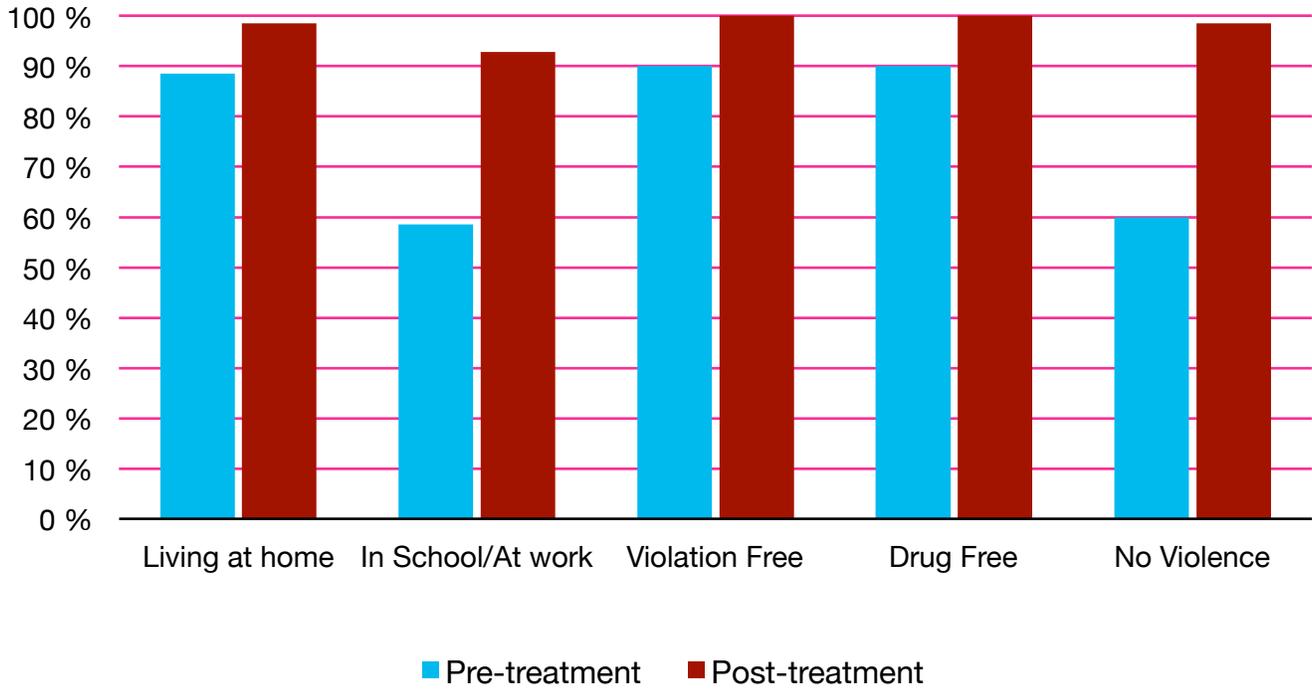


Table 4. Client Outcome Measure for families completing FFT in Norway, 2011.

number of answers

