



Cayuga Centers Outcome Report

A Glimpse Into the Lives of Families in Oswego County After FFT

Follow Up Survey of All FFT Recipients:
Oswego County Probation

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Executive Summary

In order to illustrate the experiences of youth and families that completed a FFT intervention, specially trained staff from Cayuga Centers took four weeks to contact former clients' families. Oswego FFT through the Department of Probation has had 152 families referred to Cayuga Centers, this totals 172 total cases opened as some had multiple involvements with the agency.

From the data obtained, we found that a majority of our clients are still in school fulltime. We also found that on the whole, the youth had positive experiences and behaviors. The data obtained during this investigation, however, is limited to a specific subsection of the population that Cayuga Centers served; the majority of the population was not successfully contacted. On average, the data collection team attempted to contact each of the families 3.1 times, this includes families that rescheduled several times, voicemails, disconnected phones, and completed interviews on the first call. We completed a total of 31 successful contacts (20.3% of the population), please refer to Appendix B for the specifics on response rates and types. Of the 31 successful calls, 25 were still in regular contact with their youth and had full interviews.

The survey questions (Appendix F), took the family through a set of questions targeted at their specific reasons for starting FFT and also general topics that would be important to a family that has completed a preventative intervention like FFT. There were also questions on their satisfaction with Cayuga Centers and FFT. Finally, there were questions where they could respond in their own words. No individual will be identified in this or any subsequent report, though de-identified case-examples will be used.

The Intervention

Functional Family Therapy (FFT) is a nationally researched and validated model of home-based family therapy; it is an outcome-driven prevention and intervention model for youth and their families who have demonstrated the entire range of maladaptive acting out behaviors and related syndromes. The program targets youth, ages 11-18, at risk for and/or presenting with delinquency, violence, substance use, conduct disorder, oppositional defiant disorder, or disruptive behavior disorder. Often these youth present with additional co-morbid challenges such as depression. Cayuga Centers has provided FFT to Oswego County Probation since July 2008. Cayuga Centers serves two major populations in Oswego County, Probation and Preventative; the biggest difference is that preventative cases involved families that often agreed to participate in the intervention; probation families are generally required to participate in the intervention as condition of probation. This may have effected the initial engagement of the families with the interventions. A comparison of the time of intervention may show that the earlier a prevention intervention occurs, the stronger the effect can be on a family and youth.

Survey Purpose

The survey of families that have completed FFT in Oswego County through Probation was done to better understand the characteristics and experiences of the families after they complete the intervention. Specifically the goal was to see the changes in the referral reasons for these youth and families. The survey targeted the top three referral reasons for each family to gauge what change or stability had occurred for the youth and family since the intervention. The report illustrates how families that experienced the intervention over these last three and a half years are doing today. A handful of these respondents were 'unsuccessful completions' to show contrast between a full intervention and an intervention that is ended early for one of a variety of reasons.

Findings

The top three referral reasons for the respondent were family conflict, truancy, and school problems. Of the families surveyed, 79% of the respondents that had been referred with family conflict had a positive status on that referral reason, and 64% of respondents that had been referred for school problems or aggression reported that the youth did not have any suspensions since FFT. 60% of the caregivers reported that their youth had increased their school attendance since FFT. What follows are data on who the youth were that received FFT, what the referral reasons were and the changes or stability of those characteristics, and the frequency of involvement with law enforcement and justice systems after FFT. Finally, summaries and highlights of the open-ended, narrative responses are listed to show the types of information and experiences the respondents shared about their families. The appendixes have further information and other characteristics shown by the respondents.

Summary Table of All Referral Reasons

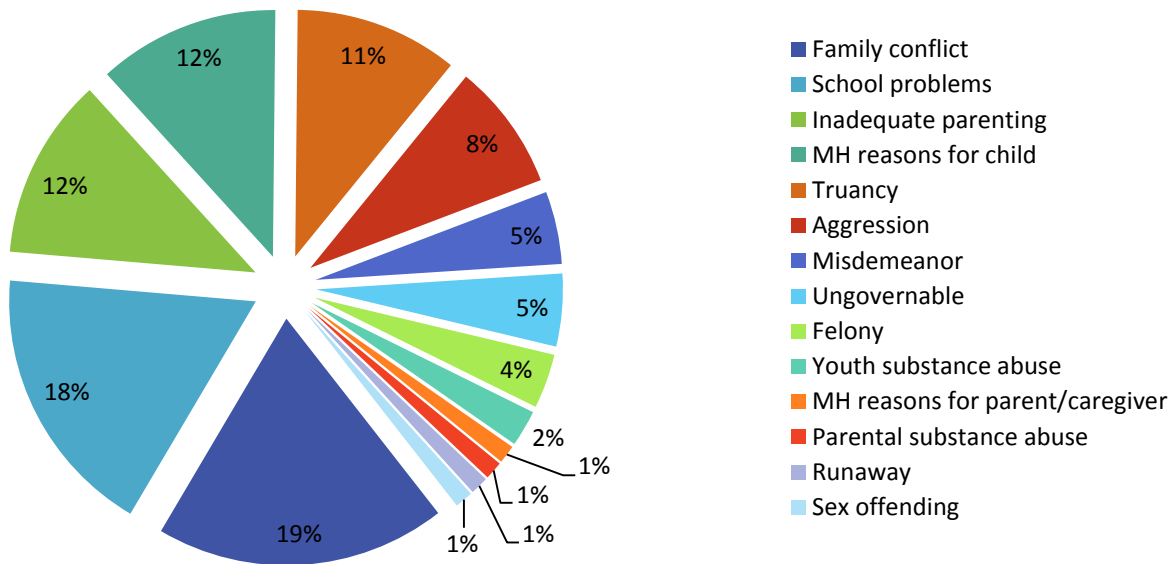
Each family was asked questions specific to their referral reasons; below is a table reflecting the referral reasons and whether they had a stability or improvement on their referral reasons. N does always not match due to data collection error, missing information, or skipped questions. Some referral reasons include the whole family, and others focus on specific behaviors from the youth. Please refer to the Appendix F for the question indicators used for each referral reason.

Category and Referral Reason	<i># That responded to this Q</i>	Negative Status	Positive Status	Caregiver said Q was N/A	Percent Positive
Family	22	4	17	1	77%
Family conflict	14	2	11	1	79%
Inadequate parenting	7	2	5		71%
MH reasons for caregiver	1		1		100%
Youth	43	13	28	2	65%
Aggression	7	4	3		43%
Felony	3	1	2		67%
MH reasons for child	7		5	2	71%
Misdemeanor	3		3		100%
Runaway	1		1		100%
School problems	11	4	7		64%
Sex offending	1		1		100%
Truancy	5	2	3		60%
Ungovernable	3	2	1		33%
Youth substance abuse	2		2		100%
Grand Total	65	17	45	3	69%

Detailed Findings

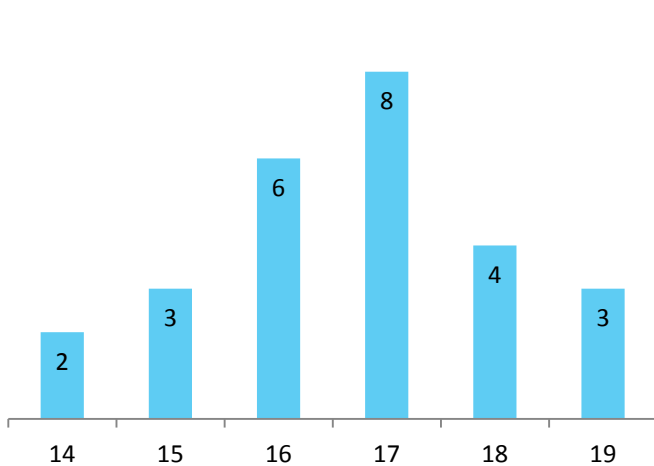
The Youth Referral Reasons for All Families

N=152 families

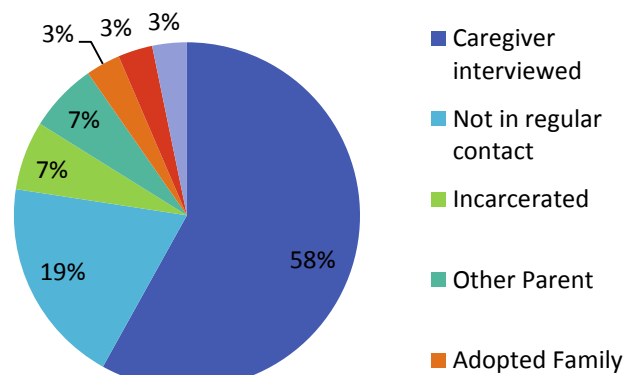


Basic Demographic Information

Age Distribution
n=26



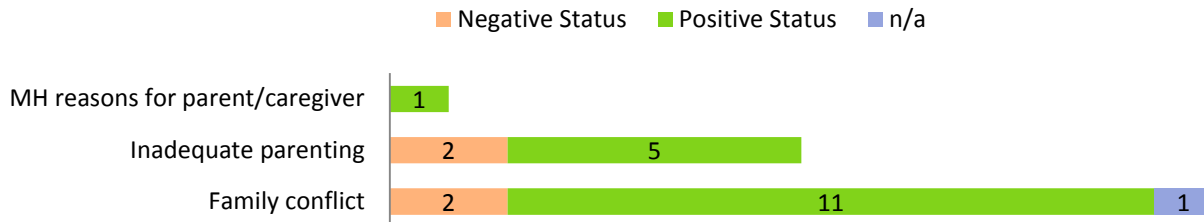
Who Youth Lives With
n=31



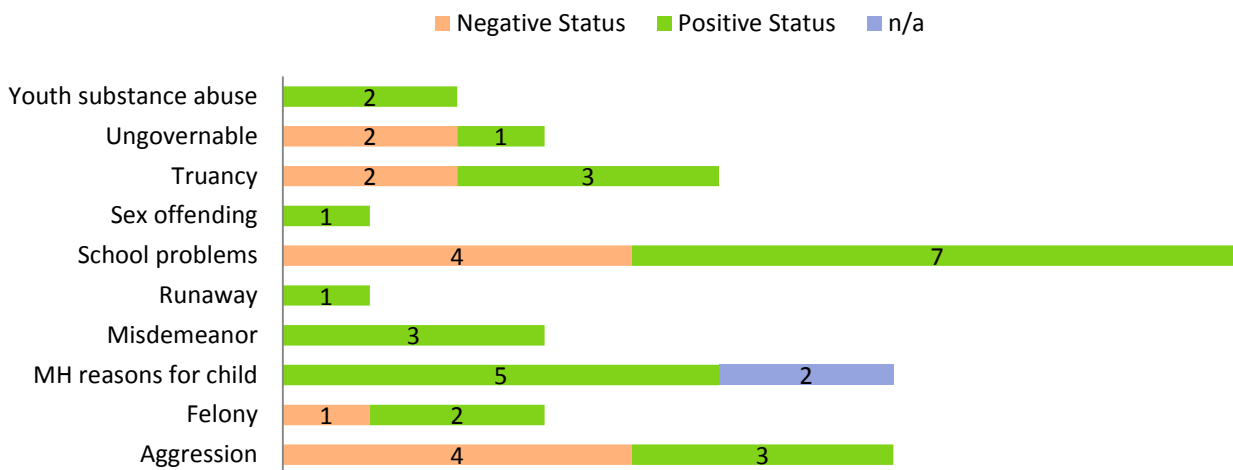
What happened since FFT?

Each family was asked custom questions based on their top three referral reasons. The following charts show the status at the time of the interview for each referral reason. Note that the “n” or number of responses may not always match due to variations in the interviews, skipped questions, etc. Some referral reasons include the whole family, and others focus on specific behaviors from the youth. These are broken down into two different groups to understand different modes of effects on individuals and families.

Family Focused Referral Reason Status, n=22



Youth Focused Referral Reason Status, n=43



The status of the referral reasons is based on an indicator question designed by a team of therapists and the evaluation and research specialist. For a full list of these questions, please see Appendix F. The family focused referral reasons appear to have had slightly better overall consistency; the family focused referral reasons were 77% positive, with one caregiver saying that the question about family conflict did not apply to them. The youth referral reasons were over-all 65% positive, with 2 caregivers saying questions did not apply to them. Overall, 69% of the referral reasons had a positive status at the time of the interview in March 2013.

The lowest performing referral reasons were aggression, school problems, and ungovernable. However, mental health reasons, misdemeanors, runaway, substance abuse, and sex offending all had wholly positive status—only in two cases did a caregiver say these questions did not apply; this may indicate that they did not see the referral reason was a problem for them or that they didn’t recognize that it was part of the FFT intervention.

Additional Value in Findings

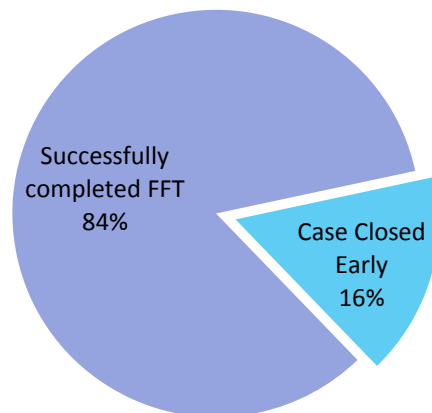
Cayuga Centers’ team contacted not only successful closures, but also families that did not “successfully” complete the intervention. Reasons for a non-successful closure include a different agency intervening, youth running away, and family refusing services. A wide range of these occur in the population, and our sample includes 5 cases where the youth was not able to complete FFT through our Probation program. These include one case where a youth went into drug rehabilitation, a youth that no longer was on probation, a youth ran away from a temporary placement, and out of home placement. Of these, only one of the youth still lives with the primary caregiver from the FFT intervention and another lives with an adopted family. These two had more positive characteristics than their peers

Glimpse into the status of youth that did not successfully complete FFT

	Youth Living Situation	Reason 1 Status	Reason 2 Status	Reason 3 Status	Closure Reason
Case 1	Adopted	+	+	-	Substance Abuse Rehabilitation
Case 2	Caregiver	-	-	-	Another system intervened
Case 3	Caregiver	+	+	+	No longer on probation/ended FFT
Case 4	Incarcerated	-	-	n/a	Adolescent ran away
Case 5	Caregiver not in contact	Unknown	Unknown	Unknown	Placed in Residential

Case Closure Type for Families Interviewed

n=31

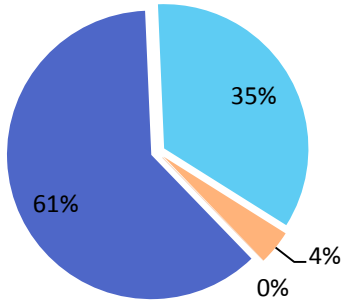


What Caregivers Thought about Cayuga Centers and FFT

N=26

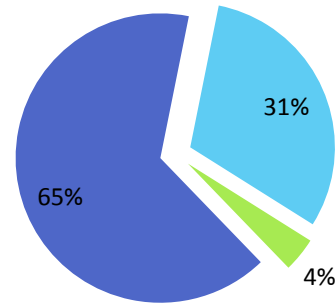
How satisfied were you with Cayuga Centers staff were you...

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied



How much did you like FFT?

- A lot
- A little
- Not at all

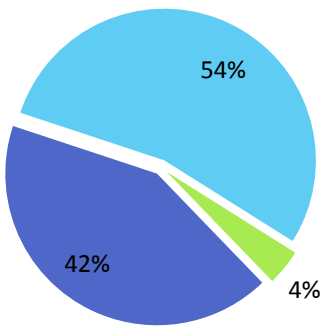


Family Communication, n=26

The pie chart on the left below shows the responses caregivers gave about communication, on the right, are the responses to family ability to resolve conflict. 69% of the caregivers said that their family ability to resolve conflict had improved since FFT, 19% said it stayed the same, 12% said it had gotten worse.

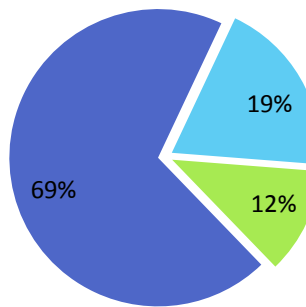
Which of the following best describes how your family communicates, would you say:

- We communicate effectively
- We sometimes communicate effectively
- We cannot communicate effectively



Since FFT, How has your family's ability to resolve conflict changed... Has it:

- Improved
- Stayed the same
- Gotten worse



In their own words:

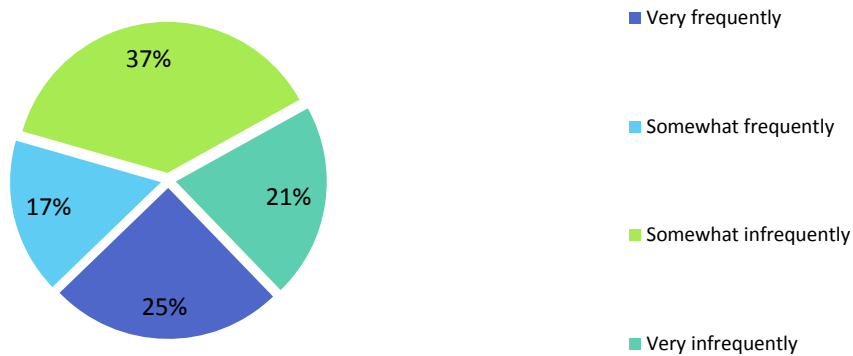
During interviews, six caregivers mentioned an accomplishment being that the family communicate better.

A caregiver gave a hopefulness score of ten because, "I can actually talk to my son and we have a very, very awesome relationship."

Youth in the Community, n=26

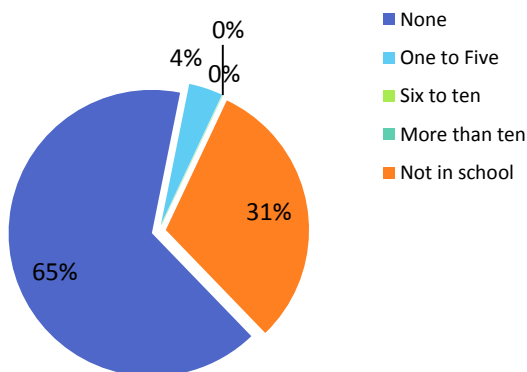
All of the caregivers that responded to the survey were asked these general scale questions about the youth in the community, school, and how the youth has interacted with authorities. The most evenly distributed response was about positive activities outside of the home, or pro-social activities. This may be a possible point for various stakeholders to work together in order to better understand how and where a youth could better engage with in more positive activities outside of the home.

Since FFT, how often does the youth participate in positive activities outside of the home...

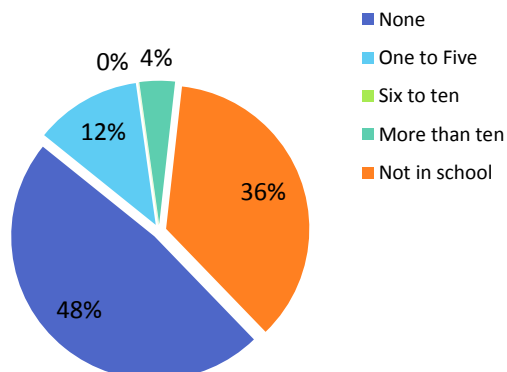


School Success Indicators

In the last 30 days how many suspensions (out of school) did the youth have?



In the last 30 days how many unexcused absences did the youth have?



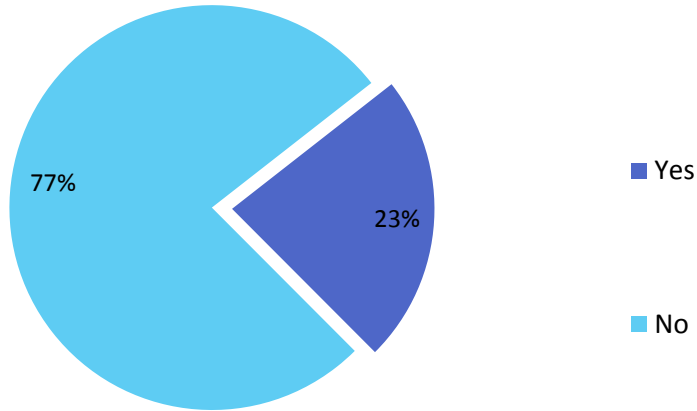
Youth Interactions with County and Other Institutions

Out of home placement

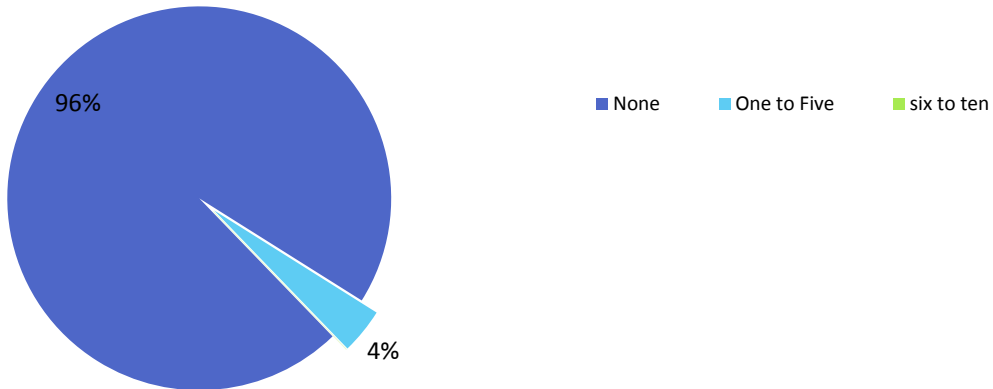
The caregivers were asked if their youth had been in out-of-home placement since FFT. Six of the youth had been in some sort of out-of-home care. One was in drug rehabilitation, one was in residential, and two were in jail for some time after FFT. Two did not disclose what type of out-of-home care the youth was in. The other twenty answered 'no'.

Since FFT, has the youth been in any out of home placement?

n=26



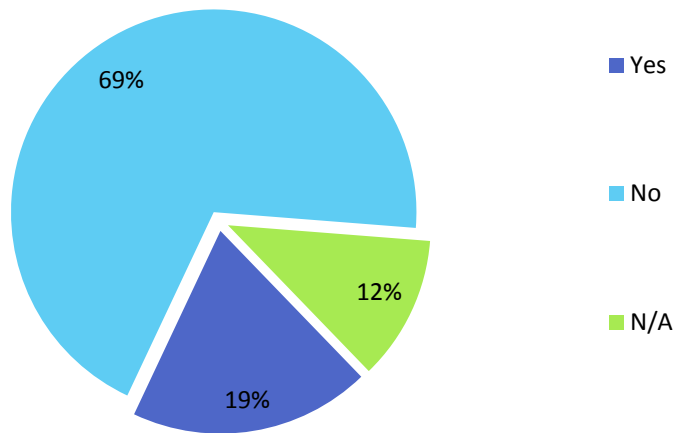
In the last 30 days, how many times has the youth run away:



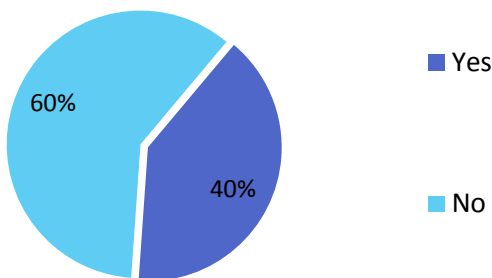
Probation Violations and Police Contacts

The majority of the respondents reported that there had been no violation of probation or claimed that the question did not apply to them, only 19% said 'yes' to the youth violating probation. Caregivers were also asked if there had been any police contacts since FFT, this had a follow-up question to ask what types and how frequently. 10 of the youth were reported to have had police contacts of any kind. Most of these had 1-2 police contacts for reasons such as getting returned to home (from runaway, etc.), drugs, or they had no charges but did have contact. Two out of ten had numerous contacts. The pie charts that follow show what proportion of all of the youth had a violation of probation, then the proportion that had police contacts of any kind, and last the proportion of youth that had charges since FFT.

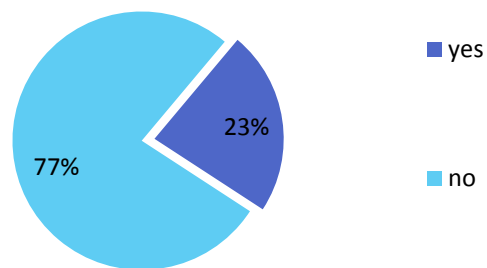
Since FFT, has there been any re/violation of probation?
n=26



Since FFT, have there been any police contacts?
n=26



Since FFT, have there been any charges/new charges?
n=26



Highlights from the Narrative Responses

The team that designed questions for the survey noted that a question on “hopefulness” was asked during the intervention and could spark a conversation on changes related to FFT, this questions was used in the survey with a follow-up asking why they gave the response. **The average hopeful score was 8.3 (out of 10).** Narrative themes and examples are found in Appendix D

A strengths-based intervention led the team to create questions to help a respondent talk about positives after having been asked about mostly negative police contacts, school suspensions and family conflict. The respondents were asked what they thought were their biggest accomplishments since FFT, below is a full list of the different types of themes that emerged. Some responses included many of these topics, to protect confidentiality and show the variety that was displayed; these themes have been separated and when mentioned by multiple people, aggregated.

Themes found in responses to “Biggest Accomplishments”

Theme	# of times said
Family communicates better	6
Youth manages anger better	3
Youth makes better decisions	2
None	2
Youth more respectful	2
Youth in positive relationship	1
All Youth in family have met goals	1
Family dealing with things together	1
Family lifestyle changed	1
Youth improved at school	1
Family recognizes MH issues.	1
Youth learned to deal with conflict	1
Family resolves problems/ deals with things better	2
Youth will be entering other care pending court	1
Youth didn't do anything	1
Family's hard work paying off	1

Themes	# of times said
Youth improved communication	1
Caregiver met goals	1
Youth is not meeting expectations	1
Youth met goal	1
Caregiver better at boundaries and parenting skills	1
Youth problem-solves	1
Family gets along better	1
Youth stayed out of trouble	1
Positive family relationship	1
Youth stayed in school	1
Youth has more self-respect	1
Youth still alive after relapse	1
Youth began positive activities outside of home again	1
Youth working	1
Youth behavior improved	1
Youth communicates better	1

Appendix A

Method

This survey was scripted with mostly closed-ended questions with the option for open-ended notes. The project was approved by the agency Standing Committee, a multidisciplinary group that reviews various aspects of activities in the agency. The data was collected by a special team of data collectors; each was trained in data collection methods, respondent rights, and research responsibilities. They had a complete review of standardized survey procedures and underpinnings.

To minimize data loss and maximize accuracy, surveys were generated using Microsoft Word and Microsoft Excel and a Visual Basic Application (VBA). This created customized survey questions for referral reasons while protecting the data and corresponding respondent information. Due to the small sample size and complex nature of the survey subject, basic descriptive statistics were used which were supplemented by qualitative text analysis of the open-ended responses from families along with case studies of individual responses with all identifying information removed. Tracking sheets with call times and dispositions were the only paper materials produced; these will be destroyed at the completion of data analysis.

Surveys were completed at varying times during the day and evening mostly by telephone. All phone calls were completed either with a supervisor present or a lead interviewer that had completed enough supervised hours to complete calls on their own.

Caregivers rather than youth were asked to participate in the survey for several reasons; first they are adults and able to consent for an interview. Second, they are more likely to be available during the school day when our staff was mostly able to call. Third, parents in general across all survey types and populations are easier to reach than young adults and teens, so they were most likely to be available and willing to participate. Finally, these adults' perspectives on the family after a Functional Family Therapy, too, could be an indicator of the effects of the intervention by indicating the family's status as a whole, including the clients' other siblings. Of the 31 caregivers that agreed to be interviewed, five did not have regular contact with the youth. The data visuals illustrate the information collected from all respondents. Respondents were generally cooperative in the data collection process and shared a great deal of rich information that has strengthened the narrative data, though if a respondent was not eligible to answer a questions or skipped a question, they were not included in the number of respondents (n).

Respondents were informed that they did not have to participate, that there were no risks or benefits to participating, and that the purpose of the survey was to understand how they were doing since completing the intervention and to help inform future programming. All respondents verbally agreed to participate before answering any questions.

There are a number of barriers common to any survey administration that prevented Cayuga Centers' staff from completing an interview with the entire population. These included: disconnected telephone numbers, voicemails/automated systems and messages, wrong numbers. The distribution of final dispositions for each of the cases is in a table below, the bold dispositions indicate that a household was confirmed. 94 cases had no confirmation and 98 had no live contact with a household member. Thirty-one families were able to complete the survey and answered questions about their child, their family, and their thoughts on where they are now, a few months or years after Functional Family Therapy with Cayuga Centers.

Appendix B

Response Rates and Types*

Final Disposition	Number of Households
Bad Number/Disconnected	45
Wrong Number	26
No Live Contact	23
VM Only, R confirmed	4
Proxies/Reschedules Only (3+)	18
Refused	5
<i>Complete Interview</i>	31
Grand Total	152

*We received 58 new or alternate numbers for families, these came from therapists or from Oswego Probation.

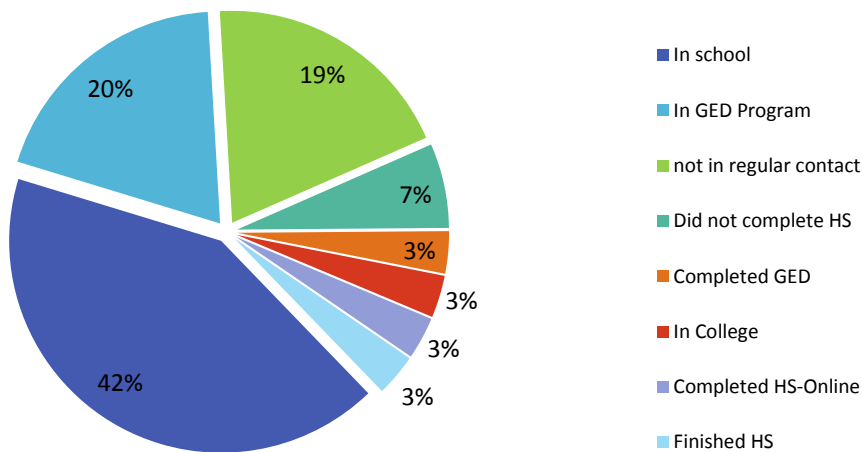
Appendix C

Youth Living Situations and Education/Occupational Status

Youth lives with:	# of youth
Adopted Family	1
Incarcerated	2
Other Parent	2
Respondent (caregiver interviewed)	18
Residential	1
Not in regular contact	5
Question was skipped	1
Grand Total	31

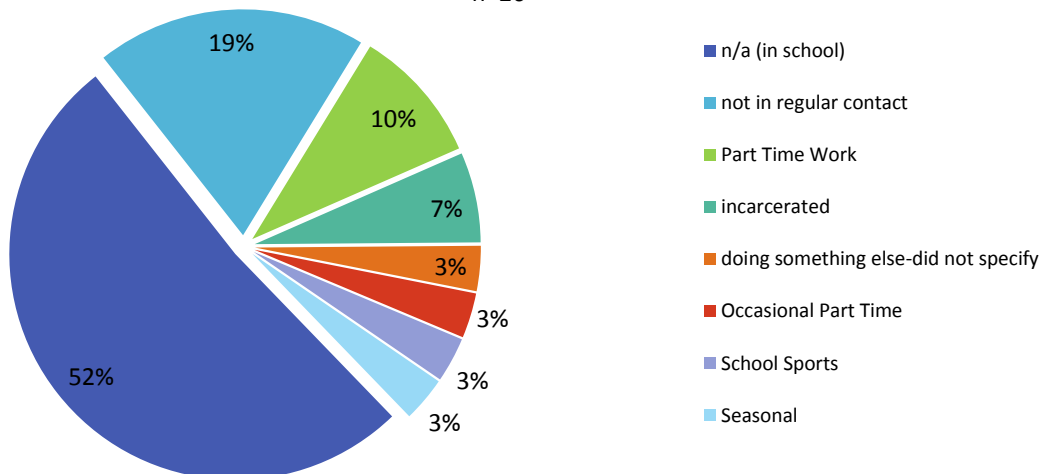
Youth Educational Status

n=26



Youth Work or Occupation

n=26



Appendix D

In their own words¹

Hopefulness Scores

Caregivers were asked to rate how hopeful they were, then to explain why they gave that score. These are the various themes that emerged, paraphrased below.

- Youth not suicidal
- Youth wants to succeed
- Youth working on GED
- Family is more stable
- Faith
- Hopeful youth will mature and turn self around
- Youth has changed
- Household members have changed, made things easier
- Youth has improved
- Awesome relationship with youth now
- Know it won't be perfect, but they are so much better
- Youth has trouble now, but recognizes mistakes and takes steps to correct them
- Youth recognizes and uses skills
- Things are going well
- Fewer arguments, youth listens
- Parents are working on their problems.
- Youth and other parent have an improving relationship
- Youth has learned from peer's experiences.
- Youth is working
- Family worked to stay close
- Everything is good
- Youth doesn't want to follow rules, unless they benefit youth
- Hope that youth moves to grandparents and keeps strength to resist
- I don't know
- Custody change is imminent
- Youth is doing well, got GED, in jail, but hopefully when he gets out positive decisions will be made
- Things are better
- Things are getting better, kids older with fewer problems
- Hopeful youth will stay on path and not stray
- Strong family, hopeful that we'll succeed
- Youth has severe MH issue
- Youth attitude has changed

¹ Additional comments collected at the end of the interview, adjusted to ensure privacy and clarity.

Other Comments:

- Huge help. Youth didn't feel she had help until FFT. Huge for youth to see some truth in things.
- I loved the therapist. Therapist was able to bring the family back to being family. She knew which way to go and when to push us, and when to back down.
- Happy with FFT services
- Helpful for a time.
- I think it was a wonderful program- he just did not want to participate- it was a moot point- if you find a way where you mandate the child to participate then it's great.
- I think it's a great program for anyone to be in- not just for probation- it works better than other community organization... because I've been through them all.
- I think that program is an awesome program and I hope it never ends because there are families and children that could greatly benefit
- The therapist listened, but not to the whole reason for some of the things that she drew ideas. It was just the youth doing his own thing. He was defiant before and after the program and it took about year and he changed on his own.
- Therapist was awesome.
- Therapist was awesome-I was sad when they took her away.
- Try to make youth think about things their actions.
- Very thankful... and for not having to worry about paying for it and being able to take care of my family.
- We enjoyed the program. At first it was hard ... at first it was like a punishment type deal, you know.
- Wish the program could have lasted longer. It would have helped us.

Appendix E

Population Closure Types and Rate of Completed Interviews²

Closure Type for Population³	# of Youth
Adolescent ran away	1
Change of adolescent's living situation	2
Referral was revoked prior to any attempt to engage family	2
Family moved out of county/area covered by funding source	3
Family dropped out	4
Family refused services	4
Adolescent entered residential placement	5
Another system intervened	18
Intervention completed	113
Grand Total Closures	152

Intervention Status	# Completed an Interview
Adolescent ran away	1
Adolescent entered residential treatment	2
Another system intervened	4
Intervention completed	24
Total Interviews Completed	31

² "R" is the respondent, typically the primary caregiver at the time of the intervention.

³ Most recent closure type was used for families that had multiple contacts with Cayuga Centers.

Interviews Completion Status and Intervention Closure Type

Disposition	# of Cases
Bad Number/Disconnected	45
Adolescent went into or was returned to residential placement	1
Another system intervened	3
Change of adolescent's living situation	2
Family dropped out	2
Family moved out of county/area covered by funding source	1
Intervention completed	35
Referral was revoked prior to any attempt to engage family	1
Complete Interview	31
Adolescent entered residential treatment	1
Adolescent ran away	1
Adolescent went into or was returned to residential placement	1
Another system intervened	4
Intervention completed	24
No Live Contact	23
Another system intervened	4
Family refused services	2
Intervention completed	17
Proxies/Reschedules Only (3+)	18
Adolescent entered residential treatment	1
Another system intervened	3
Family dropped out	1
Intervention completed	12
Referral was revoked prior to any attempt to engage family	1
Refused	5
Another system intervened	2
Intervention completed	3
Voicemail Only, Respondent confirmed at #	4
Family dropped out	1
Intervention completed	3
Wrong Number	26
Adolescent entered residential treatment	1
Another system intervened	2
Family moved out of county/area covered by funding source	2
Family refused services	2
Intervention completed	19
Grand Total	152

Appendix F

All Questions From Survey

These were the questions asked during interviews. This list does not include prompts for clarification or scripted transitions. All italicized text was not read to the respondent.

1. Do you remember working with FFT “Functional Family Therapy”?
2. Do have regular contact with ___?
3. How old is _____ now?
4. Who does _____ live with?
5. What is _____’s highest completed school level?
6. *If needed:* Are they still in an educational program?
7. Is _____ currently working, in the military, or doing something else? This could be part time, temporary, or something else.
8. How satisfied were you with Cayuga Centers staff were you...
 - a. Very satisfied
 - b. Somewhat satisfied
 - c. Somewhat dissatisfied
 - d. Very dissatisfied
9. How much did you like Functional Family Therapy?
 - a. A lot
 - b. A little
 - c. Not at all
10. Would you say your family practice the skills you learned in FFT...
 - a. A lot
 - b. A little
 - c. Not at all
11. Since FFT, How has your family’s ability to resolve conflict changed... Has it:
 - a. Improved
 - b. Stayed the same
 - c. Gotten Worse
12. Which of the following best describes how your family communicates, would you say ...
 - a. We communicate effectively
 - b. We sometimes communicate effectively
 - c. We cannot communicate effectively
13. Since FFT, how often does _____ participate in positive activities outside of the home...
 - a. Very frequently
 - b. Somewhat frequently
 - c. Somewhat infrequently
 - d. Very infrequently
14. In the last 30 days how many **suspensions** (out of school) did the youth have?
 - a. *None*
 - b. *0-5*
 - c. *6-10*
 - d. *More than 10*
 - e. *Not in school*
15. In the last 30 days how many **unexcused absences** did the youth have?
 - a. *None*
 - b. *0-5*
 - c. *6-10*
 - d. *More than 10*
 - e. *Not in school*
16. In the last 30 days, how many times has the youth run away:
 - a. *None*
 - b. *0-5*
 - c. *6-10*

- d. *N/A (not living at home, etc.)*
- e. If more than 0 times, how many *total days for the month?* (write in #)
- 17. Since FFT, has the youth been in any out of home placement?
 - a. Yes
 - b. No
- 18. *If yes, what kind of placement was it(read if necessary) Select One*
- 19. Since FFT, have there been any police contacts?
 - a. Yes
 - b. No
- 20. If yes, how many? Select One: What kind of charges:
- 21. Since FFT, has there been any re/violation of probation (if applicable)?
 - a. Yes
 - b. No
 - c. *N/A*
- 22. Since FFT, have there been any charges/new charges?
 - a. Yes
 - b. No

Open-Ended Responses:

- 23. What would you say have been the biggest accomplishments for _____ and for the family so far: (since FFT)
- 24. This may sound like familiar questions, it was used during FFT:
- 25. On a scale from 1 to 10, how hopeful are you?
- 26. Why did you give a score of ____?
- 27. Is there anything else you'd like to add about FFT with Cayuga Centers or any other comments that you'd like to share?

Referral Reason Indicator Questions

Adolescent drug/alcohol use	Has your child been involved in a drug or alcohol-related crime since FFT?
Aggression	Has your child decreased their aggressive behavior since FFT?
Family Conflict	Has your family been able to deal with family conflict effectively since FFT?
Felony	Has your child been charged with a felony since FFT?
Fire Setting	Has your child set any fires since FFT?
Harm to self	Has your child engaged in any self-harming behaviors since FFT?
Impulse control	Has your child been able to control their impulses since FFT?
Inadequate Parenting	Has the family been able to apply the parenting skills learned in the intervention?
Mental Health Reasons (adolescent)	Has your child continued and/or successfully completed mental health treatment?
Mental Health Reasons (Parent/Caregiver)	Has a parent or caregiver in the family continued and/or successfully completed mental health treatment?
Misdemeanor	Has your child been charged with any misdemeanor since FFT?
Neglect	Has your family had any involvement with Child Protective Services due to allegations of neglect since their intervention ended?
Parental Substance Abuse	Has the family member continued and/or successfully completed substance abuse treatment?
Peer Group Concerns	Has your child continued to increase their involvement with positive peers and/or positive activities since FFT?
Physical Abuse	Has your family had any involvement with Child Protective Services (CPS) due to allegations of physical abuse since FFT?
Property Damage	Has your child been involved in any instances of property damage since FFT?
Runaway	Has your child run away from home (defined as 24 hours missing) since FFT?
School Problems	Has your child been suspended from school since FFT?
Sexual Abuse	Has your child received and or completed treatment for sexual abuse?
Sexual Offense	Has your child continued or completed offender treatment?
Truancy	Has your child increased their attendance at school since FFT?
Ungovernable	Has your child had difficulty following rules and laws at home and in the community since FFT?
Substance abuse	Does your child currently have problems with substance use?

