FFT treatment has been effective across the COVID-19 pandemic and it provided long-lasting benefits in improving clients’ social functionality.

**Current Study**

RQ1: Was FFT treatment effective in changing behavioural outcome (objective measure) and risk levels (therapists’ subjective measure) across the COVID-19 pandemic?

RQ2: Which demographic variables and/or treatment conditions were associated with FFT outcome measures?

RQ3: Over the long run, which variables were associated with clients’ growth patterns?

**Methods**

**Participants**

This FFT study sourced its dataset from […]. Norway’s FFT is designed to [… a one-sentence mission statement from Knut’s document]. Youths between the age of […] and […] were referred to the FFT team by […] if they met one of the following criteria [(a)… (b)… (c)…]. The FFT team excluded clients with any of the following conditions from FFT treatments [(a)… (b)… (c)…] (refer to NUBU’s document for inclusion and exclusion criteria). In order to examine the impact of the COVID-19 lockdowns on the treatment effectiveness of FFT, the national coordinator examined and annonymised clinical records of clients who entered FFT between [earliest admission date] and [last admission date] for this study, totalling [this many clients]. I then excluded [this many observations] from subsequent analyses due to lack of […], representing a data loss rate of [… percent].

**Data Collection Procedures**

How data were generated? Who got their hands on the data production process?

[This section is about how Knut’s team collected data, not you, because you received the data as a secondary source.] Under the national strategy, the municipality Child Welfare Agency [need an official translation?] initiates the referral process by sending in their assessment of clients’ condition to the FFT team. The internal therapists then make independent measurement of clients’ conditions at admissions. This co-assessment design promotes measurement accuracy and reliability [reference on advantages of co-assessment]. At admission (T1) and discharge (T2), national outcome goals [I kept calling it “behavioural 5”] and risk levels [I called it YLS or “risk 8”] were

**Measures**

Variables/columns go here.

1. X variables
   1. Demographics: sex, age, immi1, immi2
   2. Treatment context: prior, insti, foster, psyhelth
2. Y variables
   1. National outcome goals (T0—T4): explain this is the sum-score measure, consisting of 5 sub scales, which are 1) … 5). 5 time point repeat
   2. Risk levels (T0, T1) 8 subscales, 2 repeats

**Group Division**

Keep everything you wrote.

**Statistical Analyses**

First paragraph: Software. Missing data treatment (MI, Rubin (1987), van Buuren (20xx)). I used Mplus’s robust maximum likelihood (MLR, Muthén & Muthén 2017) for all three models thanks to this estimator’s ability to generate correct standard errors in the presence of non-normality and non-independence of observations.

**Models**

This study examined the effectiveness of FFT treatment during the COVID-19 pandemic using the following three models:

*Model 1 Linear Model using National Outcome Goal as effectiveness measure*

The first model examines the immediate effectiveness of FFT at discharge (outsum) relative to clients’ national outcome goal sum scores at admission (innsum). Clients’ demographic information and conditions related to treatment environment were included as covariates. I propose the following linear model to obtain the marginal effect of each variable in explaining the recovery outcome:

|  |  |
| --- | --- |
|  | (1) |

*Model 2 Linear Model using Risk Level as effectiveness measure*

Model 2 differed from Model 1 only by the outcome variable, where risk levels at admission (innylss) and at discharge (outylss) replaced national outcome goals as measurement of treatment effectiveness, with the regression formular:

|  |  |
| --- | --- |
|  | (2) |

*Model 3 Latent Growth Curve Model*

In order to examine the longitudinal effect of FFT on clients’ long-term behavioural patterns, I used latent growth curve models (Bollen & Currant, 2006) involving all five time points of the national outcome goals (innsum, outsum, sum6, sum12, and sum18, respectively) as well as covariates similar to Equation (1) and (2). Latent growth curves are models such that all intercept factor loadings are set to 1 while slope factor loadings are linked to the time points T0 to T4. Factor loadings of covariates are freely estimated, whose unstandardized parameters are reported in Figure 1.

Bollen, K. A., & Curran, P. J. (2006). Latent curve models: A structural equation perspective. Wiley-Interscience