

## Brief Strategic Family Therapy

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*Program developers or their agents provided the Model Program information below.*

### **BRIEF DESCRIPTION**

Brief Strategic Family Therapy (BSFT) is a short-term, problem-focused therapeutic intervention, targeting children and adolescents 6 to 17 years old, that improves youth behavior by eliminating or reducing drug use and its associated behavior problems and that changes the family members' behaviors that are linked to both risk and protective factors related to substance abuse. The therapeutic process uses techniques of:

- Joining—forming a therapeutic alliance with all family members
- Diagnosis—identifying interactional patterns that allow or encourage problematic youth behavior
- Restructuring—the process of changing the family interactions that are directly related to problem behaviors

### **PROGRAM BACKGROUND**

BSFT was developed at the Spanish Family Guidance Center in the Center for Family Studies, University of Miami. BSFT has been conducted at these centers since 1975. The Center for Family Studies is the Nation's oldest and most prominent center for development and testing of minority family therapy interventions for prevention and treatment of adolescent substance abuse and related behavior problems. It is also the Nation's leading trainer of research-proven, family therapy for Hispanic/Latino families.



## **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

Society for Prevention Research: Presidential Award

Center for Substance Abuse Prevention, SAMHSA, U.S. Department of Health and Human Services: Research Award

National Institute on Drug Abuse, U.S. Department of Health and Human Services: Treatment Manual Series

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## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

### **INDICATED**

This program was developed for an indicated audience. It targets children with conduct problems, substance use, problematic family relations, and association with antisocial peers.

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## **INTERVENTION TYPE**

### **TREATMENT**

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## **CONTENT FOCUS**

ALCOHOL, ANTISOCIAL/AGGRESSIVE BEHAVIOR, ILLEGAL DRUGS, SOCIAL AND EMOTIONAL COMPETENCE, TOBACCO

This program addresses family risk and protective factors to problem behavior, including substance use among adolescents.

### **Parents as a primary target population:**

The program involves family systems therapy, involving all family members. It seeks to change the way family members act toward each other so that they will promote each other's mastery over behaviors that are required for the family to achieve competence and to impede undesired behaviors.

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## **INTERVENTIONS BY DOMAIN**

### **INDIVIDUAL, FAMILY, PEER**

#### **INDIVIDUAL**

- Life and social skills training

#### **FAMILY**

- Home visits
- Parent education/family therapy

- Parent education/parenting skills training
- Task-oriented family education sessions combining social skills training to improve family interaction (e.g., communication skills)

#### PEER

- Peer-resistance education
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### **KEY PROGRAM APPROACHES**

#### PARENT-CHILD INTERACTIONS, PARENT TRAINING, SKILL DEVELOPMENT, THERAPY

##### PARENT-CHILD INTERACTIONS

All of the key strategies are focused on improving the interactions between parents and child.

##### PARENT TRAINING

A key change strategy is to empower parents by increasing their mastery of parenting skills.

##### SKILL DEVELOPMENT

The program fosters conflict resolution skills, parenting skills, and communication skills.

##### THERAPY

The program involves creating a counselor-family work team that develops a therapeutic alliance with each family member and with the family as a whole; diagnosing family strengths and problematic interactions; developing change strategies to capitalize on strengths and correct problematic family interactions; and implementing change strategies and reinforcing family behaviors that sustain new levels of family competence. Strategies include reframing, changing alliances, building conflict resolution skills, and parental empowerment.

##### HOW IT WORKS

BSFT can be implemented in a variety of settings, including community social services agencies, mental health clinics, health agencies, and family clinics. BSFT is delivered in 8 to 12 weekly 1- to 1.5-hour sessions. The family and BSFT counselor meet either in the program office or the family's home. Sessions may occur more frequently around crises because these are opportunities for change. There are four important BSFT steps:

**Step 1:** Organize a counselor-family work team. Development of a therapeutic alliance with each family member and with the family as a whole is essential for BSFT. This requires counselors to accept and demonstrate respect for each individual family member and the family as a whole.

**Step 2:** Diagnose family strengths and problem relations. Emphasis is on family relations that are supportive and problem relations that affect youths' behaviors or interfere with parental figures' ability to correct those behaviors.

**Step 3:** Develop a change strategy to capitalize on strengths and correct problematic family relations, thereby increasing family competence. In BSFT, the counselor is plan- and problem-focused, direction-oriented (i.e., moving from problematic to competent interactions), and practical.

**Step 4:** Implement change strategies and reinforce family behaviors that sustain new levels of family competence. Important change strategies include reframing to change the meaning of interactions; changing alliances and shifting interpersonal boundaries; building conflict resolution skills; and providing parenting guidance and coaching.

Trained counselors who can implement the program as tested are required for successful replication. The ideal counselor has a master's degree in social work or marriage and family therapy. However, individuals with a bachelor's degree and experience working with families may qualify. One full-time counselor can provide BSFT to 15 to 20 families for in-office sessions and 10 to 12 families for in-home sessions.

Administrative support is key to successful BSFT replication. BSFT requires an agency that is open at times that are convenient for participating families, provides transportation and, if needed, provides childcare when sessions are conducted in the office.

Training and technical assistance are available through the Center for Family Studies' Training Institute. The Institute provides a broad range of training programs in Miami or will train onsite at agencies around the country. Training is tailored to agency needs and populations and offered in Spanish and English.

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## **OUTCOMES**

**DECREASES IN SUBSTANCE USE, REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIOR, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES**

### **DECREASES IN SUBSTANCE USE**

75% reduction in marijuana use

Reductions in substance use

### **REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS**

42% improvement in conduct problems

58% reduction in association with antisocial peers

### **IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS**

Improvements in self-concept

Improvements in family functioning

### **OTHER TYPES OF OUTCOMES**

Retained over 75% of families in the program

Increased family participation in therapy

Improved youth self-concept and self-control

Reduced youth behavior problems, substance use, and association with antisocial peers

Increased parental involvement and develops more positive and effective parenting

Makes parental management of children's behavior more effective

Improved family cohesiveness, collaboration, and child bonding to the family

Improved family communication, conflict resolution, and problem-solving skills

## **EVALUATION DESIGN**

Three studies tested the efficacy of BSFT in increasing family participation in therapy. A study funded by the National Institute on Drug Abuse (NIDA) randomized 108 Hispanic/Latino substance-using adolescents and their families to BSFT or BSFT Engagement. BSFT Engagement included components developed specifically to overcome the family dynamics that prevent families from coming into treatment. The BSFT condition was modeled after methods typically used in this community. This study, which randomized 79 Hispanic/Latino adolescents with conduct problems to BSFT and BSFT Engagement, was replicated with funding from NIDA.

A third replication, with 104 African American and Hispanic/Latino adolescents with conduct and/or emotional problems, was funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention. In this study, adolescents and their families were randomized to either BSFT Engagement or a community clinic. The NIDA-funded study also randomized the 108 adolescents to BSFT or group counseling. In addition, a study funded by the National Institute of Mental Health randomized 69 troubled children and their families to BSFT, individual therapy, or a control.

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## **DELIVERY SPECIFICATIONS**

5–24 WEEKS

Amount of time required to deliver the program to obtain documented outcomes:

The program is delivered in 12 to 16 weekly sessions 1 to 1.5 hours in length. Sessions may occur more frequently during crises. Startup takes about 1 year, including hiring and training counselors, developing community referral resources, and recruiting and screening families referred.

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## **INTENDED SETTING**

RURAL, URBAN, SUBURBAN

The program was developed for use in rural, urban, and suburban settings.

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## **FIDELITY**

Components that must be included in order to achieve the outcomes cited by the developer:

The program must have sufficient numbers of certified BSFT counselors (one counselor for 15 to 20 families participating in office sessions and 10 to 12 families participating in home sessions).

A startup period of 1 year is necessary for hiring and training counselors, developing community referral resources, and recruiting and screening referred families.

An administering agency should be open at times convenient for participating families, and if needed, provide child care while sessions are being conducted.

Intensive supervision should provide a support system for the counselor, help maintain fidelity to the model, and assist the counselor in adhering to the treatment plan.

Videotaping of therapy sessions for supervision and adherence monitoring is strongly recommended.

Counselors should participate in training and technical assistance (available through the Center for Family Studies' Training Institute, either in Miami or on site).

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## **BARRIERS AND PROBLEMS**

Typical problems that users experience in implementing these program strategies and potential solutions:

**Problem:** The most common problem is engaging and retaining whole families in treatment.

**Solution:** Specialized engagement strategies have been developed to deal with the problem.

**Problem:** A common problem in implementing a whole-family intervention involves limited availability of family members.

**Solution:** Sessions often must occur during evening hours and on weekends. Therefore, therapists must have flexible working hours.

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## **PERSONNEL**

### **FULL-TIME, PARTTIME, PAID**

Both part-time and full-time therapists have successfully implemented this program. All therapists were paid for their services.

Trained counselors who can implement the program as tested are required for successful replication. The ideal counselor has a master's degree in social work or marriage and family therapy. However, individuals with a bachelor's degree and experience working with families may qualify. One full-time counselor can provide BSFT to 15 to 20 families for in-office sessions and 10 to 12 families for in-home sessions.

Administrative support is key to successful BSFT replication. BSFT requires an agency that is open at times that are convenient for participating families, provides transportation and, if needed, provides childcare when sessions are conducted in the office.

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## **EDUCATION**

### **UNDERGRADUATE, GRADUATE, SPECIAL SKILLS**

Counselors should have an M.S.W. or master's degree in marriage and family therapy and 2 years of clinical experience. However, individuals with a bachelor's degree and extensive experience working with families may qualify.

## **PERSONNEL TRAINING**

Type: SEMINAR/WORKSHOP, Location: ONSITE (user)/OFFSITE (developer or trainer location)

Counselors must have training in basic clinical skills and basic family systems therapy. In addition, counselors must have specific training in Brief Strategic Family Therapy, which includes four phases:

Phase 1: workshop presentations on the content of the *Brief Strategic Family Therapy Training Manual*.

Phase 2: involves videotapes that are used to teach how to diagnose family processes and family interactions.

Phase 3: involves videotapes that are used to teach how family counseling interventions are delivered.

Phase 4: live or videotaped supervision of trainee's family counseling.

Training is available in Spanish and English.

Training and technical assistance are available through the Center for Family Studies' Training Institute. The Institute provides a broad range of training programs in Miami or will train onsite at agencies around the country. Training is tailored to agency needs and populations and offered in Spanish and English.

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### **COST (estimated in U.S. dollars)**

\$10,000+

Cost considerations for implementing this Model Program as recommended by the developer:

#### **TRAINING AND CERTIFICATION**

\$35,650 plus travel expenses for up to five therapists. This includes the training manual.

#### **MATERIALS**

No additional cost.

#### **Available products:**

*Brief Strategic Family Therapy Manual* (2 versions).

The longer version is available with the training program.

The abridged version will be available in November 2002 from the National Institute on Drug Abuse (NIDA).

A free abridged version of the training manual is available at no cost from NIDA, separate from the training.

## **INTENDED AGE GROUP**

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14), TEENAGER (15–17)

This program was developed for children and youth 6 to 17 years old.

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## **INTENDED POPULATION**

AFRICAN AMERICAN, HISPANIC/LATINO

This program was developed with Hispanic/Latino families and adapted and tested with African American families.

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## **GENDER FOCUS**

BOTH GENDERS

This program was developed for both male and female children and adolescents.

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## **REPLICATIONS**

NO INFORMATION PROVIDED

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## **ADAPTATIONS**

NO INFORMATION PROVIDED

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## **CONTACT INFORMATION**

ABOUT THE DEVELOPER

José Szapocznik, Ph.D.

Dr. Szapocznik is an internationally known expert on families and family-based interventions. A professor of psychiatry and behavioral sciences, psychology, and educational research and counseling psychology, he is also director of the Spanish Family Guidance Center and the Center for Family Studies, all at the University of Miami. Dr. Szapocznik received the 2000 Presidential Award for "Contributions to the Development of Family-Based Interventions" from the Society for Prevention Research, and, in 1999, received the first ever Research Award from the Center for Substance Abuse Prevention.



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