



*Effective Substance Abuse and
Mental Health Programs
for Every Community*

Brief Strategic Family Therapy

Brief Strategic Family Therapy (BSFT) is an effective, problem-focused, and practical approach to the elimination of substance abuse risk factors. It successfully reduces problem behaviors in children and adolescents 6 to 17 years old and strengthens their families. BSFT provides families with tools to decrease individual and family risk factors through focused interventions that improve problematic family relations and skill-building strategies that strengthen families. It targets:

- Acting-out behavioral problems
- Associations with antisocial peers
- Early substance use
- Problematic family relations

The program fosters parental leadership, appropriate parental involvement, mutual support among parenting figures, family communication, problem solving, clear rules and consequences, nurturing, and shared responsibility for family problems. In addition, the program provides specialized out-reach strategies to bring families into therapy.

INTENDED POPULATION

BSFT helps children and adolescents 6 to 17 years old who exhibit rebelliousness, truancy, delinquency, early substance use, and association with problem peers. BSFT also benefits families that are affected by poor behavior management, parental discord, anger, blaming interactions, and other problematic relations. This program was tested and proven in Hispanic/Latino families and adapted and tested with African American families.

Proven Results*

- 42% improvement in acting-out behavioral problems
- 75% reduction in marijuana use
- 58% reduction in association with antisocial peers
- Retained over 75% of youth in program

**Relative to comparisons. Different tests focus on changes over time between treatment and comparison groups.*

INTERVENTION

Universal

Selective

Indicated



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

OUTCOMES

In children and families:

- Reductions in acting-out behavioral problems
- Improvements in self-concept
- Improvements in family functioning

In adolescents and families:

- Reductions in acting-out behavioral problems
- Reductions in association with antisocial peers
- Reductions in substance use
- Improvements in family functioning
- Increased family participation in therapy

BENEFITS

- Improves youth's self-concept and self-control
- Reduces youth behavior problems, substance use, and association with antisocial peers
- Increases parental involvement and develops more positive and effective parenting
- Makes parental management of children's behavior more effective
- Improves family cohesiveness, collaboration, and child bonding to the family
- Improves family communication, conflict resolution, and problem-solving skills

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:

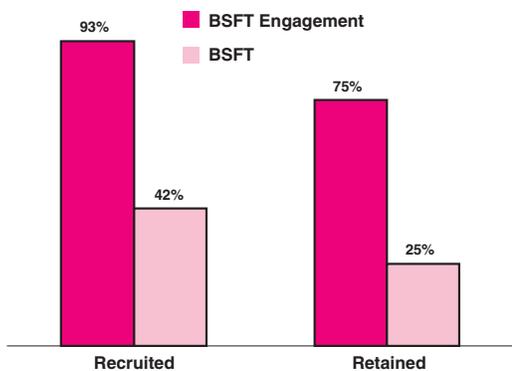
Step 1: Organize a counselor-family work team. Development of a therapeutic alliance with each family member and with the family as a whole is essential for BSFT. This requires counselors to accept and demonstrate respect for each individual family member and the family as a whole.

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.

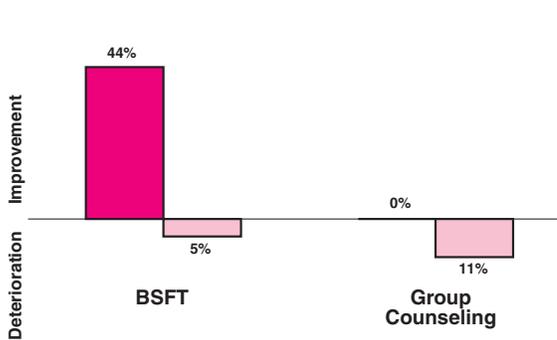
Step 3: Develop a change strategy to capitalize on strengths and correct problematic family relations, thereby increasing family competence. In BSFT, the counselor is plan- and problem-focused, direction-oriented (i.e., moving from problematic to competent interactions), and practical.

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.

Retention Rates: BSFT and BSFT Engagement



BSFT Statistically Reliable Change on Acting-Out Behavioral Problems



IMPLEMENTATION ESSENTIALS

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.

Startup takes about 1 year, including hiring and training of counselors, developing community referral resources, and recruitment and screening of referred families.

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.

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 was replicated with funding from NIDA by randomizing 79 Hispanic/Latino adolescents with conduct problems to BSFT and BSFT Engagement. 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. (Study results are presented in the *Outcomes* section.)

PROGRAM 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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Information on costs, materials, and ongoing technical assistance can be obtained from:

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RECOGNITION

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

Presidential Award—Society for Prevention Research

Research Award—Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services