An evidence-based practice: Brief Strategic Family Therapy® (BSFT®) Model

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Introduction
What is Brief Strategic Family Therapy?

- Brief Strategic Family Therapy (BSFT) is a short-term, structured, problem-focused, and practical approach to intervention and treatment that targets families in which youth (6-17 y/o) engage in clusters of risk-taking or problematic behaviors, including drug and alcohol use, delinquency, affiliation with antisocial peers, and unsafe sexual activity, and the accompanying maladaptive family interactions (relations).
- Is an evidence-based modality for indicated populations, developed over 35 years of research at the Center For Family Studies of the University of Miami.
• BSFT successfully reduces behavioral problems in adolescent and strengthens their families while provides the tools to overcome individual and family problems.

• It reduces risk and increases protection against adolescent drug use through:
  1) focused interventions to improve maladaptive patterns of family interaction
  2) skill building strategies to strengthen families

• It operates based on the premise that families are the strongest and most enduring force in the development of children and adolescents.

Introduction (continued)

Why BSFT?

• BSFT is an intervention that targets self-sustaining changes in the family environment of the adolescent. That means that the treatment environment is built into the adolescent's daily family life.

• Can be implemented in approximately 8 to 24 sessions (it is brief)

• Has been extensively evaluated for more than 25 years and has been found to be efficacious in treating adolescent drug abuse, conduct problems, associations with antisocial peers, and impaired family functioning.

• Is “manualized,” for training therapists.
Why BSFT?

- By working with families, BSFT not only decreases youth problems, but also creates better functioning families (Santisteban et al., 2003).
- Because changes are brought about in family patterns of interactions, these changes in family functioning are more likely to last after treatment has ended, because multiple family members have changed the way they behave with each other.

Why BSFT?

- The BSFT was formulated as an integrative model that combines structural and strategic family therapy techniques to address systemic/relational (primarily family) interactions that are associated with adolescent problem behaviors.
- The integration of structural and strategic approaches to family therapy led to develop a treatment that is problem focused, planful, and practical—focusing primarily on identifying and enacting the changes necessary to ameliorate the adolescent’s presenting problems.
BSFT

- BSFT is a flexible approach that can be adapted to a broad range of family situations in a variety of service settings (e.g., mental health clinics, drug abuse treatment programs, and other social service settings).
- It can be applied in a variety of treatment modalities (outpatient intervention, in combination with residential or day treatment, and as an aftercare/continuing care service to residential treatment).
- Appeals to cultural groups that emphasize family and interpersonal relationships.

Goals of Brief Strategic Family Therapy

- 1) Changing family dynamics - to eliminate or reduce the adolescent’s problem behaviors, such as drug use and other risk-taking behaviors.
- 2) To change the family patterns of interactions that are associated (they might cause or reinforce) with the adolescent’s problem behaviors.
Conceptual influences on the evolution of BSFT

- Systems/Communication theory- family as an organic whole
- Structural/interactional family therapy – the family structure offers a map according to which the family interacts.
- Strategic family therapy – is problem focused. Specific interventions are designed to address specific diagnosed structural problems.
- Social Ecological Theory – it treats the adolescent in the context of his/her family and of the family in its social context.

Conceptual influences on the evolution of BSFT

- Cognitive Behavior theory – it emphasizes in the way families are perceiving (seeing) the problem.
- Affective component – utilizing emotions and their expression pragmatically, in the service of changing behavioral patterns and reconnecting family members to each other in a positive way.
Three core principles in BSFT

• The first is that BSFT is a family-systems approach. "Family systems" means that family members are interdependent. The experiences and behavior of each family member affect the experiences and behavior of other family members.

• According to family systems theory, the drug-using adolescent is a family member who displays symptoms, including drug use and related co-occurring problem behaviors. As such, the adolescent’s behaviour can be said to reflect maladaptive family interactions. These symptoms are indicative, at least in part, of what else is going on in the family system.

Three core principles in BSFT

• The second BSFT principle is that habitual or repetitive patterns of interaction in the family influence the behavior of each family member. Patterns of interaction are defined as the sequential behaviors among family members that become habitual and repeat over time.

• The third principle of BSFT is to plan interventions that are carefully designed to provide practical ways to change targeted patterns of interaction that are directly linked to the adolescent’s drug use and other problem behaviors. That is, to target these repetitive maladaptive patterns of family interactions, while strengthening adaptive patterns of interaction that will achieve the caregivers’ goal of reducing the adolescent’s problematic and risky behavior.
BSFT interventions are organized into four theoretically and empirically supported domains

(Robbins et al., 2011a; Szapocznik & Kurtines, 1989).

• **Joining** - intended to establish a therapeutic alliance with each family member and with the family as a whole. Joining requires that the therapist demonstrate acceptance of and respect toward each individual family member, as well as acceptance of and respect toward the way in which the family as a whole is organized.

• **Tracking and Diagnostic Enactment** interventions—designed to systematically identify adaptive and maladaptive family patterns of interactions, and to use these patterns of interactions to build a treatment plan. A core feature is that the therapist encourages family members to behave as they would if the counsellor were not present.

• **Reframing** interventions are utilized to reduce negative affect in family interactions while creating a motivational context for change. Because reframing by promoting constructive interactions creates a motivational context for change, it serves as a natural springboard for…
BSFT interventions are organized into four theoretically and empirically supported domains

- **Restructuring** interventions that transform family relations from problematic to effective and mutually supportive. Such restructuring interventions include:
  (a) Directing, redirecting, or blocking communication,
  (b) changing family alliances, (c) helping families to develop conflict resolution skills, (d) developing effective behavior management and conflict resolution skills, and (e) fostering positive parenting and parental leadership skills.

Basic concepts of BSFT

- **Context** – Family (Brofenbrenner, 1986), Peers, Neighborhood, Culture, Counseling.
- **Systems** – Family are systems with interdependent and interrelated parts. Family influences may be experienced as an “invisible force”, shaping the behavior of its members (with rules, expectations, alliances).
- **Structure** – Patterns of family interaction are the habitual and repeated behaviors family members engage in with each other.
Basic concepts of BSFT

- Strategy - BSFT interventions are strategic (Haley 1976, Madanes 1981) in that they are practical, problem-focused, and planned.
  1) Practical - uses strategies that work quickly and effectively.
  2) Problem-Focused - works to change maladaptive interactions or to augment existing adaptive interactions (i.e., when family members interact effectively with one another) that are directly related to the presenting problem (e.g., adolescent drug use).

- Content versus Process – instead of working with what (content) the family is talking (or analyzing) about, BSFT works with how (process) they are interacting; like the degree to which family members listen to, support, interrupt, undermine, and express emotion to one another.

- Planned - In BSFT, the counselor plans the overall counseling strategy and the strategy for each session in a clear and well-organized way.
Diagnosis in BSFT

- Diagnoses are made on the dimensions of organization (e.g., hierarchy, patterns of alliances between/among family members), resonance (extent of emotional closeness or distance between specific family members), developmental stage (age-appropriateness of family roles), life context (conditions affecting the lives of the family or its members, such as divorces, deaths, crime-ridden neighborhoods, etc.), identified patient hood (the extent to which a single family member is "blamed" for all of the family's problems), and conflict-resolution style.

Outcome studies

- BSFT has been found to be efficacious in treating adolescent drug abuse, conduct problems, associations with antisocial peers, and impaired family functioning.
- Randomized clinical trials evaluating the efficacy and effectiveness of the model, and identifying specific therapist behaviors that are associated with the most favourable adolescent and family outcomes.
- BSFT is one of the "model programs" of the United States Department of Health and Human Services and is included in the National Registry of Evidence-Based Programs and Practices.
Outcome studies

- Although the initial studies were conducted with Hispanic (Cuban) families in Miami, BSFT effectiveness research has suggested that the model is equally applicable to African Americans, Hispanic Americans, and White Americans (Robbins et al., 2011b), and the model is currently being used broadly with a variety of populations in the United States and several countries in Europe.

Efficacy studies

- 2 Randomized control studies – one study found BSFT more efficacious than individual psychodynamic child therapy and a recreational placebo/control condition after one year of treatment follow-up.
- On a second study, BSFT was more effective than group psychotherapy for Hispanic adolescents (Cuban and other countries). The BSFT condition was significantly more efficacious than group counselling in reducing conduct problems, associations with antisocial peers, and marijuana use, and in improving observer ratings of family functioning (Santisteban et al., 2003).
**BSFT engagement**

- In a study with Hispanic adolescents conducted by Szapocznik et al., (1988), 93% (75% completed treatment) of the families in the BSFT engagement and 42% (25% completed treatment) of the families in the engagement-as-usual condition, showed treatment engagement (defined as all family members in the household attending an admission session).
- In a study by Santisteban et al. (1996), families were randomly assigned to a BSFT engagement or engagement control (no specialized engagement) condition. In the BSFT engagement condition, 81% of families were successfully engaged (defined as attending an intake and a first therapy session), compared with 60% of the families in the engagement control condition.

**Conclusion**

**BSFT** is an Evidence-Based model for working with adolescent drug and conduct related problems and their families. Implementing the model in community settings will provide therapists with an effective tool to increase family involvement in therapy, increase retention, reduce adolescent drug use and related risk-taking behaviors, and reconfigure family interactions to support healthy development.
References


References

References


