Brief Strategic Family Therapy

Date of Review: April 2008

Brief Strategic Family Therapy (BSFT) is designed to (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school. BSFT is typically delivered in 12-16 family sessions but may be delivered in as few as 8 or as many as 24 sessions, depending on the severity of the communication and management problems within the family. Sessions are conducted at locations that are convenient to the family, including the family's home in some cases. Hispanic families have been the principal recipients of BSFT, but African American families have also participated in the intervention.

BSFT considers adolescent symptomatology to be rooted in maladaptive family interactions, inappropriate family alliances, overly rigid or permeable family boundaries, and parents' tendency to believe that a single individual (usually the adolescent) is responsible for the family's troubles. BSFT operates according to the assumption that transforming how the family functions will help improve the teen's presenting problem. BSFT's therapeutic techniques fall into three categories: joining, diagnosing, and restructuring. The therapist initially "joins" the family by encouraging family members to behave in their normal fashion. The therapist then diagnoses repetitive patterns of family interactions. Restructuring refers to the change-producing strategies that the therapist uses to promote new, more adaptive patterns of interaction.

Descriptive Information

| Areas of Interest | Mental health promotion  
|                  | Mental health treatment  
|                  | Substance abuse prevention  
|                  | Substance abuse treatment  

| Outcomes | 1: Engagement in therapy  
|          | 2: Conduct problems  
|          | 3: Socialized aggression (delinquency in the company of peers)  
|          | 4: Substance use  
|          | 5: Family functioning  

| Outcome Categories | Drugs  
|                   | Family/relationships  
|                   | Mental health  
|                   | Social functioning  
|                   | Treatment/recovery  
|                   | Violence  

| Ages | 6-12 (Childhood)  
|      | 13-17 (Adolescent)  

| Genders | Male  
|        | Female  

| Races/Ethnicities | Black or African American  
|                   | Hispanic or Latino  

| Settings | Outpatient  
|         | Home  

| Geographic Locations | Urban  

| Implementation | BSFT has been in use and under continual development for approximately 30 years. It has been implemented at  

Outcomes

### Outcome 1: Engagement in therapy

**Description of Measures**
Engagement was defined as attendance by the adolescent and at least one adult family member at the intake session and one therapy session within a 4-week period following initial contact.

**Key Findings**
In one study, families who received BSFT were significantly more engaged in therapy than families in the comparison groups, who received standard family therapy or standard group therapy ($p < .006$). Two other studies resulted in similar findings, with families receiving BSFT being significantly more engaged in therapy than control families receiving individual and family therapy ($p < .05$) and control families receiving standard family therapy ($p < .0001$), respectively.

**Studies Measuring Outcome**
Study 1, Study 4, Study 6

**Study Designs**
Experimental

**Quality of Research Rating**
3.4 (0.0-4.0 scale)

### Outcome 2: Conduct problems

**Description of Measures**
Conduct problems were measured using the Conduct Disorder subscale of the Revised Behavior Problem Checklist (RBPC). The subscale consists of 22 items that focus on physical aggression, difficulty controlling anger, open disobedience, defiance, and oppositionality. For each adolescent, an informed observer, such as a parent or guardian, rated the severity of each behavior on a 3-point scale (0 = no problem, 1 = mild problem, 2 = severe problem).

**Key Findings**
In one study, adolescents who participated in BSFT showed a significantly greater reduction in conduct problems than adolescents in the comparison condition, who received a participatory-learning group intervention ($p < .01$). In another study, adolescents receiving BSFT showed a significant reduction in conduct problems ($p < .001$).

**Studies Measuring Outcome**
Study 2, Study 3

**Study Designs**
Experimental, Preexperimental

**Quality of Research Rating**
3.4 (0.0-4.0 scale)

### Outcome 3: Socialized aggression (delinquency in the company of peers)

**Description of Measures**
The Socialized Aggression subscale of the RBPC was used to assess adolescents’ delinquent behaviors in the company of peers. The subscale consists of 17 items that focus on conduct-
disordered behaviors in the company of others, including substance use, truancy from school, gang membership, stealing, and lying. For each adolescent, an informed observer, such as a parent or guardian, rated the severity of each behavior on a 3-point scale (0 = no problem, 1 = mild problem, 2 = severe problem).

### Key Findings

In one study, adolescents who participated in BSFT showed a significantly greater reduction in socialized aggression than adolescents in the comparison condition, who received a participatory-learning group intervention (p < .01). In another study, adolescents receiving BSFT showed a significant reduction in socialized aggression (p < .001).

### Studies Measuring Outcome
- **Study 2**, **Study 3**

### Study Designs
- Experimental, Preexperimental

### Quality of Research Rating
- 3.4 (0.0-4.0 scale)

### Outcome 4: Substance use

#### Description of Measures
Alcohol and other drug use was measured using the following instruments:

- Items from the Addiction Severity Index (ASI) measuring the number of days respondents used various drugs during the month prior to assessment
- The Alcohol and Drug Use scale of the Adolescent Drug Abuse Diagnosis (ADAD), a 150-item structured interview instrument with a 10-point severity rating for each of nine life problem areas
- The Drug Use subscale of the Adolescents' Risk-taking Behavior Scale (ARBS), with scores ranging from 0 to 4 on each scale, 4 indicating the most marked risk-taking behavior

#### Key Findings
In one study, adolescents who participated in BSFT showed significantly greater reductions in marijuana use than adolescents in the comparison group, who received a participatory-learning group intervention (p < .05). In another study, adolescents receiving BSFT showed a significant reduction in overall substance use (p < .05). In a third study, adolescent girls who participated in BSFT showed significantly greater reductions in substance use at posttest (p < .001) and at the 1-year follow-up (p < .05) than adolescent girls in the comparison group, who received an intervention consisting of structural, detailed question sessions.

### Studies Measuring Outcome
- **Study 2**, **Study 3**, **Study 7**

### Study Designs
- Experimental, Preexperimental

### Quality of Research Rating
- 3.0 (0.0-4.0 scale)

### Outcome 5: Family functioning

#### Description of Measures
Family functioning was measured using the following instruments:

- The adolescent- and parent-reported Cohesion and Conflict scales from the Family Environment Scale (FES). The Cohesion scale measures the extent to which the adolescent and parent view the family as harmonious and close. The Conflict scale measures the extent to which the adolescent and parent view the family as characterized by frequency of quarrels and disagreements.
- The General Scale of the Family Assessment Measure, which consists of 50 items focusing on the family as a system and provides an overall score of family functioning, rated by any member of the family.
- The Structural Family Systems Rating (SFSR), a measure of family interactions as reported by an observer (i.e., a clinical psychologist or other trained staff). It consists of five scales: structure (the family’s organizational system and flow of communication), resonance (closeness, distance, and boundaries between family members), developmental stage (age appropriateness of family members' behaviors), identified patienthood (the extent to which a family member, usually the adolescent, is labeled as the family’s "problem"), and conflict resolution (the extent to which the family is able to resolve differences of opinion).

#### Key Findings
In one study, adolescents who participated in BSFT reported significantly better family functioning on the FES Cohesion scale than adolescents in the comparison group, who received a participatory-
Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Study 2

Study 3

Study 4

Study 5

Study 6

Study 7

Quality of Research Ratings by Criteria (0.0-4.0 scale)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Reliability of Measures</th>
<th>Validity of Measures</th>
<th>Fidelity</th>
<th>Missing Data/Attrition</th>
<th>Confounding Variables</th>
<th>Data Analysis</th>
<th>Overall Rating</th>
</tr>
</thead>
</table>
Study Strengths
Most of the studies were well designed and involved random assignment of subjects to the study conditions. Attrition was minimal, and there were few compelling confounding variables that could reasonably account for the overall positive pattern of findings. For most of the studies, the investigators sufficiently addressed the psychometric properties of the measures, the analyses, and the study limitations.

Study Weaknesses
Results might have been more compelling if the authors had used an intent-to-treat model and more sophisticated methods to document engagement strategies. One of the studies used a weak design. Another study did not provide enough detail regarding the psychometric properties of the instruments or the fidelity of implementation.

Study Populations
The studies reviewed for this intervention included the following populations, as reported by the study authors.

<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>6-12 (Childhood) 13-17 (Adolescent)</td>
<td>70% Male 30% Female</td>
<td>100% Hispanic or Latino</td>
</tr>
<tr>
<td>Study 2</td>
<td>6-12 (Childhood) 13-17 (Adolescent)</td>
<td>75% Male 25% Female</td>
<td>100% Hispanic or Latino</td>
</tr>
<tr>
<td>Study 3</td>
<td>6-12 (Childhood) 13-17 (Adolescent)</td>
<td>66.4% Male 33.6% Female</td>
<td>84.4% Hispanic or Latino 15.6% Black or African American</td>
</tr>
<tr>
<td>Study 4</td>
<td>6-12 (Childhood) 13-17 (Adolescent)</td>
<td>75% Male 25% Female</td>
<td>76% Hispanic or Latino 24% Black or African American</td>
</tr>
<tr>
<td>Study 5</td>
<td>6-12 (Childhood)</td>
<td>100% Male</td>
<td>100% Hispanic or Latino</td>
</tr>
<tr>
<td>Study 6</td>
<td>6-12 (Childhood) 13-17 (Adolescent)</td>
<td>67% Male 33% Female</td>
<td>100% Hispanic or Latino</td>
</tr>
<tr>
<td>Study 7</td>
<td>13-17 (Adolescent)</td>
<td>100% Female</td>
<td>Data not reported/available</td>
</tr>
</tbody>
</table>

Readiness for Dissemination
The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials
BSFT for Adolescents--Adherence Form (ADH), Version 2.15
BSFT for Adolescents--Clinical Supervision Checklist (CSC), Version 2.15
BSFT for Adolescents--Overall Supervision Evaluation Checklist (OSC), Version 2.15
BSFT for Adolescents--Videotape Certification Rating Checklist (VRC), Version 2.15


**Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)**

<table>
<thead>
<tr>
<th>Implementation Materials</th>
<th>Training and Support</th>
<th>Quality Assurance</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3</td>
<td>3.0</td>
<td>3.5</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Dissemination Strengths**
The clinical manual presents a clear theoretical and conceptual base for understanding the clinical components and sequencing of intervention phases. Guidance is provided for using the intervention with diverse and complex family systems. A detailed training curriculum is provided and is supplemented by ongoing weekly clinical supervision to support implementation. Four highly detailed instruments with manuals are available to document clinician competency.

**Dissemination Weaknesses**
The intensive supervision and clinical consultation components necessitate additional guidance for assessing and bolstering organizational readiness for implementation. The required level and sequence of training is unclear. The training manual is very dense, and its content and sequencing do not clearly correspond with training slides. It is unclear who administers some quality assurance instruments. No guidance is provided to implementers for clinical outcomes measurement.

**Costs**
The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
<th>Required by Program Developer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing fee</td>
<td>$4,000 per site per year</td>
<td>Yes</td>
</tr>
<tr>
<td>Three 3-day, on-site staff training workshops (includes program manuals and handouts)</td>
<td>$16,200 per site for a team of four therapist trainers</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual 2-day booster workshop</td>
<td>$5,000 per site plus travel expenses</td>
<td>Yes</td>
</tr>
<tr>
<td>Site readiness assessment</td>
<td>$5,000 per site plus travel expenses</td>
<td>Yes</td>
</tr>
<tr>
<td>Supervision package</td>
<td>$15,600 per site</td>
<td>Yes</td>
</tr>
<tr>
<td>Monthly supervisory consultation</td>
<td>$7,200 per site per year</td>
<td>Yes</td>
</tr>
<tr>
<td>Quarterly fidelity ratings</td>
<td>$2,400 per year</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Replications**
Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

engaging youth and families into treatment and some variables that may contribute to differential effectiveness. Journal of Family Psychology, 10, 35-44.

**Contacts**

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The NREPP review of this intervention was funded by the [Center for Substance Abuse Prevention (CSAP)](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=151).

This PDF was generated from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=151 on 7/14/2011