Brief Strategic Family Therapy

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MILLER | SCHOOL OF MEDICINE
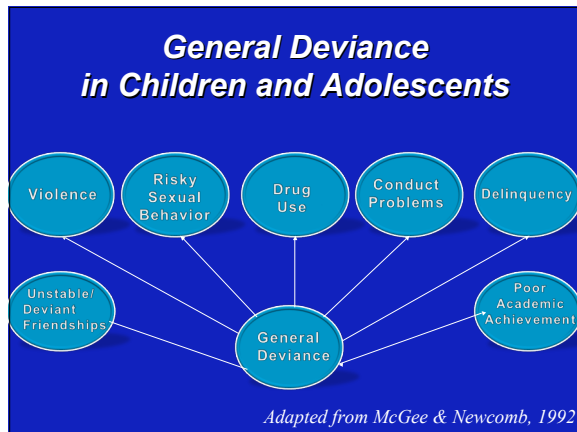UNIVERSITY OF MIAMI

BSFT™ Change Objectives

- Reduce adolescent problem behaviors
  - Drug use
  - Delinquency in the company of peers
  - Conduct disorder
- Replace maladaptive family interactions adaptive interactions
  - Parental Leadership
  - Family Conflict and Conflict Resolution
  - Over- or Under- Involvement
  - Engagement
- Engagement of hard to reach adolescents and their families

Evolution of BSFT™
Empirically Validated Approach

Developed with:

- Minority youth with co-occurring disorders
- Clinics in the community
- Therapists from community agencies
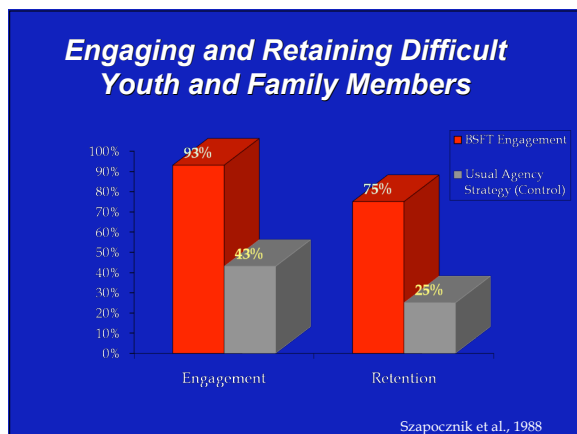- Interplay of theory, research, and practice

**General Deviance
in Children and Adolescents**

Violence

Risky Sexual Behavior

Drug Use

Conduct Problems

Delinquency

Unstable/ Deviant Friendships

General Deviance

Poor Academic Achievement

Adapted from McGee & Newcomb, 1992

Comparing
**BSFT with Specialized
Engagement Procedures to
BSFT with Engagement
as Usual**

Randomized Trial

Szapocznik et al. (1988)

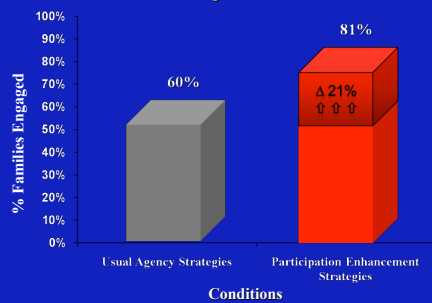**funded by the National Institute on Drug Abuse**

**Engaging and Retaining Difficult
Youth and Family Members**

■ BSFT Engagement

■ Usual Agency Strategy (Control)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

93%

43%

75%

25%

Engagement   Retention

Szapocznik et al., 1988

**Engagement Findings Replicated
in a second controlled study**

Santisteban et al. (1996)
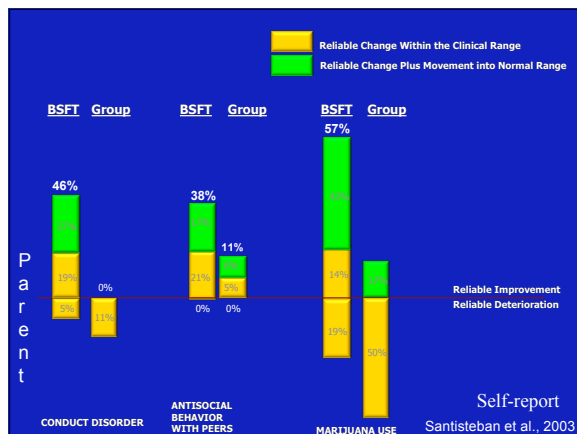

**Engaging Difficult Youth and
Family Members**

Santisteban et al. (1996)

Comparing
**Brief Strategic Family
Therapy and
Group Counseling**

Randomized Trial

Santisteban, et al (2003)

Reliable Change Within the Clinical Range
Reliable Change Plus Movement into Normal Range

BSFT Group   BSFT Group   BSFT Group

57%

46%   38%
                      11%

19%   21%   5%   14%
5%   0%   0%   19%
11%   50%

Reliable Improvement
Reliable Deterioration

Parent

CONDUCT DISORDER   ANTISOCIAL BEHAVIOR WITH PEERS   MARIJUANA USE

Self-report
Santisteban et al., 2003

Impact of Family Therapy and Group Counseling on Family Functioning

Family Functioning

Family Therapy

Group Counseling

Intake   Termination

Poor family functioning at admission

Family Functioning

Family Therapy

Group Counseling

Intake   Termination

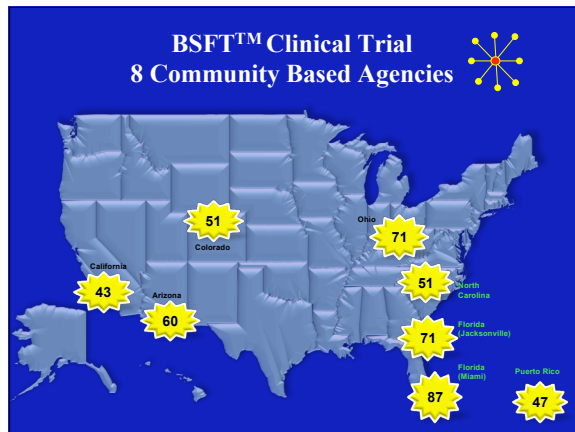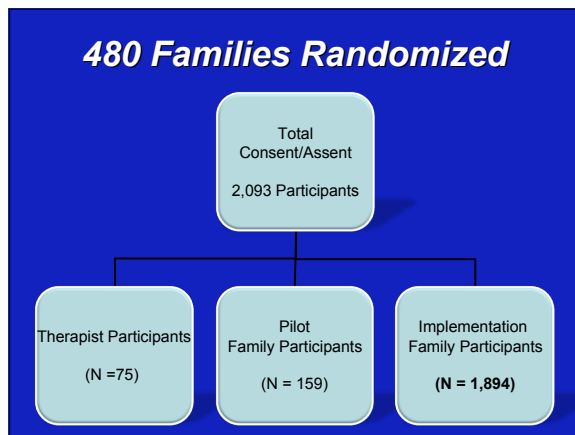**Good family functioning at admission**

Santisteban et al., 2003

Examining the Effectiveness of BSFT versus Treatment as Usual with Drug Abusing Adolescents

Randomized Trial

Robbins & Szapocznik (in progress)

BSFT™ Clinical Trial
8 Community Based Agencies

480 Families Randomized

Total Consent/Assent

2,093 Participants

Therapist Participants

(N = 75)

Pilot Family Participants

(N = 159)

Implementation Family Participants

(N = 1,894)

BSFT™ Treatment Philosophy

➢ Adolescent symptoms are best understood and changed by focusing on the context in which they occur

A System approach suggests that:

SYMPTOMS *Occur in a* CONTEXT

City

Neighborhood

Family

Individual

Drugs

Symptoms (e.g., substance abuse) do not occur in a vacuum

BSFT™
A Systems Approach

➢ Systems Theory
  ➢ holistic
  ➢ circularity
  ➢ feedback loops
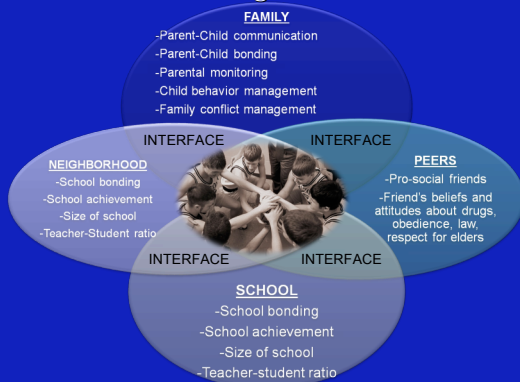 ➢ systemic homeostasis

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Systems Theory

➢ Family as a set of interlocking puzzle pieces
➢ If one piece changes, others have to change or reorganize to come together as one picture
➢ The behaviors of one part of the system are complemented, allowed, facilitated or "fit in" with the behaviors of other parts of the system

System = Comprised of components that are interrelated and interdependent

Structural / Interactional Theory

➤ The family system operates through repetitive patterns of interactions (Structure)
➤ The focus of the intervention is to change dysfunctional repetitive patterns of interactions along structural dimensions
➤ Emphasis is on the distribution of power in the family boundaries between persons and subsystems, and between the family and the outside world

Social Ecological Context

FAMILY
-Parent-Child communication
-Parent-Child bonding
-Parental monitoring
-Child behavior management
-Family conflict management

INTERFACE   INTERFACE

NEIGHBORHOOD
-School bonding
-School achievement
-Size of school
-Teacher-Student ratio

PEERS
-Pro-social friends
-Friend's beliefs and attitudes about drugs, obedience, law, respect for elders

INTERFACE   INTERFACE

SCHOOL
-School bonding
-School achievement
-Size of school
-Teacher-student ratio

STRATEGIC FOCUS

➤Practical
  ➤Tailored to the characteristics of each family
➤Problem focused:
  ➤Interventions directly address patterns of interaction most closely related to the presenting problem
➤ Planned:
  ➤Interventions are intentional and directive (immediate, intermediate, and end of session outcomes)

(Erickson, Haley)

Cognitive Behavioral Focus

➢ Interventions modify family members' views of themselves, other family members, and their interactions to create a motivational context

➢ Facilitating motivation requires a systematic "relational" focus

➢ Shifts in views can accelerate positive interactions and interrupt negative interactions

Preparing the Terrain

JOINING = GETTING INTO THE FAMILY IS A RELATIONAL AND POLITICAL PROCESS

Hurdles to overcome:
➢ Guilty, anxious and defensive family members
➢ Expect criticism
➢ Outnumber the therapist
➢ Have long-standing rules
➢ Set to resist, not to cooperate
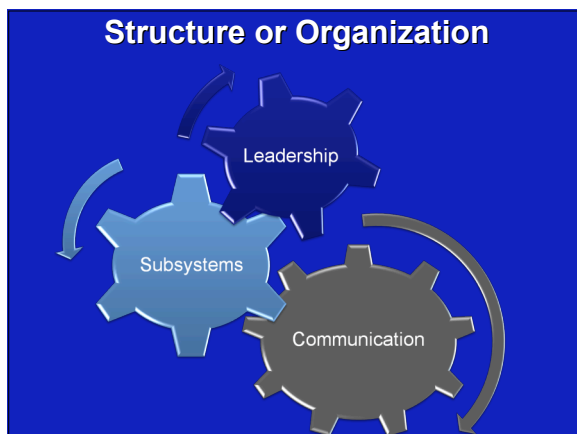
Keys in the Joining Process

- Maintain a relational focus
- Be supportive to all
- Offer validating statements
- Be empathic to everyone
- Convey respect to every member
- Be open to different frames (definitions) of the problem
- Do **not** challenge (persons or the family system)
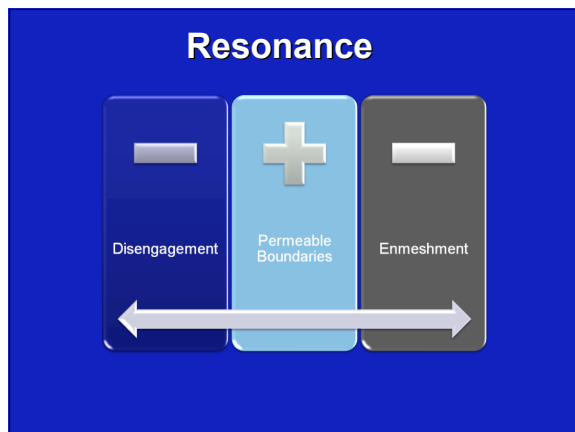 - Accommodate to and maintain the system to join as a member and leader

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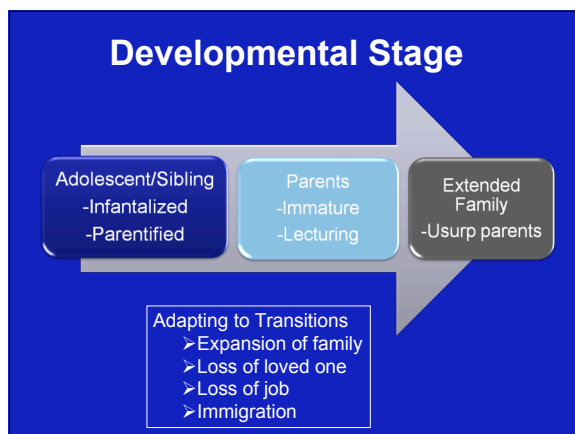# Understanding How Families Work

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Goal is to identify which family interactions are responsible for giving rise to or maintaining dysfunctional structures
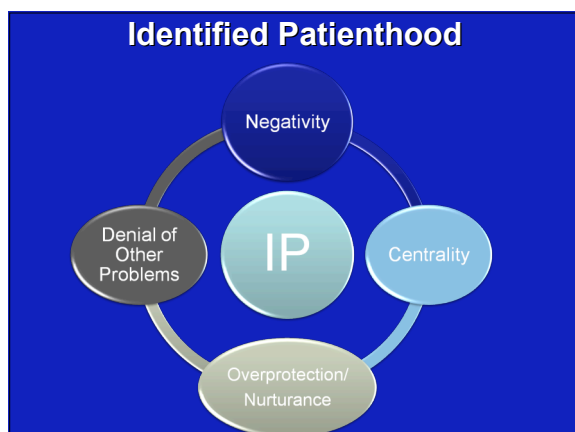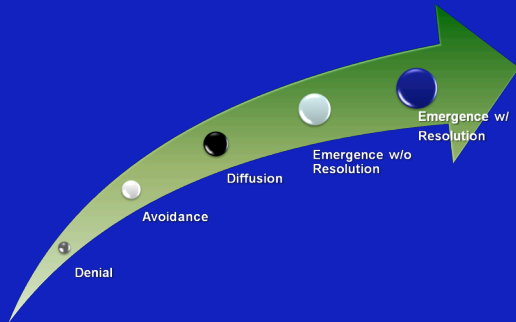
The *BSFT*^{TM} Diagnostic Dimensions

Organization

Resonance *IP-hood*

Developmental Stage *Conflict Resolution*

Structure or Organization

Leadership

Subsystems

Communication

Resonance

Disengagement	Permeable Boundaries	Enmeshment
−	+	−

Developmental Stage

Adolescent/Sibling
-Infantalized
-Parentified

Parents
-Immature
-Lecturing

Extended Family
-Usurp parents

Adapting to Transitions
➤Expansion of family
➤Loss of loved one
➤Loss of job
➤Immigration

Identified Patienthood

- Negativity
- Denial of Other Problems
- IP
- Centrality
- Overprotection/Nurturance

Conflict Resolution

Emergence w/ Resolution

Emergence w/o Resolution

Diffusion

Avoidance

Denial

ORCHESTRATING CHANGE

Change Sequence

Joining → Track/Elicit → Enactment → Diagnosis

Highlight
Assign Tasks
Shift Boundaries
& Alliances

Restructuring ← Track/Elicit ← Treatment Plan
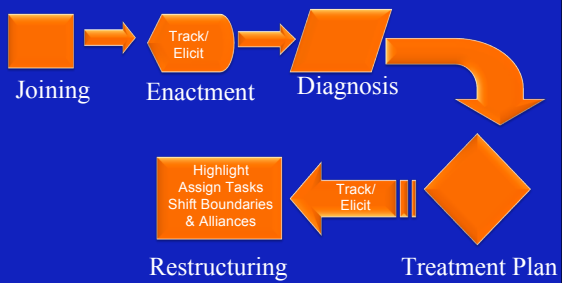
RESTRUCTURING TECHNIQUES

➢ Highlighting
➢ Creating context for change
➢ Reversals (blocking transactions)
➢ Working with boundaries
➢ De-triangulating
➢ Tasks (in session and homework)

Highlighting
Intensifying Transactions

➢Word choice
➢Tone
➢Affect
➢Duration
➢Repetition
➢Volume
➢Use of Distance

Creating a Context for Change

➢ Changing behaviors requires selling a new frame AND disrupting established sequences
➢ Conserve alliances while covertly challenging family organizations (validation, selectively attend to positive behaviors)
➢ Reduce negativity that typically accompanies the presenting problem(s)
➢ Create new "frame" consistent with and conducive to the new interactions that are being elicited
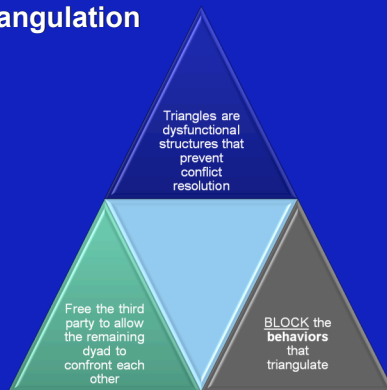
Working with Boundaries

To Dissolve:
- Distance – separate
- Enhance difference
- Involve w/others
- Uncover implicit conflict
- Bring in other people

To Create/Strengthen:
- Join to each other
- Enhance similarities
- Give joint tasks
- Make contracts
- Separate others

De-triangulation

Triangles are dysfunctional structures that prevent conflict resolution

Free the third party to allow the remaining dyad to confront each other

BLOCK the **behaviors** that triangulate

INNOVATIONS IN THE BSFT™ TRAINING PROGRAM

For 20 years BSFT ™ therapists have been trained with generous support from:
- Local and State funding
- Federal Grants
- Private foundations

Where We Have Trained

Cities in the United States

Countries in the World

The Training Process

➤ The standard BSFT ™ training package consists of:
➤ Four 3 day interactive workshops
➤ Weekly supervision of therapists' DVDs by phone or video conferencing
➤ Supervision for 6-8 months depending on therapists' ability to see families regularly
➤ Training of an on site supervisor

Role of the BSFT ™ On Site Supervisor

➤ Provide leadership over the activities of the BSFT™ Team
➤ After the initial training phase, provide weekly supervision to the team
➤ Meet with the BSFT ™ Trainer weekly for ongoing guidance on maintaining team adherence to the model

Sustainability Requirements

BSFT™ agencies are supported to maintain competency of their therapists through:

➤ Ongoing supervision by the BSFT™ on site supervisor
➤ Monthly adherence ratings completed on therapists' DVDs completed by BSFT™ Training Institute
➤ Booster workshops

BSFT™ Training Institute offers agencies:

➢ The opportunity to demonstrate to funding sources their commitment to sustain BSFT™

➢ Ongoing support from the BSFT™ Training Institute

➢ Justification for support to newly trained BSFT™ therapists such as higher salaries, to increase their motivation to stay at their agency

➢ A plan for loss of trained staff