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The Effectiveness of Brief Strategic Family Therapy With At-Risk African American Adolescents

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Abstract

Adolescence can be a difficult time with numerous changes and struggles with identify formation. Racial identity struggles and the need to be part of a group can lead to negative behaviors. Guiding adolescents successfully through the adolescent stage requires a family environment where there are solid boundaries and mutual respect. When problems arise, it can be beneficial to involve the entire family in the treatment process. Brief Strategic Family Therapy (BSFT) can assist in creating changes in the environment for at-risk youth that encourage successful navigation through these years. In this study, high risk African American youth and their families received 12 weeks of treatment using BSFT. A survey was administered prior to treatment and at the end of treatment. A pretest/posttest design was used to examine if significant changes occurred in behavior patterns. There were several areas in which significant changes were noted. In reviewing the changes, one can see the benefits of using an intervention such as BSFT. However, additional research is needed to determine if changes can be sustained beyond the adolescent years.

Introduction

The idea behind family theory is simple. If any one part of a system changes it impacts the entire system. Family therapy has been used in order to assist individuals with a wide range of problems. The involvement of the family is often of paramount importance in terms of reinforcing positive behavioral and cognitive changes. This is perhaps even more important when the identified patient is an adolescent.

Family relationships play an important role in adolescent development and behaviors (Robinson, Power, & Allen, 2011). Given the challenges of raising children, violence and behavior problems of youth have become staggering especially among lower income and at-risk families. According to Szapocznik, Swarts, Muir, and Brown

(2012), families may tend to act in ways that may promote or encourage negative behaviors in adolescents such as skipping classes, bullying, drug use, and promiscuity. Early intervention may be of paramount importance in assisting youth in making positive behavior changes. The role the family plays in assisting youth with behavioral and drug problems cannot be overlooked or ignored. Thus, family interventions are needed to address these behaviors.

Brief Strategic Family Therapy

Brief strategic family therapy (BSFT) has been used for over 25 years to assist at-risk children, adolescents, and families. It was developed in the 1970s to address the needs of Hispanic families in Miami. It was later used with African American families and has been used effectively to treat conduct disorders and substance abuse issues (Henggeler & Sheidow, 2012). The treatment is about four months in length and includes a problem solving component (Henggeler & Sheidow, 2012). The model was designed to help children and adolescents who exhibit symptoms of conduct disorder such as skipping school, bullying, and drug use. In fact, BSFT is one of four modalities developed which recognized the need for family involvement with improving a child's behavior and mental health (Radohl, 2011). By involving the family in treatment, counselors are able to help the parents make changes and reinforce behaviors. This is one factor that has contributed to the success of BSFT.

The success of BSFT in assisting adolescents has been documented in numerous studies. In one study, BSFT was used with males who had exhibited aggressive and bullying behaviors. Seventy two participants were involved in the study and 36 were assigned to the BSFT group with 36 assigned to the control group. On numerous instruments regarding anger, interpersonal skills and bullying, there was significant improvement in the behaviors of participants upon completing 12 weeks of BSFT (Nickel et al., 2006). Thus, the use of family therapy such as BSFT has been beneficial in assisting to reduce negative and offending behaviors (Radohl, 2011). BSFT is one intervention that can be used with at-risk youth and the positive impact has been supported by research.

BSFT and At-Risk Minority Youth

The need for interventions for African American youth is evident in the current trends regarding the juvenile justice system. In 2005, African American youth were five times more likely to be arrested for violent crime than White youth (Henggeler & Sheidow, 2012). Interventions need to focus on cultural factors in order to be effective in having an impact. Focusing on interventions that work with minority youth who are at risk is critical for family therapists to be able to be effective agents of change. Communication and improving parenting skills are areas that are essential for this to be accomplished and a focus of BSFT (Henggeler & Sheidow, 2012). Additionally, it is not uncommon for families with at-risk youth to have issues related to family conflict, inadequate parental monitoring, inconsistent parenting and inadequate support, which impacts the behavior problems seen in adolescents (Santistenban, Suzrez-Morales,

Robbins, & Szapocznik, 2006). BSFT attempts to address these issues in a holistic fashion, and this may contribute to its success.

Baldwin, Christian, Berkeljon, and Shadish (2012) found BSFT to be more effective in treating delinquent at-risk youth than traditional therapy. Also, with minority families, the importance and respect for the family is considered a major factor. With this population "the behavior is best understood in the social context in which it occurs" (Szapocznik & Williams, 2000, p. 118). In fact, studies have suggested that a family therapy approach that utilized both structural and systems theory is well suited to assist minority families. BSFT has three central constructs in assisting families. It focuses on systems, patterns of how individual members of the family interact, and strategy (Szapocznik & Williams, 2000). Given the reluctance of children and adolescents to engage in therapy, this approach can be useful. In fact, numerous studies have indicated family approaches are more successful in assisting reluctant clients, and one of the major elements used in BSFT is the engagement of the family members and the view of behaviors as natural reactions rather than pathological responses (Santistenban et al., 2006). The success may be due in part to the changes in the family system that occur with BSFT in terms of communication patterns (Nickel et al., 2006). Communication has often been considered of paramount importance in relationships, and adolescents need to have solid relationships with parental figures to be successful.

Rationale for Study

Given the high number of minority youth involved with the juvenile justice system, interventions need to be reviewed to determine their effectiveness with at-risk youth. This study focused on minority individuals who had either been in trouble with the justice system or were determined to be at high risk based upon their current behaviors. Family involvement is essential for youth to be able to make positive changes, and environmental factors need to be considered. BSFT was selected as the intervention for this study because this treatment focuses on the entire family system and helping to encourage positive changes to that system including the individuals within the system. With BSFT an alliance is created by "joining with family members and the family unit, a strength-focused approach guides assessment and treatment planning, and restructuring (e.g., modifying alliances, adjusting boundaries, reframing problems) is used to alter the identified maladaptive interaction patterns in the family" (Henggeler & Sheidow, 2012, p.52). Part of the strength of BSFT is the practical problem solving component. The sessions are in a prescribed format with a focus on the strengths and needs of the family. The typical treatment is around four months with eight to 24 sessions depending upon the issues and needs of the family (Henggeler & Sheidow, 2012).

Participants

There were 71 participants with an average age of 15.5 enrolled in a program at a treatment center to address behavioral issues. Participants were African American males between the ages of 12 and 17 who exhibited behavior problems such as bullying, running away from home, petty theft, and disrespect toward adult authority figures. These youth were at risk of having severe legal problems and in some cases had already had interaction with law enforcement. The aim of the program was to prevent further

problems for the adolescents and to assist families in making positive changes. BSFT was used to assist the family in providing structure, support, and boundaries to mitigate negative behavior patterns.

Methods

Participants and their families attended BSFT sessions once a week to focus on negative behavior patterns for 12 weeks. Twelve weeks was selected since this is within the normal timeframe for BSFT to be effective. Henggeler and Sheidow, (2012) indicated that 12 to 16 weeks of treatment is the most common duration used. In order to determine if positive behavior changes occurred, a 25 question pretest was administered before therapy. The same test was administered at the completion of therapy; a simple pretest/posttest design was utilized. The pretest and posttest were completed by the parents or guardians of the identified patient. The questions were developed by the counselors conducting the intervention and approved by the center's IRB. Participants were informed that participation in the assessment and study was voluntary.

Results

Using the combined overall score, overall significance at the highest level was found. The alpha level for all pretest/posttest items was set at .05. Table 1 shows items that yielded significant results along with each item's mean, standard deviation, degrees of freedom, and level of significance.

Overall significance was found to be .000 with a mean of 7.118, standard deviation 3.72 and t of 7.883. This indicates and strongly implies that the intervention is effective in changing behavior patterns. In fact, .000 is the highest possible level of significance. Specific items that indicated significance were as follows:

1. Stays out late at night
3. Fights
4. Disobedient; difficult to control
6. Negative; tends to do the opposite of what is requested
7. Impertinent; talks back
8. Irritable, hot-tempered; easily angered
9. Argues, quarrels
17. Teases others
19. Not liked by others; is a loner because of aggressive behaviors

A change in item 1 indicated that identified clients are now keeping their curfew and beginning to respect authority. This respect for authority is also implied by a significant change in items 4, 6, and 7. Changes in item 3, 8, and 9 implied that identified clients are learning anger management techniques in addition to respect for not only adults but their peers as well. Changes in items 17 and 19 strongly indicated that participants were beginning to learn positive coping mechanisms and learning to make friends. It implied they are learning to find ways to fit into their peer group in a positive way without bullying, harassing, or teasing others. See Table 1 for a statistical analysis of individual items.

The overall goals of this intervention of reducing problematic behavior in youth and adolescents were met. The data indicated that the intervention was effective in assisting identified clients to make positive and meaningful changes in their behavior and

thought processes. Although not all items had a statistically significant change, several items as noted previously did indicate that changes occurred. This was supported by positive comments from the participants and their families. The questions and summary of responses using percentages on the pretest and posttest are below.

Table 1

Statistical Analysis of Individual Items

Question	Mean	Standard Deviation	SEM	t	df	Sig
1*	.353	.606	.147	2.400	16	.029
2	.118	.600	.146	.808	16	.431
3*	.647	.702	.170	3.801	16	.002
4*	.647	.702	.170	3.801	16	.002
5	.118	.485	.118	1.000	16	.332
6*	.412	.618	.150	2.746	16	.014
7*	.765	.664	.161	4.747	16	.000
8*	.529	.624	.151	3.497	16	.003
9*	.647	.786	.191	3.395	16	.004
11	.353	.702	.170	2.073	16	.055
12	.176	.636	.154	1.144	16	.269
13	.118	.485	.118	1.000	16	.332
14	.235	.664	.161	1.461	16	.163
15	.235	.562	.136	1.725	16	.104
16	.059	.429	.104	.566	16	.579
17*	.353	.493	.119	2.954	16	.009
18	.176	.809	.196	.899	16	.382
19*	.353	.606	.147	2.400	16	.029
20	.118	.332	.081	1.461	16	.163
21	.176	.728	.176	1.000	16	.332
22	.118	.600	.146	.808	16	.431
23	.059	.243	.059	1.000	16	.332
24	.294	.588	.143	2.063	16	.056
25	1.059	3.864	.937	1.130	16	.275

(Items marked with * indicate a significant change post intervention)

Limitations and Directions for Future Research

As with any study, there were some limitations. This study focused specifically on African American males. It would be beneficial to determine if this same 12 week intervention would be beneficial with female participants and participants from different racial and ethnic groups. Given the growing number of grandparents raising children, it would be beneficial to conduct a study comparing groups based on grandparents raising grandchildren and parents raising children to see if the results would differ. The intervention was limited in that it was only 12 sessions, yet significant gains were seen in behaviors. Future studies may need to focus on long-term improvement and determine if

improvements continue to be in place after a year or more post-intervention. Additionally, even though the participants remained out of legal trouble during the duration of the intervention, a follow-up to see if this was a lasting effect would have been beneficial.

Table 2

Survey Questions

1. Stays out late at night.		
	Pretest	Posttest
No Problem	82	94
Mild Problem	10	2
Severe Problem	8	4
2. Disruptive, annoys and bothers others		
	Pretest	Posttest
No Problem	42	58
Mild Problem	34	34
Severe Problem	22	8
3. Fights		
	Pretest	Posttest
No Problem	42	68
Mild Problem	36	26
Severe Problem	22	6
4. Disobedient, difficult to control		
	Pretest	Posttest
No Problem	58	74
Mild Problem	22	20
Severe Problem	20	6
5. Uncooperative in group situations		
	Pretest	Posttest
No Problem	72	84
Mild Problem	18	16
Severe Problem	10	0
6. Negative, tends to do the opposite of what is requested		
	Pretest	Posttest
No Problem	60	74
Mild Problem	24	18
Severe Problem	16	8

7. Impertinent, talks back		
	Pretest	Posttest
No Problem	26	42
Mild Problem	48	46
Severe Problem	26	12
8. Irritable, hot-tempered; easily angered		
	Pretest	Posttest
No Problem	32	52
Mild Problem	38	30
Severe Problem	30	18
9. Argues, quarrels		
	Pretest	Posttest
No Problem	26	46
Mild Problem	42	40
Severe Problem	32	14
10. Tries to dominate others; bullies, threatens		
	Pretest	Posttest
No Problem	70	72
Mild Problem	12	24
Severe Problem	18	4
11. Picks on other children as a way of getting attention		
	Pretest	Posttest
No Problem	72	76
Mild Problem	20	18
Severe Problem	8	6
12. Steals from people outside the home		
	Pretest	Posttest
No Problem	86	92
Mild Problem	10	8
Severe Problem	4	0
13. Freely admits disrespect for moral values and laws		
	Pretest	Posttest
No Problem	74	88
Mild Problem	18	12
Severe Problem	8	0

14. Brags and boasts		
	Pretest	Posttest
No Problem	76	86
Mild Problem	14	10
Severe Problem	10	4
15. Cheats		
	Pretest	Posttest
No Problem	80	90
Mild Problem	18	10
Severe Problem	2	0
16. Seeks company of older “more experienced companions”		
	Pretest	Posttest
No Problem	72	78
Mild Problem	14	16
Severe Problem	14	6
17. Teases others		
	Pretest	Posttest
No Problem	54	68
Mild Problem	36	28
Severe Problem	10	4
18. Selfish; won’t share, always takes the biggest piece		
	Pretest	Posttest
No Problem	56	60
Mild Problem	28	26
Severe Problem	16	14
19. Not liked by others; is a loner because of aggressive behaviors		
	Pretest	Posttest
No Problem	86	84
Mild Problem	6	14
Severe Problem	8	2
20. Refuses to take direction; won’t do as told		
	Pretest	Posttest
No Problem	34	64
Mild Problem	50	26
Severe Problem	16	10

21. Blames others; denies own mistakes		
	Pretest	Posttest
No Problem	34	58
Mild Problem	44	22
Severe Problem	22	20
22. Admires and seeks to associate with "rougher peers"		
	Pretest	Posttest
No Problem	68	82
Mild Problem	18	10
Severe Problem	14	8
23. Deliberately cruel to others		
	Pretest	Posttest
No Problem	76	82
Mild Problem	16	18
Severe Problem	8	0
24. Runs away; is truant from home		
	Pretest	Posttest
No Problem	84	98
Mild Problem	6	2
Severe Problem	10	0
25. Openly admires people who operate outside the law		
	Pretest	Posttest
No Problem	80	88
Mild Problem	8	2
Severe Problem	12	10

Implications for Counselors

The success of BSFT programs has been documented. This study reinforced other studies by indicating that BSFT programs are indeed successful with a minority population. However, limited funding and getting clients to attend in-clinic sessions can be challenges to implementing family interventions. Fraser, Solove, Grove, Lee, and Greene (2012) pointed out that it is not uncommon for agencies to stop providing BSFT and other family therapies once funding runs out. This is a challenge within the field of counseling and long-term sustainability of programs is an area that needs to be considered and advocated for by practicing counselors. Additionally, it is important to note that some families respond better to programs where the counselor goes to the home of the family. This is a factor to consider when implementing such a program and presents both opportunities and challenges that need to be considered when developing such a program.

Conclusion

Although traditional therapies are often used with at-risk youth, it is important to consider how BSFT can be used to address family and environmental issues that may be contributing to negative behaviors. One of the major strengths of BSFT is the brief nature of the treatment. However, this is also a limitation since underlying issues often do not get addressed. When selecting an intervention to work with at-risk youth, BSFT is one that should be considered given the research to support its use with minority clients.

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